



Executive Summary

ES-05 Executive Summary - 24 CFR 91.200(c), 91.220(b)

1. Introduction

As a recipient of federal grant funds, the City of Port St. Lucie is required by the US Department of Housing and Urban Development (HUD) to produce a Five-Year Consolidated Plan and an Annual Action Plan. These documents, prepared by the City's Department of Neighborhood Services, serve as the application for funding for the Community Development Block Grant, a federal entitlement program

that serves low to moderate income individuals and/or families. The City of Port St. Lucie's 2021 – 2026 Consolidated Plan identifies the community's affordable housing, community development and economic development needs and outlines a comprehensive and coordinated strategy for addressing them.

2. Summary of the objectives and outcomes identified in the Plan Needs Assessment Overview

The Objectives and Outcomes identified in the Plan are as follows:

Improve Public Facilities and Infrastructure

- Fund non-housing community development proposals that eliminate a threat to public health and safety to include public accessibility, drainage, water/sewer, streets, and pedestrian safety (i.e., sidewalks).

Increase Access to Affordable Housing

- Fund activities that expand the supply and improve the condition of rental and homeownership housing affordable to lower income households.
- Extend the useful life of existing affordable housing through weatherization, repair, and rehabilitation programs.
- Fund activities that leverage other public and private resources such as Low-Income Tax Credit Projects and FHFC funded projects in partnership with developers.

Increase Economic Opportunity

- Provide funding to support expanded economic opportunity to low-income residents within the City of Port St. Lucie through job training and assisting small business.

3. Evaluation of past performance

Each year, the City reports its progress in meeting the five year and annual goals in the Consolidated Annual Performance Evaluation Report (CAPER). The City has consistently satisfied program mandates and expended funds in a timely manner. Further, Port St. Lucie has successfully targeted funds to benefit low-and-moderate income persons (80% of Area Median Income) and communities. Copies of the CAPER and HUD's Annual Assessment (the response to the City's CAPER) are available through the City of Port St. Lucie's Neighborhood Services Department.

4. Summary of citizen participation process and consultation process

Citizen participation was achieved through several methods during the consolidated planning process.

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The methods included an online survey for citizen input on needs assessment and a public agency survey that was sent out to over 20+ social agencies. A stakeholder's workshop with non-profits was held and citizens meeting was held for public input. There was also a Council public hearing to review the draft Plan and Plan information was available on the City's web site for public comment. There were also email and telephone conversations held with many of the stakeholders. The following specific events/methods were used to garner public and private input:

1. Needs Assessment Survey sent was provided to the public and non-profits on survey-monkey with 83 responses,
2. Newspaper Ad - advertised workshops for both non-profit stakeholders and another meeting for the public to review the CDBG program and options for use of funds. The needs survey was used to explain the eligible CDBG activities. The Council Public Hearing to review the draft was also advertised,
3. Web Site – workshops and hearing posted to the web site as well as the City's social media channels,
4. Email correspondence - consultations with stakeholders

5. Summary of public comments

A copy of the needs assessment survey and the survey conducted via Survey Monkey results are attached under Citizen Participation. Email comments are also included, as are minutes of the public hearing.

6. Summary of comments or views not accepted and the reasons for not accepting them

The City has designed the selected CDBG activities around the results of the survey. If public comments are received during the Public Comment Period and are not accepted by the City, the comments will be summarized here along with the City's reasons for not accepting them. There were two written comments received and these were considered in the plan.

7. Summary

This five-year plan identifies the community's affordable housing, community development and economic development needs and outlines a comprehensive and coordinated strategy for addressing them. The City plans to leverage CDBG funds with other public and private investments to:

- Improve Public Facilities and Infrastructure
- Increase Access to Affordable Housing.
- Increase Economic Opportunity.

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The City can identify strategic priorities only because of consultation with community stakeholder input, combined with data from the U.S. Census and other sources.

The Process

PR-05 Lead & Responsible Agencies 24 CFR 91.200(b)

1. Describe agency/entity responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source

The following are the agencies/entities responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

Agency Role	Name	Department/Agency
Lead Agency	PORT ST. LUCIE	
CDBG Administrator	PORT ST. LUCIE	Neighborhood Services Department
HOPWA Administrator	PORT ST. LUCIE	State of Florida, Department of Health
HOME Administrator		
HOPWA-C Administrator		

Table 1 – Responsible Agencies

Narrative

The following are the agencies/entities responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

Table 1 – Responsible Agencies

Narrative

The City of Port St. Lucie’s Neighborhood Services Department is the lead agency responsible for administering CDBG programs covered by the Consolidated Plan. It oversees the development of the Plan and manages the housing and community development needs for the City. It is the Lead Agency. The City developed the 2021-2026 Consolidated Plan and 2021-2022 Action Plan through collaborative efforts of City staff and local stakeholders.

The City has re-designated HOPWA funds to the State of Florida, Department of Health. Please see Unique Appendices for the signed re-designation.

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The City works with and collaborates with its counterparts at the county to run HOME programs and contributes to the outreach efforts for this funding that is managed by St. Lucie County.

Consolidated Plan Public Contact Information

Questions concerning the Consolidated Plan may be directed to:

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PR-10 Consultation – 91.100, 91.110, 91.200(b), 91.300(b), 91.215(I) and 91.315(I)

1. Introduction

The City developed the Consolidated Plan after consultation with its public and private partners, which include the Habitat for Humanity, United Against Poverty and the Health Department. The draft plan was provided to the Council of Social Agencies (COSA Connection) and the Martin/St. Lucie Lending Consortium. COSA Connection includes social agencies, health services, housing providers and other local (city and county) governmental agencies. The Lending Consortium includes local mortgage lenders, consumer credit counseling agencies and local governments. Neighborhood Services staff attends meetings of both groups. Copies of the membership lists for both organizations are attached in the Appendices.

Agencies belonging to the COSA Connection meet every month to discuss their programs and develop plans to address common needs. Monthly speakers aid members and/or share information about their organizations. The members were provided with the draft plan for comment. A summary of comments made is attached in the Citizen Participation Comments section.

Members of the Lending Consortium meet every two months to discuss home purchase activities associated with affordable housing. They review new housing assistance plans or revisions to existing plans, trying to improve the program for lower income home buyers. A copy of the proposed Consolidated Plan was sent to each member for their review.

A copy of the proposed Plan was also forwarded to Treasure Coast Homeless Services Council (TCHSC) for review and comment. This lead agency handles all homeless services, including prevention, chronic homelessness, and transitional housing for the three-county area (St. Lucie, Martin, and Indian River). The agency was also contacted to update information in the Plan related to homeless services. The plan was also forwarded to the Florida State Clearinghouse.

A public survey was sent provided to the public via survey monkey and many citizen and agency partners were emailed the survey to complete and to share. There was a link and announcement on the web site. There were 83 responses to the survey. A summary of those responses is included in Citizen Participation Comments section.

A stakeholder's workshop was held on April 7, 2021, to discuss CDBG funding and eligible activities with potential non-profit and agency stakeholders. Habitat for Humanity, United Against Poverty and the Health Department participated in the meeting by Zoom. The public was invited to attend. A citizen's workshop was also held on April 21, 2021, to review the same information. The public was invited to attend of course. 8-10 citizens participated by zoom in the meeting. The Draft Plan was advertised and made available for public review during a 30-day comment period beginning on June 29, 2021, through July 28, 2021. **There were 2 written comments submitted.**

Responses to public comments, if applicable, are attached to the Consolidated Plan. If applicable, a summary of comments not accepted and the reasons they were not accepted is also included. There were two public comments received and all were considered in the plan. These emails **are** attached to the plan as an appendix.

Provide a concise summary of the jurisdiction’s activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health and service agencies (91.215(I)).

The City of Port St. Lucie’s Neighborhood Services Department has developed strong partnerships and relationships to enhance coordination between service providers, lenders, builders, developers, and housing providers as well as other local governmental agencies. Neighborhood Services staff are members of St. Lucie Council of Social Agencies (COSA Connection), which consists of public and private housing, health, and social service agencies, Treasure Coast Homeless Services Council, and Martin/St. Lucie Lending Consortium. Entities participating in the consolidated planning process include multiple providers of services from various disciplines, including housing, social, service and health services and local government.

The jurisdiction’s consultation with these providers involved surveys, interviews, emails, and meetings. Surveys were sent out to 60,000 stakeholder and public contacts. These methods of coordination not only imparted information to the various groups but also presented opportunities for criticisms, questions, and feedback. Outside of the Consolidated Planning process, the City meets with these groups on a regular basis to discuss needs within the community. Often these meetings lead to agencies collaborating on services, exchanging information, or providing referrals. The meetings also provide improved lines of communication, increased collaboration, and enriched citizen participation.

Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness

The City of Port St. Lucie does not receive direct funding to address homeless needs. HUD is providing program funding for homeless services in St. Lucie County through the Continuum of Care administered by the Treasure Coast Homeless Services Council. The City of Port St. Lucie maintains its membership on the Council, which is the lead agency for the Regional Continuum of Care (CoC). Through this collaboration, the City ensures that CoC goals and the City’s Consolidated Plan priorities are integrated into the plan.

Describe consultation with the Continuum(s) of Care that serves the jurisdiction's area in determining how to allocate ESG funds, develop performance standards and evaluate outcomes, and develop funding, policies and procedures for the administration of HMIS

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While the City of Port St. Lucie does not receive ESG funds, the City works with the Treasure Coast Homeless Services Council (CoC) Governing Board. City staff invited members of the Continuum of Care Governing Board to participate in the agency survey. Additionally, a copy of the proposed plan was made available to the CoC for comment.

2. Describe Agencies, groups, organizations and others who participated in the process and describe the jurisdictions consultations with housing, social service agencies and other entities

Table 2 – Agencies, groups, organizations who participated

1	Agency/Group/Organization	United Against Poverty
	Agency/Group/Organization Type	Services - Housing Services-Education Services-Employment Service-Fair Housing Civic Leaders
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homeless Needs - Chronically homeless Homeless Needs - Families with children Economic Development Market Analysis Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Phone calls and email to discuss needs assessment and provision of public services funding.
2	Agency/Group/Organization	ST. LUCIE HABITAT FOR HUMANITY CHDO, INC
	Agency/Group/Organization Type	Housing Services - Housing Civic Leaders
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Public Housing Needs Homeless Needs - Families with children Market Analysis Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Phone calls, emails, meetings, survey. Anticipated outcomes for achieving homeownership and keeping people in their homes.
3	Agency/Group/Organization	FLORIDA DEPT OF HEALTH ST LUCIE COUNTY
	Agency/Group/Organization Type	Services-Children Services-Elderly Persons Services-Persons with Disabilities Services-Persons with HIV/AIDS Services-Health Health Agency Other government - State

	What section of the Plan was addressed by Consultation?	Housing Need Assessment HOPWA Strategy Economic Development Market Analysis Anti-poverty Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Chronic Disease and Conditions, Access to Care, Mental Health and Substance Abuse, Health Equity, Environmental Health, Women, Infants, Children Services, HIV/AIDS. They were contacted by email and invited to attend a public stakeholder meeting as well as invited to complete the needs survey.
4	Agency/Group/Organization	Housing Authority of City of Ft Pierce
	Agency/Group/Organization Type	Housing PHA Services - Housing
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Public Housing Needs Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Website/internet research
5	Agency/Group/Organization	FORT PIERCE
	Agency/Group/Organization Type	Housing Other government - Local
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Market Analysis
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Meetings with local governments provide joint efforts to meet housing needs and fair housing goals, where possible.

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6	Agency/Group/Organization	ST. LUCIE COUNTY
	Agency/Group/Organization Type	Housing Services - Housing Services-Children Services-Elderly Persons Services-Persons with Disabilities Services-Victims of Domestic Violence Services-homeless Services-Health Services-Education Services-Employment Service-Fair Housing Other government - County
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth Non-Homeless Special Needs Economic Development Market Analysis Anti-poverty Strategy HOME Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Meetings with local governments provide joint efforts to meet housing needs and fair housing goals, where possible.
7	Agency/Group/Organization	Council on Social Agencies St. Lucie County, Inc
	Agency/Group/Organization Type	Business and Civic Leaders Social Services
	What section of the Plan was addressed by Consultation?	All of the above
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Meetings with local organizations to information share and collect data on community situation and activities. Monthly meetings and share platforms. Collaborations on events and outreach.

8	Agency/Group/Organization	Treasure Coast Homeless Services
	Agency/Group/Organization Type	Housing Services - Housing Services-Children Services-Elderly Persons Services-Persons with Disabilities Service-Fair Housing Regional organization Civic Leaders
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Public Housing Needs Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Homelessness Needs - Unaccompanied youth Non-Homeless Special Needs Market Analysis Anti-poverty Strategy
How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	A member of the staff from Community Services is on the Board of Directors for the Continuum of Care and meets regularly with the group. The CoC was consulted to update information in the Consolidated Plan and discuss needs for the homeless clients. TCHSC also worked directly on the homeless portion of the Consolidated Plan and provided information by email, phone and survey.	

Identify any Agency Types not consulted and provide rationale for not consulting

Efforts were made to consult with as broad a group of community stakeholders as possible. Invitations to participate in the planning process were extended to over 60,000 email contacts who had the option of completing a survey or providing a one-on-one interview. No agency types were excluded from participation.

Other local/regional/state/federal planning efforts considered when preparing the Plan

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
Continuum of Care	Treasure Coast Homeless Services Council	We support the goals of the organization in our Strategic Plan and keep updated with our attendance at monthly meetings.
Port St. Lucie Analysis of Impediments	City of Port St. Lucie	Goals within the Strategic Plan coordinate with and enhance the goals and objectives outlined in the AI to affirmatively further fair housing choice.
Port St. Lucie Comprehensive Plan	City of Port St. Lucie	Goals within the Strategic Plan coordinate with and enhance the goals and objectives outlined in the Comprehensive Plan's Housing Element.
Port St. Lucie Neighborhood Planning Documents	City of Port St. Lucie	Goals developed in the neighborhoods provide specific activities that are important to the citizens in a particular area.
Port St. Lucie Housing Assistance Plan	City of Port St. Lucie	Strategies set out in the Housing Assistance Plan are designed to meet housing objectives found in the Strategic Plan and leverage CDBG funding.
St. Lucie Economic Development(EDC)Strategic Plan	The EDC of St. Lucie County	The EDC Strategic Plan supports the same goals as the economic development portion of the Consolidated Plan, which are to attract new business, support expansion and retention of existing businesses, and advance community and economic development in the County.
Economic Development Goal Study	The EDC of St. Lucie County	The Economic Goal Study provides specific employment milestones for new primary industry jobs which will accomplish the goals in the Strategic Plan.

Table 3 – Other local / regional / federal planning efforts

Describe cooperation and coordination with other public entities, including the State and any adjacent units of general local government, in the implementation of the Consolidated Plan (91.215(l))

Local governments from St. Lucie County and Ft. Pierce meet regularly as part of the Martin/St. Lucie Lending Consortium to discuss homeownership activities. The governments have also begun to meet quarterly so that we can discuss common needs and find ways to share resources.

The City consulted with a variety of public entities in the development of this plan. Staff also relied upon the data, analysis, and projections from a variety of federal, state, local departments, and agencies, as well as regional organizations and educational institutions. Entities that played an important role in the

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Needs Assessment and Market Analysis of the Consolidated Plan through the provision of data included the following:

Florida Department of Health

St. Lucie County Health Department

U.S. Census Bureau

American Community Survey Estimates

U.S. Dept. of Housing and Urban Dev.

Comprehensive Housing Affordability Strategy (CHAS)

Office of Community Planning & Development Maps

University of Florida – Shimberg Center for Housing Studies

U.S. Bureau of Labor Statistics

Narrative (optional):

The development of the Consolidated Plan and the component Strategic Plan and Annual Action Plan require the assistance of the local non-profit community and other organizations. Specific priorities are identified and ranked through that participation, utilizing one-on-one interviews, meetings, emails, and surveys. The City relies on its ongoing relationships to ensure that comments made during this planning process are incorporated into the Plan.

PR-15 Citizen Participation – 91.105, 91.115, 91.200(c) and 91.300(c)

1. Summary of citizen participation process/Efforts made to broaden citizen participation Summarize citizen participation process and how it impacted goal-setting

The City developed the Consolidated Plan after consultation with its public and private partners, which include the St Lucie Department of Health, Habitat for Humanity and United Against Poverty. A needs survey was conducted using survey monkey that was posted on the web site and emailed to numerous stakeholder contacts (60,000+ contacts). 83 surveys were returned, and 2 email comments were received. Two public workshops were held to go through the CDBG program and eligible activities in the survey for stakeholders and the public at large. Both meetings allowed participation by zoom. The draft Plan for 2021-2025 was provided at a City Council Public Hearing June 28th, 2021, and the public was invited to attend. The Draft Plan was advertised and made available for public review during a 30-day comment period beginning on June 29th, 2021.

Citizen Participation Comments

The Result of the Needs Survey can be viewed online at:

<https://www.surveymonkey.com/results/SM-RQDXJD6L9/> Pass: PSLcdbg2021

Citizen Participation Outreach

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
1	Needs Survey	Non-targeted/broad community Social Services Agencies	Provided to over 100 registered agencies with the Council of Social Services St. Lucie (COSA).	See Results of Agency Survey attached as Citizen Participation Comments.	None	
2	Needs Survey	Non-targeted/broad community	Survey was provided to the public via email invites and city website and two advertised workshops to review the needs survey.	See Results attached under Citizen Participation Comments.	None	

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Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
3	Newspaper Ad	Non-English Speaking - Specify other language: Spanish Non-targeted/broad community	Public Workshops (2) 1 for stakeholders and one for the public at large	Comments were received via email with suggestions for public services.	None	
4	Public Meeting	Non-English Speaking - Specify other language: Spanish Non-targeted/broad community Public Workshop	The needs survey was reviewed to educate the public and stakeholders in CDBG eligible activities. City staff had significant background data for the public on City needs.	None	None	

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Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
5	Public Hearing	<p>Non-English Speaking - Specify other language: Spanish</p> <p>Persons with disabilities</p> <p>Non-targeted/broad community</p>	<p>The draft plan was presented to the City Council in a public hearing at City Hall. Stakeholders and the public were invited to attend. The hearing was advertised in the local newspaper.</p>	<p>Comments were received from some of these agencies as part of the Needs Survey and are included with that information.</p>	None	
6	Internet Outreach	<p>Non-targeted/broad community</p> <p>Website</p>	<p>Surveys, public meeting information and process information were published on the City's website and calendar.</p>	None	None	<p>https://www.cityofpsl.com/government/departments/neighborhood-services/community-services-grants/community-development-block-grant</p>

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Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
7	Internet Outreach	Non-targeted/broad community Social Media	Ads were published on all the City's social media channels.	None	Comments irrelevant to the program.	

Table 4 – Citizen Participation Outreach

Needs Assessment

NA-05 Overview

Needs Assessment Overview

This section assesses the housing needs in Port St. Lucie by analyzing various demographic and economic indicators. Developing a picture of the current needs in the community begins by looking at demographics, such as population, area median income and number of households. The next step involves breaking down the data into smaller categories and studying the characteristics of individual households and the housing they occupy.

A key goal of the need's assessment is to identify the nature and prevalence of housing problems experienced by Port St. Lucie's citizens. The main housing problems considered are:

- (a) cost burdened households
- (b) substandard housing
- (c) overcrowding

Furthermore, these housing problems are compared or contrasted with economic and demographic indicators to discern if certain groups carry a disproportionate burden. Are African Americans more cost burdened than other racial groups? Do low-income households experience higher levels of overcrowding? Do large families have more housing problems than small families? These sorts of questions are answered through data analysis. Understanding the magnitude and incidence of housing problems in Port St. Lucie is crucial in helping the City set funding priorities for resources available through the CDBG program.

The area's public housing, homeless, and non-homeless special housing needs are also discussed, along with non-housing community development needs, such as infrastructure improvements in targeted low- mod- income Census tracts, improving public facilities and public services as well as economic development and increased economic opportunities for low- mod- income areas and businesses. Data and tables provided throughout this section are in most cases prepopulated by HUD from the HUD Integrated Disbursement and Information System (IDIS). Additional data sources include more updated and jurisdiction specific data from the American Community Survey (2010, one, three, and five-year estimates) and Florida Housing Data Clearing House.[1]

NA-10 Housing Needs Assessment - 24 CFR 91.205 (a,b,c)

Summary of Housing Needs

The following data provide an analysis of housing problems in Port St. Lucie, including the following:

- lack of complete plumbing or kitchen facilities.
- overcrowding (1.01 to 1.5 persons per room).
- severe overcrowding (more than 1.5 persons per room).
- cost burden (paying more than 30% of household income on housing expenses).
- severe cost burden (paying more than 50% of household income on housing expenses).

By far, the most common housing need is related to cost burden, hitting lower income households particularly hard. According to 2013-2017 CHAS data, over 79 percent of renter households and 54 percent of owner households paying more than 50% of their income on housing expenses earn less than 50% of the area median income (AMI). Over 62% of both renter and owner households paying more than 30% of their income on housing expenses earn less than 80% of AMI. Small Related Rental Families of all income levels are most affected by cost burden and extreme cost burden; 60% of all cost burdened families are in this category. Overcrowding affects less than three (3) percent of renters and less than 1% of owners. There is some concern with lack of complete plumbing and kitchen facilities, but these conditions do not affect a significant amount of in Port St. Lucie.

Demographics	Base Year: 2009	Most Recent Year: 2017	% Change
Population	145,740	178,780	23%
Households	53,941	61,780	15%
Median Income	\$51,361.00	\$54,046.00	5%

Table 5 - Housing Needs Assessment Demographics

Data Source: 2000 Census (Base Year), 2013-2017 ACS (Most Recent Year)

Number of Households Table

	0-30% HAMFI	>30-50% HAMFI	>50-80% HAMFI	>80-100% HAMFI	>100% HAMFI
Total Households	5,215	6,165	10,730	6,780	32,885
Small Family Households	1,855	2,085	4,165	2,715	16,100
Large Family Households	265	370	950	795	3,060
Household contains at least one person 62-74 years of age	1,335	1,530	2,925	1,870	9,420
Household contains at least one person age 75 or older	640	1,430	2,225	1,120	3,685

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	0-30% HAMFI	>30-50% HAMFI	>50-80% HAMFI	>80-100% HAMFI	>100% HAMFI
Households with one or more children 6 years old or younger	730	810	1,960	1,395	3,880

Table 6 - Total Households Table

Data Source: 2013-2017 CHAS

Housing Needs Summary Tables

1. Housing Problems (Households with one of the listed needs)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Substandard Housing - Lacking complete plumbing or kitchen facilities	20	10	4	0	34	10	0	25	15	50
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	0	25	40	130	195	0	0	0	0	0
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	50	65	70	25	210	40	10	180	120	350
Housing cost burden greater than 50% of income (and none of the above problems)	1,120	1,460	780	35	3,395	1,920	1,910	1,880	375	6,085
Housing cost burden greater than 30% of income (and none of the above problems)	135	435	1,980	895	3,445	505	795	2,230	1,170	4,700

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	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Zero/negative Income (and none of the above problems)	290	0	0	0	290	790	0	0	0	790

Table 7 – Housing Problems Table

Data 2013-2017 CHAS
Source:

2. Housing Problems 2 (Households with one or more Severe Housing Problems: Lacks kitchen or complete plumbing, severe overcrowding, severe cost burden)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Having 1 or more of four housing problems	1,190	1,565	900	190	3,845	1,970	1,925	2,090	510	6,495
Having none of four housing problems	305	590	2,325	1,480	4,700	670	2,095	5,420	4,605	12,790
Household has negative income, but none of the other housing problems	290	0	0	0	290	790	0	0	0	790

Table 8 – Housing Problems 2

Data 2013-2017 CHAS
Source:

3. Cost Burden > 30%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	585	845	1,745	3,175	785	875	1,555	3,215
Large Related	150	245	345	740	115	115	305	535
Elderly	290	419	340	1,049	1,005	1,205	1,840	4,050

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	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Other	300	485	350	1,135	570	530	440	1,540
Total need by income	1,325	1,994	2,780	6,099	2,475	2,725	4,140	9,340

Table 9 – Cost Burden > 30%

Data 2013-2017 CHAS
Source:

4. Cost Burden > 50%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	585	530	435	1,550	565	595	645	1,805
Large Related	150	135	55	340	50	90	60	200
Elderly	170	405	170	745	890	805	1,030	2,725
Other	285	470	130	885	460	435	170	1,065
Total need by income	1,190	1,540	790	3,520	1,965	1,925	1,905	5,795

Table 10 – Cost Burden > 50%

Data 2013-2017 CHAS
Source:

5. Crowding (More than one person per room)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Single family households	50	90	55	155	350	40	10	100	25	175
Multiple, unrelated family households	0	0	55	0	55	0	0	80	95	175
Other, non-family households	0	0	0	0	0	0	0	0	0	0
Total need by income	50	90	110	155	405	40	10	180	120	350

Table 11 – Crowding Information – 1/2

Data 2013-2017 CHAS
Source:

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Households with Children Present	0	0	0	0	0	0	0	0

Table 12 – Crowding Information – 2/2

Data Source
Comments:

Describe the number and type of single person households in need of housing assistance.

Data for the number and type of single person households in need of housing assistance is not available. The U.S. Census Bureau data from the 2010 Census, however, indicates that 21.6% of the 59,101 households in Port St. Lucie are 1-person households.

Estimate the number and type of families in need of housing assistance who are disabled or victims of domestic violence, dating violence, sexual assault and stalking.

ACS data indicates that among the civilian noninstitutionalized population in 2010-2012, 15 percent reported a disability. The likelihood of having a disability was 8.4% percent of people under 65. Data regarding Port St. Lucie’s disabled population was obtained from the 2015-2019 American Community Survey. The ACS is an annual survey and provides national, state, and local level data on demographic, social, economic, and housing characteristics as well as detailed information on the population living in institutionalized and noninstitutionalized “group quarters” (GQ). The ACS includes six categories that are used to identify the population with disabilities. According to the 2015-2019 there are an estimated 16,955 persons with a disability in Port St. Lucie comprising 8.5% of the total civilian noninstitutionalized population. Thirty-four percent (34%) of the disabled population are over the age of 65.

Approximately 11% of the disabled population lives below poverty level versus 13.6% of the total noninstitutionalized population. Given that only 31% of the disabled population is estimated as being in the labor force, it is safe to assume that most of this population lives on Supplemental Security Income (SSI). The monthly maximum of \$771 per month is far less than the median rent of \$1,450 in Port St. Lucie. While it is difficult to estimate the number of disabled persons who need housing, census data and input received from citizens, community groups, and staff indicates a high demand for affordable rental housing for the disabled.

What are the most common housing problems?

By far, the most common housing problem in Port St. Lucie is cost burden. According to 2015-2019 CHAS data, over 27 percent of renter households and 11 percent of owner households paying more than 50% of their income on housing expenses earn less than 80% of the area median income (AMI).

Cost burden appears to affect classifications of households differently. The 2015-2019 CHAS lists the number of Cost Burdened Households at 29,515. Of those, 29% or 4,364 are elderly. 27% of the severely cost burdened households (2,595) are elderly. In both cases, owner households have higher rates of cost burden than renters. By comparison, the numbers for overcrowding, and incomplete kitchen or plumbing facilities are insignificant.

Are any populations/household types more affected than others by these problems?

In examining the five housing problems, the most common in Port St. Lucie is cost burden at both the 30% and 50% thresholds. Over 21,560 households pay over 30% of their income for housing with over 9,965 of these households paying over 50% of their income for housing. Cost burdened households account for 51% percent of Port St. Lucie's households. This housing problem affects 31,525 total houses occupied, and renter occupied households in Port St. Lucie. Seventy-nine (79%) of renter households pay over 30% of their income for housing. Forty-two percent (42%) of owner-occupied households pay more than 30% of their income on housing.

Cost burden and severe cost burden affect all household types in the lower income categories. In simple numerical terms, it would appear that "Small Related" households bear much of the brunt of severe cost burden among renters. Out of 3,320 severely cost burdened households, approximately 61% of the households fall in the "Small Related" category. For cost burdened, approximately 60% of the 5,150 renters are in that same category. For ownership households, both "Small Related" and "Elderly" households make up approximately 34% percent of the total experiencing severe cost burden. Small Related and Elderly cost burdened owners make up 33% and 40% of the classification respectfully. Large, related households comprise the smallest portion of owners experiencing severe cost burden.

Describe the characteristics and needs of Low-income individuals and families with children (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered 91.205(c)/91.305(c)). Also discuss the needs of formerly homeless families and individuals who are receiving rapid re-housing assistance and are nearing the termination of that assistance

Low-income individuals and families who are currently housed but are at risk of either residing in shelters or becoming unsheltered are living paycheck to paycheck, just making ends meet. They are often one paycheck away from being homeless in the event of a sudden loss of employment or medical emergency that has the potential of redirecting financial resources. These households include individuals living alone, small families, large families, and the elderly. Some households have relatives or friends who may be able to share the housing unit and avoid homelessness, at least in technical terms, but these accommodations are not long-term solutions to their needs. These households, particularly extremely low-income households, need support systems to help them meet emergency needs. The assistance could include job training to help them transition into better paying professions, mortgage/rental assistance, medical clinics that provide low or no cost care, rent subsidies, and other

services that help absorb the costs that redirect funds dedicated to housing. Formerly homeless families and individuals also need the services to reduce the prospect of returning to homelessness. Transitional housing units, permanent supportive housing, and rent subsidies help meet the housing expenses of households returning from homelessness, while job training programs help with job prospects. Other social services are needed on occasion as circumstances demand.

If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates:

The Point-in-Time count provides the estimates of the various categories of homeless individuals and families in St. Lucie County every January. Persons counted include chronic homeless, veterans, families with children, families without children, individuals, and unaccompanied children. The homeless count totaled 534, with 372 adults and 162 children. This is lower than the 708 counts of previous point-in-time count. The number of disabled adults was 128, up from 105 in the previous annual count. The report is broken down further into reasons for homelessness, including employment, housing, disability, family problems and substance abuse. Approximately 52% of the homeless cited employment as the reason for their status.

Specify particular housing characteristics that have been linked with instability and an increased risk of homelessness

HUD defines households “at risk of homeless” as those living “in housing that has characteristics associated with instability and an increased risk of homelessness.” Some of these characteristics are related to economic hardships. Both severe cost burden and overcrowding can be linked to housing instability and an increased risk of homelessness. When a household is paying too large a portion of their income on housing expenses, sudden and unexpected financial demands can tip the scales, forcing them from their homes. These demands might include illnesses requiring hospital stays or time away from their job, automotive problems requiring repairs or loss of work due to lack of transportation, and legal problems that might require payments to lawyers or time away from their job. Lower income households are particularly susceptible to these financial impacts because they are less likely to have savings that can cover these expenses and buffer the effects of monetary demands in covering unexpected events. Overcrowding can also work to make a family unstable. Households that move into smaller homes that they can afford often find that conditions are not acceptable; they continually seek better situations, possibly never being able to find what they need for the price that they can afford.

Discussion

Cost burden and extreme cost burden, for both renters and owners, are the most common housing problems across all lower income households in Port St. Lucie. The lower the income of the household, the more extreme the cost burden. Cost burden is also a factor for Small Related Families and the Elderly. Elderly homeowners may be able to purchase a home without a mortgage, but they might not

Demo

have planned adequately for taxes and insurance that must still be paid or maintenance that is a necessary part of homeownership.

Overcrowding is also a common problem in many lower income households, though the numbers are much lower than those of cost burden. There is some concern with lack of complete plumbing and kitchen facilities, but these conditions do not affect a significant number of households in Port St. Lucie.

NA-15 Disproportionately Greater Need: Housing Problems – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

According to the ACS data below, 50% to 67% of extremely low income to middle income households experiencing one or more of four housing problems are owned or rented by Whites. 13% to 18% of Blacks and 13% to 27% of Hispanics in the same income group have similar housing problems.

A disproportionately greater number of *households with housing problems* exists when the members of racial or ethnic group at a given income level experience *housing problems* at a greater rate (10 percentage points or more) than the income level. According to the 2010-2014 ACS 5-year estimates, the City of Port St. consists of 72.7% White, 16.9% Black, and 2.1% Asian. Other races show insignificant numbers or are combinations of races. Hispanics of all races make up 19.4% of the populations. According to 2019 (or 2009-2019) ACS data the City of Port St. consists of 73.5% White, 18.3% Black, and 2.5% Asian. Other races again show insignificant numbers or are combinations of races. Hispanics of all races make up 20.6% of the populations.

There are no racial groups that would be considered to have a disproportionately greater need, but the Hispanic of all races is right at the 10% variation for those in the 30% to 50% of AMI income group.

0%-30% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	3,800	335	1,080
White	2,160	165	750
Black / African American	745	100	115
Asian	90	0	20
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	765	30	190

Table 13 - Disproportionally Greater Need 0 - 30% AMI

Data Source: 2013-2017 CHAS

*The four housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than one person per room,
4. Cost Burden greater than 30%

30%-50% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	4,715	1,450	0
White	2,445	1,115	0
Black / African American	900	60	0
Asian	80	50	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	1,210	210	0

Table 14 - Disproportionally Greater Need 30 - 50% AMI

Data Source: 2013-2017 CHAS

*The four housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than one person per room,
4. Cost Burden greater than 30%

50%-80% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	7,195	3,535	0
White	3,765	2,615	0
Black / African American	1,720	530	0
Asian	10	0	0
American Indian, Alaska Native	45	0	0
Pacific Islander	0	0	0
Hispanic	1,590	395	0

Table 15 - Disproportionally Greater Need 50 - 80% AMI

Data Source: 2013-2017 CHAS

*The four housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than one person per room,
4. Cost Burden greater than 30%

80%-100% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	2,770	4,015	0
White	1,475	2,940	0
Black / African American	530	305	0
Asian	0	140	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	625	570	0

Table 16 - Disproportionally Greater Need 80 - 100% AMI

Data Source: 2013-2017 CHAS

*The four housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than one person per room,
4. Cost Burden greater than 30%

Discussion

According to the 2010-2014 ACS 5-year estimates, the City of Port St. consists of 72.7% White, 16.9% Black, and 2.1% Asian. Other races show insignificant numbers or are combinations of races. Hispanics of all races make up 19.4% of the populations. Housing data shown above indicate that none of the races show a disproportionately greater need in proportion to the needs of that category of need, but the Hispanic ethnicity is right at the 10% differential for those in the 30% to 50% of AMI group.

NA-20 Disproportionately Greater Need: Severe Housing Problems – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

According to the ACS data below, 45% to 61% of the extremely low income to middle income White households have one or more of four severe housing problems. 14% to 21% of Blacks and 11% to 29% of Hispanics in the same income group have similar housing problems. Asians show higher need in the 30-50% and 50% - 80% income categories for severe housing problems. None of the racial groups would be considered to have a disproportionately greater need, although Hispanics of all races is at the 10% differential in the 30% to 50% of AMI income group.

0%-30% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	3,160	975	1,080
White	1,660	665	750
Black / African American	670	175	115
Asian	90	0	20
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	705	95	190

Table 17 – Severe Housing Problems 0 - 30% AMI

Data Source: 2013-2017 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

30%-50% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	3,490	2,685	0

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
White	1,735	1,830	0
Black / African American	815	140	0
Asian	50	80	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	815	605	0

Table 18 – Severe Housing Problems 30 - 50% AMI

Data Source: 2013-2017 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden over 50%

50%-80% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	2,990	7,745	0
White	1,775	4,605	0
Black / African American	735	1,495	0
Asian	10	0	0
American Indian, Alaska Native	0	45	0
Pacific Islander	0	0	0
Hispanic	410	1,565	0

Table 19 – Severe Housing Problems 50 - 80% AMI

Data Source: 2013-2017 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden over 50%

80%-100% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	700	6,085	0
White	360	4,055	0
Black / African American	54	775	0
Asian	0	140	0
American Indian, Alaska Native	0	0	0
Pacific Islander	0	0	0
Hispanic	155	1,045	0

Table 20 – Severe Housing Problems 80 - 100% AMI

Data Source: 2013-2017 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden over 50%

Discussion

A disproportionately greater number of *households with severe housing problems* exists when the members of racial or ethnic group at a given income level experience *severe housing problems* at a greater rate (10 percentage points or more) than the income level. According to the 2010-2014 ACS 5-year estimates, the City of Port St. consists of 72.7% White, 16.9% Black, and 2.1% Asian. Other races show insignificant numbers or are combinations of races. Hispanics of all races make up 19.4% of the populations. There are no racial groups that would be considered to have a disproportionately greater need, but the Hispanic of all races is right at the 10% variation for those in the 30% to 50% of AMI income group.

NA-25 Disproportionately Greater Need: Housing Cost Burdens – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction:

HUD considers a housing unit affordable if the occupant household expends no more than 30% of its income on housing cost. In the situation where the household expends greater than 30% of its income on housing cost, the household is considered cost burdened. Cost-burdened households have fewer financial resources to meet other basic needs (food, clothing, transportation, medical, etc.), less resources to properly maintain the housing structure, and are at greater risk for foreclosure or eviction. Generally, for renters, housing costs include rent and utilities; and for owners, housing costs include mortgage payments, taxes, insurance, and utilities.

A disproportionately greater number of *cost-burdened households* exists when the members of racial or ethnic group at a given income level experience *housing cost burden* at a greater rate (10 percentage points or more) than the income level. There are no racial or ethnic groups in the City of Port St. Lucie with a disproportionately greater number of cost-burdened households.

Housing Cost Burden

Housing Cost Burden	<=30%	30-50%	>50%	No / negative income (not computed)
Jurisdiction as a whole	39,135	11,585	9,970	1,090
White	27,325	6,745	5,495	750
Black / African American	4,845	2,145	2,130	125
Asian	955	90	150	20
American Indian, Alaska Native	75	55	0	0
Pacific Islander	0	0	0	0
Hispanic	5,510	2,425	1,915	190

Table 21 – Greater Need: Housing Cost Burdens AMI

Data Source: 2013-2017 CHAS

Discussion:

With a population of 72.7% White, 16.9% Black, and 2.1% Asian, and Hispanic of any race calculated at 19.4%, the figures above do not indicate a disproportionately greater need related to cost burden for one race or ethnic group over another.

NA-30 Disproportionately Greater Need: Discussion – 91.205(b)(2)

Are there any Income categories in which a racial or ethnic group has disproportionately greater need than the needs of that income category as a whole?

From the CHAS data presented in the previous sections, there is no indication of a disproportionately greater need for any income categories within specific racial or ethnic groups than the needs of that income category. Hispanics of all races, however, do come close to having disproportionately greater need, experiencing severe housing problems to a higher degree (right at 10%) in the 30% to 50% of AMI income group.

If they have needs not identified above, what are those needs?

Based on input and data received through the citizen participation process, the greatest housing needs for are households:

- Affordable housing for low- and moderate-income persons of all types (single or multi-family)
- Accessible housing for disabled
- Rehabilitation and repair of housing
- Homebuyer assistance

Are any of those racial or ethnic groups located in specific areas or neighborhoods in your community?

Maps available from HUD's CPD Maps site show that the Black or African American demographic is disbursed in almost all areas of the city in a range from 6.85% to 22.6%; Black population overall is 16.9%. There is one census tract in the east central part of Port St. Lucie, however, that is home to a slightly higher portion of the city's Black population (33.37%); that tract is 382010.

The map showing the Hispanic demographic is similar. The Hispanic population is disbursed all over the city in a range from 6.85 to 22.6%, but homes in the east central parts of the city contain a slightly higher portion of the city's Hispanic population, ranging from 24.35 to 33.6% of the total population of the tracts. Those tracts are 382111, 382112, 382106 and 382002. The total Hispanic population in the city is 19.4%.

The Asian demographic, which is 2.1% in Port St. Lucie, is disbursed throughout the city at a rate of less than 3.41%. It is slightly higher in the south and central portions, at a range from 3.41 to 11.99% and involves the following census tracts: 382006, 382003, 382009, and 381802.

NA-35 Public Housing – 91.205(b)

Introduction

The city of Port St. Lucie does not have a public housing agency within its city limits. Public housing needs are met by the Housing Authority of the City of Fort Pierce. The data in the following tables is for St. Lucie County and not solely the city of Port St. Lucie. There are no public housing developments in Port St. Lucie, however HAFP allows its Section 8 vouchers to be ported to other communities including Port St. Lucie. According to the HUD CPD Mapping Tool, there are 810 vouchers available in St. Lucie County. Updated information from FPFA, however, indicates that there are a total of 815 vouchers, with an increased number of special purpose vouchers available for Veterans Affairs Supportive Housing and Disabled. See table below.

Totals in Use

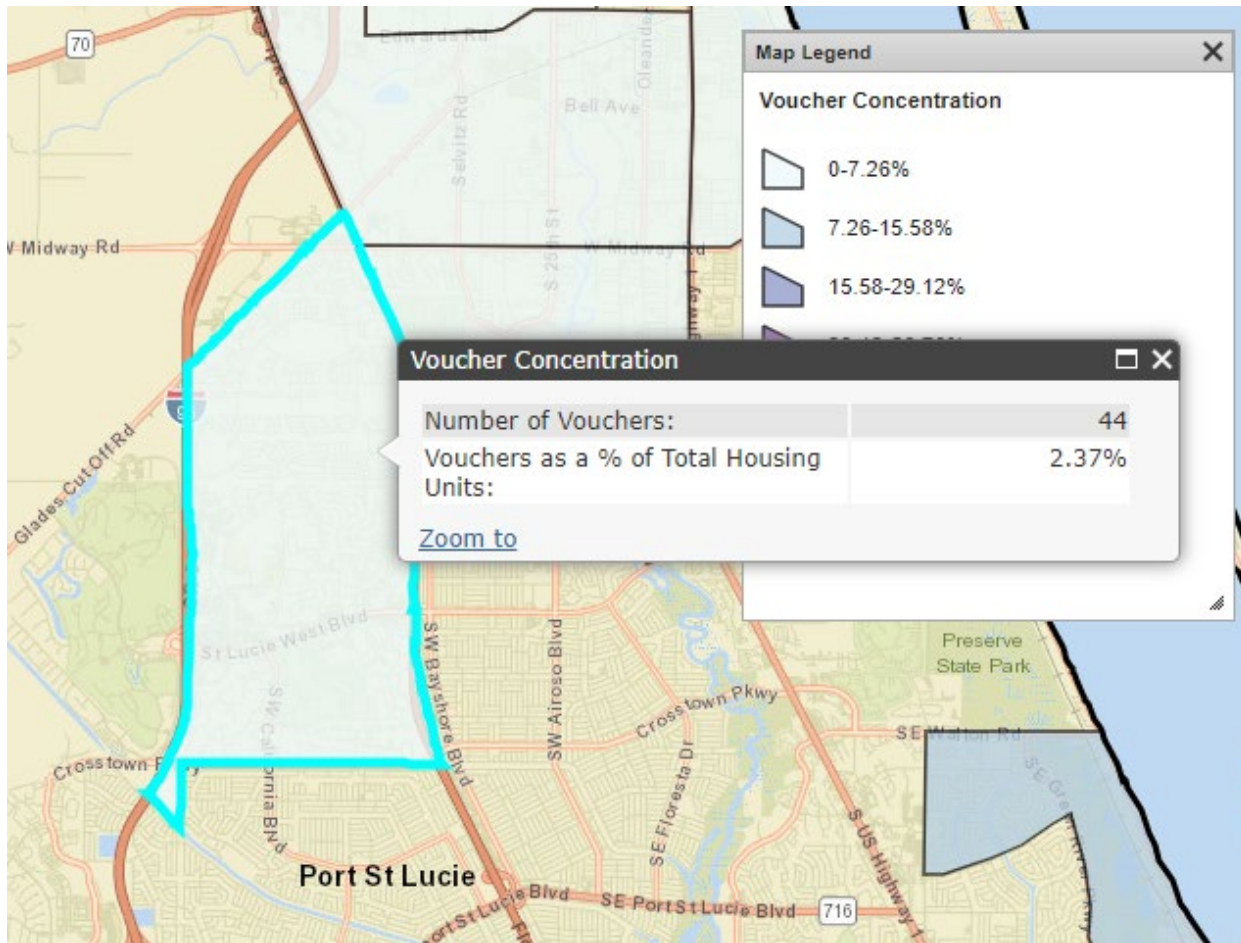
	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers in use	0	0	790	810	0	744	18	0	48

Table 22 - Public Housing by Program Type

***includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition**

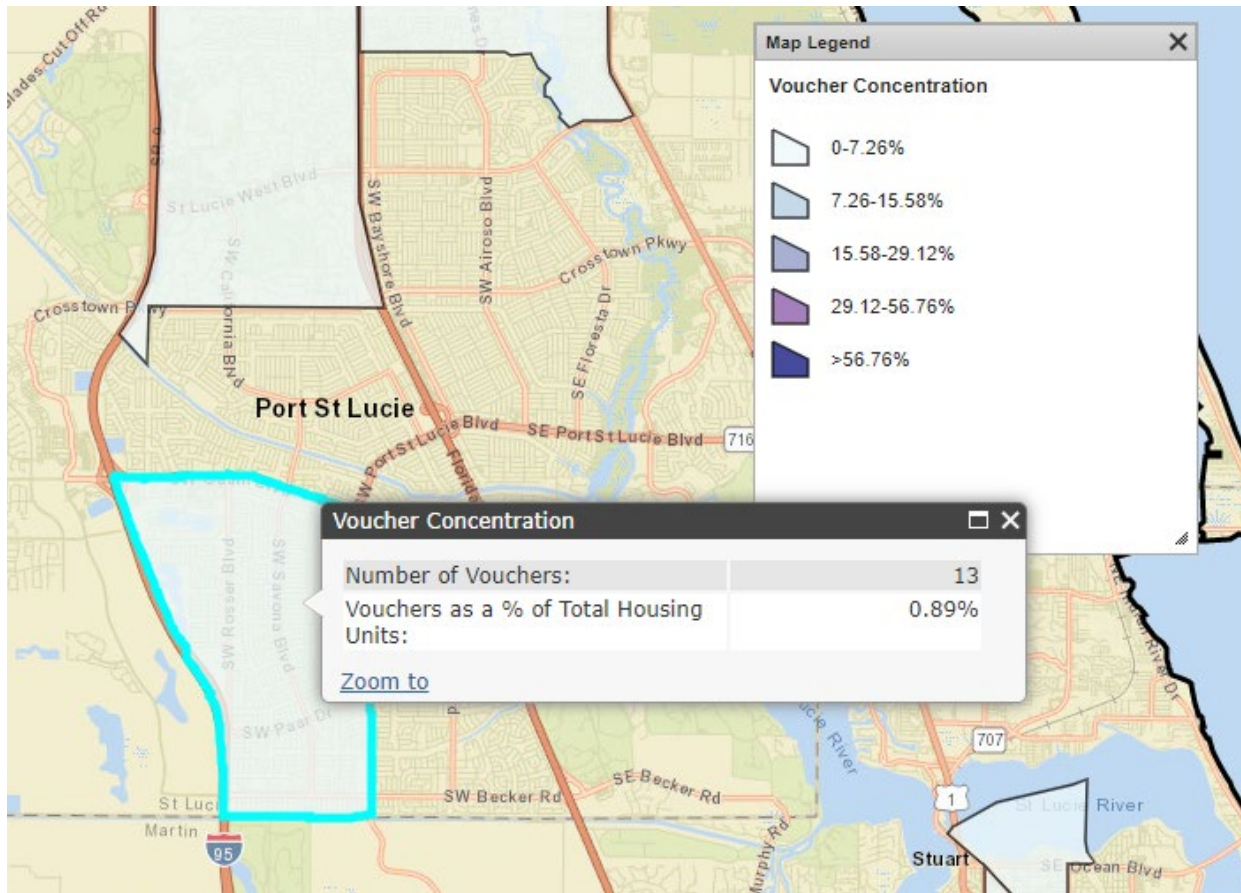
Data Source: PIC (PIH Information Center)

Demo



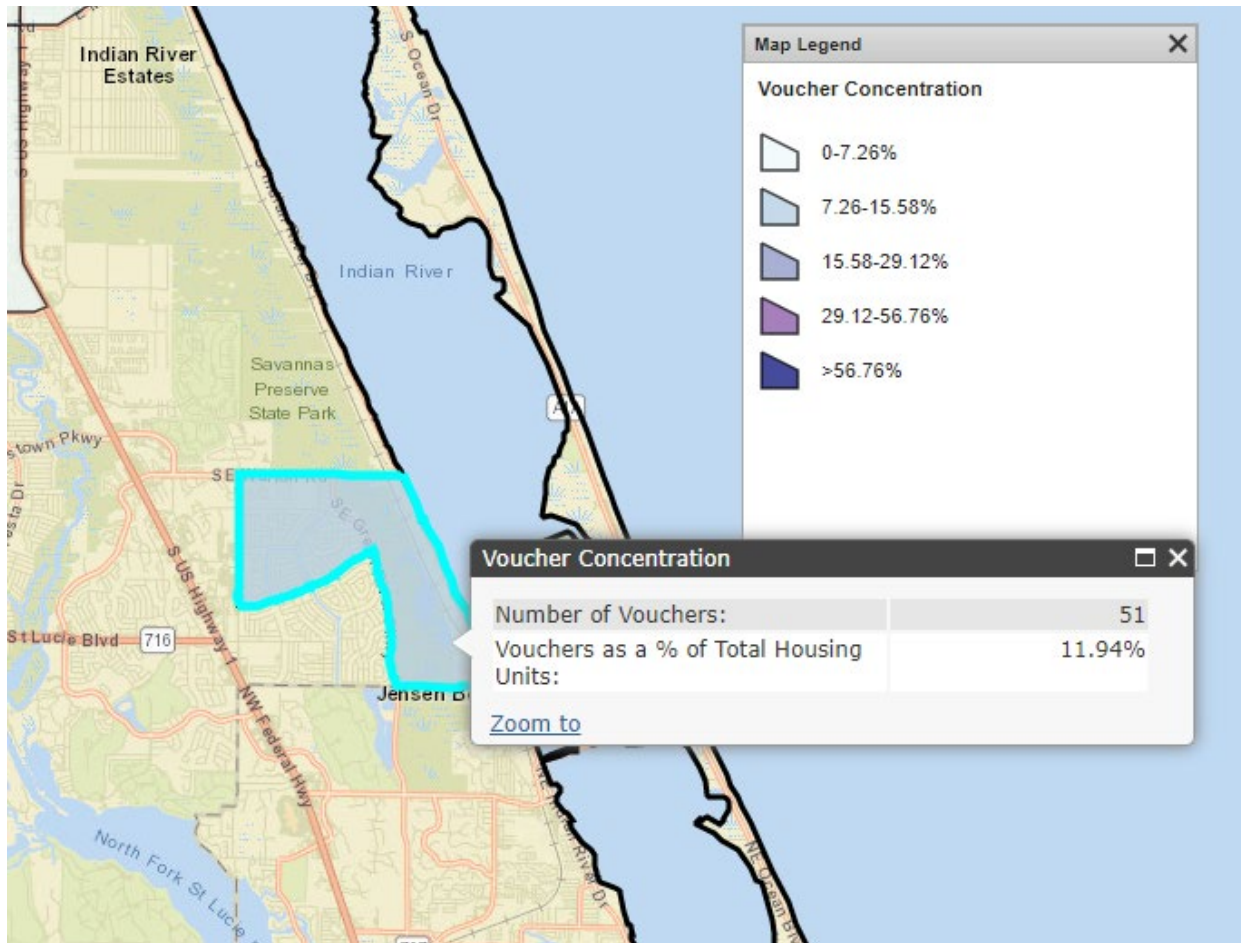
Voucher Map 1

Demo



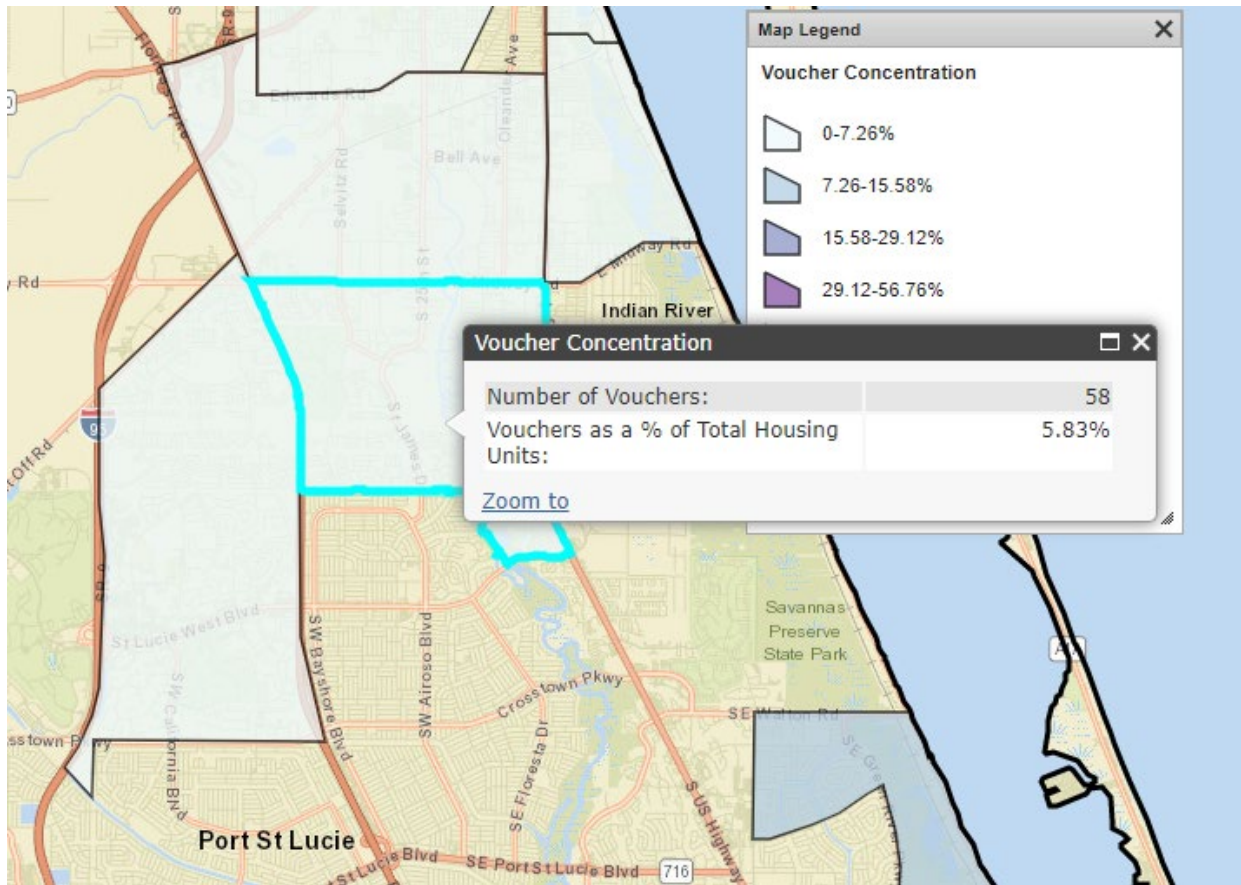
Voucher Map 2

Demo

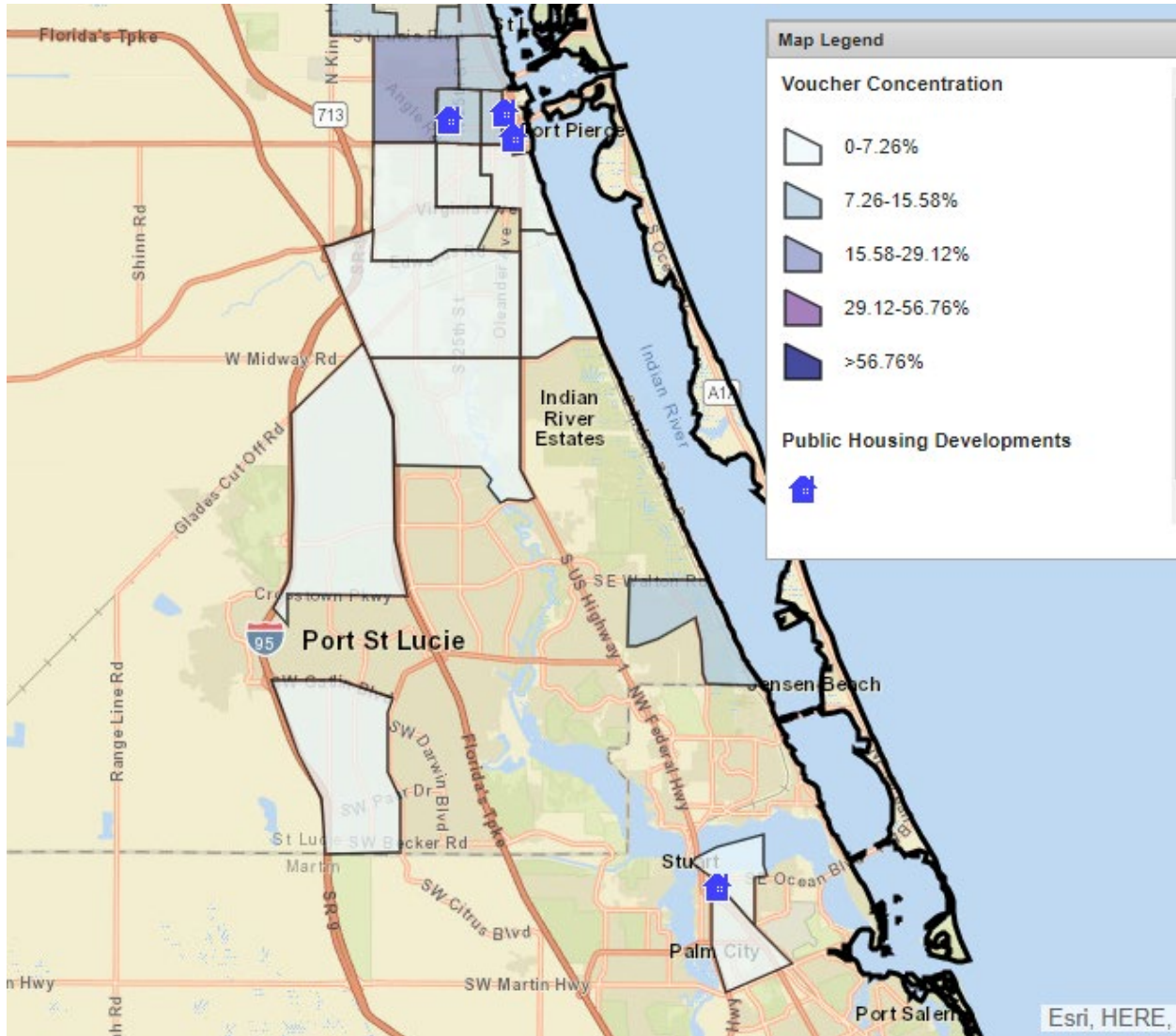


Voucher Map 3

Demo



Voucher Map 4



Voucher Map 6

Characteristics of Residents

	Program Type							
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher	
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program
Average Annual Income	0	0	9,001	12,686	0	12,709	13,233	0
Average length of stay	0	0	5	4	0	4	0	0
Average Household size	0	0	2	2	0	2	1	0
# Homeless at admission	0	0	0	0	0	0	0	0
# of Elderly Program Participants (>62)	0	0	216	66	0	63	3	0
# of Disabled Families	0	0	188	254	0	194	12	0
# of Families requesting accessibility features	0	0	790	810	0	744	18	0
# of HIV/AIDS program participants	0	0	0	0	0	0	0	0
# of DV victims	0	0	0	0	0	0	0	0

Table 23 – Characteristics of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Race of Residents

Race	Certificate	Mod-Rehab	Public Housing	Program Type					
				Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
White	0	0	116	97	0	79	12	0	6
Black/African American	0	0	660	705	0	658	6	0	41
Asian	0	0	1	0	0	0	0	0	0
American Indian/Alaska Native	0	0	0	2	0	1	0	0	1
Pacific Islander	0	0	13	6	0	6	0	0	0
Other	0	0	0	0	0	0	0	0	0

***includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition**

Table 24 – Race of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Ethnicity of Residents

Ethnicity	Certificate	Mod-Rehab	Public Housing	Program Type					
				Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
Hispanic	0	0	40	48	0	46	2	0	0
Not Hispanic	0	0	750	762	0	698	16	0	48

***includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition**

Table 25 – Ethnicity of Public Housing Residents by Program Type

Demo

Data Source: PIC (PIH Information Center)

Section 504 Needs Assessment: Describe the needs of public housing tenants and applicants on the waiting list for accessible units:

There are no public housing units located in the city of Port St. Lucie therefore the Section 504 needs assessment is not applicable to the City.

Most immediate needs of residents of Public Housing and Housing Choice voucher holders

Public Housing needs additional funding for much needed modernization and capital repairs. Housing Choice Voucher holders face a shortage of available housing that will accept their voucher. The Housing Authority of Ft. Pierce has a waiting list for vouchers that can be long.

How do these needs compare to the housing needs of the population at large

The housing needs of the Section 8 and public housing residents are like those of the population at large. Section NA-10 identified the most common housing problem as cost burden, particularly for renters at 0-30% AMI.

Discussion

The city of Port St. Lucie does not have a public housing agency within its city limits. Public housing needs are met by the Housing Authority of the City of Fort Pierce. There are 3 Public Housing Developments in St. Lucie County and none are located within the City of Port St. Lucie. HAFP assists Port St. Lucie residents by allowing its Section 8 vouchers to be used in the city limits. There are 815 vouchers available in St. Lucie County, with an increased number of special purpose vouchers available for Veterans Affairs Supportive Housing and Disabled. 18 are for Veterans and 48 for the disabled.

NA-40 Homeless Needs Assessment – 91.205(c)

Introduction:

The Treasure Coast Homeless Services Council, Inc. (TCHSC) serves as the official Continuum of Care for the Treasure Coast (St. Lucie, Martin, and Indian River counties). It is the official qualified applicant for State and Federal homeless prevention, program development and direct services funding on the Treasure Coast. It is also the lead agency for the State Office on Homelessness on behalf of the three-county area. The Council operates a Homeless Resource Center for the Treasure Coast, which provides approximately \$300,000 per year in direct financial assistance to homeless and near-homeless families. These funds are paid directly to landlords and utility companies, not to applicants. The Council continues to own and operate 12 units of NSP1 fair market rental housing in St. Lucie County for individuals and families who are at or below 50% of the area median income. Rents are capped at 30% of the family’s income.

Homeless Needs Assessment

Population	Estimate the # of persons experiencing homelessness on a given night		Estimate the # experiencing homelessness each year	Estimate the # becoming homeless each year	Estimate the # exiting homelessness each year	Estimate the # of days persons experience homelessness
	Sheltered	Unsheltered				
Persons in Households with Adult(s) and Child(ren)	50	350	0	10	20	100
Persons in Households with Only Children	30	100	0	0	0	0
Persons in Households with Only Adults	20	250	0	0	0	0
Chronically Homeless Individuals	20	250	0	0	0	0
Chronically Homeless Families	30	100	0	0	0	0
Veterans	23	0	0	0	0	0
Unaccompanied Child	0	0	0	0	0	0
Persons with HIV	0	0	0	0	0	0

Table 26 - Homeless Needs Assessment

Demo

Data Source Comments:

Indicate if the homeless population is: Has No Rural Homeless

If data is not available for the categories "number of persons becoming and exiting homelessness each year," and "number of days that persons experience homelessness," describe these categories for each homeless population type (including chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth):

This data is not available. However, the Treasure Coast Homeless Services Council's Client track, a Homeless Management Information System, indicates the following information for the City of Port St. Lucie for the months from October 1, 2014, through September 30, 2015: a total of 121 services were provided to 62 families with 30 children and 5 single seniors from the City of Port St. Lucie; they received assistance for rental and/or utility payments to prevent eviction, to restore utility services and or relocate to more suitable, affordable rental housing.

During 2020, HMIS contributing agencies documented \$5,138,957 in services which they provided to prevent and end homelessness. These services were provided to a total of 9,370 unduplicated individuals and impacted a total of 16,692 individuals in the Treasure Coast. The documented value of services in St. Lucie County (of which the City of Port St. Lucie constitutes approximately 60-65% of the geographic area) in 2020 was \$1,557,290. This was an increase compared to the documented value of services in St. Lucie County in 2019 which was \$818,442.

Nature and Extent of Homelessness: (Optional)

Race:	Sheltered:	Unsheltered (optional)
White	0	0
Black or African American	0	0
Asian	0	0
American Indian or Alaska Native	0	0
Pacific Islander	0	0
Ethnicity:	Sheltered:	Unsheltered (optional)
Hispanic	0	0
Not Hispanic	0	0

Data Source

Comments:

Data is not available.

Estimate the number and type of families in need of housing assistance for families with children and the families of veterans.

The St. Lucie County January 2020 Point-in-time Count indicated a total of 372 adults and 162 children living in homelessness. The data indicated that there was a total of 26 homeless veterans, but the survey did not report on the families of veterans.

The St. Lucie County January 2021 Point-in-time Count indicated a total of 246 adults and 41 children living in homelessness. The data indicated that there was a total of 21 homeless veterans, but the survey did not report on the families of veterans.

Describe the Nature and Extent of Homelessness by Racial and Ethnic Group.

No data are available to report the nature and extent of homelessness by racial and ethnic group. But the 2000 census does indicate that there were 36,308 persons below the poverty level in the Port St. Lucie-Martin Co. MSA in 1999. 7.3% were Non-Hispanic White, 25.3% Hispanic, 32.2% Black, 13.2% Asian/Pacific Islander, and 22.6% Indian.

According to the July 1, 2019 ACS estimates 9% of the population in the City of Port St. Lucie, Florida (or 18,166 out of 201,846 persons) were living in poverty.

Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.

There is no data available that addresses this specific information. However, the 2021 Point-in-Time Count for St. Lucie County indicated a total of 287 individuals homeless in the County, down from the

534 the previous year in 2020. According to the January 2021 Point-in-Time there were 245 unsheltered and 1 sheltered homeless adult, and 34 unsheltered and 7 sheltered homeless children in St. Lucie County. Additional individuals temporarily staying with family or friends because of economic reason (“couch surfers”) are not considered homeless in this count. An additional 1,319 households were reported as couch surfers by participating agencies during the 2021 Point-in-Time Count. This is up from 1,108 during 2020, which is a 19% increase over last year’s numbers.

Discussion:

While the data available on homelessness in Port St. Lucie is limited, it appears that the number of homeless individuals has decreased since the previous year.

NA-45 Non-Homeless Special Needs Assessment - 91.205 (b,d)

Introduction:

Non-homeless special needs populations include the elderly, frail elderly, persons with physical and developmental disabilities, substance abusers, persons with mental illness, and persons living with HIV/AIDS. These families and individuals are living either with families, in group facilities, or independently. They have a wide variety of needs, many of which are being met without public assistance. In some cases, where parents are caring for disabled children, the future of their independence is at risk.

HOPWA

Current HOPWA formula use:	
Cumulative cases of AIDS reported	0
Area incidence of AIDS	0
Rate per population	0
Number of new cases prior year (3 years of data)	0
Rate per population (3 years of data)	0
Current HIV surveillance data:	
Number of Persons living with HIV (PLWH)	0
Area Prevalence (PLWH per population)	0
Number of new HIV cases reported last year	0

Table 27 – HOPWA Data

Data Source Comments: Data being managed by the State of Florida, Department of Health. See Unique Appendices.

HIV Housing Need (HOPWA Grantees Only)

Type of HOPWA Assistance	Estimates of Unmet Need
Tenant based rental assistance	0
Short-term Rent, Mortgage, and Utility	0
Facility Based Housing (Permanent, short-term or transitional)	0

Table 28 – HIV Housing Need

Data Source: HOPWA CAPER and HOPWA Beneficiary Verification Worksheet

Describe the characteristics of special needs populations in your community:

These populations have a broad spectrum of characteristics, like the population at large, but a distinguishing factor for them is an increased risk of homelessness due to the fragile nature of their existence, some relying heavily on others for their care, others living on fixed incomes and vulnerable to hardships caused by sudden demands on their resources.

Alcohol and drug abuse are defined as excessive and impairing use of alcohol or other drugs. The National Institute of Alcohol and Abuse and Alcoholism estimated that 16.3 million adults ages 18 and older (6.8 percent of this age group) had an alcohol use disorder (AUD) in 2014. This includes 10.6 million men (9.2% of men in this age group) and 5.7 million women (4.6 percent of women in this age group). These percentages, when applied to Port St. Lucie's population of 201,846, would yield a total population of alcohol abusers at 13,725.5 persons, using 2015-2019 ACS 5-year estimates.

Elderly are those individuals aged 62 or older. The elderly population continues to show a strong growth pattern as a population group. The elderly population lives a distinctive lifestyle requiring numerous supportive services. According to the 2015-2019 ACS demographic and Housing Estimates, there are 41,378 elderly persons in Port St. Lucie, which is 20.3% of the population.

Persons with physical or developmental disabilities often require special facilities and care. Persons with developmental disabilities sometimes lack the capacity to care for themselves and rely on a caretaker to see to their daily needs. Often the caretaker is a parent. If the child outlives the parent who has provide their care all their lives, other arrangements must be made to see to their continued care. This group can include all ages, races, and ethnicities. In Port St. Lucie, Florida, among the civilian noninstitutionalized population in 2015-2019 survey, 8.4% reported a disability. The likelihood of having a disability varied by age - from 6 percent of people under 18 years old, to 12 percent of people 18 to 64 years old, and to 33 percent of those 65 and over.

What are the housing and supportive service needs of these populations and how are these needs determined?

According to Children and Family Services staff, special needs populations need help navigating services for families of children and young adults with developmental disabilities, to include those with mental illness. The service system is a maze, many families get frustrated and give up. Although the services for this population are limited, there are some services that families need but may not be able to access, as follows:

- educational advocacy and training for families of children with disabilities.
- support groups not just for the affected individual but for their families.
- summer camps, after school programs, and out of school programs that accept children with development disabilities.
- respite. There is little or no respite programs for families of children 0-22 years with developmental disabilities.

Housing and supportive service needs for other special needs populations may include:

- Group housing,
- Physical rehabilitation.

- Medical care,
- New job training skills,
- Unemployment benefits
- Insurance coverage,
- Counseling/ support groups to deal with the problem,
- Prescription medications
- Special transportation needs due to medical and physical condition,
- Mobility assistance in normal daily activities,
- Assistance in meal preparation, housekeeping, and shopping

Discuss the size and characteristics of the population with HIV/AIDS and their families within the Eligible Metropolitan Statistical Area:

According to the Florida Department of Health HIV Section, there were 13,567 newly diagnosed cases of HIV Infection (a rate of 23.4% per 100,000) in Florida from 2012 to 2014. 134 of those cases were in St. Lucie County, with a rate of 15.6% per 100,000. Rates for Hispanics were 9.4%, Non-Hispanic Whites at 5.8%, Non-Hispanic Black at 55.5%. Rates for males were 22% and females much lower at 9.6%.

Discussion:

Non-homeless special needs populations encompass a wide variety of persons and households and cannot be easily categorized except in very general terms. Many are not coping well with their situations and have a need for public assistance. Some have needs that can only be met with help from outside their family. Others are on the verge of homelessness themselves and struggle from day to day. Some live independently, while others depend on family or caregivers to help them daily. Needs for these populations are as varied as the populations themselves and depend on individual situations.

NA-50 Non-Housing Community Development Needs – 91.215 (f)

Describe the jurisdiction’s need for Public Facilities:

The City was originally developed as a single platted community. Unfortunately, much of the infrastructure originally constructed was poorly constructed. The City has made major improvements to the infrastructure over the last few years. A major portion of this work included replacing failing septic tanks with sanitary sewer and upgrading the City’s storm drainage facilities. The City then was able to move on to its next major priority, upgrading its storm drainage system and expanding its community facilities and infrastructure in low-income areas. There is still much work to be done, but funding has been a problem, especially in lower income areas.

Under the CDBG Program, communities may use funds to undertake a variety of public facilities and public improvement projects. In general, public facilities and public improvements are interpreted to include all facilities and improvements that are publicly owned, or that are owned by a nonprofit and open to the public. Eligible types of facilities and improvements include:

- Infrastructure improvements (construction or installation) including, but not limited to streets, curbs, sidewalks, drainage facilities.
- Neighborhood facilities including, but not limited to public schools, recreational facilities, parks, playgrounds; and
- Facilities for persons with special needs such as facilities for the homeless or domestic violence shelters, nursing homes, or group homes for the disabled.

The City of Port St. Lucie identifies public facility needs through its capital improvement planning process. Public facility needs are best met through the capital improvement program, general funding, or other sources of revenue. Some of the needs, however, are found in low to moderate income neighborhoods outside of the scope of these other public facility planning efforts, and may include neighborhood centers, recreation facilities, or accessibility modifications in public facilities. Community Development Block Grant funds may be used for such facilities when they are in areas of eligible populations. Historically, due to the limited funding available and other identified priorities, funds have been utilized for parks and recreation facilities and sidewalks located in low income, primarily residential, neighborhoods.

The following needs were identified for the 2021 through 2026 Consolidated Plan:

- Sidewalks and pedestrian malls
- Parks and Recreation centers
- Flood and Drainage improvements
- Water/Sewer improvements
- Street improvements
- ADA accessibility improvements

Public facility ADA improvements to public facilities for persons with special needs have also been noted in Citizen Surveys, as many individuals have requested improvements to parks and the addition of sidewalks, especially near schools. This need is high priority for the City of Port St. Lucie.

How were these needs determined?

Public facility needs were determined through consultation with citizens, City departments (including Parks and Recreation, Public Works, and Utility Systems), and social service agencies. Additionally, City policy documents and City Council priorities were examined. The City also conducted a survey of residents and service providers asking their input into the ranking process for the variety of uses of CDBG funds. While the survey was not a statistically reliable instrument for prioritizing, it was a useful tool to include community concerns and preferences into consideration. Staff took the results of the survey into consideration in the ranking process.

This is the poverty rate. According to the ACS 2019 survey 18,166 or 9% of the population were within the poverty range for Port St Lucie.

Describe the jurisdiction's need for Public Improvements:

The City places a high priority on public improvements, including sidewalks, parks, street safety facilities (pedestrian signals, etc.), water mains, sewer mains and drainage. ADA modifications were also identified as a public improvement need.

How were these needs determined?

Public Improvement needs were determined through consultation with citizens, City departments (including Parks and Recreation, Public Works, and Utility Systems), and social service agencies. Additionally, City policy documents and City Council priorities were examined. The City also conducted a survey of residents and service providers asking their input into the ranking process for the variety of uses of CDBG funds. The survey went out to 40,000+ email addresses for the public and stakeholders and workshops were posted on the website and advertised to assist the public with completing the survey. While the survey was not a statistically reliable instrument for prioritizing, it was a useful tool to include community concerns and preferences into consideration. Staff took the results of the survey and the comments received in the focus group sessions and forums and completed the ranking process.

Describe the jurisdiction's need for Public Services:

The City does not have many public service agencies located within its boundaries. Most of these service organizations function out of Ft. Pierce or St. Lucie County and service citizens from the City of

Port St. Lucie. Based on the needs survey, some public service needs will be given priority in the consolidated plan: senior services, mental health services, domestic abuse and neglected/abused child services.

How were these needs determined?

Public Services needs were determined through consultation with citizens, City departments (including Parks and Recreation, Public Works, and Utility Systems), and social service agencies. Additionally, City policy documents and City Council priorities were examined. The City also conducted a new needs survey with some public services were a priority. The survey included a ranking of a variety of public services. There was a link and announcement on Facebook and Twitter. While the surveys were not statistically reliable instruments for prioritizing, they were useful tools to include community concerns and preferences into consideration. Staff took the results of the survey and the comments received in the focus group sessions and forums and completed the ranking process.

Housing Market Analysis

MA-05 Overview

Housing Market Analysis Overview:

This section is intended to describe the significant characteristics of the City's existing housing market including the supply and demand and conditions and cost of housing. According to the 2019 ACS, the City had 61, 032 housing units of which 85.3% were 1- unit detached structures and approximately 1,822 or 2.5% were 20 or more units, a significant difference in terms of low-density single family residential units and high-density multi-family residential units. The owner-to-renter occupancy was approximately 78%/22%.

Based on the ACS 2015-2019 Selected Housing Characteristics report, 7420 (11.9%) of the housing units were built before 1980. These units will commonly need significant home repairs for code, health, and safety. 25,119 units or 40.23% of the total 62,436 occupied housing units were built between 1980 and 1999. These units are more likely to need costly repairs, and some may contain lead-based paint.

According to the CHAS, 29.6% of the owners and 16.6% of the renters were identified as having one or more of the four housing problems identified by HUD including lack of plumbing facilities: lack of kitchen facilities, overcrowding and cost burden. Furthermore, it was estimated that 1,690 renters and 7,935 owners within the 0-50% of area median household income had one or more housing problems.

Given the age of the units and the high percentage of low-income households with one or more housing problems, the City has had to develop housing programs to address the needs. These consist of a Direct Homeownership Assistance program** where owner-occupied households were assisted with repairs and a homebuyer program that aids eligible buyers.

MA-10 Number of Housing Units – 91.210(a)&(b)(2)

Introduction

According to the 2013-2017 CHAS, the City of Port St. Lucie had a total of 62,436 occupied housing units. According to the CHAS 56,977 units (91.3%) are single family housing while 5,549 units (8.7%) are multifamily housing. Less than 1.7% (1,074) are mobile home structures. The most common bedroom size for owner occupied housing units in Port St. Lucie is three or more bedrooms, with 99% of all housing units in that category.

All residential properties by number of units

Property Type	Number	%
1-unit detached structure	62,340	87%
1-unit, attached structure	2,225	3%
2-4 units	1,785	2%
5-19 units	2,200	3%
20 or more units	1,800	3%
Mobile Home, boat, RV, van, etc.	1,080	2%
Total	71,430	100%

Table 29 – Residential Properties by Unit Number

Data Source: 2013-2017 ACS

Unit Size by Tenure

	Owners		Renters	
	Number	%	Number	%
No bedroom	65	0%	360	2%
1 bedroom	145	0%	820	6%
2 bedrooms	8,040	17%	3,685	25%
3 or more bedrooms	38,700	82%	9,965	67%
Total	46,950	99%	14,830	100%

Table 30 – Unit Size by Tenure

Data Source: 2013-2017 ACS

Describe the number and targeting (income level/type of family served) of units assisted with federal, state, and local programs.

The City of Port St. Lucie’s affordable housing programs have traditionally concentrated on affordable single family homeownership opportunities for low- and moderate-income households. These programs have been funded by several state and federal sources including the Community Development Block Grant (CBDG), Neighborhood Stabilization Program (NSP), and State Housing Initiatives Partnership

(SHIP) programs. Those programs have assisted 142 households below 50% of AMI, 113 households between 50% and 80% AMI, and 152% between 80% and 120%.

Port St. Lucie's federally assisted affordable rental housing stock includes properties financed through the tax credit program (LIHTC), SAIL, State Bonds, and Section 202, HUD's supportive housing program for elderly. This market is limited in Port St. Lucie and consists of six developments, 4 for family living and two for elderly. The fewest units are available for the elderly, with 50 and 144 units. Family units run from 184 to 264.

Provide an assessment of units expected to be lost from the affordable housing inventory for any reason, such as expiration of Section 8 contracts.

There are no units expected to be lost from the expiration of Section 8 contracts. Subsidized rental properties located in Port St. Lucie have long term affordability mechanisms in place to ensure the continued use for affordable housing. According to data from the University of Florida Shimberg Center for Housing Data, The Sanctuary at Winter lakes has the earliest expiration date of 2033; Peacock Run Apartments expires in 2034. The latest expiration date is in 2066 for Grove Park.

Does the availability of housing units meet the needs of the population?

There is a gap between number of affordable housing units in Port St. Lucie and the number of households who need affordable housing. According to 2019 CHAS data 12,463 households (both renter and owner) report a housing cost burden greater than 50% of their income. An additional 42,555 reported a housing cost burden greater than 30% of their income. Survey participants involved in the preparation of this document indicated a need for affordable rental units in Port St. Lucie, especially for families, the disabled and elderly.

Describe the need for specific types of housing:

Affordable housing is needed to meet the demands of the population as well as to address the forecasted growth. In reviewing 2013-2019 ACS Survey and anecdotal evidence it appears that there is a lack of diversity in the types of housing in the city of Port St. Lucie. The City is a relatively young City that was developed as a pre-platted subdivision, consisting of many 10,000 square foot single family lots. This presents a challenge when attempting to develop what would be thought of as traditional rental housing in the form of apartments. 91% percent of developed housing units in Port St. Lucie are single family. Only 19.8% of the housing stock contains ten or more units. Most Port St. Lucie residents live in properties with less than ten units. This number is consistent with the nation where approximately 80% of all residents live in buildings with 10 or fewer units and, of this, 67.5% live in buildings with one unit. Small rental developments (3-19 units) house most of the nation's low-income renters. These small-scale rental portfolios are difficult to maintain and less profitable for owners, making it more likely that these low-cost properties will be permanently lost from the affordable housing stock. By introducing

additional housing types, the City will be able to maintain a larger, more diverse, and more permanent affordable housing inventory.

Discussion

The number of housing units in the City has steadily increased over the long-term. A shortage of affordable housing exists for very low- and low-income households in Port St. Lucie; and given the City's housing stock profile, there is a lack of diversity of housing types within the City. Most housing units are within single unit detached structures. Second highest number is multi-unit apartment/condominium structures (10 or more units). Few units are within other attached housing types (e.g., townhome, duplex, etc.). Moreover, there are few smaller (1 bedroom or studio) units available.

MA-15 Housing Market Analysis: Cost of Housing - 91.210(a)

Introduction

This section provides an overall picture of housing costs within the City of Port St. Lucie. Information provided will detail housing cost trends, rent trend, fair market rents, and the overall affordability of the local housing market.

Cost of Housing

	Base Year: 2014	Most Recent Year: 2019	% Change
Median Home Value	181,200	240,500	33%
Median Contract Rent	935	1,097	17%

Table 31 – Cost of Housing

Data Source Comments: 2010 Census Base; 2014 & 2019 ACS Most Recent

Rent Paid	Number	%
Less than \$500	0	0.0%
\$500-999	2,000	0.0%
\$1,000-1,499	6,239	0.0%
\$1,500-1,999	6,078	0.0%
\$2,000 or more	0	0.0%
Total	14,317	0.0%

Table 32 - Rent Paid

Data Source Comments: Shimberg 2019

United States Census Bureau

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The Census Bureau will not release its standard 2020 ACS 1-year estimates because of the impacts of the COVID-19 pandemic on data collection. Experimental estimates, developed from 2020 ACS 1-year data, will be available on the ACS Experimental Data webpage no later than November 30th.

6 Results FILTER | DOWNLOAD

COMPARATIVE HOUSING CHARACTERISTICS
Survey/Program: American Community Survey
TableID: CP04

Product: 2015 ACS 1-Year Estimates Comparison Profiles

CUSTOMIZE TABLE

Label	United States	2015 Estimate	2014 Estimate	2015 - 2014 Statistical S.L.	2013 Estimate	2015 - 2013 Statistical S.L.	2012 Estimate	2015 - 2012 Statistical S.L.	2011 Estimate	2015 - 2011 Statistical S.L.
YEAR STRUCTURE BUILT										
ROOMS										
BEDROOMS										
HOUSING TENURE										
YEAR HOUSEHOLDER MOVED IN										
VEHICLES AVAILABLE										
HOUSE HEATING FUEL										
SELECTED CHARACTERISTICS										
OCCUPANTS PER ROOM										
VALUE										
Owner-occupied units	74,506,912		72,091,995 *		73,843,861 *		74,119,258 *		74,264,435 *	
Less than \$50,000	7.5%		9.8% *		10.1% *		9.2% *		8.8% *	
\$50,000 to \$99,999	14.0%		14.8% *		15.6% *		16.3% *		16.0% *	
\$100,000 to \$149,999	15.0%		15.2% *		15.8% *		16.9% *		16.0% *	
\$150,000 to \$199,999	14.8%		14.7% *		15.0% *		15.3% *		15.4% *	
\$200,000 to \$249,999	18.8%		18.2% *		17.0% *		18.1% *		18.2% *	
\$250,000 to \$499,999	17.3%		16.1% *		15.4% *		14.9% *		15.2% *	
\$500,000 to \$999,999	9.7%		8.8% *		8.1% *		7.7% *		7.9% *	
\$1,000,000 or more	2.7%		2.4% *		2.1% *		2.0% *		2.0% *	
Median (dollars)	194,500		181,200 *		173,800 *		173,900 *		173,600 *	
MORTGAGE STATUS										
SELECTED MONTHLY OWNER C...										
SELECTED MONTHLY OWNER C...										
GROSS RENT										
Occupied units paying rent	41,416,172		40,975,355 *		40,205,415 *		39,629,320 *		38,515,459 *	
Less than \$500	11.0%		11.5% *		12.1% *		12.4% *		12.4% *	
\$500 to \$999	42.7%		44.5% *		45.3% *		45.7% *		45.4% *	
\$1,000 to \$1,499	27.9%		27.2% *		26.8% *		26.9% *		26.9% *	
\$1,500 to \$1,999	13.0%		12.3% *		12.6% *		12.6% *		12.6% *	
\$2,000 to \$2,499	4.1%		3.8% *		3.5% *		3.5% *		3.6% *	
\$2,500 to \$2,999	1.7%		1.4% *		1.4% *		1.2% *		1.2% *	
\$3,000 or more	1.5%		1.3% *		1.2% *		1.2% *		1.1% *	
Median (dollars)	989		935 *		919 *		910 *		919 *	
No rent paid	2,291,566		2,292,077 *		2,241,787 *		2,228,955 *		2,211,837 *	
GROSS RENT AS A PERCENTAG...										

Accessibility
Information Quality
FOIA
Data Protection and Privacy Policy
U.S. Department of Commerce
Release Notes
Measuring America's People, Places and Economy

MA-15 Comparative Housing Data 2015

United States Census Bureau

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The Census Bureau will not release its standard 2020 ACS 1-year estimates because of the impacts of the COVID-19 pandemic on data collection. Experimental estimates, developed from 2020 ACS 1-year data, will be available on the ACS Experimental Data webpage no later than November 30th.

6 Results FILTER | DOWNLOAD

COMPARATIVE HOUSING CHARACTERISTICS
Survey/Program: American Community Survey
TableID: CP04

Product: 2019 ACS 1-Year Estimates Comparison Profiles

CUSTOMIZE TABLE

Label	United States	2019 Estimate	2018 Estimate	2019 - 2018 Statistical S.L.	2017 Estimate	2019 - 2017 Statistical S.L.	2016 Estimate	2019 - 2016 Statistical S.L.	2015 Estimate	2019 - 2015 Statistical S.L.
YEAR STRUCTURE BUILT										
ROOMS										
BEDROOMS										
HOUSING TENURE										
YEAR HOUSEHOLDER MOVED I...										
VEHICLES AVAILABLE										
HOUSE HEATING FUEL										
SELECTED CHARACTERISTICS										
OCCUPANTS PER ROOM										
VALUE										
Owner-occupied units	78,724,862		77,768,394 *		76,684,018 *		75,022,569 *		74,506,912 *	
Less than \$50,000	6.2%		6.6% *		6.9% *		7.3% *		7.9% *	
\$50,000 to \$99,999	10.2%		11.1% *		12.0% *		13.1% *		14.0% *	
\$100,000 to \$149,999	11.4%		12.3% *		13.2% *		14.1% *		15.0% *	
\$150,000 to \$199,999	13.2%		13.8% *		14.7% *		14.9% *		14.8% *	
\$200,000 to \$249,999	20.4%		19.6% *		19.6% *		19.2% *		19.8% *	
\$250,000 to \$499,999	21.4%		20.4% *		19.3% *		18.2% *		17.3% *	
\$500,000 to \$999,999	13.1%		12.3% *		11.4% *		10.9% *		9.7% *	
\$1,000,000 or more	3.3%		3.7% *		3.4% *		3.1% *		2.7% *	
Median (dollars)	240,500		229,700 *		217,600 *		205,600 *		194,500 *	
MORTGAGE STATUS										
SELECTED MONTHLY OWNER C...										
SELECTED MONTHLY OWNER C...										
GROSS RENT										
Occupied units paying rent	41,940,055		41,646,884 *		41,233,964 *		41,811,281 *		41,416,172 *	
Less than \$500	9.2%		9.3% *		9.4% *		9.3% *		9.3% *	
\$500 to \$999	34.1%		35.3% *		36.4% *		37.1% *		37.9% *	
\$1,000 to \$1,499	29.9%		30.1% *		29.9% *		30.0% *		30.1% *	
\$1,500 to \$1,999	15.2%		14.5% *		13.9% *		13.5% *		13.2% *	
\$2,000 to \$2,499	4.2%		3.9% *		3.6% *		3.4% *		3.1% *	
\$2,500 to \$2,999	1.7%		1.5% *		1.4% *		1.3% *		1.1% *	
\$3,000 or more	1.3%		1.4% *		1.3% *		1.3% *		1.1% *	
Median (dollars)	1,097		1,078 *		1,058 *		1,048 *		1,035 *	
No rent paid	2,131,935		2,144,902 *		2,144,834 *		2,206,235 *		2,291,566 *	
GROSS RENT AS A PERCENTAG...										

Accessibility
Information Quality
FOIA
Data Protection and Privacy Policy
U.S. Department of Commerce
Release Notes
Measuring America's People, Places and Economy

MA-15 Comparative Housing Data 2019

Table: ACS11Y2015.CP04

Port St. Lucie, FL Urbanized Area (2010)									
Label	2015 Estimate	2014 Estimate	2015 - 2014 Statistical Significance	2013 Estimate	2015 - 2013 Statistical Significance	2012 Estimate	2015 - 2012 Statistical Significance	2011 Estimate	2015 - 2011 Statistical Significance
HOUSING OCCUPANCY									
Total housing units	193,363	193,227		189,714	*	189,858	*	172,863	*
Occupied housing units	80.4%	79.5%		78.0%		79.4%		77.5%	
Vacant housing units	19.6%	20.5%		22.0%		20.6%		22.5%	
Homeowner vacancy rate	2.0	2.1		3.1		2.0		3.1	
Rental vacancy rate	7.2	8.7		7.4		11.9	*	10.4	
UNITS IN STRUCTURE									
Total housing units	193,363	193,227		189,714	*	189,858	*	172,863	*
1-unit, detached	63.2%	65.1%		62.0%		60.9%		61.0%	
1-unit, attached	4.2%	6.1%	*	5.8%	*	5.5%	*	4.1%	
2 units	3.7%	3.2%		3.5%		3.7%		2.5%	
3 or 4 units	3.8%	3.6%		4.1%		3.6%		4.1%	
5 to 9 units	4.9%	3.2%	*	3.4%	*	4.6%		3.8%	
10 to 19 units	9.8%	5.2%		5.5%		6.7%		7.1%	
20 or more units	7.9%	7.2%		7.9%		8.4%		8.5%	
Mobile home	7.9%	7.3%		7.2%		8.0%		9.1%	*
Boat, RV, van, etc.	0.0%	0.1%		0.0%		0.1%		0.0%	
YEAR STRUCTURE BUILT									
Total housing units	193,363	193,227		189,714	*	189,858	*	172,863	*
Built 2014 or later	0.4%	0.0%	*	0.0%	*	0.0%	*	0.0%	*
Built 2010 to 2013	1.7%	1.3%		0.4%	*	0.3%	*	0.3%	*
Built 2000 to 2009	24.8%	27.5%	*	26.5%		26.9%		22.8%	
Built 1990 to 1999	18.7%	17.9%		16.7%		17.9%		15.0%	*
Built 1980 to 1989	26.3%	26.3%		27.8%		27.6%		28.0%	
Built 1970 to 1979	17.0%	16.8%		18.7%		17.0%		20.3%	*
Built 1960 to 1969	6.2%	4.9%		4.7%	*	4.7%	*	7.1%	
Built 1950 to 1959	3.1%	3.6%		2.6%		4.2%	*	4.2%	
Built 1940 to 1949	1.0%	0.4%	*	1.5%		0.8%		0.8%	
Built 1939 or earlier	1.0%	1.5%		0.7%		0.6%	*	1.2%	
ROOMS									
Total housing units	193,363	193,227		189,714	*	189,858	*	172,863	*
1 room	0.8%	0.7%		0.6%		0.6%		1.3%	
2 rooms	1.8%	1.8%		1.5%		1.2%		2.0%	
3 rooms	7.8%	7.8%		6.3%		7.0%		6.1%	
4 rooms	23.4%	24.3%		23.8%		24.0%		24.8%	
5 rooms	25.3%	23.8%		23.8%		22.9%		21.4%	*
6 rooms	20.1%	19.2%		21.2%		20.9%		21.0%	
7 rooms	11.5%	11.1%		12.3%		13.6%	*	13.0%	
8 rooms	5.3%	5.8%		5.8%		5.7%		6.0%	
9 rooms or more	4.3%	5.5%	*	4.8%		3.9%		4.5%	
Median rooms	5.2	5.1		5.2		5.2		5.2	
BEDROOMS									
Total housing units	193,363	193,227		189,714	*	189,858	*	172,863	*
No bedroom	0.3%	0.8%		0.6%		0.6%		1.3%	
1 bedroom	6.1%	6.4%		6.5%		7.0%		6.8%	
2 bedrooms	35.9%	36.2%		36.1%		37.4%		38.1%	
3 bedrooms	44.8%	40.5%	*	44.0%		42.7%		41.5%	
4 bedrooms	10.3%	14.6%	*	11.1%		10.8%		10.8%	
5 or more bedrooms	1.9%	1.5%		1.7%		1.5%		1.5%	
HOUSING TENURE									
Occupied housing units	155,368	153,674		147,903	*	150,791		134,024	*
Owner-occupied	72.0%	74.3%		69.1%		71.3%		74.3%	
Renter-occupied	28.0%	25.7%		30.9%		28.7%		25.7%	
Average household size of owner-occupied unit	2.46	2.50		2.54		2.40		2.50	
Average household size of renter-occupied unit	2.81	2.72		2.81		2.76		2.74	
YEAR HOUSEHOLDER MOVED INTO UNIT									
Occupied housing units	155,368	153,674		147,903	*	150,791		134,024	*
Moved in 2013 or later	7.3%	0.0%	*	0.0%	*	0.0%	*	0.0%	*
Moved in 2010 to 2014	39.5%	39.8%		35.1%	*	27.3%	*	17.3%	*
Moved in 2000 to 2009	30.4%	38.6%	*	41.7%	*	44.1%	*	52.1%	*

MA-15 Data 1

Table: ACS11Y2015.CP04

Port St. Lucie, FL Urbanized Area (2010)									
Label	2015 Estimate	2014 Estimate	2015 - 2014 Statistical Significance	2013 Estimate	2015 - 2013 Statistical Significance	2012 Estimate	2015 - 2012 Statistical Significance	2011 Estimate	2015 - 2011 Statistical Significance
Moved in 1990 to 1999	15.1%	12.9%	*	13.6%		18.0%		13.2%	
Moved in 1980 to 1989	5.0%	6.2%		6.8%	*	7.5%	*	8.1%	*
Moved in 1979 and earlier	2.6%	2.5%		2.9%		3.1%		3.3%	
VEHICLES AVAILABLE									
Occupied housing units	155,368	153,674		147,903	*	150,791		134,024	*
No vehicles available	5.2%	6.0%		5.8%		6.5%		6.5%	
1 vehicle available	43.6%	42.6%		41.3%		42.3%		45.3%	
2 vehicles available	38.2%	39.5%		38.8%		39.0%		36.4%	
3 or more vehicles available	12.6%	12.5%		13.5%		11.6%		11.8%	
HOUSE HEATING FUEL									
Occupied housing units	155,368	N		147,903	*	N		N	
Utility gas	3.3%	N		1.9%	*	N		N	
Bottled, tank, or LP gas	0.6%	N		0.3%		N		N	
Electricity	96.4%	N		96.4%	*	N		N	
Fuel oil, kerosene, etc.	0.0%	N		0.1%		N		N	
Coal or coke	0.0%	N		0.0%		N		N	
Wood	0.1%	N		0.0%		N		N	
Solar energy	0.0%	N		0.0%		N		N	
Other fuel	0.0%	N		0.1%		N		N	
No fuel used	1.6%	N		1.2%		N		N	
SELECTED CHARACTERISTICS									
Occupied housing units	155,368	153,674		147,903	*	150,791		134,024	*
Lacking complete plumbing facilities	0.1%	0.1%		0.3%		0.2%		0.5%	
Lacking complete kitchen facilities	0.4%	0.2%		0.4%		0.6%		0.7%	
No telephone service available	1.9%	2.0%		2.6%		2.0%		3.3%	*
OCCUPANTS PER ROOM									
Occupied housing units	155,368	153,674		147,903	*	150,791		134,024	*
1.00 or less	98.0%	97.8%		97.9%		98.4%		98.1%	
1.01 to 1.50	1.4%	2.0%		2.0%		1.3%		1.3%	
1.51 or more	0.6%	0.2%		0.1%		0.1%	*	0.6%	
RACE									
Owner-occupied units	111,920	114,176		102,149	*	107,496		99,900	*
Less than \$50,000	8.3%	10.3%		10.3%	*	10.5%	*	11.6%	*
\$50,000 to \$99,999	14.2%	21.4%	*	21.1%	*	26.3%	*	27.6%	*
\$100,000 to \$149,999	21.0%	17.8%		20.5%		19.4%		19.4%	
\$150,000 to \$199,999	16.1%	19.6%	*	16.7%		15.5%		14.4%	
\$200,000 to \$299,999	22.4%	14.6%	*	16.6%	*	14.1%	*	14.8%	*
\$300,000 to \$499,999	12.1%	11.0%		9.8%	*	9.3%		7.8%	*
\$500,000 to \$999,999	4.9%	3.7%		3.4%	*	2.9%	*	2.7%	*
\$1,000,000 or more	0.8%	1.6%	*	1.3%		1.3%		1.9%	*
Median (\$dollars)	166,200	151,000	*	144,700	*	132,700	*	125,800	*
MORTGAGE STATUS									
Owner-occupied units	111,920	114,176		102,149	*	107,496		99,900	*
Housing units with a mortgage	50.2%	55.6%	*	58.0%	*	55.3%	*	59.1%	*
Housing units without a mortgage	49.8%	44.4%	*	42.0%	*	44.5%	*	40.9%	*
SELECTED MONTHLY OWNER COSTS (SMOC)									
Housing units with a mortgage	56,223	63,490	*	59,156		59,640		59,024	
Less than \$500	2.3%	2.4%		2.7%		1.6%		1.5%	
\$500 to \$999	18.2%	24.3%	*	22.3%	*	18.1%		15.9%	
\$1,000 to \$1,499	40.3%	35.3%		36.9%		32.5%	*	36.7%	*
\$1,500 to \$1,999	22.3%	18.4%		17.3%	*	22.1%		21.3%	
\$2,000 to \$2,499	7.9%	9.7%	*	11.0%	*	13.1%	*	14.4%	*
\$2,500 to \$2,999	5.2%	4.7%		5.4%		6.0%		3.9%	
\$3,000 or more	3.5%	5.2%	*	6.5%	*	6.6%	*	8.5%	*
Median (\$dollars)	1,345	1,310		1,368		1,464	*	1,472	*
Housing units without a mortgage	55,697	50,686	*	42,953	*	47,856	*	40,676	*

MA-15 Data 2

Table: ACS11Y2015.CP04

Port St. Lucie, FL Urbanized Area (2010)									
Label	2015 Estimate	2014 Estimate	2015 - 2014 Statistical Significance	2013 Estimate	2015 - 2013 Statistical Significance	2012 Estimate	2015 - 2012 Statistical Significance	2011 Estimate	2015 - 2011 Statistical Significance
Less than \$250	14.1%	13.0%		14.7%		13.3%		14.7%	
\$250 to \$399	21.4%	23.9%		19.7%		22.0%		25.8%	
\$400 to \$599	29.4%	28.4%		32.7%		32.0%		29.1%	
\$600 to \$799	12.2%	15.2%		17.6%		17.2%		14.9%	
\$800 to \$999	5.9%	8.3%		5.0%		7.3%		7.5%	
\$1,000 or more	8	7		6		8		8	
Median (dollars)	504	487		479		485		455	*
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME (SMOICAPI)									
Housing units with a mortgage (excluding units where SMOICAPI cannot be computed)									
Less than 20.0 percent	55,135	62,856	*	58,903		59,231		58,423	
20.0 to 24.9 percent	35.9%	34.7%		29.9%	*	30.3%		25.9%	*
25.0 to 29.9 percent	16.1%	13.2%		19.4%		14.8%		12.5%	
30.0 to 34.9 percent	9.8%	17.0%		9.8%		9.8%		34.1%	*
35.0 percent or more	8.3%	7.7%		6.6%		8.3%		8.7%	
Not computed	29.9%	32.4%		34.2%		36.8%	*	38.2%	*
Not computed	1,088	534		293		409		601	
Housing units without a mortgage (excluding units where SMOICAPI cannot be computed)									
Less than 10.0 percent	54,374	49,141	*	41,738	*	47,208	*	39,882	*
10.0 to 14.9 percent	35.1%	36.4%		30.7%		32.7%		33.1%	
15.0 to 19.9 percent	18.9%	19.3%		16.8%		21.2%		24.0%	
20.0 to 24.9 percent	13.0%	12.3%		15.0%		13.9%		11.2%	
25.0 to 29.9 percent	6.7%	10.6%	*	7.0%		7.7%		10.4%	*
30.0 to 34.9 percent	5.0%	4.9%		6.9%		5.2%		4.4%	
35.0 percent or more	5.8%	3.9%		2.7%	*	4.6%		5.6%	
Not computed	15.7%	12.6%		12.8%		14.7%		11.4%	*
Not computed	1,123	1,545		1,215		648		994	
GROSS RENT									
Occupied units paying rent									
Less than \$500	40,887	37,518		42,211		41,041		31,375	*
\$500 to \$999	6.4%	8.3%		7.5%		3.9%		6.6%	
\$1,000 to \$1,499	43.1%	35.4%	*	44.9%		51.3%	*	30.0%	
\$1,500 to \$1,999	36.0%	36.4%		36.5%		37.1%		37.1%	
\$2,000 to \$2,499	12.0%	14.0%		6.0%	*	5.6%	*	4.1%	*
\$2,500 to \$2,999	0.8%	4.0%	*	2.3%		1.0%		0.7%	
\$3,000 or more	0.3%	0.9%		0.7%		0.6%		1.0%	
Median (dollars)	1,204	1,174		1,174	*	1,174		1,047	
Median (dollars)	1,005	1,059		965		961		950	
No rent paid	2,461	1,980		3,543		2,254		2,749	
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME (GRAPI)									
Occupied units paying rent (excluding units where GRAPI cannot be computed)									
Less than 15.0 percent	40,226	36,624		40,889		39,572		30,859	*
15.0 to 19.9 percent	8.2%	5.0%		10.0%	*	6.7%	*	6.0%	
20.0 to 24.9 percent	14.0%	7.4%	*	8.3%	*	8.3%	*	7.4%	*
25.0 to 29.9 percent	12.0%	11.5%		10.4%		10.2%		8.8%	
30.0 to 34.9 percent	10.9%	11.0%		11.5%		10.5%		10.7%	
35.0 percent or more	8.0%	12.7%	*	9.3%		5.9%		7.8%	
Not computed	46.4%	52.4%		50.5%		58.1%	*	58.3%	*
Not computed	1,222	2,974		4,865		3,723		3,265	

MA-15 Data 3

Fact Note	Port St. Lucie City, Florida	United States
Fact Note	Port St. Lucie City, Florida	United States
Population estimates, July 1, 2019, (V2019)	202,844	328,239,212
Population estimates here, April 1, 2010, (V2010)	146,203	308,718,505
Population, percent change, April 1, 2010 (estimates here) to July 1, 2019, (V2019)	22.45%	6.95%
Population Census, April 1, 2010	204,851	331,449,281
Population, Census, April 1, 2010	146,803	308,742,928
Persons, under 5 years, percent	5.2%	6.0%
Persons, under 18 years, percent	21.4%	22.3%
Persons 65 years and over, percent	20.4%	14.0%
Female persons, percent	51.2%	50.8%
White, percent	73.5%	76.3%
Black or African American, percent	18.3%	13.4%
American Indian and Alaska Native alone, percent	0.5%	1.3%
Asian alone, percent	2.5%	5.6%
Native Hawaiian or Other Pacific Islander alone, percent	0.0%	0.2%
Two or more races, percent	2.8%	2.8%
Hispanic or Latino, percent	20.4%	18.5%
White alone, not Hispanic or Latino, percent	59.6%	60.3%
Visitors, 2015-2019	14,482	18,293,212
Foreign born persons, percent, 2015-2019	13.7%	17.6%
Residing units, July 1, 2019, (V2019)	X	1,39,864,244
Owner-occupied housing unit est., 2015-2019	76.9%	64.0%
Median value of owner-occupied housing units, 2015-2019	\$207,200	\$217,500
Median selected monthly owner costs - with mortgage, 2015-2019	\$1,412	\$1,568
Median selected monthly owner costs - without a mortgage, 2015-2019	\$538	\$500
Median gross rent, 2015-2019	\$1,417	\$1,067
Building permits, 2019	X	1,471,241
Houses, 2015-2019	49,690	1,327,968
Persons per household, 2015-2019	2.9	2.62
Living in same house 1 year ago, percent of persons age 3 years, 2015-2019	86.4%	87.8%
Language other than English spoken at home, percent of persons age 3 years, 2015-2019	25.4%	21.4%
Houses with a computer, percent, 2015-2019	95.4%	90.3%
Houses with a landline internet subscription, percent, 2015-2019	89.4%	82.5%
High school graduate or higher, percent of persons age 25 years, 2015-2019	87.8%	88.0%
Bachelor's degree or higher, percent of persons age 25 years, 2015-2019	22.4%	23.0%
With a disability, under age 65 years, percent, 2015-2019	8.4%	8.4%
Persons without health insurance, under age 65 years, percent	15.3%	10.2%
In civilian labor force, total, percent of population age 16 years, 2015-2019	52.1%	63.6%
In civilian labor force, female, percent of population 16 years, 2015-2019	54.8%	58.3%
Total accommodation food services sales, 2012 (\$1,000)	180,580	708,139,568
Total health care and social assistance receipts/revenue, 2012 (\$1,000)	864,651	3,046,445,203
Total manufacturing shipments, 2012 (\$1,000)	332,300	5,486,726,432
Total retail sales, 2012 (\$1,000)	2,287,517	10,918,822,911
Total retail sales per capita, 2012	\$13,381	\$13,443
Hours worked in work (includes) workers age 16 years+, 2015-2019	28.4	29.9
Median household income (in 2019 dollars), 2015-2019	\$40,587	\$42,843
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$27,546	\$34,503
Persons reporting, percent	9.4%	11.4%
Total employer establishments, 2019	X	7,659,203
Total employment, 2019	X	132,589,428
Total annual payroll, 2019 (\$1,000)	X	7,428,553,593
Total employment, percent change, 2018-2019	X	1.4%
Total nonemployer establishments, 2019	X	26,409,132
All firms, 2012	15,998	27,624,340
Minority-owned firms, 2012	9,384	14,544,597
Women-owned firms, 2012	5,496	9,878,387
Minority-owned firms, 2012	9,439	14,612,288
Nonminority-owned firms, 2012	9,654	14,987,618
Veteran-owned firms, 2012	1,485	2,523,482
Hispanic-owned firms, 2012	1,557	24,070,985
Population per square mile, 2010	1,444.50	87.4
Land area in square miles, 2010	141.95	357,806.45
FIPS code	128715*	1

NOTE: FIPS Code values are enclosed in quotes to ensure leading zeros are maintained.

Value Notes

None

Fact Notes

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

(k)

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(w)

(x)

(y)

(z)

Includes persons reporting only one race

Economic Census - Puerto Rico data are not comparable to U.S. economic census data

Hispanics may be of any race, so above included in applicable race categories

Either race or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper interval of an open-ended distribution

Newly started firms

Suppressed to avoid disclosure of confidential information

Data for this geographic area cannot be displayed because the number of sample cases is too small

Footnote on the firm in place of data

Not applicable

Suppressed if data not meet publication standards

Not available

Value greater than zero but less than half unit of measure shown

Census Quick Facts

Housing Affordability

% Units affordable to Households earning	Renter	Owner
30% HAMFI	0	No Data
50% HAMFI	0	No Data
80% HAMFI	261	No Data
100% HAMFI	No Data	No Data
Total	261	0

Table 33 – Housing Affordability

Data Source Comments: 0-120% AMI 3,774Shimberg 2019

Monthly Rent

Monthly Rent (\$)	Efficiency (no bedroom)	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Fair Market Rent	926	932	1,211	1,618	1,830
High HOME Rent	794	852	1,024	1,175	1,291
Low HOME Rent	626	670	805	930	1,037

Table 34 – Monthly Rent

Data Source Comments:

Is there sufficient housing for households at all income levels?

As discussed earlier, the City is rebounding from the economic downturn in the late 2000's. Affordable homeownership opportunities were abundant for low/moderate income households during this time due to low housing prices and significant federal investment through the Neighborhood Stabilization. It should be noted that while there was a large inventory of homes available at affordable prices, tighter lending policies and stagnant wages made purchasing difficult for this segment of the population without funding assistance. The median sales price of a single-family home in Port St. Lucie has been increasing steadily since 2008/2009. Incomes, however, have not been increasing at the same rate. According to the ACS 2019, the average value for a single-family home was \$207,200 in 2019. Compared to a statewide median value of \$245,100.

According to the Urban Institute, "since 2000, rents have risen while the number of renters who need low-priced housing has increased. These two pressures make finding affordable housing even tougher for very poor households in America. Nationwide, only 28 adequate and affordable units are available for every 100 renter households with incomes at or below 30 percent of the area median income. Not a single county in the United States has enough affordable housing for all its extremely low-income (ELI) renters." In St. Lucie County, for every 100 extremely low income (ELI) renter households in the county, there are 0 affordable and available rental units. As defined by the Department of Housing and Urban Development (HUD), extremely low-income households earn 30 percent or less of area median income.

From the table below, it is apparent that this gap in affordable rental is evident in renter households making less than 50% the area median income. This data is consistent with information from social service agencies and information from citizen surveys. Affordable rental housing and homeless services and housing were identified as a significant problem in Port St. Lucie.

How is affordability of housing likely to change considering changes to home values and/or rents?

Based on history and current increases in pricing, affordability for persons wishing to rent or buy will continue to be an issue in Port St. Lucie due to high demand and low inventory.

How do HOME rents / Fair Market Rent compare to Area Median Rent? How might this impact your strategy to produce or preserve affordable housing?

The median gross rent for Port St. Lucie according to the 2019 American Community Survey (DP04) was \$1,417; this is higher than the statewide median at \$998. Further, the 2019 Fair Market Rents for the Port St. Lucie/Ft. Pierce MSA list efficiency, one bedroom, and two-bedroom unit at \$1,211 or less. Recent data from Trulia.com, an online real estate database, shows the median rent in Port St. Lucie at \$1,500. This impacts the ability to aid renters in Port St. Lucie with the limited types of funding the Social Service agencies have available to address this issue.

Discussion

Within Port St. Lucie there is a potential shortage of units affordable to very low- and low-income households. Housing costs have significantly outpaced household income since the 2000 Census. When housing costs outpace household incomes, housing becomes less affordable to low- and moderate-income households.

MA-20 Housing Market Analysis: Condition of Housing – 91.210(a)

Introduction

This section provides an overall picture of the condition of the housing stock within the City of Port St. Lucie. Conditions of units may be associated with 1. lacks complete kitchen facilities, 2. lacks complete plumbing facilities, 3. more than one person per room, 4. cost burden greater than 30%.

Definitions

Standard condition means a housing unit that meets or exceeds HUD’s Housing Quality Standards (HQS) (24 CFR 982.401) and all state and local codes and zoning ordinances.

Substandard means a housing unit lacking complete plumbing and kitchen facilities.

Substandard suitable for rehabilitation means a housing unit, or in the case of multiple unit buildings the building or buildings containing the housing units, which have at least three major systems in need of replacement or repair and the estimated cost of making the needed replacements and the repairs is less than 75% of the estimated cost of new construction of a comparable unit or units.

Condition of Units

Condition of Units	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
With one selected Condition	13,975	30%	7,955	54%
With two selected Conditions	135	0%	340	2%
With three selected Conditions	40	0%	0	0%
With four selected Conditions	0	0%	0	0%
No selected Conditions	32,800	70%	6,535	44%
Total	46,950	100%	14,830	100%

Table 35 - Condition of Units

Data Source: 2013-2017 ACS

Year Unit Built

Year Unit Built	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
2000 or later	22,325	48%	6,555	44%
1980-1999	19,665	42%	6,105	41%
1950-1979	4,660	10%	2,125	14%
Before 1950	295	1%	35	0%
Total	46,945	101%	14,820	99%

Table 36 – Year Unit Built

Data Source: 2013-2017 CHAS

Risk of Lead-Based Paint Hazard

Risk of Lead-Based Paint Hazard	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
Total Number of Units Built Before 1980	4,955	11%	2,160	15%
Housing Units build before 1980 with children present	7,970	17%	4,975	34%

Table 37 – Risk of Lead-Based Paint

Data Source: 2013-2017 ACS (Total Units) 2013-2017 CHAS (Units with Children present)

Vacant Units

	Suitable for Rehabilitation	Not Suitable for Rehabilitation	Total
Vacant Units	0	0	0
Abandoned Vacant Units	0	0	0
REO Properties	0	0	0
Abandoned REO Properties	0	0	0

Table 38 - Vacant Units

Data Source: 2005-2009 CHAS

NO DATA AVAILABLE

No data for our specific area is currently available for vacant units. Overall, the average rate of vacancy for both rentals (7.3) and homeownership (1.5) remain low for the State of Florida, compared to other States. Data estimates from the US Census.

Need for Owner and Rental Rehabilitation

While the City’s housing stock is relatively new, there is a significant need for owner and rental rehabilitation. Housing units may need rehabilitation for code deficiencies, accessibility modification, energy efficiency improvements, and general maintenance. Forty four percent (44%) of Port St. Lucie’s owner-occupied housing units have at least one selected housing condition along with fifty seven percent (57%) of the City’s occupied rental units. As defined above, housing problems include the following, lack of kitchen/plumbing facilities, more than one person per room and cost burden greater than 30%. The largest housing problem in Port St. Lucie is cost burden According to 2019 CHAS data, over 96% of renter household and 91% of owner households paying more than 50% of their income on housing expenses earn less than 80% of the area median income (AMI). Over 52% percent of both renter and owner households paying more than 30% of their income on housing expenses earn less than 80% of AMI. When homeowners are cost burdened, they are unable to save or find disposable income to finance necessary home repairs. Additionally, many homeowners purchased their home during the

height of the market and saw significant devaluation in the late 2000's and do not have access to traditional financing mechanisms for home improvement.

Estimated Number of Housing Units Occupied by Low or Moderate Income Families with LBP Hazards

Although lead based paint was banned for use in residential structures after 1978, older homes still may contain lead hazards. Lead is the most dangerous to young children (age 6 or younger) as exposure in early years causes long term health and developmental difficulties. While the Port St. Lucie has a relatively new housing stock, there are 6,054 houses in the City that were built in 1979 or prior. National statistics from the CDC suggest that 83% to 86% of pre1980 housing may include lead-based paint. Using this national data, it is estimated that 6,054 pre 1980 housing units could potentially have a lead hazard.

Discussion

In terms of housing conditions, 55% of renter-occupied units have one housing conditions and 47% of owner-occupied units are in the same category. Most the City's housing units were built in 1980 or later, but quality of construction and lack of maintenance has created a need for Port St. Lucie to facilitate both owner-unit and rental-unit rehabilitations. It is estimated that approximately 6,054 housing units may have a higher risk of lead-based paint hazards.

MA-25 Public and Assisted Housing – 91.210(b)

Introduction

Low-income residents largely depend on local housing authorities for access to affordable housing and related services. The purpose of a public housing authority (PHA) is to ensure safe, decent, affordable housing and to create opportunities for residents’ self-sufficiency and economic independence. The City of Port St. Lucie does not have a public housing agency (PHA). The Housing Authority of the City of Fort Pierce (HACFP) provides management and oversight of all units and vouchers in St. Lucie County. Section 8 Voucher Rental assistance is offered to Port St. Lucie residents through this agency.

Totals Number of Units

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project -based	Tenant -based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers available			823	834			5	0	250
# of accessible units									
*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition									

Table 39 – Total Number of Units by Program Type

Data Source: PIC (PIH Information Center)

Describe the supply of public housing developments:

Describe the number and physical condition of public housing units in the jurisdiction, including those that are participating in an approved Public Housing Agency Plan:

Currently, there are no public housing developments located within the City of Port St. Lucie. Section 8 Voucher Rental Assistance is offered to Port St. Lucie residents through the Housing Authority of the City of Ft. Pierce. Most of the City’s public housing numbers are incorporated in St.

Lucie County totals. But, as of 5/30/2016, there are 223 households that are active Section 8 tenants within the City. There are 28 elderly households and 81 disabled housed in those units. Average bedroom size for those using vouchers is three (3). Since the City is part of the Countywide programs, as vouchers become available, the families who receive them can move into approved housing in the City if they so desire.

Public Housing Condition

Public Housing Development	Average Inspection Score

Table 40 - Public Housing Condition

Describe the restoration and revitalization needs of public housing units in the jurisdiction:

Public housing in the City of Port St. Lucie is currently limited to Section 8 housing vouchers. Properties are required to meet Housing Quality Standards to participate in the Section 8 Program. Housing Authority staff inspect properties prior to leasing and annually. Additionally, complaint inspections also occur.

Describe the public housing agency's strategy for improving the living environment of low- and moderate-income families residing in public housing:

The Housing Authority of the City of Ft. Pierce offers family self-sufficiency (FSS) and supportive service programs for clients receiving subsidized housing assistance. The family self-sufficiency program is aimed at families who have a desire to achieve economic independence and self-reliance. Clients living in public housing and those participating in the housing choice voucher program, qualify for the FSS program. While participating in the FSS program, participants work closely with the FSS Coordinator for a period up to five years. With the guidance of the FSS Coordinator, families identify and set goals that promote self-sufficiency. Self-sufficiency activities include but not limited to obtaining and maintaining suitable employment, participating in employment related services such as resume writing, seek suitable employment, and attend life skills courses. FSS participants also attend financial literacy classes where they learn and become familiar with key objectives such as establishing credit, budgeting, savings, and loans.

Discussion:

There are no public housing developments located within the City of Port St. Lucie. Section 8 Voucher Rental Assistance is offered to Port St. Lucie residents through the Housing Authority of the City of Ft. Pierce. 223 households are active as Section 8 tenants in the City.

MA-30 Homeless Facilities and Services – 91.210(c)

Introduction

To reduce planning duplication, as well as mainstreaming resources to assist homeless and at risk of homelessness residents, the three-countywide Continuum of Care (CoC) plan is administered by the Treasure Coast Homeless Services Council (TCHSC). Two Neighborhood Services staff members one from Code Compliance and one from Community Programs, participates in the CoC process, and attends the meetings on behalf of the City of Port St. Lucie. The Coalition coordinates delivery of the CoC programs and the execution of the Point in Time Count within the entire community. TCHSC is the lead entity for HUD’s CoC grant programs. Data in this section is derived from the Port St. Lucie CDBG Action Plan, Annual Performance Report, and the Treasure Coast Homeless Services Council. A portion of the information required for the following table was available from TCHSC. The Council focuses most of its efforts on preventing and ending homelessness.

Facilities and Housing Targeted to Homeless Households

	Emergency Shelter Beds		Transitional Housing Beds	Permanent Supportive Housing Beds	
	Year Round Beds (Current & New)	Voucher / Seasonal / Overflow Beds	Current & New	Current & New	Under Development
Households with Adult(s) and Child(ren)	0	0	0	0	0
Households with Only Adults	0	0	0	0	0
Chronically Homeless Households	0	0	0	0	0
Veterans	0	0	0	0	0
Unaccompanied Youth	0	0	0	0	0

Table 41 - Facilities and Housing Targeted to Homeless Households

Data Source Comments: Data not available due to changes during the COVID-19 pandemic. Most emergency and transitional housing services closed during the pandemic and were not doing in-person intake at all during 2020. Things are slowly resuming in 2021 but, many places have still permanently closed.

Describe mainstream services, such as health, mental health, and employment services to the extent those services are used to complement services targeted to homeless persons

TCHSC works with many housing and mainstream service providers so referrals are made to them as available. For example, The Salvation Army provides emergency and transitional housing for the homeless, but also has a medical unit, meals, and a thrift store for permanent housing needs, all on site. Many of the agencies offering services and facilities offer services not only to the homeless population, but to the public. There are many service providers with the City of Port St. Lucie but no shelters.

United Way operates offices in other areas of St. Lucie County just outside our City limits. They used to operate the only male shelter in St. Lucie County called Adam's Place. Adam's Place closed permanently in August 2020 due to funding issues and other problems including the COVID-19 pandemic. Other shelters exist in our neighboring counties who are part of the tri-county area that our CoC serves. In the beginning of 2021, our County officials together with TCHSC re-opened Adam's Place under a new name the "Housing Hub" and funded with CARES Act resources. The Housing Hub served 39 men of which 18 were successfully transitioned. Over 500 more residents were served at the Housing Hub with other wrap around services including counseling. We are in the process of trying to secure City of PSL funding to contribute to the management of the Housing Hub after its current funding runs out in 2022. We have also teamed up with our County to begin planning for a Housing Study and Homeless Plan set to be completed in 2022. Our City of PSL Business Navigator also works to maintain our relationship with Career Source and the Economic Development Center which we use for employment referrals.

List and describe services and facilities that meet the needs of homeless persons, particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth. If the services and facilities are listed on screen SP-40 Institutional Delivery Structure or screen MA-35 Special Needs Facilities and Services, describe how these facilities and services specifically address the needs of these populations.

The TCHSC is a nonprofit advocacy group made up of community and faith-based service providers, local businesses, people who are currently experiencing or who have experienced homelessness, and other advocates committed to ending homelessness. Members of the coalition offer a variety of services and facilities that meet the needs of homeless individuals and families. Because most of the homeless population is in Indian River County, very few of these services are offered in Port St. Lucie or even in St. Lucie County. According to service providers, many homeless individuals travel to Indian River County from Port St. Lucie to receive these services. Other shelters and services are located in Martin County and in other parts of St. Lucie County, outside of our City limits. Some care and service providers are located within the City limits like Coalition for Independent Living and Food Pantries but, they are limited and do not offer emergency homeless housing.

MA-35 Special Needs Facilities and Services – 91.210(d)

Introduction

Special needs populations in Port St. Lucie include the elderly; frail elderly; persons with mental, physical, or developmental disabilities; persons with HIV/AIDS; and persons with substance abuse problems. Considering the non-homeless special needs population, many in these populations are currently having their housing and service needs met without or with limited public assistance. Circumstances, however, are subject to change and the more the community prepares for future needs, the better it will be able to meet those needs when they occur.

Special needs populations in Port St. Lucie include the elderly; frail elderly; persons with mental, physical, or developmental disabilities; persons with HIV/AIDS; and persons with substance abuse problems. Considering the non-homeless special needs population, many in these populations are currently having their housing and service needs met without or with limited public assistance. Circumstances, however, are subject to change and the more the community prepares for future needs, the better it will be able to meet those needs when they occur.

HOPWA Assistance Baseline Table

Type of HOWA Assistance	Number of Units Designated or Available for People with HIV/AIDS and their families
TBRA	0
PH in facilities	0
STRMU	0
ST or TH facilities	0
PH placement	0

Table 42– HOPWA Assistance Baseline

Data Source: HOPWA CAPER and HOPWA Beneficiary Verification Worksheet

Including the elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with alcohol or other drug addictions, persons with HIV/AIDS and their families, public housing residents and any other categories the jurisdiction may specify, and describe their supportive housing needs

The supportive housing needs of special needs populations in Port St. Lucie vary according to the population. In coming years, the needs of the elderly and frail elderly will increase as the over 65-year-old population grows with the aging of the baby boom population. These needs may include nursing care facilities targeted to lower income households who cannot afford private nursing home care. Permanent supportive housing options for persons with mental, physical, and developmental disabilities may also become a pressing issue as persons with disabilities who previously been taken care of parents lose those caregivers to death or incapacity. With healthcare systems enabling persons with disabilities

to live longer, many are now outliving their caregivers, increasing demand for group housing that provides the care this population needs.

The Treasure Coast has a loose infrastructure of very small health and human services providers, many of them faith based. Except for New Horizons, a community mental health provider, most of non-profit providers depend on volunteers and community contributions for their funding. Except for New Horizons, staffs of the supportive services agencies are not licensed professionals and cannot secure third party reimbursement for services provided.

The entire three-county area depends on one facility with 16 beds for emergency shelter beds for homeless single adults. Community resistance to the development of additional emergency shelter beds has hindered efforts to develop additional beds. The three Salvation Army Programs do not operate a single emergency shelter bed. Children's Services Councils receive the bulk of the local governmental and tax-based funding for programs and services in the Consortium, leaving most adults with disabilities without formalized programs to provide supportive services. Gulfstream Goodwill Industries operates in this consortium from its main office in West Palm Beach to provide employment training to the disabled.

Health Departments and Neighborhood Services and/or Community Services Departments of the three counties use volunteer physicians to provide acute care services under the We Care Program, leaving uninsured people in crisis to seek emergency room services or face long waiting periods.

Describe programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing

Discharge planning programs at mental and physical health institutions are in place to determine if there is appropriate supportive housing in place for a person exiting the facility, or if such housing must be secured. Housing with supportive services or assignment to case management with an individual service plan ensures that persons exiting facilities receive as much support as is appropriate and available. Through community partnerships supportive services are provided to persons returning from institutions. In St. Lucie County, New Horizons of the Treasure Coast provides a 30-bed unit that provides emergency and acute care services for people experiencing a mental health crisis. The Unit's primary function is the evaluation, diagnosis, and stabilization of mental illness and/or co-occurring substance abuse disorders. This is accomplished by providing a protective environment, medication, counseling and discharge planning with the client's family and social support system. Services are available to all adult residents of Indian River, Martin, Okeechobee, and St. Lucie Counties. Clients are accepted in compliance with the State of Florida and the Department of Children and Families' regulations.

Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. 91.315(e)

The City funds housing rehabilitation and emergency repair programs that work with the elderly, among other populations, to maintain their home so they can continue to reside in their own homes. As a homeowner ages he/she is often unable to continue to provide the maintenance needed to keep the home habitable. The City's programs work with those homeowners to address pressing issues that arise, such as roof leaks or plumbing failures, and more extensive rehabilitation needed to bring a home completely up to current building code.

For entitlement/consortia grantees: Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. (91.220(2))

Port St. Lucie does not directly fund programs that address the supportive service needs of non-homeless special needs populations. The City operates housing rehabilitation and emergency repair programs that target elderly households in need of assistance with housing maintenance and safety issues. The City will be targeting LMI families for senior, mental health, child abuse, domestic violence with public services.

MA-40 Barriers to Affordable Housing – 91.210(e)

Negative Effects of Public Policies on Affordable Housing and Residential Investment

Affordable housing is a growing concern at the federal, state, and local levels. Housing affordability has also become an important public policy issue, as home ownership is viewed as being an important goal for both individual and social reasons. Housing prices, household incomes, and mortgage rates are the primary determinants of the housing affordability. The City of Port St. Lucie is aware of the effect that public policies have on the cost of housing, given the potential to dissuade development, maintenance, or improvement of affordable housing. In the case of new construction, significant barriers to creating affordable housing are reductions in federal and state housing funds, the land costs, impact fees, zoning, and compliance with new energy efficiency and wind mitigation standards for building codes. An additional significant barrier is the poor credit record of many low- and moderate-income households. In the case of existing housing rehabilitation, the cost of upgrading to new construction codes is a barrier.

As a State Housing Initiative Partnership (SHIP) Program recipient from the State of Florida, the City of Port St. Lucie is required to form an Affordable Housing Advisory Committee (AHAC). The Affordable Housing Advisory Committee (AHAC), a citizens' advisory committee, represents a collaboration of public, nonprofit and private agencies tasked with making recommendations to the City Council on affordable housing incentives. The advisory board must triennially review policies and procedures, ordinances, land development regulations and the comprehensive plan policies established and adopted by the City Council while making recommendations on specific actions or initiatives to encourage or facilitate affordable housing while protecting the property's ability to appreciate. The eight (8) to eleven (11) member AHAC identifies barriers to affordable housing and strategies to remove such barriers. The City of Port St. Lucie's Affordable Housing Incentive Plan contains information on the following:

- The processing of expedited approvals of development orders or permits for affordable housing.
- The establishment of a process which local government considers, before adoption of policies, etc. that increase the cost of housing.
- the allowance of flexibility in density.
- the reduction of parking and setback requirements for affordable housing.
- a printed inventory of locally owned public lands suitable for affordable housing is prepared triennially.
- the City encourages development of affordable housing and/or workforce housing near (within ½ mile of) a transportation hub, major employment center and/or mixed-use development.

Additionally, City staff must report annually to the State of Florida any actions that increase the cost to develop single or multifamily housing. This analysis must include a dollar value of the increase of development including, but not limited to, increases in permit fees, increases in impact fees, introduction of new building standards, etc. The City of Port St. Lucie completed an Analysis of Impediments to Fair Housing Choice in 2014 and updated the Analysis again in 2017. A new Analysis of

Impediments is being developed this year in 2021. This document included a review of regulatory barriers in each jurisdiction. A copy of this document can be found in the appendices.

MA-45 Non-Housing Community Development Assets – 91.215 (f)

Introduction

This section of the Consolidated Plan provides an overview of the economic conditions in Port St. Lucie and the ability of the local work force to satisfy the needs of local businesses. According to the 2008-2012 ACS there were 79,753 persons in the labor force in Port St. Lucie. Of those, 68,676 (age 16 or older) were employed and 11,077 were unemployed. According to the same data, the unemployment rate of Port St. Lucie was 33.54 for ages 16 to 24 and 9.41 for 25 to 65. Data from the Bureau of Development Labor Statistics shows this estimate to be much higher than more current data available. In fact, the unemployment rate in Port St. Lucie has been steadily declining since the recession in 2008. The Rate for Port St. Lucie (Not Seasonally Adjusted) for April 2016 is 4.8. The largest sectors of business in Port St. Lucie are Education/Health Care Services, Retail, and Arts/Entertainment/Accommodations. The largest number of people work in the Sales and office sector, with the next largest in Management, Business and Financial. The lowest number of people work in the Farming, fisheries, and forestry occupations.

Economic Development Market Analysis

Business Activity

Business by Sector	Number of Workers	Number of Jobs	Share of Workers %	Share of Jobs %	Jobs less workers %
Agriculture, Mining, Oil & Gas Extraction	567	46	1	0	-1
Arts, Entertainment, Accommodations	9,206	5,306	16	20	4
Construction	5,173	2,441	9	9	0
Education and Health Care Services	13,767	6,747	24	26	2
Finance, Insurance, and Real Estate	2,971	1,247	5	5	0
Information	775	98	1	0	-1
Manufacturing	3,186	597	6	2	-4
Other Services	2,551	1,290	5	5	0
Professional, Scientific, Management Services	4,188	1,541	7	6	-1
Public Administration	0	0	0	0	0
Retail Trade	9,708	5,263	17	20	3
Transportation and Warehousing	1,909	253	3	1	-2

Business by Sector	Number of Workers	Number of Jobs	Share of Workers %	Share of Jobs %	Jobs less workers %
Wholesale Trade	2,520	1,112	4	4	0
Total	56,521	25,941	--	--	--

Table 43 - Business Activity

Data Source: 2013-2017 ACS (Workers), 2017 Longitudinal Employer-Household Dynamics (Jobs)

Labor Force

Total Population in the Civilian Labor Force	85,045
Civilian Employed Population 16 years and over	78,930
Unemployment Rate	7.17
Unemployment Rate for Ages 16-24	18.13
Unemployment Rate for Ages 25-65	4.65

Table 44 - Labor Force

Data Source: 2013-2017 ACS

Occupations by Sector	Number of People
Management, business and financial	0
Farming, fisheries and forestry occupations	0
Service	0
Sales and office	0
Construction, extraction, maintenance and repair	0
Production, transportation and material moving	0

Table 45 – Occupations by Sector

Data Source Comments: 2008-2012 ACS

Travel Time

Travel Time	Number	Percentage
< 30 Minutes	0	0%
30-59 Minutes	0	0%
60 or More Minutes	0	0%
Total	0	0%

Table 46 - Travel Time

Data Source Comments: 2008-2012 ACS

Education:

Educational Attainment by Employment Status (Population 16 and Older)

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
Less than high school graduate	0	0	0
High school graduate (includes equivalency)	0	0	0
Some college or Associate's degree	0	0	0

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
Bachelor's degree or higher	0	966	0

Table 47 - Educational Attainment by Employment Status

Data Source Comments: 2008-2012 ACS

Educational Attainment by Age

	Age				
	18–24 yrs	25–34 yrs	35–44 yrs	45–65 yrs	65+ yrs
Less than 9th grade	189	810	715	0	0
9th to 12th grade, no diploma	0	0	0	0	0
High school graduate, GED, or alternative	0	0	0	0	0
Some college, no degree	0	0	0	0	0
Associate's degree	772	0	0	0	0
Bachelor's degree	418	0	0	0	0
Graduate or professional degree	13	672	0	0	0

Table 48 - Educational Attainment by Age

Data Source Comments: 2008-2012 ACS

Educational Attainment – Median Earnings in the Past 12 Months

Educational Attainment	Median Earnings in the Past 12 Months
Less than high school graduate	0
High school graduate (includes equivalency)	0
Some college or Associate's degree	0
Bachelor's degree	0
Graduate or professional degree	0

Table 49 – Median Earnings in the Past 12 Months

Data Source Comments: 2008-2012 ACS

Based on the Business Activity table above, what are the major employment sectors within your jurisdiction?

1. The largest number of people work in the Sales and office sector.
2. The next largest number work in Management, Business and Financial.
3. The lowest number of people work in the Farming, fisheries, and forestry occupations.

Describe the workforce and infrastructure needs of the business community:

According to the St. Lucie Economic Development Strategic Plan 2015 - 2020 “economic development is truly about enhancing quality of life. It is about increasing per capita wages, training the workforce, enhancing infrastructure that in turn will protect and enhance the area’s natural resources. Economic development encompasses not only image and positioning but also business expansion and retention; while addressing product development, infrastructure and tourism.” Weaknesses in Economic Development include:

- Lack of Articulated Vision (16)
- Poor School Ratings (15)
- Lack of Shovel Ready Sites for Light Manufacturing and Lack of Class (A) office (12)
- Workforce-availability and quality (11)
- High crime in NE Section of the County (Ft. Pierce)
- Lack of Coordination Between Government on Permitting

Workforce:

The business community needs a workforce that is educated and has the skills needed to function satisfactorily in the fields that are available in that location. This research found that the regional economy is growing and dynamic and will require a different mix of occupations and skills.

The Economic Development Goal Study prepared for St. Lucie County Economic Development Council in February 2016 discusses the following workforce issues:

- the percentage of the county’s workforce employed in mid to high-wage industrial sectors is well below national norms. As a result, the area is overly dependent upon population growth for economic growth.
- an extremely large percentage of the people who work in St. Lucie County live in St. Lucie County. However, a large percentage of area residents must commute to another county for employment. In 1990, 71% of the workforce lived and worked in St. Lucie county. As of 2010, per the Census, only 64% live and work in the county. 17% work in Martin County and 9% and 5% respectively work in Palm Beach and Indian River Counties.
- the percentage of the workforce in the high-wage industries of manufacturing, transportation, wholesale trade, and information technology are well below national norms. Nationally, 16% of the workforce is employed in these sectors while in St. Lucie County it is only 10%.

Infrastructure:

The ability of a community to attract and sustain economic development depends on the quality of the community's infrastructure. Infrastructure includes roadways and bridges; airports; drainage and stormwater facilities; water and wastewater systems; electric generation and transmission systems; solid waste collection, recycling, and disposal facilities; schools; parks; and any other facility that is basic

in daily life. These facilities are the skeletal structure that support community life and economic development.

Describe any major changes that may have an economic impact, such as planned local or regional public or private sector investments or initiatives that have affected or may affect job and business growth opportunities during the planning period. Describe any needs for workforce development, business support or infrastructure these changes may create.

The Economic Development Council of St. Lucie County is working on many initiatives that impact economic growth. In July of 2015, they created their first Strategic Plan in 10 years, with the goal of "creating more high-paying jobs for residents can only be achieved when our partners are all moving forward in the same direction and working in concert on agreed upon strategies to promote the retention and expansion of existing businesses, as well as attracting new ones to St. Lucie County.

As part of an overall effort to develop an economic development strategy, the EDC has several efforts underway or that have recently been completed which include a Community Resource Profile, Target Industry Study, St. Lucie Corridor Initiative, Comprehensive Communications and Media Relations Plan, and an Economic Development Strategic Plan.

The City's Economic Development Element, which is an optional element in Port St. Lucie's Comprehensive Plan, addresses the economic issues facing the City today, and potential economic issues the City may face in the future. Although not a required element, the subject is important enough to warrant careful consideration when planning the City's future. A plan that provides direction for the future helps provide for the economic wellbeing of the City's present and future population, and to maintain the City's quality of life.

The City is also working on an Economic Development Action Plan which will direct the City in future activities planned for this especially important activity. It will contain goals, objectives, and policies that the City will be using to sustain a vision for growth and development. Economic Development ("Growing the Local Economy") is Goal Number 2 for 2020 under the City's Strategic Plan. It is second only to "A Financially Sound City," and affects all city households and businesses now and in the future.

How do the skills and education of the current workforce correspond to employment opportunities in the jurisdiction?

In Port St. Lucie, according to the ACS 2010-2014, approximately 88% of persons age 25+ are high school graduates or higher. 19% have a bachelor's degree or higher.

As discussed previously, the Business Activity table demonstrates that the businesses with the most jobs are Education/Health Care Services, Retail Trade, and Arts/Entertainment/Accommodations. Because these jobs tend to require a lower level of educational attainment, employment opportunities correspond with the workforce within the jurisdiction. As the City works to diversify and stimulate the

local economy by attracting new businesses and targeting key industries that require specific skill sets and education levels, there could be challenges filling positions with local workers.

Describe any current workforce training initiatives, including those supported by Workforce Investment Boards, community colleges and other organizations. Describe how these efforts will support the jurisdiction's Consolidated Plan.

Career Source Research Coast is a Florida network of career development professionals who work to create and manage a workforce development service delivery system responsive to the needs of businesses and career seekers. Their mission is to connect employers with qualified, skilled talent and Floridians with employment and career development opportunities to achieve economic prosperity. They work with local colleges, such as Indian River State College and Keiser University to train the workforce and increase the ability of job seekers to find higher paid jobs in the community. Their workshops provide important information about resume writing and basic word processing classes. They serve veterans and ensure top priority is given to their employment needs. Priority is also given to individuals. They also offer youth services, which includes assistance to complete high school diploma, job readiness assessment and training and a few other services.

Does your jurisdiction participate in a Comprehensive Economic Development Strategy (CEDS)?

If so, what economic development initiatives are you undertaking that may be coordinated with the Consolidated Plan? If not, describe other local/regional plans or initiatives that impact economic growth.

The Treasure Coast Regional Planning Council prepares the CEDS for the planning region. The last CEDS is effective from 2012 through 2017. The agency is currently meeting to discuss updates to the plan for 2017. The City participates in the planning sessions.

Discussion

According to the 2007-2011 ACS, the Port St. Lucie labor force is comprised of approximately 79,753 people, of which approximately 86.1% are employed and 13.89% are unemployed. The largest labor (i.e., workers) sectors in the City are education and healthcare, retail trade, arts/entertainment. As in most cities, higher median earnings generally correlate with higher education. The highest median earnings are in occupations such as management, business, and financial, while the lowest median earnings are in farming, fisheries, and forestry occupations. Approximately 47% of the City's population 16 and older has a high school diploma or equivalent, but only 20% of the City's that population has a bachelor's degree or higher. While there is a need for workforce training, there are also several workforce trainings programs available through the local educational and career resource initiatives in St. Lucie County to meet this need.

Approximately 55% of Port St. Lucie's population drives less than 30 minutes to get to work, and approximately 45% of Port St. Lucie's population drives more than 30 minutes to get to work. Only 12% drive 60 minutes or more.

The City has several initiatives in place to promote economic opportunity, including the CRA and related overlay districts. It is working on an Economic Development Plan which will direct the City in future activities planned for this important activity.

MA-50 Needs and Market Analysis Discussion

Are there areas where households with multiple housing problems are concentrated? (include a definition of "concentration")

To be considered an area where households with multiple housing problems are concentrated, an area must be defined as follows. A census tract where at least one of four housing problems (housing cost Burden>30%, housing cost burden >50%, overcrowding and/or substandard housing) exists at a rate of at least 10% greater than rate for the City of Port St. Lucie. The rate for Port St. Lucie for households with 1 to 4 housing problems is 46.9%, so each tract that would be considered to have a concentration of multiple housing problems would have to have 56.9%.

Utilizing the map query widget through the CPD mapping tool, it was determined that one tract (3821.06) is 56.82%, just under the percentage criteria. The rate for the City for households with 1 to 4 severe housing problems is 22.6%. There is one tract that exceeds that figure by almost 10%; that tract is 3818.02, which is located on the Eastern side of Port St. Lucie.

Are there any areas in the jurisdiction where racial or ethnic minorities or low-income families are concentrated? (include a definition of "concentration")

The US Department of Housing and Urban Development (HUD) has generated a series of standards that can be used to determine if a Census Block Group has a minority concentration or a concentration of low-income households.

A low-income concentration exists if 51 percent of the residents in the activity's service area are low and moderate income. Some communities, however, have no or very few areas in which 51 percent of the residents are low and moderate income. For these grantees, the CDBG law authorizes an exception criterion in order for such grantees to be able to undertake area benefit activities. For these grantees, the CDBG law authorizes an exception criterion in order for such grantees to be able to undertake area benefit activities. The following methodology is used to calculate a grantee's "exception" threshold:

All block groups within the grantee's jurisdiction in which people are residing are rank ordered from the highest percentage of low- and moderate-income persons to lowest. The total number of block groups is divided by four. If the percentage of low- and moderate-income persons in the last block group in the top quartile is less than 51 percent, that percentage becomes the grantee's low- and moderate-income threshold for area benefit activities. NOTE: whenever the total number of block groups does not divide evenly by four, the block group that would be fractionally divided is included in the top quartile.

The exception threshold for Port St. Lucie for 2014, using the above methodology, is 45.74%. This percentage represents the minimum percentage of low- and moderate-income persons that must reside in the service area of an area benefit activity for the activity to be assisted with CDBG funds and is based

on the 2006 through 2010 American Community Survey. The following table and map show the location of block groups that meet or are above this threshold.

A geography is considered to have a high concentration of minority persons if the percentage of households in a particular racial or ethnic minority group is at least 20 percentage points higher than the percentage of that minority group for the housing market area, i.e., the City in which the proposed housing is to be located. If 27.3 percent of the population in Port St. Lucie is considered to be nonwhite, then any block group with at least 47.3 nonwhite populations would be considered to have a concentration of minorities. The City utilized CPD Maps to determine if there were any block groups in Port St. Lucie that met this threshold. It was determined that there are no block groups in the City that meet this threshold. This is consistent with analysis contained within the City's Analysis of Impediments of Fair Housing Choice.

What are the characteristics of the market in these areas/neighborhoods?

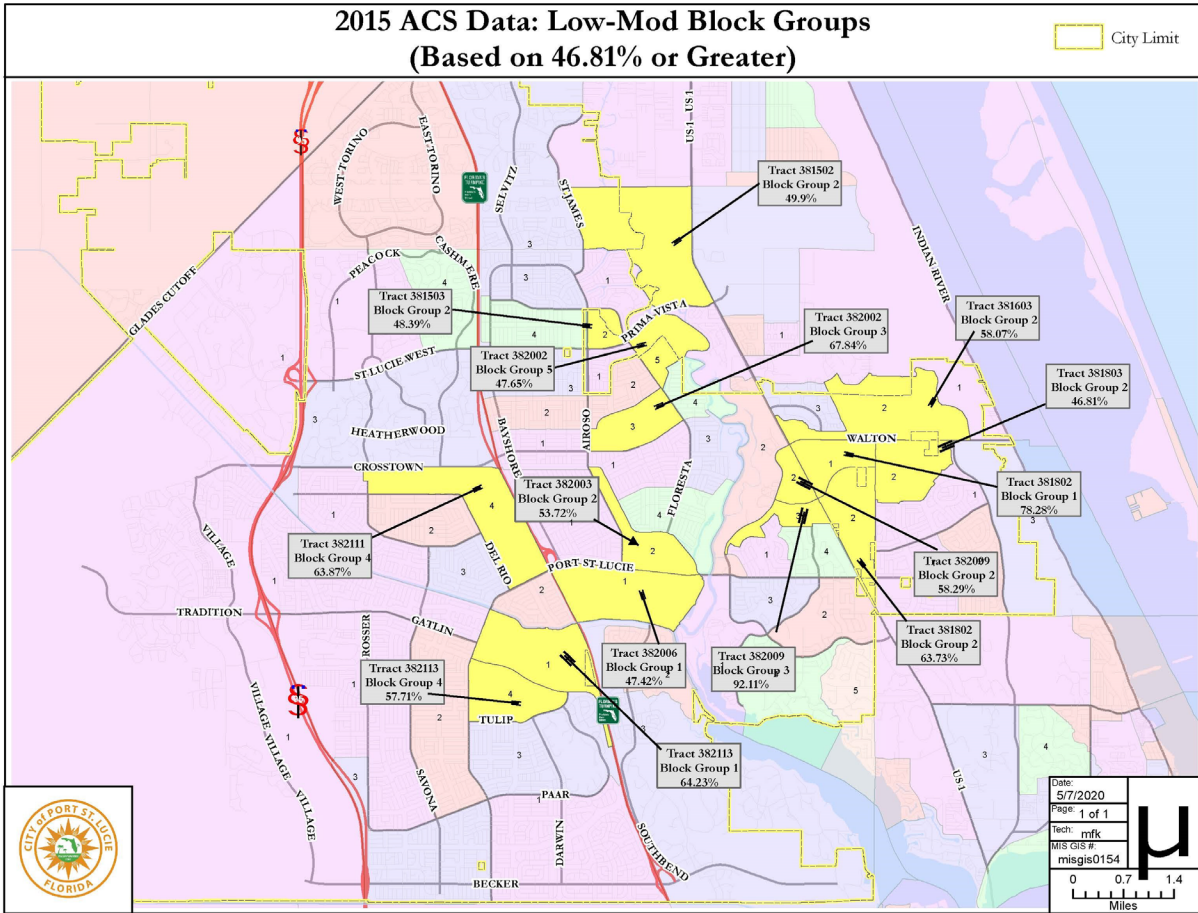
The markets in the low to moderate thresholds reflect characteristics of the market elsewhere in the community. Inventory of available housing is low, and prices are much more stable than other areas of the City. This can be attributed to the fact that these areas generally have smaller and older houses that are not as well maintained due to the lower income of the renters and/or owners.

Are there any community assets in these areas/neighborhoods?

There are quite a few parks located either in the low to moderate income census tracts or adjacent to those neighborhoods. St. Lucie Medical Center is located in census tract 3818.02 and the Police Athletic League Building is located in an adjacent block group.

Are there other strategic opportunities in any of these areas?

There are opportunities for investment in public facilities, infrastructure and housing in these areas. The tenure of the low-income residents in this area and the number of cost burdened households, provide an opportunity for owner occupied rehabilitation in these areas. Additionally, many of the homes in the lower income areas of the city have not yet converted to water and/or sewer or still have water/sewer assessments that have not been paid. While the amount of CDBG (and SHIP) funds limit the ability of the City to assist with repair/rehab, assistance assessments or connection of the property to water and sewer will provide some relief to low-income residents in these areas. In areas identified as low income, opportunities exist to provide or improve public facilities and infrastructure. Examples of types of opportunities include improvements to existing parkland and installation of sidewalks serving these areas.



MA-50 Map strategic opportunities

MA-60 Broadband Needs of Housing occupied by Low- and Moderate-Income Households - 91.210(a)(4), 91.310(a)(2)

Describe the need for broadband wiring and connections for households, including low- and moderate-income households and neighborhoods.

The need for increased access to broadband and efficient Internet services has been on the rise. That need increased exponentially over the last 1.5 years with the onset of the global COVID-19 pandemic. In particular because of the sharp rise in people working from home and virtual school options. The State of Florida has recognized that need and House Bill 969, established the Florida Office of Broadband, 7/1/20. The Office, within the Department of Economic Opportunity, was created for the purposes of developing, marketing, and promoting broadband Internet service in the State.

The responsibilities of the Office include:

- Create a strategic plan to increase the use of broadband internet services in the state.
- Build and facilitate local technology planning teams, especially with community members from the areas of education, healthcare, business, tourism, agriculture, economic development, and local government.
- Encourage the use of broadband Internet service, especially in rural, unserved, and underserved areas of the state through grant programs.
- Participate in the Federal Communications Commission proceedings that are related to the geographic availability and deployment of broadband internet in Florida. The Office works with the Broadband USA team to identify resources and best practices in other states and to learn from their experiences. The Office has also partnered with the Florida Regional Councils Association and hosted 10 virtual workshops in early 2021 where participants discussed broadband internet accessibility.

The Florida State Legislature found that there is a need for increased availability of broadband Internet access throughout the state, particularly in areas where citizens do not have access to acceptable Internet download and upload speeds, or any access at all. The lack of Internet connectivity and widespread broadband availability is detrimental to the growth of the economy, access to telehealth, and educational opportunities. The federal government has provided vast resources for private cable and other broadband providers to expand the deployment of broadband Internet infrastructure in areas where Internet access and broadband Internet services are inadequate or nonexistent. Beginning July 1, 2021, a new program went into effect as a result of State Statute 288.9963 to promote the "Attachment of broadband facilities to municipal electric utility poles."

The City of Port St. Lucie Strategic Plan includes addressing Internet and broadband. Three of the seven goals relate to this topic: Quality Education for All Residents Diverse Economy & Employment Opportunities High Quality Infrastructure & Facilities. City Council has tasked staff with studying the current state of broadband in the City and we are following Federal and State activities and direction. All departments work towards expanding public free access at City facilities as much as possible. Neighborhood Services mobilized some of the COVID-19 emergency funding at the onset of the

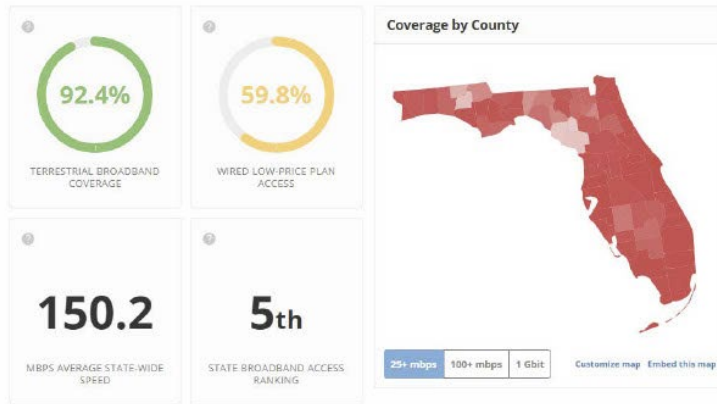
pandemic to address the emergent need for more connectivity. We launched a Wi-Fi hotspot program for low-moderate income households. Prepaid Wi-Fi hotspots were provided to help school aged children access Internet freely from home or in any other place where they might need it to study and attend school. Wi-Fi hotspots provided a flexible option to either add to a household's current broadband access, increasing accessibility for more family members or giving households without access an alternative option to access that didn't involve a contract. The hotspots were also transportable. We discovered is that families and school children are not fully informed about a variety of accessibility options and Neighborhood Services will continue to focus on making sure that people are educated better about what is available in our area. See info sheet attached.

Describe the need for increased competition by having more than one broadband Internet service provider serve the jurisdiction.

According to information from broadbandnow.com Florida ranks 5th in the country as far as access to broadband but, we are still behind in terms of what is needed for a healthy economy and advancing people in work and in school. Only about 60% of the population has access to a low-cost plan. Adding the expense of Internet to housing costs is something that people choose to avoid when low-moderate income households have to choose what they can afford. Up to 18 different providers are technically available in the City of Port St. Lucie but low cost plans with ample access are difficult to find. A couple larger companies tend to monopolize access and therefore there are not a lot of wired broadband choices for residences and sometime even businesses. Federal and State policies and agencies are focusing a lot of attention on this National issue and we will follow all of the happenings to try and educate and promote better access opportunities for our residents. See attached info.

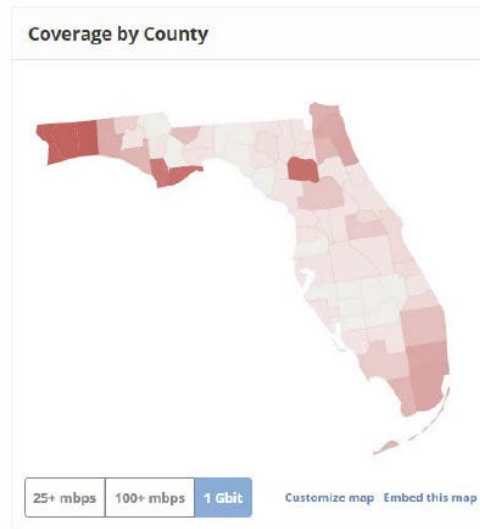
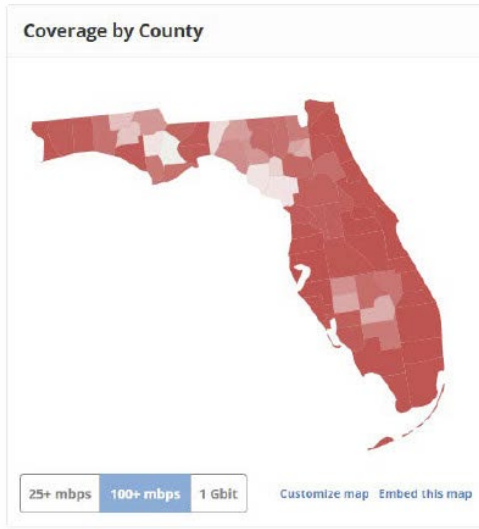
Internet Access in Florida

<https://broadbandnow.com/Florida>



Under the current FCC policy, created in 2015, 25 Mbps down/3 Mbps up is the minimum standard for broadband. Senators are proposing that there should be a new standard of 100 Mbps for both download and upload speeds, and that this should be a consistent definition across the federal government.

Internet Access in Florida INFO 1



Internet Access in Florida INFO 2

Broadband Speeds

96.2% of Floridians have access to broadband 100mbps or faster.

27.6% of Floridians have access to 1 gigabit broadband.

Wired Coverage

98.6% of Floridians have access to wireline service

40.7% of Floridians have access to fiber-optic service

94.4% of Floridians have access to cable service

93.4% of Floridians have access to DSL service

Largest Competing Providers In Florida

- 1 AT&T Internet vs Xfinity
- 2 CenturyLink vs Xfinity
- 3 Frontier vs WOW!
- 4 AT&T Internet vs Cox
- 5 Frontier vs Xfinity

Coverage by County in Florida

County Name	% Broadband Coverage
Pinellas	100.0%
Polk	96.6%
Putnam	86.8%
St. Johns	98.4%
St. Lucie	98.0%
Santa Rosa	93.8%
Sarasota	97.8%
Seminole	99.9%
Sumter	96.4%
Suwannee	94.7%
Taylor	72.2%
Union	78.9%
Volusia	98.5%

Internet Access in Florida INFO 3

Internet Speed in Top Florida Cities		
CITY	AVG. DOWNLOAD SPEED	NO. OF PROVIDERS
1. Miami	169.9 MBPS	31 Providers
2. Orlando	123.9 MBPS	30 Providers
3. Jacksonville	142.6 MBPS	29 Providers
4. Fort Lauderdale	179.3 MBPS	24 Providers
5. Tampa	132.6 MBPS	24 Providers

Speeds for Major Providers in Florida	
PROVIDER	AVG. DOWNLOAD SPEED
XFINITY from Comcast	177.6 MBPS
AT&T Internet	157.8 MBPS
Spectrum	140.8 MBPS
CenturyLink	97.4 MBPS
Frontier Communications	5.8 MBPS

The State of Broadband in Florida, 2021

Written by the [BroadbandNow team](#). Last updated 6/7/2021.

Scoring remarkably high in comparison with many other states, Florida has the 5th-best broadband access ranking in the US. While a handful of Florida counties have relatively low high-speed coverage, most counties experience over 95% coverage. Additionally, average download speeds are measured to be around 167.8 Mbps, which is even faster than Rhode Island, which has the 4th-best broadband ranking in the nation.

Internet Access in Florida INFO 4

The Digital Divide in Florida

The digital divide, or the gap between residents who have access to the latest internet technologies and those who do not, is ever closing in Florida. However, in terms of access and affordability, the gap is still present and can be quantified by the following data.

Currently, 96.8% of Floridians have access to wired broadband connection with speeds of 25 Mbps or faster. Still, 464,000 people in Florida are left without a wired connection capable of these high speeds. Beyond that, even with 220 [internet providers](#) offering internet services in Florida, there are 1.0 million people in Florida that have access to only one wired provider, and well over a quarter-million people who do not have a wired provider operating at their place of residence at all.

As for internet cost in Florida, [affordability data](#) reveals that 59.8% of Floridians have access to a monthly internet plan that costs \$60 or less per month. In this regard, Florida is slightly ahead of the national curve, since on average only 51.5% of Americans have access to the same.

Best-Connected Cities

While many Florida cities are well-off in terms of wired broadband, some cities enjoy the best combination of internet speed, coverage, and pricing. The five most well-connected cities in Florida are [Bradenton](#), [Boca Raton](#), [Hollywood](#), [Lake Worth](#), and [Pompano Beach](#), with Bradenton being the best in the state in terms of broadband connectivity.

Worst-Connected Cities

Across the digital divide are a number of cities with the worst broadband situation in the state. [Indian Lake Estates](#), [Wacissa](#), [Suwannee](#), [Horseshoe Beach](#), and [Mc Intosh](#) are the five most poorly connected cities in Florida, with Indian Lake Estate ranking worst in the state.


Internet Access in Florida INFO 5

Find out how [Florida's wired internet compares to other states in the USA](#).

Governmental Initiatives

Since 2010, almost \$8.9 million in [federal grant](#) funding has been awarded to the Florida Department of Management Services to help pay for broadband development and data collection within the state. An additional sum of \$55,902,591 in federal grants has gone toward broadband infrastructure projects in Florida.




The information above is taken from a mix of public and private datasets. More about our [data here](#).

Florida Cities			
City ▾	Broadband Coverage ▾	Average speed over time	# of Providers ▾
Port Saint Lucie	99.1%		18 providers

Internet Access in Florida INFO 6




Most Popular Providers | All Providers | Local Stats | Coverage Map Residential ▾

Most Popular Residential Internet Providers in Port Saint Lucie, Florida




Provider	Availability	Download Speed	Upload Speed	Set up new service:
	96.3% Available	1,200 Mbps	35 Mbps	Order Online (855) 477-0218
	94.6% Available	940 Mbps	1,000 Mbps	View Plans & Pricing (866) 524-0354
	100% Available	50 Mbps	3 Mbps	View Plans & Pricing (855) 477-0743

Internet Access in Florida INFO 7





All Residential Internet Providers in Port Saint Lucie, Florida

<p>1. AT&T Internet - 94.6% Available in Port Saint Lucie</p>  <p>IPBS and Fiber and Fixed Wireless Internet</p>	<p>Speeds up to: 940Mbps</p>	<p>Pricing starts at: \$35 per month</p>	<p>Plans: 4</p>	<p>SET UP NEW SERVICE:</p> <p>View Plans & Pricing »</p> <p>(866) 524-0354</p>
<p>2. Xfinity - 96.3% Available in Port Saint Lucie</p>  <p>Cable Internet</p>	<p>Speeds up to: 1,200Mbps</p>	<p>Pricing starts at: \$20 per month</p>	<p>Plans: 14</p>	<p>SET UP NEW SERVICE:</p> <p>Order Online »</p> <p>(855) 477-0218</p>
<p>3. Viasat - 100% Available in Port Saint Lucie</p>  <p>Satellite Internet</p>	<p>Speeds up to: 50Mbps</p>	<p>Pricing starts at: \$49.99 per month</p>	<p>Plans: 4</p>	<p>SET UP NEW SERVICE:</p> <p>View Plans & Pricing »</p> <p>(855) 477-0743</p>

Internet Access in Florida INFO 8

4. HughesNet - 100% Available in Port Saint Lucie				
	Speeds up to: 25Mbps	Pricing starts at: \$49.99 per month	Plans: 4	SET UP NEW SERVICE: View Plans & Pricing » (844) 902-3107
Satellite Internet				
5. EarthLink - 95% Available in Port Saint Lucie				
	Speeds up to: 940Mbps	Pricing starts at: \$49.95 per month	Plans: 2	SET UP NEW SERVICE: View Plans & Pricing » (855) 340-5973
DSL and Fiber Internet				
Not all internet speeds available in all areas.				
6. Florida Broadband - 88.9% Available in Port Saint Lucie				
	Speeds up to: 8Mbps	Pricing starts at: \$29 per month	Plans: 5	SET UP NEW SERVICE: View Plans & Pricing » (877) 564-3522
Fixed Wireless Internet				

Internet Access in Florida INFO 9

7. Blue Stream Fiber - 4.6% Available in Port Saint Lucie				SET UP NEW SERVICE:
 <small>Fiber Internet</small>	Speeds up to: 1,000Mbps	Pricing starts at: \$34.99 per month	Plans: 2	View Plans & Pricing » (772) 345-6000
8. Hotwire Communications - 0.9% Available in Port Saint Lucie				SET UP NEW SERVICE:
 <small>Fiber Internet</small>	Speeds up to: 10,000Mbps	Pricing starts at: \$109.99 per month	Plans: 5	View Plans & Pricing » (800) 355-5668
9. ITS Fiber - 0.7% Available in Port Saint Lucie				SET UP NEW SERVICE:
 <small>Fiber Internet</small>	Speeds up to: 1,000Mbps	Pricing starts at: \$84.95 per month	Plans: 3	View Plans & Pricing » (772) 597-2111
10. Blue Stream - 0.6% Available in Port Saint Lucie				SET UP NEW SERVICE:
 <small>Cable Internet</small>	Speeds up to: 1,000Mbps	Pricing starts at: \$29.95 per month	Plans: 3	View Plans & Pricing » (954) 753-0100

Internet Access in Florida INFO 10

Internet Access in Port Saint Lucie, Florida

Viasat Internet has the strongest coverage footprint in Port Saint Lucie. HughesNet is also widely available.

Cable and DSL are the dominant broadband options within the Port Saint Lucie area, fighting for the same potential customers at most addresses and generally competing with each other. Cable network speed tends to be stronger, but big-picture performance metrics of either type are similar. Port Saint Lucie user speed test records suggest that local Internet performance is above-average, clocking in 4.37 percent higher than the state aggregated average in terms of download speed.

Port Saint Lucie residents usually have two or more Internet providers to them. The mapping tool provided below shows how competition changes in different parts of Port Saint Lucie.

XFINITY from Comcast and EarthLink also provide Internet service in Port Saint Lucie, with shared territory in some parts of town.

The broadband coverage statistics here and elsewhere on BroadbandNow are calculated from governmental data from the FCC and privatized data we source directly from industry sources, or through unlisted third parties. Average statistics regarding speed averages comes primarily from M-Labs, the speed test utility shown within BroadbandNow and Google queries. The BroadbandNow research team has manually collected package pricing and plan details on 400 broadband offerings in Port Saint Lucie as of 2021.

- There are 18 internet providers in Port Saint Lucie with 10 of those offering residential service
- Port Saint Lucie is the 95th most connected city in Florida ahead of Stuart and Fort Pierce, but behind Palm City, Indiantown, and Jensen Beach.
- The fastest zip code in Port Saint Lucie for July 2021 is 34952. (see all below).

Internet Statistics 2021

3.1% of consumers in Port Saint Lucie

5,000 People

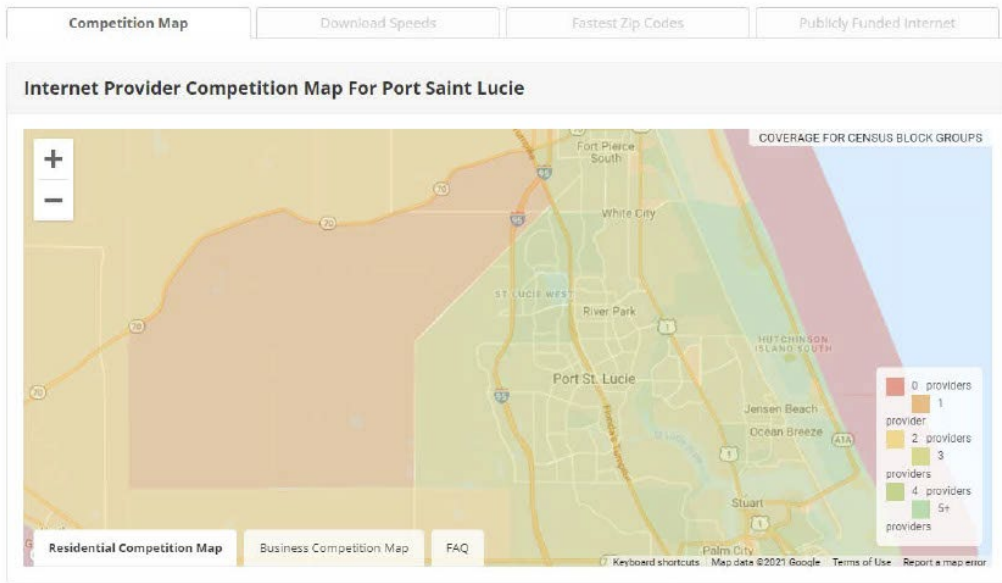
Only have access to 1 or fewer wired internet providers available at their address.

This data is calculated from FCC datasets which providers are legally required to supply twice a year. We further validate this data for accuracy.

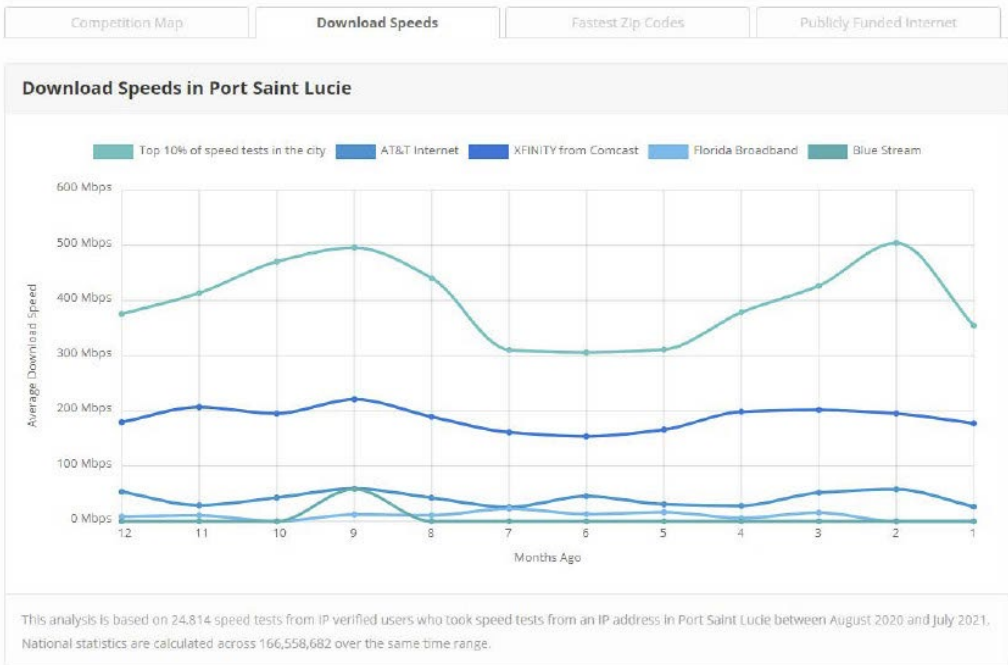
Internet Access in Florida INFO 11

Summary Of Fastest Internet Providers In Port Saint Lucie, Florida				
PROVIDER	SPEED	TYPE	TIME TO DOWNLOAD 1 GB	AVAILABILITY
Hotwire Communications	10,000 Mbps	Fiber	0s	0.9%
ITS Fiber	1,000 Mbps	Fiber	8s	0.7%
Blue Stream	1,000 Mbps	Cable	8s	0.6%
XFINITY from Comcast	1,200 Mbps	Cable	6s	96.3%
AT&T Internet	940 Mbps	IPBB and Fiber and Fixed Wireless	8s	94.6%
EarthLink	1,000 Mbps	DSL and Fiber	8s	95.0%
Blue Stream Fiber	1,000 Mbps	Fiber	8s	4.6%
Viasat Internet	50 Mbps	Satellite	2m 43s	100.0%
HughesNet	25 Mbps	Satellite	5m 27s	100.0%

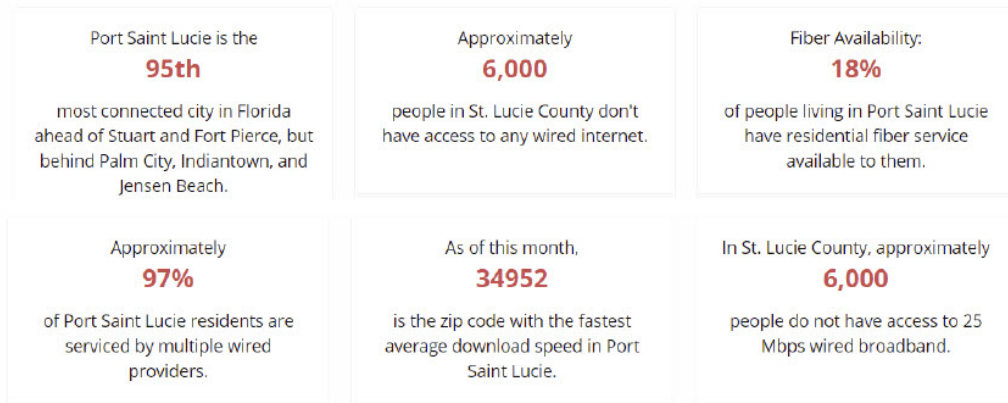
Internet Access in Florida INFO 12



Internet Access in Florida INFO 13



Internet Access in Florida INFO 14



Internet Access in Florida INFO 15

Data Cap Issues and Cord Cutting in Port Saint Lucie

Data from our research team shows that some of the popular providers currently place some sort of limit on streaming on residential Internet plans. Data caps are controversial because users view caps as a strategy to limit "cord cutting", while providers explain they are a necessary tool for managing network traffic. In either case, the culprit is the same: over-the-top streaming services, which easily consumes anywhere from one to seven Gigabytes per hour.

Compare Port Saint Lucie to the 5 largest cities in the US			
City	Average Download Speed	Number of Providers	Average Cost per Mbps
Port Saint Lucie	157.1 Mbps	13	\$0.30 (+ \$0.00)
New York	534.4 Mbps (+377.3 Mbps)	17 (+4)	\$0.89 (+ \$0.00)
Los Angeles	148.8 Mbps (-8.3 Mbps)	17 (+4)	\$0.24 (\$0.00)
Chicago	160.6 Mbps (+3.5 Mbps)	15 (+2)	\$0.27 (\$0.00)
Houston	169.5 Mbps (+12.4 Mbps)	23 (+10)	\$0.26 (\$0.00)
Philadelphia	162.1 Mbps (+5 Mbps)	8 (-5)	\$0.38 (+ \$0.00)

Internet Access in Florida INFO 16

MA-65 Hazard Mitigation - 91.210(a)(5), 91.310(a)(3)

Describe the jurisdiction's increased natural hazard risks associated with climate change.

The State of Florida is at risk of being impacted physically, socially and economically by increased natural hazards associated with climate change. Florida and in particular coastal areas and areas surrounding rivers and riverbeds and estuaries with wetlands (like the City of Port St. Lucie) are even more susceptible to these increased risks. We are vulnerable to hurricanes, hurricane winds, storm surge, flash flooding, sea level rise, extreme heat, drought and wildland fires.

According to a study published by the Florida Department of Health: CLIMATE-SENSITIVE HAZARDS IN FLORIDA Identifying and Prioritizing Threats to Build Resilience against Climate Effects

http://www.floridahealth.gov/environmental-health/climate-and-health/_documents/climate-sensitive-hazards-in-florida-final-report.pdf

Simply put, hazard losses (even when controlling for population and inflation) have been increasing at a steady pace in this country since 1960, and Florida is no exception to this trend. Since many hazards are dynamically linked to the earth's weather processes, we can connect any subsequent aberrations in local, regional, or national weather to a variety of disaster consequences for which we are currently often ill-prepared. Included here are the devastating impacts from flooding, drought, and hurricanes that continue to affect the lives and livelihoods across the nation every year. Impacts and outcomes from these current incidents coupled with the fact that considerably more people are living within "hazard zones," especially within the state of Florida, mean that impacts from future expanded, and possibly more devastating, events might be seen as disasters waiting to happen. These must be assessed and adapted to if public health resilience is to be achieved.

The City will continue to work closely with local and State authorities to prepare for and mitigate against increased natural hazard risks associated with climate change. These partners include the Florida Department of Health and St. Lucie County. As well as review information from sources like: Association for State and Territorial Health Officials, Centers for Disease Control and Prevention Climate and Health Program, Council for State and Territorial Epidemiologists, Florida Department of Economic Opportunity Adaptation Planning, Florida Division of Emergency Management Bureau of Mitigation, State Hazard Mitigation Plan, Florida Environmental Public Health Tracking, and other academic, non-profit and planning resources. <http://www.floridahealth.gov/environmental-health/climate-and-health/resources/index.html>

Describe the vulnerability to these risks of housing occupied by low- and moderate-income households based on an analysis of data, findings, and methods.

Low- and moderate- income households and housing stock is particularly vulnerable. The above mentioned study describes how specific populations can be more effected than others. In particular, if a population of residents cannot afford the increased costs of mitigating these risks their health and house will not adapt as quick as more affluent populations.

Climate variability, in combination with a large and diverse resident and tourist population and complex natural ecosystems, influences the health of people in Florida. Temperature, humidity, precipitation, air quality, and the number of severe storms have direct and indirect effects on human health. Health outcomes potentially affected by climate include allergies, asthma, cancer, cardiovascular disease, foodborne illness, heat-related illness and death, injury, mental health disorders, stress-related disorders, stroke, vector-borne disease, and zoonotic disease. Just a few of the environmental risk factors linked to climate variability include more extreme temperatures, precipitation, drought, and wildland fires; sea level rise; changes in distribution and habitats for vectors; damage to key medical, sanitation, and transportation infrastructure; food and water contamination and insecurity; and population displacement resulting from acute or ongoing changes in the environment.

The climate affects all people in Florida. However, health outcomes disproportionately impact certain populations, including children, older adults, those living in poverty, those with underlying health conditions, and those living in certain higher risk geographic areas.

Just because an individual is exposed to one or more environmental risk factors does not mean that they will experience a negative health outcome. A number of factors affect risk of disease, and the susceptible or vulnerable populations may be different depending on the climate hazard or health outcome. Susceptibility refers to the internal factors that increase the risk of negative health outcomes. Examples include genetic traits, developmental or life stage, medical history, and the presence of other illnesses. Vulnerability refers to external factors that increase the risk of negative health outcomes. Lifestyle or behavioral factors that can make individuals more vulnerable. Socioeconomic status and poverty affects someone's ability to meet basic needs and access resources like healthcare. The built environment, such as type of housing and amount of green space, can also lead to vulnerability. Susceptible or vulnerable populations may be different depending on the climate hazard and/or health outcome.

<http://www.floridahealth.gov/environmental-health/climate-and-health/>

Under Section 322 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) enacted under the Disaster Mitigation Act of 2000 (DMA2K), the State of Florida is required to have a Federal Emergency Management Agency (FEMA)-approved hazard mitigation plan in order to be eligible for federal hazard mitigation funding. The purpose of the State Hazard Mitigation Plan (SHMP) is to reduce death, injuries, and property losses caused by natural hazards in Florida. Florida is one of the

States that has an “Enhanced Mitigation Plan” and St. Lucie County’s Local Plan has been approved by FEMA.

<https://www.fema.gov/emergency-managers/risk-management/hazard-mitigation-planning/status>

Strategic Plan

SP-05 Overview

Strategic Plan Overview

The Strategic Plan sets the direction the City intends to take in the distribution of the Community Development Block Grant funding for the next five years. The priorities listed were determined through meetings, consultation with service providers and consideration of community and agency surveys that were conducted in the development of the Consolidated Plan. Some of the activities included will be targeted to individual households who qualify for the programs according to their income status (individual benefit). Other programs are directed toward low to moderate income areas within Port St. Lucie (area benefit) or to Community Redevelopment Areas (CRAs). The City's goals and objectives are summarized in Section SP-45.

SP-10 Geographic Priorities – 91.215 (a)(1)

Geographic Area

Table 50 - Geographic Priority Areas

1	Area Name:	City of Port St Lucie
	Area Type:	City limits
	Other Target Area Description:	City limits
	HUD Approval Date:	
	% of Low/ Mod:	
	Revital Type:	
	Other Revital Description:	
	Identify the neighborhood boundaries for this target area.	
	Include specific housing and commercial characteristics of this target area.	
	How did your consultation and citizen participation process help you to identify this neighborhood as a target area?	
	Identify the needs in this target area.	
	What are the opportunities for improvement in this target area?	
	Are there barriers to improvement in this target area?	
2	Area Name:	WATER
	Area Type:	Strategy area
	Other Target Area Description:	
	HUD Approval Date:	9/24/1997
	% of Low/ Mod:	
	Revital Type:	Comprehensive
	Other Revital Description:	
	Identify the neighborhood boundaries for this target area.	
	Include specific housing and commercial characteristics of this target area.	
	How did your consultation and citizen participation process help you to identify this neighborhood as a target area?	
	Identify the needs in this target area.	
	What are the opportunities for improvement in this target area?	

	Are there barriers to improvement in this target area?	
3	Area Name:	Windmill Point
	Area Type:	Local Target area
	Other Target Area Description:	
	HUD Approval Date:	
	% of Low/ Mod:	
	Revital Type:	Housing
	Other Revital Description:	
	Identify the neighborhood boundaries for this target area.	
	Include specific housing and commercial characteristics of this target area.	
	How did your consultation and citizen participation process help you to identify this neighborhood as a target area?	
	Identify the needs in this target area.	
	What are the opportunities for improvement in this target area?	
	Are there barriers to improvement in this target area?	

General Allocation Priorities

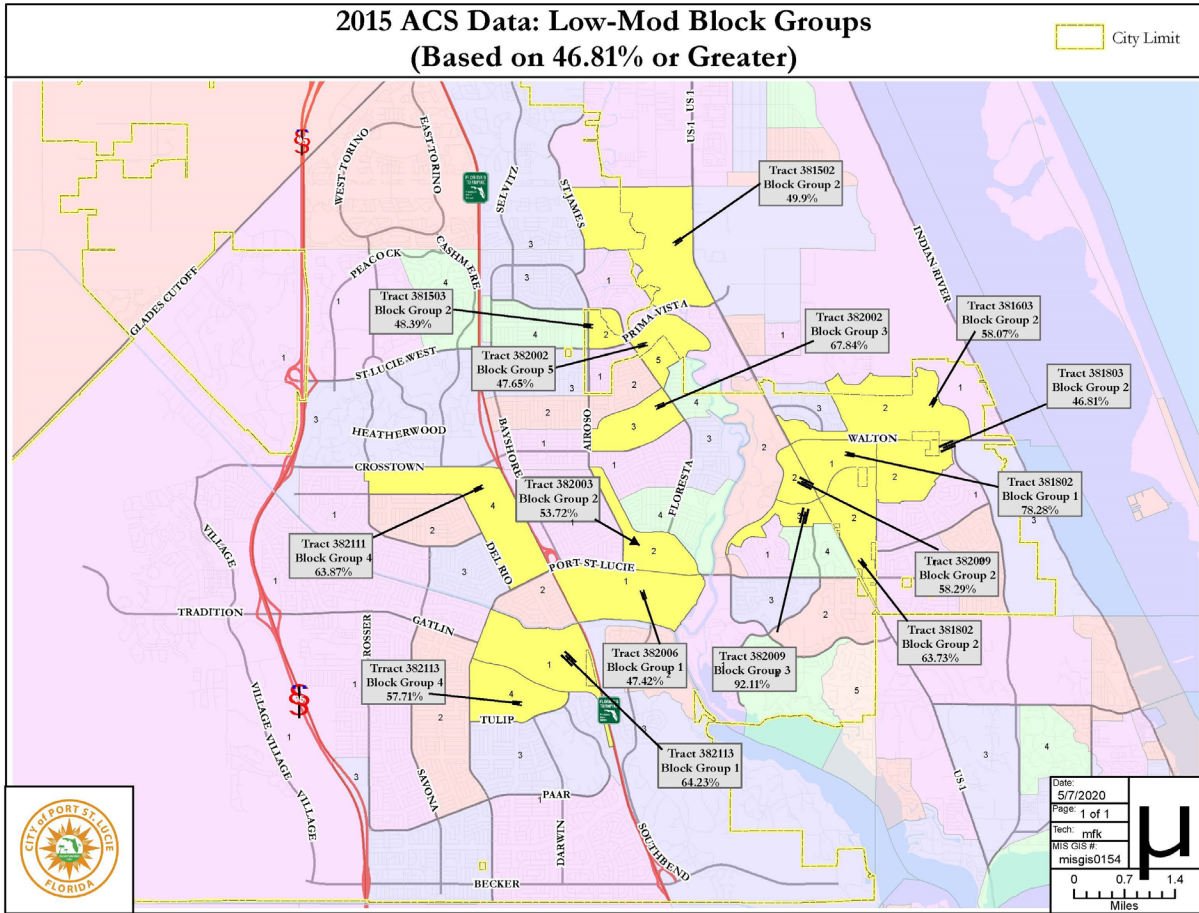
Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA)

Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA)

Port St. Lucie will allocate CDBG resources citywide for housing activities that benefit to low-to-moderate households individually. Resources for Non-housing Community Development activities will be allocated to low- and moderate-income areas as defined by the census and HUD’s 2014 exception criteria for Port St. Lucie, which is 45.74%. The previous map displays the census tracts that qualify as low to moderate income populations in the City. These areas will be adjusted from time to time when updates are made available from the US Department of HUD.

Additional CDBG Resources to address slum and blight will be directed to the Community Redevelopment Areas (CRAs).

NOTE: When updated Census 2020 information is available we will amend this Consolidated Plan to reflect new Census information.



Census Tract Map

SP-25 Priority Needs - 91.215(a)(2)

Priority Needs

Table 51 – Priority Needs Summary

1	Priority Need Name	INCREASE ACCESS TO AFFORDABLE HOUSING
	Priority Level	High
	Population	Extremely Low Low Moderate Middle Large Families Families with Children Elderly Public Housing Residents Individuals Families with Children Mentally Ill Elderly Frail Elderly Persons with Mental Disabilities Persons with Physical Disabilities Persons with Developmental Disabilities
	Geographic Areas Affected	City limits
	Associated Goals	INCREASE ACCESS TO AFFORDABLE HOUSING
	Description	Fund activities that expand the supply and improve the condition of housing affordable to lower income households. Extend the useful life of existing affordable housing through weatherization, and rehabilitation programs. Fund activities that leverage other public and private resources, such as the State Housing Initiatives Partnership (SHIP) program. Fund an affordable rental project with a nonprofit or for-profit developer through leveraging and infrastructure improvements to the subject site.

	Basis for Relative Priority	Increasing access to affordable housing was given a high priority based on the Needs Assessment, Market Analysis, stakeholder meetings and individual input. The City's growing low-income population and lack of available affordable housing (both rental and ownership) necessitates this as a priority for the community.
2	Priority Need Name	PROVIDE FOR INFRASTRUCTURE IMPROVEMENTS
	Priority Level	High
	Population	Extremely Low Low Moderate
	Geographic Areas Affected	Windmill Point City limits
	Associated Goals	INFRASTRUCTURE IMPROVEMENT
	Description	Sidewalks, streets, drainage, water, sewer, accessibility
	Basis for Relative Priority	This activity was given a high priority based on public input and stakeholder consultation.
3	Priority Need Name	IMPROVE PUBLIC FACILITIES
	Priority Level	High
	Population	Extremely Low Low Moderate Individuals Families with Children Elderly Frail Elderly
	Geographic Areas Affected	Windmill Point City limits
	Associated Goals	IMPROVE PUBLIC FACILITIES

	Description	Improve public facilities in low/mod areas and the Community Redevelopment Areas, paying strict attention to improvements, for the disabled and elderly, when possible. Parks, recreation, community centers, senior centers, youth centers, fire stations, childcare facilities and health care facilities were priorities.
	Basis for Relative Priority	Priorities were established through an evaluation of community surveys, stakeholder consultation, and staff analysis
4	Priority Need Name	ECONOMIC OPPORTUNITY
	Priority Level	High
	Population	Extremely Low Low Moderate
	Geographic Areas Affected	Windmill Point City limits
	Associated Goals	INFRASTRUCTURE IMPROVEMENT ECONOMIC DEVELOPMENT
	Description	Provide funding to support expanded economic opportunity to low-income residents within the City of Port St. Lucie. Job training centers, small business incubation and assistance and job creation through private partnership were listed as the high priority.
	Basis for Relative Priority	This need was given a high priority based on the stakeholder input during Strategic Planning, resident surveys, and employment/workforce characteristics of Port St. Lucie.
5	Priority Need Name	PUBLIC SERVICES
	Priority Level	High

	Population	Extremely Low Low Moderate Large Families Families with Children Elderly Public Housing Residents Individuals Families with Children Mentally Ill Elderly Frail Elderly Persons with Mental Disabilities Persons with Physical Disabilities Persons with Developmental Disabilities
	Geographic Areas Affected	Windmill Point City limits
	Associated Goals	PUBLIC SERVICES GRANT ADMINISTRATION CORONAVIRUS PANDEMIC & EMERGENCY RESPONSE
	Description	Mental health services, senior services, neglected/abused children services, domestic violence services
	Basis for Relative Priority	Provision of critical public services to LMI persons, Limited Clientele anywhere in the City or LMI Area by ACS. Priorities were established through an evaluation of community surveys, stakeholder consultation, and staff analysis.
6	Priority Need Name	CORONAVIRUS PANDEMIC & EMERGENCY RESPONSE
	Priority Level	Low
	Population	Extremely Low Low Moderate Other
	Geographic Areas Affected	City limits

Associated Goals	CORONAVIRUS PANDEMIC & EMERGENCY RESPONSE
Description	Plan for and execute any pandemic related or any other emergency funding received to support the community, as needed.
Basis for Relative Priority	Unexpected disbursements of Federal and State COVID-19 pandemic related funds have been received by the City of Port St. Lucie. Therefore, it is important for the City to holistically consider this funding and the possibility of additional emergency funds when preparing the 5 year Strategic Plan. The priority will remain low until additional funding is allocated.

Narrative (Optional)

During the development of the Consolidated Plan,

priority needs were identified. The funding priorities and guidelines for addressing these priority needs are summarized below:

Funding Priorities and Guidelines

High priorities are those activities that will be considered for funding with Community Development Block Grant funds during the five-year consolidated plan period of 2021 through 2025 before other projects are initiated. Activities not listed as high priorities may be considered as medium or low priorities and funded only when high priority goals are met or cannot be accomplished with the amount of money remaining.

The City will consider providing certification of consistency and supporting applications submitted by other entities for non-City funds for projects not funded with CDBG funding.

City of Port St. Lucie Funding Priorities for 2021 through 2025

Provide for Infrastructure Improvement(s)

- Fund non housing community development proposals that eliminate a threat to public health and safety to include pedestrian safety (i.e., sidewalks) , water, sewer, streets, and drainage.

Provide for Public Facility Improvement(s)

- Fund non housing community development proposals that provide improvements to public facilities (i.e., parks and recreation improvements, neighborhood centers, senior centers).

Increase Economic Opportunity

- Provide funding to support expanded economic opportunity to low-income residents, areas, or businesses within the City of Port St. Lucie.

Increase Access to Affordable Housing

- Fund activities that expand the supply and improve the condition of housing affordable to lower income households.
- Extend the useful life of existing affordable housing through weatherization, repair, and rehabilitation programs.

Provide for Increased Public Services

- Provide new services for seniors, child abuse, domestic violence, and mental health. Other services may be considered depending on the needs of the community especially in relation to housing related problems.
- Provide new services for expanding access to education across the City.

Coronavirus Pandemic & Emergency Response

- Plan for and execute any pandemic related or any other emergency funding received to support the community, as needed.

SP-30 Influence of Market Conditions – 91.215 (b)

Influence of Market Conditions

Affordable Housing Type	Market Characteristics that will influence the use of funds available for housing type
Tenant Based Rental Assistance (TBRA)	
TBRA for Non-Homeless Special Needs	Market characteristics include a high level of cost burden among many low-income households, as well as, waiting lists at existing public/subsidized housing; while market characteristics indicate a need for tenant based rental assistance; federal restrictions on the use of CDBG funds for this activity prevent the city for creating such a program. Other sources of funding and activities will be considered to address the needs of renters.
New Unit Production	The high cost of new unit production restricts the ability of the city to provide new housing for affordable housing. Low to moderate income households are being priced out of the market for both new and existing homes. In addition, federal regulations restrict the use of CDBG funds for new construction; other funding sources (such as state housing initiatives partnership (ship) will be utilized.
Rehabilitation	High-cost burden and aging housing stock will require the use of CDBG for the rehabilitation of existing properties when ship funds are not available in sufficient amounts to meet demands.
Acquisition, including preservation	Aging housing stock, availability of foreclosed/abandoned properties and cost of construction/rehabilitation will influence the city's implementation of an acquisition program.

Table 52 – Influence of Market Conditions

SP-35 Anticipated Resources - 91.215(a)(4), 91.220(c)(1,2)

Introduction

This section of the Strategic Plan provides an overview of anticipated resources available for the 2021-2022 fiscal year. The funding and sources of funding are tentative and subject to change. It is anticipated that future years will have similar resources for CDBG and SHIP. NSP is expected to be expended during the next year.

Anticipated Resources

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	public - federal	Acquisition Admin and Planning Economic Development Housing Public Improvements Public Services	1,071,986	0	0	1,071,986	4,287,944	The City expects to receive \$1,071,986 for the 2021-2022 allocation.
HOPWA	public - federal	Permanent housing in facilities Permanent housing placement Short term or transitional housing facilities STRMU Supportive services TBRA	0	0	0	0	0	

Table 53 - Anticipated Resources

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

There are no matching requirements for the CDBG program. The City leverages CDBG program funds with the State Housing Initiatives Partnership (SHIP) program for its affordable housing programs including owner occupied rehabilitation, acquisition/rehabilitation, and new construction. Additionally, the City's Neighborhood Stabilization Programs (1 and 3) may generate program income. HUD has issued recent information regarding NSP close out and will allow some of NSP program income to be transferred to CDBG. The City will be working with HUD to expend the rest of the NSP funds and move some of the program income to CDBG. The City will continue its research to find new or existing funding sources that may be utilized to fulfill the goals and objectives of the Consolidated Plan. This includes supporting applications of other entities for funding under competitive grant programs wherever possible.

If appropriate, describe publicly owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

The City has a large inventory of publicly owned land/property within its jurisdiction, but these properties are generally earmarked for capital projects, such as road expansions, stormwater retention, lift stations, etc. The City is required by state law to review its inventory annually to determine if any surplus property should be made available for affordable housing. In the last current review, the city is designating one residential lot as appropriate for affordable housing.

Discussion

Port St. Lucie's anticipated funding allocation will address many of the City's goals, including housing, non-homeless special needs, community development and economic development. The City also has a network of public or social service providers, located St. Lucie County, to help address these goals through financial leveraging, as well as other Federal funding sources and other agency and program funding.

SP-40 Institutional Delivery Structure – 91.215(k)

Explain the institutional structure through which the jurisdiction will carry out its consolidated plan including private industry, non-profit organizations, and public institutions.

Responsible Entity	Responsible Entity Type	Role	Geographic Area Served
City of Port St. Lucie	Government	Economic Development Non-homeless special needs Ownership Planning Rental neighborhood improvements public facilities public services	

Table 54 - Institutional Delivery Structure

Assess of Strengths and Gaps in the Institutional Delivery System

Strengths

Because the Neighborhood Services Department is active in so many organizations, we can achieve a high level of communication and coordination with social service providers and referral agencies.

Gaps

We struggle to maintain a consistent level of coordination between formal meetings. We refer 5 to 10 callers per week to organizations that have indicated that they may be able to provide funding to meet specialized needs. Unfortunately, funding for those organizations changes from day to day with the number of clients who need help. Therefore, it is difficult to maintain an up-to-date listing of which organization’s funding has not been exhausted and how the organization’s priorities may have changed.

Several the social agencies that serve low and very-low-income clients are active in a large, four-county area. They communicate and/or coordinate via a system called HMIS (Homeless Management Information System), which was implemented by the Treasure Coast Homeless Services Council. HMIS by its very nature is specific to a certain group of people. Meanwhile other management information systems try to target other groups of people; the “elderly” for example. No one system can successfully coordinate data reflecting all groups of people we need to serve. Also, the systems that are in place are only as good as the data that is input by humans; smaller agencies with fewer staff are hard pressed to continually update the system with information on clients that they have served or referred. Agencies and governmental entities continue to work on improvements.

Availability of services targeted to homeless persons and persons with HIV and mainstream services

Homelessness Prevention Services	Available in the Community	Targeted to Homeless	Targeted to People with HIV
Homelessness Prevention Services			
Counseling/Advocacy	X		
Legal Assistance	X		
Mortgage Assistance			
Rental Assistance		X	
Utilities Assistance		X	
Street Outreach Services			
Law Enforcement			
Mobile Clinics			
Other Street Outreach Services			
Supportive Services			
Alcohol & Drug Abuse			
Child Care			
Education			
Employment and Employment Training		X	
Healthcare			
HIV/AIDS			
Life Skills	X	X	
Mental Health Counseling	X	X	
Transportation			
Other			

Table 55 - Homeless Prevention Services Summary

Describe how the service delivery system including, but not limited to, the services listed above meet the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth)

To reduce planning duplication, as well as mainstreaming resources and collaborate efforts to assist homeless and at-risk homelessness residents, a three-countywide continuum of care (CoC) plan serves St. Lucie, Martin, and Indian River Counties. The City of Port St. Lucie is a member of the Board for Treasure Coast Homeless Services Council (TCHSC) and participates in the continuum of care process for the entire area. The Coalition coordinates delivery of the Continuum of Care programs within the community.

The CoC has a priority for services which includes homeless families with children, first, depending on resources, homeless disabled adults, and elderly disabled adults. This data is based on Point in Time

Prevalence data collected annually and analyzed to create the CoC Plan Update in accordance with HUD's four goals to end homelessness. The Plan is focused on four key goals: (1) Finish the job of ending chronic homelessness in five years; (2) Prevent and end homelessness among Veterans in five years; (3) Prevent and end homelessness for families, youth, and children in ten years; and (4) Set a path to ending all types of homelessness.

Describe the strengths and gaps of the service delivery system for special needs population and persons experiencing homelessness, including, but not limited to, the services listed above

Treasure Coast Homeless Services Council offers a strong institutional delivery system, but there are gaps in the system, which are predominately geographic, since most homeless services, including housing, are available only in Indian River County, where TCHSC is located. There are few services or units available to the homeless population in Port St. Lucie. With regards to the special needs population, the service delivery system is strongest in providing housing for special needs persons, as there is HUD federal funding for some long-term shelter plus care beds, known as rental assistance. While the State of Florida has mandated that a certain portion of State Housing Initiative Partnership (SHIP) program funds be used for special needs housing, agencies with the capacity to implement these programs are scarce in Port St. Lucie.

Provide a summary of the strategy for overcoming gaps in the institutional structure and service delivery system for carrying out a strategy to address priority needs

The City will utilize its network of public sector and nonprofit organizations to implement the consolidated plan. Over the next five years, the City expects to overcome gaps in the institutional structure and delivery system by:

- Collaborating with other local governments to share successes and work on problem solving.
- Work with local lenders in the Martin/St. Lucie Lending Consortium to discuss homebuying issues.
- Collaborating with the Treasure Coast Homeless Services Council regarding availability of homeless services/shelter in Port St. Lucie.
- Monitoring to identify program inefficiencies, improve program performance, and ensure compliance with applicable regulations.
- Encouraging collaboration among agencies to eliminate duplicative services and better serve residents, especially low- and moderate-income households and special needs populations; and
- Reviewing internal policies, procedures and staffing of the CDBG program for efficiency and effectiveness.

If a gap is identified in the City's current institutional structure, the City will develop and implement the appropriate measures to alleviate any issues that affect achievement of program goals, anticipated outcomes, and program compliance.

SP-45 Goals Summary – 91.215(a)(4)

Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	INFRASTRUCTURE IMPROVEMENT	2021	2025	Non-Housing Community Development INFRASTRUCTURE IMPROVEMENTS	WATER Windmill Point City of Port St Lucie	PROVIDE FOR INFRASTRUCTURE IMPROVEMENTS ECONOMIC OPPORTUNITY	CDBG: \$2,000,000	Public service activities other than Low/Moderate Income Housing Benefit: 2000 Persons Assisted
2	IMPROVE PUBLIC FACILITIES	2021	2025	Non-Housing Community Development	WATER Windmill Point City of Port St Lucie	IMPROVE PUBLIC FACILITIES	CDBG: \$500,000	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 2500 Persons Assisted
3	INCREASE ACCESS TO AFFORDABLE HOUSING	2021	2025	Affordable Housing	Windmill Point City of Port St Lucie	INCREASE ACCESS TO AFFORDABLE HOUSING	CDBG: \$1,000,000	Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit: 10 Households Assisted
4	ECONOMIC DEVELOPMENT	2021	2025	ECONOMIC DEVELOPMENT	City of Port St Lucie	ECONOMIC OPPORTUNITY	CDBG: \$250,000	Jobs created/retained: 10 Jobs
5	PUBLIC SERVICES	2021	2025	PUBLIC SERVICES	City of Port St Lucie	PUBLIC SERVICES	CDBG: \$250,000	Other: 500 Other
6	GRANT ADMINISTRATION	2021	2025	Non-Housing Community Development GRANT ADMINISTRATION	City of Port St Lucie	PUBLIC SERVICES	CDBG: \$1,000,000	

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
7	CORONAVIRUS PANDEMIC & EMERGENCY RESPONSE	2021	2025		City of Port St Lucie	PUBLIC SERVICES CORONAVIRUS PANDEMIC & EMERGENCY RESPONSE	CDBG: \$359,930	

Table 56 – Goals Summary

Goal Descriptions

1	Goal Name	INFRASTRUCTURE IMPROVEMENT
	Goal Description	<p>PROVIDE FOR INFRASTRUCTURE IMPROVEMENTS</p> <p>Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: min. 2000 Persons Assisted</p> <p>PROVIDE INFRASTRUCTURE IMPROVEMENT IN THE FORM OF SIDEWALKS, STREETS, SEWER, WATER, DRAINAGE FACILITIES TO LOW INCOME/PRIMARILY RESIDENTIAL AREAS WITHIN THE CITY OF PORT ST. LUCIE</p>
2	Goal Name	IMPROVE PUBLIC FACILITIES
	Goal Description	<p>Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: min. 2500 Persons Assisted</p> <p>IMPROVE PUBLIC FACILITIES SUCH AS PARKS, NIEGHBROHOOD CENTERS, AND SENIOR CENTERS, IN LOW/MOD AREAS AND CRA TO IMPROVE ACCESS.</p>

3	Goal Name	INCREASE ACCESS TO AFFORDABLE HOUSING
	Goal Description	Homeowner Housing Rehabilitated: min. 10 Household Housing Unit; Homeowner Housing Added: min. 10 Household Housing Unit Rental Housing Infrastructure Assistance and Rehabilitation of Single-Family Homes/Owner-Occupied Housing Units REHABILITATION TO OWNER OCCUPIED HOUSING UNITS TO ADDRESS HEALTH SAFETY WELFARE RELATED ITEMS. REHABILITATION WILL ALSO INCLUDE CONNECTION TO CITY WATER AND SEWER FACILITIES FOR LOW-INCOME OWNER-OCCUPIED HOUSING. ACQUISITION/REHABILITATION OR NEW CONSTRUCTION OF AFFORDABLE RETNAL HOUSING
4	Goal Name	ECONOMIC DEVELOPMENT
	Goal Description	Jobs created/retained: min. 10 Jobs Job training and placement for LMI citizens, Or possible a small/micro enterprise incubator, OR small business assistance.
5	Goal Name	PUBLIC SERVICES
	Goal Description	Providing eligible public services to LMI: min. 500 Persons Assisted Providing eligible public services to LMI, including but not limited to senior services, furthering educational opportunities, mental health counseling, and child abuse or domestic violence services.
6	Goal Name	GRANT ADMINISTRATION
	Goal Description	PROVIDE FOR GRANT OVERSIGHT AND COMPLIANCE
7	Goal Name	CORONAVIRUS PANDEMIC & EMERGENCY RESPONSE
	Goal Description	Prevent, prepare and respond to community emergencies as needed.

Estimate the number of extremely low-income, low-income, and moderate-income families to whom the jurisdiction will provide affordable housing as defined by HOME 91.315(b)(2)

N/A

The City of PSL in collaboration with St. Lucie County will conduct a Housing Study and Housing Market Analysis in 2022. It was postponed due to the COVID-19 pandemic in 2020. A Homeless Plan is also being crafted in 2022. All documents, when completed, will be published online.

SP-50 Public Housing Accessibility and Involvement – 91.215(c)

Need to Increase the Number of Accessible Units (if Required by a Section 504 Voluntary Compliance Agreement)

The County's housing authorities are not covered by a Section 504 Voluntary Compliance Agreement; however, the agencies have indicated a need for accessible units within their inventories.

Activities to Increase Resident Involvements

The Housing Authority of the City of Fort Pierce offers an array of family self-sufficiency (FSS) and supportive service programs for clients receiving subsidized housing assistance. The family self-sufficiency program is aimed at families who have a desire to achieve economic independence and self-reliance. Clients living in public housing or who participate in the housing choice voucher program, qualify for the FSS program. While participating in the FSS program, participants work closely with the FSS Coordinator for a period up to five years. With the guidance of the FSS Coordinator, families identify and set goals that promote self-sufficiency. Self-sufficiency activities include but not limited to obtaining and maintaining suitable employment, participating in employment related services such as resume writing, seek suitable employment, and attend life skills courses. FSS participants also attend financial literacy classes where they learn and become familiar with key objectives such as establishing credit, budgeting, savings, and loans.

Is the public housing agency designated as troubled under 24 CFR part 902?

No

Plan to remove the 'troubled' designation

N/A

SP-55 Barriers to affordable housing – 91.215(h)

Barriers to Affordable Housing

Affordable housing is a growing concern at the federal, state, and local levels. Housing affordability has also become an important public policy issue, as home ownership is viewed as being an important goal for both individual and social reasons. Housing prices, household incomes, and mortgage rates are the primary determinants of the housing affordability. The City of Port St. Lucie is aware of the effect that public policies have on the cost of housing, given the potential to dissuade development, maintenance, or improvement of affordable housing. In the case of new construction, significant barriers to creating affordable housing are reductions in federal and state housing funds, the land costs, impact fees, zoning, and compliance with new energy efficiency and wind mitigation standards for building codes. An additional significant barrier is the poor credit record of many low- and moderate-income households. In the case of existing housing rehabilitation, the cost of upgrading to new construction codes is a barrier.

As a State Housing Initiative Partnership (SHIP) Program recipient from the State of Florida, the City of Port St. Lucie is required to form an Affordable Housing Advisory Committee (AHAC). The Affordable Housing Advisory Committee (AHAC), a citizens' advisory committee, represents a collaboration of public, nonprofit and private agencies tasked with making recommendations to the City Council on affordable housing incentives. The advisory board must triennially review policies and procedures, ordinances, land development regulations and the comprehensive plan policies established and adopted by the City Council while making recommendations on specific actions or initiatives to encourage or facilitate affordable housing while protecting the property's ability to appreciate. The eight (8) to eleven (11) member AHAC identifies barriers to affordable housing and strategies to remove such barriers. The City of Port St. Lucie's Affordable Housing Incentive Plan contains information on the following:

- The processing of expedited approvals of development orders or permits for affordable housing.
- The establishment of a process which local government considers, before adoption of policies, etc. that increase the cost of housing.
- the allowance of flexibility in density.
- the reduction of parking and setback requirements for affordable housing.
- a printed inventory of locally owned public lands suitable for affordable housing is prepared triennially.
- the City encourages development of affordable housing and/or workforce housing near (within ½ mile of) a transportation hub, major employment center and/or mixed-use development.

Additionally, City staff must report annually to the State of Florida any actions that increase the cost to develop single or multifamily housing. This analysis must include a dollar value of the increase of development including, but not limited to, increases in permit fees, increases in impact fees, introduction of new building standards, etc. The City of Port St. Lucie completed an Analysis of Impediments to Fair Housing Choice in 2014 and updated the Analysis again in 2017. A new Analysis of

Impediments is being developed this year in 2021. This document included a review of regulatory barriers in each jurisdiction. A copy of this document can be found in the appendices.

Strategy to Remove or Ameliorate the Barriers to Affordable Housing

As discussed in the previous section, the City has adopted the Local Housing Incentive Plan (LHIP) as required to receive the State of Florida's Affordable Housing Program funding (State Housing Initiatives Partnership (SHIP) Program). This plan led to the following actions to reduce barriers:

- The processing of approvals of development orders or permits for affordable housing projects is expedited to a greater degree than other projects.
- The establishment of a process which local government considers, before adoption, policies, procedures, ordinances, regulations, or plan provisions that increase the cost of housing.
- The allowance of flexibility in density is established by the property's future land use designation.
- The reduction of parking and setback requirements for affordable housing is allowed where it can be shown that such a reduction will be compatible with the surrounding neighborhood and will not cause an adverse impact.
- A printed inventory of locally owned public lands suitable for affordable housing is prepared triennially.
- The City encourages development of affordable housing and/or workforce housing near (within ½ mile of) a transportation hub, major employment center and/or mixed-use development.

In addition, the following strategies will be utilized to remove or ameliorate the barriers to affordable housing: The City of Port St. Lucie will continue to:

- research and review alternative methods to financing affordable housing or providing reduction in fees, where possible
- utilize SHIP funds to provide counseling and financial assistance to first time income eligible homebuyers to purchase either existing or newly constructed homes.
- utilize CDBG and SHIP funds to provide financial assistance to income eligible city residents to rehabilitate owner occupied dwellings.
- implement the actions included in the Analysis of Impediments to Fair Housing Choice to remove or ameliorate the barriers to both fair housing choice and affordable housing.

SP-60 Homelessness Strategy – 91.215(d)

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

The City supports the efforts of the Treasure Coast Home Services Council, Inc. Continuum of Care (CoC) to simplify and broaden outreach and assessment efforts for homeless persons in the three-county area (Indian River, Martin, and St. Lucie Counties). Much of the outreach to homeless persons is conducted at the Point in Time Count. Other outreach activities are conducted by TCHSC at their offices in Indian River and through other agencies that support the homeless clientele. PATH Outreach workers from Community Mental Health Providers conduct street outreach. Supportive Services to Veterans' families also funds outreach to Veterans in places where homeless persons are known to congregate.

Addressing the emergency and transitional housing needs of homeless persons

There is only one emergency shelter in three counties which only serves up to 21 families at one time. The City is not a direct recipient of Emergency Solution Grant funds.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again.

The CoC operates on a Housing First Model, which means that persons are prevented from homeless in the first place or, if they are homeless, they are rapidly rehoused. There is no transitional model in the three-county area.

Local agencies, working with the CoC, provide prevention, outreach, assessment, and supportive services for homeless persons and for residents at risk of homelessness. Public and private agencies and programs in St. Lucie County provide services including Mortgage Assistance, Rental Assistance, Utilities Assistance, Foreclosure Prevention, Counseling/Advocacy, and Legal Assistance. Outreach and Assessment for homeless residents is done through the CoC and agencies working with them.

Other than the funds available through this process, permanent housing needs may be addressed through other resources identified elsewhere in this plan, and through other grant funding opportunities, such as the competitive Continuum of Care process, or through other state or local funding streams.

Help low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are likely to become homeless after being

discharged from a publicly funded institution or system of care, or who are receiving assistance from public and private agencies that address housing, health, social services, employment, education or youth needs

The Florida Statutes set out state discharge guidelines and notes that the intent of the Legislature is to ensure that persons leaving care and custody are not discharged into homelessness. The Florida State Department of Corrections requires contracted halfway houses to secure full employment for clients and to discharge clients into transitional or permanent housing residence. New Horizons of the Treasure Coast provides some of those services.

Treasure Coast Homeless Services Council utilizes Emergency Solutions Grants, Challenge Grants and Supportive Services to Veterans grants to provide housing assistance to persons at or below 30% of area median income.

SP-65 Lead based paint Hazards – 91.215(i)

Actions to address LBP hazards and increase access to housing without LBP hazards

The County's Public Health department has established a lead screening process to screen school children less than 7 years old for and treat high levels of exposure to lead. All high elevated levels are reported to EPI and investigated by an EPI nurse. The overall goal of the City is to reduce or eliminate lead-based paint hazards and prevent childhood lead poisoning. This will be accomplished through a coordinated effort of public and private sectors.

All housing proposed for rehabilitation under the City's program is screened by the year built to determine possible LBP hazard before funds are utilized. If a hazard is suspected, the owner of the home being rehabbed is given the EPA Fact Sheet - *Identifying Lead Hazards in Your Home* and the EPA publication - *Protect Your Family From Lead In Your Home*. During the feasibility inspection, if the inspector identifies a potential LBP problem, he notifies the owner and may test the suspect area with a swab or take a sample to be processed through the County Health Department. NSP homes are also inspected for lead-based paint. If the repair will disturb any surface containing lead, abatement procedures must be utilized before the repair can go forward. If lead paint is detected, abatement costs are an eligible expense for SHIP or NSP monies.

In all program where federal funds are expended on a housing unit, the City incorporates the current procedures for hazard reduction or LBP abatement guidelines as defined in 24 CFR Part 35.

How are the actions listed above related to the extent of lead poisoning and hazards?

Lead poisoning is the leading environmental hazard to children, creating devastating and irreversible health problems. The leading cause of lead-based poisoning is exposure to dust from deteriorating paint in homes constructed before 1978. This is due to the high lead content used in paint during that period, and particularly in homes built before 1950. Pre 1978 housing occupied by lower income households with children offers particularly high risks of lead exposure due to the generally lower levels of home maintenance among lower income households. This is an important factor since it is not the lead paint itself that causes the hazards, but rather the deterioration of the paint that releases lead contaminated dust and allows children to peel and eat lead contaminated flakes. The risk factors for lead poisoning include:

- Living in a home built before 1950; and
- Living in a recently remodeled home originally built before 1978.

In Port St. Lucie, 89.8 percent of existing homes have been built since 1980; 9.5 percent of the homes were built between 1960 and 1979; and only .4 percent of the housing stock was built before 1960. As a result, it is estimated that only 10 percent of housing units in Port St. Lucie could potentially contain lead-based paint.

How are the actions listed above integrated into housing policies and procedures?

The City of Port St. Lucie's housing program has integrated the components of 24 CFR Part 35 into its policies and procedures governing federally assisted housing programs directly administered by the City and those that could be contracted with subrecipient organizations. Programs that are affected include housing rehabilitations and acquisition as specified within 24 CFR Part 35. The City's homebuyer assistance program and single-family owner-occupied rehabilitation programs, when they deal with homes constructed prior to 1978 will provide a complete visual assessment of all painted surfaces to identify deteriorated paint, and will provide paint stabilization of deteriorated painted surfaces, and a clearance examination, as required. Lead based paint hazards information will be provided to all homebuyers assisted by these programs. The City will follow its Lead Based Paint Hazards Policies in the administration of the City's housing program to reduce and eradicate lead-based housing units in the City. Additionally, lead based paint regulations will be included in all subrecipient agreements and compliance will be included in agency monitoring.

SP-70 Anti-Poverty Strategy – 91.215(j)

Jurisdiction Goals, Programs and Policies for reducing the number of Poverty-Level Families

The City of Port St. Lucie’s goal is to reduce the number of poverty level families through Economic Development and affordable housing, and service programs coordinated by various entities throughout the City and St. Lucie County. Recognizing the need to overcome poverty is one component of a complex set of issues. Beyond implementing economic development and affordable housing, and helping to coordinate social service programs, families in poverty must be provided the opportunity to overcome personal and socioeconomic barriers to gain control of their lives.

According to the 2019 ACS, 18,166 individuals in Port St. Lucie had a 1999 income below the poverty level. This number represented 9% of individuals for whom poverty status is determined. The population in Port St. Lucie increased during that time, but the percent of poverty level families also increased. This number is highest for individuals in the 18 to 64 years range.

To help individuals to rise above the poverty level and become self-sufficient, the City of Port St. Lucie in conjunction with St. Lucie County, including private, nonprofit agencies and organizations have designed and implemented various programs. The County has established an Economic Development Office. This office promotes and assists businesses in locating and expanding operations and facilities in the City. Additionally, partnerships with non-profits providing job training/microenterprise assistance provide economic opportunities for low-income individuals.

The affordable housing programs provided by Port St. Lucie enable lower income families to reduce their overall housing costs. These programs enable families to utilize a larger part of their income for other necessities. The programs often allow people to live closer to their place of employment, which in turn may reduce their travel costs.

How are the Jurisdiction poverty reducing goals, programs, and policies coordinated with this affordable housing plan

The City will continue to combat poverty by supporting incentives to attract, retain, and expand businesses; to advocate for improved employment, affordable housing and public transportation links; to support organizations and programs that provide job training, education, and placement services; to support public service activities including but not limited to childcare and emergency assistance; and to preserve, increase, and improve affordable housing options as part of its strategy to prevent and alleviate poverty in Port St. Lucie. The City will accomplish these goals by continuing to integrate antipoverty programs/services into its annual CDBG program.

The increasing costs of homeownership in Port St. Lucie and the lack of safe, affordable rental housing continue to be major challenges for low-income families. Rental households face serious challenges with high cost, inadequate supply, and competition for limited housing stock. Access to transportation or to communities that are practically walkable also presents a difficulty. When there are significant CDBG or other resources within the low-income areas to execute anti-poverty strategies, these resources will act as catalysts to invite additional public and private investment of capital and services; increase the quantity and quality of affordable housing; and help low to moderate-income residents acquire needed information, knowledge and skills to improve their employment opportunities. Eliminating many of the physical signs of poverty is a key element in the anti-poverty strategy. The housing, public housing and community revitalization initiatives work toward fulfilling this goal. The City will direct significant resources toward the creation of affordable housing and coordinating the efforts of local nonprofit and for-profit providers. Affordable housing is the foundation for achieving self-sufficiency.

SP-80 Monitoring – 91.230

Describe the standards and procedures that the jurisdiction will use to monitor activities carried out in furtherance of the plan and will use to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements

The City of Port St. Lucie has established the following standards and procedures to monitor activities authorized under federal programs, ensure long-term compliance with the provisions of those programs, and further the City's goals or objectives set forth in the Consolidated Plan. As a method for checking progress, the standards and procedures will serve to measure resources consumed, track the status of projects and timeliness of expenditures, measure and compare accomplishments with projections, and provide methods for change and/or improvement, where needed. In most cases, City projects involve construction or reconstruction of facilities, so our goal may be completion of one facility. We work with City staff from other Departments, including the Office of Management and Budget (OMB), and/or contractors to make sure the project is moving forward, requesting updates at least monthly. We update IDIS on a quarterly basis. Activities that use other resources, like SHIP or NSP, are tracked on a spreadsheet and in a database. We watch for timeliness of expenditures, and we make sure that we are meeting program guidelines regarding income levels and similar regulations.

The City has utilized CDBG funding for housing activities in the recent past and we are providing funding for repair/rehab of low/moderate income homeowner occupied housing this year. We have adopted St. Lucie County's Rehab Specifications to ensure that all repairs comply with housing codes. We have also held discussions with the building department to ensure that those specifications are current and reflect any additional regulations that Port St. Lucie requires. We are updating if housing code changes and will revise specifications as we receive new information. OMB uses these specifications for all contractor bids involving housing. We have also set up check lists for compliance with environmental regulations, and lead paint requirements, including the new requirements for certification of contractors dealing with homes that have lead based paint, etc. Monitoring of the housing program will be on-going.

On-site inspections of homes funded under the program are made by building inspectors and/or housing program inspectors during the repair process and when work is completed. Payments are withheld if work is unsatisfactory and released when the job is brought up to standards.

There are on-site inspections of subrecipients are planned for the program year, as there will be at least one CDBG public services subrecipient that involves non-profit or agency partners. The City will use a HUD recommended subrecipient agreement to ensure compliance. Preparing the plan is an ongoing process. The City will monitor the effectiveness of the plan and submit reports to U.S. Dept. of HUD annually. The monitoring will include a review of performance measurements, which include objectives and outcomes in relation to the activities completed.

Contract Agreements: The City will enter binding contractual agreements with all other parties participating in federal programs. Such agreements will ensure compliance with program provisions between the City and these parties. Additionally, these agreements will provide a basis for enforcing program requirements and for identifying remedies in the event of a breach of the any of the provisions. Elements contained in these agreements will be inclusive of, but not limited to:

- Type of activity
- Specific "boiler plate" provisions
- Other terms and conditions
- Special program requirements
- Budget
- Scope of services
- Reporting requirements
- Other special provisions

Expected Resources

AP-15 Expected Resources – 91.220(c)(1,2)

Introduction

This section of the Strategic Plan provides an overview of anticipated resources available for the 2021-2022 fiscal year. The funding and sources of funding are tentative and subject to change. It is anticipated that future years will have similar resources for CDBG and SHIP. NSP is expected to be expended during the next year.

Anticipated Resources

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	public - federal	Acquisition Admin and Planning Economic Development Housing Public Improvements Public Services	1,071,986	0	0	1,071,986	4,287,944	The City expects to receive \$1,071,986 for the 2021-2022 allocation.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOPWA	public - federal	Permanent housing in facilities Permanent housing placement Short term or transitional housing facilities STRMU Supportive services TBRA	0	0	0	0	0	

Table 57 - Expected Resources – Priority Table

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

There are no matching requirements for the CDBG program. The City leverages CDBG program funds with the State Housing Initiatives Partnership (SHIP) program for its affordable housing programs including owner occupied rehabilitation, acquisition/rehabilitation, and new construction. Additionally, the City’s Neighborhood Stabilization Programs (1 and 3) may generate program income. HUD has issued recent information regarding NSP close out and will allow some of NSP program income to be transferred to CDBG. The City will be working with HUD to expend the rest of the NSP funds and move some of the program income to CDBG. The City will continue its research to find new or existing funding sources that may be utilized to fulfill the goals and objectives of the Consolidated Plan. This includes supporting applications of other entities for funding under competitive grant programs wherever possible.

If appropriate, describe publicly owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

The City has a large inventory of publicly owned land/property within its jurisdiction, but these properties are generally earmarked for capital projects, such as road expansions, stormwater retention, lift stations, etc. The City is required by state law to review its inventory annually to determine if any surplus property should be made available for affordable housing. In the last current review, the city is designating one residential lot as appropriate for affordable housing.

Discussion

Port St. Lucie's anticipated funding allocation will address many of the City's goals, including housing, non-homeless special needs, community development and economic development. The City also has a network of public or social service providers, located St. Lucie County, to help address these goals through financial leveraging, as well as other Federal funding sources and other agency and program funding.

Annual Goals and Objectives

AP-20 Annual Goals and Objectives

Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	INFRASTRUCTURE IMPROVEMENT	2021	2025	Non-Housing Community Development INFRASTRUCTURE IMPROVEMENTS	Windmill Point City of Port St Lucie	PROVIDE FOR INFRASTRUCTURE IMPROVEMENTS IMPROVE PUBLIC FACILITIES ECONOMIC OPPORTUNITY PUBLIC SERVICES	CDBG: \$875,000	
2	IMPROVE PUBLIC FACILITIES	2021	2025	Non-Housing Community Development	Windmill Point City of Port St Lucie	PROVIDE FOR INFRASTRUCTURE IMPROVEMENTS IMPROVE PUBLIC FACILITIES ECONOMIC OPPORTUNITY PUBLIC SERVICES	CDBG: \$0	

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
3	INCREASE ACCESS TO AFFORDABLE HOUSING	2021	2025	Affordable Housing	City of Port St Lucie	INCREASE ACCESS TO AFFORDABLE HOUSING	CDBG: \$0	Homeowner Housing Rehabilitated: 5 Household Housing Unit Tenant-based rental assistance / Rapid Rehousing: 15 Households Assisted Homelessness Prevention: 10 Persons Assisted Jobs created/retained: 5 Jobs Housing Code Enforcement/Foreclosed Property Care: 5 Household Housing Unit
4	ECONOMIC DEVELOPMENT	2021	2025	ECONOMIC DEVELOPMENT	City of Port St Lucie	ECONOMIC OPPORTUNITY	CDBG: \$0	
5	PUBLIC SERVICES	2021	2025	PUBLIC SERVICES	City of Port St Lucie	PUBLIC SERVICES	CDBG: \$0	
6	CORONAVIRUS PANDEMIC & EMERGENCY RESPONSE	2021	2025		City of Port St Lucie	PUBLIC SERVICES CORONAVIRUS PANDEMIC & EMERGENCY RESPONSE	CDBG: \$0	
7	GRANT ADMINISTRATION	2021	2025	Non-Housing Community Development GRANT ADMINISTRATION	City of Port St Lucie		CDBG: \$196,986	

Table 58 – Goals Summary

Goal Descriptions

1	Goal Name	INFRASTRUCTURE IMPROVEMENT
	Goal Description	<p>The City is in need of sidewalks, especially in low to mod income areas. By leveraging CDBG with some of the City's general funds, the City's sidewalk can be leveraged. ADA connections and completion of certain areas in low mod communities is especially important to approach walkability and suitability in a holistic way.</p> <p>The City is in need of special water improvement project to rebuild failing culverts that help with stormwater control improvement to address climate sustainability and susceptibility.</p> <p>The City is in need of maintaining water quality because of its growth increasing exponentially in recent years and its proximity to the river. CDBG funds will be leveraged with other grants and special funds to help rebuild aging air release valve infrastructures.</p>
2	Goal Name	IMPROVE PUBLIC FACILITIES
	Goal Description	<p>The City has a number of park facilities in low/mod areas that are aging and in need of improvements, particularly the buildings where large or league events occur and the restrooms or equipment that all park attendees utilize. There are also a number of ADA improvements that need to be made to make the buildings more accessible to the handicapped.</p> <p>This is an alternate strategic plan goal.</p>

3	Goal Name	INCREASE ACCESS TO AFFORDABLE HOUSING
	Goal Description	<p>Rehabilitation of Owner Occupied Housing Units</p> <p>The City of Port St. Lucie has a need for rehabilitation of owner occupied housing units. Although a majority of the homes were built in 1980 or later, the quality of construction and lack of maintenance contributes to an ongoing need, especially for very low and low income homeowners. Rehabilitation of owner occupied housing will be listed under alternate funding for the 2021-20222 fiscal year, in case some of the activities come in under budget or are not able to proceed.</p> <p>This is an alternate strategic plan goal.</p>
4	Goal Name	ECONOMIC DEVELOPMENT
	Goal Description	The continuation of our Business Accelerator Program with CDBG funding is an alternate project.
5	Goal Name	PUBLIC SERVICES
	Goal Description	There is a need to help facilitate special public service projects within the City. The main strategic plan goal for this upcoming year is infrastructure improvements but public services is an alternate project opportunity. Public input taken into consideration with this project goal.
6	Goal Name	CORONAVIRUS PANDEMIC & EMERGENCY RESPONSE
	Goal Description	The City is currently working to execute and close out CDBG-CV Round 1 and Round 3 in the next fiscal year based on 2019 Action Plan amendments. The City is prepared to respond to any additional pandemic or emergency related additional allocations by maintaining this goal as an alternate.
7	Goal Name	GRANT ADMINISTRATION
	Goal Description	The City will maintain staff and administration expenses in order to manage the City's upcoming projects.

Projects

AP-35 Projects – 91.220(d)

Introduction

CDBG funding for 2021/2022 fiscal year in the amount of \$1,071,986 has been allocated to community development, housing, and administrative activities. Administrative funding \$196,986; CDBG project funding for 2021/2022 totals \$875,000. Funding for community development and housing is allocated as follows:

Projects

#	Project Name
1	SE Hillmoor Dr - sidewalk improvements
2	SE Durango St. - sidewalk improvements
3	SE Tiffany Ave. - sidewalk improvements
4	SW Rice Ave. - sidewalk improvements
5	SE Lennard Rd. - Missing sidewalk segment (west side)
6	NW Ardsley - Missing sidewalk segment (south side)
7	Windmill Point Failed Culvert Improvements (S41-D129, S41-D153, S41-D131, & S41-D054)
8	Air Release Valve (ARV) Improvements - within Microbial Study Hot Spots (Qty. 11)
9	2021-2022 Grant Administration

Table 59 – Project Information

Describe the reasons for allocation priorities and any obstacles to addressing underserved needs

AP-38 Project Summary
Project Summary Information

1	Project Name	SE Hillmoor Dr - sidewalk improvements
	Target Area	City of Port St Lucie
	Goals Supported	INFRASTRUCTURE IMPROVEMENT IMPROVE PUBLIC FACILITIES
	Needs Addressed	PROVIDE FOR INFRASTRUCTURE IMPROVEMENTS IMPROVE PUBLIC FACILITIES PUBLIC SERVICES
	Funding	CDBG: \$160,000
	Description	Public Works District 4
	Target Date	9/30/2022
	Estimate the number and type of families that will benefit from the proposed activities	Located in low/mod income Census Tract 381802/2.
	Location Description	Located in low/mod income Census Tract 381802/2.
	Planned Activities	SE Hillmoor Dr – 1,800 LF of 6 ft sidewalk improvements providing additional pedestrian connectivity for the medical facilities and residents between Tiffany Ave to East Lake Village.
2	Project Name	SE Durango St. - sidewalk improvements
	Target Area	City of Port St Lucie
	Goals Supported	INFRASTRUCTURE IMPROVEMENT IMPROVE PUBLIC FACILITIES
	Needs Addressed	PROVIDE FOR INFRASTRUCTURE IMPROVEMENTS IMPROVE PUBLIC FACILITIES PUBLIC SERVICES
	Funding	CDBG: \$125,000
	Description	Public Works District 4
	Target Date	9/30/2022
	Estimate the number and type of families that will benefit from the proposed activities	Located in low/mod income Census Tract 381803/2.
	Location Description	Located in low/mod income Census Tract 381803/2.

	Planned Activities	SE Durango St – 2,200 LF of 8 ft sidewalk improvements proving an internal neighborhood connection along a natural area between Grand Dr to Tiffany Ave.
3	Project Name	SE Tiffany Ave. - sidewalk improvements
	Target Area	City of Port St Lucie
	Goals Supported	INFRASTRUCTURE IMPROVEMENT IMPROVE PUBLIC FACILITIES
	Needs Addressed	PROVIDE FOR INFRASTRUCTURE IMPROVEMENTS IMPROVE PUBLIC FACILITIES PUBLIC SERVICES
	Funding	CDBG: \$125,000
	Description	Public Works District 4
	Target Date	9/30/2022
	Estimate the number and type of families that will benefit from the proposed activities	Located in low/mod income Census Tract 381802/1.
	Location Description	Located in low/mod income Census Tract 381802/1.
	Planned Activities	SE Tiffany Ave – 1,500 LF of 6 ft sidewalk improvements proving additional pedestrian connectivity for the medial facilities and residents and provides for future connection to the Village Green Drive Improvements between SE Village Green Dr to US-1.
4	Project Name	SW Rice Ave. - sidewalk improvements
	Target Area	City of Port St Lucie
	Goals Supported	INFRASTRUCTURE IMPROVEMENT IMPROVE PUBLIC FACILITIES
	Needs Addressed	PROVIDE FOR INFRASTRUCTURE IMPROVEMENTS IMPROVE PUBLIC FACILITIES PUBLIC SERVICES
	Funding	CDBG: \$75,000
	Description	Public Works District 3
	Target Date	9/30/2022

	Estimate the number and type of families that will benefit from the proposed activities	Located in low/mod income Census Tract 382113/4.
	Location Description	Located in low/mod income Census Tract 382113/4.
	Planned Activities	SW Rice Ave -1,300 LF of 6 ft sidewalk improvements providing an additional pedestrian connection to a church, assisted living facility and elementary school between SW Chartwell to PSL Blvd.
5	Project Name	SE Lennard Rd. - Missing sidewalk segment (west side)
	Target Area	City of Port St Lucie
	Goals Supported	INFRASTRUCTURE IMPROVEMENT IMPROVE PUBLIC FACILITIES
	Needs Addressed	INCREASE ACCESS TO AFFORDABLE HOUSING PROVIDE FOR INFRASTRUCTURE IMPROVEMENTS PUBLIC SERVICES
	Funding	CDBG: \$50,000
	Description	Public Works District 4
	Target Date	9/30/2022
	Estimate the number and type of families that will benefit from the proposed activities	Located in low/mod income Census Tract 381603/2.
	Location Description	Located in low/mod income Census Tract 381603/2.
Planned Activities	Missing sidewalk segment West side of SE Lennard Rd – 800 LF of 6 ft sidewalk providing an additional pedestrian connection for residents and high school on SE West Dunbrooke Circle to the North bus loop of PSL High (crosswalks currently installed).	
6	Project Name	NW Ardsley - Missing sidewalk segment (south side)
	Target Area	City of Port St Lucie
	Goals Supported	INFRASTRUCTURE IMPROVEMENT IMPROVE PUBLIC FACILITIES
	Needs Addressed	PROVIDE FOR INFRASTRUCTURE IMPROVEMENTS IMPROVE PUBLIC FACILITIES PUBLIC SERVICES
	Funding	CDBG: \$30,000

	Description	Public Works District 1
	Target Date	9/30/2022
	Estimate the number and type of families that will benefit from the proposed activities	Located in low/mod income Census Tract 381503/2.
	Location Description	Located in low/mod income Census Tract 381503/2.
	Planned Activities	Missing sidewalk segment South side of NW Ardsley – 600 LF of 5 ft providing pedestrian connection and access to an open space park where sidewalk is missing.
7	Project Name	Windmill Point Failed Culvert Improvements (S41-D129, S41-D153, S41-D131, & S41-D054)
	Target Area	Windmill Point City of Port St Lucie
	Goals Supported	INFRASTRUCTURE IMPROVEMENT IMPROVE PUBLIC FACILITIES
	Needs Addressed	PROVIDE FOR INFRASTRUCTURE IMPROVEMENTS IMPROVE PUBLIC FACILITIES PUBLIC SERVICES
	Funding	CDBG: \$145,000
	Description	Public Works District 3 Windmill Point
	Target Date	9/30/2022
	Estimate the number and type of families that will benefit from the proposed activities	Located in low/mod income Census Tract 382113/1.
	Location Description	Located in low/mod income Census Tract 382113/1.
	Planned Activities	Failed Culvert Improvements to prevent flooding and potential collapsing of the roadway in Windmill Point (S41-D129, S41-D153, S41-D131, & S41-D054).
8	Project Name	Air Release Valve (ARV) Improvements - within Microbial Study Hot Spots (Qty. 11)
	Target Area	
	Goals Supported	INFRASTRUCTURE IMPROVEMENT IMPROVE PUBLIC FACILITIES

	Needs Addressed	PROVIDE FOR INFRASTRUCTURE IMPROVEMENTS IMPROVE PUBLIC FACILITIES PUBLIC SERVICES
	Funding	CDBG: \$165,000
	Description	Utility Systems Districts 1, 3, & 4
	Target Date	9/30/2022
	Estimate the number and type of families that will benefit from the proposed activities	Located in low/mod income Census Tracts 382113/1, 382113/4, 382111/4, 382006/1, 382003/2, 381503/2, and 381502/2.
	Location Description	Located in low/mod income Census Tracts 382113/1, 382113/4, 382111/4, 382006/1, 382003/2, 381503/2, and 381502/2.
	Planned Activities	Eleven (11) Air Release Valve (ARV) Improvements – within Microbial Study Hot Spots.
9	Project Name	2021-2022 Grant Administration
	Target Area	
	Goals Supported	
	Needs Addressed	
	Funding	CDBG: \$196,986
	Description	Admin expenses
	Target Date	9/30/2022
	Estimate the number and type of families that will benefit from the proposed activities	
	Location Description	
	Planned Activities	2021-2022 Grant Administration expenses

AP-50 Geographic Distribution – 91.220(f)

Description of the geographic areas of the entitlement (including areas of low-income and minority concentration) where assistance will be directed

Incorporated in 1961, the City of Port St. Lucie is a 120.4 square mile community located in southern St. Lucie County. Port St. Lucie is one of the fastest growing communities in Florida. In 1970 we had 331 permanent residents and we had over 169,888 as of April 2014.

Low Income Census Tracts: As of the 2010 Census, there were eleven census tract block groups within the City where over 45.2% of the residents (Port St. Lucie's prior Exception Criteria) had incomes below the region's low-income Median Family Income maximums. As of June 2014, there are sixteen census tract block groups where over 45.74% (New Exception Criteria) have incomes in the highest quartile of the City in terms of concentration of low/mod persons. The City does not reserve funding for any area, but these census tracts/block groups are the locations where the City intends to conduct CDBG activities on an area-wide basis when opportunities and funding are available.

Minorities: According to data contained in the City's Consolidated Plan, the minority population of Port St. Lucie has increased significantly from the 2000 Census. The 2010 Census shows a 327% increase in the Black/African population from 6,295 in 2000 to 26,898 in 2010. The Hispanic population increased at approximately the same rate from 6,677 in 2000 to 30,250 in 2010 (353%). The White population increased 56.7% from 2000 to 2010. Race, ethnicity information for the 2010 census is not yet available at the census tract level. Information from the previous census, however, reflects the geographical distribution of minority populations as of 2000. Most of the census tracts at that time contained less than 10% minority population. There were no areas where more than 25% of the population was minority.

Geographic Distribution

Target Area	Percentage of Funds
WATER	15
Windmill Point	15
City of Port St Lucie	70

Table 60 - Geographic Distribution

Rationale for the priorities for allocating investments geographically

As indicated above there are sixteen census tract block groups within the City where over 45.74% of the residents (the City's Exception Criteria) have incomes below the region's median low- income; only nine of those block groups include more than 50% of residents whose incomes fall within that category. Those lower income areas are disbursed throughout the City. The City has allocated most of its Community Development Block Grant project resources in one or more of these HUD designated

low/moderate income areas for infrastructure projects. The CDBG repair/rehab program, which is an alternate program for 2021-2022, however, has expanded the focus for allocation of funds from low-income neighborhoods only to include low-income households.

Discussion

The City of Port St. Lucie intends to allocate investments to low/moderate income neighborhoods and low/moderate income households as much as possible. In most cases 100% of the funding goes to support these priorities. A small amount 5% is reserved for assisting low- mod- income residents convert from ageing septic tanks to City sewer. This helps promote sustainability and water quality. Water quality improvements are also supported with up to date air release valve technological improvements. Failing public infrastructure in the Windmill Point area is also supported by our CDBG program.

Affordable Housing

AP-55 Affordable Housing – 91.220(g)

Introduction

Affordable housing has also been a very important focus for the City. The gap between the monthly mortgage payments and rental amounts and the lower income citizen’s ability to afford the home has narrowed for those who have been able to retain their jobs. But many of those households have not been able to save for down payment and closing costs or first and last month’s rent; they still need assistance to get into a home. Others have lost the earnings from one or more jobs that were contributing to household income. For this reason, efforts to provide decent affordable housing will continue to be one of the City’s priorities.

Stakeholder input during the consolidated planning process also indicated a strong need for affordable housing in Port St. Lucie. This includes both rental and ownership opportunities for our low-income population as well as the rehabilitation of properties occupied by low-income households.

One Year Goals for the Number of Households to be Supported	
Homeless	0
Non-Homeless	40
Special-Needs	0
Total	40

Table 61 - One Year Goals for Affordable Housing by Support Requirement

One Year Goals for the Number of Households Supported Through	
Rental Assistance	5
The Production of New Units	0
Rehab of Existing Units	2
Acquisition of Existing Units	0
Total	7

Table 62 - One Year Goals for Affordable Housing by Support Type
Discussion

Traditionally, the City's affordable housing programs have been focused on affordable homeownership opportunities. This will continue to be the case over the upcoming year. Additionally, with the City's housing stock aging and a high-cost burden among homeowners, the City will continue to fund rehabilitation programs.

The City intends to repair homes for two households using CDBG prior year Repair/Rehab funding which is already encumbered. We will also help with small repairs and referrals services to help people stay in their homes and get help from other organizations. We will be launching a Tenant Based Rental

Assistance Program together with St. Lucie County that will potentially serve 10-15 households. We also anticipate repairing 10 houses using the estimated allocation from State Housing Initiatives Partnership (SHIP) funding. We plan to provide housing for veterans in partnership with a housing organization with NSP funds. We have contracted with a Community Land Trust organization are in the process of creating a housing plan for the disposition of newly constructed homes that will allow us to keep them in stock as permanently affordable housing for the first time in City history. We also work very closely to support residents as much as possible with jobs retention, homeless prevention, and code compliance or the maintenance of problematic properties and foreclosure property care.

Another long term five year goal would be to leverage CDBG funding with Section 8 loans and foster the production of new affordable housing units and we will be working on these plans with our contracted CLT and St. Lucie County during the development of a Housing Study and a Homeless Plan.

AP-60 Public Housing – 91.220(h)

Introduction

The City of Port St. Lucie has no public housing units, and there are no plans for any public housing improvements. Section 8 Housing Choice Vouchers can be utilized in Port St. Lucie when they are available, but a waiting list has been established.

Actions planned during the next year to address the needs to public housing

The City of Port St. Lucie does not utilize Community Development Block Grant funds to address the needs of public housing. Public housing needs in Port St. Lucie are addressed by the Housing Authority of the City of Ft. Pierce.

Actions to encourage public housing residents to become more involved in management and participate in homeownership

N/A

If the PHA is designated as troubled, describe the manner in which financial assistance will be provided or other assistance

The Housing Authority of the City of Ft. Pierce is not designated by HUD as a troubled housing authority.

Discussion

The City of Port St. Lucie, as indicated above, does not have a housing authority or public housing projects, but housing vouchers can be used in the city. Our housing programs are available to all households that meet the qualifications and need assistance for repair or home purchase.

AP-65 Homeless and Other Special Needs Activities – 91.220(i)

Introduction

The City of Port St. Lucie does not receive direct funding to address homeless needs. HUD is providing program funding for homeless services in St. Lucie County through the Continuum of Care administered by the Treasure Coast Homeless Services Council. The homeless priorities established by the Continuum of Care are also the City's priorities established in its Strategic Plan. The City of Port St. Lucie maintains its membership on the Council and the priorities established in this Action Plan match those of the regional Continuum of Care. The City supports the Council's grant applications to HUD. The City's Community Programs and Code Divisions frequent the Council's monthly meetings and participate in referring residents for services. All of the members of the Council work together as a team to try and address any programming needs when possible. The County, Council and City formed a partnership to administer housing assistance and eviction prevention programs during the pandemic and will continue to do so as needed and as new funding for specialized crisis programs becomes available.

Describe the jurisdictions one-year goals and actions for reducing and ending homelessness including

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

The Treasure Coast Continuum of Care, the coalition of local homeless service agencies, conducts annual surveys of homeless individuals, including unsheltered persons. These surveys serve to focus agency activities for the coming year and provide documentation to meet HUD program requirements.

In addition, the Community Programs Division has established a system and relationship with Code and Police data analysts to document and retrieve any information on encounters with homeless individuals. Encounters are not frequent but, all information is transmitted and shared with the Council. City staff participate in the planning and documentation of the Point in Time Count. This past year the County's numbers fell slightly but, data could be skewed because of the pandemic. The Council's annual reports and point in time reports can be accessed at: <https://tchelpspot.org/> The City refers any eligible residents or homeless persons to the Council for intake into HMIS.

Addressing the emergency shelter and transitional housing needs of homeless persons

The Treasure Coast Homeless Services Council provides the funding for permanent supportive housing for low-income families in fair market apartments in Port St. Lucie and maintains a 5-bedroom home for women with children and a 6-bedroom Veteran's home for homeless men. Both programs accept residents of St. Lucie County. The Council is a partner with MISS Inc. of the Treasure Coast which provides seven apartments for permanent supportive housing for low-income women and children in the City of Port St. Lucie and operates a single-family home in Port St. Lucie for low-income families with children. MISS also operates 19 units of transitional housing in Martin County which accepts women

with children from St. Lucie County. The City of Port St. Lucie Police Department is now working with the Salvation Army of St. Lucie County to develop an overnight jail diversion shelter for homeless men. During the pandemic the United Way's Adam's Place was shut down. The County Human Services Division and the Council reopened the center for homeless men renamed as the Housing Hub and provides homelessness and other counseling services. The City is supporting the Housing Hub and will look for opportunities to refer eligible persons and fund programs. This is the only facility located within the County. The County has instituted a new One St. Lucie Homeless Task Force that will meet on a monthly basis beginning in 2022 to develop a Homelessness Strategy for when there is an uptick or future crisis and to be prepared for all situations. A City elected official will be nominated and sit on the Task Force.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

The Treasure Coast Homeless Services Council (TCHSC) is the lead agency for the Continuum of Care and handles all homeless services including prevention, rapid rehousing, permanent supportive housing for disabled homeless individuals and transitional housing for homeless families in the three-county area (St. Lucie, Martin, and Indian River). It operates a tri-county homeless resource center which provides financial assistance, placement assistance, information and referral and housing counseling for residents of St. Lucie County. The Council utilizes the Rapid Re-housing Model in its Rental Assistance Programs. It uses the Housing First Model to provide housing and supportive services to the 265 severely disabled individuals and families housed by the program. Many of these persons are St. Lucie County residents under a HUD McKinney long term tenant based Rental Assistance program.

We will continue to provide support and open the City's CDBG program up to more public service activities in particular in reference to education and supporting homeless youth. The County's homeless numbers are not as significant as in some of the surrounding areas and municipalities and homeownership rates in the City are extremely high compared to other municipalities - nearing 80%. Nonetheless, youth homelessness is a problem and per the City's Strategic Plan providing access to education is a priority. All homeless individuals are referred to the Police Department and the Council for HMIS intake.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or, receiving assistance from public or private agencies that address housing, health, social services,

employment, education, or youth needs

TCHSC also administers Emergency Solutions Grant funds for the Treasure Coast to pay rental and utilities directly to landlords and utility providers to prevent individuals and families from becoming homeless through eviction or lack of utilities. It administers funding from various faith-based organizations and tracks assistance provided by other agencies, using an automated data base which allows for unduplicated service delivery to people requesting assistance. TCHSC also provides support to Children's Home Society to assure that homeless youth receive adequate shelter. The Council is a HUD certified housing counseling agency which has a successful track record in working with banks and other lien holders to prevent foreclosure and to modify mortgages on behalf of persons who are at or below 50% of area median income.

Homeownership rates in the City are high. Therefore, it is important for the work around housing and community development to stay on top of housing trends and help the most vulnerable populations not become susceptible to life safety issues in the home or foreclosure and those initiatives and strategies are reflected in the City's Local Housing Assistance Plan. Helping low-income residents avoid homelessness is a priority and will be analyzed in the City's upcoming Comprehensive Housing Study and drafting of the newest Local Housing Assistance Plan in early 2022.

Discussion

The Treasure Coast Homeless Services Council, Inc. (TCHSC) continues to provide services as HUD FL-509 the official Continuum of Care for the Treasure Coast (St. Lucie, Martin, and Indian River counties). It maintains its qualification as eligible to coordinate homeless prevention and rapid rehousing activities on behalf of the tri-county area. The Council maintains qualified Lead Agency status to qualify as applicant for State and Federal homeless prevention funding, rapid re-housing funding, coordinated assessment, program development and direct services provision on the Treasure Coast.

The Council maintains its designation as the Lead Agency by the State Office on Homelessness on behalf of the three-county area. The Council operates a Homeless Resource Center for the Treasure Coast, which provides approximately \$350,000 per year in direct financial assistance to homeless and near-homeless families. It also owns and operates 18 units of fair market rental housing in Indian River County and 11 units of fair market housing in St. Lucie County. These units are made available to individuals and families who are at or below 50% of the area median income. Rents are capped at 30% of the family's income. The Council is in its second year as a grant recipient of Supportive Services for Veterans Families in the amount of \$251,980.00. This grant provides case management and housing assistance to eligible Veterans in St. Lucie County. It provides direct financial assistance to Veterans and their families to prevent homelessness and provides direct outreach and case management services for Veterans to prevent and end homelessness.

The Council coordinates all grant funding applications for homeless prevention and rapid rehousing through HUD and the State Office on Homelessness. It received \$1.4 million HUD McKinney Vento

funding in the 2014 Homeless Continuum of Care competition. This award provides 265 units of supportive housing for disabled persons in fair market housing in the community and the HMIS software to provide coordinated assessment among service providers. St. Lucie County has 68 units of this housing. The Council manages an extensive, secure client management database for more than 75 agencies in the Continuum. This allows agencies to collaborate on services, avoid duplication of services and track clients across programs. Funding applications through the State Office on Homelessness in the form of competitive applications were successful for a \$300,000 Challenge Grant and a \$75,000 Emergency Solutions Grants which are used toward the repair and operating cost of residential programs in the Continuum and direct payments to landlords to prevent evictions and rehouse homeless families including those in St. Lucie County.

The City will continue to partner with the Council and the County to the fullest extent and provide assistance and public services for the prevention of homelessness and homeownership preservation whenever possible.

AP-70 HOPWA Goals - 91.220 (I)(3)

One year goals for the number of households to be provided housing through the use of HOPWA for:	
Short-term rent, mortgage, and utility assistance to prevent homelessness of the individual or family	0
Tenant-based rental assistance	0
Units provided in permanent housing facilities developed, leased, or operated with HOPWA funds	0
Units provided in transitional short-term housing facilities developed, leased, or operated with HOPWA funds	0
Total	0

AP-75 Barriers to affordable housing – 91.220(j)

Introduction:

The City completed an Analysis of Impediments (AI) to Fair Housing in March 2014 and subsequently completed a review of that AI in 2017 and updated data tables and narratives. There have been no significant changes in the last 4 years. We had planned to update the AI in 2020 but, the updates to data tables proved significant and in 2020 we were still waiting for updated Census data. Therefore, in 2021 we began the process of drafting a new AI and are in the process of finalizing it and presenting it to our Affordable Housing Advisory Committee on 10/21/21. After this final presentation the new 2021 AI will be published on the City's website. We have had delays with the newest AI because of the COVID-19 pandemic and its severe implications on housing and construction in the City of Port St. Lucie. Continued analysis will be on-going in the years following the pandemic to understand how much it impacted certain numbers and statistics.

Actions it planned to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment

The Analysis found no evidence of public policies that impede fair housing choice in the City of Port St. Lucie. The City continues to implement its state required regulatory reduction program, including providing incentives for affordable housing, providing development review priority, reviewing proposed ordinances for their impact on the cost of housing and maintaining an inventory of property available for affordable housing.

The City has increased its public outreach and public relations efforts exponentially in the last 3-5 years. We consistently reach thousands of residents multiple times a year and feedback or input on CDBG activities and fair housing has increased 20 folds.

Discussion:

In addition to the above, the City continues to implement the following actions to provide a more proactive approach to address potential barriers to affordable housing as follows:

- Continues to enforce its fair housing ordinance.
- Proclaims one month of each year fair housing month and displays fair housing posters in all appropriate public buildings. Works with other public and private organizations to improve educational activities such as training seminars, symposiums and housing events that expand the understanding of legislation associated with Fair Housing. Information regarding housing and services for persons with disabilities will be included.
- Continues to print and distribute (in English/Spanish) fair housing brochures in the City's

- facilities and distribute fair housing pamphlets to social service agencies and libraries.
- Collaborates with community and professional organizations to promote a fair housing educational program.

AP-85 Other Actions – 91.220(k)

Introduction:

Housing Needs:

There are several major obstacles that prevent the City from addressing its most pressing housing needs. The first and most daunting obstacle to meeting the City's identified needs is lack of sufficient monetary resources. Cutbacks in federal, state, and local funding levels affect programs that help the City's low-income residents. The economic crisis is not yet over, and budget deficits are still common nationwide; Port St. Lucie was particularly hard hit and remains in need of economic stimulus.

The second obstacle involves the gap between the cost of housing and the buyers' ability to make mortgage or rent payments. Housing costs have decreased over the last few years, but they have been creeping back up and are still not attainable for all members of the area's workforce. The city has few multi-family rental units, and the market has relied on single family homes for rentals throughout the years. That increases the average cost of rentals tremendously. Job loss and/or a decrease in hours worked by one or more members of the household have also caused a gap between the cost of housing and affordability. Many single parents with children cannot afford to buy or rent, as their wages do not cover monthly housing costs for even the smallest unit. These households must be helped with projects such as Sammy's Landing, an eight-unit complex for working women with children that was built by the City with Hurricane Housing Recovery funding in 2009. Support services were also made available as part of this multi-faceted project.

The third obstacle involves the aging of the City's housing stock. The increasing needs in this area are particularly apparent considering the economy. Households are not able to spend enough money on maintenance, causing housing values and neighborhoods to be affected. Neighborhood Stabilization Program funding has helped to improve the housing stock, but there is much more to be done.

Another major obstacle to addressing housing needs involves the City's elderly population, which is aging in place. This group remains of great concern in the short-term as well as the long-term. Many of these individuals have been able to pay off their mortgages over the years, but some cannot afford the high cost of insurance and/or taxes and they do not have extra funds to pay for repairs when they are needed. We continue to receive calls for referrals to assisted living and/or affordable rentals for elderly who need to relocate.

Non-Housing Needs:

As with housing the greatest obstacle to meeting non-housing needs is the lack of monetary resources. Also of concern is the way the City was developed by General Development Corporation, with a lack of infrastructure and extraordinarily little area for commercial development. This deficiency has caused a large percentage of the City's workforce to travel outside of St. Lucie County for adequate job opportunities. The City has pursued voluntary annexations to encourage commercial growth and

provide increased job opportunities, but the process essentially stopped due to the economic downturn. Developers are once more looking at the Port St. Lucie, however, for growth opportunities. The City is continuously looking for additional resources, especially federal and state economic opportunity grant funding, to increase commercial development in the City.

Actions planned to address obstacles to meeting underserved needs

The City is continuously looking for additional resources, especially federal and state economic opportunity grant funding, to increase funding for underserved needs in the City.

Actions planned to foster and maintain affordable housing

To address the lack of sufficient funding, the City establishes priorities at the beginning of the fiscal year and reassesses those priorities throughout the year. Funds allocated for one activity are sometimes shifted to another activity when overwhelming needs become apparent. Because of the limited SHIP funding the City shifted housing activities to CDBG and NSP. The City also attempts to leverage federal funding with state, local and private resources where possible.

To address the affordability gap, the City continuously reviews its housing plan to find new ways for the very low and low-income families to purchase homes. As housing prices increase, we may have to provide additional funds to cover down payment and closing costs.

The repair/rehab programs (SHIP/CDBG and NSP) have been planned to address the aging of the housing stock through.

Actions planned to reduce lead-based paint hazards

The City realizes that lead-based paint can be a serious health threat. We have not, in the past encountered homes that were built prior to 1978, and lead paint hazards have not been identified. Some of the homes being purchased under the NSP program, however, were built prior to 1978 and must undergo testing and, in some cases, lead based paint abatement. The City has no conventional public housing units, and with the housing stock throughout the City being quite new, potential risks of lead-based paint hazards have been significantly reduced.

1. LEAD-BASED PAINT ACTIVITIES [91.215 (g)]

The County's Public Health department has established a lead screening process to screen school children less than 7 years old for and treat high levels of exposure to lead. All high elevated levels are reported to EPI and investigated by an EPI nurse.

The overall goal of the City is to reduce or eliminate lead-based paint hazards and prevent childhood lead poisoning. This will be accomplished through a coordinated effort of public and private sectors.

All housing units proposed for rehabilitation under the City's program are screened by the year built to determine possible LBP hazard before funds are utilized. If a hazard is suspected, the owner of the home being rehabbed is given the EPA Fact Sheet - *Identifying Lead Hazards in Your Home* and the EPA publication - *Protect Your Family From Lead In Your Home*. During the feasibility inspection, if the inspector identifies a potential LBP problem, he notifies the owner and may test the suspect area with a swab or take a sample to be processed through the County Health Department. NSP homes are also inspected for lead-based paint. If the repair will disturb any surface containing lead, abatement procedures must be utilized before the repair can go forward. If lead paint is detected, abatement costs are an eligible expense for SHIP, CDBG or NSP monies.

In all program where federal funds are expended on a housing unit, the City incorporates the current procedures for hazard reduction or LBP abatement guidelines as defined in 24 CFR Part 35.

Actions planned to reduce the number of poverty-level families

During the coming year, the City will address increased income and job opportunity for low-income households through its community development and housing programs as follows:

- Community Development Block Grants (CDBG): CDBG funding will be used this year on projects such as improvements to city parks and sidewalks in low-income neighborhoods. Contractors will be encouraged to hire from the neighborhood, if possible, to support low-income residents. The funds will also be used for repair/rehab of low to moderate income housing. This funding will include payment for hook up to water/sewer and hurricane protection. This enables homeowners to improve the condition of their homes and increase property values in the neighborhoods while protecting their property.
- Neighborhood Stabilization Program (NSP 1 and 3): Due to the real estate market increases the City is no longer able to utilize its NSP monies to purchase and repair homes and sell them to households with incomes up to 120% of median. As per recent HUD guidance, the NSP program income on hand can immediately be transferred to CDBG to implement the projects outlined in the Action Plan. NSP grant funding that remains may be utilized to fund a homeless program for veterans in partnership with a housing organization.

Low-income households, particularly existing homeowners, are rated as a high priority in the City's Plan.

Actions planned to develop institutional structure

The Neighborhood Services Department is responsible for administering the State Housing Initiatives Partnership (SHIP) housing program, the Neighborhood Stabilization Program (NSP1 and 3), the Community Development Block Grant (CDBG), and many other communities and/or economic development grants received by the City of Port St. Lucie. To coordinate assessments of needs and provision of services within the City, a Grant Committee meets with the City Manager and/or Assistants to discuss issues and assessments of needs at the City Department level. Also, the City meets on a

regular basis with Neighborhood Services staff from the County and City of Fort Pierce at the Lender Consortium meetings to coordinate low-income homeownership opportunities in St. Lucie County. The Department also maintains active memberships in social service groups and boards as follows:

A staff member of the Neighborhood Services department attends meetings of the Treasure Coast Homeless Services Council, Inc. This group facilitates the Continuum of Care Plan by coordination and cooperation with agencies and organizations providing services to the homeless.

Neighborhood Services is also represented on the St. Lucie Council of Social Agencies (COSA Connection), a group of social agencies whose members join together to discuss ways to better serve the needs of their clients.

Neighborhood Services staff communicates with all these individuals and groups throughout the year so that the assessment of needs and services is always current. When it is time to prepare the Consolidated Plan, we ensure that all interested parties have a chance to provide input verbally or through written responses to surveys.

Actions planned to enhance coordination between public and private housing and social service agencies

The City works closely with local social service providers, lenders, builders, developers, and housing providers and other local governmental agencies on a regular basis as members of St. Lucie Council of Social Agencies (COSA Connection), which consists of public and private housing, health, and social service agencies; Treasure Coast Homeless Services Council; and Martin/St. Lucie Lending Consortium. Continuous feedback from these organizations is important and will continue to be a goal for next year's activities.

Discussion:

The City of Port St. Lucie plans its activities based on funding available to address the needs that are set out in our Consolidated Plan. As additional resources become available, we reassess our needs and determine if those needs still exist in the priority in which they were established. We may change priorities based on current needs and the degree to which past needs have been satisfied.

Program Specific Requirements

AP-90 Program Specific Requirements – 91.220(I)(1,2,4)

Introduction:

Projects planned with the CDBG funds expected to be available during the plan year are identified in the Projects Table. The City has not received program income from CDBG sources in the past, but funding from the repair/rehab program may be returned when the properties are sold or when refinances require that the deferred loan be paid off. Due to the NSP program closure that is imminent and remaining NSP funds being transferred to CDBG, program income will become available to utilize for the upcoming projects soon.

Community Development Block Grant Program (CDBG)

Reference 24 CFR 91.220(I)(1)

Projects planned with all CDBG funds expected to be available during the year are identified in the Projects Table. The following identifies program income that is available for use that is included in projects to be carried out.

- | | |
|--|----------|
| 1. The total amount of program income that will have been received before the start of the next program year and that has not yet been reprogrammed | 0 |
| 2. The amount of proceeds from section 108 loan guarantees that will be used during the year to address the priority needs and specific objectives identified in the grantee's strategic plan. | 0 |
| 3. The amount of surplus funds from urban renewal settlements | 0 |
| 4. The amount of any grant funds returned to the line of credit for which the planned use has not been included in a prior statement or plan | 0 |
| 5. The amount of income from float-funded activities | 0 |
| Total Program Income: | 0 |

Other CDBG Requirements

- | | |
|---|--------|
| 1. The amount of urgent need activities | 0 |
| 2. The estimated percentage of CDBG funds that will be used for activities that benefit persons of low and moderate income. Overall Benefit - A consecutive period of one, two or three years may be used to determine that a minimum overall benefit of 70% of CDBG funds is used to benefit persons of low and moderate income. Specify the years covered that include this Annual Action Plan. | 70.00% |

The City may receive Program Income from CDBG.

Attachments

Citizen Participation Comments



CITY OF PORT ST LUCIE, FLORIDA

PUBLIC NOTICE OF STAKEHOLDERS MEETING 2021-2025 CONSOLIDATED PLANNING

The City of Port St Lucie is developing a Consolidated Plan and Action Plan for entitlement CDBG requirements. The City is seeking input from potential stakeholders and the public on the needs of low-income citizens. Approximately \$1,000,000 per year of funding is available to the City for improvements that benefit low-income citizens of the City. These funds must be used for one of the following purposes:

1. To benefit low-income persons; or
2. To aid in the prevention or elimination of slums or blight; or
3. To meet other community development needs of a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community.

The types of activities which are eligible under the CDBG program are services to low-income clientele, neighborhood improvements, owner occupied home rehabilitation, economic development, and redevelopment of commercial areas. Specific improvements can include such activities as acquisition of real property, construction of public infrastructure such as roads, parks or sewer mains, rehabilitation of houses and commercial buildings, parks and recreation, busing and/or job training which benefit low-income citizens or meet another national objective. 70% of all funds must benefit low-income citizens.

Additional information regarding the range of activities that may be undertaken will be provided at the public meeting. The City is seeking stakeholder and public input into CDBG eligible needs in the City limits, specifically from community-based organizations, non-profits, local governments, and low-income residents of the City.

The public meeting to receive stakeholder and citizen views concerning the community's economic and community development needs will be held at the City Council Chambers, 121 S.W. Port St Lucie Blvd., Port St Lucie, April 7, 2021 at 1:00 p.m., or as soon thereafter as possible. A second evening public meeting for all residents will be held on April 21, 2021 at 6:00 p.m. and a second notice will be issued for that meeting. For information concerning the public hearing or to submit written comments contact Ms. Alessandra (Alex) Tasca, Community Programs Administrator at phone: (772) 871-7395 or email: nsd@cityofpsl.com.

The public meeting is being conducted in a disability accessible location. Any non-English speaking person wishing to attend the public hearing or any disabled person requiring special accommodations or an interpreter for the hearing or visually impaired should contact Ms. Alessandra (Alex) Tasca (above) at least five (5) calendar days prior to the meeting and accommodations will be provided. The City works to provide accommodation in accordance with the American with Disabilities Act of 1990.

NOTICE: INDIVIDUALS ARE SUBJECT TO MEDICAL SCREENING PRIOR TO ENTERING ANY CITY BUILDING AND ENTRY MAY BE DENIED IF ANY INDICATOR OF ILLNESS OR PRIOR EXPOSURE IS IDENTIFIED.

City of Port St. Lucie - Neighborhood Services
121 SW Port St. Lucie Blvd.
Port St. Lucie, FL 34984

The City of Port St. Lucie CDBG program does not discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.

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CITY OF PORT ST LUCIE, FLORIDA

PUBLIC NOTICE OF CITIZEN'S MEETING 2021-2025 CONSOLIDATED PLANNING

The City of Port St Lucie is developing a Consolidated Plan and Action Plan for entitlement CDBG requirements. The City is seeking input from low-income citizens and the general public on the needs of low-income citizens. Approximately \$1,000,000 per year of funding is available to the City for improvements that benefit low-income citizens of the City. These funds must be used for one of the following purposes:

1. To benefit low-income persons; or
2. To aid in the prevention or elimination of slums or blight; or
3. To meet other community development needs of a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community.

The types of activities which are eligible under the CDBG program are services to low-income clientele, neighborhood improvements, owner occupied home rehabilitation, economic development, and redevelopment of commercial areas. Specific improvements can include such activities as acquisition of real property, construction of public infrastructure such as roads, parks or sewer mains, rehabilitation of houses and commercial buildings, parks and recreation, busing and/or job training which benefit low-income citizens or meet another national objective. 70% of all funds must benefit low-income citizens.

Additional information regarding the range of activities that may be undertaken will be provided at the public meeting. The City is seeking low-income citizen and general public input into CDBG eligible needs in the City limits, specifically of the low-income Citizens of the City of Port St Lucie.

The public meeting to receive citizen views concerning the community's economic and community development needs will be held at the City Council Chambers, 121 S.W. Port St Lucie Blvd., Port St Lucie, April 21, 2021 at 6:00 p.m., or as soon thereafter as possible. For information concerning the public hearing or to submit written comments contact Ms. Alessandra (Alex) Tasca, Community Programs Administrator at phone: (772) 871-7395 or email: nsd@cityofpsl.com.

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City of Port St. Lucie - Neighborhood Services
121 SW Port St. Lucie Blvd.
Port St. Lucie, FL 34984

The City of Port St. Lucie CDBG program does not discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.

Fair Housing/Disability Access Jurisdiction and Equal Opportunity Employer

Treasure Coast Newspapers

PART OF THE USA TODAY NETWORK

CITY OF PORT ST. LUC
 121 SW PORT ST LUCIE BLVD
 PORT ST LUCIE FL 34984-504

<u>Account</u>	<u>AD#</u>	<u>Net Amount</u>	<u>Tax Amount</u>	<u>Total Amount</u>	<u>Payment Method</u>	<u>Payment Amount</u>	<u>Amount Due</u>
1515083	0004851353	\$213.72	\$0.00	\$213.72	Invoice	\$0.00	\$213.72
Sales Rep: FAlexander		Order Taker: FAlexander			Order Created: 03/17/2021		
<u>Product</u>	<u># Ins</u>	<u>Column</u>	<u>Lines</u>	<u>Start Date</u>	<u>End Date</u>		
TCN-St Lucie News Tribune	1	1.00	137	03/21/2021	03/21/2021		

* ALL TRANSACTIONS CONSIDERED PAID IN FULL UPON CLEARANCE OF FINANCIAL INSTITUTION

Text of Ad: 03/17/2021

**CITY OF PORT ST LUCIE,
FLORIDA**

**PUBLIC NOTICE OF
STAKEHOLDERS MEETING
2021-2025 CONSOLIDATED
PLANNING**

The City of Port St Lucie is developing a Consolidated Plan and Action Plan for entitlement CDBG requirements. The City is seeking input from potential stakeholders and the public on the needs of low-income citizens. Approximately \$1,000,000 per year of funding is available to the City for improvements that benefit low-income citizens of the City. These funds must be used for one of the following purposes:

1. To benefit low-income persons;
2. To aid in the prevention or elimination of slums or blight; or
3. To meet other community development needs of a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community.

The types of activities which are eligible under the CDBG program are services to low-income clientele, neighborhood improvements, owner-occupied home rehabilitation, economic development, and redevelopment of commercial areas. Specific improvements can include such activities as acquisition of real property, construction of public infrastructure such as roads, parks or sewer mains, rehabilitation of houses and commercial buildings, parks and recreation, busing and/or job training which benefit low-income citizens or meet another national objective. 70% of all funds must benefit low-income citizens.

Additional information regarding the range of activities that may be undertaken will be provided at the public meeting. The City is seeking stakeholder and public input into CDBG eligible needs in the City limits, specifically from community-based organizations, non-profits, local governments, and low-income residents of the City.

The public meeting to raise stakeholder and citizen views concerning the community's economic and community development needs will be held at the City Council Chambers, 121 S.W. Port St Lucie Blvd., Port St Lucie, April 7, 2021 at 1:00 p.m., or as soon thereafter as possible. A second evening public meeting for all residents will be held on April 21, 2021 at 6:00 a.m. and a second notice will be issued for that meeting. For information concerning the public hearing or to submit written comments contact Ms. Alessandra (Alex) Tascia, Community Programs Administrator at phone: (772) 871-7395 or email: nsp@cityofpsl.com.

The public meeting is being

CONFERENCE in a disability accessible location. Any non-English speaking person wishing to attend the public hearing or any disabled person requiring special accommodations or an interpreter for the hearing or visually impaired should contact Ms. Alessandra (Alex) Tassa (above) at least five (5) calendar days prior to the meeting and accommodations will be provided. The City works to provide accommodation in accordance with the American with Disabilities Act of 1990.

NOTICE: INDIVIDUALS ARE SUBJECT TO MEDICAL SCREENING PRIOR TO ENTERING ANY CITY BUILDING AND ENTRY MAY BE DENIED IF ANY INDICATOR OF ILLNESS OR PRIOR EXPOSURE IS IDENTIFIED.

City of Port St. Lucie -
Neighborhood Services
121 SW Port St. Lucie Blvd.
Port St. Lucie, FL 34984

The City of Port St. Lucie CDBG program does not discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.
Pub March 21st 2021
TCN4651355

Treasure Coast Newspapers

PART OF THE USA TODAY NETWORK

CITY OF PORT ST. LUC
 121 SW PORT ST LUCIE BLVD
 PORT ST LUCIE FL 34984-504

<u>Account</u>	<u>AD#</u>	<u>Net Amount</u>	<u>Tax Amount</u>	<u>Total Amount</u>	<u>Payment Method</u>	<u>Payment Amount</u>	<u>Amount Due</u>
1515083	0004651396	\$193.44	\$0.00	\$193.44	Invoice	\$0.00	\$193.44
Sales Rep: RAllemus		Order Taker: RAllemus			Order Created		03/17/2021
<u>Product</u>	<u># Ins</u>	<u>Column</u>	<u>Lines</u>	<u>Start Date</u>	<u>End Date</u>		
TCN-St Lucie News Tribune	1	1.00	124	04/04/2021	04/04/2021		
* ALL TRANSACTIONS CONSIDERED PAID IN FULL UPON CLEARANCE OF FINANCIAL INSTITUTION							

Text of Ad: 03/17/2021

**CITY OF PORT ST LUCIE,
FLORIDA
PUBLIC NOTICE OF
CITIZEN'S MEETING
2021-2025 CONSOLIDATED
PLANNING**

The City of Port St. Lucie is developing a Consolidated Plan and Action Plan for entitlement CDBG requirements. The City is seeking input from low-income citizens and the general public on the needs of low-income citizens. Approximately \$1,000,000 per year of funding is available to the City for improvements that benefit low-income citizens of the City. These funds must be used for one of the following purposes:

1. To benefit low-income persons;
2. To aid in the prevention or elimination of slums or blight; or
3. To meet other community development needs of a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community.

The types of activities which are eligible under the CDBG program are services to low-income clientele, neighborhood improvements, owner-occupied home rehabilitation, economic development, and redevelopment of commercial areas. Specific improvements can include such activities as acquisition of real property, construction of public infrastructure such as roads, parks or sewer mains, rehabilitation of houses and commercial buildings, parks and recreation, busing and/or job training which benefit low-income citizens or meet another national objective. 70% of all funds must benefit low-income citizens.

Additional information regarding the range of activities that may be undertaken will be provided at the public meeting. The City is seeking low-income citizen and general public input into CDBG eligible needs in the City limits, specifically of the low-income Citizens of the City of Port St. Lucie.

The public meeting to receive citizen views concerning the community's economic and community development needs will be held at the City Council Chambers, 121 S.W. Port St. Lucie Blvd., Port St. Lucie, April 21, 2021 at 6:00 p.m., or as soon thereafter as possible. For information concerning the public hearing or to submit written comments contact Ms. Alessandra (Alex) Tasca, Community Programs Administrator at phone: (772) 871-7295 or email: nsoc@cityofps.com.

The public meeting is being conducted in a disability accessible location. Any non-English speaking person wishing to attend the public hearing or any disabled person requiring special accommodations or an interpreter for the hearing or visually impaired should contact Ms. Alessandra (Alex) Tasca (above) at least five (5) calendar days prior to the meeting and accommodations will be provided. The

City works to provide equal
moderation in accordance with
the American with Disabilities
Act of 1990.

NOTICE: INDIVIDUALS ARE
SUBJECT TO MEDICAL
SCREENING PRIOR TO ENTER
ING ANY CITY BUILDING AND
ENTRY MAY BE DENIED IF
ANY INDICATOR OF ILLNESS
OR PRIOR EXPOSURE IS IDENTIFIED.

City of Port St. Lucie
Neighborhood Services
121 SW Port St. Lucie Blvd.
Port St. Lucie, FL 34984

The City of Port St. Lucie
CDBG program does not dis-
criminate against any person
because of race, color, reli-
gion, sex, handicap, familial
status, or national origin.

Fair Housing/Disability Access
Jurisdiction and Equal Oppor-
tunity Employer

Pub: April 4, 2021
TCN 4651356

Treasure Coast Newspapers

PART OF THE USA TODAY NETWORK

CITY OF PORT ST. LUC
 121 SW PORT ST LUCIE BLVD
 PORT ST LUCIE FL 34984-504

<u>Account</u>	<u>AD#</u>	<u>Net Amount</u>	<u>Tax Amount</u>	<u>Total Amount</u>	<u>Payment Method</u>	<u>Payment Amount</u>	<u>Amount Due</u>
1515083	0004714020	\$173.16	\$0.00	\$173.16	Invoice	\$0.00	\$173.16
Sales Rep: LMui		Order Taker: LMui			Order Created: 04/28/2021		
<u>Product</u>	<u># Ins</u>	<u>Column</u>	<u>Lines</u>	<u>Start Date</u>	<u>End Date</u>		
TCN-St Lucie News Tribune	1	1.00	111	04/30/2021	04/30/2021		
* ALL TRANSACTIONS CONSIDERED PAID IN FULL UPON CLEARANCE OF FINANCIAL INSTITUTION							

Text of Ad: 04/28/2021

**City of Port St. Lucie
Early Notice and Public
Review of a Proposed
Activity in a 100-Year/500-
year Floodplain
Unspecified Sites Home
Rehabilitation 1-4 Units for FY
2021-2025**

To: All interested Agencies, Groups and Individuals
This is to give notice that the City of Port St. Lucie has determined that the following proposed action under US Housing and Urban Development (HUD), Community Development Block Grant (CDBG) funds under FY 2021-2025 is located in the 100 year / 500-year Floodplain/Wetland, and the City of Port St. Lucie will be identifying and evaluating practicable alternatives to locating the action in the flood plain and the potential impacts on the floodplain from the proposed action, as required by Executive Order 11988 and/or 11990, in accordance with HUD regulations at 24 CFR 55.20 Subpart C Procedures for Making Determinations on Floodplain Management and Protection of Wetlands. The proposed project consists of housing rehabilitation to scattered sites yet to be determined throughout the City of Port St. Lucie; however, a site specific analysis will be conducted as each site is identified in order to establish compliance with 24 Code of Federal Regulations (CFR) parts 58.5 and 58.6. Wetlands and floodplain areas are located in the City and single-family units could fall in the floodplain. Where they do, flood insurance will be required as applicable.

There are three primary purposes for this notice. First, people who may be affected by activities in floodplains and those who have an interest in the protection of the natural environment should be given an opportunity to express their concerns and provide information about these areas. Commentors are encouraged to offer alternative sites outside of the floodplain, alternative methods to serve the same project purpose, and methods to minimize and mitigate impacts. Second, an adequate public notice program can be an important public educational tool. The dissemination of information and request for public comment about floodplains can facilitate and enhance Federal efforts to reduce the risks and impacts associated with the occupancy and modification of these special areas. Third, as a matter of fairness, when the Federal government determines it will participate in actions taking place in floodplains, it must inform those who may be put at greater or continued risk.

Written comments must be received by the City of Port St. Lucie at the following address on or before May 17, 2021. The City of Port St. Lucie Neighborhood Services Department, 121 SW Port St. Lucie Blvd, Port St. Lucie, FL 34984 Attention: Alessandra

Port St. Lucie Community Programs
Administrator or by phone at
(772) 871-7395. A full descrip-
tion of the project may also
be reviewed Monday - Friday
from 8am-4pm at 121 S.W.
port St. Lucie Blvd, Port St. Lu-
cie, FL 34984 and www.cityofpsl.com. Comments may also be
submitted via email at atasc@cityofpsl.com.
Date: April 12, 2021
Pub: April 30, 2021
TCN 4714020

Treasure Coast Newspapers

PART OF THE USA TODAY NETWORK

CITY OF PORT ST. LUC
 121 SW PORT ST LUCIE BLVD
 PORT ST LUCIE FL 34984-504

<u>Account</u>	<u>AD#</u>	<u>Net Amount</u>	<u>Tax Amount</u>	<u>Total Amount</u>	<u>Payment Method</u>	<u>Payment Amount</u>	<u>Amount Due</u>
1515083	0004751026	\$285.48	\$0.00	\$285.48	Invoice	\$0.00	\$285.48
Sales Rep: eduffy		Order Taker: eduffy			Order Created 05/24/2021		
<u>Product</u>	<u># Ins</u>	<u>Column</u>	<u>Lines</u>	<u>Start Date</u>	<u>End Date</u>		
TCN-St Lucie News Tribune	1	1.00	183	05/28/2021	05/28/2021		
* ALL TRANSACTIONS CONSIDERED PAID IN FULL UPON CLEARANCE OF FINANCIAL INSTITUTION							

Text of Ad: 05/24/2021

City of Port St Lucie Final Notice and Public Explanation of a Proposed Activity in a 100-Year/500-year Floodplain Unspecified Sites Home Rehabilitation 1-4 Units for FY 2021-2025

To: All interested Agencies, Groups and Individuals

This is to give notice that the City of Port St. Lucie has conducted an evaluation as required by Executive Order 11988 and/or 11990, in accordance with HUD regulations at 24 CFR 55.20 Subject C. Procedures for Making Determinations on Floodplain Management and Wetlands Protection. The activity is funded under the US Housing and Development (HUD), Community Development Block Grant (CDBG) under FY 2021-2025. The proposed project(s) consists of housing rehabilitation to scattered sites yet to be determined throughout the City of Port St. Lucie, St. Lucie County, however, a site-specific analysis will be conducted as each site is identified in order to establish compliance with 24 Code of Federal Regulations (CFR) parts 58.5 and 58.6. Wetlands and Floodplain areas are located in the City and single-family units could fall in the floodplain. Where they do, flood insurance will be required as applicable.

It has been determined that no practicable alternative other than to proceed with the work is available. This activity will have no significant impact on the environment for the following reasons:

1. Need to provide affordable housing to local citizens,
2. Desire to not displace residents,
3. Need to construct an economically feasible project,
4. Ability to mitigate and minimize impacts on human health, public property, and floodplain resources.

Although the project(s) may be located in the 100 year floodplain and/or wetland, the improvements cannot be undertaken in any other location due to the scope of the project. There is, therefore, no practicable alternative.

The proposed improvements conform to applicable floodplain protection standards. The proposed action will not affect natural or beneficial floodplain values, and residents of the community will benefit from the project. The project activities will be conducted on homes that already exist and that may be in the floodplain, any improvements will be made to existing homes. The project activities covered under the City Wide Broad Environmental review for unspecified, scattered sites will be single family dwellings of 1-4 units attached or immediately adjacent. The dwellings may need rehabilitation and will remain subject to a Site-specific environmental inspection. Such projects will

not have significant impacts to the environment and will receive a review where the existing property may be in, or partly in a floodplain in a FEMA FIRM map. Rehabilitation could include elevating and/or flood proofing where required and feasible. Failure to provide these improvements could result in possible future damages to these existing homes located in floodplain and/or wetlands.

The City of Port St. Lucie has reevaluated the alternatives to building in the floodplain/wetland and has determined that it has no practicable alternative. Environmental files that document compliance with steps 3 through 6 of Executive Order 11988 and/or 11990, are available for public inspection, review and copying upon request at the times and location delineated in the last paragraph of this notice for receipt of comments.

There are three primary purposes for this notice. First, people who may be affected by activities in floodplains/wetlands and those who have an interest in the protection of the natural environment should be given an opportunity to express their concerns and provide information about these areas. Second, an adequate public notice program can be an important public educational tool. The dissemination of information and request for public comment about floodplains/wetlands can facilitate and enhance Federal efforts to reduce the risks and impacts associated with the occupancy and modification of these special areas. Third, as a matter of fairness, when the Federal government determines it will participate in actions taking place in floodplains/wetlands, it must inform those who may be put at greater or continued risk.

Written comments must be received by the City of Port St. Lucie at the following address on or before June 9, 2021: The City of Port St. Lucie Neighborhood Services Department, 121 SW Port St. Lucie Blvd, Port St. Lucie, FL 34984 Attention: Alessandra Tesse, Community Programs Administrator or by phone at (772) 871-7395. A full description of the project may also be reviewed Monday - Friday from 8am-4pm at 121 SW, port St. Lucie Blvd, Port St. Lucie, FL 34984 and www.cityofpsl.com. Comments may also be submitted via email at atas@cityofpsl.com.
Date: June 1, 2021
Pub: May 28, 2021
TCN4751126

Treasure Coast Newspapers

PART OF THE USA TODAY NETWORK

CITY OF PORT ST. LUC
 121 SW PORT ST LUCIE BLVD
 PORT ST LUCIE FL 34984-504

<u>Account</u>	<u>AD#</u>	<u>Net Amount</u>	<u>Tax Amount</u>	<u>Total Amount</u>	<u>Payment Method</u>	<u>Payment Amount</u>	<u>Amount Due</u>
1515083	0004766210	\$102.96	\$0.00	\$102.96	Invoice	\$0.00	\$102.96
Sales Rep: jchristens		Order Taker: jchristens			Order Created 06/16/2021		
<u>Product</u>	<u># Ins</u>	<u>Column</u>	<u>Lines</u>	<u>Start Date</u>	<u>End Date</u>		
TCN-St Lucie News Tribune	1	1.00	99	06/20/2021	06/20/2021		
* ALL TRANSACTIONS CONSIDERED PAID IN FULL UPON CLEARANCE OF FINANCIAL INSTITUTION							

Text of Ad: 06/16/2021

**CITY OF PORT ST LUCIE,
FLORIDA**

**PUBLIC COMMENT PERIOD
AND PUBLIC HEARING NOTICE
2021/2026 CDBG
CONSOLIDATED PLAN**

The City of Port St Lucie is adopting the Consolidated Plan for entitlement Community Development Block Grant (CDBG) requirements for FFY 2021-2026. The City is seeking input from potential stakeholders and the public on the needs of low-income citizens. Approximately \$5,000,000 of regular CDBG funding is available to the City for improvements that benefit low-income (LMI) citizens of the City. These funds are appropriated \$1,000,000 per year over the 5 year plan. These funds must be used for one of the following purposes:

1. To benefit low-income persons; or
2. To aid in the prevention or elimination of slums or blight; or
3. To meet other community development needs of a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community.

This City is required to spend 70% of CDBG funds for LMI benefit.

A draft plan has been developed based upon staff and public comments. The activities proposed include needed LMI housing repairs, affordable multifamily housing, job training and micro enterprise support, infrastructure, public facilities, and public services. A LMI needs survey was completed with a distribution to over 40,000 contacts. The results of the survey on Survey Monkey are available at <https://www.surveymonkey.com/s/ufst56f-RQDXJD6L5?P=PSLcd092021>.

A public hearing will be held on June 28, 2021, in City Council Chambers at Port St Lucie City Hall 121 SW Port St Lucie Blvd., Port St Lucie, FL 34984 at 6:30PM or as soon as may be held thereafter, for community organizations and the public to provide input into the action plan. The City will receive written comments on the plan up until July 27, 2021.

The public is invited to review the draft action plan posted on the web at www.cityofportstlucie.org or to view hard copy by contacting Ms. Alessandra (Alex) Tasca, Deputy Neighborhood Services Director at phone: (772) 871-2195 or email: atasca@cityofsl.com. Comments can be provided to Ms. Alex Tasca by July 27, 2021.

City of Port St Lucie
City Council

Fair Housing/Disability Access
Jurisdiction and Equal Opportunity Employer

PÁG. 2 • "CERO TOLERANCIA" ...**TRÁFICO ILEGAL DE ARMAS**

El fiscal general Merrick Garland, anunció el martes la creación de cinco unidades para enfrentar el tráfico de armas. Las nuevas unidades anunciadas por el Departamento de Justicia comenzarán a operar en los próximos 30 días en Nueva York, Chicago, Los Ángeles, el área de la bahía en San Francisco y Washington DC, ciudades que vienen registrando desde hace un año un creciente número de homicidios.

Esos equipos formados por procuradores federales, policías especializados y actores locales "investigarán y desmantelarán las redes que hacen llegar armas a nuestras comunidades con trágicas consecuencias", dijo el fiscal general, Merrick Garland, en un comunicado.

LAS LAGUNAS LEGALES

"La violencia de las armas de fuego es el motor" de ese aumento y "el presidente puede ayudar a reducirla gracias a la adopción de medidas de reglamentación sobre las armas", dijo a la prensa la portavoz de Casa Blanca, Jen Psaki.

"Incluso si el Congreso ahora no se mueve [Biden] puede utilizar su plataforma presidencial y otras palancas", dijo Psaki en alusión al bloqueo de los senadores republicanos a un proyecto de ley sobre la compra y venta de armas.

En marzo de este año, tras el tiroteo de Boulder, Colorado, en el que perdieron la vida 10 personas, Biden pidió al Congreso que "apruebe inmediatamente" una legislación que elimine las lagunas en las verificaciones de antecedentes para adquirir armas y que prohíba los rifles de asalto y los cargadores de gran capacidad.

Posteriormente, en abril, el presidente anunció los primeros decretos de la actual administración para contrarrestar la violencia armada. "La violencia por armas de fuego en este país es una epidemia. Y tiene que parar", dijo Biden entonces.

"Nada, nada de lo que estoy a punto de recomendar afecta de ninguna manera a la Segunda Enmienda. Son argumentos falsos que sugieren que estos son los derechos de la Segunda Enmienda y que están en juego. Pero ninguna enmienda, ninguna enmienda a la Constitución es absoluta", agregó. ■



CIUDAD DE PORT ST. LUCIE, FLORIDA

PERÍODO DE COMENTARIOS PÚBLICOS Y AVISO DE AUDIENCIA PÚBLICA PLAN CONSOLIDADO CDBG 2021/2026

La Ciudad de Port St Lucie está adoptando el Plan Consolidado para los requisitos de derechos de la Subvención en Bloque para el Desarrollo Comunitario (CDBG) para el año fiscal 2021-2026. La Ciudad está buscando información de las partes interesadas potenciales y del público sobre las necesidades de los ciudadanos de bajos ingresos. Aproximadamente 5.000.000 de dólares de fondos regulares del CDBG están disponibles para la ciudad para mejoras que benefician a los ciudadanos de bajos ingresos (LMI) de la ciudad. Estos fondos son asignados \$1,000,000 por año durante el plan de 5 años. Estos fondos deben usarse para uno de los siguientes propósitos:

1. Para beneficiar a personas de bajos ingresos; o
2. Para ayudar en la prevención o eliminación de barrios marginales y deteriorados; o
3. Para satisfacer otras necesidades de desarrollo de la comunidad de una urgencia particular porque las condiciones existentes representan una amenaza grave e inmediata para la salud o el bienestar de la comunidad.

La ciudad está obligada a gastar el 70% de los fondos del CDBG para el beneficio de LMI.

Se ha elaborado un borrador del plan basado en los comentarios del personal y del público. Las actividades propuestas incluyen las reparaciones necesarias de viviendas de LMI, viviendas multifamiliares asequibles, capacitación laboral y apoyo a microempresas, infraestructura, instalaciones públicas y servicios públicos. Se completó una encuesta sobre las necesidades de LMI con una distribución a más de 40,000 contactos. Los resultados de la encuesta de Survey Monkey están disponibles en <https://www.surveymonkey.com/results/SM-RQDXJD6L9/> (Pass PSLcdbg2021).

Se llevará a cabo una audiencia pública el 28 de junio de 2021, en las Cámaras del Concejo Municipal del City Hall de Port St. Lucie, ubicado en 121 S.W. Port St Lucie Blvd., Port St Lucie, FL 34984, o tan pronto como sea posible a partir de esa fecha, para que las organizaciones comunitarias y el público brinden información sobre el plan de acción. La Ciudad recibirá comentarios por escrito sobre el plan hasta el 27 de julio de 2021.

Se invita al público a revisar el borrador del plan de acción publicado en la web en www.cityofPortStLucie.org o para ver una copia impresa comunicándose con la Sra. Alessandra (Alex) Tasca, Subdirectora de Servicios del Vecindario al teléfono: (772) 871-7395 o al correo electrónico: atasca@cityofpsl.com, se pueden enviar comentarios a la Sra. Alex Tasca antes del 27 de julio de 2021.

Ciudad de Port St Lucie
Ayuntamiento

Vivienda Justa / Acceso para Discapacitados e Igualdad de Oportunidades de Empleo

City of Port St. Lucie

121 SW Port St. Lucie Blvd.
Port St. Lucie, Florida 34984



"A City for All Ages"

Meeting Agenda

Monday, June 28, 2021

6:30 PM

Council Chambers, City Hall

City Council

Gregory J. Oravec, Mayor

Stephanie Morgan, Councilwoman, District I












Dave Pickett, Councilman, District II







Shannon Martin, Vice Mayor, District III

Jolien Caraballo, Councilwoman, District IV








Please visit www.cityofpsl.com/tv for new public comment options.

1. **Meeting Called to Order**
2. **Roll Call**
3. **Invocation & Pledge of Allegiance**
4. **Proclamations and Special Presentations**
 - 4.a Friends of the Port St. Lucie Botanical Gardens recognizing Mayor Oravec 2021-53
5. **Public to be Heard**
6. **Additions or Deletions to Agenda and Approval of Agenda**
7. **Approval of Consent Agenda**
 - 7.a Motion: Termination of Restrictive Covenant # 362 Executed by Laura A. Meier with respect to Lots 11, 12, 13 and 18, Block 464, Port St. Lucie Section Twenty-Six, and Recorded in Official Records Book 1017 at Page 1361, of St. Lucie County, Florida. 2021-49
 - 7.b Approve Amendment #1 to Agreement #20210076 with Mark J. Pamer, D.O., LLC for COVID-19 Vaccination Distribution & Administration to City Residents. 2021-48
 - 7.c Motion: Termination of Amended Restrictive Covenant #361 Executed by Roy L. Lampien and Nancy L. Lampien with respect to Lots 25 and 26, Block 2114, Port St. Lucie Section Twenty-One, and Recorded in Official Records Book 2192, at Page 891 of the Public Records of St. Lucie County, Florida. 2021-50
 - 7.d Proceed with Submittal of State FDLE FY 21 Edward Byrne Memorial Justice Assistance Grant (JAG) Application 2021-52
 - 7.e Approve Port St. Lucie Police Department to Apply for BJA FY 2021 BWC Policy and Implementation Program to Support Law Enforcement Agencies Grant 2021-52

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- | | | |
|-----------|---|---|
| 7.f | Approve Port St. Lucie Police Department to Apply for 2021 COPS Office Community Policing Development Crisis Intervention Teams Application |  2021-52 |
| 7.g | Approve Toray Membrane USA, as the Single Source Provider for TMG20D - 440 elements. |  2021-48 |
| 7.h | Award Contract #20210052 for the Fairgreen Crossings Sidewalk Construction Project. |  2021-50 |
| 7.i | Appoint Vice-Mayor Martin to serve as the City's elected official on the Affordable Housing Advisory Committee (AHAC) |  2021-52 |
| 7.j | Award Contract # 20210036 for Alterations to the City of Port St. Lucie Interactive Water Fountain. |  2021-51 |
| 7.k | Proceed with RAISE Grant Application to Support "Mobility for All" |  2021-52 |
| 7.l | Approve Major Site Plan Amendment for Riverwalk/Westmoreland Park (P17-004-A1) |  2021-50 |
| 7.m | Award Contract #20210020R for the Southport Wastewater Treatment Plant Demolition Project to Lawrence Lee Construction Services, Inc. |  2021-50 |
| 7.n | Expand Existing Grantwriting Contractual Services to Support Increased Funding Applications |  2021-52 |
| 7.o | Approve Re-Appointment of Contractor Examining Board Member |  2021-53 |
| 8. | Second Reading of Ordinances, Public Hearings | |
| 8.a | Ordinance 21-54, Public Hearing, Abandoning a Portion of a Twenty (20) foot Utility and Drainage Easement affecting Lot 2, Block 2429, Port St. Lucie Section Thirty-Four, recorded in Plat Book 15, Page(s) 9, 9A to 9W, of the Public Records of St. Lucie County, Florida. |  2021-46 |

- 8.b** Ordinance 21-55, Public Hearing, Abandoning a Portion of a Twenty (20) foot Utility and Drainage Easement affecting Lot 11, Block 1493, Port St. Lucie Section Sixteen, recorded in Plat Book 13, Page(s) 7, 7A to 7C, of the Public Records of St. Lucie County, Florida. 
- 8.c** Ordinance 21-56, Public Hearing, Abandoning a Portion of a Twenty (20) foot Utility and Drainage Easement affecting Lot 13, Block 2397, Port St. Lucie Section Thirty-Four, recorded in Plat Book 15, Page(s) 9, 9A to 9W, of the Public Records of St. Lucie County, Florida. 
- 9. Other Public Hearings**
- 9.a** Public Hearing, Approve the City of Port St. Lucie's Community Development Block Grant (CDBG) Draft Five-Year Consolidated Plan for 2021-26 and Open the Thirty-Day Public Comment Period. 
- 10. First Reading of Ordinances**
- 10.a** Ordinance 21-57, An Ordinance of the City of Port St. Lucie, Florida, Amending Ch. 111, Art. II, Business Tax Regulations of the Code of Ordinances to Provide Adjustments in Fees 
- 10.b** Ordinance 21-58, Abandoning a Portion of a Twenty (20) foot Utility and Drainage Easement affecting Lot 24, Block 2182, Port St. Lucie Section Thirty-Three, recorded in Plat Book 15, Page(s) 1, 1A to 1V, of the Public Records of St. Lucie County, Florida. 
- 10.c** Ordinance 21-59, An Ordinance Rezoning 0.74-acres of Property, Located at the Northwest Corner of SW Conant Avenue and SW Domina Road, From Single-Family Residential (RS-2) Zoning District to Warehouse Industrial (WI) for Property Legally Described as Port St. Lucie Section 31, Block 1711, Lots 23, 24, and 25 (P21-083). 

- 10.d** Ordinance 21-60, Authorizing the Conveyance of a portion of Real Property Described as Lot 10, Block 783, Port St. Lucie Section Eighteen, According to the Plat Recorded in Plat Book 13, Page 17, of the Public Records of St. Lucie County, Florida, to the Florida Department of Transportation for the Floresta Drive Improvement Project from Southbend Boulevard to Prima Vista Boulevard, and Authorizing the Mayor, the City Manager, or their designee, to Execute the Deed Transferring said Real Property. **2021-50**
- 10.e** Ordinance 21-61, An Ordinance Moving the Special Election to fill Council District Three Seat to run concurrently with the Special Election for the Mayor's Seat as allowed by the Florida Elections Code which preempts conflicting provisions of the City Charter and City Code. **2021-51**
- 11. Resolutions**
- 11.a** Resolution 21-R63, Public Hearing, creating new ballot-successful Port St. Lucie Residential Street Lighting Assessment area boundaries **2021-46**
- 11.b** Resolution 21-R70, Quasi-Judicial, Public Hearing, A Resolution Approving the Special Exception Use of Repair and Maintenance of Vehicles within a CG (General Commercial) Zoning District Pursuant to Section 158.124(C)(10), for a Project Known as Discount Tire. (P21-045) **2021-51**
- 11.c** Resolution 21-R72, A Resolution Authorizing the City Manager to Enter into a Grant Agreement with South Florida Water Management District ("SFWMD") for its Water Protection and Sustainability Program for the Tradition and Western Grove Communities Reclaimed Water Main Extension **2021-51**
- 11.d** Resolution 21-R73, A Resolution Approving a Preliminary Plat with Construction Plans for LTC Ranch West Phase 1 (P20-250) **2021-51**

-
- | | | |
|-------------|---|---|
| 11.e | Resolution 21-R74, A Resolution approving the Preliminary and Final Plat for L.T.C. Ranch #3 (P21-001) |  2021-52 |
| 11.f | Resolution 21-R75, A Resolution Approving the Final Plat with Construction Plans for Emery (P21-042) |  2021-46 |
| 11.g | Resolution 21-R76, A Resolution of the City Council of the City of Port St. Lucie, Florida, accepting a Sidewalk Easement from Circle K Stores Inc., a Texas Corporation, located at 10780 Crosstown Parkway. |  2021-50 |
| 11.h | Resolution 21-R77, A Resolution Naming the Road Right-of-Way Legally Described as Tract R-1, Southern Grove Plat No. 33, SW Anthony F. Sansone Sr. Boulevard (P20-171). |  2021-49 |
| 11.i | Resolution 21-R78, A Resolution Approving the Preliminary Plat and Construction Plans for Seville (P20-230). |  2021-50 |
| 11.j | Resolution 21-R79, A Resolution Calling for a Special Election to fill Council seat for District Three. |  2021-53 |
| 12. | Unfinished Business | |
| 13. | New Business | |
| 13.a | Selection of Optional Services offered by the Supervisor of Elections Office for the Special Elections. |  2021-53 |
| 14. | City Manager's Report | |
| 15. | Councilmembers Report on Committee Assignments | |
| 16. | Public to be Heard - (if necessary as determined by City Council at conclusion of public to be heard) | |
| 17. | Adjourn | |

Notice: No stenographic record by a certified court reporter will be made of the foregoing meeting. Accordingly, if a person decides to appeal any decision made by the City Council, board, agency, or commission with respect to any matter considered at such meeting or hearing, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based. (F.S. 286.0105)

Notice: Public and Press are invited to review all the backup for Council Meetings. Copies are available in the City Clerk's Office on Wednesday, Thursday, Friday, and Monday before Council Meetings. On Meeting nights, a copy of backup material is available in the reception area of City Hall for public review. Please leave the agenda and backup material in good order for others to review.

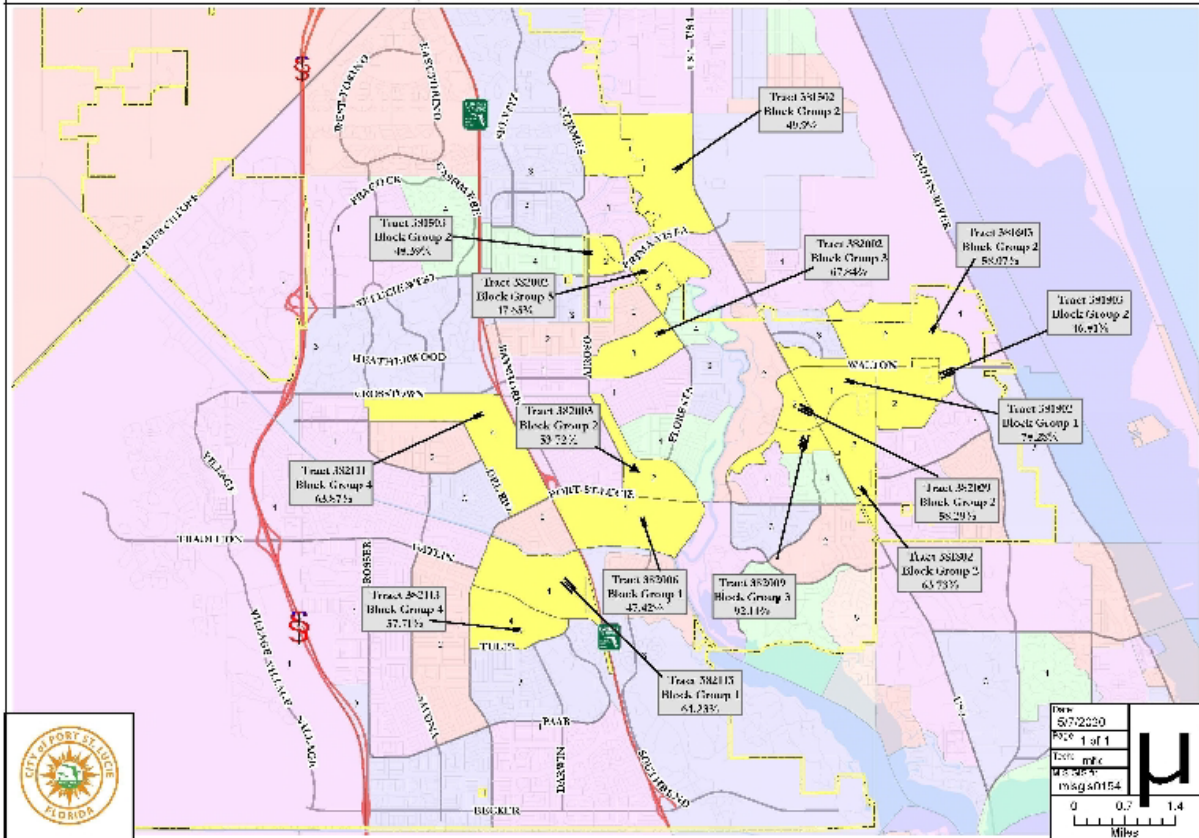
Notice: Anyone wishing to speak during Public to be Heard is asked to fill out a yellow Participation Card and submit it to the City Clerk. Anyone wishing to speak on any Agenda Item is asked to fill out a green Participation Card and submit it to the City Clerk. Participation Cards are available on the side table in Council Chambers, at the reception desk in City Hall lobby, and in the City Clerk's Office.

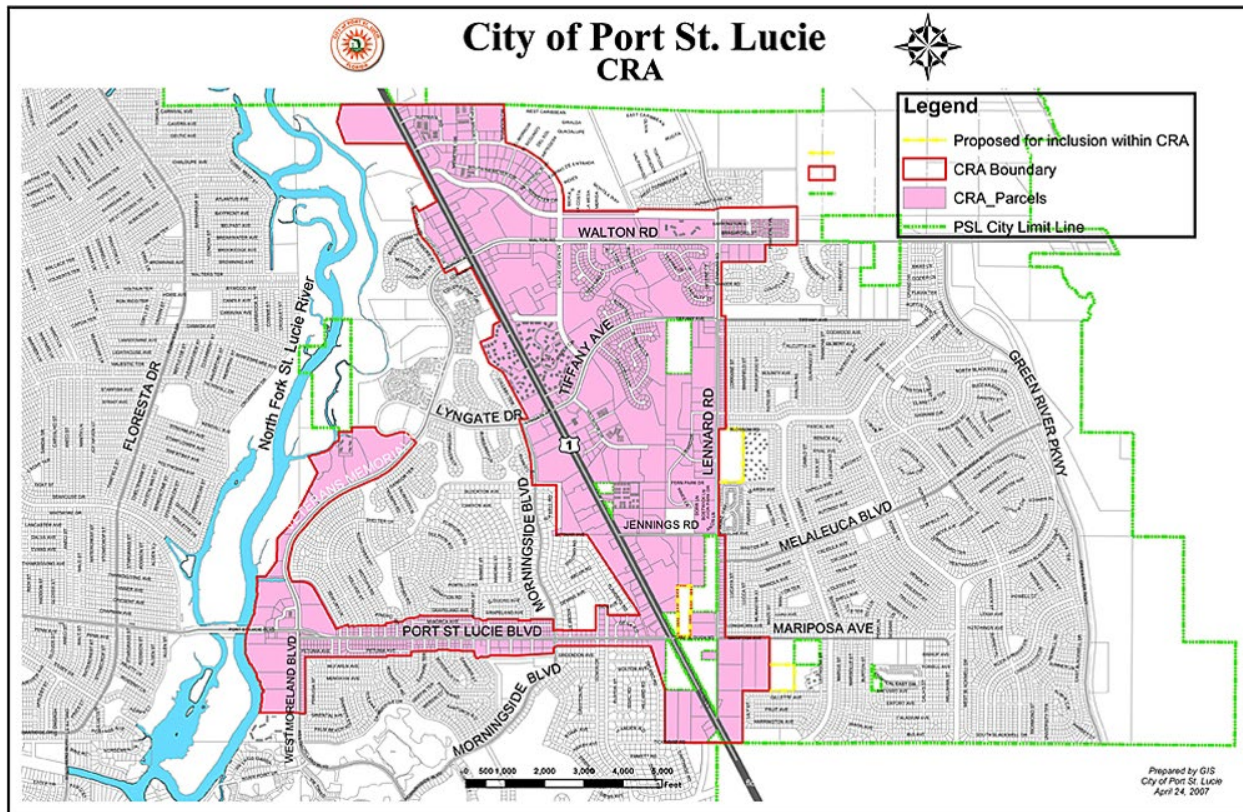
Notice: In accordance with the Americans with Disabilities Act of 1990, persons needing special accommodation to participate in this proceeding should contact the City Clerk's Office at 772-871-5157.

As a courtesy to the people recording the meeting, please turn all cell phones to silent or off. Thank you.

2015 ACS Data: Low-Mod Block Groups (Based on 46.81% or Greater)

City Limit







City of Port St. Lucie - 2021 Community Development Block Grant (CDBG) Survey

2021-2026 CDBG CONSOLIDATED PLANNING

Your survey answers will be used to help develop the City of Port St. Lucie's 5-year CDBG Consolidated Plan. If you have any questions, please write to NICE@cityofpsl.com or call Neighborhood Services at 772-344-4084.

* 1. Community Service Needs (please make a selection for all categories)

Select one

Youth
activities/services

Health services

Food/clothing/basic
needs services

Mental health
services

Senior Services

Childcare services

Legal Services

Select one

Arts/cultural programming

Anti-crime activities

Transportation services

Other (please specify)

* 2. Special Needs Services (please make a selection for all categories)

Please select one

Neglected/abused children facilities/services

Homeless shelters/services

Substance use disorder services

Domestic violence services

Facilities/services for disabled persons

ADA accessibility improvements

HIV/AIDS centers/services

Veterans services

Immigration services

Other (please specify)

//

* 3. Public/Community Facilities Needs (please make a selection for all categories)

Please select one

Parks and recreational facilities

Healthcare facilities

Youth centers

Community centers

Senior centers

Childcare facilities

Public libraries

Fire stations

Other (please specify)

//

* 4. Housing Needs (please make a selection for all categories)

Please select one

Homeowner rehabilitation program

Please select one

- First-time homebuyer program
- Senior housing
- Affordable rental housing
- Affordable homeowner housing
- Housing for persons with disabilities
- Rehabilitation of rental housing, including public housing
- Fair housing services
- Energy efficiency improvements
- Lead paint program
- Other (please specify)

* 5. Business Needs (please make a selection for all categories)

Please select one

Please select one

- Job creation/retention services
- Employment training/career counseling
- Start-up business assistance
- Commercial/industrial facility rehabilitation
- Façade/storefront improvement program
- Small business loans
- Business mentoring/counseling
- Other (please specify)

//

* 6. Infrastructure Needs (please make a selection for all categories)

Please select one

- Accessibility improvements
- Street improvements
- Drainage improvements
- Sidewalk improvements
- Water/sewer
- Other (please specify)

//

* 7. Neighborhood Services Needs (please make a selection for all categories)

Please select one

Graffiti removal

Trash/debris removal

Blighted lots/buildings

Parking facilities

Tree planting

Other (please specify)

//

* 8. Have you experienced housing discrimination in Port of St. Lucie?

If yes, who do you believe discriminated against you? (landlord, property manager, realtor, mortgage lender, other)

//

9. If you believe you were discriminated against, on what basis do you perceive you were discriminated

against?

- Race
- Religion
- National Origin
- Gender
- Sexual Orientation
- Family Status
- Disability

Other or more than on one basis (please specify)

10. If you believe you were discriminated against, did you report it? If not, why?

- No
- Yes

If not, why?

* 11. About you...

- Full-time Port St. Lucie resident
- Part-time Port St. Lucie resident
- Agency/non-profit organization serving Port St. Lucie
- Port St. Lucie business owner
- Employed in Port St. Lucie but not a resident

Other (please specify)

12. Thank you for completing this survey. Please add any other questions/comments/concerns about housing and community development needs in Port St. Lucie to be addressed with CDBG funding over the next five years.

Submit

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See how easy it is to [create a survey](#).

[Privacy & Cookie Policy](#)



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City of Port St. Lucie - 2021 Community Development Block Grant (CDBG) Survey

ConPlan Survey with Guardian

QUESTION SUMMARIES

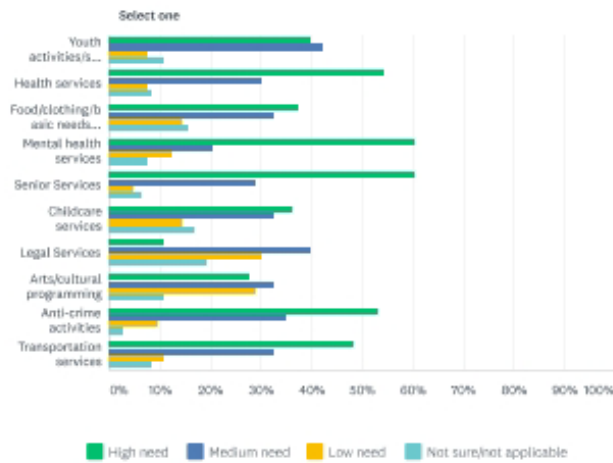
DATA TRENDS

INDIVIDUAL RESPONSES

Q1

Community Service Needs (please make a selection for all categories)

Answered: 83 Skipped: 0



Select one

	HIGH NEED	MEDIUM NEED	LOW NEED	NOT SURE/NOT APPLICABLE	TOTAL
Youth activities/services	39.76% 33	42.17% 35	7.23% 6	10.84% 9	83
Health services	54.22% 45	30.12% 25	7.23% 6	8.43% 7	83
Food/clothing/basic needs services	37.35% 31	32.53% 27	14.46% 12	15.66% 13	83
Mental health services	60.24% 50	20.48% 17	12.05% 10	7.23% 6	83
Senior Services	60.24% 50	28.92% 24	4.82% 4	6.02% 5	83
Childcare services	36.14% 30	32.53% 27	14.46% 12	16.87% 14	83
Legal Services	10.84% 9	39.76% 33	30.12% 25	19.28% 16	83
Arts/cultural programming	27.71% 23	32.53% 27	28.92% 24	10.84% 9	83
Anti-crime activities	53.01% 44	34.94% 29	9.64% 8	2.41% 2	83

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83 responses

<https://www.surveymonkey.com/results/SM-RQDXJD6L9/summary/>

1/9



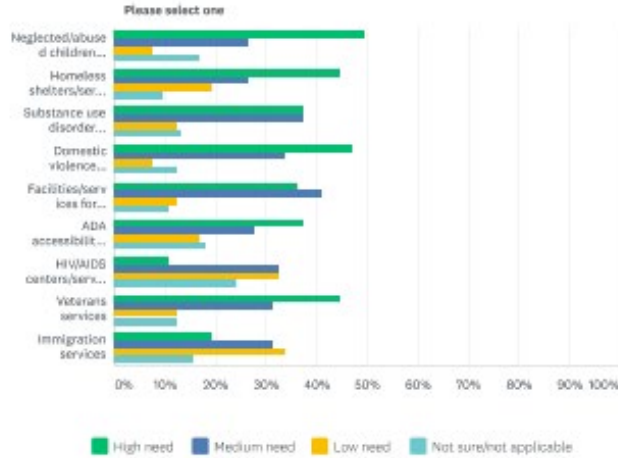
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Q2

Special Needs Services (please make a selection for all categories)

Answered: 83 Skipped: 0



Please select one

	HIGH NEED	MEDIUM NEED	LOW NEED	NOT SURE/NOT APPLICABLE	TOTAL
Neglected/abused children facilities/services	49.40% 41	26.51% 22	7.23% 6	16.87% 14	83
Homeless shelters/services	44.58% 37	26.51% 22	19.28% 16	9.64% 8	83
Substance use disorder services	37.35% 31	37.35% 31	12.05% 10	13.25% 11	83
Domestic violence services	46.99% 30	33.73% 28	7.23% 6	12.05% 10	83
Facilities/services for disabled persons	36.14% 30	40.86% 34	12.05% 10	10.84% 9	83
ADA accessibility improvements	37.35% 31	27.71% 23	16.87% 14	18.07% 15	83
HIV/AIDS centers/services	10.84% 9	32.53% 27	32.53% 27	24.10% 20	83
Veterans services	44.58% 37	31.33% 26	12.05% 10	12.05% 10	83
Immigration services	19.28% 16	31.33% 26	33.73% 28	15.66% 13	83

Comments (4)

Q3

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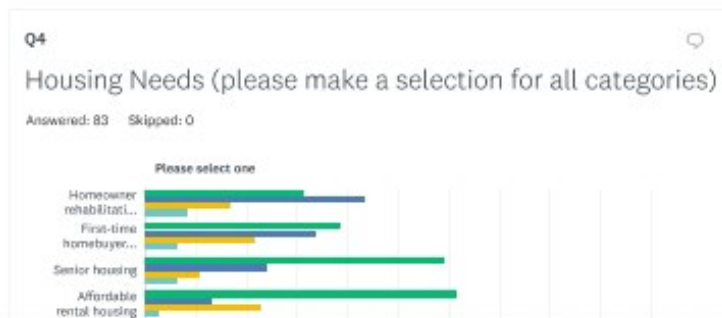
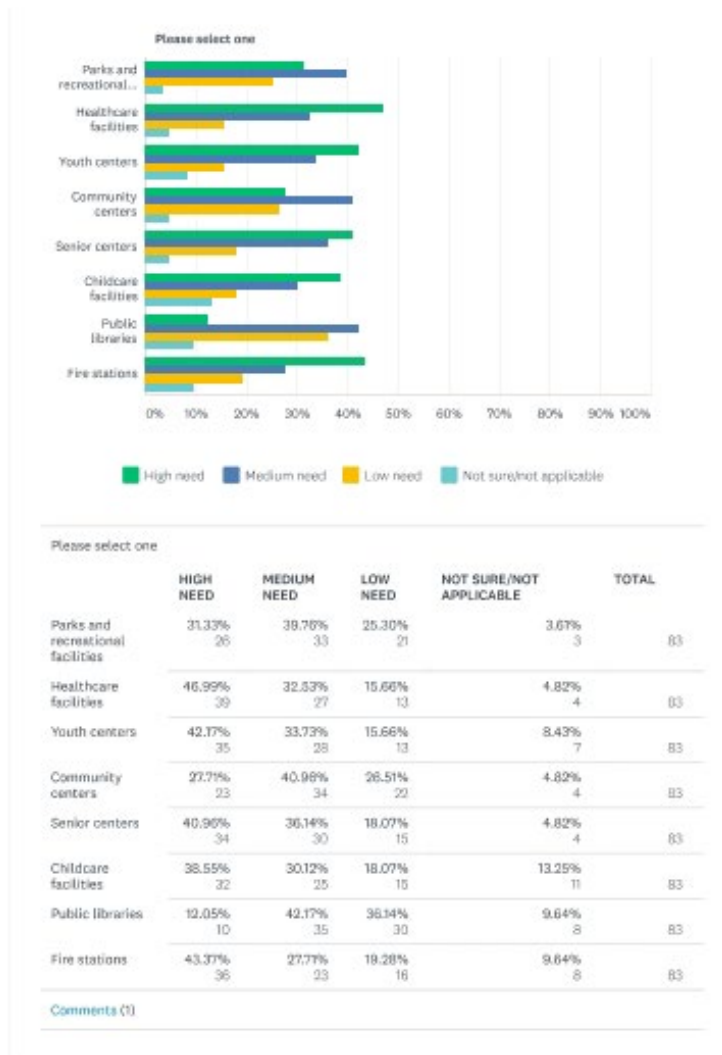
83 responses

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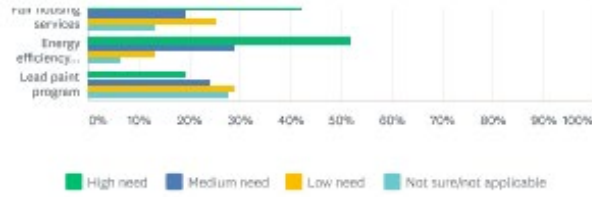
83 responses

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3/9



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Please select one

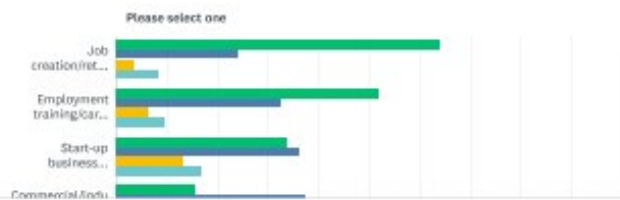
	HIGH NEED	MEDIUM NEED	LOW NEED	NOT SURE/NOT APPLICABLE	TOTAL
Homeowner rehabilitation program	31.33% 20	43.37% 30	16.87% 14	8.43% 7	83
First-time homebuyer program	38.55% 32	33.73% 28	21.69% 18	6.02% 5	83
Senior housing	59.04% 49	24.30% 20	10.84% 9	6.02% 5	83
Affordable rental housing	61.45% 51	13.25% 11	22.89% 19	2.41% 2	83
Affordable homeowner housing	54.22% 45	22.89% 19	19.28% 16	3.61% 3	83
Housing for persons with disabilities	34.94% 29	38.55% 32	12.06% 10	14.46% 12	83
Rehabilitation of rental housing, including public housing	33.73% 28	28.92% 24	19.28% 16	18.07% 15	83
Fair housing services	42.17% 35	19.28% 16	25.30% 21	13.25% 11	83
Energy efficiency improvements	51.81% 43	28.92% 24	13.25% 11	6.02% 5	83
Lead paint program	19.28% 16	24.30% 20	28.92% 24	27.71% 23	83

Comments (4)

Q5

Business Needs (please make a selection for all categories)

Answered: 83 Skipped: 0



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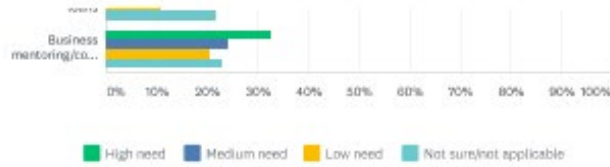
83 responses

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Please select one

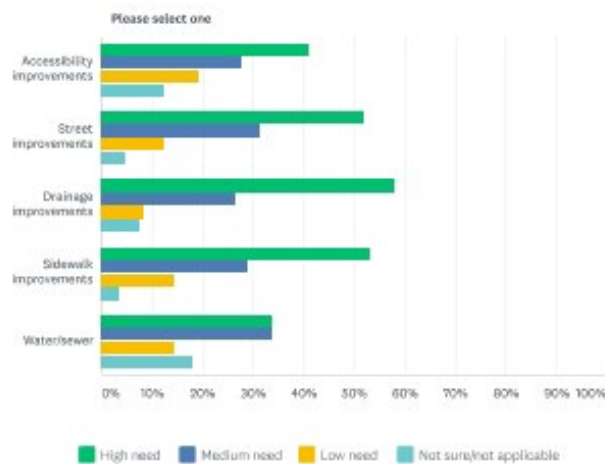
	HIGH NEED	MEDIUM NEED	LOW NEED	NOT SURE/NOT APPLICABLE	TOTAL
Job creation/retention services	63.86% 53	24.10% 20	3.61% 3	8.43% 7	83
Employment training/career counseling	51.81% 43	32.53% 27	6.02% 5	9.64% 8	83
Start-up business assistance	33.73% 28	36.14% 30	13.25% 11	16.87% 14	83
Commercial/industrial facility rehabilitation	15.66% 13	37.35% 31	24.10% 20	22.89% 19	83
Façade/storefront improvement program	20.48% 17	32.53% 27	27.71% 23	19.28% 16	83
Small business loans	30.12% 25	37.35% 31	10.84% 9	21.69% 18	83
Business mentoring/counseling	32.53% 27	24.10% 20	20.48% 17	22.89% 19	83

Comments (5)

Q6

Infrastructure Needs (please make a selection for all categories)

Answered: 83 Skipped: 0



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83 responses

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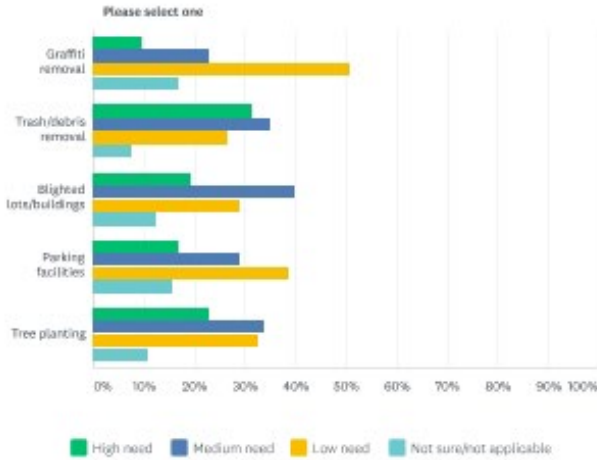
	44.30%	27.71%	19.20%	8.40%	83
Accessibility improvements	34	23	16	10	83
Street improvements	51.81%	31.33%	12.05%	4.82%	83
	43	26	10	4	
Drainage improvements	57.83%	26.51%	8.43%	7.23%	83
	48	22	7	6	
Sidewalk improvements	53.01%	28.92%	14.46%	3.61%	83
	44	24	12	3	
Water/sewer	33.73%	33.73%	14.46%	18.07%	83
	28	28	12	15	

Comments (3)

Q7

Neighborhood Services Needs (please make a selection for all categories)

Answered: 83 Skipped: 0



Please select one

	HIGH NEED	MEDIUM NEED	LOW NEED	NOT SURE/NOT APPLICABLE	TOTAL
Graffiti removal	9.64%	22.89%	50.60%	16.87%	83
	8	10	42	14	
Trash/debris removal	31.33%	34.84%	26.51%	7.23%	83
	26	29	22	6	
Blighted lots/buildings	19.28%	39.78%	28.92%	12.05%	83
	16	33	24	10	
Parking facilities	16.87%	28.92%	38.55%	15.66%	83
	14	24	32	13	
Tree planting	22.89%	33.73%	32.53%	10.84%	83
	19	28	27	9	

Comments (5)

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83 responses

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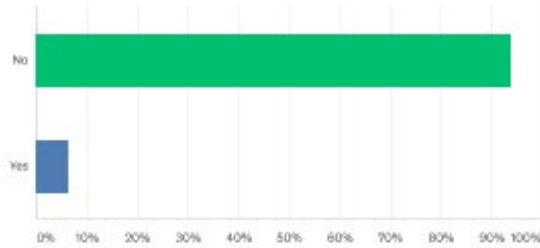
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Answered: 83 Skipped: 0

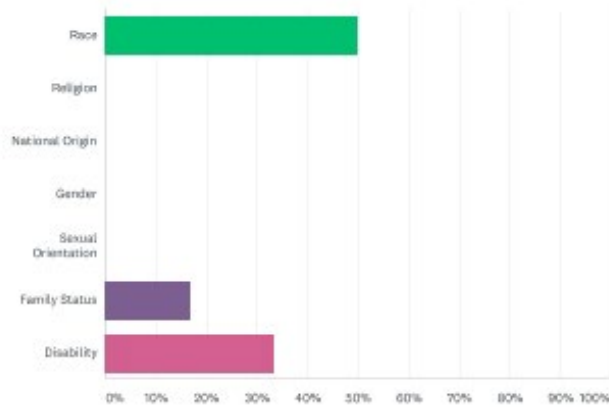


ANSWER CHOICES	RESPONSES	
No	93.98%	78
Yes	6.02%	5
TOTAL		83
Comments (4)		

Q9

If you believe you were discriminated against, on what basis do you perceive you were discriminated against?

Answered: 8 Skipped: 77



ANSWER CHOICES	RESPONSES	
Race	50.00%	3
Religion	0.00%	0
National Origin	0.00%	0
Gender	0.00%	0
Sexual Orientation	0.00%	0

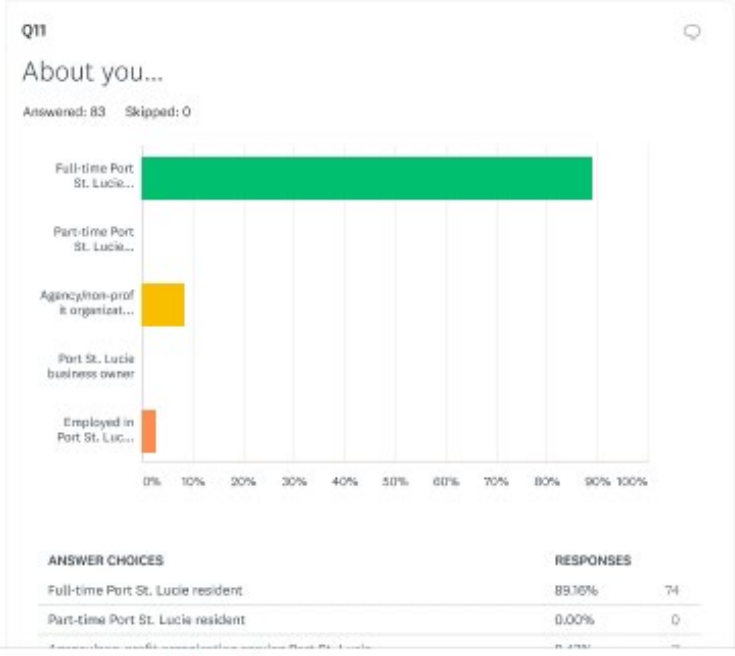
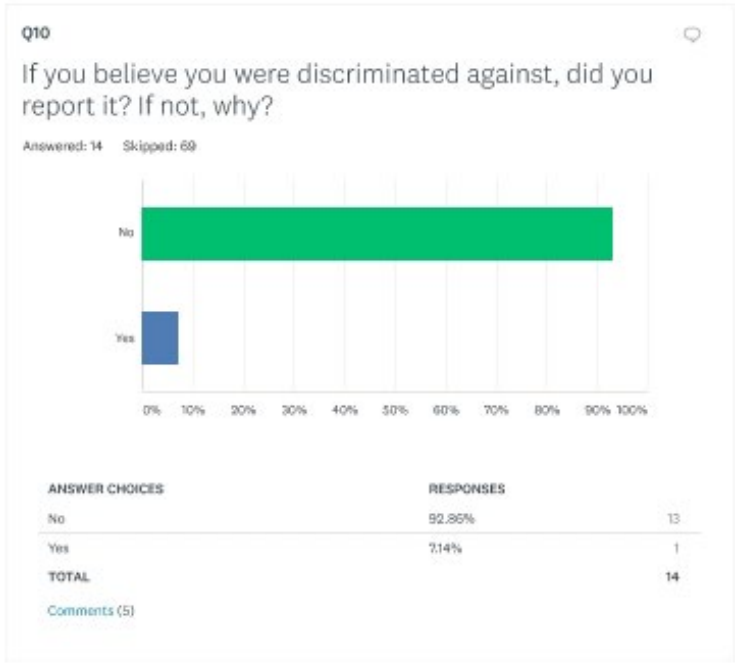
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8/9



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Comments (2)

Q12

Thank you for completing this survey. Please add any other questions/comments/concerns about housing and community development needs in Port St. Lucie to be addressed with CDBG funding over the next five years.

Answered: 15 Skipped: 68

Systemic racism and a need for improved equity have become increasingly apparent this year. I hope this need will be included in the 5 year plan and efforts made to create change. With the growing aging population and the need to allow lower income residents to age in place, funding is critical for home accessibility retrofits, home food delivery, access to affordable healthy foods, transportation assistance, creation of safe spaces for physical activity and social interaction, accessory dwelling units, as well as support (including respite) for caregivers who are often working 24/7 to keep family members safe and having a quality life in their later years. For lower income older adults, financial planning and help navigating the federal benefit programs is also a need. The overall health of residents is impacted by access to healthy food options and physical activity. Making PSL a more walkable community is an important part of supporting this effort.

4/27/2021 10:38 AM

I think these surveys would be better placed on front page to encourage more participation. It was difficult to find this. Thank you

4/26/2021 5:24 PM

Personal and professional development plans verses chucking money at it.

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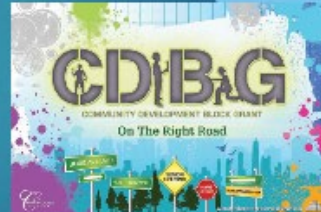
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9/9

Consolidated Plan 2021/2026

City of Port St Lucie
and
Guardian Community Resource
Management, Inc.

June 28, 2021



Community Development Block Grants

- ▶ Funding - approximately \$1M per year over 5 years
- ▶ National Objectives
 - ▶ Benefit to LMI persons (70%)
 - ▶ Census or survey for indirect benefit
 - ▶ Income verification for direct benefit
- ▶ Elimination of slum and blight
- ▶ Urgent needs

2



2021 CDBG Income Limits

3

Number of Persons in Household	2 Income Range (Low)	Is Total Household Income within this Range?		4 Income Range (Very Low)	Is Total Household Income within this Range?		6 Income Range (Extremely Low)	Is Total Household Income within this Range?	
		Yes	No		Yes	No		Yes	No
1	0 - \$40,050	Yes	No	0 - \$25,050	Yes	No	0 - \$15,050	Yes	No
2	0 - \$45,800	Yes	No	0 - \$28,600	Yes	No	0 - \$17,420	Yes	No
3	0 - \$51,500	Yes	No	0 - \$32,200	Yes	No	0 - \$21,960	Yes	No
4	0 - \$57,200	Yes	No	0 - \$35,750	Yes	No	0 - \$26,500	Yes	No
5	0 - \$61,800	Yes	No	0 - \$38,650	Yes	No	0 - \$31,040	Yes	No
6	0 - \$66,400	Yes	No	0 - \$41,500	Yes	No	0 - \$35,580	Yes	No
7	0 - \$70,950	Yes	No	0 - \$44,350	Yes	No	0 - \$40,120	Yes	No
8	0 - \$75,550	Yes	No	0 - \$47,200	Yes	No	0 - \$44,660	Yes	No



Entitlement Community Development Block Grants - Budget

Activity	Estimated Budget
Infrastructure – streets, drainage, water, sewer,	2,000,000
Public Facilities – parks, neighborhood centers, sidewalks, senior centers	500,000
Affordable Housing – owner occupied rehabilitation, infrastructure for new affordable rental housing	1,000,000
Economic Opportunity – job training, microenterprise assistance	250,000
Public Services – domestic violence services, child abuse services, senior services, mental health services	250,000
Administration	\$1,000,000
Total	\$5,000,000

4



Activity Types 1- Infrastructure

Infrastructure – sewer, water, streets, drainage

- ▶ Streets - paving, traffic, turn lanes, extensions.
- ▶ Drainage – swales, culverts, ponds.
- ▶ Water – water mains, hydrants, water plants, hook ups (no hook up fees).
- ▶ Sewer – sewer mains, manholes, lift stations, wastewater plants, hook ups (no hook up fees).
- ▶ Service Area – LMI Area by census or income survey.
- ▶ National Objective - LMI Area Benefit.

5



Activity Types 2- Public Facilities

Public Facilities – Sidewalks, Parks,
Neighborhood Centers

- ▶ Sidewalks in the CRA to address slum and blight.
- ▶ Parks or Neighborhood Centers in LMI areas.
- ▶ Service Area - CRA area for Slum and Blight or LMI Area Benefit.
- ▶ National Objective - Eliminating blighting influences and the deterioration of property and facilities. Benefit to LMI Census Areas.

6



Activity Type 3 – Affordable Housing

Housing repairs and partnering on affordable rental housing

- ▶ City Wide scattered sites housing rehab.
- ▶ Site Specific for LMI rental housing.
- ▶ Home repair for code safety and health for income qualified candidates.
- ▶ Infrastructure and site development for an affordable rental housing project.
- ▶ Service Area - City-wide.
- ▶ National Objective - LMI direct benefit.

7



Activity Type 4 – Economic Opportunity

Economic Development through job training or assistance to micro enterprises

- ▶ LMI Jobs trained or created.
 - ▶ Possible new job training center.
 - ▶ Or possible small business incubator.
 - ▶ Or infrastructure for jobs.
 - ▶ Service Area - City Wide.
 - ▶ National Objective - LMI jobs, either training or new positions.

8



Activity Type 5 – Public Services

Public Services – capped at 15% of allocation

- ▶ LMI direct beneficiaries.
- ▶ Senior Services.
- ▶ Domestic Violence Services.
- ▶ Mental Health Services.
- ▶ Child Abuse Services.
- ▶ Service Area - Can be LMI Area but usually not applicable.
- ▶ National Objective - LMI Limited clientele.

9



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The City of Port St Lucie Action Plan Questions

Thank You

10



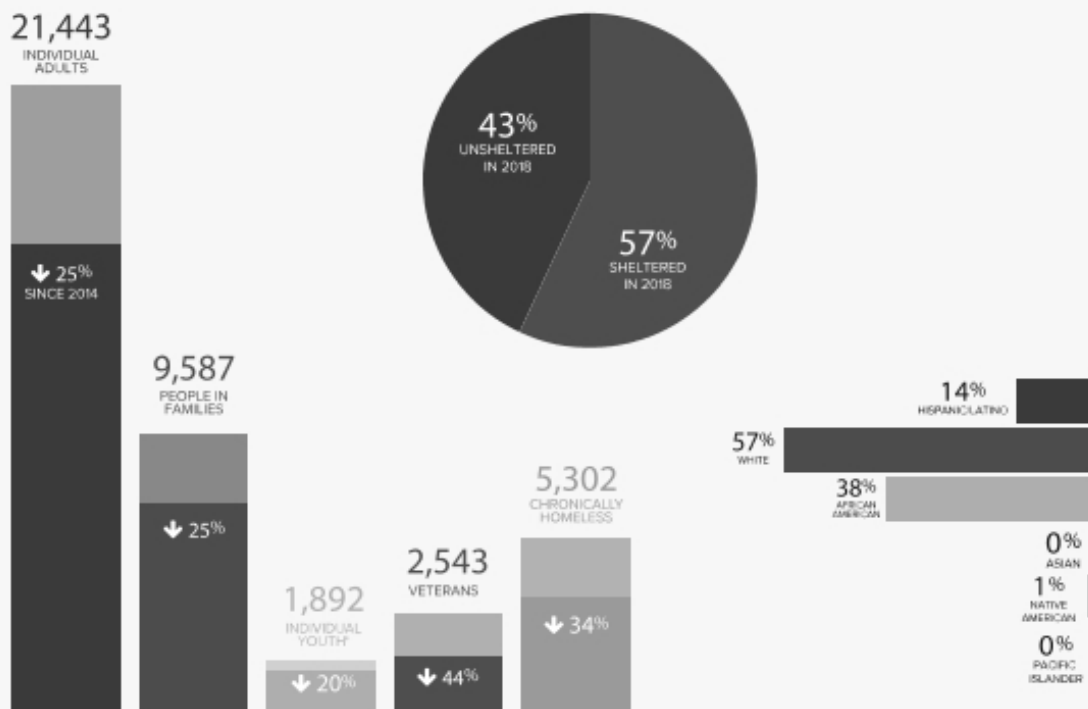
Homelessness Is a Problem in Florida



31,030
FLORIDIANS EXPERIENCED HOMELESSNESS IN 2018.
↓ 25%
SINCE 2014

BUT WE'RE MAKING PROGRESS.

NO ONE SHOULD HAVE TO BE HOMELESS.
Here's who experiences homelessness in Florida.



Categories are not mutually exclusive. Statistics drawn from 2014 - 2018 HUD Point in Time Counts to reflect the most recent four-year trends.
*HUD did not begin gathering youth statistics until 2017.

Categories are not mutually exclusive. Statistics drawn from 2018 Point-in-Time Count.

FLORIDA'S EFFORTS TO END HOMELESSNESS ARE WORKING.

Support \$3 billion in overall funding for the U.S. Department of Housing and Urban Development's Homeless Assistance Grants account to make more progress.





FY 2020 Fair Market Rent Documentation System

The FY 2020 Sebastian-Vero Beach, FL MSA FMRs for All Bedroom Sizes

Final FY 2020 & Final FY 2019 FMRs By Unit Bedrooms					
Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2020 FMR	\$663	\$853	\$1,018	\$1,398	\$1,625
<u>FY 2019 FMR</u>	<u>\$617</u>	<u>\$802</u>	<u>\$961</u>	<u>\$1,352</u>	<u>\$1,547</u>

Indian River County, FL is part of the Sebastian-Vero Beach, FL MSA, which consists of the following counties: Indian River County, FL. All information here applies to the entirety of the Sebastian-Vero Beach, FL MSA.



FY 2020 Fair Market Rent Documentation System

The FY 2020 Port St. Lucie, FL MSA FMRs for All Bedroom Sizes

Final FY 2020 & Final FY 2019 FMRs By Unit Bedrooms					
Year	<u>Efficiency</u>	<u>One-Bedroom</u>	<u>Two-Bedroom</u>	<u>Three-Bedroom</u>	<u>Four-Bedroom</u>
FY 2020 FMR	\$932	\$938	\$1,207	\$1,642	\$1,907
<u>FY 2019 FMR</u>	<u>\$855</u>	<u>\$873</u>	<u>\$1,105</u>	<u>\$1,524</u>	<u>\$1,834</u>

Martin County, FL is part of the Port St. Lucie, FL MSA, which consists of the following counties: Martin County, FL; and St. Lucie County, FL. All information here applies to the entirety of the Port St. Lucie, FL MSA.

2019/10/07

Treasure Coast Homeless Services Council, Inc.



HOUSING MATTERS

Ending Homelessness in Indian River, St. Lucie
and Martin Counties, Florida

**Continuum of Care
Annual Report 2020**

Mission

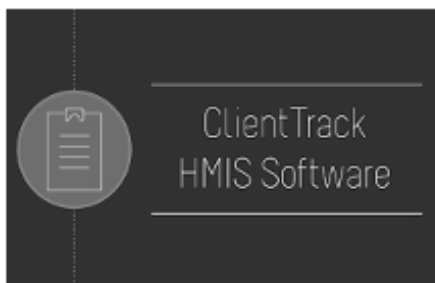
The mission of the Treasure Coast Homeless Services Council, Inc. is to prevent and end homelessness on the Treasure Coast and to assure that if homelessness happens, it is brief and non-recurring.

What we do...



Point in time homeless count

The Annual Point in Time Count is the first step in determining need. It was conducted on January 22, 2020. The count is a one-day snapshot of sheltered and unsheltered literally homeless individuals and families in our three-county area. The report is based on answers to very specific questions and is carefully reviewed to avoid double counting. Most of our partner agencies report on the number of persons seeking services at their sites on that day. Only people who are literally homeless are counted. "Couch surfers" are not included in the totals. **Pages 4-7**



HMIS – Coordinated entry

The Homeless Management Information System (HMIS) tracks services provided by participating agencies on the Treasure Coast. We manage this database to allow for a greater understanding of who is receiving services. The ability to make referral across the Continuum of Care improves our efficiency in providing timely resources and avoids duplication. All participating agencies complete a uniform assessment in the system and can refer clients to appropriate programs. **Pages 8-10**



Homeless Prevention and Rapid Rehousing

The Council invests most of its efforts on preventing and ending homelessness. Avoiding homelessness in the first place is our best solution. Every effort is made to divert people from homelessness, but when it does occur, rapid rehousing is our main goal. Funding for these services comes through a variety of State and Federal Programs, i.e. Challenge, ESG and HUD Permanent Supportive Housing, and is supported through United Way, FEMA, SSVF, Community Church, John's Island Foundation and John's Island Community Services League. **Page 11**



Supportive Services for Veteran Families

Our Supportive Services for Veteran Families Program (SSVF) provides housing stability to veterans in Indian River, Martin and St. Lucie Counties. The Treasure Coast Homeless Services Council is providing housing and shelter for eligible veterans and maintains the Veteran by-name list to keep a personal track of local homeless Veterans. Our SSVF case management staff works with local Veteran Services Officers, various outreach and nonprofit Veteran organizations, the West Palm Beach VA Supportive Housing program and the coordinated entry staff of the VA. TCHSC also provides one full time staff person to work at the St. Lucie County VSO. **Page 11**

Target Population

- Chronically homeless
- High acuity, high cost
- Disabling conditions

Supportive Services

- Rental Subsidy
- Intensive Case Management
- Health care, including behavioral health
- Streamlined benefits access

Permanent Supportive Housing

Treasure Coast Homeless Services Council, Inc. annually applies for HUD's Continuum of Care Program grants. During 2020, Indian River, St. Lucie and Martin County received a total of \$1,665,175 for permanent supportive housing and housed 278 individuals permanently in the community. Permanent supportive housing is paid directly to landlords and pairs a long-term housing subsidy with case management and supportive services for disabled households. **Page 12**

Housing is considered "affordable" when rent or mortgage, plus utilities, is no more than **30%** of a household's gross income.



Affordable Rental Housing

We have continued to maintain affordable housing under the Indian River County Neighborhood Stabilization Program, the St. Lucie County Neighborhood Stabilization Program, Naomi's House and Every Dream Has A Price. These units are part of the contributions this CoC has made to help with the crisis we face with rents being "out of reach" on the entire Treasure Coast. **Pages 13 -16**



Financial Resources & Fiscal Management

As the lead agency for the Continuum of Care, Treasure Coast Homeless Services Council takes on the accountability of applying for, monitoring and administering federal, state and local grants which assist low income persons in paying for housing. The Council pays rental assistance directly to landlords in order to prevent or end homelessness for individuals and families on the Treasure Coast. **Page 17 -19**

2020 PIT Count Data for St. Lucie, Indian River, Martin

2020 Homeless Data: On January 22, 2020 there was a total of **1379** individuals who were counted as homeless on the Treasure Coast.

Total Population PIT Count Data

	2017 PIT	2018 PIT	2019 PIT	2020 PIT
Total Sheltered and Unsheltered count	1732	1542	1499	1379
Emergency Shelter Total	80	430	91	107
Safe Haven Total	0	0	0	0
Transitional Housing Total	103	83	63	81
Total Shelter Count	183	513	154	188
Total Unsheltered Count	1549	1029	1345	1191

Chronically Homeless PIT Count

	2017 PIT	2018 PIT	2019 PIT	2020 PIT
Total Sheltered and Unsheltered count of Chronically Homeless Persons	57	58	51	45
Sheltered Count of Chronically Homeless Persons	0	0	0	0
Unsheltered Count of Chronically Homeless Persons	57	58	51	45

Homeless Households with Children PIT Counts

	2017 PIT	2018 PIT	2019 PIT	2020 PIT
Total Sheltered and Unsheltered count of the Number of Homeless Households with Children	338	200	259	181
Sheltered count of Homeless Households with Children	41	136	33	44
Unsheltered count of Homeless Households with Children	297	64	226	137

Homeless Veteran PIT Counts

	2017 PIT	2018 PIT	2019 PIT	2020 PIT
Total Sheltered and Unsheltered count of the Number of Homeless Veterans	72	61	50	68

2020 Total Population PIT Count Data Demographics

Gender	Emergency	Transitional	Safe Haven	Unsheltered	Total
Female	73	42	0	459	574
Male	34	39	0	730	803

Ethnicity	Emergency	Transitional	Safe Haven	Unsheltered	Total
Non-Hispanic/Non-Latino	102	71	0	1053	1226
Hispanic/Latino	5	10	0	138	153

Race	Emergency	Transitional	Safe Haven	Unsheltered	Total
White	52	30	0	732	814
Black or African-American	52	38	0	399	489
Asian	2	2	0	3	7
American Indian or Alaska Native	0	0	0	13	13
Native Hawaiian or Other Pacific Islander	0	1	0	2	3
Multiple Races	1	10	0	42	53

2020 Homeless Veteran PIT Counts Demographics

Gender	Emergency	Transitional	Safe Haven	Unsheltered	Total
Female	0	0	0	4	4
Male	0	0	0	63	63
Transgender				1	1

Ethnicity	Emergency	Transitional	Safe Haven	Unsheltered	Total
Non-Hispanic/Non-Latino	0	0	0	67	67
Hispanic/Latino	0	0	0	1	1

Race	Emergency	Transitional	Safe Haven	Unsheltered	Total
White	0	0	0	54	54
Black or African-American	0	0	0	10	10
Asian	0	0	0	0	0
American Indian or Alaska Native	0	0	0	1	1
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple Races	0	0	0	3	3

Chronically Homeless	Emergency	Transitional	Safe Haven	Unsheltered	Total
Total Number of Persons	0	0	0	18	18

Unaccompanied Youth PIT Counts Demographics

Unaccompanied Youth	Emergency	Transitional	Safe Haven	Unsheltered	Total
Under Age 18	10	0	0	0	10
Age 18 to 24	0	12	0	41	53

Gender	Emergency	Transitional	Safe Haven	Unsheltered	Total
Female	4	6	0	18	28
Male	6	6	0	23	35

Ethnicity	Emergency	Transitional	Safe Haven	Unsheltered	Total
Non-Hispanic/Non-Latino	10	8	0	36	54
Hispanic/Latino	0	4	0	5	9

Race	Emergency	Transitional	Safe Haven	Unsheltered	Total
White	5	7	0	28	40
Black or African-American	5	4	0	11	20
Multiple Races	0	1	0	2	3

Additional Homeless Population PIT

	Emergency	Transitional	Safe Haven	Unsheltered	Total
Adults with a serious Mental Illness	1	0	0	191	192
Adults with a Substance Use Disorder	2	0	0	76	78
Adults Survivors of Domestic Violence	23	2	0	22	47

HMIS - Coordinated Entry

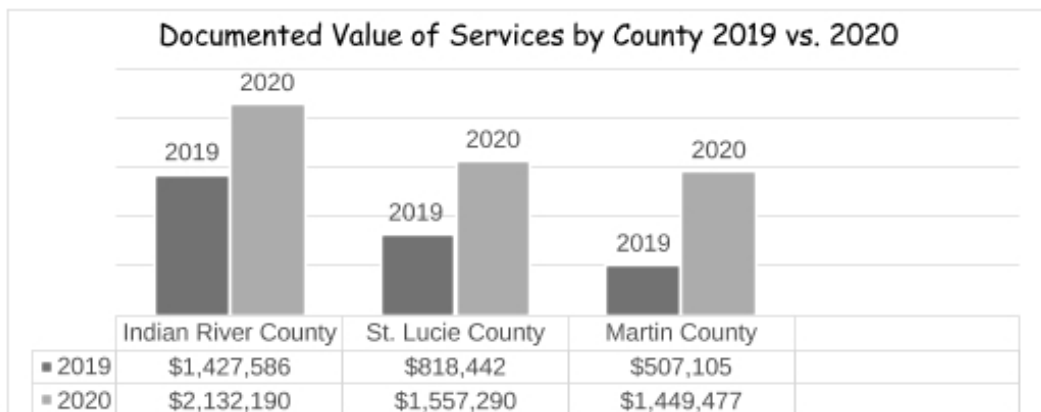
The Homeless Management Information System (HMIS) tracks all services provided by participating end users to persons and households throughout the Treasure Coast. It tracks critical information about needs and services but it can also identify the reason why services which were requested were not provided. The HMIS provides a greater understanding of all households requesting assistance and what services are actually accessed. It reduces duplication among agencies and allows for participation in coordinated entry and coordinated service delivery across the CoC.

During 2020, these HMIS contributing agencies documented \$5,138,957 in services which they provided to prevent and end homelessness. These services were provided to a total of 9,370 unduplicated individuals, and impacted a total of 16,692 individuals.

HMIS Participating Agencies (By County)

Indian River	St. Lucie	Martin
Camp Haven	Angels of Hope Outreach	House of Hope
Children's Home Society	Children's Home Society	LAHIA
Clear Health Alliance (Dade)	Mustard Seed Ministries	MC Health & Human Svc.
Economic Opportunities	New Horizons	MC Salvation Army
Hope for Families Center	Salvation Army of SLC	MISS
IRC BOCC	SLC Comm. Services	New Horizons
IRC Health & Human Svc.	TCHSC Resource Center	TCHSC Resource Center
New Horizons	United Against Poverty	
Salvation Army of IRC		
Samaritan Center		
The Source	There is a total of 64 licensed end users at this time. Some agencies have multiple users.	
TCHSC Resource Center		
United Against Poverty		
Veterans Council of IRC		

Documented Service Value



8

One of the benefits of the Coordinated Entry System is that households can obtain appropriate referrals to multiple agencies with one phone call. Listed below are the top four services reported by CoC member agencies during 2020. Other services not listed below include clothing, furniture, household goods, education/training, and gas/bus fares, etc.

Top Four (4) services provided by County

Indian River County	Total Value	Unduplicated Clients	Total Individuals in Families
Housing Related	\$1,769,724	1,299	3,041
Utilities	\$87,713	258	726
Case Mgt/Health	\$156,713	1,427	2,736
Food	\$12,541	659	1,440

The data indicates that clients in Indian River County received an average of 3.46 unduplicated services.

St. Lucie County	Total Value	Unduplicated Clients	Total Individuals in Families
Housing Related	\$1,261,374	596	1,248
Utilities	\$175,170	553	1,073
Case Mgt/Health	\$75,170	3,500	5,170
Food	\$31,311	2,525	3,567

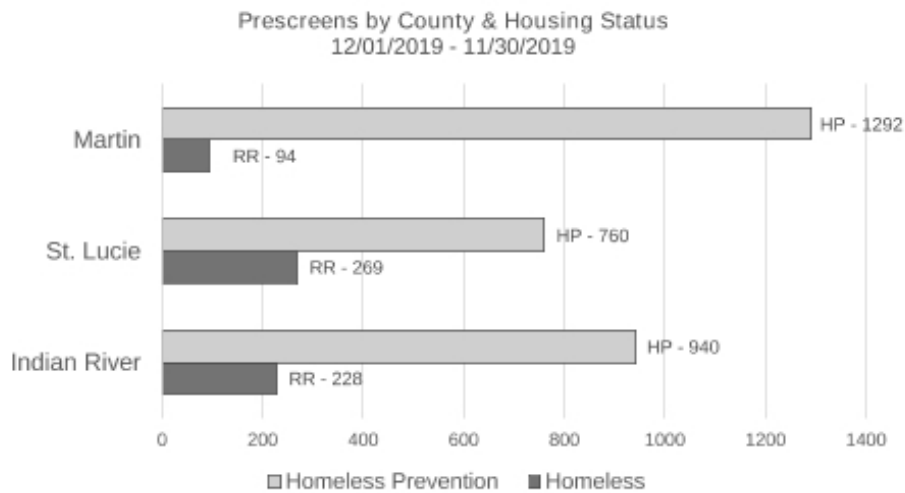
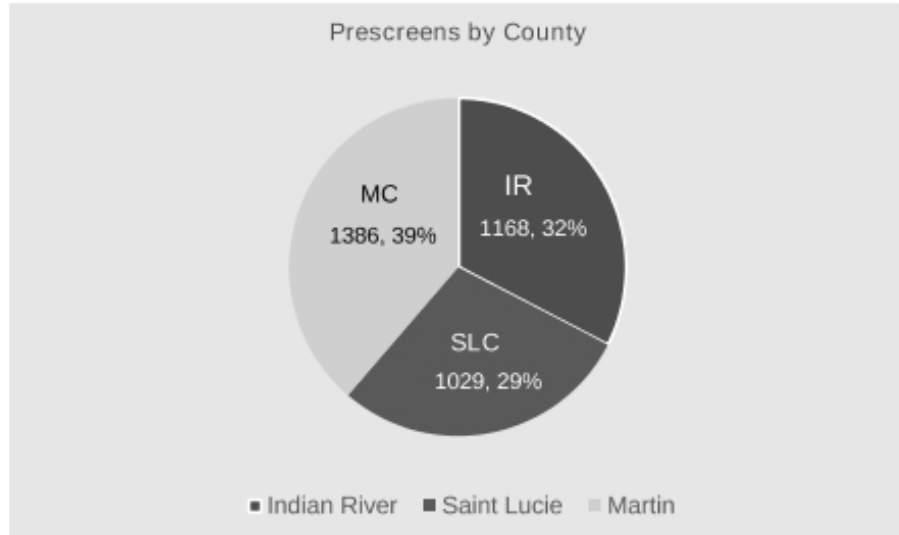
The data indicates that clients in St. Lucie County received an average of 2.56 unduplicated services.

Martin County	Total Value	Unduplicated Clients	Total Individuals in Families
Housing Related	\$1,207,315	443	1,048
Utilities	\$156,682	385	1,092
Case Mgt/Health	\$58,817	1,374	3,174
Food	\$6,272	845	2,157

The data indicates that clients in Martin County received an average of 2.57 unduplicated services.

PRESCREENS - Coordinated Entry System

The HMIS system allows us to interview individuals remotely and assess their need, in real time, across the CoC. The information is entered immediately by the interviewer and a score is automatically generated by the system. The highest scores get the first in depth intake interviews. We do this because we try to serve people who are the most in need first. We are providing the following information about the requests for prevention and re-housing services as they came in through pre-screens, from each of the counties in the CoC. 3,583 households were pre-screened between 12/01/2019 – 11/30/2020.



These numbers represent persons who were actually pre-screened in person or over the phone using our coordinated entry process.

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Homeless Prevention and Rapid Rehousing - 12/01/2019 - 11/30/2020

In addition to prescreening, the following services were performed by the TCHSC Staff with funding from State and Federal dollars.

Direct Services - TCHSC			
Type of Assistance	Families	Individuals in Families	Amount
Housing Assistance	316	838	\$868,610
Emergency Housing	14	24	\$23,372
All Other Assistance	122	393	\$3,454
Total	452	855	\$895,436

VASH and COVID -19 VASH

The Veteran's Administration invested significant effort in assuring that any homeless Veteran who was "on the street" would be protected from getting and spreading the virus during the pandemic. They authorized hotel placements for those without shelter, and for veterans who could not otherwise safely social distance.

"In response to the COVID-19 crisis, the SSVF Program Office has provided supplemental funding and flexibility to grantees, allowing an expansion of services and support to Veterans. SSVF grantees are encouraged to provide emergency housing assistance to homeless Veterans who are unsheltered or at high risk of becoming seriously ill if exposed to COVID-19."

Veterans Served by SSVF - \$467,373.00			
Agency	HP	RR	Total
Treasure Coast Homeless Services Council, Inc.	42	41	88
St. Lucie County Community Services - TCHSC Staff	28	41	69
Martin County Health & Human Services - TCHSC Staff	0	2	2
Total	70	84	159



Permanent Supportive Housing

Treasure Coast Homeless Services Council, Inc. annually applies for HUD's Continuum of Care Program grants. During 2020, Indian River, St. Lucie and Martin County received a total of \$1,665,175 for permanent supportive housing through our applications on their behalf.

A cost-effective solution, permanent supportive housing has been shown to lower public costs associated with the use of crisis services such as shelters, hospitals, jails and prisons.

County	Award	Clients Housed
Indian River	\$903,372	150
St. Lucie	\$453,312	61
Martin	\$326,491	67
TOTAL	\$1, 665,175	278

Permanent Supportive Housing is the best solution to end chronic homelessness. Permanent supportive housing pairs a long-term housing subsidy with case management and supportive services. This approach has been shown to not only help people experiencing chronic homelessness to achieve long-term housing stability, but also improves their health and well-being. Permanent supportive housing uses a HOUSING FIRST MODEL to assist homeless individuals and families. Housing first is a Federal housing approach to ending homelessness which attempts to reduce all barriers to housing placement. Clients are assessed and placed on a prioritization list based on the severity of their need, not on their "readiness for housing". All Permanent Supportive Housing in the CoC is tenant based rental assistance. The client can live in any available housing unit in the community that can pass housing quality inspections and is rent reasonable.



Final FY 2021 Fair Market Rent (FMR) by County

IRC	0 Bed	1 Bed	2 Bed	3 Bed	4 Bed
FMR	\$699	\$881	\$1,059	\$1,430	\$1,673
Hourly wage necessary to afford FMR	\$13.44	\$16.94	\$20.36	\$27.49	\$32.17
Full-time jobs at minimum wage (\$8.65) to afford FMR	1.55	1.96	2.35	3.18	3.72
Full-time jobs at minimum wage (\$10.00 10/01/2021)	1.34	1.69	2.04	2.73	3.22

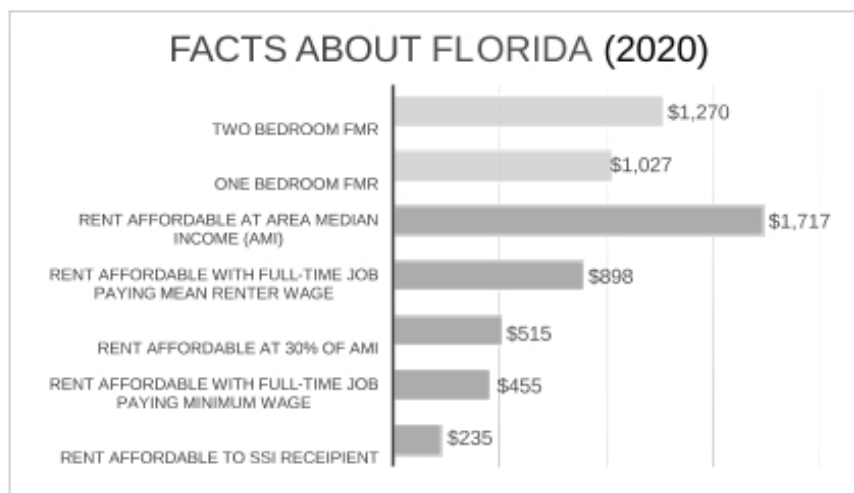
Indian River County includes Vero Beach and Sebastian and consists of Indian River County

SLC/MC	0 Bed	1 Bed	2 Bed	3 Bed	4 Bed
FMR	\$926	\$932	\$1,211	\$1,618	\$1,830
Hourly wage necessary to afford FMR	\$17.81	\$17.92	\$23.29	\$31.12	\$35.19
Full-time jobs at minimum wage (8.56) to afford FMR	2.06	2.07	2.69	3.60	4.07
Full-time jobs at minimum wage (\$10.00 10/01/2021)	1.78	1.79	2.33	3.11	3.52

Martin County includes St. Lucie County and consists of Martin County and St. Lucie County

Tables are based on rent not exceeding 30% of Household income.

Minimum wage is scheduled to rise to \$8.65 (from \$8.56) in 2021; \$10.00 after 09/30/21



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Affordable Housing

Neighborhood Stabilization Program Rentals

The NSP Program provides safe, affordable housing for very low, low, moderate-income families.



Indian River County

TCHSC owns 19 NSP affordable rental housing units.

This NSP partnership with Indian River County provided housing for: 32 adults with 23 children.

Rents ranged from \$450 - \$1000.
TCHSC maintains and manages all of these Properties.



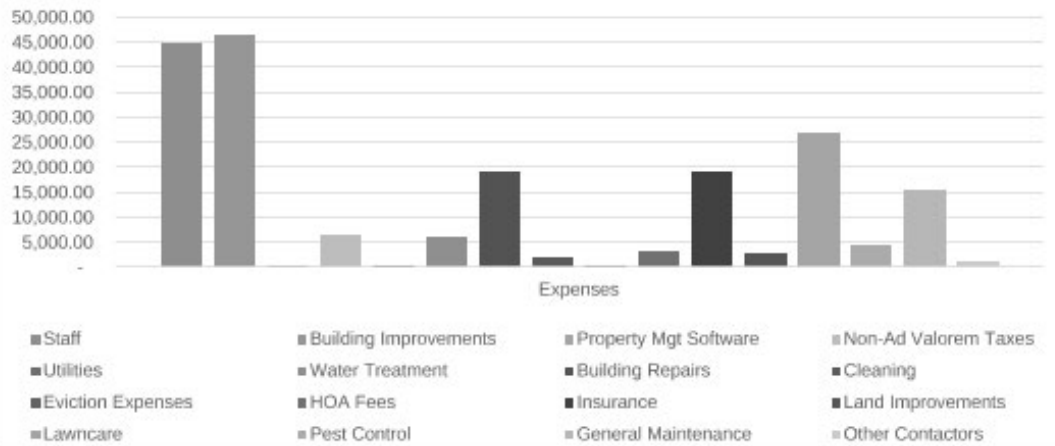
St. Lucie County

TCHSC owns 13 NSP affordable rental housing units.

This NSP partnership with St. Lucie County provided housing for: 13 adults with 19 children.

Rents ranged from \$700 - \$900.
TCHSC maintains and manages all of these Properties.

Cost To Run Affordable Housing \$202,376.00 (12 months)



Affordable Housing is always a hot topic. Defining it continues to be more controversial as time goes on. For the past year, we have assumed responsibility for repairs and maintenance of all of the affordable housing properties we own in Indian River and St. Lucie counties. Revenue from these properties is very limited due to the need to keep the properties affordable and to also accommodate special populations who are on the path to reestablishing their housing stability. We could not afford this without the help of our faith-based partners and community philanthropy partners. Without their funds for repairs, furnishings, donations etc. we would not be able to sustain this "experiment" which is now becoming a model for future successes.

Naomi's House

To date, 44 single women of all ages have resided at Naomi's House since it was opened. This year, due to COVID, the number of occupied beds had to be temporarily reduced. Despite that, thirteen women, including several young women who had aged out of foster care were able to live at the facility for as long as they needed to be ready to go out on their own. The project, with four 2-bedroom, two bath units, will continue to partner with Children's Home Society to help young women who have aged out of foster care who need some extra time to find housing and work before moving into their own housing.



Every Dream Has A Price

The merger of Every Dream Has A Price and the Coalition for Attainable Homes was completed in December of 2020. These two beautiful new homes were completed by Every Dream Has A Price as targeted housing to meet the housing needs of specific populations in Indian River County. This year, one of the new houses will serve people in the community with special needs.



While the majority of the housing remains dedicated to serving individual Veterans, and Veterans with families, the newest property, in sunshine yellow, will be dedicated to serving a different population, including mental health court clients.



The new Board of Coalition for Attainable Homes is jointly composed of Every Dream Has A Price and Coalition for Attainable Homes Board Members who are affiliated with the Treasure Coast Homeless Services Council, Inc..

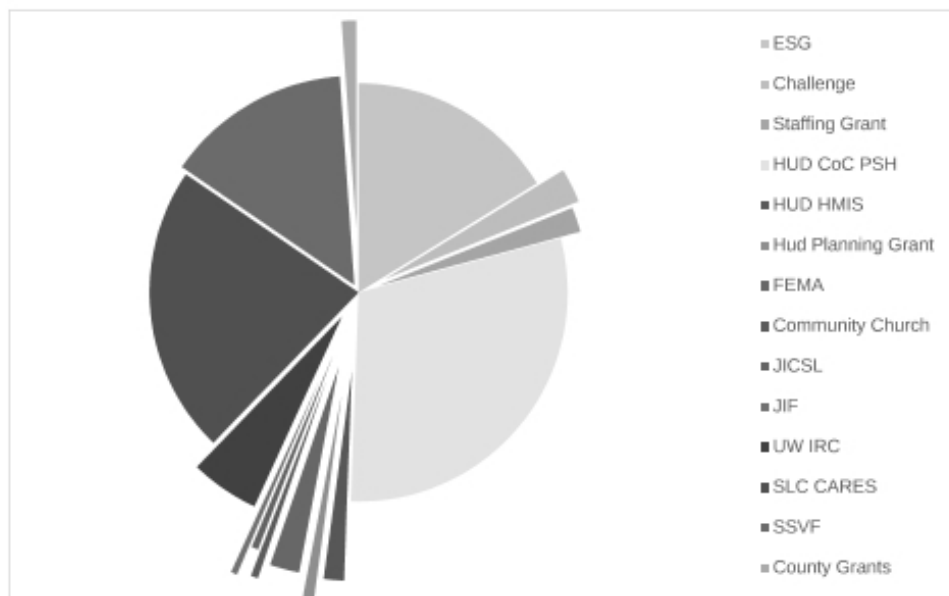
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Financial Resources 2020 - 2021

As the lead agency for the Continuum of Care, Treasure Coast Homeless Services Council, Inc. is responsible for applying for and administering federal, state and local grants which can be used to assist in preventing and ending homelessness across the Treasure Coast.

The chart below provides a breakdown of grants awarded/received by Treasure Coast Homeless Services Council, Inc. through Federal, State and Local funders to be used for prevention, rapid rehousing and coordinated data management across the Treasure Coast. Awards include Covid-19 & CARES ACT funds. See next page.

Grant	Amount	
ESG	\$911,000.00	16.22%
Challenge	\$148,500.00	2.64%
Staffing Grant	\$107,143.00	1.91%
HUD CoC PSH	\$1,665,175.00	29.65%
HUD HMIS	\$88,061.00	1.57%
Hud Planning Grant	\$48,874.00	0.87%
FEMA	\$127,944.00	2.28%
Community Church	\$31,300.00	0.56%
JICSL	\$30,000.00	0.53%
JIF	\$27,200.00	0.48%
UW IRC	\$298,524.81	5.32%
SLC CARES	\$1,250,000.00	22.26%
SSVF	\$802,495.0	14.29%
County Grants	\$62,770.00	1.12%
Private Donor	\$17,500.00	0.31%
	\$5,616,486.81	100.00%



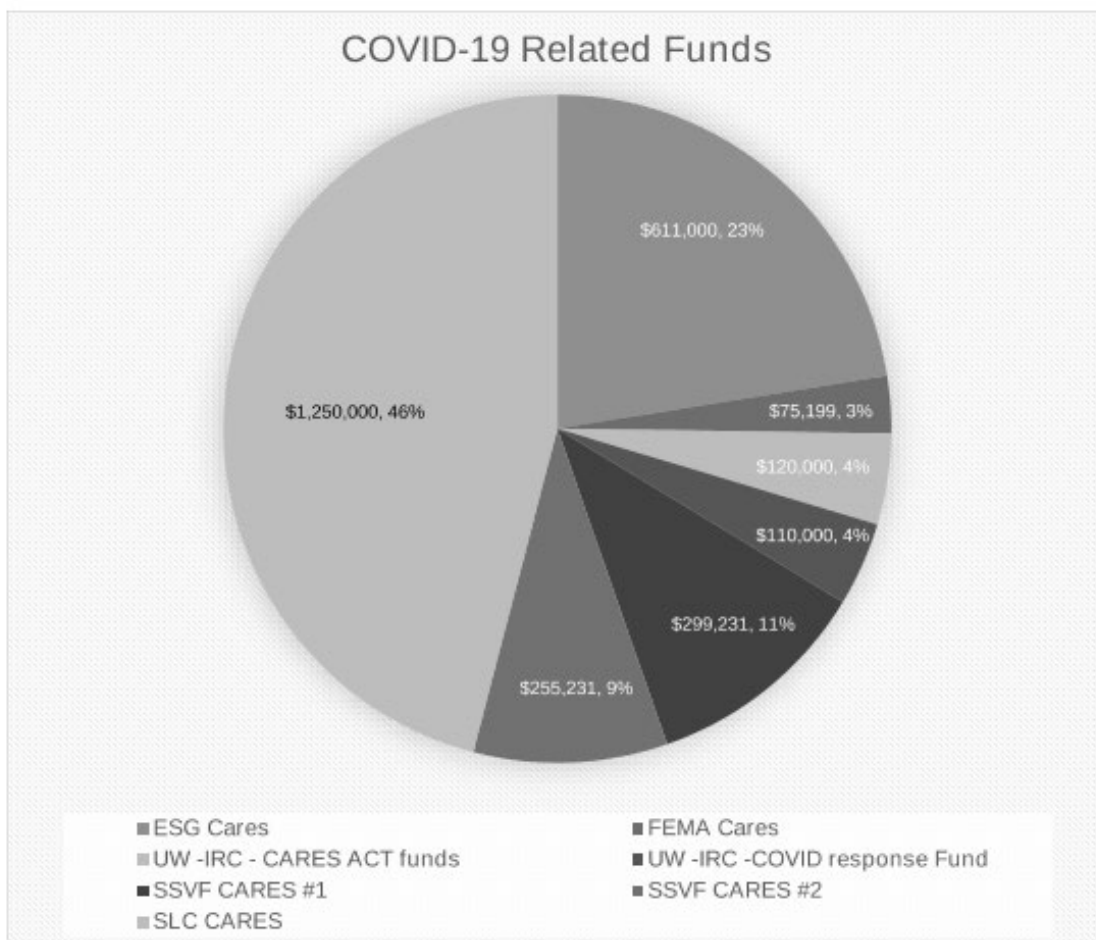
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COVID-19 Related Funds

In general, the Coronavirus Relief Fund (CRF) is a portion of the Coronavirus Aid, Relief, and Economic Security (CARES) Act passed by Congress and signed into law by the President in March 2020 in response to the economic fallout of the COVID-19 pandemic.

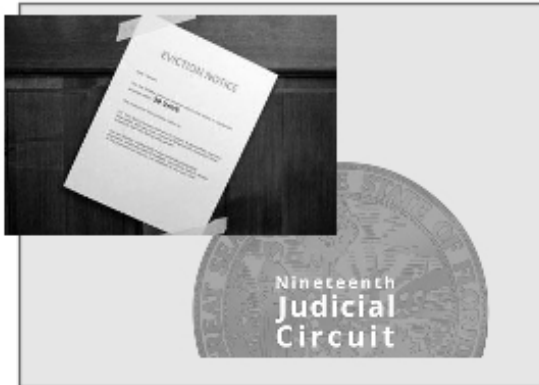
The majority of the funding listed below went directly to rent and utility assistance for persons who were eligible for assistance according to the terms and condition of the CARES Act.

In some these funds replaced our regular award amounts.



St. Lucie County CARES Contract

On July 31, 2020, St. Lucie County awarded a contract to Treasure Coast Homeless Services Council to distribute Coronavirus Relief Funds (CARES) to county residents impacted by COVID-19. The three projects started and completed within the deadline of 12/30/2020 dispersed \$1,250,000 to St. Lucie County residents.



Eviction Diversion

Partnering with the 19th Circuit Court, TCHSC created an eviction diversion program to serve households impacted financially from COVID-19. Over a space of four months, 114 households were spared from eviction and landlords received more than \$570,000 in past due rent.

Emergency Rental Assistance

Partnering with the SLC Community Services, TCHSC administered overflow cases of households impacted financially from COVID-19. This program prevented eviction filings for 132 households. Landlords and utility providers received more than \$266,000 in past due payments.



Housing Hub

TCHSC created a Housing Hub in Fort Pierce to provide a centralized location to meet with and provide services to residents needing housing assistance. This location will also serve as an emergency overnight shelter for homeless men, providing programs to help them transition to permanent housing.

Continuum of Care Members & Partners

The Continuum of Care is a community wide collaborative group which meets regularly to plan and work together to quickly address housing issues for all populations, and to provide supportive services to keep people housed and healthy. CoC Members and collaborative partners provide a wide range of additional resources, from services to funding, to prevent and end homelessness, together, whenever we can.

211 Palm Beach/Treasure Coast, Inc.	John's Island Foundation
Angels of Hope Ministries, Inc.	Love and Hope in Action
Adam's Place	Martin County Health and Human Services
Camp Haven, Inc.	Martin County School District
Children's Home Society, Inc.	Mary's Shelter Treasure Coast
Christ by the Sea United Methodist Church	MISS, Inc.
City of Ft. Pierce Housing Authority	Mustard Seed Ministries, Inc.
City of Ft. Pierce Police Department	New Horizons of the Treasure Coast, Inc.
Community Church of Vero Beach	Public Defender, 19th Circuit
Department of Health - Indian River County	Roseland United Methodist Church
Department of Health - St. Lucie County	Safespace, Inc.
Every Dream has a Price, Inc.	Salvation Army of Indian River County
ELC of Indian River, Martin and Okeechobee Counties	Salvation Army of Martin County
Early Learning Coalition of St. Lucie County	Salvation Army of St. Lucie County
Economic Opportunities Council	Samaritan Center - Catholic Charities
Fellsmere Community Enrichment Program, Inc.	Sarah's Kitchen
First Presbyterian Church	Southeast Florida Behavioral Health Network
Florida Department of Children and Families	St. Augustine of Canterbury
Florida Rural Legal Services	St. Helens Catholic Church
Graceway Village, Inc.	St. Lucie County Community Services
Grand Harbor Missions Board	St. Lucie County School District
Habitat for Humanity	St. Lucie County St. Vincent DePaul
Holy Cross Catholic Church	St. Lucie County Veteran Services
Hope for Families Center	Temple Beth Shalom - Vero Beach
House of Hope, Inc.	The Source, Inc.
HUD/VASH - West Palm VA Medical Center	Treasure Coast Community Health
Indian River County Health and Human Services	United Against Poverty of Indian River County
Indian River County School District	United Against Poverty of St. Lucie County
Indian River County Sheriff's Department	United Way of Indian River County
Indian River County Veteran Services	
John's Island Community Services League	Vietnam Veterans of Indian River County
IF YOUR NAME IS NOT ON THE LIST, WE WOULD LOVE TO HAVE YOUR PARTICIPATION!!!!	



TREASURE COAST HOMELESS SERVICES COUNCIL, INC.

2525 St. Lucie Avenue
Vero Beach, FL 32960

www.tchelpspot.org

772-567-7790

2021 POINT IN TIME HOMELESS COUNT

General Information

The Point-in-Time (PIT) count is a count of sheltered and unsheltered **literally** homeless persons on a single night in January. Treasure Coast Homeless Services Council, Inc. conducted its 2021 Point in Time Count on **January 26, 2021**. To be counted in the PIT count, individuals must be literally homeless (sleeping on the street, in a car, in the woods, in camp, etc.) or sheltered (emergency shelter, transitional shelter, hotel paid for by an Agency). There was a total of 28 agencies that surveyed unsheltered homeless individuals during the PIT count and a total of 8 agencies that reported sheltered homeless individuals.

2021 Homeless Data

On January 26, 2021, there were a total of 814 individuals (693 adults and 121 children) who were counted as homeless on the Treasure Coast. These numbers show an 41% decrease from the 2020 PIT count.

Couch Surfers

Additional individuals temporarily staying with family or friends because of economic reasons ("couch surfers") are not considered homeless in this count. An additional 1,319 households were reported as couch surfers by participating agencies during the Point in Time count. This is up from 1,108 during 2020, which is a 19% increase over last year's numbers.

Methods

The Point in Time (PIT) numbers reflect the official homeless numbers, as reported to HUD by the Continuum of Care. We utilize street outreach teams, service organizations, school homeless liaisons, and shelter programs to provide an accurate count of individuals who meet HUD's definition of homelessness, counted on one specific day in the last 10 days of January. For validation purposes, we have deleted any duplicates and double checked HMIS to verify program enrollment on the day of the count. This method of counting has been utilized for all homeless data provided by this Continuum of Care and is an accurate way to show trends in homelessness.



TREASURE COAST HOMELESS SERVICES COUNCIL, INC.
 2525 St. Lucie Avenue
 Vero Beach, FL 32960

www.tchelpspot.org

772-567-7790

HOMELESSNESS FACT SHEET FOR INDIAN RIVER COUNTY

These numbers represent the number of sheltered or unsheltered literally homeless individuals in Indian River County. These numbers are based on those individuals seeking or receiving services or interviewed in camp sites, feeding sites, and other locations on one single day. An additional 202 households were sharing housing or “couch surfing” and were not counted in these totals.

Total Homeless Individuals

	January 22, 2020	January 26, 2021	Difference
Adults	342	227	(115)
Children	122	34	(88)
Total	464	261	(203)

Veteran Status

(self-reported & not verified during the PIT count)

Veterans	22	23	+1
-----------------	----	----	----

2021 Sheltered & Unsheltered

	Sheltered	Unsheltered	Total
Adults	39	188	227
Children	26	8	34
Total	65	196	261

Agencies Providing Data

Unsheltered

New Horizons, Indian River County School District, Angels of Hope Outreach, Treasure Coast Homeless Services Council, Up Center, Community Church, Career Source, IRC Salvation Army, Food Pantry, The Source, Treasure Coast Community Health

Sheltered

Hope for Families Center, Samaritan Center, Children’s Home Society, Camp Haven



TREASURE COAST HOMELESS SERVICES COUNCIL, INC.
 2525 St. Lucie Avenue
 Vero Beach, FL 32960

www.tchelpspot.org

772-567-7790

HOMELESSNESS FACT SHEET FOR ST. LUCIE COUNTY

These numbers represent the number of sheltered or unsheltered literally homeless individuals in St. Lucie County. These numbers are based on those individuals seeking or receiving services or interviewed in camp sites, feeding sites, and other locations on one single day. An additional 663 households were sharing housing or “couch surfing” and were not counted in these totals.

Total Homeless Individuals

	January 22, 2020	January 26, 2021	Difference
Adults	372	246	(126)
Children	162	41	(121)
Total	534	287	(247)

Veteran and Disability Status

(self-reported & not verified during the PIT count)

Veterans	26	21	(5)
-----------------	-----------	-----------	------------

2021 Sheltered & Unsheltered

	Sheltered	Unsheltered	Total
Adults	1	245	246
Children	7	34	41
Total	8	279	287

Agencies Providing Data

Unsheltered

St. Lucie County Community Services, Mustard Seed, New Horizons, Sarah’s Kitchen, In the Image of Christ, St. Lucie County School District, SLC Veteran Services, Angels of Hope Outreach, Up Center, Ft Pierce Police Department, City of Ft Pierce CRA, Career Source

Sheltered

Wave Crest



TREASURE COAST HOMELESS SERVICES COUNCIL, INC.
 2525 St. Lucie Avenue
 Vero Beach, FL 32960

www.tchelpspot.org

772-567-7790

HOMELESSNESS FACT SHEET FOR MARTIN COUNTY

These numbers represent the number of sheltered or unsheltered literally homeless individuals in Martin County. These numbers are based on those individuals seeking or receiving services or interviewed in camp sites, feeding sites, and other locations on one single day. An additional 454 households were sharing housing or “couch surfing” and were not counted in these totals.

Total Homeless Individuals

	January 22, 2020	January 26, 2021	Difference
Adults	297	220	(77)
Children	84	46	(38)
Total	381	266	(115)

Veteran and Disability Status

(self-reported & not verified during the PIT count)

Veterans	20	18	(2)
-----------------	-----------	-----------	------------

2021 Sheltered & Unsheltered

	Sheltered	Unsheltered	Total
Adults	25	195	220
Children	22	24	46
Total	47	219	266

Agencies Providing Data

Unsheltered

House of Hope, LAHIA, Martin County Health and Human Services, Salvation Army of Martin County, Martin County School District, Tent City Helpers, Angels of Hope Outreach, Martin County Sheriff Office, MISS

Sheltered

Martin County Salvation Army (Compassion House), Safe Space, Mary’s Shelter

From: [Alessandra Tasca](#)
To: [Corbett](#)
Cc: [Bosa Reina](#); [Karen Linthicum](#)
Subject: FW: CDBG Stakeholder Meeting this Wednesday.
Date: Wednesday, May 12, 2021 4:08:00 PM
Attachments: [image013.png](#)
[image014.png](#)
[image015.png](#)
[image017.png](#)
[image021.png](#)
[image023.png](#)
[image024.png](#)
[image025.png](#)
[image026.png](#)
[image027.png](#)

Dear Corbett,

These are additional potential projects from our Parks & Rec Department that could be included in our ConPlan. Park Development is also a big issue for the City and furthering our 10 year Parks Master Plan is important because it is not currently funded. There are many opportunities for other grants as well but, Parks Projects should be included.

<https://www.cityofpsl.com/home/showdocument?id=9173>

Sincerely,

Alex

From: Mike Kendrick <mkendrick@cityofpsl.com>
Sent: Tuesday, April 20, 2021 11:42 AM
To: Alessandra Tasca <ATasca@cityofpsl.com>; Michael Byrd <byrdm@cityofpsl.com>
Cc: Sherman Conrad <ShermanC@cityofpsl.com>; Mike Kendrick <mkendrick@cityofpsl.com>; Bradley Keen <BKeen@cityofpsl.com>; Carmen Capezzuto <CarmenC@cityofpsl.com>
Subject: RE: CDBG Stakeholder Meeting this Wednesday.

Alex and Michael,

After speaking with Michael Byrd this afternoon, he suggested that I submit our potential projects via email and not the submittal form. See below for future project considerations.

- River Place Park—Tract 381502, Block 2: Playground Improvements to introduce inclusive play elements. Estimated Cost \$345,000 from CDBG (Materials Only) and Parks Operating for Labor \$109,000
- Turtle Run Park—Tract 382111, Block 4: Playground Improvements to introduce inclusive play elements and Public Fiber Optic Free WIFI. Estimated Playground Cost from CDBG for Materials Only \$645,000, and Park Operating for labor \$148,000. Free Fiber Optic WIFI Estimated at \$81,000

- Whispering Pines Park—Tract 382113, Block 4: Construct Multipurpose fields/Youth Tee Ball fields. Estimated cost \$302,000 (Design costs have been placed in the Parks 301 CIP project list for FY 2022/2023)
- Whitmore Park—Tract 382003, Block 2: Construct new sidewalks surrounding Park, parking lot, restrooms, Dog Park, Fitness Stations, small pavilions, and inclusive playground, Estimated Cost of design \$ 130,000 and construction \$1,300,000
- C-24 Canal Park—Tract 382006, Block 1: Security Camera and Fiber Optic System with Free Public WIFI \$365,000
- Fed Cook Park—Tract 382006, Block 1: Inclusive Playground, Fitness Stations, and Perimeter Sidewalks \$865,000

Mike Kendrick, CPSI, CPRP
 Deputy Director-Parks and Recreation/Saints Golf Course
 2195 S.E. Airoso Blvd. Port St. Lucie, FL 34984
 Office: 772-871-5260 Cell: 772-370-3901 Fax: 772-871-5290
www.CityofPSL.com www.SAINTSPSL.COM



From: Alessandra Tasca <ATasca@cityofpsl.com>
Sent: Monday, April 5, 2021 10:20 AM
To: Bradley Keen <BKeen@cityofpsl.com>; Kelly Boatwright <kboatwright@cityofpsl.com>; Mike Kendrick <mkendrick@cityofpsl.com>; Abraham Alvarez <Abraham.Alvarez@cityofpsl.com>; Bill May <Bill.May@cityofpsl.com>; Heath Stocton <HStocton@cityofpsl.com>; Clyde Cuffy <CCuffy@cityofpsl.com>; John Dunton <JDunton@cityofpsl.com>; Frank Knott <FKnott@cityofpsl.com>; Dale Majewski <DMajewski@cityofpsl.com>; Donna Rhoden <DRhoden@cityofpsl.com>; Regina Linsley <RLinsley@cityofpsl.com>; John Eason <JEason@cityofpsl.com>; Rosa Reina <RosaR@cityofpsl.com>; Jasmin Padova <JasminP@cityofpsl.com>; Patti Tobin <PTobin@cityofpsl.com>; Elijah Wooten <EWooten@cityofpsl.com>; David Hentz <David.Hentz@cityofpsl.com>; Jerry DeJean <jdejean@cityofpsl.com>; Billy Weinshank <WWeinshank@cityofpsl.com>; Brent McFarland <BMcFarland@cityofpsl.com>; Jennifer Davis <JDavis@cityofpsl.com>; Georgette Beck <gbeck@cityofpsl.com>; Jennifer Tomes <jtomes@cityofpsl.com>; Melissa Yunas <MYunas@cityofpsl.com>; Nicole Hricik <nhrick@cityofpsl.com>; Robert Chenier <RChenier@cityofpsl.com>; Patricia Roberts <PRoberts@cityofpsl.com>; Nick Dibenedetto <NickD@cityofpsl.com>; Regina Linsley <RLinsley@cityofpsl.com>; Bill Jones <JonesB@cityofpsl.com>; Tracy Valure <TValure@cityofpsl.com>
Cc: Sherman Conrad <ShermanC@cityofpsl.com>; John Bolduc <John.Bolduc@cityofpsl.com>; Robert Sweeney <RSweeney@cityofpsl.com>; Brad Macek <bmacek@cityofpsl.com>; Carmen Capezzuto <CarmenC@cityofpsl.com>; David Graham <DGraham@cityofpsl.com>; Kate Parmelee <KParmelee@cityofpsl.com>; Ella Gilbert <EGilbert@cityofpsl.com>; Teresa Lamar-Sarno <tsarno@cityofpsl.com>; Ann Fidge <AFidge@cityofpsl.com>; Joanne Meneses <JMeneses@cityofpsl.com>; Karen Linthicum <KLinthicum@cityofpsl.com>; Diane Marie Gonzalez

<DGonzalez@cityofpsl.com>; Michael Byrd <byrdm@cityofpsl.com>; Corbett <corbett.alday@guardiancrm.com>; Sally Walsh <SWalsh@cityofpsl.com>; Mike Lubeck <mlubeck@cityofpsl.com>

Subject: CDBG Stakeholder Meeting this Wednesday.

Dear Colleagues,

Normally, when we contact you it is to participate in the internal, annual CDBG planning meeting. This week we have something a little different planned. We are currently in the process of preparing our CDBG 5 year Consolidated Plan. We are working with a consultant who will be sharing a presentation with Stakeholders (primarily non-profit organizations and government staff) & with the public at large. We are also all eagerly awaiting new 2020 Census Data but, in the meantime we are still using the 2015 CDBG map attached. If you are free please join us either on Zoom or in Council Chambers. If you wish to come in person please let me know so that we can make sure we don't go over capacity. Please feel free to forward this message to any other project managers or staff that might be interested or who might represent your department/division. If you cannot attend we would very much appreciate you filling out a survey for your department/division and also taking the survey posted below as a City resident. Please return the attached survey to me, Karen L. and Michael B. Looking forward to seeing you soon. Have a great week!

CDBG Stakeholder Meeting April 7:

<https://www.cityofpsl.com/Home/Components/Calendar/Event/10571/685>

CDBG Planning Meeting for the Public at Large April 21:

<https://www.cityofpsl.com/Home/Components/Calendar/Event/10573/685>



[Click Here!](#)

Sincerely,

Alessandra (Alex) Tasca
Community Programs Administrator
Neighborhood Services Department



772-871-7395
772-579-3927
atasca@cityofpsl.com
121 SW Port St. Lucie Blvd.
Port St. Lucie, Florida 34984
www.cityofpsl.com



[Sign-up to receive updates about your neighborhood here.](#)

From: [Alessandra Tasca](#)
To: [Corbett](#)
Cc: [Michael Byrd](#); [Rosa Reina](#); [Karen Linticum](#)
Subject: FW: Pt. St. Lucie CDBG Follow Up - United Against Poverty CDBG History
Date: Monday, April 12, 2021 9:50:00 PM
Attachments: [image001.png](#)
[United Against Poverty Capital Projects\(1\).docx](#)

Some more input for the Consolidated Plan.

Sincerely,

Alex

From: Brittany Bennett <BBennett@unitedagainstopoverty.org>
Sent: Monday, April 12, 2021 11:59 AM
To: Alessandra Tasca <ATasca@cityofpsl.com>
Cc: Gwendolyn Butson <gbutson@unitedagainstopoverty.org>
Subject: Pt. St. Lucie CDBG Follow Up - United Against Poverty CDBG History

Good morning Alex,

I hope this email finds you well. It was great virtually meeting you last week. Per your discussion with Gwen that day, please find attached United Against Poverty's history with CDBG funding for various projects that benefited the Low-Middle Income population in Orlando and Indian River County by addressing food insecurity, unemployment, and collaboration with local service providers.

If you have any questions, please feel free to reach out to me.

Warm Regards,
Brittany Bennett
Grant Writer
United Against Poverty
2050 40th Avenue
Vero Beach, FL 32960
772.468.8543 ext 304
Email: bbennett@unitedagainstopoverty.org
UAP: unitedagainstopoverty.org



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United Against Poverty, Inc. has been providing a hand up to our neighbors in need since 2003. In addition to opening grocery centers and providing wrap-around services for those in crisis, our three current locations have been involved in purchasing property, retrofitting spaces, renovations and expansions as needed. The following are the major projects we have successfully completed:

In 2003, we opened first Grocery Program in South Vero. This site is relatively small, 3,500 sq. ft. and is still in full operation. The site serves as a grocery program only.

In 2006, we opened Fort Pierce Grocery Program and Life Enrichment Programs. The space was half of a former Winn Dixie where we leased 32,000 sq. ft. to install a grocery program and develop our Life Enrichment Center, including crisis stabilization and education programs. This site also included a partnership with the Florida Dept. of Children and Families as an ACCESS location to assist with Crisis Stabilization. In 2014, we purchased the complete site.

In 2008, we opened Central Vero Grocery Program and Life Enrichment Programs. This site consisted of two large warehouse spaces we leased that had to be retrofitted for our purposes. We have outgrown this site and in 2018, we purchased a 42,000 sq. ft. site without incurring debt.

In 2009, we opened Orlando Grocery Program and Life Enrichment Programs. This site also incorporated collaborative partners including the Dept of Children and Families ACCESS site, the Orange Blossom Family Health Clinic, Harbor House (domestic violence counseling) and the Grove (mental health and substance abuse counseling). This collaborative has grown to include 27 different service partners who provide services onsite weekly.

In 2013, we purchased the Orlando location, a 54,000 sq. ft. property at 150 West Michigan St. Orlando, FL. We were awarded \$600,000 from Orange County and \$400,000 from the City of Orlando for a total of **\$1M in Community Development Block Grant (CDBG) funds**. A donor came forward and provided another \$500,000 toward the purchase cost of \$2,825,000.

In 2014, we purchased the Fort Pierce location, a 32,000 sq. ft. property, at 2520 Orange Avenue, Fort Pierce, FL (formerly a Winn Dixie). The site currently houses a large Member Share Grocery Program and a Life Enrichment services that provide of Crisis Stabilization, Education and Workforce Development.

In 2015, we were awarded **\$130,000 in Community Development Block Grant (CDBG) funds** from the City of Orlando for facility improvements including installation of a new HVAC and roof repairs. We successfully carried out the contract meeting *all* CDBG regulations including Section 3 Economic Opportunity and Davis-Bacon Equal Opportunity clauses.

In 2016, we were awarded \$513,750 and \$513,500 from Orange County and City of Orlando (respectively) for a total of **\$1,027,200 in Community Development Block Grant (CDBG) funds** to expand our site with an additional 89,000 sq. ft. of offices, warehouse and parking. The Orlando Team raised an additional \$600,000 to purchase the site without incurring any debt.

From 2017 to 2020, we completed the Indian River Capital Campaign Project for \$5.5 million to purchase and retrofit 42,000 sq. ft. property in Central Vero. The Grocery Program utilizes 55% of the space and the other 45% is allocated to Life Enrichment Program services. This included program staff offices, an entrepreneurial center, classrooms and partner space for collaborative providers including a health clinic, the Dept of Children and Families ACCESS site, the Veteran's Administration, and AARP. An

additional 10 social service providers also co-locate their services at the site. The fully renovated site opened in February of 2020.

In 2020, the Orange County Housing and Community Development Division awarded United Against Poverty \$200,000 in **Community Development Block Grant- COVID-19 funds**. Funds were used to increase staffing needed to address the influx of crisis needs related to COVID-19 including food, SNAP benefits, unemployment assistance, and additional sanitation staffing. Funding also included the cost of PPE and cleaning supplies.

Also, in 2020, through the United Way of Indian River County, the Indian River County Board of County Commissioners awarded United Against Poverty in Vero Beach \$120,000 in CARES Act funding to provide emergency financial assistance to residents in need.

In the fall of 2020, the Orange County Board of County Commissioners awarded United Against Poverty in Orlando \$106,000 in CARES Act funding to expand Mobile Market food delivery services in the rural parts of the county. Funding covered the cost of a new refrigerated truck, warehouse equipment and staffing.

Toward the end of 2020, through the United Way of St. Lucie County, the St. Lucie County Board of County Commissioners awarded United against Poverty \$142,000 in CARES Act funding to replace and install a large walk-in cooler and freezer for the grocery program, and an additional 20 computers for the Life Enrichment Center, to be used for those in need of SNAP and Unemployment benefits.

And in 2021, the Orange County Housing and Community Development Division awarded United Against Poverty another \$190,000 in **Community Development Block Grant- COVID-19 funds**. Funds will continue to be used to cover staffing needed to address influx or crisis needs related to COVID-19, including food, SNAP benefits, unemployment assistance, and additional sanitation procedures. Funding also includes the cost of PPE and cleaning supplies.

Through the continued support of Community Development Block Grants, UP has been able to reach the low-middle income population through UP's various programs that address food insecurity, unemployment, and collaborative efforts with service providers in the area.

From: [Alessandra Tasca](mailto:Alessandra.Tasca)
To: Corbett
Cc: [Rosa Reina](mailto:Rosa.Reina); [Karen Linthicum](mailto:Karen.Linthicum)
Subject: FW: CDBG Stakeholder Meeting this Wednesday.
Date: Wednesday, May 12, 2021 3:10:00 PM
Attachments: [image020.png](#)
[image024.png](#)
[image026.png](#)
[image027.png](#)
[image028.png](#)
[image029.png](#)
[image030.png](#)

From: Melissa Winstead <Melissa@stluciehabitat.org>
Sent: Friday, April 23, 2021 4:01 PM
To: Alessandra Tasca <ATasca@cityofpsl.com>; Carmen Capezzuto <CarmenC@cityofpsl.com>
Cc: Michael Byrd <byrdm@cityofpsl.com>
Subject: RE: CDBG Stakeholder Meeting this Wednesday.

Hi Alex,
Thanks for the reply – all GREAT ideas, and I would really like to connect with Cindee – I know Bob will too.

Thanks again all – have a safe, wonderful weekend,
Melissa

Melissa Winstead, CFRE
Development Director
St. Lucie Habitat for Humanity
702 South 6th Street, Fort Pierce, FL 34950
(772) 464-1117 ext. 103 | fax: (772) 464-4377
[donate + volunteer + stluciehabitat.org](#)

From: Alessandra Tasca <ATasca@cityofpsl.com>
Sent: Friday, April 23, 2021 3:53 PM
To: Melissa Winstead <Melissa@stluciehabitat.org>; Carmen Capezzuto <CarmenC@cityofpsl.com>
Cc: Michael Byrd <byrdm@cityofpsl.com>
Subject: RE: CDBG Stakeholder Meeting this Wednesday.

Dear Melissa,

Work force housing is an awesome idea and we definitely want to see about collaborating on furthering your land trust. These are topics that will definitely be on the agenda for the AHAC meetings starting in May. We should wait and address it all together there. You and Bob both applied to serve. We are reviewing applications right now and will send Council a recommendation soon. 1 or both of you could potentially be on the committee if Council wishes. What we do in the next few years will be heavily influenced by this year's AHAC and reports.

I also think it would be a great idea to hook you up with Cindee at the Palm Beach County CLT. I would like for us to set up a meeting with her to see how we could all potentially work together. Michael and I will definitely be back in touch.

Have a great weekend,

Alex

From: Melissa Winstead <Melissa@stluciehabitat.org>
Sent: Friday, April 23, 2021 3:05 PM
To: Carmen Capezzuto <CarmenC@cityofpsl.com>; Alessandra Tasca <ATasca@cityofpsl.com>
Cc: Michael Byrd <byrdm@cityofpsl.com>
Subject: RE: CDBG Stakeholder Meeting this Wednesday.

Sounds great Carmen, thank you. Have a wonderful weekend all!
Melissa

Melissa Winstead, CFRE
Development Director
St. Lucie Habitat for Humanity
702 South 6th Street, Fort Pierce, FL 34950
(772) 464-1117 ext. 103 | fax: (772) 464-4377
[donate](#) • [volunteer](#) • stluciehabitat.org

From: Carmen Capezzuto <CarmenC@cityofpsl.com>
Sent: Friday, April 23, 2021 2:40 PM
To: Melissa Winstead <Melissa@stluciehabitat.org>; Alessandra Tasca <ATasca@cityofpsl.com>
Cc: Michael Byrd <byrdm@cityofpsl.com>
Subject: RE: CDBG Stakeholder Meeting this Wednesday.

Hi Melissa,

We always cherish partnering with Habitat. I've copied Michael Byrd who is our Housing Division Manager and works under Alex's umbrella. One of them will get back to you soon to see where this goes.

Thanks,

Carmen A. Capezzuto
Director of Neighborhood Services
City of Port St. Lucie
121 SW Port St. Lucie Boulevard
Port St. Lucie, FL 34984
(772) 344-4258 – office

(772) 871-5148 – direct
carmenc@cityofpsl.com

From: Melissa Winstead <Melissa@stluciehabitat.org>
Sent: Thursday, April 22, 2021 4:34 PM
To: Alessandra Tasca <ATasca@cityofpsl.com>; Carmen Capezzuto <CarmenC@cityofpsl.com>
Subject: RE: CDBG Stakeholder Meeting this Wednesday.

Hi Alex and Carmen,

Hope you both are well – the CDBG meeting last night was very interesting, thank you Alex, you did a great job keeping everything on track.

On another note, I would like to send you both our counter proposal that we had submitted in response to the RFP for Affordable Housing Disposition Plan in December 2020. Since the Neighborhood Services team never got a chance to view it, I thought it would be a good way to share our next plans for using land trusts. Of course, if this is inappropriate, please let me know, and I won't forward it to you!

Moving forward, all of our Habitat homes will have a land lease – as you know, this will help keep the purchase cost to the buyer down, and keep the home affordable - into perpetuity.

Lastly, perhaps it is time for another chat about how we can help more PSL residents achieve homeownership? After several conversations with our School District friends and law enforcement, it seems creating affordable homes for new teachers and first responders would be a great way to impact and support both these sectors. Based on their input, there seems to be great need for it.

We can meet via Zoom if you like, or in-person for lunch again. Whichever you both prefer is fine with us ☺

Talk to you soon,
Melissa

Melissa Winstead, CFRE
Development Director
St. Lucie Habitat for Humanity
702 South 6th Street, Fort Pierce, FL 34950
(772) 464-1117 ext. 103 | fax: (772) 464-4377
[donate](#) • [volunteer](#) • stluciehabitat.org

From: Alessandra Tasca <ATasca@cityofpsl.com>
Sent: Monday, April 5, 2021 10:44 AM
To: COSA <listserv@cosasic.org>
Cc: Karen Linthicum <KLinthicum@cityofpsl.com>; Michael Byrd <byrdm@cityofpsl.com>
Subject: CDBG Stakeholder Meeting this Wednesday.

Dear COSA,

Normally, when we contact you about CDBG it is to participate in the annual CDBG planning process with a survey. This week we have something a little different planned. We are currently in the process of preparing our CDBG 5 year Consolidated Plan. We are working with a consultant who will be sharing a presentation with Stakeholders (primarily non-profit organizations and government staff) & with the public at large. We are also all eagerly awaiting the new 2020 Census Data but, in the meantime we are still using the 2015 CDBG map attached. If you are free this Wed. at 1 pm bring your lunch and join us either on Zoom or in Council Chambers for our Stakeholder Meeting!

If you wish to come in person please let us know so that we can make sure we don't go over capacity. Please feel free to forward this message to any other community stakeholders that might be interested. If you cannot attend we would very much appreciate you filling out a survey for your organization and also taking the survey posted below as a City resident. Please return the attached survey to me, Karen L. and Michael B. by April 23, 2021.

You can also attend the meeting we will be holding on April 21 for the City at large. Please post and forward the calendar invite to your contacts or anyone who might be interested in contributing. Looking forward to seeing you soon. Have a great week!

CDBG Stakeholder Meeting April 7:
<https://www.cityofpsl.com/Home/Components/Calendar/Event/10571/685>

CDBG Planning Meeting for the Public at Large April 21:
<https://www.cityofpsl.com/Home/Components/Calendar/Event/10573/685>



[Click Here!](#)

Sincerely,

Alessandra (Alex) Tasca
Community Programs Administrator
Neighborhood Services Department



772-871-7395

772-579-3927
atasca@cityofpsl.com
121 SW Port St. Lucie Blvd.
Port St. Lucie, Florida 34984
www.cityofpsl.com



[Sign-up to receive updates about your neighborhood here.](#)

From: [Alessandra Tasca](mailto:Alessandra.Tasca)
To: Corbett
Subject: FW: Project ideas to get your brain churning :~)
Date: Thursday, April 8, 2021 8:42:00 AM
Attachments: [Attachment: Community Challenge2021.pdf](#)

Hi Corbett,

Here is input from the Health Dept.

Thank you,

Alex

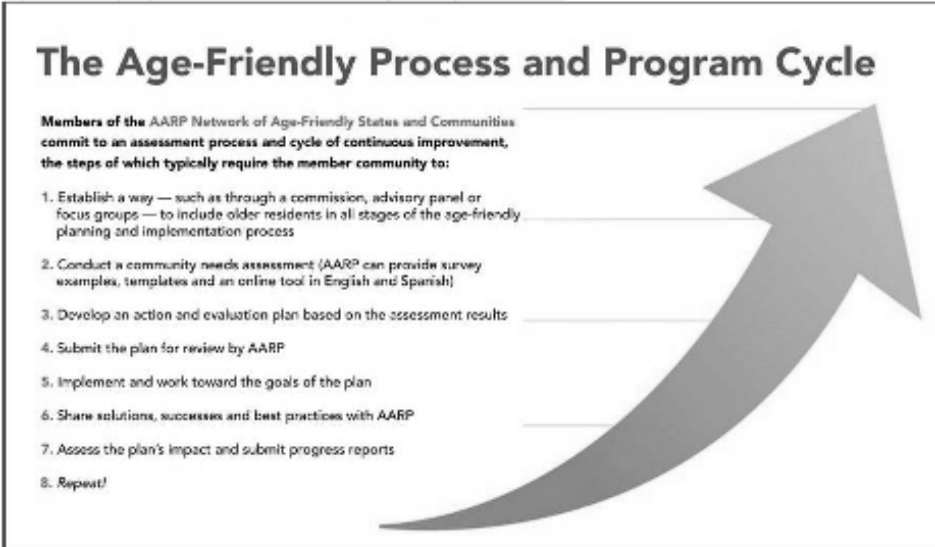
From: Myers, Stefania L <Stefania.Myers@flhealth.gov>
Sent: Wednesday, April 7, 2021 5:32 PM
To: Alessandra Tasca <ATasca@cityofpsl.com>
Subject: Project ideas to get your brain churning :~)

Attached is a list of some projects that have been funded in the past – that could correlate well with some of the ideas we touched on today.

The 2021 AARP Community Challenge

Might be able to help leverage other dollars for some projects that are identified?

I would love to eventually see PSL apply to become an Age Friendly Community, since we are already a city for all ages!
<https://www.aarp.org/livable-communities/network-age-friendly-communities/>



The Age-Friendly Process and Program Cycle

Members of the AARP Network of Age-Friendly States and Communities commit to an assessment process and cycle of continuous improvement, the steps of which typically require the member community to:

1. Establish a way — such as through a commission, advisory panel or focus groups — to include older residents in all stages of the age-friendly planning and implementation process
2. Conduct a community needs assessment (AARP can provide survey examples, templates and an online tool in English and Spanish)
3. Develop an action and evaluation plan based on the assessment results
4. Submit the plan for review by AARP
5. Implement and work toward the goals of the plan
6. Share solutions, successes and best practices with AARP
7. Assess the plan's impact and submit progress reports
8. Repeat!

The diagram features a large, grey, upward-curving arrow on the right side, pointing from the bottom left towards the top right, symbolizing a continuous and positive cycle.

We already have some things in place, including an Age Friendly Workgroup that could provide planning support and some of your neighborhoods might be interested in supporting efforts?

Stefanie Myers
Health Promotion Coordinator
772-873-4923
Florida Department of Health in St. Lucie
5150 N. W. Milner Drive, Port St. Lucie, FL 34983

NOTE: Florida has very broad public records laws. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to disclosure.

How are we doing? [Please take our survey!](#)

Please like Healthy St. Lucie on [Facebook](#) and follow us on [Twitter](#) and [LinkedIn](#)



**AARP
COMMUNITY
CHALLENGE**

Grants to make communities livable for people of all ages
aarp.org/CommunityChallenge

ATTACHMENT C: EXAMPLES OF PREVIOUSLY FUNDED COMMUNITY CHALLENGE PROJECTS BY CATEGORY

CREATE VIBRANT PUBLIC PLACES that improve open spaces, parks and access to other amenities.

Public Places	Avoca, IA Avoca Public Library	The AARP Community Challenge grant funded the city's new "music park" outside of the public library. The location's oversized, weather-proof instruments require neither training nor talent to play. During the summer, Avoca closes its main street for a weekly farmer's market. The instruments provide a stay and play area that encourages people to spend time outdoors and enjoy the downtown.
Public Places	Baton Rouge, LA Center for Planning Excellence	Roughly 30 percent of the population in this low-income neighborhood is age 50 or older. While improvements to Longfellow Park are planned, the absence of crosswalks, lighting and last-mile connectivity are barriers to safe access, separating the nearby neighborhoods from both the park and other amenities. AARP funding helped provide missing links by adding ADA-accessible high-visibility crosswalks, relevant signage and lighting at key intersections near the park.
Public Places	Boston, MA City of Boston	Age-friendly benches were installed in each of the main street districts to help engage older residents and enhance local economic activity. This project helped build a framework for a sustainable city-wide bench program that addresses longer-term issues of installation and maintenance.
Public Places	Camden, SC City of Camden	Bereft of any welcoming amenities, a 120-foot-long alleyway in downtown Camden received a major face-lift. Passersby were encouraged to pop in during the "alley activation project" and make a stained-glass globe that hangs alongside new shade canopies and LED string lights to help increase social interaction in a previously unused area.
Public Places	Jackson, MS City of Jackson	The City of Jackson used Open Streets design practices to engage residents of the downtown community by activating new public spaces for people of all ages to interact with each other. Designing a parklet with a large mural backdrop and ground mural for safe crossing enhanced public safety by improving pedestrian accessibility.

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Public Places	<p>Los Angeles, CA Los Angeles River State Park Partners</p>	<p>As part of a new Chinatown Health Initiative, the grant created a culturally responsive and inclusive green space to help bridge the gap between the services, programs and park accommodations needed by older adults.</p>
Public Places	<p>Oconomowoc, WI City of Oconomowoc</p>	<p>The funds were used to turn an alleyway into a corridor to connect the Main Street with a nearby lake, giving pedestrians safer access to recreational opportunities.</p>

More public places projects

Public Places	<p>Boise, ID Idaho Smart Growth</p>	<p>The grantee organization constructed a pop-up plaza to demonstrate the benefits of public gathering places.</p>
Public Places	<p>Charlotte, NC City of Charlotte</p>	<p>The grant funded two porch swings at bus stops along Belmont Avenue, the community's primary bus route, where many older adults rely heavily on public transit and need comfortable place seating.</p>
Public Places	<p>Detroit, MI Eden Gardens Block Club</p>	<p>This grant helped create a multigenerational community-built playground in an area currently without any safe, nearby play resources.</p>

DELIVER A RANGE OF TRANSPORTATION AND MOBILITY OPTIONS that increase connectivity, walkability, bikeability, and access to public and private transit.

Transportation	<p>Charleston, SC Charleston Moves</p>	<p>The West Ashley Greenway is a former rail line that has been converted into a bicycle and pedestrian trail that connects businesses, parks, schools, municipal facilities and neighborhoods. AARP provided funds for upgrading select intersections with artistic crosswalks. The goals were to slow down automotive traffic and draw attention to the safety needs of pedestrians and cyclists. With the increasing numbers of retirees and families in the neighborhood interested in nonmotorized transportation, improving the greenway has become a vital need.</p>
Transportation	<p>Christiansted, VI Virgin Islands Trail Alliance and Partners & St. Croix Foundation for Community Development</p>	<p>To enhance physical activity and social engagement, VI Trail Alliance and Partners and the St. Croix Foundation for Community Development used this grant to install a permanent bike lane, with benches and bike racks, that extends around Historical Christiansted Town.</p>
Transportation	<p>Kansas City, MO BetterBlockKC</p>	<p>As part of the city's broader Complete Streets efforts, this grant funded the installation of an enhanced crosswalk, parking, protected bike lanes and floating bus stops to promote safety and more pedestrian activity along Oak Street.</p>

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Transportation	<p>Miami, FL Urban Health Partnerships & the Miami-Dade Age-Friendly Initiative</p>	<p>Residents of Miami's Little Havana neighborhood use public transit three times more often than the general population in Miami-Dade County. Multiple bus routes and two free trolley routes serve the area. However, because of constraints in the right-of-way, there are few benches where riders, particularly older adults, can sit while waiting. AARP funded the purchase of 12 benches, which were installed through a pilot project with the City of Miami.</p>
Transportation	<p>West Sacramento, CA City of West Sacramento</p>	<p>Feedback from older residents in West Sacramento has targeted transportation as a key concern. However, it can be a challenge for city buses to meet all of the community's needs. Although ride-sharing apps are becoming more available, some older people aren't comfortable using the technology. AARP funding enabled older residents to receive training and a free trial use of two transit programs: an on-demand, ride-sharing car service, with a wheelchair-accessible van available, and the bikes rental program, which provides dockless, electric-assist bicycles.</p>

More transportation projects

<p>Chino Valley, AZ Yavapai Regional Transit Inc.</p>	<p>The grant was used to install a much-needed ADA-compliant pad and walkway at a transit station.</p>
<p>Hamlin, WV Lincoln County Friends of the Arts</p>	<p>The grant helped improve transportation mobility by funding the creation of artistic crosswalks in areas served by the regional bus service.</p>
<p>Honolulu, HI Bikeshare Hawaii</p>	<p>The grant funded a workshop, social rides and free bikeshare access in order to build confidence and familiarity among older adults with a mobility option that promotes healthy lifestyles.</p>
<p>Orange County, NC Orange County Department on Aging</p>	<p>Working in cooperation with the county's public transportation department, the grant improved bus ridership in the more rural parts of northern Orange County where few stops have adequate shelters, benches or even flat areas for waiting passengers.</p>

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SUPPORT A RANGE OF HOUSING OPTIONS that increase the availability of accessible and affordable choices.

Housing	<p>Atlanta, GA MicroLife Institute</p>	<p>The AARP grant was used to create a documentary and lecture series about accessory dwelling units (ADUs) and the obstacles communities and homeowners face in creating these secondary housing units that can be one way of increasing the amount of affordable housing in the community.</p>
Housing	<p>Chicago, IL Metropolitan Mayors Caucus</p>	<p>Grant funds were used for a demonstration of accessory dwelling units and for the development of model code language throughout the metropolitan area to increase awareness about and the production of this housing type.</p>
Housing	<p>Lexington, KY City of Lexington Aging and Disability Services</p>	<p>Funds helped create a manual for homeowners and builders about planning for and constructing accessory dwelling units, which can be an affordable option to help people remain in their home and live independently in their community.</p>
Housing	<p>Philadelphia, PA City of Philadelphia, Office of Community Empowerment & Opportunity</p>	<p>The AARP grant helped support the eviction prevention landlord-tenant mediation program that utilizes mediation, financial assistance, information, and referrals to reach mutually agreeable solutions in landlord-tenant disputes, reduce eviction and displacement, and foster vibrant, inclusive communities for residents of all income levels.</p>
Housing	<p>Santa Cruz, CA Habitat for Humanity Monterey Bay</p>	<p>AARP Community Challenge grant funds supported the Habitat for Humanity "My House My Home" program that helps build aging-friendly accessory dwelling units, typically as an attachment to existing houses. Older homeowners can reside in an accessible home on their own property and earn rental income from either the new unit or the original house, contributing to their financial resilience.</p>
Housing	<p>Des Moines, IA Home Opportunities Made Easy</p>	<p>Funding was put toward the construction of accessory dwelling unit demonstrations in order to introduce ADUs as a housing alternative for the area and way to increase housing options.</p>

More housing projects

<p>Eugene, OR SquareOne Villages</p>	<p>The funds were used for construction materials to complete an ADA-compliant tiny home in Emerald Village Eugene, an affordable housing community of 22 tiny houses.</p>
<p>Bethel, ME Bethel Area Age-Friendly</p>	<p>The grant was used to construct a display and tool kit featuring accessories that make homes safer and help prevent falls.</p>

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INCREASE CIVIC ENGAGEMENT AND DEMONSTRATE THE TANGIBLE VALUE OF “SMART CITIES” with innovative and tangible projects that bring residents and local leaders together to address challenges and facilitate a greater sense of inclusion.

Civic Engagement	<p>Seattle, WA City of Seattle</p>	<p>The city used the grant to help host a hackathon called “A City for All” to coincide with the National Day for Civic Hacking. Participants broke into teams to develop ideas for using data to improve Seattle’s outdoor spaces, address the social isolation that can come with age and increase transportation accessibility. One prize winner focused on improving the pedestrian experience by creating an app that maps the city’s sounds, smells, tree canopy, points of interest and other street-level information. With the hackathon, the city was able to promote both intergenerational and interdepartmental engagement.</p>
Smart Cities	<p>West Sacramento, CA City of West Sacramento</p>	<p>The city provided targeted fire safety education to a group of older adult households that are at heightened risk and offered an in-home consultation and free smoke alarms and installation.</p>
Smart Cities	<p>Hyattsville, MD University of Maryland School of Public Health Community Engagement, Environmental Justice and Health Lab</p>	<p>The project will increase digital literacy, knowledge of and access to local services by creating a smartphone app and teaching residents to use it for reporting community resource gaps to local policymakers.</p>

SUPPORT LOCAL RECOVERY FROM THE CORONAVIRUS PANDEMIC with an emphasis on economic development, improvements to public spaces, and transportation services.

Coronavirus	<p>Metuchen, NJ Metuchen Downtown Alliance</p>	<p>To help support the COVID-19 recovery of downtown, project funding was used to install parklets and other interventions that repurposed sidewalks, streets, parking lots and alleys so residents could engage in public activities at safe social distances.</p>
Coronavirus	<p>Columbia, SC City of Columbia</p>	<p>Funds were used to create a furnished, temporary parklet that allows for social interaction at suitable social distancing during the COVID-19 pandemic.</p>
Coronavirus	<p>King County, WA International Community Health Services</p>	<p>Culturally and linguistically appropriate outreach materials were created to help patients learn how to stay connected to their health care providers through patient portals, telehealth and online classes.</p>

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Coronavirus	<p>Thurston County, WA Garden Raised Bounty</p>	<p>To increase food security, well-being and long-term resiliency during the COVID-19 crisis, gardens were installed in neighborhoods for households at risk of food insecurity.</p>
Coronavirus	<p>Chattanooga, TN City of Chattanooga — Department of Youth and Family Development</p>	<p>This grant was used to create a support team that teaches and trains older adults to use interactive technology in order stay connected to friends, family and services during the coronavirus pandemic.</p>

ENSURE A FOCUS ON DIVERSITY AND INCLUSION while improving the built and social environment of a community.

Diversity & Inclusion	<p>Atlanta, GA Lifecycle Building Center</p>	<p>Using 90 percent reclaimed materials, the Building Center constructed 10 accessible garden beds and seven Little Free Pantries to support older adults in largely refugee and marginalized communities experiencing food insecurity.</p>
Diversity & Inclusion	<p>Falcon Heights, MN Philando Castile Peace Garden Committee</p>	<p>The project provided for the groundbreaking, soil testing and a foundational level of plantings and pathway for a new public space and peace garden that is being created in memory of area resident Philando Castile. The goal is to beautify the park and help enhance social engagement.</p>
Diversity & Inclusion	<p>Buffalo, NY LISC Western New York</p>	<p>The "Discover Your Neighborhood" project created a map of cultural landmarks, natural areas, parks, transportation hubs, public art and other essential neighborhood anchors in three historically African American neighborhoods to enhance social engagement.</p>
Diversity & Inclusion	<p>El Cajon, CA Circulate San Diego</p>	<p>The grant created educational resources for older adults, particularly the community's large Iraqi refugee population, to help them become more comfortable using public transit and lay the foundation for future transit use.</p>

Learn more at [AARP.org/CommunityChallenge](https://www.aarp.org/CommunityChallenge)

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Diversity & Inclusion	<p>New Castle County, DE Latin American Community Center</p>	<p>The grant developed and implemented virtual outreach efforts to the Latino community and included "Know Your Rights" sessions to help ensure that Delaware's Latino community is receiving essential information throughout the coronavirus pandemic.</p>
Diversity & Inclusion	<p>St. Paul, MN East Side Freedom Library</p>	<p>A diverse group of people was engaged to help improve housing in the community and learn how to address the policies, economics and systems responsible for what has become a local housing crisis.</p>
Diversity & Inclusion	<p>Charlotte, NC North End Community Coalition</p>	<p>To help bridge the digital divide and fight social isolation during the COVID-19 crisis in this largely African American community, a Wi-Fi hotspot lending program was created allowing residents to borrow a device for up to three weeks at a time.</p>

OTHER INNOVATIVE PROJECTS to improve the community. In addition to these areas of focus, AARP wants to hear about local needs and innovative ideas for addressing them.

Other	<p>Philadelphia, PA Southeast Asian Mutual Assistance Associations Coalition</p>	<p>A community-based elders program serves Asian emigrants and refugees age 60 or older. Nearly all are low-income and not fluent in English. AARP funds helped furnish and enhance the Elders Story Cafe, a weekly intergenerational gathering in Mifflin Square Park, the neighborhood's green space. The project helps keep residents' personal stories and histories alive, involves them in outdoor activities, and increases intergenerational use of the park.</p>
Other	<p>Wichita, KS City of Wichita</p>	<p>To combat the "digital divide" and social isolation, the city developed a hotspot lending program using 60 hotspot devices that allow individuals to connect wirelessly to the Internet. Residents have the ability to check out a device at their Neighborhood Resource Center and use it at home for a certain number of days.</p>



ST. LUCIE COUNTY
COMMUNITY HEALTH ASSESSMENT
2020-2025

Released June 2020
Revised December 2020

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Participating Organizations

211 Treasure Coast	Lincoln Park Common Good Initiative
American Cancer Society	Magellan Health
American Heart Association	Miracle Works
Children's Home Society	Mustard Seed Ministries
Children's Medical Service	New Horizons of the Treasure Coast
Children's Services Council	New Life Church
Chrysalis Health	Roundtable
City of Fort Pierce	SafeSpace
City of Port St. Lucie	Salvation Army
Cleveland Clinic Martin Health	SequelCare of Florida
Common Good Lincoln Park Advisory Council	South East Florida Behavioral Health Network
Community Member	St. Lucie County BOCC Human Resources
Cornerstone Christian Church	St. Lucie County Sheriff's Office
Council on Aging	St. Lucie Fire District
Department of Juvenile Justice	St. Lucie Medical Center
Florida Blue	St. Lucie Public Schools
Florida Community Health Centers	Suncoast Mental Health Center
Florida Department of Health in St. Lucie County	Tobacco Free Partnership
Fort Pierce Police Department	Transportation Planning Organization
Grace Way Village	Treasure Coast Hospice
Health Council of Southeast Florida	UF IFAS Extension
Healthy Start	United Against Poverty
Indian River State College	United Way of St. Lucie County
Lawnwood Regional Medical Center	Whole Family Health Center
Liehem EL	

Introduction

Public health is what a community does collectively to assure the conditions in which people can be healthy. Health is more than the absence of illness it is a dynamic state of complete physical, mental, spiritual, and social well-being. It involves social, economic, environmental, and biological factors. No single entity provides public health services in a community, and all entities make important contributions to the *local public health system*.

Ensuring the public's health is not just the responsibility of healthcare providers and public health officials. Improving the public's health requires the expertise of all those who live and work in the community. The following examples illustrate entities that are part of the local public health system and how they protect the public's health:

- Police, fire, and emergency departments prevent and respond to emergencies that threaten personal safety.
- Teachers, school nurses, and parents protect the health and safety of children.
- Planners, transportation authorities, neighborhood associations, and businesses provide access to services that promote and support healthy lifestyles, such as safe parks and recreational facilities, bus routes to healthcare providers, and vendors that sell nutritious foods.
- The judicial and penal systems identify potential risk factors and health trends, such as increases in drug use, domestic abuse, and personal injury.
- Community groups such as faith institutions, homeowners' associations, and civic organizations provide insight into the quality of health and services in a community and contribute to setting the norms for a community's health culture.

Collective action and coordination are vital to creating the conditions in which people can be healthy. This starts with convening the variety of organizations, groups, and individuals that make up the local public health system. To facilitate this process, every five years the Florida Department of Health in St. Lucie uses the Mobilizing for Action through Planning and Partnerships (MAPP) framework to complete a Community Health Assessment (CHA) which informs the creation and implementation of a Community Health Improvement Plan (CHIP).

Community involvement throughout the assessment process and development of the health improvement plan results in creative solutions to public health problems. The most successful community plans do not focus on one agency or public health challenge; instead, providing long-term strategies that address the multiple factors



that affect health in a community. Engagement in the MAPP process increases community ownership, which then increases the credibility and sustainability of health improvement efforts.

History

In 2010 and again in 2015 the Florida Department of Health in St. Lucie County led a process to produce a Community Health Needs Assessment. An update of the 2010 CHA was completed in 2012 through the efforts of the United Way of St. Lucie County, resulting in "A Progress Report on the State of the Social, Health, and Public Safety Services in St. Lucie County for 2012."

The non-profit Healthy St. Lucie Coalition was formed in June 2015 to guide the development of the new CHA and CHIP with a mission of "promoting health where we live, learn, work, and play." This Coalition brings together diverse organizations and individuals to identify solutions to barriers to being healthy. It consists of more than 44 organizations and community representatives who actively participate to improve the well-being of St. Lucie residents. Members of the Healthy St. Lucie Coalition served as the Health Improvement Planning (HIP) Steering Committee throughout the CHA ([Appendix I](#)).

Working with support from the Florida Department of Health in St. Lucie County this group guides the community health assessment process to evaluate progress on the current CHIP and to recommend changes in priorities and strategic actions to improve resident health. The Coalition meets throughout the year to ensure the objectives in the CHIP are met. The most recent CHIP (2016-2019, later extended to 2020) currently guides the activities of the Department of Health, the Healthy St. Lucie Coalition, and its sub-committees. The existing sub-committees include:

- Breastfeeding Workgroup
- Physical Activity Council
- Food Council
- Worksite Wellbeing Council
- Age Friendly Workgroup

- Tobacco Free Partnership of St. Lucie
- Safe Kids Coalition of the Treasure Coast

The Roundtable of St. Lucie County is a nonprofit collaborative of local leaders who work together to accomplish system changes that result in improved outcomes for youth throughout St. Lucie County. The Roundtable is integrally involved in the process of improving “the education, health, safety, nutrition and care of all children in St. Lucie County” and a key partner in community collective impact.

Vision and Community Values

The new St. Lucie County CHA began on July 24, 2019, with a community kick-off to create a shared vision to lead the community in its assessment and planning. Over 85 attendees representing 44 unique organizations and 3 community members participated in the event. The Health Council of Southeast Florida (HCSEF) provided an overview of the Mobilizing Action Through Planning and Partnerships (MAPP) Framework, which would guide the process for conducting the new Community Health Assessment and creation of a new Community Health Improvement Plan. The HCSEF also lead attendees through a visioning workshop to identify a collective vision for the process and guiding value statements.

The HCSEF provided draft visioning and value statements from this process, and these were presented at the Healthy St. Lucie Coalition meeting on August 8, 2019. There was considerable discussion and a desire to continuing editing, so the

COMMUNITY HEALTH PLANNING PROCESS

Florida HEALTH
St. Lucie County

VISION
A Healthy St. Lucie is a community where we all come together to empower everyone to improve their health and wellbeing.

COMMUNITY VALUES

COLLABORATION
Everyone works together to identify and provide all services the community needs.

INTEGRITY
There is a clear alignment between what providers and community members think, say, and do from the beginning of their service through follow-up.

COMPASSION
Community members are served in a respectful, non-judgmental, and dignified manner, with an understanding of how life experiences impact health and wellbeing.

CULTURAL COMPETENCY
We actively work to understand different aspects of the culture in St. Lucie and provide services that are understanding of and promote those differences.

INCLUSIVITY
Services will be available, accessible, affordable, and equitable for everyone.

HONESTY
Providers and community members are transparent and open with each other regarding their health and wellbeing.

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coalition recommended that an ad hoc committee be formed to finalize. Six coalition members volunteered to work on these statements outside of monthly HSLC meetings. The final vision and six value statements were presented and adopted by members at the HSLC meeting on October 10, 2020.

Vision

A Healthy St. Lucie is a community where we all come together to empower everyone to improve their health and wellbeing.

Community Values

Collaboration

Everyone works together to identify and provide all services the community needs.

Integrity

There is a clear alignment between what providers and community members think, say, and do from the beginning of their service through follow-up.

Compassion

Community members are served in a respectful, non-judgmental, and dignified manner, with an understanding of how life experiences impact health and wellbeing.

Cultural Competency

We actively work to understand different aspects of the culture in St. Lucie and provide services that are understanding of and promote those differences.

Inclusivity

Services will be available, accessible, affordable, and equitable for everyone.

Honesty

Providers and community members are transparent and open with each other regarding their health and wellbeing.

In 2020, the Florida Department of Health-St. Lucie County (FDOHSLC) contracted with the Ronik-Radlauer Group, Inc. to assist with gathering data and compiling results. FDOHSLC led the process by engaging community leaders and providing guidance in the development and distribution of surveys, coordination of focus groups and stakeholder interviews, and provision of key documents.

The Ronik-Radlauer Group based the Community Health Assessment process on a nationally recognized model and best practice framework called Mobilizing for Action through Planning and Partnerships. Tools for MAPP were developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). NACCHO and the CDC's vision for implementing MAPP is "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."

At the heart of the MAPP process are four core assessments:

- Community Health Status Assessment (CHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)
- Local Public Health Systems Assessment (LPHSA)

The MAPP assessments work in concert to identify common and emerging themes for consideration when prioritizing areas of focus and strategic actions. In addition to understanding the physical health needs of St. Lucie County residents, this assessment also provides information relative to behavioral health challenges and social determinants of health that impact the community. The purpose of the current assessment is to collect and analyze data that reveals or substantiates health factors and outcomes that require attention in St. Lucie County.

The Ronik-Radlauer Group assisted in the completion of the first three assessments. Due to COVID-19 pandemic, the Local Public Health Systems Assessment (LPHSA) was delayed and completed later in the year using technology-based approaches.

Ronik-Radlauer hosted a series of meetings with the Health Improvement Planning (HIP) Steering Committee to present the results of the Community Health Assessment and to begin identifying emerging themes and strategic priorities. These meetings were held remotely, via Zoom, and were recorded and posted for individuals who were unable to attend to view at a future time. One session focused on the results of the quantitative assessment, while the second focused on the results of the qualitative data.

The Community Health Assessment Process

A needs assessment is a dynamic process involving multiple sectors of the community, to evaluate the health status and well-being of residents in St. Lucie County and appraise access to care. The process draws upon qualitative and quantitative population health data to identify unmet needs and disparities that exist for vulnerable populations. It informs a communitywide identification of health priorities that are strategic and relevant. It also represents an opportunity for a systemwide coordination of efforts to avoid duplication, strengthen partnerships, and capitalize on existing resources. The Ronik-Radlauer Group used a mixed methods approach, collecting and analyzing quantitative and qualitative data from numerous sources. Central to the qualitative aspect of the process was the opportunity to



learn directly from residents, community leaders, and others who are impacted by health-related challenges. This lived experience through the voices of residents and leaders provided a deeper understanding of the needs of the community.

Components of the Community Health Assessment

The assessment process consisted of the collection and analysis of quantitative and qualitative data and the integration of results into a narrative that tells the story of the quality of life in St. Lucie County and associated health risks, health factors, and health outcomes. The health narrative requires that all aspects—physical, behavioral, and social determinants be investigated in a comprehensive manner, highlighting areas that may need further attention in addition to those already identified in the Community Health Improvement Plan. This includes a focus on special needs populations, as well as geographic areas within the county. Looking at public health needs and challenges using a racial equity lens also provides an opportunity to highlight disparities in access to care, inequities in treatment, and health outcomes.

The following represents an overview of the assessment process by component:

Community Health Status Assessment

The Community Health Status Assessment (CHSA) provides quantitative information on community health conditions. Using several data sources, the Community Health Status Assessment is a detailed overview of physical, behavioral, and social determinants of health (those factors that impact individual and population health, such as poverty, education, employment, housing, neighborhood environment, and transportation). It begins with a demographic and social profile of St. Lucie County, highlighting shifts and changes in recent years. The purpose of this section is to provide an understanding of the socioeconomic context of health, by the inclusion of data on select demographic, social, and economic factors that determine health. The assessment then includes an analysis of the leading causes of death, morbidity and mortality, and health factors and health outcomes. In addition to physical health challenges, it provides information regarding behavioral health (mental health and substance use conditions) and maternal child health.

For each section, background information on the health condition is included in the narrative and findings are presented in tables, graphs, and maps. Maps present geographic distributions for select indicators and to the degree possible, data is presented on a community level, using zip code, census tract, or neighborhood data to further illuminate differences in geographic areas. Each section also includes a summary of key findings.

As population health is reliant on the collective of each individual's health in the community, attention is paid in this assessment to special needs populations such as older adults and children, youth, and adolescents. A special section regarding challenges related to the [aging population](#) in St. Lucie County is provided and well as one dedicated to summarizing findings related to [health equity](#) in St. Lucie County.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) identifies assets in the community and issues that are important to community members. This section of the assessment provides a lens into the lived experiences of individuals residing and working in St. Lucie County. Using qualitative methods, the Community Themes and Strengths Assessment was compiled using the results of:

- Focus Groups with residents and community leaders
- Key Stakeholder interviews with community leaders
- Community Leader Survey
- Community Resident Survey

The opportunity to engage with residents and community leaders is critical to understanding firsthand the needs of residents. As with the Community Health Status Assessment, feedback and input was solicited from a wide range of individuals and groups and represented a cross-section of the county, in terms of demographics and geographic areas.

Forces of Change Assessment

Another component of the MAPP process is the Forces of Change Assessment (FOCA). The assessment identifies forces that may affect a community, including opportunities and threats associated with those forces. This assessment tool includes an identification of forces in the community or that may be outside of the control of the community, such as trends, events, and factors that are currently occurring or that may take place in the foreseeable future. An example of one such factor is the public health challenge of COVID-19 disease and the community's response. Other examples include behavioral health challenges such as the opioid crisis and the shooting that took place at Marjory Stoneman Douglas High School in Broward County. Identifying forces of change assists communities during their community health improvement planning process to identify actions that are needed to build a better quality of life and a better future for residents and visitors. This process was facilitated by FDOHSLC staff at a series of meetings with the Healthy St. Lucie Coalition members.

Local Public Health System Assessment

The LPHSA serves to identify the strengths and weaknesses of St. Lucie County's public health system, and short and long-term improvement opportunities. Assessment questions are centered around the 10 Essential Public Health Services (EPHS), which represent a broad spectrum of public health activities that contribute to healthy, vibrant communities.

In March of 2020, the Florida Department of Health in St. Lucie plans to complete the Local Public Health System Assessment (LPHSA) had to be postponed. The SARS-CoV-2 virus that causes COVID-19 disease became a worldwide pandemic, and personnel and resources were directed to emergency response.

When it became clear that the pandemic would have a long-term impact on the ability to hold community meetings, the decision was made to complete the assessment virtually. An orientation that included an introduction to the essential services, model standards, and assessment tool was provided at the October 2020 virtual Healthy St. Lucie Meeting. Participants learned about the essential services and model standards for each area of the assessment. This presentation was recorded and distributed to identified community members along with an online survey questions to assess system performance.

Executive Summary

Located on the Treasure Coast of Florida, St. Lucie County is home to over 320,000 residents and has experienced significant growth since 2010. As the county continues to grow, the needs for services and resources grow simultaneously. It is necessary, then, to examine the strengths and challenges related to health and well-being to identify strategic priorities and plan effectively. This assessment began just months prior to covid-19 impacting the county and state. Fortunately, the Community Themes and Strengths Assessment as well as the Forces of Change Assessment were able to be completed prior to the need to shut down in person activities.

The Community Health Assessment utilized a mixed-methods approach based on the Mobilizing for Action through Planning and Partnerships (MAPP) process. This approach consisted of the collection and analysis of demographic data as well as data related to health-physical, behavioral, and the social determinants of health. Each is described in detail throughout the report. Additionally, qualitative methods involved the facilitation of focus groups, stakeholder interviews, and surveys, and the analysis of those results. These methods contributed to a robust report that will guide decision-makers in identifying strategic priorities and planning for community health improvement. Data included in this report may also be used to assist in the development of other reports and response to funding opportunities.

As the county has undergone significant growth, there have been strengths as well as challenges. The population is aging and certain populations as well as geographic do not experience similar health outcomes areas as the rest of the county. This also includes those factors that impact health status and outcomes such as social determinants, geography, race, and age.

Nearly a quarter of St. Lucie County residents are 65 and older. The differences in population by age are seen by zip code and more specifically census tract. Zip codes with higher rates of individuals 65 and older live in zip codes 34949, 34952, and 34957 while zip codes with the highest percentage of individuals 0-14 years of age live in zip codes 34946, 34947, and 34950.

The percentage of White and non-Hispanic residents has decreased since 2010, while the percentage of Black and Hispanic residents has increased. In 2018 St. Lucie County was 72.38% White, 20.2% Black or African American, and 19.5% Hispanic. These percentages also vary by geographic area, zip code, and census tract. While Hutchinson Island, Jensen Beach, Indian River Estates, and Fort Pierce Couth have the highest percentage of White residents, Fort Pierce North, Fort Pierce city and Port St. Lucie city have the highest percentage of Black or African American residents. Fort Pierce South, Fort Pierce city, Port St. Lucie city and River Park have the highest percentage of Hispanic residents. Zip codes with the highest percentage of White residents include 34949 and 34957, while zip codes with the highest percentage of Black residents include 34946 and 34947.

Sixteen percent (16.4%) of the population of St. Lucie County is foreign-born and of those 66.6% are naturalized citizens, while 33.4% are not citizens. The percentage of foreign-born residents also differs by zip code with the highest percentage living in Fort Pierce South, Port St. Lucie city and River Park.

In 2018, there were a total of 118,768 households in St. Lucie County, the majority of which are families. Nearly 14% of family households are headed by a female, with no husband present. Thirty-one percent (31%) of households are non-family, 25% of which are householders living alone; 13% of non-family households are individuals who are 65 years and over. Most households have a computer in St. Lucie County as well as broadband access, however this also differs by geographic area. Those areas with the highest percentages of computers and broadband internet subscriptions include Port St. Lucie city, Jensen Beach, and Lakewood Park. Those areas with the lowest percentage of computers were Fort Pierce North and Fort Pierce South and the lowest percentage of broadband internet subscriptions include Fort Pierce North and Fort Pierce city.

The number of grandparents living in St. Lucie County living with their own grandchildren under 18 years old increased from 2017 to 2018, while the percentage of grandparents responsible for their grandchildren decreased over the same time period. Sixty-three percent (63%) of grandparents who were responsible for their grandchildren were female and 50% of grandparents who were responsible for their grandchildren were married in 2018; a decrease since 2017 when the percentage was 83%.

Almost 33% of individuals 65 and over are living with a disability. This also differs by geographic location with the highest percentage of people with a disability over the age of 65 living in Hutchinson Island South, River Park, and Lakewood Park.

In 2018, the poverty rate was 16.5%, which was higher than the state rate of 14.8%. Poverty impacts people of color disproportionately. For individuals living below the poverty level, 21% were Black and 18% were Hispanic compared to 13% White and 12% non-Hispanic. The rate ratio for Black to Whites living below the poverty level was 1.6:1 and for Hispanics to non-Hispanics the rate ratio was 1.5:1. There are also geographical differences. Geographic areas that have the highest rates of poverty are Fort Pierce North, Fort Pierce city, and River Park while those that have the lowest rates of poverty are Port St. Lucie city, Jensen Beach, and Hutchinson Island South. Female head of households with no husband present experience the highest rates of poverty, particularly with children under the age of 5.

The average median household income between 2014 and 2018 was \$49,373 compared to \$53,267 for the state. The rate ratio for both Black to White median income and Hispanic to non-Hispanic median income during this time was 0.8:1. There are also geographic differences. Zip codes with the highest median income include 34987 and 34986 while those with the lowest median income include 34950 and 34947.

In addition to poverty, many families are living in what is known as ALICE¹ (Asset Limited, Income Constrained, and Employed) as defined in the United Way report. These households earn more than the Federal Poverty level, but less than the amount needed to cover the basic cost of living for the county. Those areas that have the highest percentage of poverty and ALICE households include Fort Pierce North, River Park, and Fort Pierce city.

Between 2014 and 2018, the average unemployment rate was 6.5 compared to the state rate of 6.3. There are racial and ethnic differences, with White and non-Hispanic individuals having lower rates of unemployment compared to Black and Hispanic individuals. The rate ratio for Black to White individuals for unemployment was 1.2:1 for this time period. In 2018, the unemployment rate was 5.7 compared to 6.3 for the state of Florida. Zip codes 34946, 34947, and 34950 experience the highest rates of unemployment in the county.

In 2018, 86% of the population in St. Lucie County had some form of health insurance. Ninety-nine percent (99%) of the population 65 years and over had health insurance, while only 79% of the population 19-64 years of age had health insurance, and 86% of the population under the age of 19. There are racial and ethnic disparities related to health insurance. These are explained in more detail in the full report. Zip codes with the highest rate of uninsured include 34947, 34950, 34953, and 34982.

The rate of food insecurity has decreased between 2014 and 2017 and the percent of the population living within ½ mile of a park has increased. The rate for St. Lucie County residents who are inactive or insufficiently active has increased and differs by age group with individuals ages 18-44 more likely to be inactive or insufficiently active. Additionally, non-Hispanic Black individuals and women were more likely to be inactive or insufficiently active.

Over 87% of St. Lucie County residents over the age of 25 have a high school diploma or higher. Four percent (4.4%) of the population has less than a 9th grade education, while 22% have a bachelor's degree or higher. This varies by geographic area, with Hutchinson Island South, Jensen Beach, and Indian River Estates having the highest rates of high school graduates or higher and Fort Pierce South, Fort Pierce city, and Fort Pierce North having the lowest rates. Zip codes with the highest rates include 34957, 34949, 34952, and 34994, while zip codes with the lowest rates include 34982, 34947, and 34950.

Based on the University of Wisconsin Population Health Institute², St. Lucie County ranks 29 of 67 counties for Health Outcomes in the state of Florida. It ranks 23 of 67 for Length of Life and 33 of 67 for Quality of Life (measured by rates of low birthweight babies). St. Lucie County's life expectancy 3-year average was 79.5 compared to 79.7 for the state of Florida though this differs by race, ethnicity, and gender. White

¹ [United Way ALICE Project – Florida \(unitedforalice.org\)](https://www.unitedforalice.org/)

² [County Health Rankings & Roadmaps](#)

residents have a longer life expectancy compared to Black residents and Hispanic residents have a longer life expectancy than non-Hispanic residents. Women have a longer life expectancy than men. Life expectancy also varies by geographic location with zip codes 34986, 34987, 34952, 34994, and 34953 having longer life expectancies than zip codes 34947, 34950, 34946, and 34982.

The rate of low birthweight babies in 2018 was 9.3, higher than the state rate of 8.7. This differs by race, ethnicity, and geographic location. In 2018, Black babies were 1.7 times more likely to be born with low birthweight than White babies and non-Hispanic babies were 1.3 times more likely to be born with low birthweight than Hispanic babies. Zip codes with the highest rate of low birthweight babies include 34947, 34946, 34950, and 34984.

The preterm birth rate in St. Lucie County in 2018 was 11.0. The Healthy People 2020 goal for preterm birth is a rate of 9.4. Hispanic mothers have reached this goal since 2015 and White mothers have been reaching this goal until 2018. The disparity rate between Black and White mothers has been decreasing for preterm births. Non-Hispanic babies are 1.5 times more likely to be born preterm than Hispanic babies. Zip codes with the highest percentage of preterm births are 34947, 34946, 34950, 34986, 34982, and 34984. Black babies were 1.6 times more likely to die before their first birthday in 2018.

The age-adjusted death rate is highest for males, followed by Black individuals and non-Hispanic individuals. It is lowest for Hispanic individuals and females. There are approximately 3,300 deaths per year in St. Lucie County. The leading causes of death are heart disease, cancer, chronic lower respiratory disease, stroke, and unintentional injuries. St. Lucie County also had a high 3-year average for HIV/AIDS related deaths, particularly for Black individuals.

Black individuals were 1.1 times more likely to die than White individuals from coronary heart disease, 1.5 times more likely to die from a stroke, 1.1 times more likely to die from congestive heart failure, and 2.5 times more likely to die from prostate cancer. Black women were 1.8 times more likely to die from cervical cancer. Black individuals were also 2.7 times more likely to die from diabetes and 33.2 times more likely to die from HIV/AIDS.

White individuals are more likely to die from all types of cancer, including lung and breast.

Deaths due to unintentional injuries are the 5th leading cause of death in St. Lucie County. White individuals are more likely to die from these injuries than Black and Hispanic individuals. Between 2016 and 2018 there were a total of 237 deaths due to unintentional drug poisoning. Age groups with the highest number of unintentional injuries in 2018 were 74+ years old (more likely to die from falls) and 35-64-year olds (more likely to die from poisoning). Young adults (ages 20-24) are more likely to die from motor vehicle related accidents.

In 2018, there were 55 deaths due to suicide, the primary mechanisms used were firearm, suffocation, and poisoning. Age groups with the highest numbers of death by suicide in 2018 were 55-64-year-olds followed by 75-84-year olds and 45-54-year olds. Rates of death by suicide were highest for White individuals compared to Black individuals and for males compared to females.

In terms of clinical care, St. Lucie County is improving in the percentage of uninsured individuals, while it is challenged in the rate of preventable hospital stays. The rates of total hospital beds have been statistically significantly lower than the state for all types of beds, except for specialty care beds. The rate of nursing home beds is an area in which St. Lucie County has not been improving.

The rates of licensed physicians are also statistically significantly lower than the state for all types of physicians.

In terms of health behaviors, St. Lucie County is doing poorly in the areas of obesity and physical activity. There is a higher rate of smokers in St. Lucie County compared to the state, with smokers tending to be in the 45-64-year-old age group, non-Hispanic White individuals, and male.

The percentage of adults who are obese in St. Lucie County is getting worse. Individuals who are obese in St. Lucie County tend to be in the 45-64-year-old age group, non-Hispanic Black individuals, and male.

In terms of bacterial sexually transmitted diseases, St. Lucie County's rates have remained lower than the state, however, there has been a steady number of annual cases since 2013.

The rate of teen pregnancies has decreased for Black, White, and Hispanic females, however, the rate of births to unwed mothers has risen particularly for Black and non-Hispanic females. The rates of births to mothers 19 years and over without a high school diploma has steadily decreased, while the rates of mothers who smoke during pregnancy is greater than the state, with White and non-Hispanic women more likely to smoke during pregnancy. Between 2009 and 2018 there have been 7 maternal deaths.

In addition to death by suicide and unintentional deaths due to poisoning, behavioral health is a challenge identified in the assessment. Black individuals are more likely to be psychiatrically hospitalized than White individuals. The rate of driving deaths with alcohol involvement has been greater than the state of Florida and has been trending upward since 2014, though the rate of alcohol-suspected motor vehicle crashes and alcohol-suspected motor vehicle crash injuries is lower than the state. The rate of reported binge drinking by both middle and high school students has decreased, though the rate reported by middle schoolers is higher than the rate reported for the state.

There were 45 opioid overdose deaths and 62 drug overdose deaths in 2018 according to the Opioid Profile for St. Lucie County. There was a total of 23 babies born

with Neonatal Abstinence Syndrome birth defects and 1,716 annual drug arrests, 1,639 which were adults and 77 which were juvenile arrests.

Behavioral health services that are needed in St. Lucie County include inpatient detoxification for children, outpatient detoxification for both adults and children, an addiction receiving facility for both adults and children, and supportive housing for children with substance use issues.

This summary, when combined with the qualitative results of the assessment confirms that while there are areas in which St. Lucie County is doing well, there are also areas that require attention. Most notably, attention should be paid to the aging adult population as it increases, disparities between race and ethnicity, and geographic area. As the community is only as healthy as its least healthy members, it is recommended that strategies and activities be developed to address these disparities.



About St. Lucie County

The setting for this health needs assessment is St. Lucie County. According to the U.S. Census Bureau, the county has a total area of 688 square miles (1,780 km²), of which 572 square miles (1,480 km²) is land and 116 square miles (300 km²) (16.9%) is water. In 1905, St. Lucie County was created from the southern part of Brevard County with the county seat being Fort Pierce. During World War II, the United States Naval Amphibious

Training Base was established in Fort Pierce on North and South Hutchinson Island. The post-war years brought about a significant increase in population in the region, consisting of mostly military personnel who had gone through the local Navy base.

In 1958, land development sprawled in the area, laying the foundation for the future city of Port St. Lucie. Population and building booms in the late 20th century led to the formation of other areas west and south of Port St. Lucie including St. Lucie West and the new community of Tradition. Port St. Lucie is the 7th largest city in Florida and the 3rd largest city in South Florida.

Fort Pierce, the county's second largest city in St. Lucie and is home to about 45,000 people on Florida's Treasure Coast. The city is home to educational and research institutions such as Indian River State College, Smithsonian Maritime Station, Manatee Observation and Education Center, and Harbor Branch Oceanographic Institution at Florida Atlantic University. The village of Lincoln Park is home to the late African American writer Zora Neale Hurston as well as the Highwaymen, a group of 26 African American artists.

The early 21st century brought many trials for the county including two major hurricanes in 2004 and an economic recession and real estate downturn starting in 2008. In 2005, St. Lucie County celebrated its 100th birthday.

As the Assessment frequently mentions zip codes and census tracts, the following figures provide a reference tool to consult while reading the narrative.

Figure 1. Zip Codes in St. Lucie County, 2020

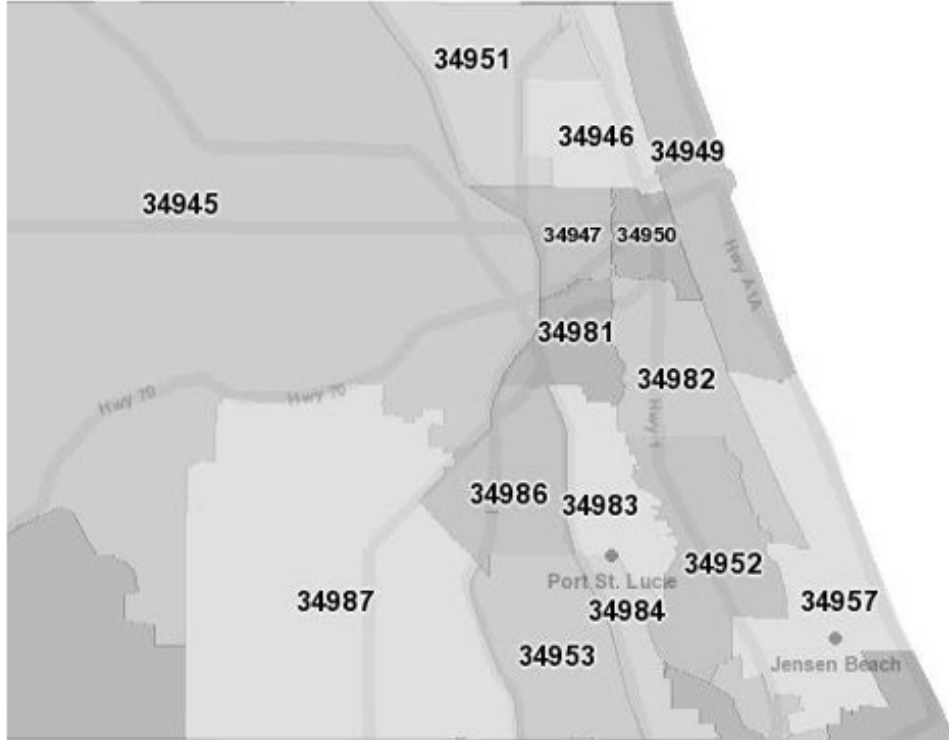
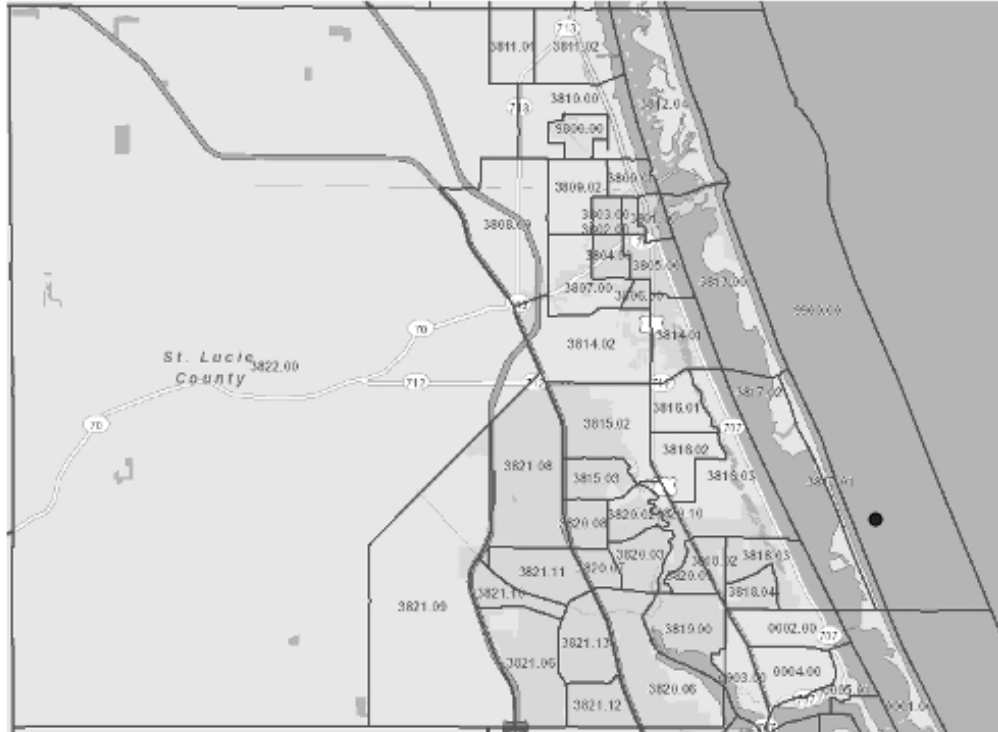


Figure 2. Census Tracts in St. Lucie County, 2020



Community Health Assessment Highlights

Demographics

St. Lucie County was populated by 321,128 residents in 2018, a 15.6% increase from 2010. The following are highlights of the demographics of the population of St. Lucie County. More detailed tables and analysis are found in [Section One](#) of the document.

Population Growth

The estimated population for July 1, 2019 for St. Lucie County was 328,297 which represents an 18.4% increase from April 1, 2010. While all geographic areas have experienced population growth during that time period, the following areas have experienced the greatest percentage change:

- Port St. Lucie City (22.9%)
- Fort Pierce South (12.10%)
- Fort Pierce North (10.4%)

Zip Codes that are expected to experience the greatest population growth between 2019 and 2024 are:

- 34987 (15.62%)
- 34952 (8.60%)
- 34983 (8.30%)
- 34945 (2.26%)

Age and Sex

While all other age ranges have decreased over time, the population 65 years and older has increased steadily since 2010. A little over 20% of the population is 19 and under (21.4%) while nearly a quarter of St. Lucie County residents (24.1%) are 65 and older. There were a higher percentage of females in St. Lucie County in 2018 (51.45%) compared to males (48.55%), though this difference is not demonstrated in every age category.

In 2018, St. Lucie County had a higher percent of residents ages 60 and over (30.42%) compared to the state of Florida (27.07%). This is the only age category in which St. Lucie County had a higher percent than the state of Florida (other than 5 to 17-year olds which had a 0.16% difference).

The geographic areas with the highest percentage of residents ages 65 and older (estimated July 1, 2019) in St. Lucie County were:

- Hutchinson Island South CDP³ (66.9%)
- Indian River Estates CDP (38.5%)
- Jensen Beach CDP (31.10%)
- River Park CDP (26.5%)
- Lakewood Park CDP (26.2%)

Census tracts with the highest percentages of individuals 65 and older were:

- 3817.01 (68.9%), located in zip code 34957
- 3817.02 (64.3%) located in zip code 34957
- 3812.04 (59.8%) located in zip code 34949
- 3816.03 (56.3%) located in zip code 34952

Census tracts with the highest percentages of individuals 0-14 years of age were:

- 3802 (11.8%) located in zip code 34950
- 3803 (11.6%) located in zip codes 34947 and 34950
- 3809.02 (9.7%) located in zip codes 34946 and 34947
- 3801 (8.9%) located in zip code 34950

³ Census Designated Place - a place that exists only for statistical purposes. It has no governmental authority and may extend across county lines.

There are higher percentages of females in the under-five, 30-59, and 60 years and older age categories (2.79% compared to 2.19%, 18.95% compared to 17.85%, and 16.29% compared to 14.13%, respectively). Males represent slightly higher percentages in the 5-17, 18-24, and 25-29 age categories (7.59% compared to 7.10%, 3.75% compared to 3.69%, and 3.04% compared to 2.63%, respectively).

The zip code with the lowest median age in 2018 was 34947 (31.6 years), while the zip code with the highest median age in 2018 was 34949 (65.8 years). A further breakdown of these zip codes reveals that in the same year:

- Zip code 34947 was 56.20% female with a median age of 32.4 and 43.80% male with a median age of 29.4.
- Zip code 34949 was 53.36% female with a median age of 65.0 and 46.64% male with a median age of 67.0.
- Zip code 34945 was 62.06% male with a median age of 39.2 and 37.94% female with a median age of 51.0.

Census tracts with the lowest median age (2014 - 2018 average age) were:

- 3802 (28.6) located in zip code 34950
- 3803 (30.7) located in zip codes 34947 and 34959
- 3804 (32.3) located in zip codes 34947 and 34950
- 3806 (33.9) located in zip code 34982

Census tracts with the highest median age (2014 - 2018 average) were:

- 3817.01 (71.1) located in zip code 34957
- 3817.02 (69.8) located in zip code 34957
- 3812.04 (67.5) located in zip code 34949
- 3816.03 (67.1) located in zip code 34952

Race and Ethnicity

The percentage of White and non-Hispanic residents decreased between 2010 and 2018, while the percentage of Black, Other, and Hispanic residents increased during the same time period. In 2018 St. Lucie County was 72.38% White, 20.2% Black or African American, and 19.5% Hispanic.

These percentages vary by geographic area, zip code, and census tract. As of July 1, 2019:

- Hutchinson Island CDP (98.7%), Jensen Beach CDP (94.5%), Fort Pierce South (93.6%) and Indian River Estates (92.9%) had the highest percentages of White residents.
- Fort Pierce North (70.5%), Fort Pierce city (38.1%), and Port St. Lucie city (18.9%) had the highest percentage of Black or African American residents.
- Lakewood Park CDP (2.7%), Indian River Estates (2.7%), and Port St. Lucie city (2.3%) had the highest percentage of Asian residents.

- Fort Pierce South (50.5%), Fort Pierce city (23.0%), Port St. Lucie city (20.1%), and River Park CDP (16.1%) had the highest percentage of Hispanic residents.

In 2018, the zip codes with the highest percentage of:

White residents

- 34949 (97.56%)
- 34957 (95.51%)
- 34951 (87.44%)
- 34987 (86.48%)

Black residents

- 34946 (60.19%)
- 34947 (55.86%)
- 34950 (48.99%)
- 34953 (25.05%)

Asian residents

- 34986 (4.53%)
- 34983 (2.52%)
- 34982 (2.42%)
- 34951 (2.22%)

In 2018 the census tracts with the highest percentage of:

White residents

- 3817.02 (99.1%) located in zip code 34957
- 3817.01 (98.5%) located in zip code 34957
- 3812.04 (98.2%) located in zip code 34949

Black residents

- 3803 (81.6%) located in zip codes 34947 and 34950
- 3802 (78.8%) located in zip code 34950
- 3809.02 (75.8%) located in zip codes 34946 and 34947

Asian residents

- 3818.03 (6.7%) located in zip codes 34952 and 34957
- 3814.01 (5.6%) located in zip code 34982
- 3815.02 (4.2%) located in zip codes 34981, 34982, and 34983

Hispanic residents

- 3806 (52.6%) located in zip code 34982
- 3804 (43.5%) located in zip codes 34947 and 34950
- 3821.06 (30.9%) located in zip code 34953
- 3820.08 (30.9%) located in zip code 34983

Foreign-born

Sixteen percent (16.4%) of the residents (52,589) of St. Lucie County are foreign-born. Of those, 66.6% are naturalized citizens, while 33.4% are not citizens. The percentage of naturalized U.S. citizens has increased since the 2017 American Community Survey from 55.0%.

The percentage of foreign-born residents differs by geographic area. The average percentage of foreign-born residents between 2014 and 2018 lived in:

- Fort Pierce South CDP (26.2%)
- Port St. Lucie city (18.8%)
- River Park CDP (17.9%)
- Fort Pierce city (16.8%)

Language spoken at home

In 2018, 23.1% of St. Lucie households spoke a language other than English at home. These included Spanish (15.0%), other Indo-European languages (6.8%), and Asian and Pacific Islander languages (.7%).

Geographic areas where the highest percentage of households speak a language other than English at home include:

- Fort Pierce South CDP (51.3%)
- Fort Pierce city (27.6%)
- Port St. Lucie city (25.7%)
- River Park CDP (19.7%)

Veterans

In 2018, St. Lucie County was home to 23,914 veterans, or 9.27% of the population. This percentage is greater than the state of Florida (8.46%). Of the male veterans living in St. Lucie County:

- 50.93% are 75 years and older
- 31.86% are between 65 and 74 years of age
- 13.58% are between 55 and 64 years of age
- 11.35% are between 35 and 54 years of age
- 1.67% are between 18 and 34 years of age

Veterans between the years 2014 and 2018 (average) lived in:

- Hutchinson Island South CDP (17.48% of the area's population)
- Indian River Estates (13.8% of the area's population)
- Lakewood Park CDP (9.74% of the area's population)

Households

In 2018 there were a total of 118,768 households in St. Lucie County. This is an increase of 4% since the total of 114,043 in 2017. This increase is a statistically significant change.

Family Households

The majority of households (68.7%) were families, 24.2% of which had their own children under the age of 18 living at home

- 50.30% of households were married couple families, with 15.5% of those having children of the householder under 18 years of age
- 4.5% of households were households in which the head of household was male, with no wife present, a decrease from 2017 (6.5%). 1.7% of these households had children of the householder under 18 years of age
- 13.9% of households were households in which the head of household was female with no husband present, an increase from 2017 (11.2%). 6.9% of these households had children of the householder under 18 years of age.

Non-family households made up the remainder (31.30%) of households

- 24.7% were householders living alone
- 13.0% were individuals 65 years and over

Almost 30% of households had one or more people under 18 years and nearly 44% of households had one or more people 65 years and over. The average household size in 2018 was 2.68, a decrease from 2017 (2.72). The average family size in 2018 was 3.18, a decrease from 2017 (3.26).

Computer and Internet Access

The percent of households that had a computer increased from 92.1% in 2017 to 95.6% in 2018 and the percent of households that had a broadband Internet subscription increased from 86.2% in 2017 to 89.8% in 2018. Both increases were statistically significant. There are differences geographically.

- The highest percent of households with a computer (average 2014-2018) was Port St. Lucie city (93.7%), followed by Jensen Beach CDP (90.0%) and Lakewood Park CDP (87.6%)
- The lowest percent of households with a computer (average 2014-2018) was Fort Pierce North CDP (70.1%) followed by Fort Pierce South CDP (70.0%)
- The highest percent of households with a broadband internet subscription (average 2014-2018) was Port St. Lucie city (86.8%) followed by Lakewood Park CDP (82.2%)
- The lowest percent of households with a broadband internet subscription (average 2014-2018) was Fort Pierce North CDP (59.1%) and Fort Pierce City (70.4%)

Marital Status

In 2018, 130,004 males over the age of 15 were married, a statistically significant increase from 2017 (126,268). Similarly, 139,001 females over the age of were married, a statistically significant increase from 2017 (135,626).

- 31.4% of males over the age of 15 were never married in 2018 compared to 24.1% of females over the age of 15 were never married
- While 12.3% of the female population over the age of 15 was widowed in 2018, only 3.6% of the male population over the age of 15 was widowed
- Similarly, 14.6% of females over the age of 15 were divorced in 2018, while 11.7% of males over the age of 15 were divorced

Fertility

The number of women who had a birth in the past 12 months in 2018 was 2,084. This was a statistically significant decrease from 2017 (4,298). The rate of births to unmarried women decreased from 31 per 1,000 unmarried women in 2017 to 8 per 1,000 unmarried women in 2018. The rate of births to women 15 to 50 years old decreased from 67 per 1,000 women 15 to 50 years old in 2017 to 32 per 1,000 women 15 to 50 years old in 2018. This was a statistically significant difference.

Grandparents

The number of grandparents in St. Lucie County living with their own grandchildren under 18 years of age increased from 9,080 in 2017 to 9,809 in 2018.

The percentage of grandparents responsible for their grandchildren decreased from 36.8% (3,345) in 2017 to 28.7% in 2018 (2,813).

Of those grandparents who were responsible for their grandchildren in 2018, 17.0% were responsible for them for 5 or more years (the highest percent of years responsible). This compares with 2017 when the highest percent was 1 or 2 years responsible (10.3%).

Sixty-three percent (63.3%) of grandparents who were responsible for their grandchildren under the age of 18 years in 2018 were female (an increase from 60% in 2017).

Of note is that 50.5% of grandparents who were responsible for their grandchildren under 18 years of age in 2018 were married compared to 83.0% in 2017.

Census tracts that had the highest percentage of grandparents responsible for their grandchildren were:

- 3810 (87.9%) located in zip code 34946
- 3809.01 (79.0%) located in zip codes 34946 and 34950
- 3821.10 (70.7%) located in zip code 34953

Disability Status

In 2018, 32.8% of individuals 65 years and over were living with a disability, compared to 11.2% of individuals 18-64 years of age and 4.5% of individuals under 18 years old. While there were decreases from 2017 for the 65 years and over population (34.4%), there were increases for the 18-64-year-olds and under 18 years old (10.8% and 4.4% respectively).

In terms of geographic area, the locations with the highest percent of individuals living with a disability under the age of 65 (average 2014-2018) lived in:

- Hutchinson Island South CDP (14.5%)
- River Park CDP (13.2%)
- Lakewood Park CDP (12.0%)

Census tracts with the highest percent of individuals over the age of 65 with a disability (2014-2018 average) include:

- 3805 (54.8%) located in zip codes 34950 and 34982
- 3806 (53.9%) located in zip code 34982
- 3803 (53.4%) located in zip codes 34947 and 34950
- 3804 (52.3%) located in zip codes 34947 and 34950

Social Determinants of Health

Social Determinants of Health (SDoH) are conditions in which we are born, live, work, and play that have a significant impact on our health and well-being. Understanding these factors inform the needs of the community in terms of access to care and support (whether social, community or systemic). These SDoH include those factors that impact individual and population health, such as poverty, education, employment, housing, neighborhood environment, and transportation. The following provides an overview of those determinants, with more detailed analysis provided in Section Two.

Poverty

During 2014-2018:

- The average percentage of individuals living below the poverty level in St. Lucie County was 15.0, compared to 14.8 in the state of Florida. (In 2018, the percentage for all people was 16.5% compared to 14.8% for the state).
- For families, this number is 10.8 compared to 10.6 for the state. (In 2018, the percentage was 13.4% compared to 10.6% for the state).
- During this same time period the percent of individuals under the age of 18 living below the poverty level was 21.5 compared to 21.3 for the state. (In 2018, the percent of children living below the poverty level was 19% compared to 20% for the state).

For individuals living below the poverty level, the percent during this time was:

- White (13.0)
- Black (20.9)
- Hispanic (18.0)
- Non-Hispanic (11.9)

The rate ratio for Black to Whites living below the poverty level was 1.6:1 during this time and for Hispanics to non-Hispanics the rate ratio was 1.5:1.

For children under the age of 18 living below the poverty level during this time:

- White (19.5)
- Black (24.7)
- Hispanic (24.0)
- Non-Hispanic (16.9)

The rate ratio for Black to White children under the age of 18 living below the poverty level was 1.3:1 and for Hispanic to non-Hispanic children under the age of 18 living below the poverty level during this period was 1.4:1.

There are also geographical differences. For example, the geographic areas that had the highest rates of poverty in 2018 in St. Lucie County were:

- Fort Pierce North CDP (37.7%)
- Fort Pierce city (32.4%)
- River Park CDP (30.3%)

The areas that had the lowest rates of poverty in 2018 in St. Lucie County were:

- Port St. Lucie city (10.1%)
- Jensen Beach CDP (10.6%)
- Hutchinson Island South CDP (10.9%)

For families, these numbers are even more dramatic. Census tracts that had the highest rates of families living under 100% of the poverty level between 2014-2018 (average) include:

- 3801 (81.9%) located in zip code 34950
 - With children under the age of 18 years in the household this percent increases to 96.6% and with children under the age of 5 it increases to 100%.
 - For female head of household, no husband present, 100% of households live in poverty (including with children under the age of 18 and under the age of 5).
- 3802 (64.9%) located in zip code 34950
 - With children under 18 years in the household this percent increases to 76.6% and with children under the age of 5, it increases to 100%.

- For female head of household, no husband present, 77.4% of households are living in poverty. This number increases to 89.2% for households with children under the age of 18 and 100% for children under the age of 5.
- In addition to those identified above, there are multiple census tracts in the county in which there is a female head of household (no husband present) with children under the age of 5 where 100% of households are living in poverty.
 - 3821.06 (zip code 34953)
 - 3821.1 (zip code 34953)
 - 3821.12 (zip code 34953)
 - 3809.01 (zip codes 34946 and 34950)
 - 3810 (zip code 34946)
 - 3811.01 (zip code 34951)
 - 3814.01 (zip code 34982)
 - 3816.02 (zip code 34952)
 - 3820.1 (zip code 34952)

Household Income

The median household income (average) during the period 2014 - 2018 was \$49,373 compared to \$53,267 for the state.

These numbers do not impact all populations proportionately. For example, during the same period the median income was:

- White (\$51,401)
- Black (\$39,813)
- Hispanic (\$45,116)
- Non-Hispanic (\$53,096)

The rate ratio for both Black to White median income and Hispanic to non-Hispanic median income was .8:1 during this time period

There are also geographical differences. For example, the zip codes with the highest median and average household incomes in 2018 were:

- 34987: median \$80,435; average \$98,765
- 34986: median \$63,878; average \$83,335
- 34984: median \$62,405; average \$79,484
- 34949: median \$61,889; average \$94,810

The zip codes with the lowest median and average household incomes were:

- 34950: median \$25,591; average \$38,506
- 34947: median \$30,174; average \$41,193
- 34946: median \$35,832; average \$59,916
- 34982: median \$40,325; average \$55,379

The census tracts with the highest median household incomes were:

- 3820.66 (\$77,098) located in zip codes 34984 and 34990
- 3821.09 (\$74,947) located in zip codes 34986 and 34987
- 3819 (\$71,032) located in zip codes 34952 and 34994

The census tracts with the lowest median household incomes were:

- 3802 (\$13,500) located in zip code 34950
- 3801 (\$13,533) located in zip code 34950
- 3803 (\$17,873) located in zip codes 34947 and 34950

The geographic areas with the two highest and two lowest median household incomes (2018) were:

- Port St. Lucie city (\$57,113)
- Jensen Beach (\$53,920)
- Fort Pierce North (\$27,907)
- Fort Pierce city (\$30,445)

According to the most recent ALICE Report issued by the United Way of Florida, (2018 Point-In-Time Data), the median household income in St. Lucie County was \$54,098 and the unemployment rate was 5.7% compared to the state average of 5.2% (Source: 2018 American Community Survey, Supplemental Estimates). While the number of households living in poverty in St. Lucie County was 12%, an additional 34% were ALICE (Asset Limited, Income Constrained, and Employed). These households earn more than the Federal Poverty Level, but less than the basic cost of living for the county. Those areas that have the highest percentages of households living in poverty *and* ALICE are:

- Fort Pierce North CDP (73% of 2,321 households)
- River Park CDP (70% of 2,557 households)
- Fort Pierce city (68% of 16,499 households)

Employment

During the period 2014-2018, the overall unemployment rate was 6.5 compared to the state rate of 6.3. However, there were racial differences:

- White (6.3)
- Black (7.8)
- Hispanic (6.5)
- Non-Hispanic (6.2)

The rate ratio for Black to White individuals for unemployment was 1.2:1 for this time period.

In 2018, there were 251,086 civilians aged 16 and over in St. Lucie County. Of those, 135,084 or 53.8% were in the labor force, compared to 58.7% for the state of Florida. Of those 135,084:

- 50.3% or 126,296 were in the labor force (The labor force is the number of people who are employed plus the unemployed who are looking for work. To be considered part of the labor force, individuals must be available, willing to work, and have looked for a job recently. The labor pool does not include the jobless who aren't looking for work.)
- 8,788 or 3.5% were unemployed
- 116,002 or 46.2% were not in the labor force (Note: Not in labor force includes all people 16 years old and over who are not classified as members of the labor force. This category consists mainly of students, stay-at-home parents, retired workers, seasonal workers interviewed in an off season who were not looking for work, institutionalized people, and people doing only incidental unpaid family work (less than 15 hours during the reference week, U.S. Census Bureau, Glossary).
- The unemployment rate in 2018 was 5.7% compared to 6.3 percent for the state.

The unemployment rate also differs by geographic area. The following census tracts had the highest rates of civilian labor force unemployment (2014-2018):

- 3809.01 (15.2% of 843 people in the civilian labor force) located in zip codes 34946 and 34950
- 3802 (14.7% of 1,169 people in the civilian labor force) located in zip code 34950
- 3809.02 (12.3% of 2,518 people in the civilian labor force) located in zip codes 34946 and 34947
- 3805 (10.5% of 2,844 people in the civilian labor force) located in zip codes 34950 and 34982

According to the County Health Rankings, St. Lucie County has been experiencing an improved trend in the unemployment rate. The County Health Rankings uses the Bureau of Labor Statistics data to calculate its rates, therefore the rate differs from the census data. According to the County Health Rankings, the unemployment rate in 2010 was 14% and has steadily decreased to 4% in 2018.

Health Insurance

Health insurance makes a difference in whether and when people get necessary medical care, where they get their care, and ultimately, how healthy they are. Uninsured people are far more likely than those with insurance to postpone health care or forgo it altogether.

During the period 2014-2018, the percentage of adults with health insurance coverage was 86.0 compared to 86.5 for the state. (St. Lucie County ranks in the 3rd quartile compared to other counties in the state for this indicator).

In 2018, 86.0% of the population in St. Lucie County had some form of health insurance. Specifically:

- 86% of the population under 19 years of age had health insurance
- 79% of the population 19-64 years of age had health insurance
- 99% of the population 65 and older had health insurance

While St. Lucie County's 10-year trend is improving in this area, there are differences by race and ethnicity within age groups. Black residents were less likely to have health insurance in almost all age categories (except 6-18-year olds and 35-44-year olds). The age categories with the largest percentage of adults were 19-25-year olds and 35-44-year olds.

- Under 6 years old:
 - 16% of Black children, 12% of Hispanic children, and 7% of White children did not have health insurance
- Between 6 and 18 years of age:
 - 24% of Hispanic children, 22% of Black children, and 14% of White children did not have health insurance
- Between 19 and 25 years of age:
 - 39% of Black young adults, 29% of Hispanic young adults, and 23% of White young adults did not have health insurance
- Between 26 and 34 years of age:
 - 22% of Black adults, 22% of White adults, and 20% of Hispanic adults did not have health insurance
- Between 35 and 44 years of age:
 - 39% of Hispanic adults, 31% of Black adults, and 29% of White adults did not have health insurance
- Between 45 and 54 years of age:
 - 21% of Black adults, 20% of White adults, and 19% of Hispanic adults did not have health insurance
- Between 55 and 64 years of age:
 - 19% of Black adults, 12% of White adults, and 9% of Hispanic adults did not have health insurance
- Between 65 and 74 years of age:
 - 2% of Black adults, 1% of White adults, and 0% of Hispanic adults did not have health insurance
- Over 75 years of age:

- o 3% of Black adults, .2% of White adults, and 0% of Hispanic adults did not have health insurance

There are also geographical differences. While the city of Port St. Lucie does not have a high rate of uninsured, there are census tracts within the county that have high rates (2014-2018 average). These include:

- 3803 (25.7%) located in zip codes 34947 and 34950
 - 3806 (25.6%) located in zip code 34982
 - 3802 (24.2%) located in zip code 34950
 - 3821.13 (23.7%) located in zip code 34953

Food Insecurity

Food insecurity is the percentage of the population that does not have consistent access to food for an active, healthy life. Food insecurity refers to a lack of available financial resources for food at the household level. People experiencing food insecurity often consume a nutrient-poor diet, which may contribute to the development of obesity, heart disease, hypertension, diabetes, and other chronic diseases.

According to Feeding America, while the rate of food insecurity has declined from 2014 to 2017, St. Lucie County continues to experience a higher rate than the state of Florida. The child food insecurity rate is also higher than the state of Florida.

Access to Healthy Foods and Exercise Opportunities

Access to healthy food sources and recreational areas are necessary to support healthy diets and physical activity. Lack of physical activity and unhealthy eating are major risk factors for chronic diseases, the leading causes of death and disability in the United States.

- While the percent of the population living within ½ mile of a park has increased in St. Lucie County between 2016 and 2019 (41.6% compared to 43.0%), the percentage is still less than the state of Florida (43.2% and 45.2%, respectively).
- Conversely, St. Lucie County fares better than the state of Florida related to the percent of the population living within ½ mile of a fast food restaurant. This rate has remained consistent for St. Lucie County between 2016 and 2019 (20.1% compared to 20.4%), while for the state it decreased from 33.9% to 32.3%.
- In terms of adults who are inactive or insufficiently active, the rate for St. Lucie County residents increased in this area between 2013 and 2016 (50.7% compared to 53.0%). These numbers are lower than the state for the same period (52.9% and 56.7%, respectively). These numbers differ by age group, race, ethnicity, and gender.
 - o In 2016, individuals age 18-44 were more likely to be inactive or insufficiently active compared to 45-64-year olds and 65 and older (62.0%, 56.3%, and 36.5%, respectively).

- During the same year, non-Hispanic Blacks were more likely to be inactive or insufficiently active (68.9%) compared to Hispanics (58.1%) and non-Hispanic Whites (45.8%).
- Women were more likely to be inactive or insufficiently active during 2016 (56.3%) compared to men (48.5%).
- In 2016, St. Lucie County residents were more likely to be sedentary (30.5%) compared to the state of Florida (29.8%).
- During the same year, individuals 45-64 years of age were more likely to be sedentary (34.3%), compared to 18-44-year olds (28.9%) and 65 and older (26.6%).
- Hispanics were more likely to be sedentary in 2016 (42.5%) than non-Hispanic Blacks (31.2%) and non-Hispanic Whites (25.9%) in 2016.
- Women were more likely to be sedentary (33.5%) than men (26.4%) during this time period.

Education

Of 67,785 St. Lucie County residents who were enrolled in school in 2018, 40.2% were enrolled in elementary school (grades 1-8), 25% were enrolled in college or graduate school, 24.2% were enrolled in high school (grades 9-12), and 10.5% were enrolled in nursery school, preschool, or kindergarten.

In terms of educational attainment for the population 25 years and over, 87% have a high school diploma or higher, compared to 12% for the state. (St. Lucie County ranks in the 3rd quartile compared to other counties in the state for this indicator). Four percent (4.4%) of the population has less than a 9th grade education and an additional 8.4% have a 9th-12th grade education, with no diploma. Fourteen percent (14%) of the population has a bachelor's degree and an additional 8.8% have a graduate or professional degree.

This varies by geographic area and census tract.

- The areas with the highest rates of high school graduates or higher (persons age 25 and over) include:
 - Hutchinson Island South CDP (95.5%), Jensen Beach CDP (93.6%), and Indian River Estates (90.0%). These areas also have the highest rate of individuals with bachelor's degrees or higher (31.4%, 31.2%, and 19.4%).
- Conversely, the areas with the lowest rates of high school graduates or higher (persons age 25 and over) include:
 - Fort Pierce South CDP (75.5%), Fort Pierce city (77.6%), and Fort Pierce North (79.3%). These areas also have the lowest rates of individuals with bachelor's degrees or higher (Fort Pierce South CDP-8.7%; Fort Pierce North CDP-11.6%; and Fort Pierce city-15.0%).
- Census tracts with the highest percentage of individuals who are high school graduates or higher include:

- 3817.01 (99.1%) located in zip code 34957
- 3813 (96.5%) located in zip code 34949
- 3819 (96.0%) located in zip codes 34952 and 34994
- Census tracts with the lowest percentage of individuals who are high school graduates or higher include:
 - 3806 (59.0%) located in zip code 34982
 - 3803 (64.1%) located in zip codes 34947 and 34950
 - 3802 (69.8%) located in zip code 34950
- Census tracts with the highest percentage of individuals with graduate or professional degrees include:
 - 3812.04 (19.7%) located in zip code 34949
 - 3821.09 (18.7%) located in zip codes 34986 and 34987
 - 3817.01 (15.7%) located in zip code 34957
- Census tracts with the highest percentage of individuals with less than a 9th grade education include:
 - 3804 (24.5%) located in zip codes 34947 and 34950
 - 3806 (19.4%) located in zip code 34982
 - 3805 (17.4%) located in zip codes 34950 and 34982

Crime and Safety

Neighborhood safety has a strong correlation with the resiliency of a community. Living in high crime areas contribute to poor mental health and avoidance of care. St. Lucie County has shown a consistent decrease in the index crime rate and overall lower rates in comparison to the state of Florida. According to the [County Health Rankings](#), St. Lucie County is improving in this measure, going from a violent crime rate of 613 per 100,000 population in 2007 to 272 per 100,000 in 2016.

There were 1,485 cases of domestic violence in 2018, an increase from the previous year of 1,348. While the St. Lucie County rate remains lower than the state, it has increased over the past years (between 2015 and 2018).

The rate of child abuse per 100,000 population remains comparable to the state of Florida. In 2018, there were 150 reported cases of child abuse. This number is the lowest it has been since 2010.

Health Status: Health Outcomes

Measures of general health status provide information on the health of a population and refers to conditions, both physical and behavioral. St. Lucie County ranks 29 of 67 counties for Health Outcomes in the state of Florida. It ranks 23 of 67 for Length of Life and 33 of 67 for Quality of Life (measured by low birthweight babies). (County Health Rankings, 2020).

Life Expectancy

Life Expectancy is the average number of years a person can expect to live. It considers the number of deaths in a given time period and the average number of people dying during that time, which allows for comparison across geographic areas with different population sizes. In St. Lucie County, life expectancy varies across sex, race, and geographic area.

St. Lucie County's life expectancy 3-year average (2016-2018) for the total population was 79.5 compared to 79.7 for the state of Florida.

- Whites have longer life expectancy (79.7) compared to Blacks (78.6).
- Hispanics have longer life expectancy (84.4) compared to non-Hispanics (78.7).
- Both Blacks and Hispanics had longer life expectancy than the state of Florida during this period (78.6 compared to 77.7 and 84.4 compared to 83.4, respectively).
- Women in St. Lucie County had a longer life expectancy (82.1) compared to men (76.8). Both are lower than the state averages (82.5 and 76.9, respectively).

Life expectancy also varies by geographic location. Those census tracts with the highest average number of years of life expectancy in 2018 were:

- 3821.08 (96.9) located in zip code 34986
- 3821.09 (83.9) located in zip codes 34986 and 34987
- 3819 (81.5) located in zip codes 34952 and 34994
- 3821.13 (81.4) located in zip code 34953
- 3821.1 (81.1) located in zip code 34953

Life expectancy varies by sex and census tract as well. The census tracts with the longest life expectancy are the same for women:

- 3821.08 (102.0) located in zip code 34986
- 3821.09 (85.2) located in zip codes 34986 and 34987
- 3819 (84.3) located in zip codes 34952 and 34994
- 3821.13 (83.6) located in zip code 34953
- 3821.1 (83.5) located in zip code 34953

Life expectancy for men is also highest in these census tracts with the exception of census tract 3819. The census tracts with the longest life expectancy for men include:

- 3821.08 (91.9) located in zip code 34986
- 3821.09 (82.5) located in zip codes 34986 and 34987
- 3808 (79.5) located in zip codes 34945, 34947, and 34951
- 3821.13 (79.1) located in zip code 34953
- 3821.1 (79.0) located in zip code 34953

Those census tracts with the lowest average number of years of life expectancy include:

- 3803 (64.4) located in zip codes 34947 and 34950

- 3809.02 (64.4) located in zip codes 34946 and 34947
- 3802 (65.8) located in zip code 34950
- 3805 (68.9) located in zip codes 34950 and 34982
- 3804 (69.6) located in zip codes 34947 and 34950

These census tracts vary slightly by sex. Census tracts with the lowest average life expectancy for women were:

- 3803 (68.5) located in zip codes 34947 and 34950
- 3809.02 (70.1) located in zip codes 34946 and 34947 (note that numbers for men in this census tract were not available)
- 3805 (70.5) located in zip codes 34950 and 34982
- 3804 (71.5) located in zip codes 34947 and 34950
- 3811.01 (74.4) located in zip code 34951

Census tracts where males had the lowest average life expectancy were:

- 3803 (59.4) located in zip codes 34947 and 34950
- 3805 (67.1) located in zip codes 34950 and 34982
- 3804 (67.5) located in zip codes 34947 and 34950
- 3811.01 (67.9) located in zip code 34951
- 3814.02 (68.0) located in zip codes 34981 and 34982

Low Birthweight Babies

Low birthweight is a term used to describe babies who are born weighing less than 5 pounds, 8 ounces or 2500 grams. A high rate of low birthweight births equates a higher demand on healthcare utilization due to the higher number of days of hospitalization. Between 2015 and 2018, St. Lucie County had an increase in the percentage of low birthweight babies (9.3% compared to the state 8.7% in 2018).

The percent of low birthweight babies also differs by race, ethnicity, and geographic location.

- While the percent of low birthweight babies has been decreasing for Blacks in St. Lucie County, it has been increasing for White babies. There remains a disparity between Black and White babies, though the disparity rate decreased between 2016 and 2018.
 - In 2016, the percent of Black low birthweight babies born in St. Lucie County was 13.1, while the percent of White low birthweight babies born in St. Lucie County was 6.7 (a disparity of 2.0).
 - In 2017, the percent of Black low birthweight babies born in St. Lucie County decreased to 10.7, while the percent of White low birthweight babies born in St. Lucie County increased to 7.5, a disparity of 1.4.
 - In 2018, the percent of Black low birthweight babies born in St. Lucie County increased to 12.6, while the percent of White low birthweight babies born in St. Lucie County increased to 7.6, a disparity of 1.7.

- St. Lucie non-Hispanic babies are more likely to be born with low birthweights compared to Hispanic babies.
 - In 2016, the percent of non-Hispanic low birthweight babies born in St. Lucie County was 9.2 compared to 7.2 for Hispanic low birthweight babies born in St. Lucie County, a disparity of 1.3.
 - In 2017, the percent of non-Hispanic low birthweight babies born in St. Lucie County decreased to 8.9, while the percent of Hispanic low birthweight babies born in St. Lucie County remained the same as the previous year (7.2), a disparity of 1.2.
 - In 2018, the percent of non-Hispanic low birthweight babies born in St. Lucie County increased to 9.9, while the percent of Hispanic low birthweight babies born in St. Lucie County decreased to 7.1, a disparity of 1.3.
- There are also differences geographically in St. Lucie County. The zip codes with the highest percent (5-year average between 2014 and 2018) and highest count (total count between 2014 and 2018) of low birthweight babies were:
 - 34947 (rate: 11.8; count 140)
 - 34946 (rate: 10.9; count 43)
 - 34950 (rate: 10.2; count 150)
 - 34984 (rate: 9.2; count 65)

Preterm Births

A preterm birth is a baby born before reaching 37 weeks of gestation. Births that occur before 37 weeks gestation have lower chances of survival and higher chances of short and long-term health problems when compared to term births.

The 2020 goal for preterm births is 9.4. St. Lucie County had a rate of 11.0 in 2018, higher than the 2020 goal. There are racial, ethnic, and geographical differences related to the rates of preterm birth in St. Lucie County. Hispanic mothers have reached this goal since 2015 and White mothers had been reaching this goal until 2018.

- Black mothers are more likely to have preterm births than White mothers.
 - In 2016, Black mothers were more likely to have preterm births (13.3%) compared to White mothers (9.2%), a disparity of 1.45.
 - In 2017, Black mothers were more likely to have preterm births (9.8%) compared to White mothers (8.6%), a disparity of 1.14.
 - In 2018, the percentage for Black preterm births increased to 12.0%, while the percentage for White preterm births also increased to 10.6%, a disparity of 1.13.
- Non-Hispanic mothers are more likely to have preterm births than Hispanic mothers.
 - In 2016, non-Hispanic mothers had a preterm birth rate of 11.0, while Hispanic mothers had a preterm birth rate of 8.7, a disparity of 1.26.
 - In 2017, the preterm birth rate for non-Hispanic mothers decreased to 9.4 and the preterm birth rate for Hispanic mothers decreased to 7.7, a disparity of 1.22.

- In 2018, the preterm birth rate increased for non-Hispanic mothers to 12.0 and the preterm birth rate increased for Hispanic mothers to 7.9, a disparity of 1.52.
- There are also differences geographically in St. Lucie County. The zip codes with the highest percent (5-year average between 2014 and 2018) and highest count (total count between 2014 and 2018) of preterm births were:
 - 34947 (rate: 17.4; count: 206)
 - 34946 (rate: 17.3; count: 68)
 - 34950 (rate: 16.7; count: 246)
 - 34986 (rate: 13.2; count: 118)
 - 34984 (rate: 12.5; count: 88)
- The census tracts with the highest percent (5-year average between 2014 and 2018) and highest count (total count between 2014 and 2018) of preterm births were:
 - 3803 (rate: 22.4; count: 138) located in zip codes 34947 and 34950
 - 3809.02 (rate: 20.5; count: 78) located in zip codes 34946 and 34947
 - 3802 (rate: 18.5; count: 62) located in zip code 34950
 - 3804 (rate: 15.0; count: 86) located in zip code 34950
 - 3805 (rate: 14.9; count: 82) located in zip codes 34950 and 34982

Infant Mortality

Infant mortality is the death of a live-born baby during the first year of life. The rate is the number of infant deaths per 1,000 live births. Infant mortality and the infant mortality rate reflect the health and well-being of the population's women of reproductive age and their infants as well as the quality of the health care available. St. Lucie County's infant mortality rate has decreased since 2014. The Healthy People 2020 goal for infant mortality is 6.0.

The rate of infant mortality in St. Lucie County has decreased since 2014 from 6.1 deaths per 1,000 live births to 3.8 deaths per 1,000 live births. However, while St. Lucie County has achieved the 2020 goal consistently for White and Hispanic babies, the story is not the same for Black babies. Zip code and census tract data are not available for infant mortality due to low counts.

- Black babies are more likely to die within their first year of life than White babies.
 - In 2016, the rate of Black babies dying in their first year of life was higher than White babies (9.8 compared to 3.5, respectively), a disparity of 2.8.
 - In 2017, the rate of Black babies dying in their first year of life decreased to 7.3 and for White babies to 2.0, though the disparity increased to 3.65.
 - In 2018, the rate of Black babies dying in their first year of life decreased to 5.5 (below the Healthy People 2020 objective), while the rate of White babies dying in their first year of life increased to 3.4. The disparity ratio in 2018 was 1.62.

- Non-Hispanic babies are more likely to die within their first year of life than Hispanic babies. In 2014 and 2018 there were no Hispanic infant deaths.
 - In 2016, the rate of non-Hispanic babies dying in their first year of life was 6.1 compared to Hispanic babies dying in their first year of life (2.9), a disparity of 2.1.
 - In 2017, the rate of non-Hispanic babies dying in their first year of life decreased to 4.8 and for Hispanic babies the rate increased to 4.2, with a disparity of 1.14.
 - In 2018, the rate of non-Hispanic babies dying in their first year of life was 5.1. No Hispanic babies died in their first year of life in 2018.

Health Status: Mortality and Morbidity

The age-adjusted death rate per 100,000 in St. Lucie County in 2018 was 684.5 for all individuals. This rate was highest for males (818.3) followed by Black individuals (769.7), and non-Hispanic individuals (720.6). It was lowest for Hispanic individuals (467.4) and females (563.9).

All Causes

There are approximately 3,300 deaths per year in St. Lucie County. The leading causes of death are heart disease, cancer, chronic lower respiratory disease, stroke, and unintentional injuries. Additionally, St. Lucie County ranked in the 3rd quartile of all Florida counties for 2016-2018 (3-year average) for HIV/AIDS deaths, with the highest rates for Black individuals (16.6) compared to Hispanic (2.1) and White (0.5).

Heart Disease

There was a total of 784 heart disease related deaths in St. Lucie County in 2018, with an age-adjusted death rate per 100,000 of 257.3 and 152.6 Years of Potential Life Lost (YPLL) for individuals younger than 75 per 100,000 population under 75. Between 2016 and 2018, there were a total of 1,899 heart disease related deaths.

- 1,481 were due to coronary heart disease (age-adjusted death rate: 95.3)
 - For Black individuals, the age-adjusted death rate was 106.9 compared 93.3 for White individuals.
- 303 were due to acute myocardial infarction (age-adjusted death rate: 19.6)
- 115 were due to heart failure (age-adjusted death rate: 7.1)
 - For Black individuals, the age-adjusted death rate was 5.9 compared to 5.3 for White individuals.

Age-adjusted hospitalization rates for these heart-related issues between 2016 and 2018 (3-year average) were:

- Heart failure: 1,376.2 (count: 19,718)
 - For Black individuals, the age-adjusted hospitalization rate was 2323.5 compared to 1079.6 for White individuals.
- Coronary heart disease: 335.1 (count: 4,673)

- For Black individuals, the age-adjusted hospitalization rate was 366.2 compared to 294.5 for White individuals.
- Heart attack: 200.4 (count: 2,786) (racial disparity data not available)

In 2016:

- 5.6% of the adult population reported they had ever been told they had angina or coronary heart disease
- 5.1% of the adult population reported they had ever been told they had a heart attack

Cancer

There was a total of 767 deaths related to cancer in 2018, with an age-adjusted rate of 251.7 and 150.2 Years of Potential Life Lost (YPLL). Between 2016 and 2018, there were a total of 1,149 cancer related deaths between 2016 and 2018.

- 635 were due to lung cancer (age-adjusted death rate: 41.4)
 - For Black individuals, the age-adjusted death rate was 22.0 compared to 45.1 for White individuals
- 202 were due to colorectal cancer (age-adjusted death rate: 14.1)
 - For Black individuals, the age-adjusted death rate was 14.6 compared to 14.3 for White individuals
- 126 were due to prostate cancer (age-adjusted death rate: 17.2)
 - For Black individuals, the age-adjusted death rate was 35.2 compared to 14.2 for White individuals
- 129 were due to breast cancer (age-adjusted death rate: 17.4)
 - For Black women, the age-adjusted death rate was 16.6 compared to 17.5 for White women
- 36 were due to melanoma (age-adjusted death rate: 2.4); racial data is not available for melanoma
- 21 were due to cervical cancer (age-adjusted death rate: 3.2)
 - For Black women, the age-adjusted death rate was 5.6 compared to 3.1 for White women

Between 2015 and 2017, the count of new cases (3-year total) and age-adjusted incidence rates per 100,000 total population (3-year average) for each type of cancer was:

- Lung cancer: 821 (rate: 56)
 - For Black individuals, the age-adjusted incidence rate was 22.0 compared to 45.1 for White individuals.
- Breast cancer: 711 (rate: 114.0)
 - For Black women, the age-adjusted incidence rate was 94.3 compared to 115 for White women.
- Prostate cancer: 576 (rate: 84.2)

- For Black men, the age-adjusted incidence rate was 134.4 compared to 73.2 for White men.
- Colorectal cancer: 427 (rate: 32.3)
 - For Black individuals, the age-adjusted incidence rate was 32.8 compared to 31.8 for White individuals.
- Melanoma: 274 (rate: 20.5); racial data is not available
- Cervical cancer: 47 (rate: 8.1)
 - For Black women, the age-adjusted incidence rate was 6.4 compared to 8.4 for White women.
- In 2016, 58.7% of women 40 years of age and older reported receiving a mammogram in the past year
 - In 2017, 42% of Medicare enrollees in St. Lucie County received mammogram screenings. Of these, 42% were White, 41% were Black, 36% were Hispanic, and 35% were Asian.
- In 2016, 49.8% of women 18 years of age and older reported receiving a Pap test in the past year
- In 2016, 54.1% of adults 50 years and older reported receiving a sigmoidoscopy or colonoscopy in the past five years
- In 2016, 20.7% of adults 50 years and older reported they received a stool blood test in the past year
- In 2016, 58.4% of men 50 years of age and older reported receiving a PSA test in the past two years

Chronic Lower Respiratory Disease (CLRD)

In 2018 there were a total of 218 chronic lower respiratory deaths, with an age-adjusted death rate per 100,000 of 71.5 and 41.0 Years of Potential Life Lost. Between 2016 and 2018 the total number of deaths (count) was 684, with an age-adjusted death rate per 100,000 total population of 42.9. During this same period, there were a total of 5,393 hospitalizations (count) with an age-adjusted hospitalization rate (3-year average) per 100,000 of 456.7.

In 2016, 6.8% of the adult population in St. Lucie County reported currently having asthma and 10.2% said they had ever been told they had asthma. Between 2016 and 2018 there were a total of 8,281 (count) hospitalizations related to asthma, with an age-adjusted hospitalization rate (3-year average) per 100,000 of 849.4.

Between 2016 and 2018, the 3-year average rate for emergency room visits due to asthma was 1117.1 for Black individuals in St. Lucie County compared to 251.8 for White individuals in St. Lucie County.

Stroke Deaths

In 2018 there were a total of 202 deaths related to stroke, with an age-adjusted death rate per 100,000 total population of 66.3 and 38.3 Years of Potential Life Lost.

Between 2016 and 2018, there were a total (count) of 583 deaths related to stroke, with an age-adjusted death rate per 100,000 population (3-year average) of 37.3. There was a total of 3,686 hospitalizations during this same period, with an age-adjusted hospitalization rate (3-year average) of 263.5.

- For Black individuals, the age-adjusted death rate due to stroke was 50.6 compared to 34.5 for White individuals
- For Black individuals, the age-adjusted hospitalization rate due to stroke was 402.4 compared to 215.2 for White individuals

In 2016, 4.7% of adults reported ever having been told they had a stroke.

- 8.6% of Black individuals report ever having been told they had a stroke compared to 4.4% of White individuals

Unintentional Injury Deaths

Unintentional injuries refer to injuries that are unplanned and typically preventable when proper safety precautions are followed. In 2018, the total number of deaths due to unintentional injuries was 180, with an age-adjusted death rate per 100,000 of 59.1 and 54.9 Years of Potential Life Lost. Unintentional injuries are the 5th leading cause of death in St. Lucie County. Unintentional injury death rates are one exception where there are higher rates of death among the White population than the Black, Hispanic, and non-Hispanic population.

- In 2016, the rate of unintentional injury deaths for White individuals was 75.8 compared to Black (31.1) and Hispanic (38.1).
- In 2016, the rate of unintentional injury deaths for White individuals in St. Lucie County decreased to 70.6 while the rate for Black individuals increased to 37.3 and for Hispanic individuals to 47.8.
- In 2018, the rate of unintentional injury deaths for White individuals decreased to 57.0 while the rate for Black individuals increased to 50.0 and decreased for Hispanic individuals to 22.6.
- Between 2016 and 2018, the age-adjusted death rate due to unintentional injuries was highest for St. Lucie males compared to St. Lucie females.
 - In 2016 the age-adjusted death rate due to unintentional injuries was 93.4 for males and 35.9 for females.
 - In 2017 the age-adjusted death rate due to unintentional injuries decreased for males to 88.6 while it increased for females (40.4).
 - In 2018 the age-adjusted death rate due to unintentional injuries decreased to 74.9 for males and increased for females to 41.3. The rate for females has begun to be higher than the state rate for females, while the 2018 rate for males was lower than the state rate.
- Between 2016 and 2018, St. Lucie County had 27 unintentional drowning deaths. Between 2014 and 2018, the zip codes with the highest count of unintentional drowning deaths were:

- 34952 (9)
- 34953 (7)
- 34947 (3)
- 34983 (3)
- 34984 (3)
- 34986 (3)
- Between 2016 and 2018 there were a total of 237 deaths due to unintentional drug poisoning. The St. Lucie rate for unintentional drug poisoning deaths has consistently remained higher than the state rate.
- In 2018, the following had the highest count and age-adjusted rate for unintentional fatal injuries:
 - Poisoning: 66 (rate: 23.8); state rate: 21.79
 - Fall: 44 (rate: 8.14); state rate: 9.97
 - Motor Vehicle Accident (occupant): 28 (rate: 10.12); state rate: 7.08
- Age groups with the highest number of unintentional fatal injuries in 2018 were:
 - 74+ years old (50 total; 36 due to falls, 5 due to suffocation, 3 to motor vehicle accidents as occupants, 1 due to motor vehicle as motorcyclist, 1 due to motor vehicle traffic as pedestrian, 1 due to other transport, 1 due to drowning, and 2 unspecified).
 - 35-64 (76 total; 42 due to poisoning, 8 due to falls, 9 to motor vehicle accident as occupant, 3 to motor vehicle other unspecified, 4 to motor vehicle traffic as pedestrian; 2 due to drowning, 2 due to motor vehicle as motorcyclist, 1 due to suffocation, 1 due to motor vehicle pedal cyclist, 1 other specified and classifiable, 1 to other transport, and 2 unspecified).
 - 25-34 (26 total; 21 due to poisoning, 1 due to drowning, 1 due to motor vehicle as motorcyclist, 1 due to motor vehicle as occupant, 1 due to motor vehicle as pedestrian, and 1 as other specified and classifiable).
 - 20-24 (13 total; 9 due to motor vehicle as occupant, 2 due to motor vehicle as pedestrian, 1 due to motor vehicle other, and 1 due to poisoning).

Diabetes Deaths

In 2018 there were 119 diabetes related deaths, with an age-adjusted death rate per 100,000 of 39.0 and 24.6 Years of Potential Life Lost. Between 2016 and 2018 there were a total of 318 (count) deaths due to diabetes with an age-adjusted death rate (3-year average) of 22.3.

- For Black individuals, the age-adjusted death rate during this period was 49.2 compared to 17.9 for White individuals

There was a total of 34,691 hospitalizations between 2016 and 2018, with an age-adjusted hospitalization rate of 2,642.9

- For Black individuals, the age-adjusted hospitalization rate during this time period was 4568.0 compared to 1980.8 for White individuals

- For Black individuals, the rate of emergency room visits due to diabetes was 567.5 compared to 169.2 for White individuals

There were 437 hospitalizations for amputation of a lower extremity due to diabetes between 2016 and 2018, with an age-adjusted hospitalization rate of 33.6.

In 2016 11.6% of adults in St. Lucie County reported they had ever been told they had diabetes.

- In 2016 17.9% of Black individuals reported they had ever been told they had diabetes compared to 11.5% of White individuals

Alzheimer's Disease Deaths

In 2018 there were 115 Alzheimer's related deaths, with an age-adjusted death rate per 100,000 of 37.7 and 20.4 Years of Potential Life Lost.

Chronic Liver Disease and Cirrhosis Deaths

In 2018 there were 63 chronic liver disease and cirrhosis deaths, with an age-adjusted death rate of 18.4 and 11.4 Years of Potential Life Lost.

Nephritis, Nephrotic Syndrome, and Nephrosis Deaths

In 2018 there were 56 nephritis, nephrotic syndrome and nephrosis deaths, with an age-adjusted death rate of 18.4 and 11.4 Years of Potential Life Lost.

Suicide

In 2018 there were 55 deaths related to suicide with an age-adjusted death rate of 18.0 and 15.0 Years of Potential Life Lost.

The primary mechanisms for death by suicide in 2018 were firearm (26), suffocation (15), and poisoning (10).

Age groups with the highest numbers of death by suicide in 2018 were 55-64 years old (13), 75-84 year olds (10), and 45-54 year olds (9).

Between 2016 and 2018, rates of death by suicide were highest for White individuals compared to Black individuals and for males compared to females.

- In 2016 the rate for death by suicide was 17.1 for White individuals compared to 6.9 for Black individuals
- In 2017 the rate for White individuals stayed the same at 17.1 and decreased for Black individuals to 3.4
- In 2018 the rate for White individuals decreased to 16.8 and increased for Black individuals to 8.8
- In 2016 the rate for death by suicide was 26.1 for males compared to 5.9 for females
- In 2017 the rate for males decreased to 22.3, while it increased for females to 6.6

- In 2018 the rate for males increased to 25.3, while it decreased for females to 5.6

Health Status: Infectious Disease

HIV and AIDS

While St. Lucie has had a decrease in new HIV cases in 2018, it remains a challenge. In 2018, there were a total of 1,814 persons living with HIV/AIDS (PLWH), regardless of where they were diagnosed. The number of AIDS cases has decreased annually in St. Lucie County, reaching its lowest count in 2018 (13) compared to its highest count in 2010 (97).

More males (1,079) than females (735) are living with HIV. HIV/AIDS also disproportionately impacts the Black community. The following demonstrates the disparity between the non-Hispanic Black community and the non-Hispanic White community related to HIV.

- In 2016, the rate of new HIV cases per 100,000 population was 44.0 for non-Hispanic Black individuals and 5.8 for non-Hispanic White individuals
- In 2017, the rate of new HIV cases per 100,000 increased to 67.4 for non-Hispanic Black individuals compared to 9.1 for non-Hispanic White individuals
- In 2018, the rate of new HIV cases per 100,000 decreased to 41.8 for non-Hispanic Black individuals compared to 8.6 for non-Hispanic White individuals

Health Status: Health Factors

St. Lucie County ranked 30 of 67 health factors in the 2020 County Health Rankings. It ranked 23 of 67 counties for health behaviors and 38 of 67 for clinical care factors.

Clinical Care Factors

Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others (County Health Rankings, 2020).

St. Lucie County is improving in the percentage of uninsured (17% in 2017).

It is also improving in the ratio of dentists (2610 individuals per 100,000 population to 1 practitioner). While this ratio is improving the rate per 100,000 population in St. Lucie County remains statistically significantly lower than the state rate.

St. Lucie County is challenged in the area of preventable hospital stays. The rate per 100,000 Medicare enrollees in 2017 was 595.1 overall. The highest rate is for Black Medicare enrollees (888.8) compared to the lowest rate for Asian Medicare enrollees (289.2).

Health Resource Availability

The rate of total hospital beds in St. Lucie County has been statistically significantly lower than the state. Although the rate has increased slightly between 2016 and 2018 (263.1 in 2016 compared to 282.5 in 2018), it remains lower than the state (312.3 and 308.2 respectively).

The same is true for acute care beds and nursing home beds.

- In 2016 the rate of acute care beds was 199.9 for St. Lucie County compared to 254.4 for the state of Florida
- In 2018 the rate of acute care beds increased to 220.2 for St. Lucie County still statistically significantly lower than the state rate of 248.9
- The rate of nursing home beds is an area in which St. Lucie County has not been improving.
 - In 2016 the rate of nursing home beds was 357 compared to the state rate of 413.3 and in 2018 the rate was 344.6 in St. Lucie County compared to 399.8 for the state of Florida. Both of these rates are statistically significantly lower than the state.
- An area in which St. Lucie County exceeds the state is in the rate of specialty care beds though not statistically significantly greater.
 - In 2016 the rate of specialty care beds in St. Lucie County was 63.2 and in 2018 the rate was 62.3 compared to 58.0 and 59.2 for the state, respectively.
- The total rate of licensed physicians remains statistically significantly lower than the state of Florida.
 - In FY 2016/2017 the rate for St. Lucie County was 135 per 100,000 population compared to the state rate of 310.5.
 - In FY 2017/2018 the rate for St. Lucie County was 137.2, lower than the state rate of 304.7.
 - In FY 2018/2019 the rate for St. Lucie County was 142.7, lower than the state rate of 310.0.
- The statistically significantly lower rates apply to the rates of licensed family physicians, licensed internists, licensed OB/GYNs, licensed pediatricians, and licensed dentists. More detailed data is provided in the section entitled Health Factors. The data below provides the rates for each of these professions for 2018:
 - Family Practice Physicians: St. Lucie County rate 9.7 per 100,000 population compared to the state rate of 19.2
 - Licensed Internists: St. Lucie County rate 19.4 per 100,000 population compared to the state rate of 47.6
 - Licensed OB/GYNs: St. Lucie County rate 5.2 per 100,000 population compared to the state rate of 9.3
 - According to Florida Charts data, there were 16 licensed OB/GYNs in St. Lucie County in FY 2018/2019. According to the Florida Department of Health website, there are currently 30 licensed OB/GYNs in St. Lucie

- County. Additional information is provided in the Health Factors section of the report
- o Licensed Pediatricians: St. Lucie County rate of 8.4 per 100,000 population compared to the state rate of 22
 - According to Florida Charts data, there were 26 licensed pediatricians in St. Lucie County in FY 2018/2019. According to the Florida Department of Health website, there are currently 41 licensed pediatricians in St. Lucie County. Additional information is provided in the Health Factors section of the report
 - While the ratio of licensed dentists is improving for St. Lucie County, the rate remains statistically significantly lower than the state. In FY 2018/2019, the rate per 100,000 population for St. Lucie County was 27.5 compared to 56.7 for the state of Florida

Flu Vaccinations

The percentage of Medicare enrollees receiving vaccinations continues to be approximately 40%. This rate is highest for White enrollees (44%), Asian enrollees (36%), Hispanic enrollees (33%), and Black enrollees (36%).

Health Status: Health Behaviors

Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior (County Health Rankings, 2020).

St. Lucie County is doing poorly in the areas of obesity and physical activity.

Smokers

In 2016 the percent of current adult smokers was 16.1 in St. Lucie County compared to the state percent of 15.5. St. Lucie County has continued to have a higher percentage of adult smokers than the state of Florida.

These smokers tend to be in the age group 45-64 (21.3% in 2016), non-Hispanic White individuals (20.7% in 2016) and male (22.4% in 2016).

Obesity

The percentage of adults who are obese in St. Lucie County is getting worse. In 2014, the percentage of adults was 27% compared to the state percent of 26%. In 2016, the percent of adults who are obese in St. Lucie County has increased to 30% compared to 27% in the state of Florida.

Individuals who are obese in St. Lucie County tend to be in the 45-64 year old age group (40.0% in 2016), non-Hispanic Black individuals (35.4% in 2016), and men (31.4% in 2016).

Bacterial Sexually Transmitted Diseases

Bacterial sexually transmitted diseases (STDs) are comprised of three reportable infections in Florida: chlamydia, gonorrhea, and syphilis. Though St. Lucie County's rates have remained below the state's rates, there has been a steady increase in the number of annual cases since 2013.

Maternal and Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. In 2018, there were a total of 150,054 females aged 15-44 in St. Lucie County. There were 3,121 births in St. Lucie County in 2018, an increase from the previous year. However, birth rates have steadily declined over the past 10 years to 10.2 births per 1,000 female population in 2018, lower than the state of Florida.

While St. Lucie County has been improving in the rates of teen pregnancies for Black, White, and Hispanic females, the rate of births to unwed mothers has risen particularly for Black and non-Hispanic females. Additionally, while the rates of births to mothers 19 and over without a high school diploma has steadily decreased over time, it remains statistically significantly greater than the state of Florida's rates. This is particularly notable for Black and Hispanic females, though the rates continue to decrease.

The rates of mothers who smoke during pregnancy is statistically significantly greater than the state of Florida, with White and non-Hispanic women more likely to smoke during pregnancy.

Maternal deaths are reflective of the health of a community. Between 2009 and 2018 there have been 7 maternal deaths.

Behavioral Health

Understanding the scope of behavioral health (mental illness and substance use) establishes a foundation for bringing services and funding to those areas in need. St. Lucie County has shown an overall increase in hospitalizations for mental health disorders over the past ten years, particularly among individuals between the ages of 25 and 74 and for individuals with schizophrenic conditions.

Fatal injuries by suicide and unintentional fatal injuries, such as by poisoning, are indicative of the behavioral health of a community. In 2018, the fatal injury count for St. Lucie County was 260 with a county-age adjusted rate of 78.95. These fatal injuries included 180 unintentional fatal injuries (primarily from drug poisoning) and 55 deaths by suicide.

Both suicide and fatal unintentional injuries have been discussed previously in this section and are not repeated here.

Hospitalizations

There was a total of 2,964 psychiatric hospitalizations in 2018. The rate of psychiatric hospitalizations for St. Lucie County is similar to that of the state of Florida. In 2018, Black individuals (1,122.2) were more likely to be hospitalized than White individuals (961.8) (rate per 100,000).

Most of the hospitalizations in 2018 were for mood and depressive disorders (1,315) compared to schizophrenic disorders (669). The rate for hospitalizations under age 18 is lower in St. Lucie County than the state of Florida. In 2018, the rate of hospitalizations for individuals under age 18 was 246.1 compared to the state of Florida rate of 557.3. Similarly, the rate for hospitalizations for individuals over the age of 75 has been lower than the state of Florida. In 2018, the rate of hospitalizations for individuals 75 and over was 191.6, compared to 338.5. This rate was statistically significantly lower than the state.

For all other age categories, the rate of hospitalizations is either similar or greater than the rate for the state of Florida.

- In 2018, the rate of hospitalizations for ages 18-21 in St. Lucie County was 1231.10 compared to the state rate of 1242.5
- In 2018, the rate of hospitalizations for ages 22-24 in St. Lucie County was 1530.30 compared to 1251.5 for the state of Florida
- In 2018, the rate of hospitalizations for ages 25-44 in St. Lucie County was 1615.5 compared to the rate of 1303.3 for the state of Florida
- In 2018, the rate of hospitalizations for ages 45-64 in St. Lucie County was 1312.0 compared to 1196.9 for the state of Florida
- In 2018, the rate of hospitalizations for ages 65-74 was 707.3 for St. Lucie County compared to 589.3 for the state of Florida

Alcohol Use

The rate of driving deaths with alcohol involvement has been greater than the state of Florida and has been trending upward since 2014, though the rate of alcohol-suspected motor vehicle crashes and alcohol-suspected motor vehicle traffic crash injuries is lower than the state rate.

Binge drinking is measured in order to monitor health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems. Data provided during the 2016 telephone survey for the Behavioral Risk Factor Surveillance System shows that St. Lucie County has reported a lower rate of binge drinking than the state of Florida. The rate of binge drinking differs by age group, with 18-44 year olds reporting the highest rate in the 2013 survey and 65 years and older reporting the highest rate in 2016.

Hispanic individuals reported the highest rate of binge drinking in 2013 while non-Hispanic White individuals reported the highest rate of binge drinking in 2016. Men have consistently reported higher rates of binge drinking than women. The rate of

binge drinking reported by both middle and high school students has decreased over time, though the rate reported by middle schoolers is higher than the rate reported for the whole state.

Drug-Poisoning Mortality

The Opioid Profile for St. Lucie County provides an overview of the health status and quality of life and drug-related consequences pertaining to opioid use. While provisional data for 2018 showed 45 opioid overdose deaths and 62 drug overdose deaths, more recent data provided by Florida Charts indicates a total of 73 drug poisoning deaths in 2018 in St. Lucie County.

There were an additional 118 suspected non-fatal opioid-involved overdoses and 576 suspected non-fatal all drug overdoses. There were 447 emergency department visits for all drug non-fatal overdoses and 157 emergency department visits for opioid-involved non-fatal overdoses.

There was a total of 23 babies born with neonatal abstinence syndrome birth defects and 35 calls to the Florida Poison Information Network with calls related to opioids.

There was a total of 1,716 annual drug arrests in St. Lucie County in 2018, 1,639 which were adults and 77 which were juvenile arrests.

Sleep Behaviors

Sleep is an important factor that affects health. In 2016, 63.2% of individuals who responded to the Behavioral Risk Factor Surveillance Survey reported they slept at least 7 hours each night. This is lower than the state of Florida rate of 65.5%. Individuals 65 and older reported sleeping at least 7 hours or more per night (75.0%) compared to 63.5% of 18-44 year olds and 59.4% of 45-64 year olds. Non-Hispanic White individuals reported sleeping at least 7 hours each night (71.5%) compared to Hispanic individuals (68.3%) and non-Hispanic Black individuals (40.3%).

Behavioral Health Services

Publicly funded behavioral health services are managed by Southeast Florida Behavioral Health Network (SEFBHN). Services from prevention to support to deep-end (detox, crisis stabilization, inpatient and residential) are all available in St. Lucie County. The only services that are not available are:

- Medication-Assisted Treatment for Children's Substance Abuse (the closest facility is located in Broward County)
- Residential Treatment Levels I-IV and Room and Board with Supervision Levels I-III for Children's Mental Health (the closest facility is in Martin County)
- Short-term Residential Treatment for Adult Mental Health (the closest facility is located in Broward County)
- Inpatient Detoxification for Children's Substance Abuse (the closest facility is located in Palm Beach County)

- Outpatient Detoxification for both Adult and Children's Substance Abuse (the closest facility is located in Broward County)
- Supportive Housing/Living for Children's Substance Abuse (the closest facility is located in Broward County)
- Addiction Receiving Facility for both Adult and Children's Substance Abuse (the closest facility is in Broward County)

Section One: Population and Demographics

The economic challenges in St. Lucie County, in conjunction with a significant senior population, result in a community with complex needs. St. Lucie County was populated by 321,128 residents in 2018, a 15.6% increase from 2010. 21.4% of the population is 19 and under, and nearly a quarter (24.1%) of its residents are 65 and over. The county is 75.0% White, 21.9% Black or African-American and 19.5% Hispanic. 15.8% of the residents are foreign-born. The median household income is \$45,079 and 16.5% of the population lives in poverty, higher than the State overall percentage of 14.8%. There are fifteen (15) zip codes and forty-three (43) census tracts that make up St. Lucie County. Quantitative data is presented by both zip code and census tract, when available.

The overall population of St. Lucie County has increased by **15.6%** between 2010 and 2018.

Source: American Community Survey, US Bureau of the Census, 2018.

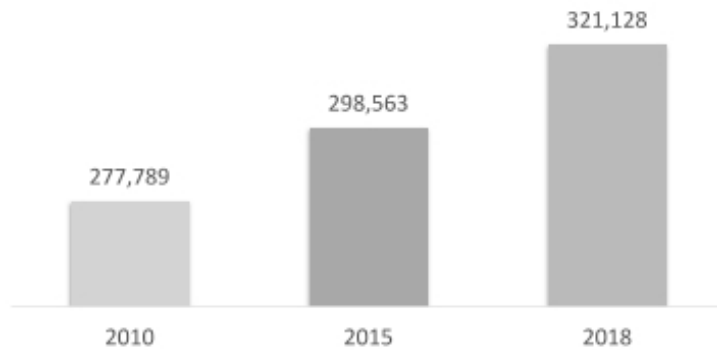
The tables and figures below provide a detailed view of St. Lucie County's population and demographics.

Table 1. Population Estimates, St. Lucie County - 2018

Population estimates, 2018	321,128
Population estimates base, 2010	277,789
Population, percent change	15.6%

Source: American Community Survey, US Bureau of the Census, 2018.

Figure 3. Population Growth in St. Lucie County, 2010 - 2018



Source: American Community Survey, 2014-2018 5-year estimate (July 1, 2018)

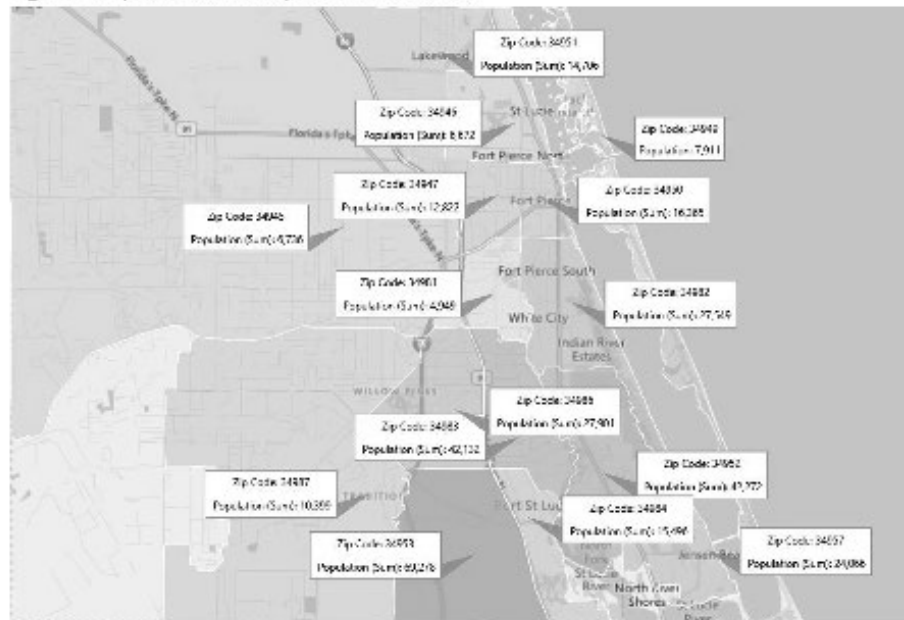
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Table 2. Population by Zip Code, St. Lucie County, Population Growth, 2010 - 2019 and Expected Population Growth, 2019 - 2024

Zip Code	Population	Population Growth 2010-2019	Expected Population Growth 2019-2024
34945	6,736	0.98%	2.26%
34946	6,672	1.11%	0.90%
34947	12,822	0.75%	0.64%
34949	7,911	1.17%	0.93%
34950	16,365	0.57%	0.36%
34951	14,706	0.90%	0.67%
34952	42,272	1.07%	8.60%
34953	69,278	1.32%	1.11%
34957	24,066	0.85%	0.89%
34981	4,949	0.91%	0.80%
34982	27,549	1.31%	1.16%
34983	42,132	1.04%	8.30%
34984	15,496	1.25%	1.02%
34986	27,901	1.99%	4.21%
34987	10,399	5.65%	15.62%

Source: American Community Survey, U.S. Bureau of the Census, V2019

Figure 4. Zip Codes and Population Estimates



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Table 3. Population Estimates and Percentage Change by Geographic Area, April 1, 2010 - July 1, 2019

	St. Lucie County	Port St. Lucie city	Jensen Beach CDP	Hutchinson Island South CDP	River Park CDP	Indian River Estates CDP	Fort Pierce South CDP	Fort Pierce city	Fort Pierce North CDP	Lakewood Park CDP
Pop. estimates July 1, 2019	328,297	201,846	X	5,584	5,681	6,805	5,672	46,103	7,148	12,319
Pop. estimates base, April 1, 2010	277,255	164,603	11,707	5,201	5,222	6,220	5,062	41,942	6,474	11,323
Pop. percent change - April 1, 2010 (estimates base) to July 1, 2019	18.40%	22.90%	X	7.40%	8.80%	9.40%	12.10%	9.90%	10.40%	8.80%

X: data not available

Source: American Community Survey, U.S. Bureau of the Census, V2019

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Table 4. Population by Census Tract, St. Lucie County

Census Tract	TOTAL POPULATION	Census Tract	TOTAL POPULATION
3801	1,000	3803	6,332
3810	1,214	3816.01	6,407
3820.10	1,989	3804	6,745
3817.02	2,333	3819	6,747
3809.01	2,364	3821.10	7,193
3817.01	2,881	3811.01	7,715
3808	3,248	3814.02	7,756
3802	3,456	3807	7,834
3812.04	3,667	3820.08	8,094
3816.02	3,743	3820.06	8,521
3813	3,762	3821.12	8,643
3806	4,337	3820.02	8,869
3818.02	4,435	3820.03	10,339
3820.09	4,502	3815.03	10,922
3814.01	4,601	3821.09	12,292
3811.02	4,957	3815.02	12,433
3818.03	5,398	3821.13	14,269
3818.04	5,400	3821.11	15,419
3820.07	5,506	3821.08	22,282
3805	5,721	3821.06	24,161
3809.02	5,786		
3816.03	6,143		
3822	6,175		

Source: American Community Survey, 5-year estimates, 2014-2018, average

Age and Sex in St. Lucie County

While all other age ranges have decreased over time, the 65+ population has increased steadily since 2010.

Table 5. Age - St. Lucie County, 2018

	St. Lucie County, Florida		Florida	
	Estimate	Percent	Estimate	Percent
Total	321,128		21,299,325	
Under 5 years	15,994	4.98%	1,135,392	5.33%
5 to 9 years	17,485	5.44%	1,127,602	5.29%
10 to 14 years	18,644	5.81%	1,244,592	5.84%
15 to 17 years	11,028	3.43%	720,289	3.38%
18 and 19 years	5,534	1.72%	513,735	2.41%
20 years	3,833	1.19%	261,392	1.23%
21 years	4,184	1.30%	259,599	1.22%
22 to 24 years	10,359	3.23%	734,599	3.45%
25 to 29 years	18,209	5.67%	1,419,979	6.67%
30 to 34 years	17,055	5.31%	1,338,536	6.28%
35 to 39 years	18,277	5.69%	1,324,913	6.22%
40 to 44 years	19,231	5.99%	1,261,791	5.92%
45 to 49 years	17,941	5.59%	1,351,627	6.35%
50 to 54 years	20,589	6.41%	1,390,341	6.53%
55 to 59 years	25,087	7.81%	1,449,290	6.80%
60 and 61 years	8,990	2.80%	588,625	2.76%
62 to 64 years	11,480	3.57%	818,239	3.84%
65 and 66 years	9,041	2.82%	530,273	2.49%
67 to 69 years	13,618	4.24%	760,940	3.57%
70 to 74 years	20,028	6.24%	1,113,021	5.23%
75 to 79 years	15,282	4.76%	836,522	3.93%
80 to 84 years	11,545	3.60%	557,028	2.62%
85 years and over	7,694	2.40%	561,000	2.63%

Source: American Community Survey, 1-Year Estimates Detailed Tables, 2018

Figure 5. Population by Age, St. Lucie County, Florida - 2018

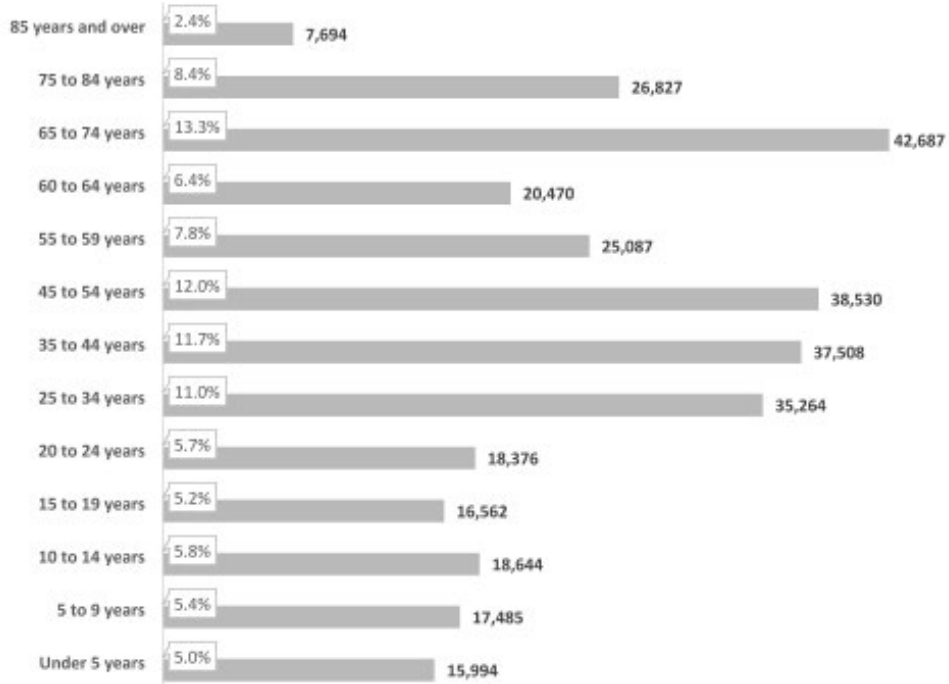
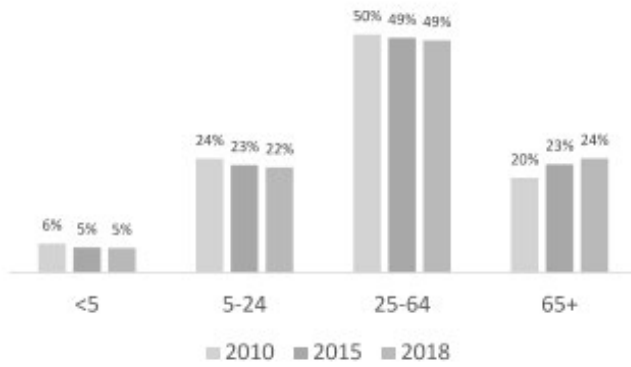


Figure 6. Age Group Percentage Change, St. Lucie County 2010 - 2018



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Table 6. Sex by Age, St. Lucie County - 2018

St. Lucie County, Florida						
	Male		Female		Total	
	Estimate	Percent	Estimate	Percent	Estimate	Percent
60 years and over	45,373	14.13%	52,305	16.29%	97,678	30.42%
30 to 59 years	57,333	17.85%	60,847	18.95%	118,180	36.80%
25 to 29 years	9,763	3.04%	8,446	2.63%	18,209	5.67%
18 to 24 years	12,045	3.75%	11,865	3.69%	23,910	7.45%
5 to 17 years	24,359	7.59%	22,798	7.10%	47,157	14.68%
Under 5 years	7,030	2.19%	8,964	2.79%	15,994	4.98%
Total	155,903	48.55%	165,225	51.45%	321,128	100.00%

Source: American Community Survey, 1-Year Estimates Detailed Tables, 2018

Table 7. Sex by Age, Florida - 2018

Florida						
	Male		Female		Total	
	Estimate	Percent	Estimate	Percent	Estimate	Percent
60 years and over	2,622,590	12.31%	3,143,058	14.76%	5,765,648	27.07%
30 to 59 years	3,993,920	18.75%	4,122,578	19.36%	8,116,498	38.11%
25 to 29 years	718,886	3.38%	701,093	3.29%	1,419,979	6.67%
18 to 24 years	911,588	4.28%	857,737	4.03%	1,769,325	8.31%
5 to 17 years	1,582,240	7.43%	1,510,243	7.09%	3,092,483	14.52%
Under 5 years	575,452	2.70%	559,940	2.63%	1,135,392	5.33%
Total	10,404,676	48.85%	10,894,649	51.15%	21,299,325	100.00%

Source: American Community Survey, 1-Year Estimates Detailed Tables, 2018

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Figure 7. Population by Age, St. Lucie County compared to Florida - 2018



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Figure 8. Sex by Age, St. Lucie County - 2018

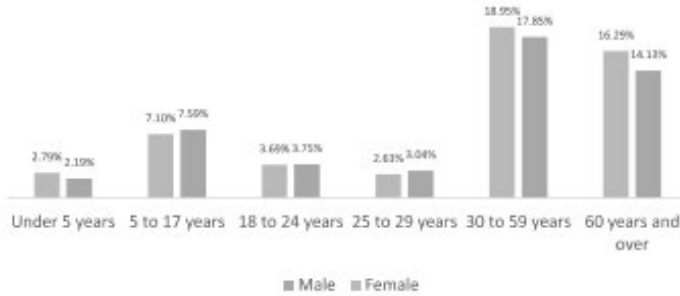


Table 8. Age and Sex by Zip Code, St. Lucie County - 2018

Zip Code	Median Age	Median Age Female	Median Age Male	Percent Male	Percent Female
34945	43.5	51	39.2	62.06%	37.94%
34946	43.5	45.2	41.9	52.18%	47.82%
34947	31.6	32.4	29.4	43.80%	56.20%
34949	65.8	65	67	46.64%	53.36%
34950	32.7	33.8	32	48.10%	51.90%
34951	55.3	55.3	55.3	48.80%	51.20%
34952	50.9	53.2	48.8	47.81%	52.19%
34953	37.5	39.3	34.5	49.16%	50.84%
34957	58	59.4	56.4	49.60%	50.40%
34981	48.3	47.6	51	53.88%	46.12%
34982	45.5	46.4	43.8	47.89%	52.11%
34983	42.2	44.4	40.9	49.70%	50.30%
34984	41.4	45.2	39	53.37%	46.43%
34986	55.9	54.4	56.9	46.73%	53.27%
34987	46.6	47.1	46.2	47.90%	52.10%

Source: American Community Survey, 1-Year Estimates Detailed Tables, 2018

Table 9. Age and Sex by Census Tract, St. Lucie County, 2014 - 2018, 5 year average

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Indicator	Median age (years)	Male (%)	Female (%)
3819	54.5	52.4	47.6
3820.02	39.2	47.8	52.2
3820.03	43.5	52.4	47.6
3820.06	50	51.5	48.5
3821.06	34.8	48.9	51.1
3821.08	51.9	46.5	53.5
3821.09	56.4	47.6	52.4
3821.1	40.8	47.1	52.9
3821.11	38.3	51.2	48.8
3821.12	39.6	48.4	51.6
3821.13	38.1	48.9	51.1
3822	62.7	50.5	49.5
3801	39.8	50.3	49.7
3802	28.6	43.8	56.2
3803	30.7	45.5	54.5
3804	32.3	48	52
3805	38.3	45.6	54.4
3806	33.9	52.6	47.4
3807	36.8	45.1	54.9
3808	39.7	65.7	34.3
3809.01	54	51.8	48.2
3809.02	34.5	47.2	52.8
3810	44.7	53.2	46.8
3811.01	41.7	47.5	52.5
3811.02	59.9	52.5	47.5
3812.04	67.5	47.8	52.2
3813	64.1	45.5	54.5
3814.01	47.6	49.5	50.5
3814.02	37.6	50.5	49.5
3815.02	48.4	51	49
3815.03	41.4	49.7	50.3
3816.01	59.2	45.1	54.9
3816.02	59.2	44.3	55.7
3816.03	67.1	44.9	55.1
3817.01	71.1	48.6	51.4
3817.02	69.8	47.9	52.1
3818.02	34.9	45.3	54.7
3818.03	47.5	51.1	48.9
3818.04	38.6	49.4	50.6
3820.07	37.7	54.2	45.8
3820.08	39.8	48.9	51.1
3820.09	43.6	46.7	53.3
3820.1	60.8	47.5	52.5

American Community Survey, 5-year Estimates, 2014 - 2018

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Table 10. Age by Census Tract, Percent, 2014 - 2018, 5-year average

Indicator	Under 5	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65-74	75-84	85+
3819	0	3.5	5.2	4.2	4.1	10.9	7.8	15.1	6.2	9.4	18.3	11.3	4
3820.02	6.9	6.8	5.3	7	4.8	12.7	13.3	14	6.4	5	10.4	4.5	2.8
3820.03	3.1	6.1	5.6	5.9	5.1	10.6	15.3	14	8.6	5.9	11.3	4.4	4
3820.06	3.8	6	2.9	6.3	4.1	7	12.6	14.1	8.4	7.8	15.2	9.6	2.2
3821.06	4.9	6.6	10.6	9.3	6.6	12	14.7	15.1	5.1	4.4	7	3.3	0.2
3821.08	2.3	7.5	5.4	7.2	2.3	7.5	9.1	11.2	8.7	4.1	15	14.2	5.4
3821.09	4.5	4	6.7	3.6	2.6	7.4	11	8.2	7.9	8.8	20.4	11.7	3.1
3821.1	3.9	4.8	10.5	7.6	7	10.9	13	16.4	7	6.2	6.4	3.5	2.7
3821.11	3.8	8.4	7.8	4.3	8.7	13.5	13.6	13.3	6.2	5.3	10.7	3.2	1.1
3821.12	7.8	6.7	6.2	7.3	5.8	10	15.2	13.5	6.8	5.8	9.6	4.3	1.1
3821.13	7.4	5.9	6.5	5.5	6.5	15.1	13.9	13.9	6.7	6.3	7.2	4.4	0.7
3822	4.4	3.2	4.1	4.9	0.5	2.9	8.3	9.8	8.1	6.6	23	15.9	8.3
3801	8.9	7	6.9	2.2	6.4	12.2	13.2	13.2	8.7	5.5	8.2	5.4	2.2
3802	11.8	10.7	7.3	3.2	7.5	21.2	7.3	9.8	9.4	2.8	5.1	2.7	1.2
3803	11.6	7	7.6	7.9	3.9	17.6	7.8	15.4	5.2	5.5	5.8	3.2	1.5
3804	6.2	8.8	5.7	7.6	8.9	16.6	12.4	12.2	4.4	8.4	2.1	5.6	1
3805	7.7	4.7	5.8	8.5	7.5	11.8	13.2	15.8	6.3	3.9	8.2	4.6	1.9
3806	6.8	6.4	8.9	7	15.7	6.8	8.9	13.2	7	8.4	7	2.5	1.3
3807	7.3	4.9	6.8	8.1	7.3	13.3	10.5	15.1	9.8	2.7	7.3	3.3	3.7
3808	1.9	2.8	2.4	5.6	8.2	20.5	15.6	13.6	6.2	3.5	6.7	10.6	2.3
3809.01	2.4	1.4	3.6	10.9	6.3	7.4	6.7	12.3	11.2	8.3	21.1	5.9	2.5
3809.02	9.7	3	7.4	8.2	6	16.1	10	8.5	9.4	6.4	8.7	5.9	0.6
3810	4.9	5.4	5.2	2.5	5.6	8.8	17.8	8.1	12.4	10.5	11.7	4.5	2.6
3811.01	5.6	3.9	6.2	4.4	10.6	9	13.6	17.4	8.6	6.2	8.9	3.3	2.2
3811.02	2.4	3.2	3.1	3.4	3.4	7.6	6.7	10.4	9.9	5.7	22.2	14.8	7.3
3812.04	0.8	1.2	1.1	0.2	1.2	0.5	5.5	6.4	8.8	14.4	31	22.1	6.7
3813	0.2	1.3	1.9	2.3	3.7	1.2	5.9	10	13.7	13.7	28.3	11.8	6.1
3814.01	7.7	5.2	7.7	2.8	6.8	13	6.3	5.1	5.5	8.1	16.5	10.6	4.8
3814.02	7.7	5.8	10.6	7.6	1.9	13.9	10.5	15.8	8.8	4.8	8.5	4	0.2
3815.02	6.4	5.3	4.8	5.4	6.1	9	9.2	13.7	6.5	8.3	16.5	5.3	3.5
3815.03	7.3	5.2	7.6	4	4.1	13.2	13.5	11.5	8.2	7.3	11.2	5.6	1.4
3816.01	6.3	1.8	1.1	2.9	2.5	9.8	7.4	13	6.5	10	20.2	14.1	4.2
3816.02	3.8	1	2	3.2	5.4	13	4.6	9.5	8.6	6.9	19.9	13.9	8.1
3816.03	3.4	1.4	1.4	2.5	4	6.5	4.8	3.9	7.6	8.1	24.7	22.5	9.1
3817.01	0	0	0	0.7	2.1	3.1	2.3	3.9	8.5	10.6	33	24.6	11.3
3817.02	0.1	0	0.3	0.1	1.8	4.5	2.9	7.6	6.2	12	38.1	16.2	10
3818.02	6.6	8.6	4.8	2.5	7.6	20	10.8	10.3	4.4	5.6	7.3	7.1	4.3
3818.03	2.9	4.7	4.9	5.3	6.5	12.1	9.4	14.2	9.5	6.5	16	5.1	2.7
3818.04	7.5	7.5	4.8	2.8	5.8	16.3	12.1	14	5.9	7.8	9.6	3.8	2.3
3820.07	6.3	5.9	4.1	6.8	3.1	17.9	17.4	14.5	5	6.2	9.1	2.9	0.8
3820.08	6.8	6	5	7.4	5.8	13.1	10.8	18.6	4.7	5.3	7.1	7.6	1.7
3820.09	3.7	4.3	7.4	10.1	5.3	8.6	13.1	15.7	5.3	5.5	10	6.4	4.7
3820.1	1.7	1.8	0.9	3	4.4	7.4	10.8	10.2	7.8	11.2	21.2	12	7.6

Table 11. Age group estimates by Geographic Area - July 1, 2019

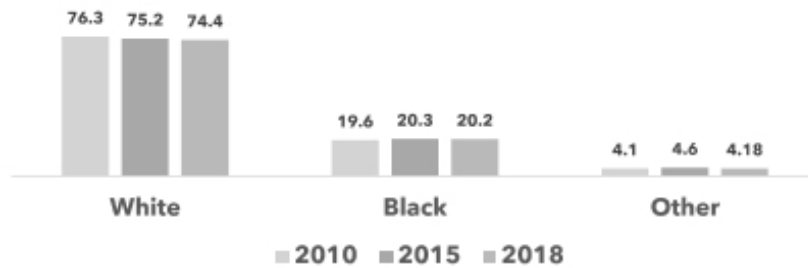
	St. Lucie County	Port St. Lucie city	Jensen Beach CDP	Hutchinson Island South CDP	River Park CDP	Indian River Estates CDP	Fort Pierce South CDP	Fort Pierce city	Fort Pierce North CDP	Lakewood Park CDP
Persons under 5 years	5.0%	4.9%	3.9%	0.00%	8.3%	5.9%	3.5%	8.0%	8.9%	4.4%
Persons under 18 years	19.7%	22.0%	16.2%	0.40%	19.9%	10.1%	25.1%	24.8%	24.3%	15.0%
Persons 65 years and over	24.1%	19.9%	31.1%	66.9%	26.5%	38.5%	15.0%	16.5%	17.8%	26.2%

Source: American Community Survey, U.S. Bureau of the Census, V2019

Race and Ethnicity in St. Lucie County

The percentage of White and non-Hispanic residents has decreased since 2010, while the percentage of Black, Other, and Hispanic residents has increased during this same time period.

Figure 9. Race, St. Lucie County 2010 - 2018



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Table 12. Race, St. Lucie County - 2018

	St. Lucie County, Florida		Florida	
	Estimate	Percent	Estimate	Percent
Total:	321,128		21,299,325	
White alone	232,424	72.38%	15,899,574	74.65%
Black or African American alone	64,874	20.20%	3,410,741	16.01%
American Indian and Alaska Native alone	0	0.00%	59,870	0.28%
Asian alone	6,057	1.89%	593,634	2.79%
Native Hawaiian and Other Pacific Islander alone	376	0.12%	12,841	0.06%
Some other race alone	6,968	2.17%	708,740	3.33%
Two or more races	10,429	3.25%	613,925	2.88%

Source: American Community Survey, 1-Year Estimates Detailed Tables, 2018

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Table 13. Race Estimates by Geographic Area - July 1, 2019

	St. Lucie County	Port St. Lucie city	Jensen Beach CDP	Hutchinson Island South CDP	River Park CDP	Indian River Estates CDP	Fort Pierce South CDP	Fort Pierce city	Fort Pierce North CDP	Lakewood Park CDP
White alone	74.1%	73.7%	94.5%	98.7%	84.1%	92.9%	93.6%	54.4%	25.3%	81.4%
Black or African American alone	21.0%	18.9%	3.4%	0.0%	11.3%	3.1%	3.9%	38.1%	70.5%	11.6%
American Indian and Alaska Native alone	0.6%	0.4%	0.5%	0.0%	0.1%	0.0%	0.6%	0.3%	1.1%	0.0%
Asian alone	2.0%	2.3%	0.7%	0.0%	0.7%	2.7%	1.7%	0.9%	0.1%	2.7%
Native Hawaiian and Other Pacific Islander alone	0.1%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.5%	0.0%	0.0%
Two or More Races	2.3%	2.7%	0.4%	1.3%	2.5%	0.0%	0.3%	2.0%	1.0%	3.2%

Source: American Community Survey, U.S. Bureau of the Census, V2019

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Table 14. Race by Zip Code, Percent of Population - 2018

Zip Code	White	Black or African American	Asian	American Indian or Alaskan Native	Other
34945	81.99%	14.29%	1.04%	1.94%	0.74%
34946	39.38%	60.19%	0.09%	0.24%	0.10%
34947	38.30%	55.86%	1.02%	0.49%	4.32%
34949	97.56%	0.46%	1.33%	0.64%	0.00%
34950	45.92%	48.99%	0.04%	0.38%	4.67%
34951	87.44%	9.35%	2.22%	0.00%	0.98%
34952	86.33%	9.48%	1.78%	0.22%	2.19%
34953	69.79%	25.05%	2.20%	0.31%	2.64%
34957	95.51%	2.58%	1.02%	0.34%	0.55%
34981	84.83%	11.61%	0.32%	0.00%	3.24%
34982	80.58%	13.67%	2.42%	0.15%	2.37%
34983	79.02%	16.88%	2.52%	0.23%	1.24%
34984	69.37%	23.34%	0.57%	2.26%	4.46%
34986	80.42%	14.63%	4.53%	0.00%	0.43%
34987	86.48%	12.39%	0.43%	0.00%	0.58%

Source: American Community Survey, 1-Year Estimates Detailed Tables, 2018

Table 15. Race by Census Tract, Percent of Population, 2014 - 2018, 5-year average

Indicator	TOTAL POPULATION	White	Black or African American	Asian	Some other race	Two or more races
3819	6,747	93.2	2.2	0.3	3.2	1.2
3820.02	8,869	77.9	18.5	1	0.5	1.5
3820.03	10,339	77.4	18.3	0.9	1.5	1.8
3820.06	8,521	78.9	15.4	0.4	1.7	2.9
3821.06	24,161	63.5	27.3	2.5	4	2.8
3821.08	22,282	74.4	16.2	4	0.5	4.9
3821.09	12,292	86.4	9.2	2.3	0.4	1.7
3821.10	7,193	81.4	13.7	1.4	0	3.5
3821.11	15,419	69	24.2	3.1	1.4	1.7
3821.12	8,643	66.1	24.1	1.2	3.2	3.8
3821.13	14,269	69.5	25.6	1.5	2.3	1.1
3822	6,175	98	0.2	0	0.2	0.1
3801	1,000	52	43.4	0.6	4	0
3802	3,456	12.5	78.8	0	6.2	2.5
3803	6,332	14.8	81.6	0	0.7	2.7
3804	6,745	63	28.3	0.3	5.8	1.9
3805	5,721	62.4	27.6	0	7.8	2.2
3806	4,337	70.1	19	0.3	10	0.6
3807	7,834	69.9	24.6	3.3	1.9	0.2
3808	3,248	72.7	23.8	1.6	1.1	0.5
3809.01	2,364	33.8	65.4	0.2	0	0

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Indicator	TOTAL POPULATION	White	Black or African American	Asian	Some other race	Two or more races
3809.02	5,786	19.5	75.8	0	2.4	1.3
3810	1,214	89.6	8.4	0	0.5	1.5
3811.01	7,715	80.1	15.4	1.3	0	3.2
3811.02	4,957	83.6	5.5	5	2.8	3.1
3812.04	3,667	98.2	0	0.8	0	1
3813	3,762	94.9	0.9	1.8	0	1.1
3814.01	4,601	73.7	18.5	5.6	0	2.2
3814.02	7,756	75.7	16.7	0.1	1.4	3
3815.02	12,433	77.5	11.4	4.2	1.9	5.1
3815.03	10,922	78.1	15.7	2.4	2.2	1.3
3816.01	6,407	95.2	3.3	0.1	1.4	0
3816.02	3,743	88.3	7.1	0.7	0.5	1.7
3816.03	6,143	93.2	2.5	3.5	0.3	0.4
3817.01	2,881	98.5	0	0	0	1.5
3817.02	2,333	99.1	0	0	0	0.9
3818.02	4,435	62.7	23.5	0.3	6.7	6.8
3818.03	5,398	82.5	5.3	6.7	0	5.5
3818.04	5,400	82.4	12.7	2.8	1.6	0.4
3820.07	5,506	55.3	27.1	0.2	8.9	3.3
3820.08	8,094	79.6	14.9	1.8	0.5	2.5
3820.09	4,502	73.6	20.3	1.9	2.5	1.4
3820.10	1,989	92.2	6.4	0	0.6	0.3

American Community Survey, 5-year Estimates, 2014 - 2018

Table 16. Hispanic or Latino Origin by Specific Origin - 2018

	St. Lucie County, Florida		Florida	
	Estimate	Percent	Estimate	Percent
Total:	321,128		21,299,325	
Not Hispanic or Latino	258,352	80.45%	15,736,873	73.88%
Hispanic or Latino	62,776	19.55%	5,562,452	26.12%
Mexican	12,766	20.34%	736,566	13.24%
Puerto Rican	16,210	25.82%	1,187,437	21.35%
Cuban	10,760	17.14%	1,580,886	28.42%
Dominican (Dominican Republic)	2,935	4.68%	237,844	4.28%
Central American	9,648	15.37%	624,241	11.22%
South American	9,405	14.98%	1,000,542	17.99%
Other Hispanic or Latino	1,052	1.68%	194,936	3.50%

Source: American Community Survey, 1-Year Estimates Detailed Tables, 2018

Figure 10. Ethnicity, St. Lucie County 2010 - 2018

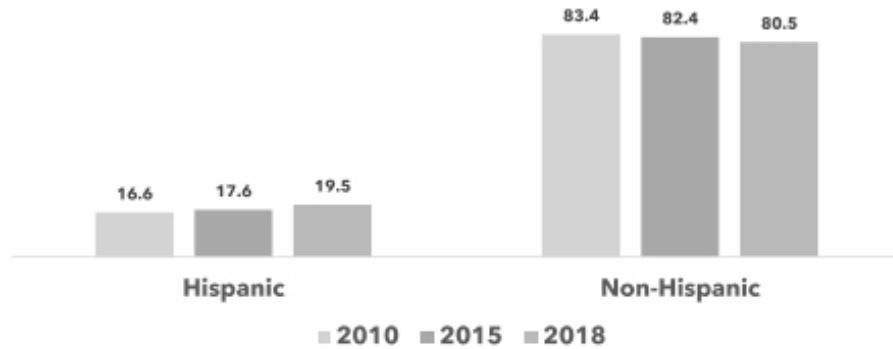


Table 17. Ethnicity, July 1, 2019

	St. Lucie County	Port St. Lucie city	Jensen Beach CDP	Hutchinson Island South CDP	River Park CDP	Indian River Estates CDP	Fort Pierce South CDP	Fort Pierce city	Fort Pierce North CDP	Lake Wood Park CDP
Hispanic or Latino	19.5%	20.1%	4.9%	4.9%	16.1%	5.5%	50.5%	23.0%	9.1%	9.8%

Source: American Community Survey, U.S. Bureau of the Census, V2019

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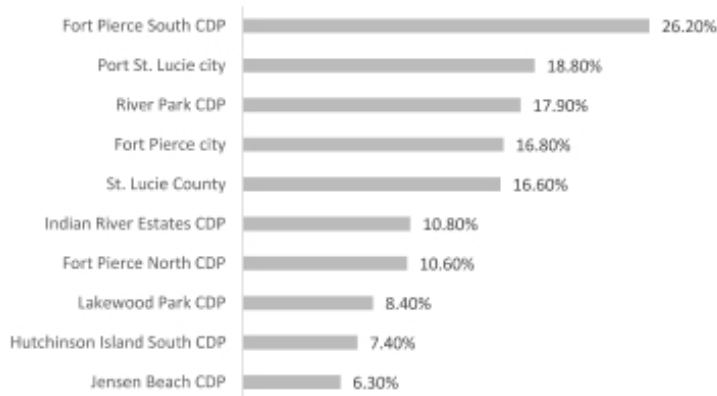
Table 18. Hispanic or Latino Percent of Population 2014 - 2018, 5-year average

Census Tract	Hispanic or Latino, of any race (%)
State	25.2
3806	52.6
3804	43.5
3821.06	30.9
3820.08	30.9
3805	30.7
3820.07	30.3
3807	26.1
3818.02	25.1
3821.13	24.2
3818.04	23.3
3814.02	23.1
3821.11	21.1
3815.03	19.5
3821.12	18.8
3818.03	18.5
3820.02	18.1
3821.09	16.5
3820.06	16.2
3821.10	16
3820.09	15.9
3814.01	15.6
3819	15.2
3802	15.1
3815.02	13.9
3808	13.5
3816.02	12.8
3803	11.6
3820.03	11.4
3821.08	11.3
3811.02	11.3
3801	11
3816.03	8.9
3809.02	8.7
3811.01	8.7
3810	8.3
3822	7.9
3812.04	6.4
3816.01	6
3809.01	5.8
3820.10	5.8
3817.02	5.6
3817.01	4.4
3813	1.7

Foreign-Born Persons in St. Lucie County

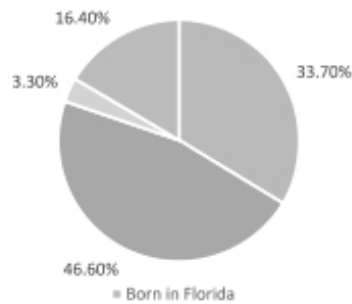
The 2018 American Community Survey estimates that 52,589 of the 321,128 residents were foreign-born. Of those, 66.6% are naturalized U.S. citizens and 33.4% are not citizens. The percent of naturalized U.S. citizens has increased since the 2017 American Community Survey from 55.0%. This difference is statistically significant.

Figure 11. Percentage of Foreign-Born Persons by Geographic Area, St. Lucie County - 2014 - 2018



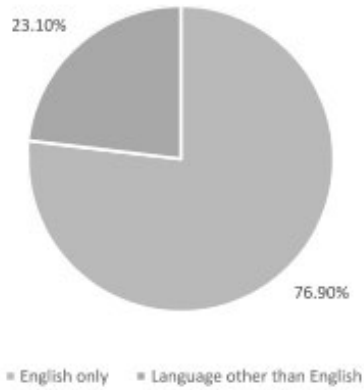
Source: American Community Survey, U.S. Bureau of the Census, V2019

Figure 12. Location of Birth, St. Lucie County residents - 2018



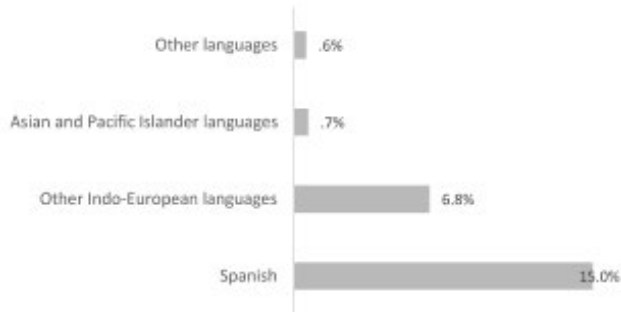
Languages spoken in St. Lucie County

Figure 13. Language spoken at home



Source: American Community Survey, 1-year Estimates, 2018

Figure 14. Languages spoken at home



Source: American Community Survey, 1-year Estimates, 2018

Table 19. Language other than English spoken at home by Geographic Area

	St. Lucie County	Port St. Lucie city	Jensen Beach CDP	Hutchinson Island South CDP	River Park CDP	Indian River Estates CDP	Fort Pierce South CDP	Fort Pierce city	Fort Pierce North CDP	Lake wood Park CDP
Language other than English spoken at home, percent of persons age 5 years+, 2014-2018	23.3	25.7	5.8	5.8	19.7	10.2	51.3	27.6	12.5	11.0

Source: American Community Survey, U.S. Bureau of the Census, V2019

Households in St. Lucie County

Table 20. Households by Type, 2017 - 2018 Estimates

	St. Lucie County, Florida	
	2018 Estimate	2017 Estimate
Total households	118,768	114,043*
Family households (families)	68.70%	68.20%
With own children of the householder under 18 years	24.20%	24.10%
Married-couple family	50.30%	50.50%
With own children of the householder under 18 years	15.50%	15.20%
Male householder, no wife present, family	4.50%	6.50%
With own children of the householder under 18 years	1.70%	3.30%
Female householder, no husband present, family	13.90%	11.20%
With own children of the householder under 18 years	6.90%	5.60%
Nonfamily households	31.30%	31.80%
Householder living alone	24.70%	25.40%
65 years and over	13.00%	12.80%
Households with one or more people under 18 years	29.30%	27.90%
Households with one or more people 65 years and over	43.50%	42.00%
Average household size	2.68	2.72
Average family size	3.18	3.26

*Statistically Significant Change from 2017-2018

Source: American Community Survey, 1-Year Estimates Comparison Profiles, 2018

Computer and Internet Access in St. Lucie County

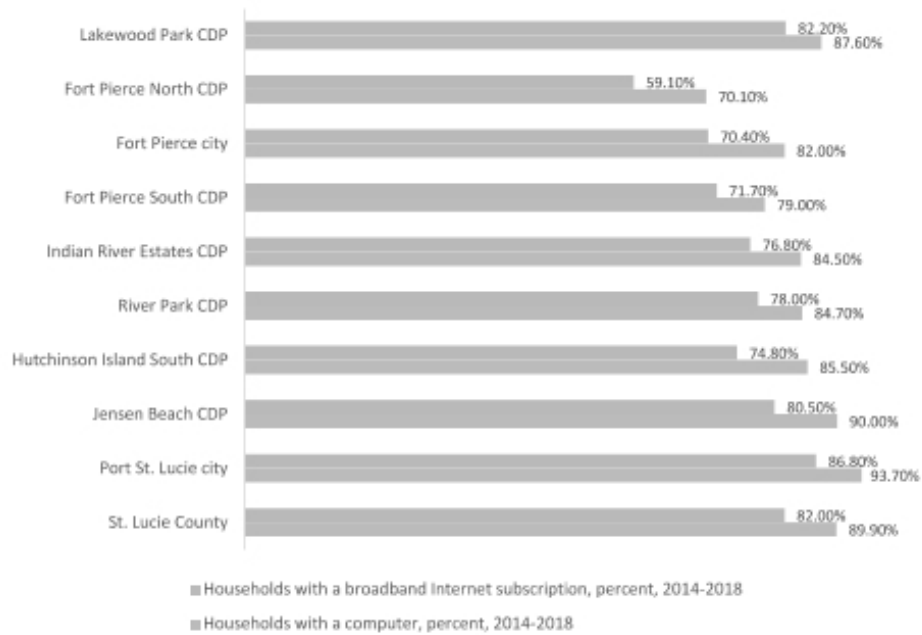
The percent of households that had a computer increased from 92.1% in 2017 to 95.6% in 2018 and the percent of households that had a broadband Internet subscription increased from 86.2% in 2017 to 89.8% in 2018. Both increases were statistically significant.

Table 21. Computer and Internet Access, St. Lucie County, 2017 - 2018 Estimates

Percent of households...	2018	2017
With a computer	95.6%	92.1%
With a broadband Internet subscription	89.8%	86.2%

Source: American Community Survey, 1-Year Estimates Comparison Profiles, 2018

Figure 15. Computers and Internet Access by Geographic Area, 2014 - 2018, 5-year average



Source: American Community Survey, U.S. Bureau of the Census, V2019

Marital Status in St. Lucie County

Table 22. Marital Status by Sex, 25 years and over, St. Lucie County, 2017 - 2018 Estimates

	2018	2017
Males 15 years and over	130,004	126,268*
Never married	31.40%	31.00%
Now married, except separated	52.10%	52.20%
Separated	1.10%	1.40%
Widowed	3.60%	3.30%
Divorced	11.70%	12.10%
Females 15 years and over	139,001	135,626*
Never married	24.10%	24.50%
Now married, except separated	46.70%	47.40%
Separated	2.30%	2.30%
Widowed	12.30%	12.20%
Divorced	14.60%	13.50%

*Statistically Significant Change from 2017-2018

Source: American Community Survey, 1-Year Estimates Comparison Profiles, 2018

Fertility in St. Lucie County

Table 23. Fertility, St. Lucie County, 2017 - 2018 Estimates

	2018	2017
Number of women 15 to 50 years old who had a birth in the past 12 months	2,084	4,298*
Unmarried women (widowed, divorced, and never married)	15.10 %	27.00 %
Per 1,000 unmarried women	8	31
Per 1,000 women 15 to 50 years old	32	67*
Per 1,000 women 15 to 19 years old	0	36
Per 1,000 women 20 to 34 years old	67	90
Per 1,000 women 35 to 50 years old	12	57*

*Statistically Significant Change from 2017-2018

Source: American Community Survey, 1-Year Estimates Comparison Profiles, 2018

Grandparents in St. Lucie County

Table 24. Grandparents responsible for grandchildren, St. Lucie County, 2017 - 2018 Estimates

	2018	2017
Number of grandparents living with own grandchildren under 18 years	9,809	9,080
Grandparents responsible for grandchildren	28.70%	36.80%
Years responsible for grandchildren		
Less than 1 year	3.20%	7.80%
1 or 2 years	3.40%	10.30%
3 or 4 years	5.20%	9.00%
5 or more years	17.00%	9.70%
Number of grandparents responsible for own grandchildren under 18 years	2,813	3,345
Who are female	63.80%	60.00%
Who are married	50.50%	83.00%

Source: American Community Survey, 1-Year Estimates Comparison Profiles, 2018

Table 25. Grandparents by Census Tract, 2014 - 2018, 5-year Average

Indicator	Living with grandchildren under 18 years	Responsible for grandchildren (%)
State	492,913	30.4
County	8478	33.1
3819	41	0.0
3820.02	279	15.8
3820.03	252	33.3
3820.06	194	7.2
3821.06	1246	34.6
3821.08	457	46.2
3821.09	276	17.4
3821.10	167	70.7
3821.11	173	11.0
3821.12	319	14.1
3821.13	438	27.2
3822	144	31.3
3801	31	64.5
3802	79	22.8
3803	262	14.1
3804	34	70.6
3805	280	2.1
3806	180	26.7
3807	211	13.7
3808	42	16.7
3809.01	138	79.0
3809.02	325	62.2
3810	33	87.9

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Indicator	Living with grandchildren under 18	Responsible for grandchildren
	years	(%)
3811.01	265	69.1
3811.02	76	0.0
3812.04	0	-
3813	0	-
3814.01	37	0.0
3814.02	269	23.4
3815.02	487	39.8
3815.03	486	29.8
3816.01	151	25.2
3816.02	0	-
3816.03	138	54.3
3817.01	0	-
3817.02	2	0.0
3818.02	0	-
3818.03	76	0.0
3818.04	199	50.3
3820.07	233	22.3
3820.08	357	53.2
3820.09	82	57.3
3820.10	19	68.4

American Community Survey, 5-year Estimates, 2014 - 2018

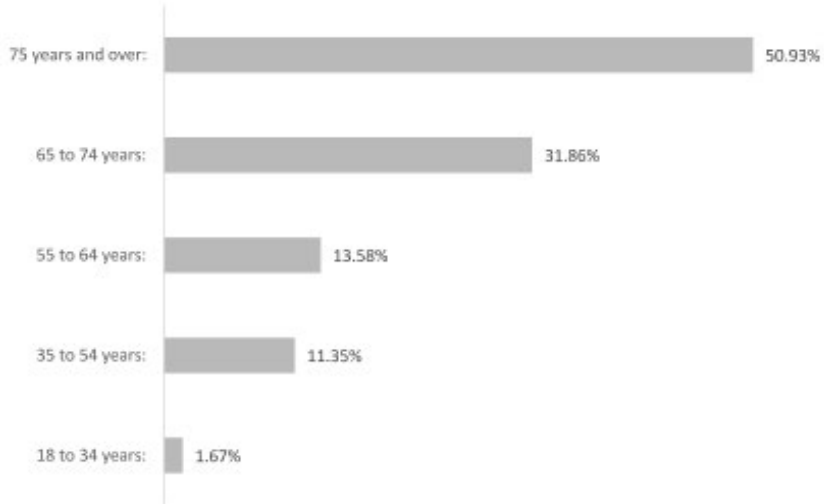
Veterans in St. Lucie County

Table 26. Veterans, Percent of Total Population, St. Lucie County - 2018

	St. Lucie County, Florida		Florida	
	Estimate	Percent	Estimate	Percent
Total (age 18 years and older)	257,842		17,020,961	
Veteran	23,914	9.27%	1,439,606	8.46%
Nonveteran	233,928	90.73%	15,581,355	91.54%

Source: American Community Survey, 1-Year Estimates Detailed Tables, 2018

Figure 16. Male Veterans Percentage Estimates by Age Range, St. Lucie County - 2018



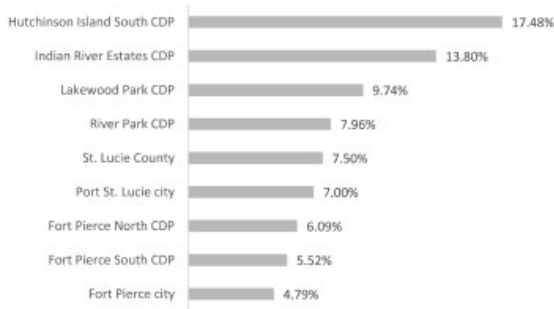
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Table 27. Veterans by Geographic Area, 2014 - 2018, 5-year Average

	St. Lucie County	Port St. Lucie city	Jensen Beach CDP	Hutchinson Island South CDP	River Park CDP	Indian River Estates CDP	Fort Pierce South CDP	Fort Pierce city	Fort Pierce North CDP	Lakewood Park CDP
Population estimates, July 1, 2019	328,297	201,846	X	5584	5681	6805	5,672	46,103	7,148	12,319
Veterans, 2014-2018	24,634	14,124	1,191	976	452	939	313	2,208	435	1,200
Percent of Population	7.5%	7.0%		17.48%	7.96%	13.80%	5.52%	4.79%	6.09%	9.74%

Source: American Community Survey, U.S. Bureau of the Census, V2019

Figure 17. Veterans St. Lucie County by Geographic Area, 2014 - 2018, 5-year average



Disability Status in St. Lucie County

Table 28. Disability Status of the Civilian Noninstitutionalized Population - 2018

	2018	2017
Under 18 years with a disability	4.50%	4.40%
18 to 64 years with a disability	11.20%	10.80%
65 years and over with a disability	32.80%	34.40%

Source: American Community Survey, 1-Year Estimates Comparison Profiles, 2018

Figure 18. Individuals with a Disability, St. Lucie County, under 65 years by Geographic Area, 2014 -2018



Source: American Community Survey, U.S. Bureau of the Census, V2019

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Table 29. Disability Status by Census Tract, St. Lucie County, 2014 - 2018, 5-year average

	Pop.	With a dis (%)	Under 18 years	With dis (%)	18 to 64 years	With a dis (%)	65 years & over	With a dis (%)	With a dis (%)
County	303304	15.7	61976	5.1	170904	11.6	70424	34.7	34.7
3819	6747	17.4	839	8.0	3643	10.8	2265	31.7	31.7
3820.02	8859	15.6	1973	2.0	5327	13.6	1559	39.5	39.5
3820.03	10339	17.4	1991	7.2	6302	14.5	2046	36.1	36.1
3820.06	8521	14.5	1366	8.6	4849	11.5	2306	24.4	24.4
3821.06	24161	14.2	6911	11.9	14715	10.2	2535	43.9	43.9
3821.08	22282	23.1	4572	2.4	9989	14.7	7721	46.1	46.1
3821.09	12240	8.1	2173	1.1	5736	4.8	4331	15.9	15.9
3821.10	7193	12.4	1703	9.8	4582	11.6	908	21.5	21.5
3821.11	15419	13.3	3564	7.9	9539	11.2	2316	30.4	30.4
3821.12	8630	9.5	2188	1.3	5162	7.4	1280	32.0	32.0
3821.13	14269	10.4	3361	5.1	9155	9.2	1753	26.8	26.8
3822	6175	17.4	903	0.0	2358	8.1	2914	30.4	30.4
3801	1000	23.6	230	0.0	612	25.3	158	51.3	51.3
3802	3456	15.9	1097	1.3	2046	19.2	313	46.0	46.0
3803	6332	14.3	1924	4.8	3739	12.2	669	53.4	53.4
3804	6585	14.1	1720	1.3	4381	14.9	484	52.3	52.3
3805	5564	15.6	1457	0.0	3363	13.7	744	54.8	54.8
3806	4337	19.2	1171	14.4	2693	15.2	473	53.9	53.9
3807	7834	13.1	1902	2.4	4816	10.7	1116	42.1	42.1
3808	2053	23.2	298	0.0	1126	15.5	629	48.2	48.2
3809.01	2364	18.9	293	1.7	1375	10.9	696	42.0	42.0
3809.02	5786	16.4	1514	4.2	3394	14.8	878	43.8	43.8
3810	1212	16.0	217	2.8	766	15.5	229	30.1	30.1
3811.01	7693	13.8	1326	16.3	5253	9.2	1114	32.7	32.7
3811.02	4957	22.2	564	8.5	2200	17.0	2193	30.8	30.8
3812.04	3661	19.9	119	11.8	1347	8.9	2195	27.1	27.1
3813	3762	14.8	145	0.0	1882	8.1	1735	23.2	23.2
3814.01	4601	17.6	980	3.9	2154	9.8	1467	38.2	38.2
3814.02	7599	14.4	2255	5.9	4363	12.6	981	42.6	42.6
3815.02	12323	14.2	2391	0.0	6886	9.6	3046	35.8	35.8

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	Pop.	With a dis (%)	Under 18 years	With dis (%)	18 to 64 years	With a dis (%)	65 years & over	With a dis (%)	With a dis (%)
3815.03	10897	14.2	2448	2.4	6483	14.0	1966	29.6	29.6
3816.01	6407	24.8	657	0.0	3279	15.3	2471	44.1	44.1
3816.02	3731	23.9	315	0.0	1850	12.8	1566	41.8	41.8
3816.03	6031	27.4	408	0.0	2277	19.3	3346	36.3	36.3
3817.01	2881	24.5	11	0.0	886	19.5	1984	26.9	26.9
3817.02	2333	18.5	11	0.0	820	9.4	1502	23.6	23.6
3818.02	4266	11.7	947	6.0	2644	7.5	675	36.4	36.4
3818.03	5398	13.6	798	2.6	3311	11.2	1289	26.6	26.6
3818.04	5392	9.4	1170	0.0	3375	8.1	847	27.5	27.5
3820.07	5496	12.7	1071	2.5	3724	9.9	701	43.4	43.4
3820.08	8094	11.9	1891	8.1	4878	7.3	1325	34.1	34.1
3820.09	4435	16.6	992	1.0	2558	14.2	885	41.0	41.0
3820.10	1989	26.1	110	16.4	1066	17.7	813	38.4	38.4

American Community Survey, 5-year Estimates, 2014 - 2018

Section Two: Social Determinants of Health

Social determinants of health are conditions in which we are born, live, work, and play that have a significant impact on our health and well-being. Understanding these factors inform the needs of the community in terms of access to care and support (whether social, community or systemic).

Income

Table 30. Income and Benefits (In 2018 Inflation-Adjusted Dollars)

	St. Lucie		Florida
Total households	112,872	%	7,621,760
Less than \$25,000	7,427	6.6%	21.1%
\$25,000 to \$34,999	5,888	5.2%	10.7%
\$35,000 to \$49,999	12,853	11.4%	14.3%
\$50,000 to \$74,999	13,225	11.7%	18.4%
\$75,000 to \$99,999	17,737	15.7%	11.9%
\$100,000 to \$149,999	22,450	19.9%	12.5%
\$150,000 to \$199,999	14,516	12.9%	4.8%
\$200,000 or more	11,497	10.2%	5.4%
Median household income (dollars)	45,079	-	-
Mean household income (dollars)	65,145	-	-
With Social Security	49,777	44.1%	37.2%
Mean Social Security income (dollars)	20,398	-	-
With retirement income	27,089	24.0%	19.9%
Mean retirement income (dollars)	26,710	-	-
With Supplemental Security Income	6,095	5.4%	5.1%
Mean Supplemental Security Income (dollars)	10,691	-	-
With cash public assistance income	2,709	2.4%	2.1%
Mean cash public assistance income (dollars)	3,090	-	-
With Food Stamps/SNAP in the past 12 months	14,560	12.9%	14.2%

Source: American Community Survey, US Bureau of the Census, 2018.

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Table 31. Income and Benefits by Census Tract, St. Lucie County, 2014 - 2018, 5-year average

	Median HH income (dollars)	Total households	With earnings (%)	With social security (%)	With retirement income (%)	With Supplemental Security Income (%)	With cash public assistance income (%)	With Food Stamp/ SNAP benefits (%)	Median family income (dollars)	Median nonfamily income (dollars)
County	49373	112872	66.3	44.1	24	5.4	2.4	12.9	58022	30414
3819	71032	2719	65.1	54.4	31.0	1.3	2.1	5.3	78458	54194
3820.02	53107	2743	73.3	37.6	21.9	3.2	3.6	13.5	53738	37167
3820.03	57413	3491	77.1	44.4	23.1	7.8	0.8	8.0	59666	35232
3820.06	77098	3178	65.4	50.0	23.4	4.4	1.4	5.2	82411	41702
3821.06	62297	7337	83.6	26.9	20.9	3.8	4.2	11.7	64804	48056
3821.08	48681	9451	47.8	53.2	32.2	5.8	2.5	7.5	59767	30327
3821.09	74947	5139	56.8	56.2	32.9	2.0	0.4	2.1	78659	62847
3821.10	63815	2305	82.1	32.9	24.0	7.4	0.5	9.8	65655	-
3821.11	55338	4833	81.9	30.9	19.1	2.7	3.0	15.6	58938	25408
3821.12	63732	2507	81.9	36.1	18.9	4.5	2.7	8.9	61210	48563
3821.13	61235	4611	85.0	32.0	20.2	6.8	0.6	14.1	64181	51250
3822	41131	2912	45.8	65.7	27.1	4.3	2.2	5.5	59965	22513
3801	13533	430	49.1	38.1	14.9	25.3	4.4	41.2	17727	9978
3802	13500	1154	65.5	25.6	3.4	15.8	10.1	55.5	15974	10933
3803	17873	2006	67.3	28.8	8.9	13.9	4.7	48.4	20233	15065
3804	37686	2210	84.8	26.7	10.3	5.5	3.4	27.2	41272	25785
3805	35735	1973	78.2	30.1	11.6	12.3	4.8	24.2	43257	23393
3806	34091	1292	76.9	24.9	16.4	12.6	5.5	37.2	36960	25864
3807	39045	2871	76.1	27.0	11.0	9.9	3.8	18.2	42431	23272
3808	42857	824	57.8	47.2	22.0	3.0	1.6	16.0	56118	28313
3809.01	26153	999	65.3	39.8	26.2	6.9	3.5	31.3	33182	21169
3809.02	30764	1710	67.3	39.0	14.0	11.7	5.7	29.6	42575	16893
3810	42891	533	73.7	39.0	15.9	5.6	2.4	9.0	57961	26667
3811.01	51566	2697	77.4	28.1	18.5	3.9	2.6	11.9	56709	36012
3811.02	44336	2353	49.9	62.1	31.8	4.0	0.7	5.2	66198	30509
3812.04	57452	2031	43.7	71.2	40.3	3.1	0.5	0.0	84159	37675
3813	66917	2017	46.3	60.4	38.8	1.7	0.8	8.5	78517	37153

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	Median HH income (dollars)	Total households	With earnings (%)	With social security (%)	With retirement income (%)	With Supplemental Security Income (%)	With cash public assistance income (%)	With Food Stamp/ SNAP benefits (%)	Median family income (dollars)	Median nonfamily income (dollars)
3814.01	31406	2189	56.9	50.5	22.8	5.5	0.6	9.6	40411	23882
3814.02	41313	2540	80.7	27.7	12.2	4.9	2.2	20.4	43994	30827
3815.02	47846	4218	65.5	43.3	23.3	4.2	4.8	11.7	51932	37043
3815.03	50662	3466	74.8	41.8	21.2	7.3	3.1	12.2	59281	25000
3816.01	40412	2768	48.0	67.2	29.0	5.5	0.6	7.9	51750	19808
3816.02	35776	1902	47.4	58.9	28.4	5.2	1.7	10.2	41277	26974
3816.03	40972	3207	40.4	71.4	39.0	6.0	0.5	8.5	50270	27516
3817.01	64360	1718	26.8	79.6	50.1	1.8	0.5	1.2	87721	39732
3817.02	41786	1382	33.7	75.0	43.3	5.4	0.0	5.3	51733	30737
3818.02	36765	1768	75.3	30.8	13.5	4.4	1.6	21.6	42825	31726
3818.03	62750	2138	70.4	47.3	26.1	3.1	1.4	11.7	66302	52995
3818.04	45156	2029	76.8	40.3	23.0	7.6	3.7	13.1	45353	43155
3820.07	53095	1854	85.8	27.6	11.9	4.6	2.6	21.8	56993	23750
3820.08	54963	2705	76.5	32.7	20.3	1.1	0.7	9.9	54643	48144
3820.09	46581	1712	70.0	42.3	21.5	4.1	2.8	16.1	50600	34750
3820.10	35469	950	54.7	61.8	29.2	5.9	5.3	15.6	48250	23125

Source: American Community Survey, US Bureau of the Census, 2018.

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Figure 19. Per Capita and Median Household Income by Geographic Area, 2018



Source: American Community Survey, U.S. Bureau of the Census, V2019 Housing

Table 32. Housing Information by Zip Code, 2018

Zip Code	Median Home Value	Owner Occupied	% Owner Occupied	Renter Occupied	% Renter Occupied	Vacant Housing Units	% Vacant Housing Units
34951	\$114,874.00	5,273	68.0%	1197	15.4%	1,280	16.5%
34987	\$320,000.00	3,246	62.2%	673	12.9%	1,301	24.9%
34953	\$190,477.00	17,664	70.3%	4980	19.8%	2,491	9.9%
34984	\$187,909.00	4,585	73.9%	1,022	16.5%	601	9.7%
34957	\$281,395.00	8,984	46.8%	3123	16.3%	7,084	36.9%
34952	\$144,476.00	12,981	58.6%	5,854	26.4%	3,333	15.0%
34983	\$176,645.00	11,501	69.6%	3,604	21.8%	1,410	8.5%
34986	\$258,773.00	8,989	64.1%	2,739	19.5%	2,290	16.3%
34982	\$144,262.00	7,266	59.3%	3,270	26.7%	1,709	14.0%
34950	\$86,330.00	2,132	29.0%	3,635	49.5%	1,582	21.5%
34981	\$206,776.00	902	44.4%	906	44.6%	223	11.0%
34947	\$93,973.00	1,695	34.3%	2,580	52.2%	669	13.5%
34949	\$314,742.00	3,144	38.7%	1,164	14.3%	3,826	47.0%
34946	\$96,389.00	1,698	54.0%	846	26.9%	598	19.0%
34945	\$219,146.00	1,819	74.2%	340	13.9%	294	12.0%

Source: American Community Survey, 1-Year Estimates Comparison Profiles, 2018

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Table 33. Housing Information by Geographic Area, 2014 - 2018

	St. Lucie County	Port St. Lucie city	Jensen Beach CDP	Hutchins on Island South CDP	River Park CDP	Indian River Estates CDP	Fort Pierce South CDP	Fort Pierce city	Fort Pierce North CDP	Lakewood Park CDP
Owner-occupied housing unit rate, 2014-2018	73.2%	76.8%	75.1%	82.0%	77.5%	89.0%	68.8%	47.2%	59.0%	82.3%
Median value of owner-occupied housing units, 2014-2018	\$165,700	\$180,400	\$212,300	\$256,900	\$85,500	\$118,000	\$111,100	\$100,100	\$76,100	\$114,900
Median selected monthly owner costs -with a mortgage, 2014-2018	\$1,362	\$1,401	\$1,540	\$1,697	\$1,060	\$1,071	\$1,094	\$1,194	\$1,031	\$1,097
Median selected monthly owner costs -without a mortgage, 2014-2018	\$492	\$511	\$543	\$762	\$396	\$366	\$360	\$442	\$310	\$396
Median gross rent, 2014-2018	\$1,136	\$1,334	\$1,014	\$1,220	\$1,120	\$1,081	\$1,086	\$915	\$838	\$951

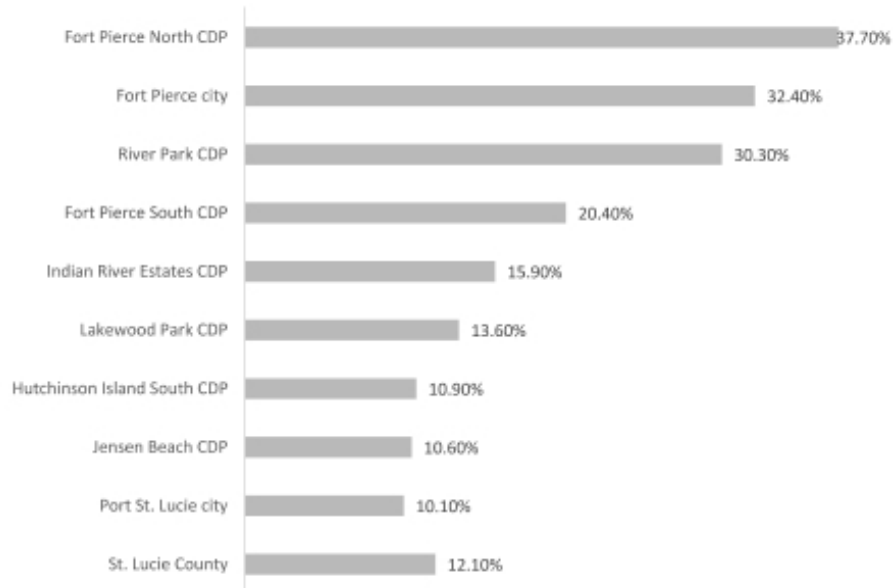
Poverty

Table 34. Percentage of Families and People Whose Income in the Past 12 Months is Below the Poverty Level - 2018

	St. Lucie	Florida
All families	13.4%	10.6%
With related children of the householder under 18 years	17.1%	17.3%
With related children of the householder under 5 years only	14.1%	16.1%
Married couple families	11.0%	6.0%
With related children of the householder under 18 years	13.1%	8.4%
With related children of the householder under 5 years only	7.1%	6.7%
Families with female householder, no husband present	26.9%	25.8%
With related children of the householder under 18 years	33.5%	35.5%
With related children of the householder under 5 years only	41.7%	38.1%
All people	16.5%	14.8%

Source: American Community Survey, US Bureau of the Census, 2018.

Figure 20. Persons in Poverty by Geographic Area, 2018



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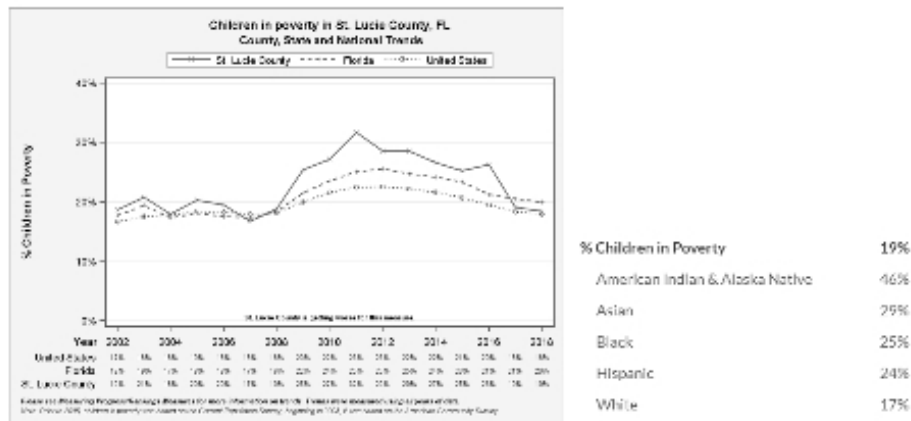
Table 35. Poverty by Census Tract, St. Lucie County, 2014 – 2018, 5-year Average

	Families under 100% of poverty (%)	With children under 18 years (%)	With children under 5 years (%)	Families with female household er (%)	With children under 18 years (%)	With children under 5 years (%)
State	10.6	17.3	16.1	25.8	35.5	38.1
County	10.8	18.2	29.1	30.7	43.4	74.2
3819	2.7	10.7	-	0	0	-
3820.02	6.1	10.8	39.7	26.6	34.5	71.1
3820.03	10.7	14.6	0	41.6	44.5	-
3820.06	3.4	0	0	0	0	-
3821.06	10.3	10.8	14.1	53.4	76.1	100
3821.08	8	13.3	0	22.4	25.5	-
3821.09	2	0	0	0	0	-
3821.1	11.5	22.2	33	50	68.6	100
3821.11	7	10.8	0	16	24.8	0
3821.12	8.1	12	27.4	13.1	23	100
3821.13	7.1	12.5	38.7	35	46.7	65.3
3822	9.5	29.7	80.3	16.4	57.9	95.2
3801	81.9	96.6	100	100	100	100
3802	64.9	76.6	100	77.1	89.2	100
3803	50.8	57.8	63.4	56.9	63.8	86
3804	18.1	18.3	100	28.4	22.9	-
3805	15.3	24.7	0	3.5	6.1	0
3806	27.6	39.5	0	53.4	54.4	-
3807	15.7	24.9	52	22.5	31.7	42.9
3808	7.2	13.1	0	0	0	-
3809.01	35.8	46.3	100	66.1	95.2	100
3809.02	22.8	32.7	22.2	35.6	55.7	71.1
3810	8.7	16.8	36.6	36.6	40.5	100
3811.01	9.1	18.6	38.1	34.8	55.7	100
3811.02	7.1	13.4	0	23.5	100	-
3812.04	2.2	6.9	0	0	-	-
3813	6.4	23	0	0	0	-
3814.01	25.3	49.4	56.5	58.1	61.3	100
3814.02	17	23.6	36	32.4	29.5	74
3815.02	10.5	9.7	26	16.2	21.7	61.6
3815.03	9.1	18.7	7.4	27	55.2	28
3816.01	11.3	44	69	57.5	88.7	100
3816.02	5.9	4.7	9.3	4.1	9.6	34.8
3816.03	3.4	14.9	0	15.8	31.1	0
3817.01	5.4	0	-	0	-	-
3817.02	10.4	0	0	0	-	-
3818.02	13	16.6	0	7.7	18.8	-

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	Families under 100% of poverty (%)	With children under 18 years (%)	With children under 5 years (%)	Families with female household er (%)	With children under 18 years (%)	With children under 5 years (%)
3818.03	10.8	18.1	0	22.9	15.6	-
3818.04	12.2	17.6	0	13	24.8	-
3820.07	12.7	23	47.3	5.2	9.1	0
3820.08	5.5	5.7	0	5.4	14.5	-
3820.09	7.8	10.4	22.2	14.7	36.5	47.6
3820.1	9.5	14	56.5	12.9	22	100

Figure 21. Children in Poverty in St. Lucie County, 2002 - 2018



ALICE

ALICE IN ST. LUCIE COUNTY

2018 Point-in-Time Data

Population: 321,128 • Number of Households: 118,768
 Median Household Income: \$54,098 (state average: \$55,462)
 Unemployment Rate: 5.7% (state average: 5.2%)
 ALICE Households: 34% (state average: 33%) • Households in Poverty: 12% (state average: 13%)

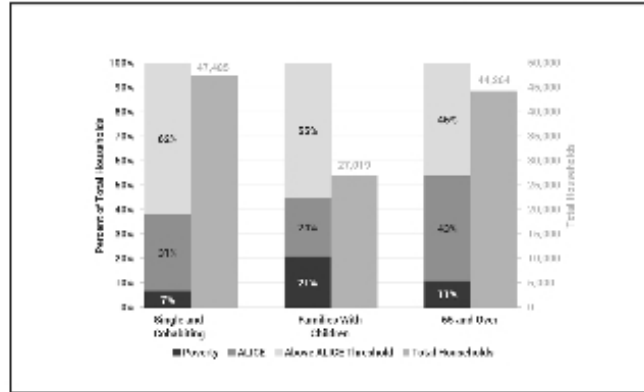
ALICE is an acronym for **A**sset Limited, **I**ncome **C**onstrained, **E**mployed - households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county (the ALICE Threshold). This term comes from a United Way report that seeks to clarify and describe the complex challenges faced by this population and provide

local United Ways the information needed to promote stronger and more resilient communities.

While conditions have improved for some households in recent report updates, many continue to struggle, especially as wages fail to keep pace with the cost of housing essentials (housing, childcare, food, transportation, health care, and a basic smartphone plan). While 14,085 households were living in poverty in St. Lucie County in 2018, an additional 39,872 households were ALICE households. Several areas in St. Lucie County are impacted by poverty and ALICE more than others. Those geographic areas that are impacted most include: Fort Pierce North CDP, River Park CDP, Fort Pierce, Fort Pierce CCD, Fort Pierce South CDP, and West St. Lucie CCD.

Figure 22. ALICE in St. Lucie County, 2018

Household Income by Household Type, St. Lucie County, 2018

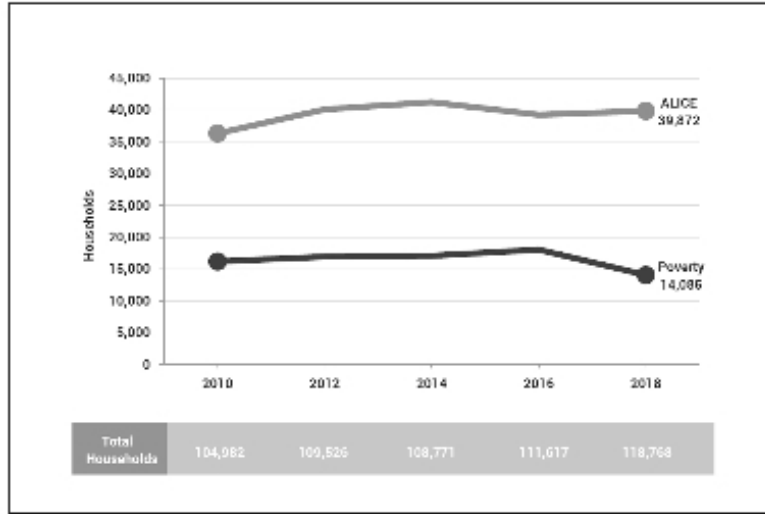


Sources: ALICE Threshold 2018/American Community Survey 2018

St. Lucie County, 2018		
Town	Total HI	% ALICE & Poverty
Fort Pierce	16,409	68%
Fort Pierce CCD	48,378	61%
Fort Pierce North CDP	2,321	78%
Fort Pierce South CDP	1,515	60%
Hutchinson Island CCD	5,117	49%
Hutchinson Island South CDP	3,100	44%
Indian River Estates CDP	2,939	57%
Lakewood Park CDP	5,036	49%
Port St. Lucie	60,178	37%
Port St. Lucie CCD	61,570	40%
River Park CDP	2,557	70%
St. Lucie Village	260	42%
West St. Lucie CCD	2,919	60%
White City CDP	1,555	58%

Households struggle because the cost of household basics outpaces wage and the labor landscape is challenging for ALICE workers. The Household Survival Budget shown below reflects the bare minimum cost to live and work in the modern economy and includes housing, child care, food, transportation, health care, technology (a smart phone plan), and taxes. It does not include savings for emergencies or future goals like college or retirement. In 2018, household costs were well above the Federal Poverty Level of \$12,140 for a single adult and \$25,100 for a family of four.

Households by Income, St. Lucie County, 2010 to 2018



Sources: ALICE Threshold, 2010-2018, American Community Survey, 2010-2018

Household Survival Budget, St. Lucie County, 2018		
	SINGLE ADULT	2 ADULTS, 1 INFANT, 1 PRESCHOOLER
Monthly Costs		
Housing	\$807	\$1,059
Child Care	\$-	\$1,257
Food	\$285	\$862
Transportation	\$375	\$843
Health Care	\$200	\$803
Technology	\$55	\$75
Miscellaneous	\$200	\$552
Taxes	\$283	\$623
Monthly Total	\$2,205	\$6,074
ANNUAL TOTAL	\$26,460	\$72,888
Hourly Wage*	\$13.23	\$36.44

* Wage working full time required to support this budget

For ALICE Survival Budget Sources, see the 2020 Methodology Overview available at [UnitedForALICE.org/Methodology](#)

Employment

Table 36. Employment Status, St. Lucie County - 2018

	St. Lucie		Florida
Civilian Population 16 years and over	251,086		16,932,309
In labor force	135,084	53.8%	58.7%
Employed	126,296	50.3%	54.7%
Unemployed	8,788	3.5%	3.7%
Not in labor force*	116,002	46.2%	41.3%
Unemployment Rate	-	5.7%	6.3%

* The government counts only people actively looking for jobs as unemployed. Those who could work but are not actively looking for work get counted in not-in-labor-force. This is important in putting the unemployment rate in perspective as it may appear better than it really is.

Source: American Community Survey, US Bureau of the Census, 2018.

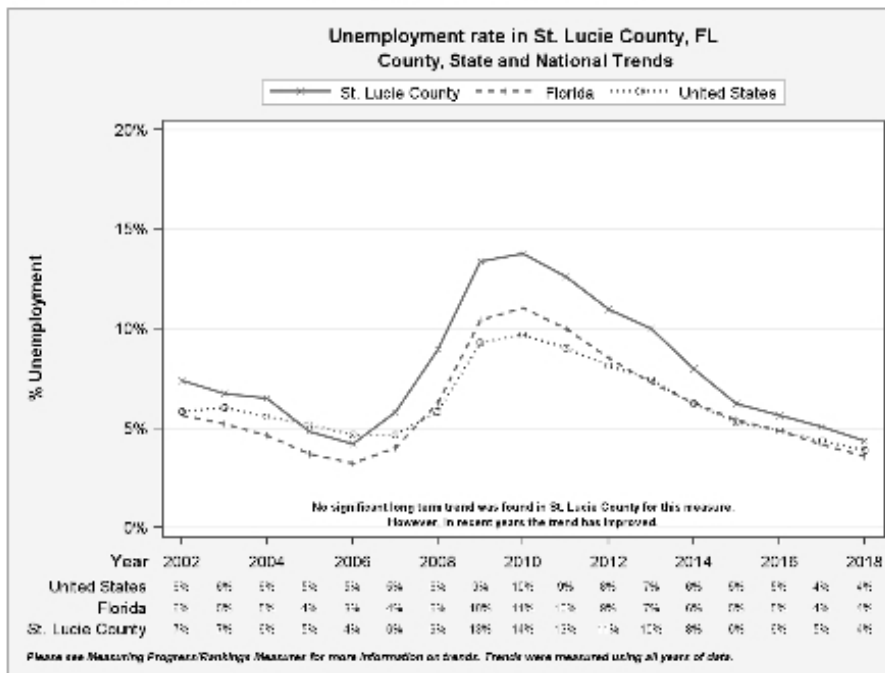
Table 37. Employment Status by Census Tract, St. Lucie County, 2014- 2018, 5-Year Average

	Civilian labor force	Civilian labor force unemployed (%)
3819	3308	7.7
3820.02	3880	8.7
3820.03	4953	5.6
3820.06	4073	6.9
3821.06	12594	6.3
3821.08	6660	2.8
3821.09	4025	4.7
3821.10	3575	9.8
3821.11	8277	5.8
3821.12	4221	6.1
3821.13	7633	3.0
3822	2144	5.1
9800	0	-
9900	0	-
3801	317	8.5
3802	1169	14.7
3803	2145	7.7
3804	3428	3.6
3805	2844	10.5
3806	2000	7.0
3807	3770	7.8
3808	918	6.9
3809.01	843	15.2
3809.02	2518	12.3
3810	558	4.3
3811.01	4085	9.1
3811.02	1909	2.2
3812.04	1006	3.1
3813	1257	7.6
3814.01	1718	4.5

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	Civilian labor force	Civilian labor force unemployed (%)
3814.02	3366	9.4
3815.02	5216	5.3
3815.03	4980	8.9
3816.01	2343	3.8
3816.02	1571	6.4
3816.03	1743	7.8
3817.01	689	9.6
3817.02	613	8.2
3818.02	2251	4.0
3818.03	2853	9.7
3818.04	2824	5.6
3820.07	3222	8.2
3820.08	4457	5.0
3820.09	2186	7.2
3820.10	877	9.4

Figure 23. Unemployment Rate in St. Lucie County, 2002 - 2018



Health Insurance Coverage

Table 38. Health Insurance Coverage by Age, St. Lucie County - 2018

Total Population	319,117	
Under 19 years	66,398	
Total Under 19 years With health insurance coverage	57,193	86%
Under 19 years No health insurance coverage	9,205	14%
Total 19 to 64 years	176,300	
19 to 64 years With health insurance coverage	138,707	79%
19 to 64 years No health insurance coverage	37,593	21%
Total 65 years and over	76,419	
65 years and over With health insurance coverage	75,892	99%
65 years and over No health insurance coverage	527	1%

Source: American Community Survey, 2018 Supplemental Estimates

Table 39. Insured Population by Race, Age, and Ethnicity, St. Lucie County - 2018

	White		Black		Hispanic	
	Total	Percent	Total	Percent	Total	Percent
	230,882		64,565		62,379	
Total Under 6 years	11,885		5,254		5,018	
Under 6 years with health insurance coverage	11,099	93%	4,413	84%	4,426	88%
Under 6 years No health insurance coverage	786	7%	841	16%	592	12%
Total 6 to 18 years	29,888		12,187		13,542	
6 to 18 years with health insurance coverage	25,841	86%	9,499	78%	10,249	76%
6 to 18 years No health insurance coverage	4,047	14%	2,688	22%	3,293	24%
Total 19 to 25 years	13,366		5,935		6,556	
19 to 25 years with health insurance coverage	10,279	77%	3,630	61%	4,665	71%
19 to 25 years No health insurance coverage	3,087	23%	2,305	39%	1,891	29%
Total 26 to 34 years	22,046		7,065		6,132	
26 to 34 years with health insurance coverage	17,149	78%	5,489	78%	4,876	80%

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	White		Black		Hispanic	
26 to 34 years No health insurance coverage	4,897	22%	1576	22%	1256	20%
Total 35 to 44 years	24,527		9367		10225	
35 to 44 years with health insurance coverage	17,305	71%	6496	69%	6216	61%
35 to 44 years No health insurance coverage	7,222	29%	2871	31%	4009	39%
Total 45 to 54 years	29,472		6946		8095	
45 to 54 years with health insurance coverage	23,648	80%	5453	79%	6572	81%
45 to 54 years No health insurance coverage	5,824	20%	1493	21%	1523	19%
Total 55 to 64 years	35,126		8260		5952	
55 to 64 years with health insurance coverage	30,759	88%	6659	81%	5403	91%
55 to 64 years No health insurance coverage	4,367	12%	1601	19%	549	9%
Total 65 to 74 years	35,174		6007		4634	
65 to 74 years with health insurance coverage	34,945	99%	5870	98%	4634	100%
65 to 74 years No health insurance coverage	229	1%	137	2%	0	0%
Total 75 years and over	29,398		3544		2225	
75 years and over with health insurance coverage	29,346	99.8%	3435	97%	2225	100%
75 years and over No health insurance coverage	52	0.2%	109	3%	0	0%

Source: American Community Survey, 2018 Supplemental Estimates

Table 40. Health Insurance Coverage by Census Tract, St. Lucie, 2014 - 2018, 5-year Average

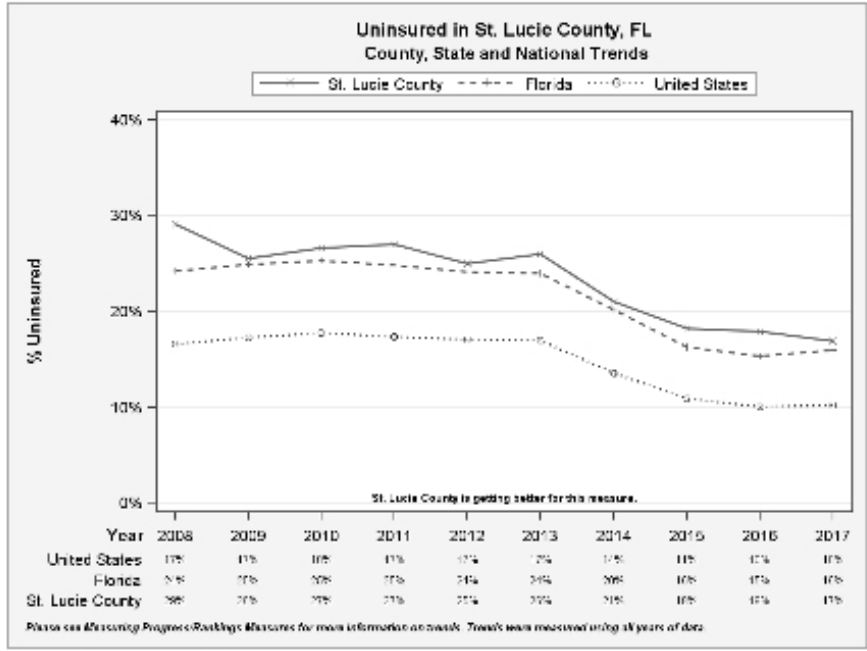
Indicator	Civilian noninstitutionalized population	No health ins. coverage (%)
State	20288268	13.5
County	303304	14
3819	6747	11.8
3820.02	8859	9.3
3820.03	10339	12.5
3820.06	8521	10.9
3821.06	24161	12.8
3821.08	22282	6.4
3821.09	12240	6.8
3821.10	7193	14.8
3821.11	15419	17.0

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Indicator	Civilian noninstitutionalized population	No health ins. coverage (%)
3821.12	8630	18.4
3821.13	14269	23.7
3822	6175	8.8
3801	1000	19.7
3802	3456	24.2
3803	6332	25.7
3804	6585	19.5
3805	5564	23.1
3806	4337	25.6
3807	7834	19.0
3808	2053	16.8
3809.01	2364	22.7
3809.02	5786	17.5
3810	1212	13.1
3811.01	7693	17.5
3811.02	4957	9.5
3812.04	3661	5.3
3813	3762	8.2
3814.01	4601	8.5
3814.02	7599	21.6
3815.02	12323	11.5
3815.03	10897	16.8
3816.01	6407	10.2
3816.02	3731	10.4
3816.03	6031	8.6
3817.01	2881	1.4
3817.02	2333	3.8
3818.02	4266	12.0
3818.03	5398	13.4
3818.04	5392	15.1
3820.07	5496	22.0
3820.08	8094	9.5
3820.09	4435	16.0
3820.10	1989	15.5

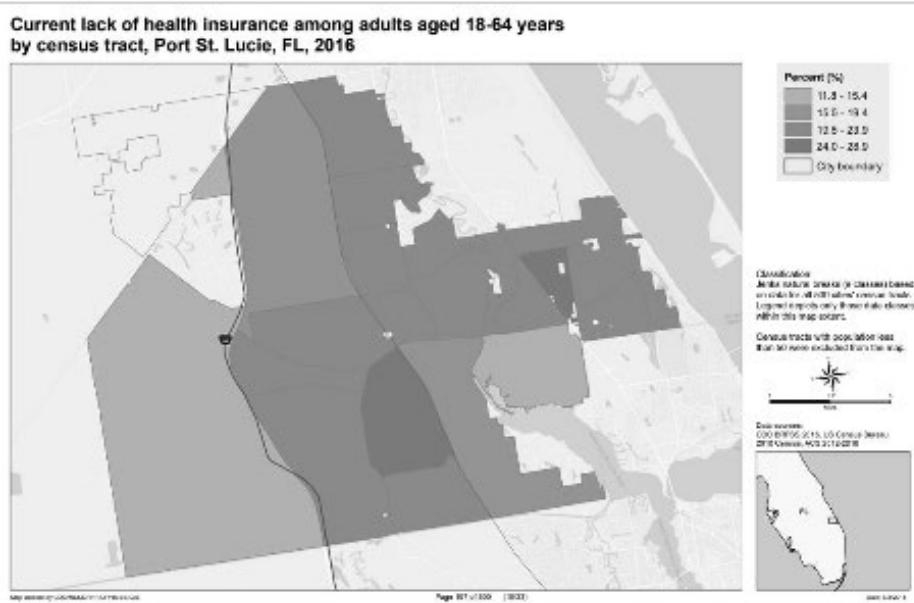
Source: American Community Survey, US Bureau of the Census, 2018.

Figure 24. Uninsured in St. Lucie County, 2008 - 2017



Source: County Health Rankings 2020

Figure 25. Lack of health insurance among adults aged 18-64 years by census tract, Port St. Lucie city 2016

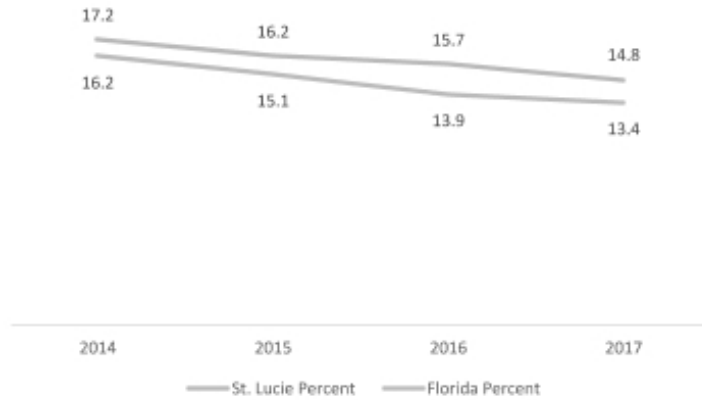


Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Food Insecurity

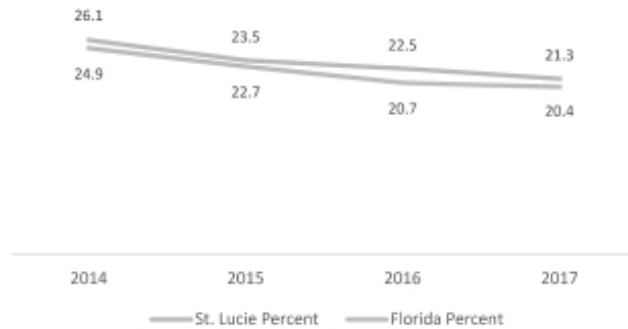
Food insecurity is the percentage of the population that does not have consistent access to enough food for an active, healthy life. Food insecurity refers to a lack of available financial resources for food at the household level. Food insecurity is a social determinant of health. Low-income families are affected by multiple, overlapping issues like lack of affordable housing, social isolation, chronic or acute health problems, high medical costs, and low wages. People experiencing food insecurity often consume a nutrient-poor diet, which may contribute to the development of obesity, heart disease, hypertension, diabetes, and other chronic diseases.

Figure 26. Food insecurity rate, Percent of Population, St. Lucie County, 2014 - 2017



Source: Florida Health Charts 2014 - 2017, Feeding America, Map the Meal Gap

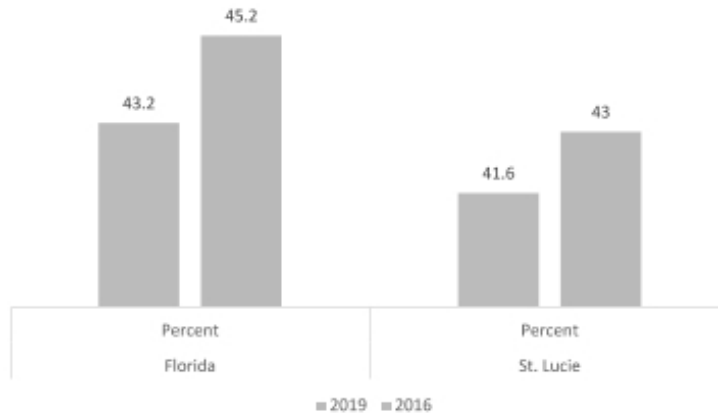
Figure 27. Child Food Insecurity Rate, Percent of Population Under 18, 2014 - 2017



Access to Healthy Foods and Exercise Opportunities

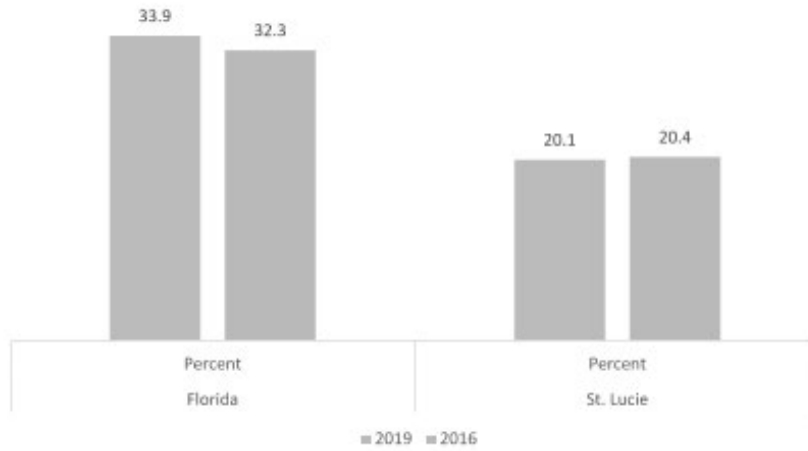
Access to healthy food sources and recreational areas are necessary to support healthy diets and physical activity. Lack of physical activity and unhealthy eating are major risk factors for chronic diseases, the leading causes of death and disability in the United States. Chronic diseases include heart disease, diabetes, and cancer. Half of all adults in the U.S. have a chronic disease. A community approach to healthy living, like providing access to healthy foods and more places for physical activity, can have broader effects than the efforts of people working on their own to make healthy changes.

Figure 28. Population Living within ½ mile of a Park



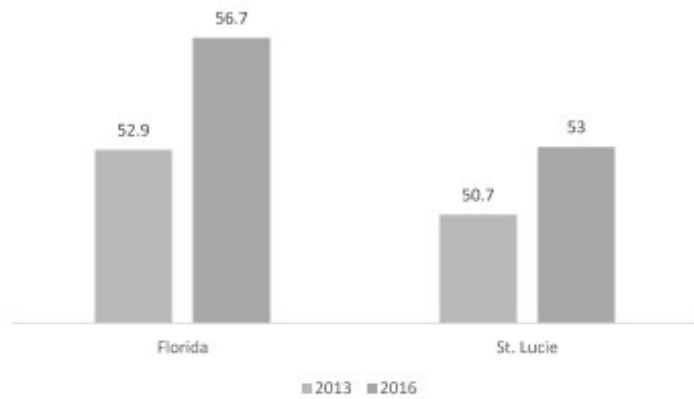
Source: Florida Health Charts, 2016 - 2019, www.floridatracking.com/healthtracking

Figure 29. Population Living with 1/4 mile of a Fast Food Restaurant, 2016 - 2019



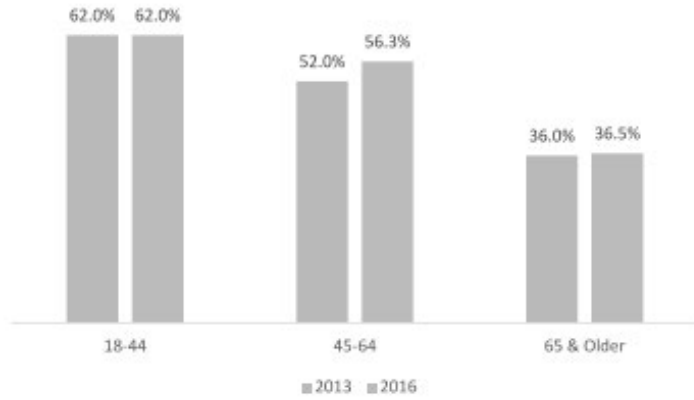
Source: Florida Health Charts, 2016 - 2019, www.floridatracking.com/healthtracking

Figure 30. Adults who are inactive or insufficiently active



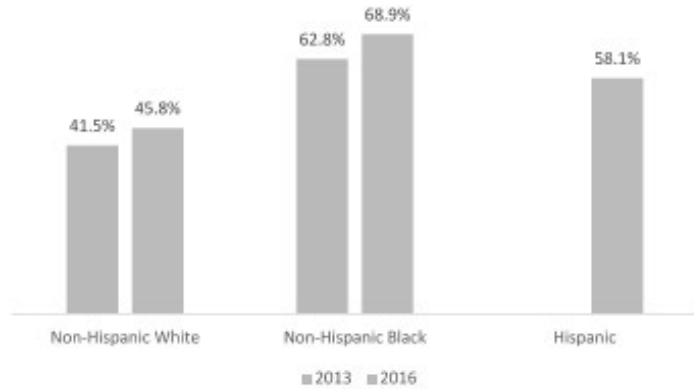
Source: Florida Health Charts, 2013-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 31. Adults who are inactive or insufficiently active by Age Group, 2013 - 2016



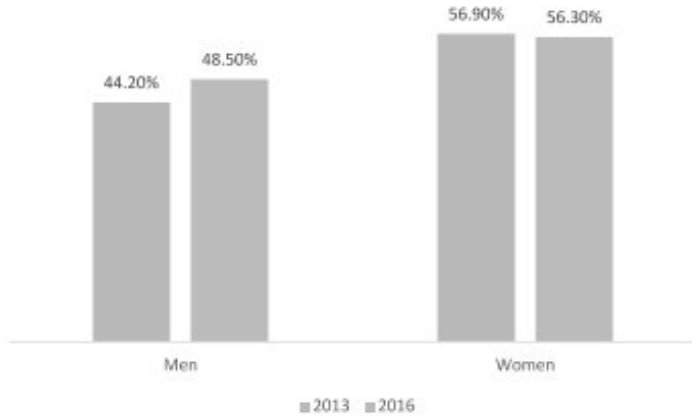
Source: Florida Health Charts, 2013-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 32. Adults who are inactive or insufficiently active by Race and Ethnicity, 2013 - 2016



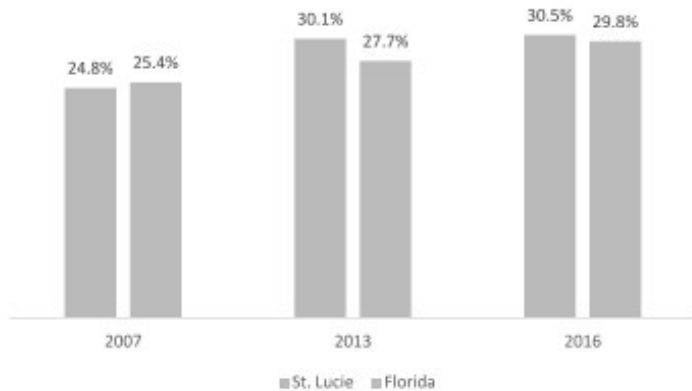
Source: Florida Health Charts, 2013-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 33. Adults who are inactive or insufficiently active by Sex, 2013 - 2016



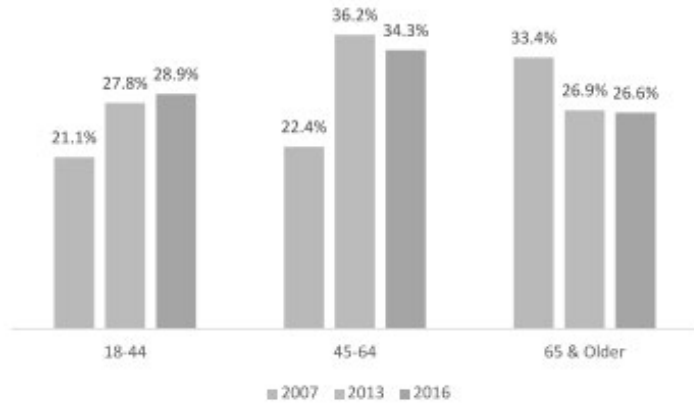
Source: Florida Health Charts, 2013-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 34. Adults who are Sedentary, 2007 - 2016



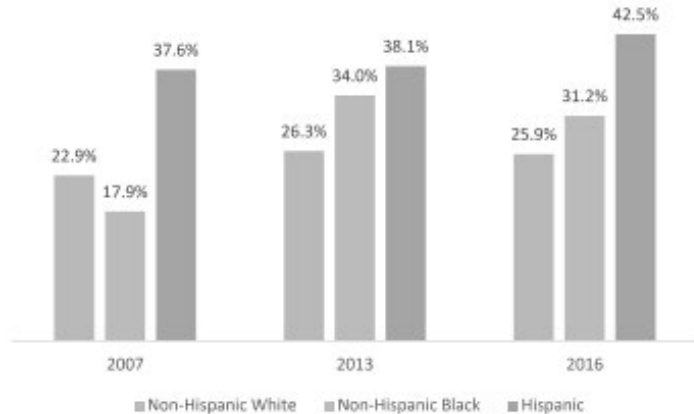
Source: Florida Health Charts, 2013-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 35. Adults who are Sedentary by Age Group, 2007 - 2016



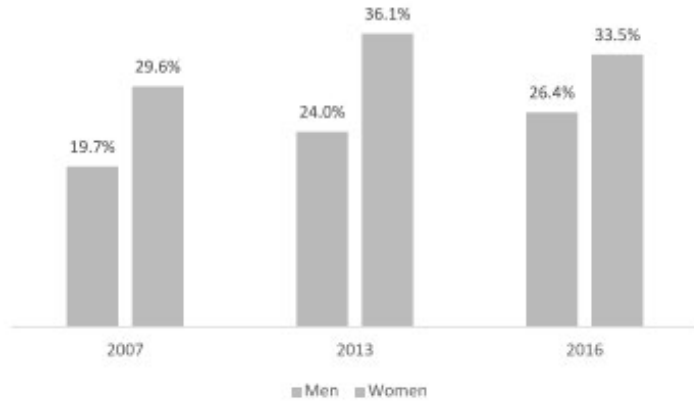
Source: Florida Health Charts, 2013-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 36. Adults who are Sedentary by Race and Ethnicity, 2007 - 2016



Source: Florida Health Charts, 2013-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

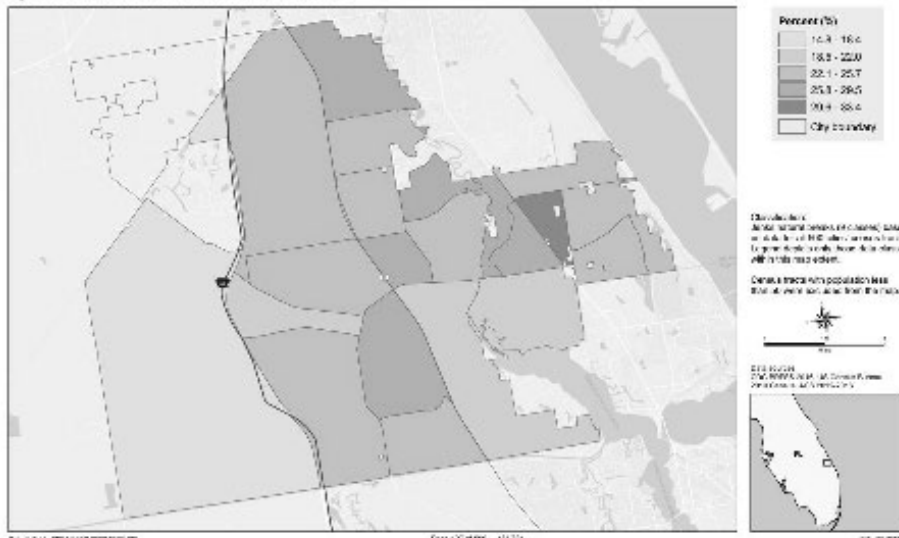
Figure 37. Adults who are Sedentary by Sex, 2007 - 2016



Source: Florida Health Charts, 2013-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 38. No leisure-time physical activity among adults aged ≥ 18 years by census tract, Port St. Lucie City - 2016

No leisure-time physical activity among adults aged ≥ 18 years by census tract, Port St. Lucie, FL, 2016



Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Education

Table 41. School Enrollment, St. Lucie County - 2018

	St. Lucie		Florida
Population 3 years and over enrolled in school	67,785		4,737,877
Nursery school, preschool	3,802	5.6%	6.2%
Kindergarten	3,354	4.9%	4.8%
Elementary school (grades 1-8)	27,272	40.2%	39.2%
High school (grades 9-12)	16,411	24.2%	20.8%
College or graduate school	16,946	25.0%	28.9%

Source: American Community Survey, US Bureau of the Census, 2018.

Table 42. Educational Attainment, St. Lucie County - 2018

	St. Lucie		Florida
Population 25 years and over	234,067		14,686,727
Less than 9th grade	10,388	4.40%	4.60%
9th to 12th grade, no diploma	19,738	8.40%	6.90%
High school graduate (includes equivalency)	72,586	31.00%	28.70%
Some college, no degree	50,170	21.40%	19.70%
Associate degree	27,825	11.90%	9.70%
Bachelor's degree	32,705	14.00%	19.10%
Graduate or professional degree	20,655	8.80%	11.30%
High school graduate or higher	203,941	87.10%	88.50%
Bachelor's degree or higher	53,360	22.80%	30.40%

Source: American Community Survey 1-Year Estimates Subject Tables, US Bureau of the Census, 2018.

Table 43. Educational Attainment, St. Lucie County by Geographic Area

	St. Lucie County	Port St. Lucie city	Jensen Beach CDP	Hutchinson Island South CDP	River Park CDP	Indian River Estates CDP	Fort Pierce South CDP	Fort Pierce city	Fort Pierce North CDP	Lakewood Park CDP
High school graduate or higher, percent of persons age 25 years+, 2014-2018	86.1%	87.6%	93.6%	95.5%	81.6%	90.0%	75.5%	77.6%	79.3%	84.4%
Bachelor's degree or higher, percent of persons age 25 years+, 2014-2018	20.3%	20.7%	31.2%	31.4%	15.6%	19.4%	8.7%	15.0%	11.6%	16.2%

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Table 44. Educational Attainment by Census Tract, 2014 - 2018, 5-Year Average

	Population 25 years +	Less than 9th grade	9 th -12 grade, no diploma	High school graduate or higher	High school graduate, includes GED	Some college, no degree	Associate degree	Bachelor's degree or higher	Bachelor's degree	Graduate or professional degree
County	220556	5.6	8.3	86.1	33.7	21.6	10.5	20.3	13.2	7.1
3819	5596	0.2	3.8	96.0	22.5	30.9	8.1	34.5	24.6	9.9
3820.02	6130	5.2	5.3	89.5	43.3	22.9	8.5	14.8	8.9	5.9
3820.03	7674	3.9	4.8	91.4	37.0	24.1	10.5	19.8	11.3	8.5
3820.06	6559	5.8	3.3	90.9	24.7	24.2	11.9	30.1	21.1	8.9
3821.06	14957	5.7	5.2	89.0	35.4	26.0	11.2	16.5	13.1	3.3
3821.08	16777	4.3	8.8	86.9	30.6	16.9	9.7	29.7	18.1	11.6
3821.09	9656	0.7	2.9	96.4	18.3	24.5	8.3	45.3	26.7	18.7
3821.10	4762	3.2	9.2	87.6	30.7	23.8	13.1	20.0	13.6	6.3
3821.11	10329	2.9	11.3	85.8	33.7	19.4	13.8	18.8	14.2	4.6
3821.12	5725	6.3	5.3	88.5	30.3	21.7	15.6	20.8	15.9	4.9
3821.13	9739	13.9	12.0	74.1	30.6	18.7	8.0	16.7	9.1	7.6
3822	5124	1.0	14.4	84.6	35.0	17.5	8.8	23.4	14.4	9.0
3801	686	14.3	9.5	76.2	40.5	19.1	7.1	9.5	5.1	4.4
3802	2057	10.8	19.3	69.8	43.2	11.8	6.7	8.2	7.0	1.2
3803	3929	8.8	27.1	64.1	42.9	9.7	5.0	6.5	5.0	1.6
3804	4241	24.5	4.8	70.7	38.8	11.1	13.5	7.4	4.4	2.9
3805	3764	17.4	8.3	74.3	29.0	22.1	12.9	10.4	7.4	2.9
3806	2396	19.4	21.6	59.0	27.0	18.6	5.2	8.2	5.9	2.3
3807	5137	7.6	6.9	85.5	39.8	14.4	14.5	16.8	10.4	6.5
3808	2572	4.5	18.2	77.3	38.6	20.7	7.8	10.3	6.4	3.8
3809.01	1783	7.6	6.1	86.4	47.4	18.3	13.1	7.5	5.6	1.9
3809.02	3801	8.7	14.4	76.9	39.9	18.7	6.4	11.9	8.4	3.6
3810	927	2.6	9.8	87.6	29.7	24.8	9.4	23.7	16.9	6.8
3811.01	5346	9.0	7.9	83.1	40.0	23.7	10.0	9.4	5.7	3.7
3811.02	4191	4.6	9.3	86.1	31.9	18.6	10.8	24.8	16.9	7.9
3812.04	3503	2.0	2.4	95.5	23.8	20.6	7.9	43.3	23.6	19.7

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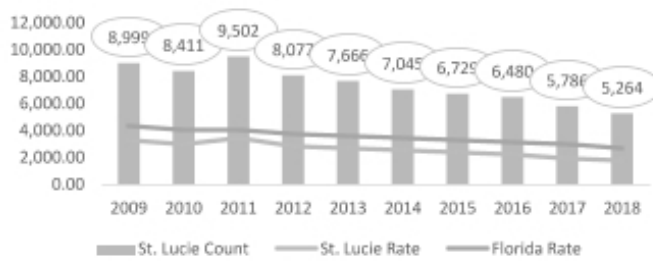
	Populat ion 25 years +	Less than 9th grade	9 th -12 grade, no diploma	High school graduate or higher	High school graduate, includes GED	Some college, no degree	Associa te degree	Bachelor's degree or higher	Bachel or's degree	Graduate or professional degree
3813	3408	0.0	3.5	96.5	22.4	22.9	13.3	38.0	23.2	14.8
3814.01	3213	3.5	11.8	84.7	43.0	17.0	4.9	19.8	12.3	7.5
3814.02	5152	4.8	11.0	84.2	41.4	18.4	10.2	14.3	7.8	6.5
3815.02	8944	2.3	7.4	90.2	30.0	23.4	14.3	22.5	16.1	6.4
3815.03	7842	7.7	11.2	81.1	32.5	21.7	15.8	11.0	6.6	4.5
3816.01	5470	2.5	6.6	90.9	38.5	28.5	5.2	18.8	11.9	6.8
3816.02	3165	1.7	9.0	89.3	32.6	24.7	13.0	19.0	13.6	5.3
3816.03	5358	6.1	4.8	89.0	43.2	22.4	7.8	15.6	10.7	5.0
3817.01	2801	0.3	0.6	99.1	28.2	23.3	8.2	39.5	23.8	15.7
3817.02	2279	1.5	7.3	91.1	43.2	20.1	6.3	21.5	8.8	12.7
3818.02	3101	6.5	6.6	86.9	37.4	21.5	15.8	12.2	9.9	2.3
3818.03	4082	5.0	7.4	87.6	31.0	29.0	9.2	18.5	13.0	5.6
3818.04	3871	2.3	6.7	91.1	41.2	23.9	11.6	14.4	10.3	4.1
3820.07	4057	4.0	8.7	87.3	33.5	31.0	9.9	12.9	9.9	3.0
3820.08	5576	7.9	8.4	83.7	32.6	22.9	12.0	16.2	8.9	7.3
3820.09	3120	2.1	9.0	88.8	43.9	21.3	8.1	15.4	11.7	3.7
3820.10	1756	3.1	8.9	88.0	43.3	21.8	12.4	10.6	6.5	4.1

Source: American Community Survey, US Bureau of the Census, 2018

Crime and Safety

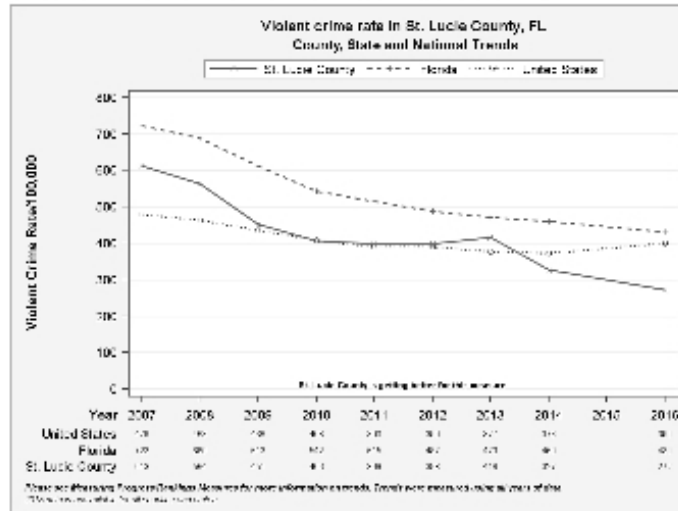
Neighborhood crime and safety have a strong correlation with the resiliency of a community. Living in high crime areas contribute to poor mental health, learned helplessness, avoidance of care and degradation of community structures. St. Lucie County has shown a consistent decrease in the index crime rate and overall lower rates in comparison to the state of Florida: murder, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft.

Figure 39. Index Crime Rate, St. Lucie County, Florida - 2009-2018



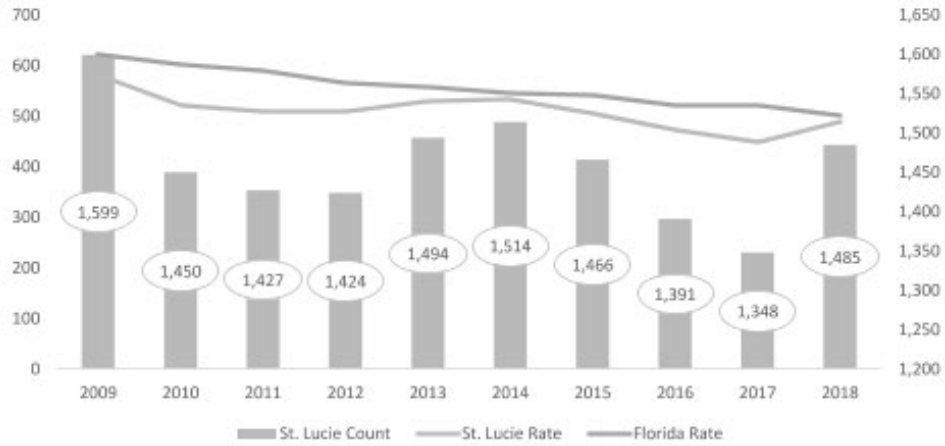
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 40. Violent Crime Rate in St. Lucie County, 2007 - 2016



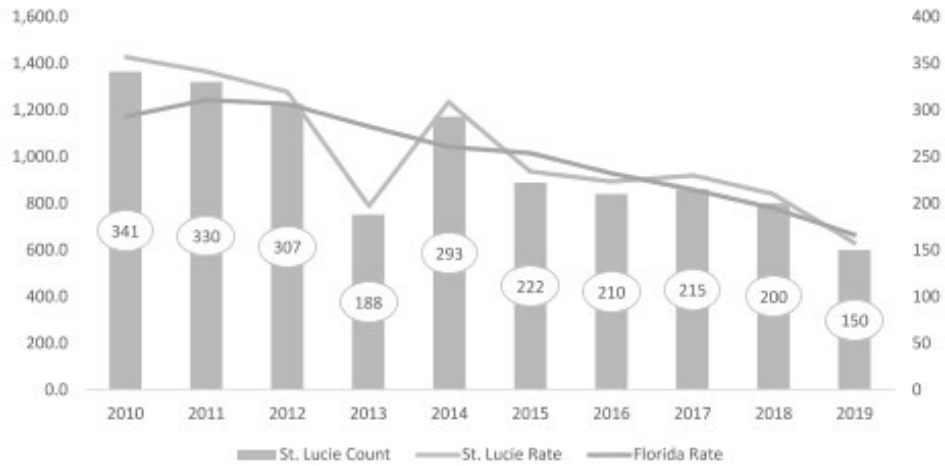
Source: County Health Rankings 2020

Figure 41. Domestic Violence, Rate Per 100,000, St. Lucie County 2009-2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 42. Children experiencing child abuse ages 5-11, Rate Per 100,000, St. Lucie County 2009-2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Section Three: Community Health Status Assessment

County Health Rankings

About the County Health Rankings & Roadmaps Program: "The County Health Rankings & Roadmaps program is a collaboration between the [Robert Wood Johnson Foundation](#) and the [University of Wisconsin Population Health Institute](#). The program works to improve health outcomes for all and to close the health gaps between those with the most and least opportunities for good health. This work is rooted in a deep belief in health equity, the idea that everyone has a fair and just opportunity to be as healthy as possible, regardless of race, ethnicity, gender, income, location, or any other factor.

The goals of the program are to:

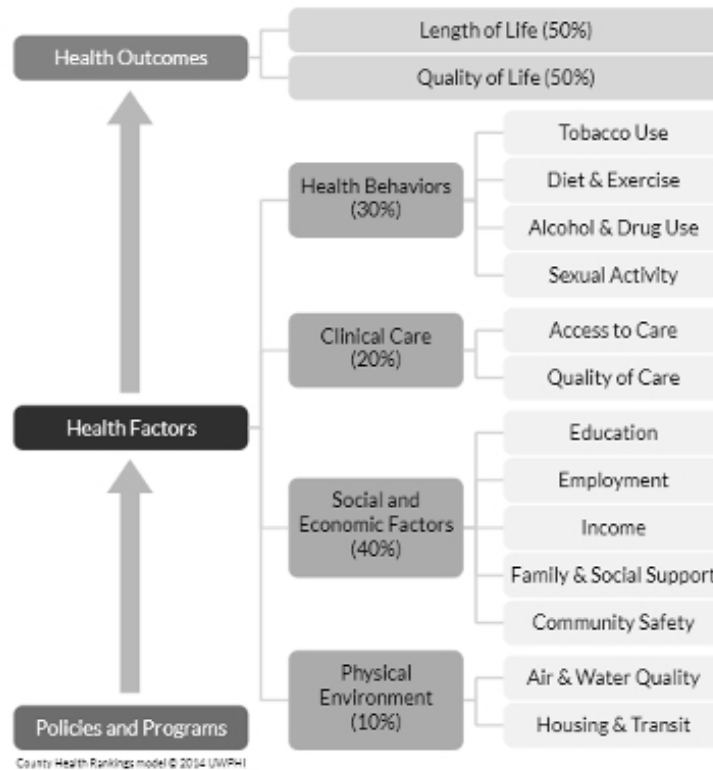
- Build awareness of the multiple factors that influence health.
- Provide a reliable, sustainable source of local data and evidence to communities to help them identify opportunities to improve their health.
- Engage and activate local leaders from many sectors in creating sustainable community change.
- Connect & empower community leaders working to improve health."
(www.countyhealthrankings.org/aboutus)

The County Health Rankings & Roadmaps program provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support community leaders working to improve health and increase health equity. The Rankings are unique in their ability to measure the health of nearly every county in all 50 states, and are complemented by guidance, tools, and resources designed to accelerate community learning and action. County Health Rankings & Roadmaps is known for effectively translating and communicating complex data and evidence-based policy into accessible models, reports, and products that deepen the understanding of what makes communities healthy and inspires and supports improvement efforts. County Health Rankings & Roadmaps' work is based on the County Health Rankings [model of health](#), the [Take Action cycle](#), and the County Health Rankings & Roadmaps guiding principles.

Methodology: The County Health Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state.

The County Health Rankings team draws upon the most reliable and valid measures available to compile the Rankings. Where possible, provide the margins of error (95% confidence intervals) are provided for measure values. In many cases, the values of specific measures in different counties are not statistically different from one another;

however, when combined using the model, those various measures produce different rankings.



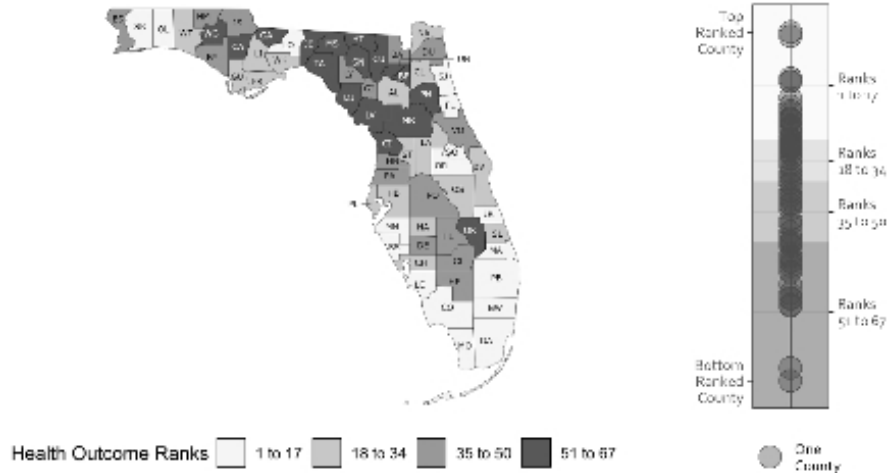
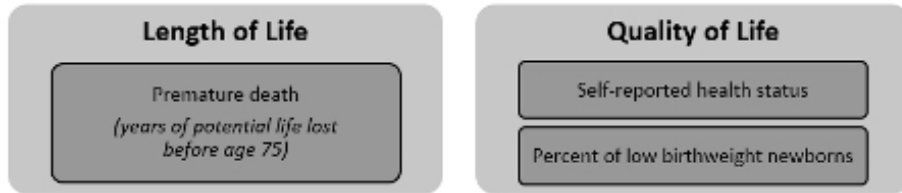
Health Outcomes

Health outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing not only the length of life but quality of life as well. The Health Outcomes area of the County Health Rankings looks at:

- Length of Life (measuring premature death and life expectancy); and
- Quality of Life (using measures of low birthweight and those who rated their physical or mental health as poor).

These rankings are based on one (1) Length of Life measure (premature death; years of potential life lost before age 75 per 100,000 age-adjusted) and four (4) Quality of Life measures (poor or fair health, poor physical health days, poor mental health days,

and low birthweight). Additional health outcomes not included in the overall ranking include life expectancy, premature age-adjusted mortality, child mortality, infant mortality, frequent physical distress, frequent mental distress, diabetes prevalence, and HIV prevalence.



St. Lucie County ranks **29 of 67** for Health Outcomes in the state of Florida. It ranks **23 of 67** for Length of Life and **33 of 67** for Quality of Life. The following figure provides an overview of the Health Outcomes data for St. Lucie County compared to the top U.S. performers and the state of Florida.

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Figure 43. Health Outcomes, County Health Rankings, 2020

	St. Lucie County	Error Margin	Top U.S. Performers ^	Florida	Rank (of 67)
Health Outcomes					29
Length of Life					23
Premature death	7,700	7,300-8,100	5,600	7,300	
Quality of Life					33
Poor mental health **	19%	19-20%	12%	17%	
Poor physical health days **	4.2	4.1-4.3	3.1	3.7	
Poor mental health days **	4.4	4.3-4.5	3.4	4.0	
Low birthweight	9%	8-9%	6%	9%	
Additional Health Outcomes (not included in overall ranking)					
Life expectancy	80.3	79.9-80.6	81.1	80.0	
Premature age-adjusted mortality	350	340-360	270	340	
Child mortality	50	40-60	40	50	
Infant mortality	5	4-6	4	6	
Frequent physical distress	13%	10-14%	9%	12%	
Frequent mental distress	14%	14-14%	11%	13%	
Diabetes prevalence	12%	10-14%	7%	11%	
HIV prevalence	597		41	411	

**Data should not be compared with prior years

HEALTH OUTCOMES
PREMATURE DEATH

Florida Summary Information

Top U.S. Performers:	5,500 (10th percentile)
Range in Florida (Min-Max):	5,200-16,900
Overall in Florida:	7,300
Years of Data Used:	2016-2018

Life Expectancy

Life Expectancy varies by sex, race, and ethnicity as well as between St. Lucie County and the state of Florida. The state's life expectancy is better than St. Lucie County and more specifically for males, females, and non-Hispanic. However, the life expectancy in St. Lucie County is better than the state of Florida for White, Black, and Hispanic residents. There are also differences for life expectancy by geographic area.

	Value	Error Margin
Years of Potential Life Lost Rate	7,700	7,300-8,100
Black	9,300	8,400-10,200
Hispanic	3,900	3,400-4,500
White	8,600	8,000-9,100

Life Expectancy is the average number of years a person can expect to live. It is a common and important population health outcome measure and can be easier to interpret than other mortality measures. Life Expectancy considers the number of deaths in a given time period and the average number of people at risk of dying during that time period, allowing comparison across counties with different population sizes. Age is a non-modifiable risk factor, and as age increases, poor health outcomes are more likely. Expectancy is age-adjusted to fairly compare counties with differing age structures.

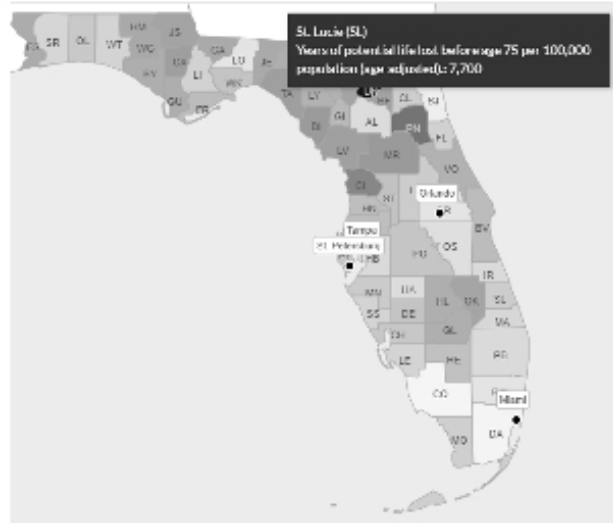
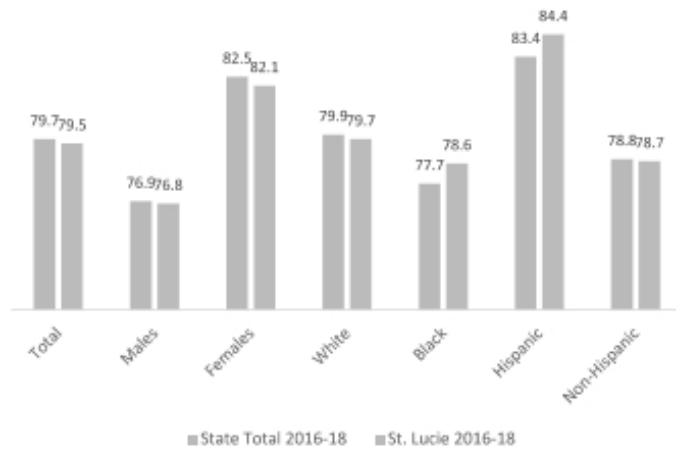


Figure 44. Life Expectancy by Sex, Race, and Ethnicity, St. Lucie County, 2016 - 2018



Source: Florida Health Charts, 2016-2018, Florida Bureau of Vital Statistics

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Table 45. Life Expectancy by Census Tract and Sex - 2018 (95% Confidence Interval)

Census Tract Code	Total	Males	Females
St. Lucie County	79.6 (79.3 - 79.8)	76.8 (76.4 - 77.2)	82.4 (82.0 - 82.8)
3801	NA	NA	NA
3802	65.8 (62.4 - 69.1)	NA	NA
3803	64.4 (62.1 - 66.7)	59.4 (55.7 - 63.1)	68.5 (65.5 - 71.4)
3804	69.6 (67.4 - 71.9)	67.5 (64.6 - 70.3)	71.5 (68.1 - 74.9)
3805	68.9 (66.6 - 71.2)	67.1 (63.9 - 70.2)	70.5 (67.2 - 73.8)
3806	73.1 (70.6 - 75.6)	70.5 (66.9 - 74.2)	75.7 (72.3 - 79.1)
3807	73.6 (71.9 - 75.2)	71.6 (69.2 - 73.9)	75.4 (73.1 - 77.8)
3808	80.1 (78.3 - 82.0)	79.5 (77.0 - 82.0)	81.1 (78.4 - 83.8)
3809.01	71.0 (67.3 - 74.7)	NA	NA
3809.02	64.4 (61.6 - 67.2)	NA	70.1 (66.3 - 73.9)
3810	NA	NA	NA
3811.01	71.0 (68.9 - 73.0)	67.9 (64.9 - 70.9)	74.4 (71.7 - 77.1)
3811.02	78.1 (75.6 - 80.7)	74.1 (70.6 - 77.5)	82.4 (78.8 - 86.0)
3812.04	NA	NA	NA
3813	NA	NA	NA
3814.01	73.1 (70.7 - 75.4)	71.3 (68.2 - 74.5)	74.7 (71.3 - 78.2)
3814.02	70.4 (68.5 - 72.3)	68.0 (65.5 - 70.6)	73.1 (70.1 - 76.0)
3815.02	78.8 (77.5 - 80.2)	76.0 (73.9 - 78.1)	81.6 (79.9 - 83.3)
3815.03	74.0 (72.3 - 75.8)	70.1 (67.8 - 72.5)	77.9 (75.4 - 80.4)
3816.01	70.9 (68.1 - 73.8)	69.4 (66.1 - 72.8)	NA
3816.02	75.6 (73.0 - 78.3)	71.0 (67.4 - 74.7)	NA
3816.03	78.0 (75.4 - 80.6)	74.0 (70.4 - 77.7)	82.2 (78.5 - 85.9)
3817.01	NA	NA	NA
3817.02	NA	NA	NA
3818.02	74.5 (72.4 - 76.6)	71.1 (68.2 - 74.1)	77.8 (75.0 - 80.6)
3818.03	77.4 (74.7 - 80.1)	75.3 (71.9 - 78.7)	NA
3818.04	77.4 (75.8 - 79.0)	75.2 (72.9 - 77.4)	79.5 (77.3 - 81.8)
3819	81.5 (79.4 - 83.6)	79.0 (75.8 - 82.2)	84.3 (81.9 - 86.7)
3820.02	74.1 (72.2 - 76.0)	70.9 (68.2 - 73.6)	77.6 (74.8 - 80.3)
3820.03	76.1 (74.5 - 77.7)	72.2 (69.8 - 74.6)	80.3 (78.4 - 82.3)
3820.06	79.3 (77.4 - 81.3)	77.3 (74.8 - 79.9)	81.4 (78.6 - 84.3)
3820.07	75.1 (73.2 - 76.9)	72.9 (70.2 - 75.5)	77.2 (74.7 - 79.8)
3820.08	75.5 (73.7 - 77.2)	72.9 (70.4 - 75.5)	78.1 (75.8 - 80.4)
3820.09	73.4 (71.1 - 75.6)	68.9 (65.4 - 72.5)	78.0 (75.7 - 80.3)
3820.1	NA	NA	NA
3821.06	79.5 (78.9 - 80.1)	78.2 (77.4 - 79.0)	80.8 (79.9 - 81.7)
3821.08	96.9 (95.2 - 98.6)	91.9 (89.9 - 93.9)	102.0 (99.1 - 104.8)
3821.09	83.9 (82.9 - 84.8)	82.5 (80.9 - 84.1)	85.2 (84.1 - 86.3)
3821.1	81.1 (79.6 - 82.6)	79.0 (76.9 - 81.0)	83.5 (81.2 - 85.7)
3821.11	79.3 (78.2 - 80.5)	77.7 (76.0 - 79.5)	81.0 (79.5 - 82.5)


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Census Tract Code	Total	Males	Females
3821.12	78.3 (76.7 - 79.9)	75.3 (72.9 - 77.6)	81.5 (79.4 - 83.5)
3821.13	81.4 (80.0 - 82.7)	79.1 (77.1 - 81.1)	83.6 (81.8 - 85.4)
3822	76.2 (73.0 - 79.5)	NA	79.2 (75.4 - 83.1)

Sources: Florida Health Charts, 2018. Death data are from Florida Bureau of Vital Statistics. Population data are from the UMass Donahue Institute and the Florida Legislature Office of Economic and Demographic Research.

Low Birthweight (LBW)

Low birthweight is a term used to describe babies who are born weighing less than 5 pounds, 8 ounces (2,500 grams). A low birthweight birth can also have many serious

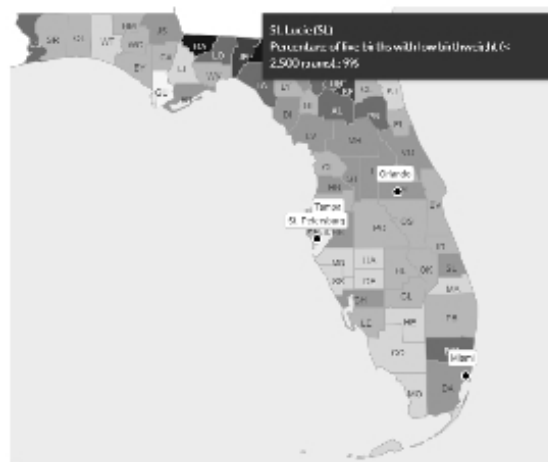
HEALTH OUTCOMES
 LOW BIRTHWEIGHT 

Florida Summary
 Information

Top U.S. Performers: 6% (10th percentile)
 Range in Florida (Min-Max): 6-12%
 Overall in Florida: 9%

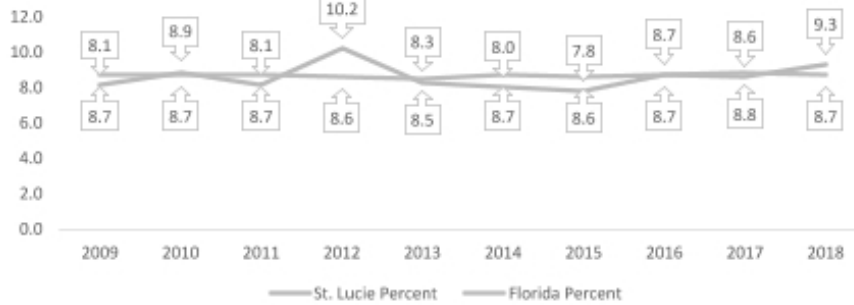
Years of Data Used: 2012-2018

health implications in terms. Premature birth (before 37 weeks of pregnancy) and fetal growth restriction are the most common causes of low birthweight. A baby with low birthweight may have trouble eating, gaining weight, and fighting off infections. A high rate of low birth weight births equates a higher demand on healthcare utilization due to the higher number of days of hospitalization. Over the past three years, St. Lucie County saw an increase in the percentage of Low Birthweight, with the measure showing higher in the county (9.3%) compared to the State (8.7%) in 2018.



Source: County Health Rankings 2020

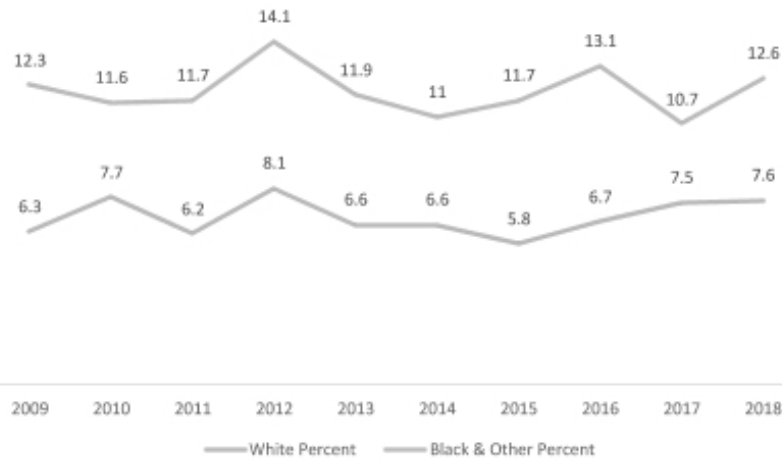
Figure 45. Low Birthweight Births Percentages, St. Lucie County, 2009 - 2018



Source: Source: Florida Health Charts, Florida Department of Health, 2009-2018

While the rate of low birthweight babies is 9.3% overall for St. Lucie County, differences exist for White and Black/Other babies as well as geographically. The following figures show the rates and counts for White and Black/Other low birthweight babies as well as by zip code between 2009 and 2018.

Figure 46. Rates of Low Birthweight Babies by Race, St. Lucie County, 2009 - 2018



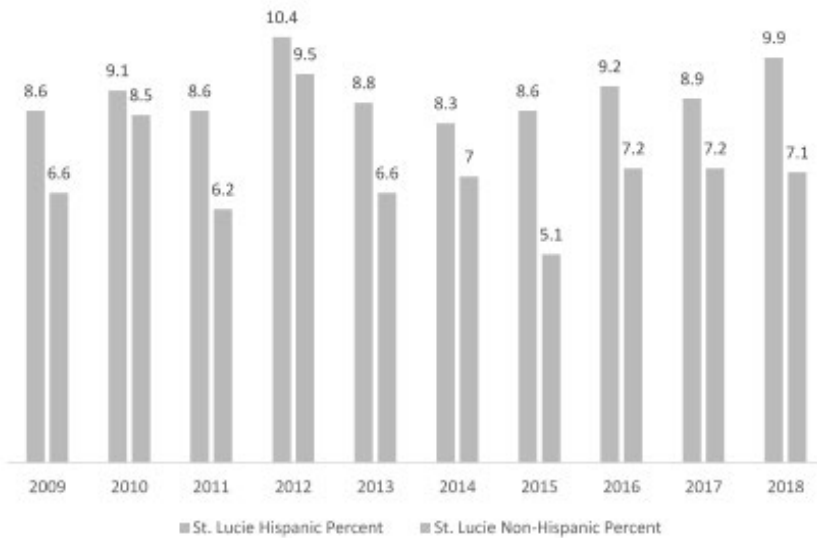
Source: Florida Health Charts, 2009 - 2018

Figure 47. Counts for Low Birthweight Babies by Race, St. Lucie County, 2009 - 2018



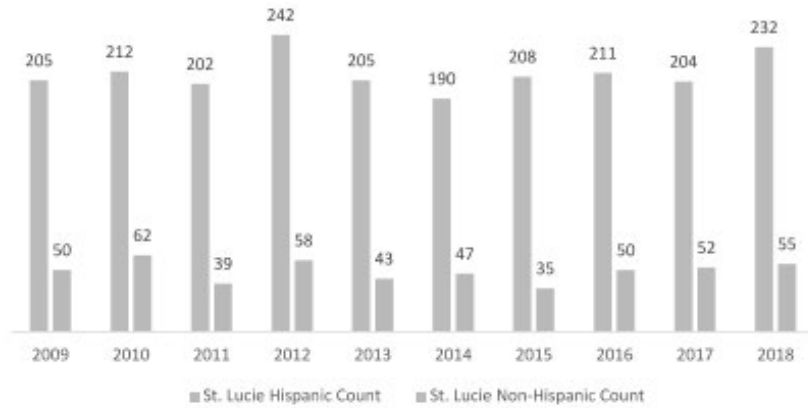
Source: Florida Health Charts, 2009 - 2018

Figure 48. Rates of Low Birthweight Babies by Ethnicity, St. Lucie County, 2009 - 2018



Source: Florida Health Charts, 2009 - 2018

Figure 49. Counts of Low Birthweight Babies by Ethnicity, St. Lucie County, 2009 - 2018



Source: Florida Health Charts, 2009 - 2018

Figure 50. Counts for Low Birthweight Babies by Zip Code, St. Lucie County, 2014 - 2018, Total

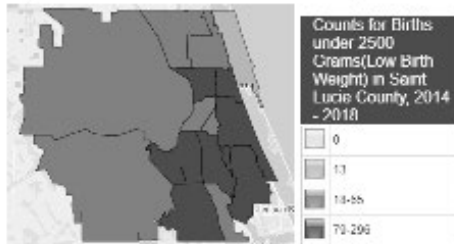
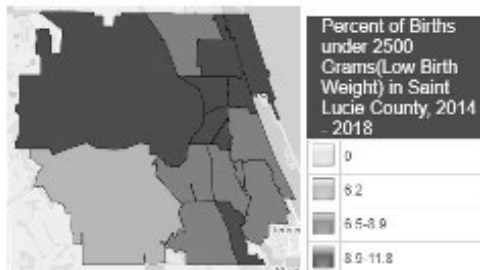


Figure 51. Percentages for Low Birthweight Babies by Zip Code, St. Lucie County, 2014 - 2018, 5-Year Average



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Table 46. Counts of Low Birthweight Babies by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
34953	296	4th Quartile
34983	159	4th Quartile
34950	150	4th Quartile
34947	140	4th Quartile
34982	121	4th Quartile
34952	108	4th Quartile
34986	79	4th Quartile
34984	65	3rd Quartile
34946	43	3rd Quartile
34951	40	3rd Quartile
34981	28	3rd Quartile
34987	22	3rd Quartile
34945	18	3rd Quartile
34949	13	2nd Quartile
32962	0	1st Quartile
32963	0	1st Quartile
34948	0	1st Quartile
34954	0	1st Quartile
34957	0	1st Quartile
34972	0	1st Quartile
34979	0	1st Quartile
34985	0	1st Quartile
34988	0	1st Quartile
34990	0	1st Quartile
34994	0	1st Quartile

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Table 47. Rates of Low Birthweight Babies by Zip Code, St. Lucie County, 2014 - 2018, 5-Year Average

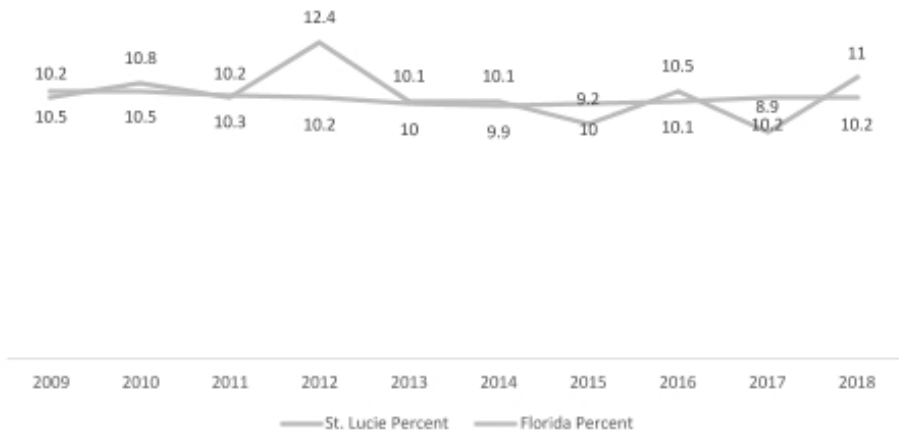
Zip Code	Rate	Quartile
34947	11.8	4th Quartile
34981	11.8	4th Quartile
34949	11	4th Quartile
34946	10.9	4th Quartile
34950	10.2	4th Quartile
34984	9.2	4th Quartile
34945	8.9	4th Quartile
34986	8.9	3rd Quartile
34953	8.1	3rd Quartile
34983	7.7	3rd Quartile
34951	7.5	3rd Quartile
34982	7.5	3rd Quartile
34952	6.5	3rd Quartile
34987	6.2	2nd Quartile
32962	0	1st Quartile
32963	0	1st Quartile
34948	0	1st Quartile
34954	0	1st Quartile
34957	0	1st Quartile
34972	0	1st Quartile
34979	0	1st Quartile
34985	0	1st Quartile
34988	0	1st Quartile
34990	0	1st Quartile
34994	0	1st Quartile

Source: Florida Health Charts, Bureau of Vital Statistics 2014-2018

Preterm Births

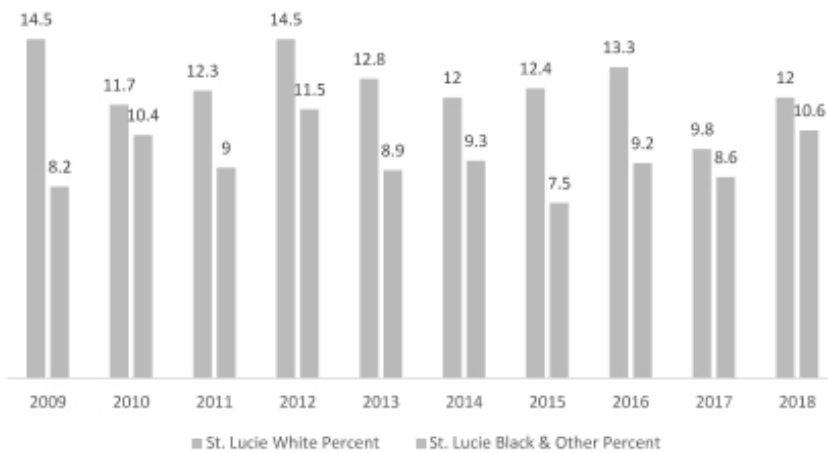
A preterm birth is a baby born before reaching 37 weeks of gestation. Births that occur before 37 weeks gestation have lower chances of survival and higher chances of short and long-term health problems when compared to term births.

Figure 52. Preterm Births <37 Weeks Gestation, St. Lucie County 2009 - 2018



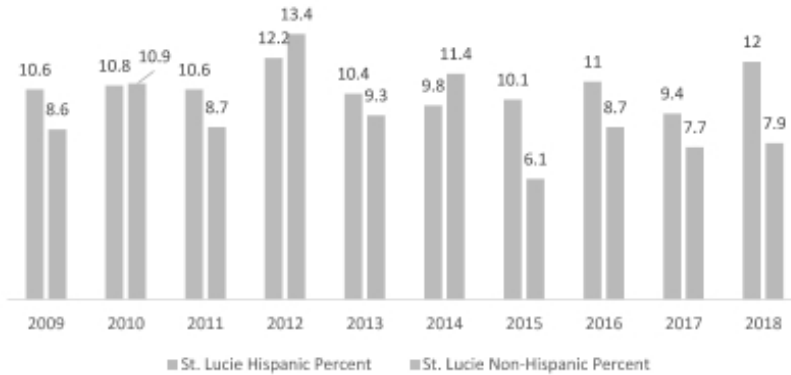
Source: Florida Health Charts, 2009 - 2018, Florida Department of Health, Bureau of Vital Statistics

Figure 53. Preterm Births <37 Weeks Gestation by Race, St. Lucie County, 2009 - 2018



Source: Florida Health Charts, 2009 - 2018, Florida Department of Health, Bureau of Vital Statistics

Figure 54. Preterm Births <37 Weeks Gestation by Ethnicity, St. Lucie County, 2009 - 2018



Source: Florida Health Charts, 2009 - 2018, Florida Department of Health, Bureau of Vital Statistics

Figure 55. Counts for Preterm Births by Zip Code, St. Lucie County, 2014 - 2018, Total

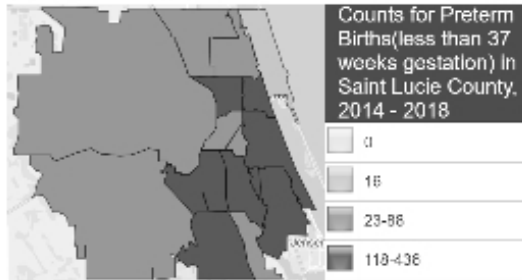


Figure 56. Percentage of Preterm Births by Zip Code, St. Lucie County 2014 - 2018, 5 Year-Average

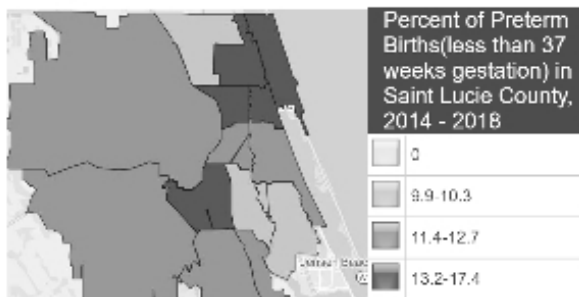


Table 48. Counts of Preterm Births by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
34953	436	4th Quartile
34950	246	4th Quartile
34983	210	4th Quartile
34947	206	4th Quartile
34982	200	4th Quartile
34952	173	4th Quartile
34986	118	4th Quartile
34984	88	3rd Quartile
34946	68	3rd Quartile
34951	53	3rd Quartile
34987	41	3rd Quartile
34981	30	3rd Quartile
34945	23	3rd Quartile
34949	16	2nd Quartile
34957	2	2nd Quartile
34972	1	2nd Quartile
32962	0	1st Quartile
32963	0	1st Quartile
34948	0	1st Quartile
34954	0	1st Quartile
34979	0	1st Quartile
34985	0	1st Quartile
34988	0	1st Quartile
34990	0	1st Quartile
34994	0	1st Quartile

Table 49. Rates of Preterm Births by Zip Code, St. Lucie County, 2014 - 2018, 5-Year Average

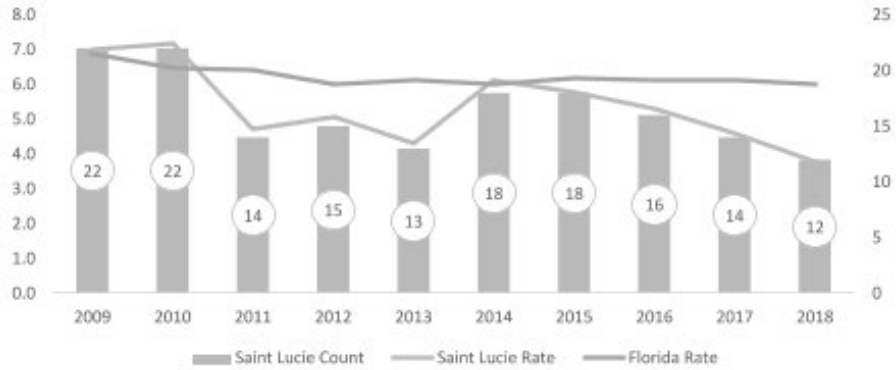
Zip Code	Rate	Quartile
34972	50	4th Quartile
34957	25	4th Quartile
34947	17.4	4th Quartile
34946	17.3	4th Quartile
34950	16.7	4th Quartile
34949	13.6	4th Quartile
34986	13.2	4th Quartile
34981	12.7	3rd Quartile
34984	12.5	3rd Quartile
34982	12.3	3rd Quartile
34953	11.9	3rd Quartile
34987	11.5	3rd Quartile
34945	11.4	3rd Quartile
34952	10.3	2nd Quartile
34983	10.1	2nd Quartile
34951	9.9	2nd Quartile
32962	0	1st Quartile
32963	0	1st Quartile
34948	0	1st Quartile
34954	0	1st Quartile
34979	0	1st Quartile
34985	0	1st Quartile
34988	0	1st Quartile
34990	0	1st Quartile
34994	0	1st Quartile

Infant Mortality Rate

Infant mortality is the death of a live-born baby during the first year of life. The rate is the number of infant deaths per 1,000 live births. Infant mortality and the infant mortality rate reflect the health and well-being of the population's women of reproductive age and their infants as well as the quality of the health care available. St. Lucie County saw a decrease in infant mortality since 2014. However, racial disparities exist, with infant mortality rates significantly impacting Black babies more than any other group. To be noted is that zero infant death was recorded among Hispanic babies in 2018.

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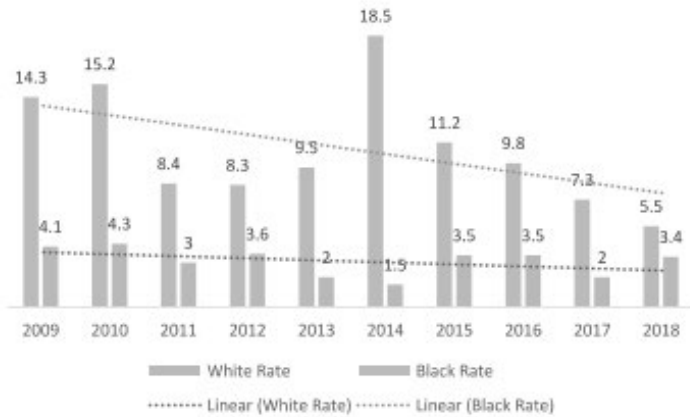
Figure 57. Infant Mortality Count and Rate Per 1,000 Total Population, St. Lucie County, 2009 - 2018



Florida Health Charts, Florida Department of Health, 2009-2018

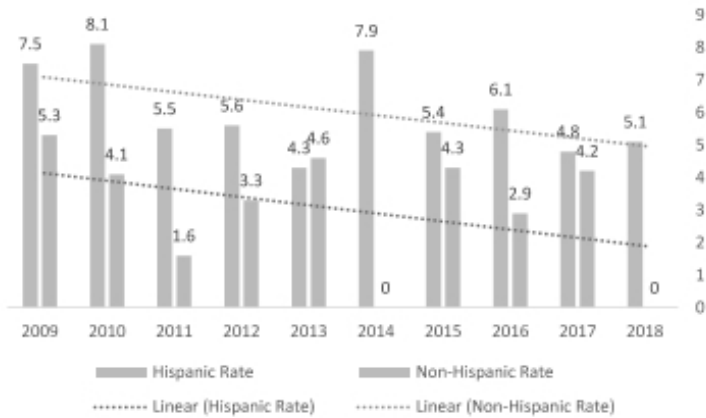
Source:

Figure 58. Infant Mortality Rate by Race, St. Lucie County, 2009-2018, 5-Year Average



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 59. Infant Mortality Rate by Ethnicity, St. Lucie County, 2009-2018, 5-Year Average



Mortality

CDC's National Vital Statistics System (NVSS) captures all deaths from all causes across every state in the nation. Years of potential life lost (YPLL) is an estimate of the average years a person would have lived if he or she had not died prematurely. St. Lucie County has higher mortality rates among males and Black individuals. Years of Potential Life Lost (YPLL) is higher for Black individuals, indicating higher rates of premature mortality among this population.

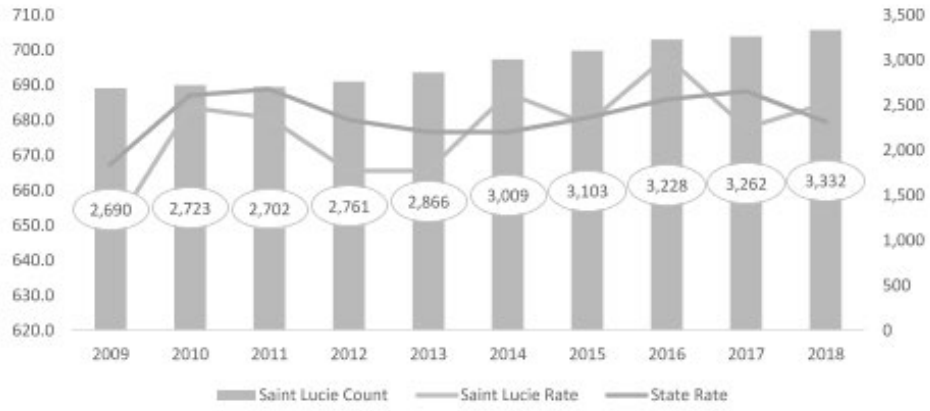
Table 50. Mortality Rates and Years of Potential Life Lost, St. Lucie County - 2018

Gender/Race/Ethnicity	Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
ALL CAUSES	3,332	1,093.4	684.5	8,564.2
Male	1,830	1,227.9	818.3	10,504.0
Female	1,502	964.6	563.9	6,682.0
White	2,770	1,221.6	666.6	8,303.3
Black	491	777.9	769.7	10,536.7
Hispanic	225	388.1	467.4	3,659.9
Non-Hispanic	3,097	1,255.0	720.6	9,741.1

Source: Florida Health Charts, Florida Department of Health, 2009-2018

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Figure 60. All Causes Age-Adjusted Death Rate, Rate Per 100,000, St. Lucie County, 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Leading Causes of Death

Leading causes of death are outlined in ranking order in the table below, showing that Heart Disease is the leading cause of death in St. Lucie County, followed by Cancer, Chronic Lower Respiratory Disease, and Unintentional Fatal Injuries.

Table 51. *Leading Causes of Death, St. Lucie County - 2018*

Cause of Death	Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
Heart Disease	784	23.5	257.3	152.6
Cancer	767	23.0	251.7	150.2
Chronic Lower Respiratory Disease	218	6.5	71.5	41.0
Stroke	202	6.1	66.3	38.3
Unintentional Injury	180	5.4	59.1	54.9
Diabetes	119	3.6	39.0	24.6
Alzheimer's Disease	115	3.5	37.7	20.4
Chronic Liver Disease and Cirrhosis	63	1.9	20.7	14.9
Nephritis, Nephrotic Syndrome & Nephrosis	56	1.7	18.4	11.4
Suicide	55	1.7	18.0	15.0
Hypertension	49	1.5	16.1	9.3
Parkinson's Disease	37	1.1	12.1	6.7
Influenza and Pneumonia	34	1.0	11.2	7.1

Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 61. Total Deaths or Hospitalizations, All Causes of Death by Zip Code, St. Lucie County, 2014 - 2018

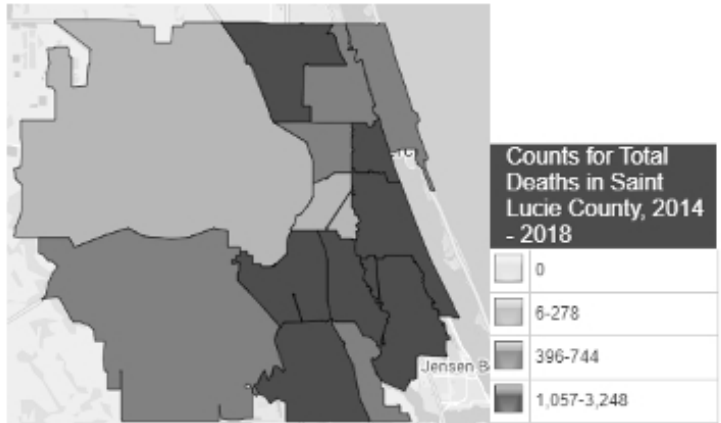


Table 52. 4th Quartile Counts for Total Deaths by Zip Code, St. Lucie County, 2014 -2018

Zip Code	Count	Quartile
34952	3,248	4th Quartile
34953	2,128	4th Quartile
34983	1,827	4th Quartile
34982	1,506	4th Quartile
34986	1,430	4th Quartile
34951	1,117	4th Quartile
34950	1,057	4th Quartile

Figure 62. 4th Quartile Counts for Heart Disease Deaths by Zip Code, St. Lucie County, 2014 - 2018

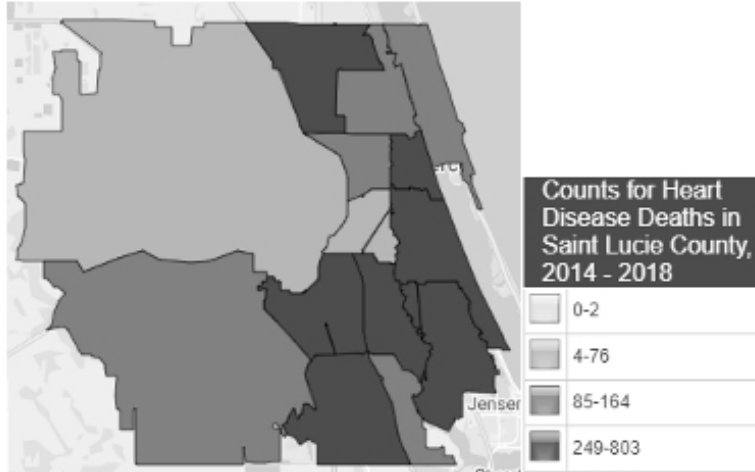


Table 53. 4th Quartile Counts for Heart Disease Deaths by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
34952	803	4th Quartile
34953	432	4th Quartile
34983	412	4th Quartile
34986	355	4th Quartile
34982	340	4th Quartile
34951	264	4th Quartile
34950	249	4th Quartile

Figure 63. Counts for Cancer Deaths by Zip Code, 2014 - 2018

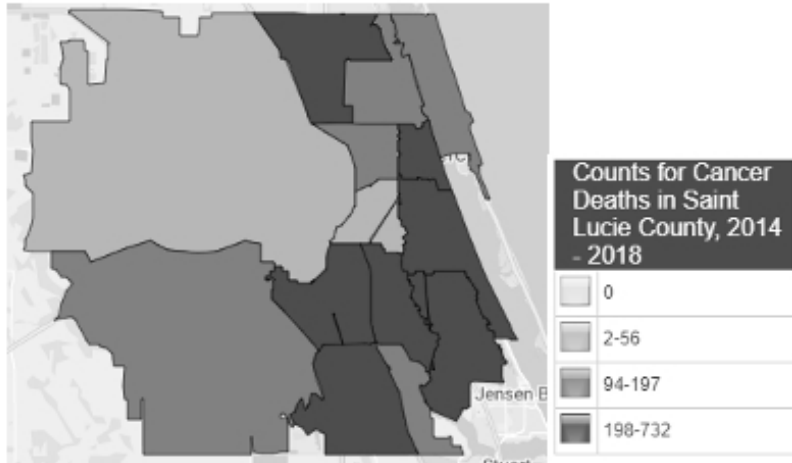


Table 54. 4th Quartile Cancer Deaths by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
34952	732	4th Quartile
34953	552	4th Quartile
34983	440	4th Quartile
34986	374	4th Quartile
34982	356	4th Quartile
34951	294	4th Quartile
34950	198	4th Quartile

Figure 64. Counts for Chronic Lower Respiratory Disease Deaths by Zip Code, 2014 - 2018

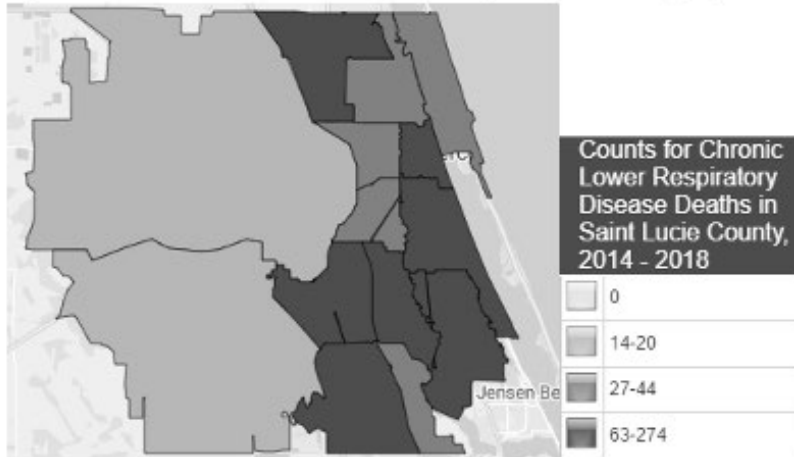


Table 55. 4th Quartile Counts for Chronic Lower Respiratory Deaths by Zip Code, St. Lucie County, 2014-2018

Zip Code	Count	Quartile
34952	274	4th Quartile
34953	155	4th Quartile
34983	136	4th Quartile
34982	113	4th Quartile
34986	93	4th Quartile
34951	67	4th Quartile
34950	63	4th Quartile

Figure 65. Counts for Stroke Deaths by Zip Code, St. Lucie County, 2014 - 2018

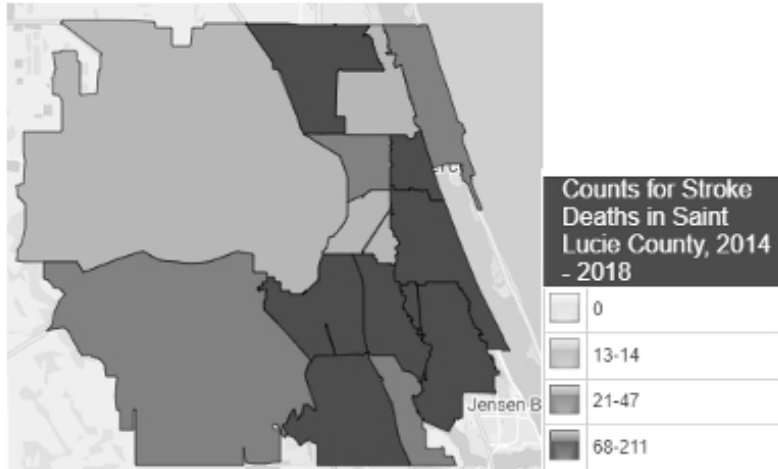


Table 56. 4th Quartile Counts for Stroke Death by Zip Code, St. Lucie County, 2014 - 2018

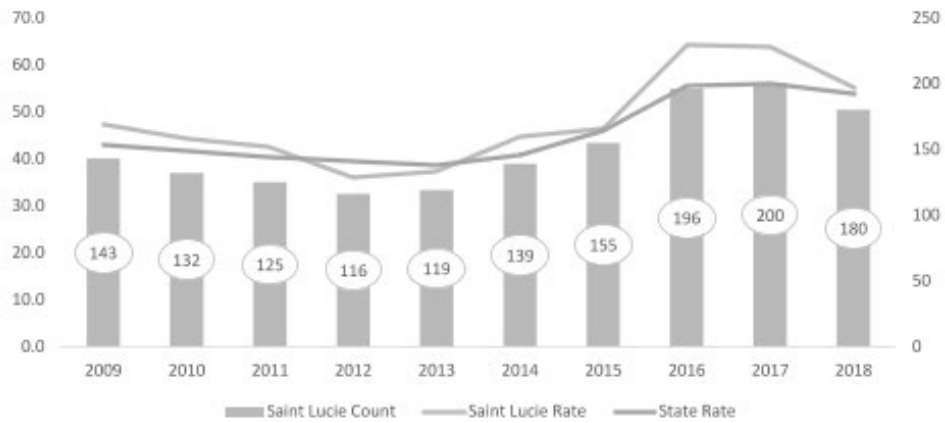
Zip Code	Count	Quartile
34952	211	4th Quartile
34953	118	4th Quartile
34983	111	4th Quartile
34986	79	4th Quartile
34951	74	4th Quartile
34982	74	4th Quartile
34950	68	4th Quartile

Unintentional Injuries

Unintentional injuries refer to injuries that are unplanned and typically preventable when proper safety precautions are followed. Due to their size, development, inexperience, and natural curiosity, children and teenagers are especially vulnerable to unintentional injury. Some of the most common types of unintentional injuries include motor vehicle accidents, suffocation, drowning, poisoning, fire/burns, falls and sports and recreation. Unintentional injuries are the leading cause of death among Florida residents ages 1-44 and the fifth leading cause of death overall in St. Lucie County and Florida, showing the third highest number of years of potential life lost.

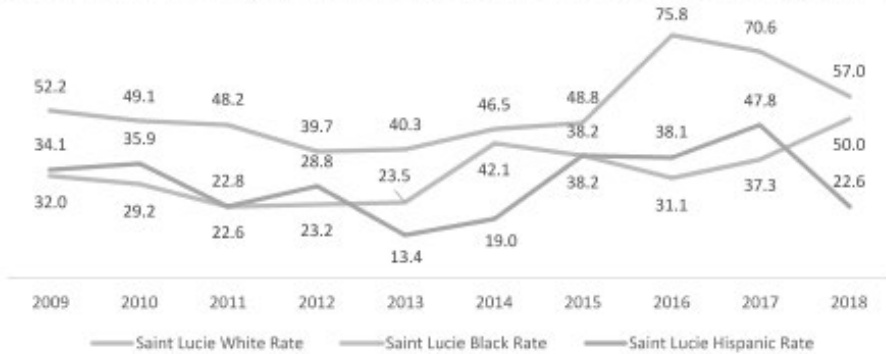
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Figure 66. Unintentional Injury Death Rate, Rate Per 100,000, St. Lucie County, 2009 - 2018



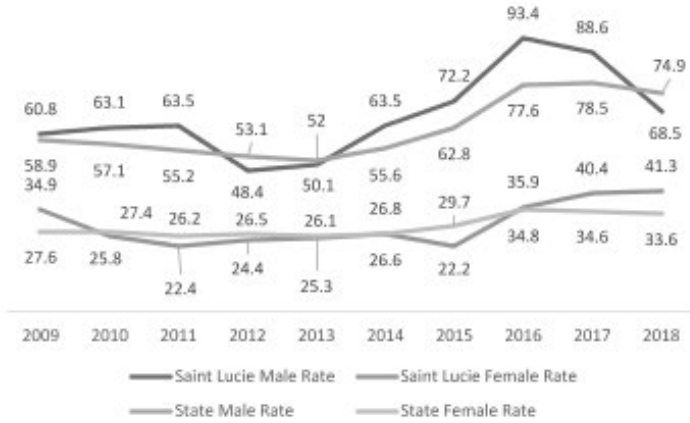
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 67. Unintentional Injury Death Rate by Race and Ethnicity, St. Lucie County, 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 68. Unintentional Injury Death Rate by Sex, St. Lucie County, 2009 - 2018



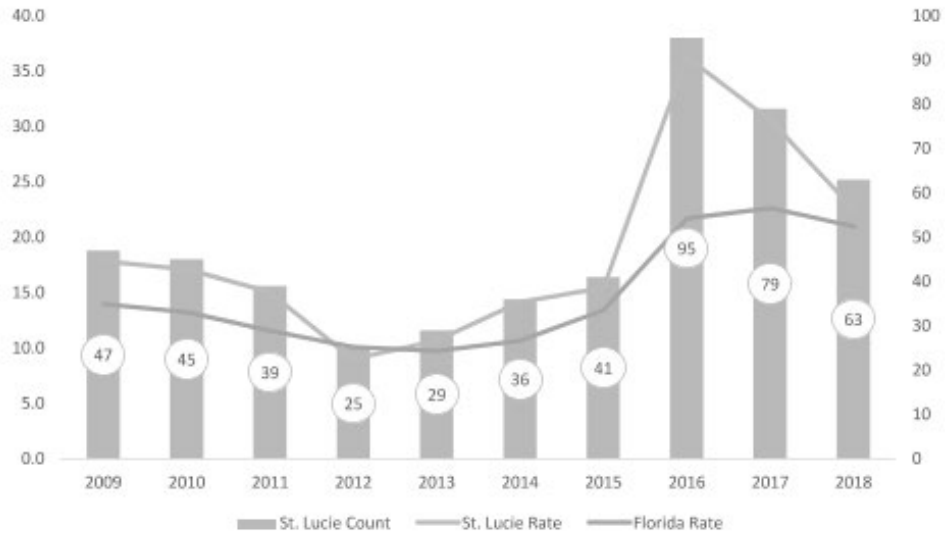
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 69. Unintentional Drowning Death, St. Lucie County, 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 70. Unintentional Drug Poisoning Death, St. Lucie County, 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 71. Counts of Unintentional Injury Deaths by Zip Code, St. Lucie County, 2014 - 2018

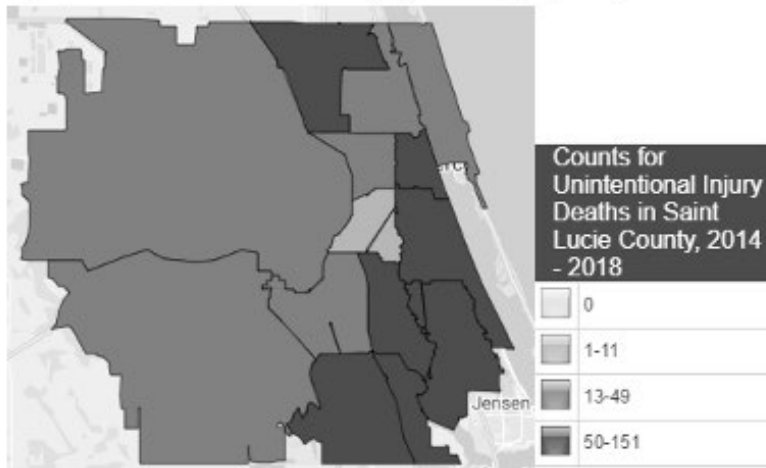


Table 57. 4th Quartile Counts of Unintentional Injury Deaths by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
34953	151	4th Quartile
34952	139	4th Quartile
34983	109	4th Quartile
34982	91	4th Quartile
34950	65	4th Quartile
34951	59	4th Quartile
34984	50	4th Quartile

Figure 72. Counts of Unintentional Drowning Deaths by Zip Code, St. Lucie County, 2014 - 2018

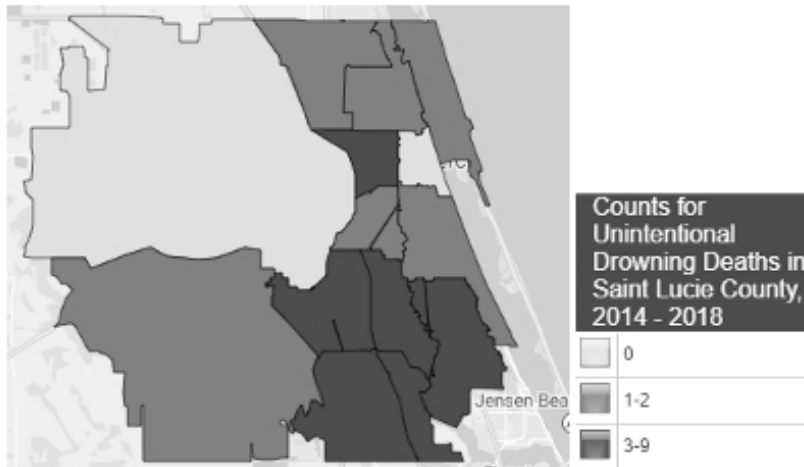


Table 58. 4th Quartile Counts for Unintentional Drowning Deaths by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
34952	9	4th Quartile
34953	7	4th Quartile
34947	3	4th Quartile
34983	3	4th Quartile
34984	3	4th Quartile
34986	3	4th Quartile

Figure 73. Counts of Unintentional Poisoning Deaths by Zip Code, St. Lucie County, 2014 - 2018

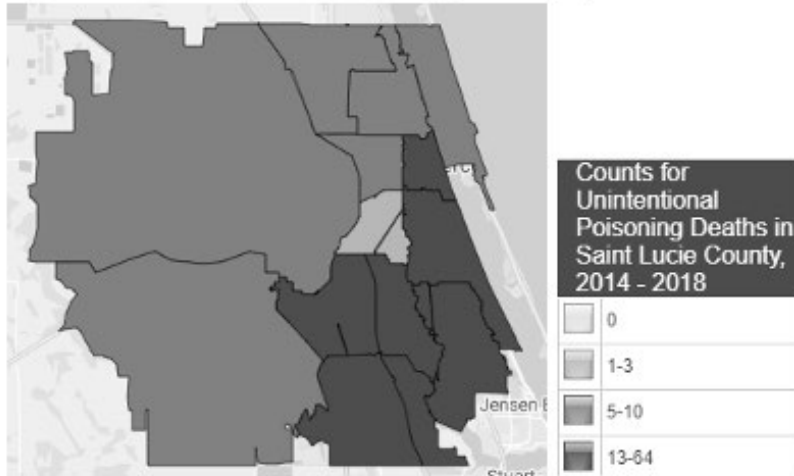


Table 59. 4th Quartile Counts for Unintentional Poisoning Deaths by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
34953	64	4th Quartile
34952	54	4th Quartile
34983	54	4th Quartile
34982	42	4th Quartile
34950	29	4th Quartile
34986	14	4th Quartile
34984	13	4th Quartile

Figure 74. Counts of Diabetes Deaths by Zip Code, St. Lucie County, 2014 - 2018

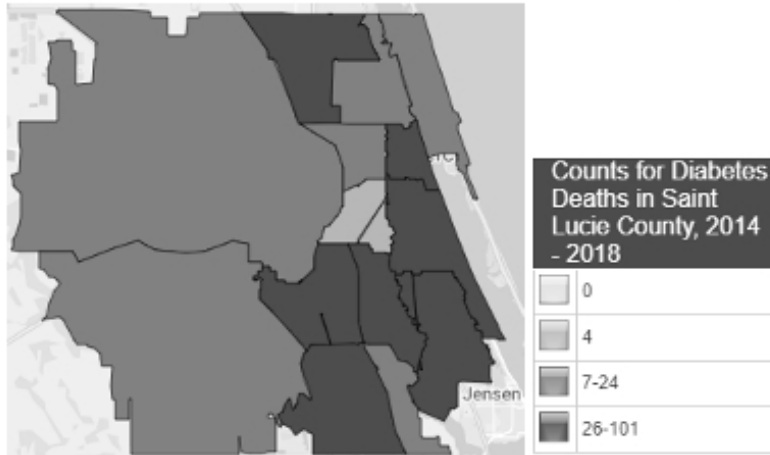


Table 60. 4th Quartile Counts for Diabetes Deaths by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
34952	101	4th Quartile
34953	57	4th Quartile
34950	55	4th Quartile
34983	55	4th Quartile
34982	45	4th Quartile
34986	37	4th Quartile
34951	26	4th Quartile

Figure 75. Alzheimer's Disease Deaths by Zip Code, St. Lucie County, 2014 - 2018

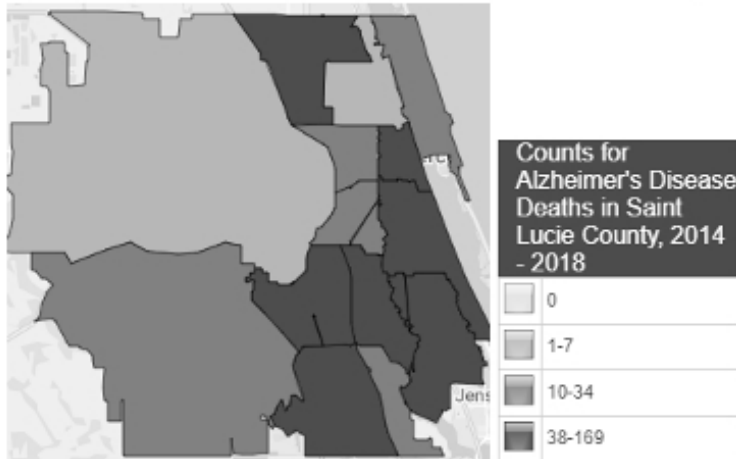


Table 61. 4th Quartile Counts for Alzheimer's Disease Deaths by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
34952	169	4th Quartile
34953	101	4th Quartile
34986	84	4th Quartile
34983	56	4th Quartile
34982	55	4th Quartile
34950	39	4th Quartile
34951	38	4th Quartile

Figure 76. Counts for Chronic Liver Disease and Cirrhosis Deaths by Zip Code, St. Lucie County, 2014 - 2018

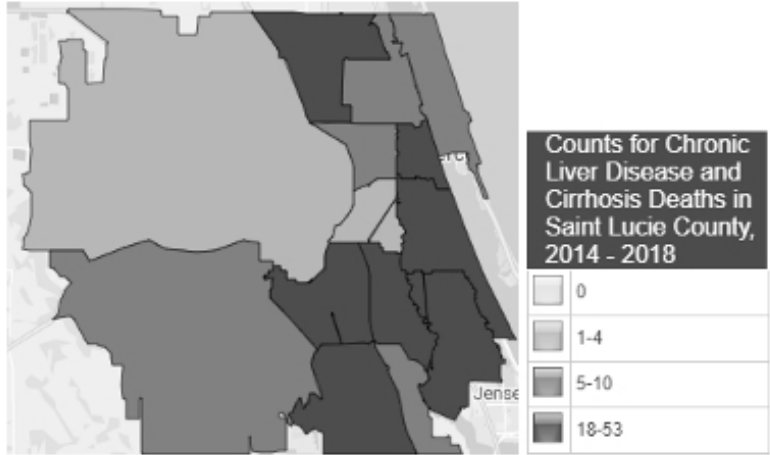


Table 62. 4th Quartile Counts for Chronic Liver Disease and Cirrhosis Deaths by Zip Code, 2014 - 2018

Zip Code	Count	Quartile
34952	53	4th Quartile
34983	38	4th Quartile
34953	37	4th Quartile
34982	27	4th Quartile
34951	24	4th Quartile
34950	22	4th Quartile
34986	18	4th Quartile

Figure 77. Counts for Nephritis, Nephrotic Syndrome, and Nephrosis by Zip Code, St. Lucie County, 2014 - 2018

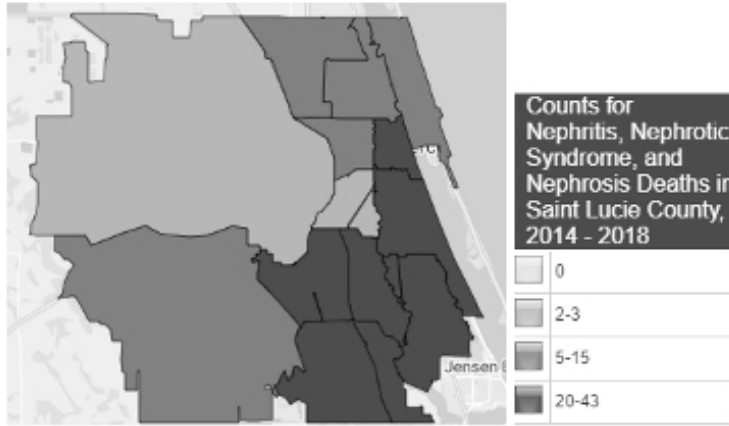


Table 63. 4th Quartile Counts for Nephritis, Nephrotic Syndrome, and Nephrosis Deaths by Zip Code, St. Lucie County, 2014 - 2018

Zip Code	Count	Quartile
34953	43	4th Quartile
34983	36	4th Quartile
34952	33	4th Quartile
34950	24	4th Quartile
34982	22	4th Quartile
34986	21	4th Quartile
34984	20	4th Quartile

Morbidity

Chronic Disease

Table 64. Chronic Disease - Cardiovascular Disease, St. Lucie County, 2018

Indicator	Measure	Year(s)	Count	Rate
Coronary Heart Disease				
Adults who have ever been told they had angina or coronary heart disease	Percent	2016		5.60%
Deaths: Age-adjusted death rate per 100,000 total population	Per 100,000 Total Population	2016-18	1,481	95.3
Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population	Per 100,000 Total Population	2016-18	4,673	335.1
Heart Attack				
Adults who have ever been told they had a heart attack	Percent	2016		5.10%
Deaths from heart attack (Acute Myocardial Infarction)	Per 100,000 Total Population	2016-18	303	19.6
Hospitalizations: Age-adjusted hospitalization rate per 100,000 from AMI	Per 100,000 Total Population	2016-18	2,786	200.4
Heart Failure				
Deaths: Age-adjusted death rate per 100,000 total population	Per 100,000 Total Population	2016-18	115	7.1
Hospitalizations: Age-adjusted congestive heart failure hospitalization rate per 100,000 total population	Per 100,000 Total Population	2016-18	19,718	1,376.2
Stroke				
Adults who have ever been told they had a stroke	Percent	2016		4.70%
Deaths: Age-adjusted death rate per 100,000 total population	Per 100,000 Total Population	2016-18	583	37.3
Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population	Per 100,000 Total Population	2016-18	3,686	263.5

Source: Florida Health Charts, Florida Department of Health, 2016-2018

Table 65. Chronic Disease - Cancer, St. Lucie County, 2018

Indicator	Measure	Year(s)	Count	Rate
Breast Cancer				
Deaths: Age-adjusted death rate per 100,000 total population	Per 100,000 Females	2016-18	129	17.4
Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	Per 100,000 Females	2015-17	711	114
Women 40 years of age and older who received a mammogram in the past year	Percent	2016		58.70%
Cervical Cancer				
Deaths: Age-adjusted death rate per 100,000 total population	Per 100,000 Females	2016-18	21	3.2
Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	Per 100,000 Females	2015-17	47	8.1
Women 18 years of age and older who received a Pap test in the past year	Percent	2016		49.90%
Colorectal Cancer				
Deaths: Age-adjusted death rate per 100,000 total population	Per 100,000 Total Population	2016-18	202	14.1
Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	Per 100,000 Total Population	2015-17	427	32.3
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	Percent	2016		54.10%
Adults 50 years of age and older who received a stool blood test in the past year	Percent	2016		20.70%
Lung Cancer				
Deaths: Age-adjusted death rate per 100,000 total population	Per 100,000 Total Population	2016-18	635	41.4
Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	Per 100,000 Total Population	2015-17	821	56
Melanoma				
Deaths: Age-adjusted death rate per 100,000 total population	Per 100,000 Total Population	2016-18	36	2.4
Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	Per 100,000 Total Population	2015-17	274	20.5

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Indicator	Measure	Year(s)	Count	Rate
Prostate Cancer				
Deaths: Age-adjusted death rate per 100,000 total population	Per 100,000 Males	2016-18	126	17.2
Incidence (new cases): Age-adjusted incidence rate per 100,000 total population	Per 100,000 Males	2015-17	576	84.2
Men 50 years of age and older who received a PSA test in the past two years	Percent	2016		58.40%

Source: Florida Health Charts, Florida Department of Health, 2016-2018

Table 66. Chronic Disease - Diabetes, St. Lucie County - 2018

Indicator	Measure	Year(s)	Count	Rate
Deaths: Age-adjusted death rate per 100,000 total population	Per 100,000 Total Population	2016-18	318	22.3
Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population	Per 100,000 Total Population	2016-18	34,691	2,642.9
Hospitalizations: Age-adjusted hospitalization rate for amputation of a lower extremity due to diabetes	Per 100,000 Total Population	2016-18	437	33.6
Adults who have ever been told they had diabetes	Percent	2016		11.60%

Source: Florida Health Charts, Florida Department of Health, 2016-2018

Table 67. Chronic Disease - Respiratory Diseases, St. Lucie County - 2018

Indicator	Measure	Year(s)	Count	Rate
Asthma				
Adults who currently have asthma	Percent	2016		6.80%
Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population	Per 100,000 Total Population	2016-18	8,281	849.4
Adults who have ever been told they had asthma	Percent	2016		10.20%
Chronic Lower Respiratory Diseases (CLRD)				
Deaths: Age-adjusted death rate per 100,000 total population	Per 100,000 Total Population	2016-18	684	42.9
Hospitalizations: Age-adjusted hospitalization rate per 100,000 total population	Per 100,000 Total Population	2016-18	5,393	456.7

Source: Florida Health Charts, Florida Department of Health, 2016-2018

Other Health Outcomes

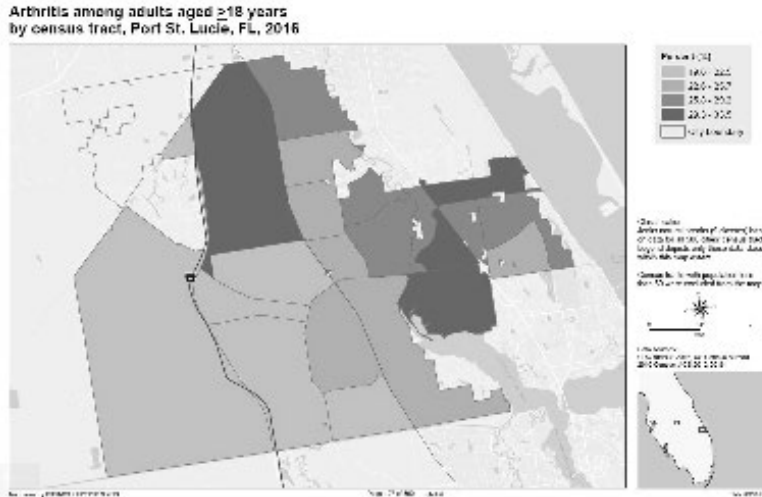
The 500 Cities Project collected and analyzed data at the census tract level for the city of Port St. Lucie. This information is provided in this report to understand health outcomes at the census tract level for Port St. Lucie only.

“The 500 Cities Project—Better Health Through Local Data—is a collaboration between the Robert Wood Johnson Foundation, the CDC Foundation, and the Centers for Disease Control and Prevention (CDC). The purpose of the project is to provide high quality small area estimates for behavioral risk factors that influence health status; for health outcomes; and the use of clinical preventive services. These estimates can be used to identify emerging health problems and to inform development and implementation of effective, targeted public health prevention activities.” (www.cdc.gov/500Cities). Data sources used for the 500 Cities Project come from the CDC Behavioral Risk Factor Surveillance System 2015, 2016 data; the Census Bureau census population data; the American Community Survey 2011-2015 and 2012-2016 estimates; and Esri ArcGIS Online basemaps.

The following maps present information at the census level tract in the city of Port St. Lucie city regarding the following health outcomes:

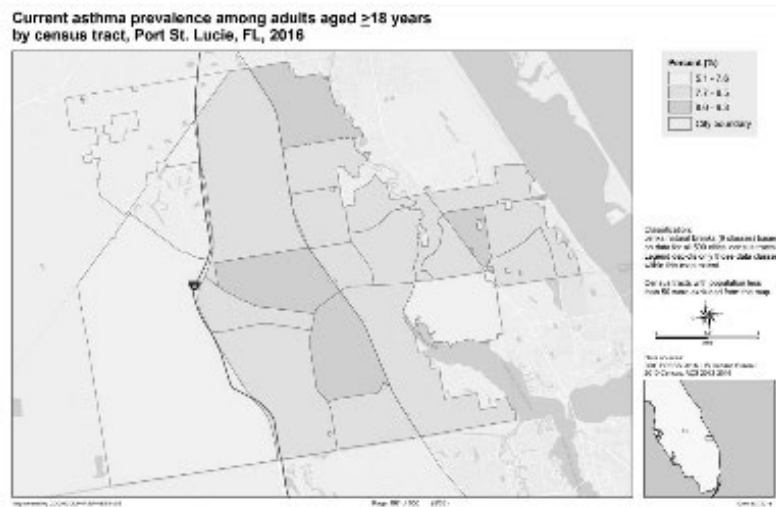
- Arthritis among adults aged ≥ 18 years
- Current asthma prevalence among adults aged ≥ 18 years
- Cancer (excluding skin cancer) among adults ≥ 18 years
- High blood pressure among adults aged ≥ 18 years
- High cholesterol among adults aged ≥ 18 years
- Diagnosed diabetes among adults aged ≥ 18 years
- Chronic kidney disease among adults ≥ 18 years
- Chronic obstructive pulmonary disease among adults ≥ 18 years
- Coronary heart disease among adults ≥ 18 years
- Stroke among adults aged 18 years and older
- Physical health not good for 14 or more days among adults aged 18 years or older
- Mental health not good for ≥ 14 days among adults aged ≥ 18 years
- All teeth lost among adults aged ≥ 65 years

Figure 78. Arthritis among adults aged ≥18 years by census tract, Port St. Lucie city 2016



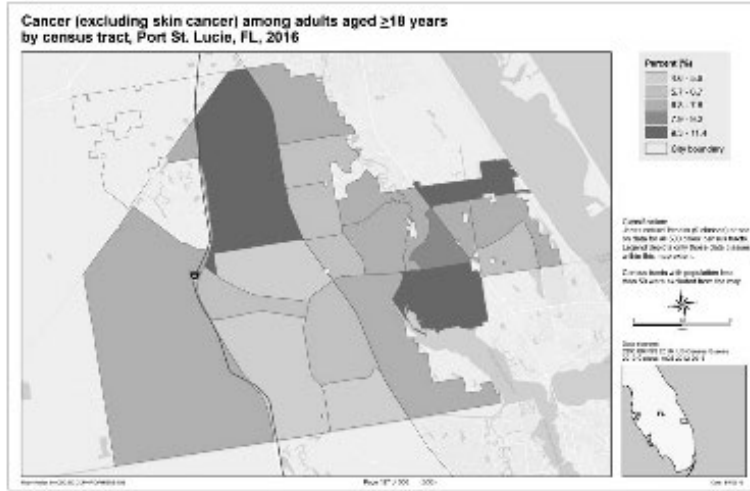
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 79. Current asthma prevalence among adults aged ≥18 years by census tract, Port St. Lucie 2016



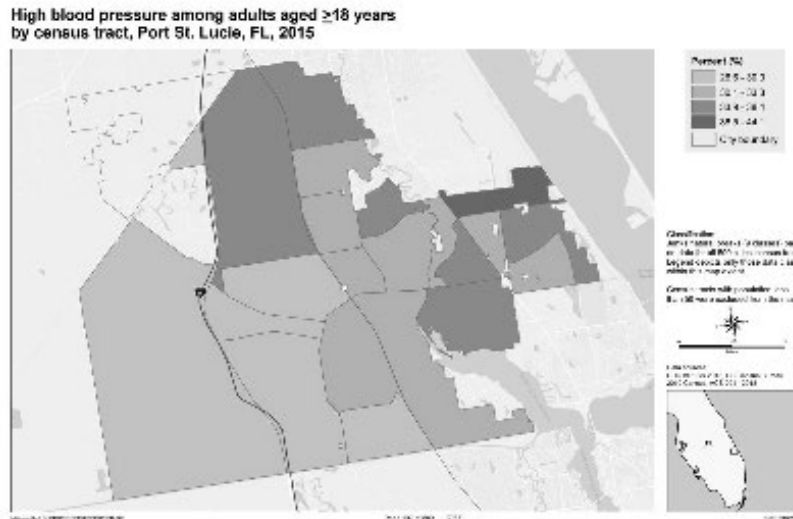
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 80. Cancer (excluding skin cancer) among adults ≥ 18 years by census tract, Port St. Lucie city 2016



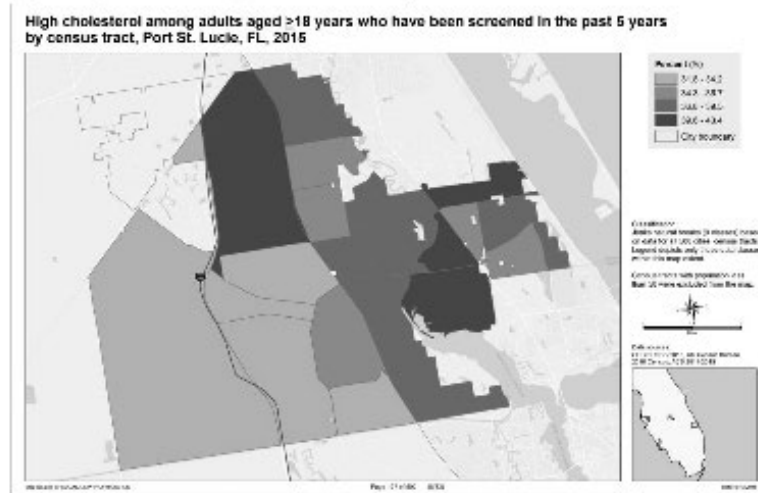
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 81. High blood pressure among adults aged ≥ 18 years by census tract, Port St. Lucie 2016



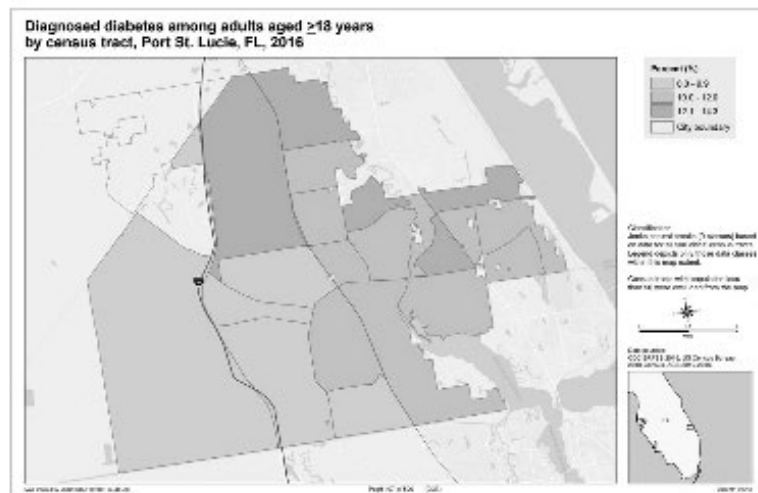
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 82. High cholesterol among adults aged ≥ 18 years who have been screened in the past 5 years by census tract, Port St. Lucie city 2016



Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 83. Diagnosed diabetes among adults aged ≥ 18 years by census tract, Port St. Lucie city 2016



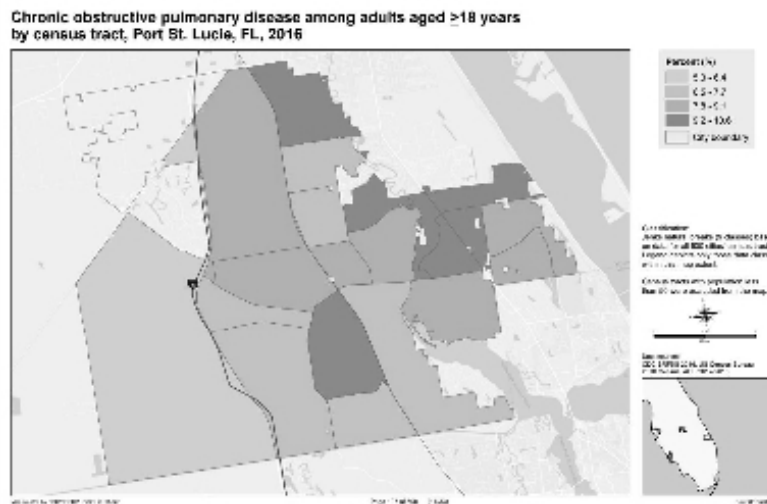
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 84. Chronic kidney disease among adults ≥ 18 years by census tract, Port St. Lucie city 2016



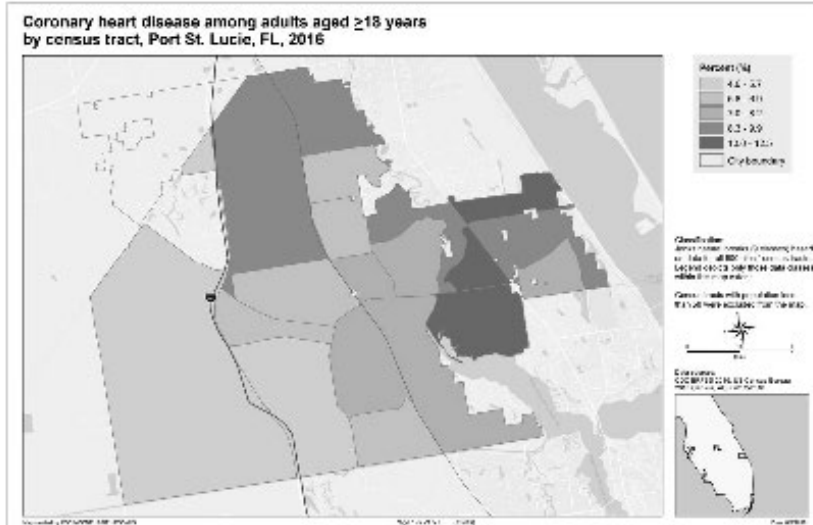
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 85. Chronic obstructive pulmonary disease among adults ≥ 18 years by census tract, Port St. Lucie city 2016



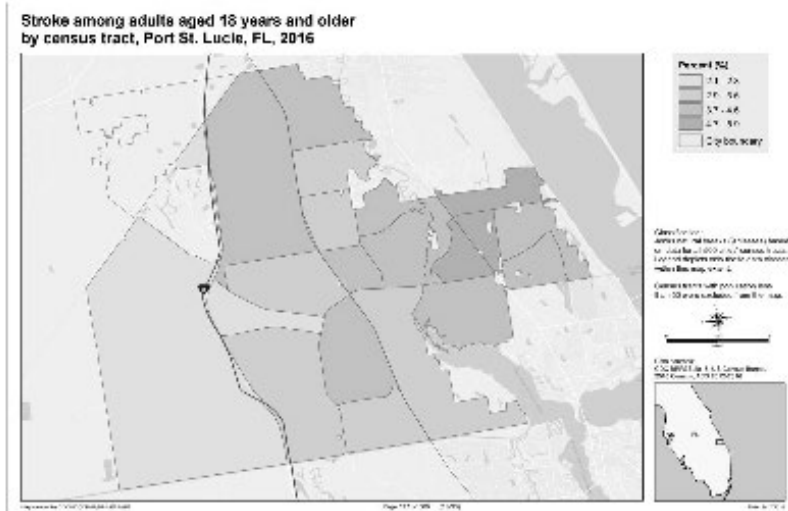
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 86. Coronary heart disease among adults ≥ 18 years by census tract, Port St. Lucie city 2016



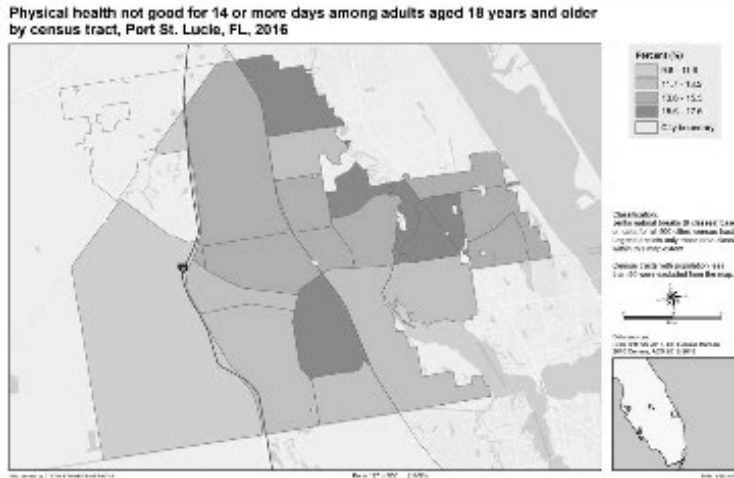
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 87. Stroke among adults aged 18 years and older by census tract, Port St. Lucie city 2016



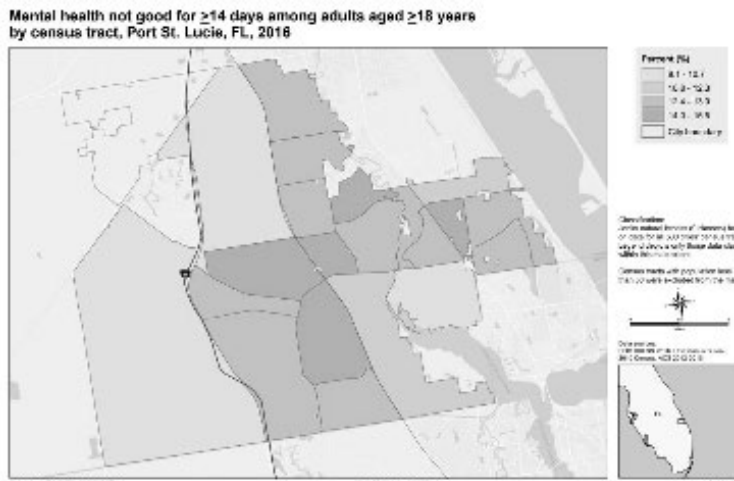
Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 88. Physical health not good for 14 or more days among adults aged 18 years or older by census tract, Port St. Lucie 2016



Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 89. Mental health not good for ≥14 days among adults aged ≥18 years by census tract, Port St. Lucie 2016



Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Figure 90. All teeth lost among adults aged >=65 years by census tract, Port St. Lucie city 2016



Source: 500 Cities Project, 2016, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, Epidemiology and Surveillance Branch

Infectious Disease

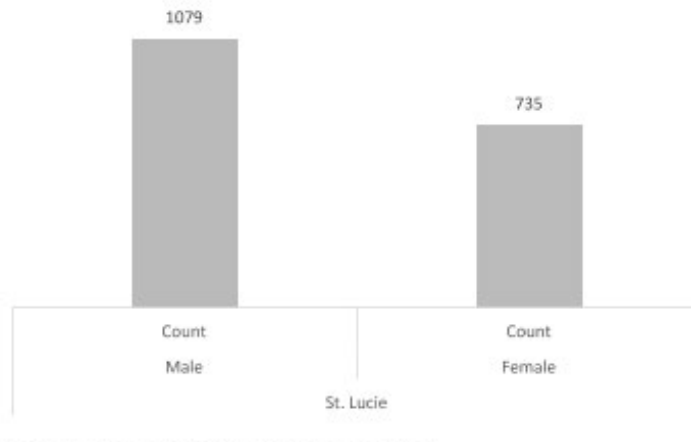
HIV and AIDS

While St. Lucie has had a decrease in new HIV cases in 2018, it remains a challenge. In 2018, there were a total of 1,814 persons living with HIV/AIDS (PLWH), regardless of where they were diagnosed. The number of AIDS cases has decreased annually in St. Lucie County, reaching its lowest count in 2018 (13) compared to its highest count in 2010 (97).

Figure 91. Behavioral Risk Factors, HIV, St. Lucie County 2018

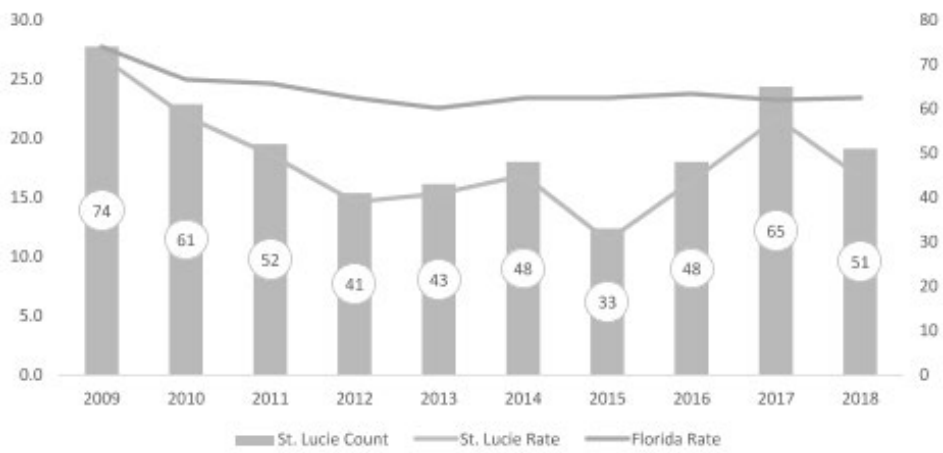
Indicator	County					County Quartile 1 - most favorable 4 - least favorable	State			
	2007 Percent	2010 Percent	2013 Percent	2018 Percent	2007 Percent		2010 Percent	2013 Percent	2018 Percent	
HIV/AIDS										
Adults who have ever been tested for HIV	-	-	43.8 (37.9- 49.8)	47.9 (41.5- 54.3)	1	-	-	42.6 (41.4- 43.9)	45.9 (43.8- 48.1)	
Adults less than 65 years of age who have ever been tested for HIV	40.7 (33.7- 47.7)	58.1 (48.1- 68.1)	54.6 (48.2- 61.0)	58.6 (51.2- 66.0)	1	49.1 (47.8- 50.5)	40.6 (48.1- 50)	50.8 (48.1- 52.2)	55.3 (51.9- 58.7)	
Adults less than 65 years of age who had an HIV test in the past 12 months	22.5 (18.4- 26)	4.6 (0.7- 8.5)	12.1 (8.8- 17.7)	17.8 (11.1- 24.4)	2	21 (19.8- 22.5)	7 (5.9- 8.1)	15.6 (14.4- 16.8)	19.7 (18.4- 20.9)	

Figure 92. Persons Living with HIV (PLWH) Count by Sex, St. Lucie County - 2018



Source: Florida Department of Health, HIV/AIDS Section

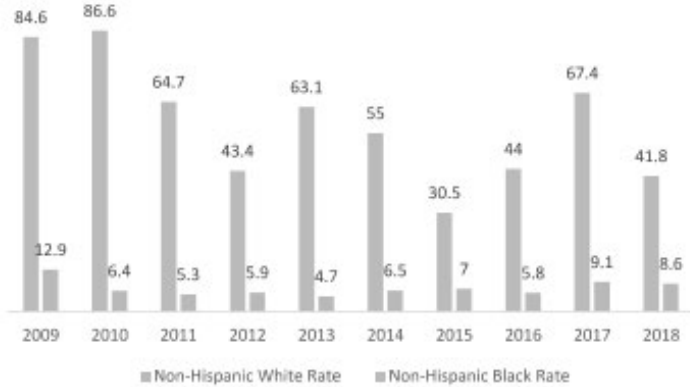
Figure 93. HIV Cases, Rate Per 100,000 Population, St. Lucie County, Florida - 2009-2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

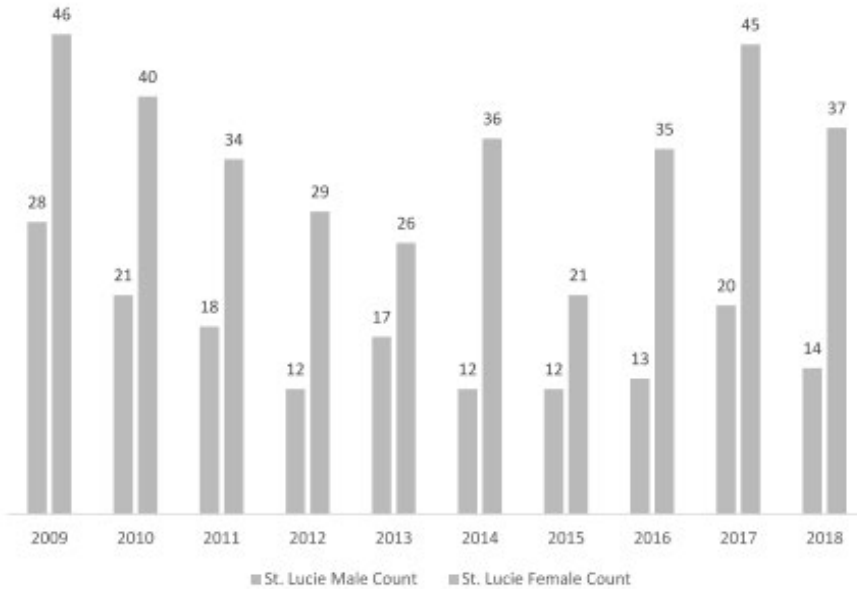
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Figure 94. HIV Cases, Rate Per 100,000 Population by Race, St. Lucie County, Florida - 2009-2018



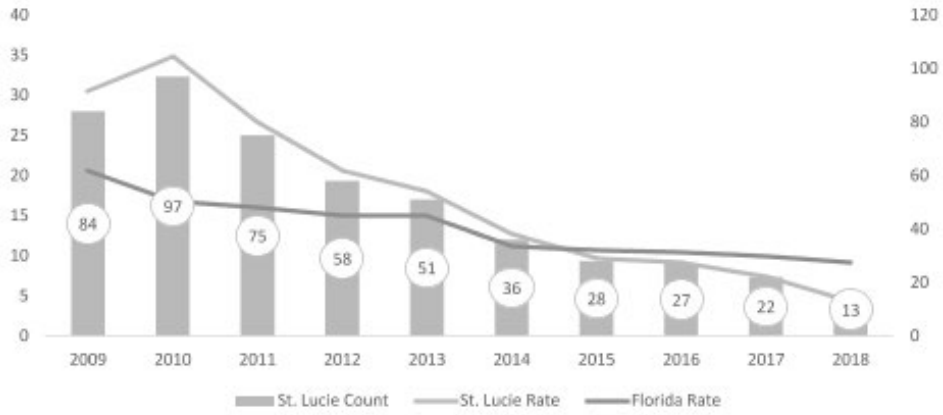
Source: Florida Department of Health, HIV/AIDS Section. These data represent new diagnoses by year of diagnosis, as of 06/30/2019. The next update is scheduled for July 2020.

Figure 95. HIV Cases, Count by Sex by Year, St. Lucie County 2009 - 2018



Source: Florida Department of Health, HIV/AIDS Section. These data represent new diagnoses by year of diagnosis, as of 06/30/2019. The next update is scheduled for July 2020.

Figure 96. AIDS Cases, Rate Per 100,000 Population, St. Lucie County, Florida - 2009-2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 97. AIDS Cases, Count by Sex by Year, St. Lucie County 2009 - 2018

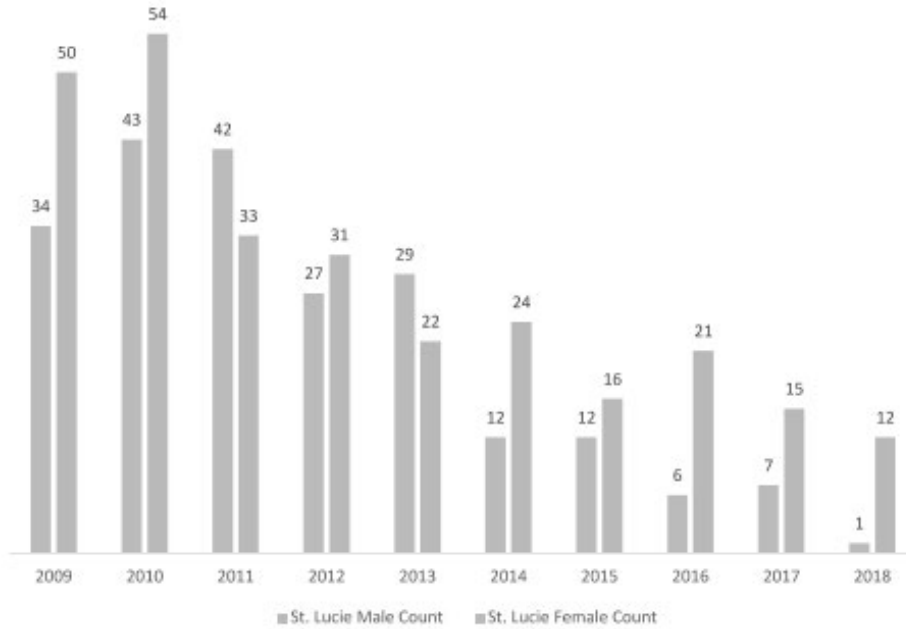
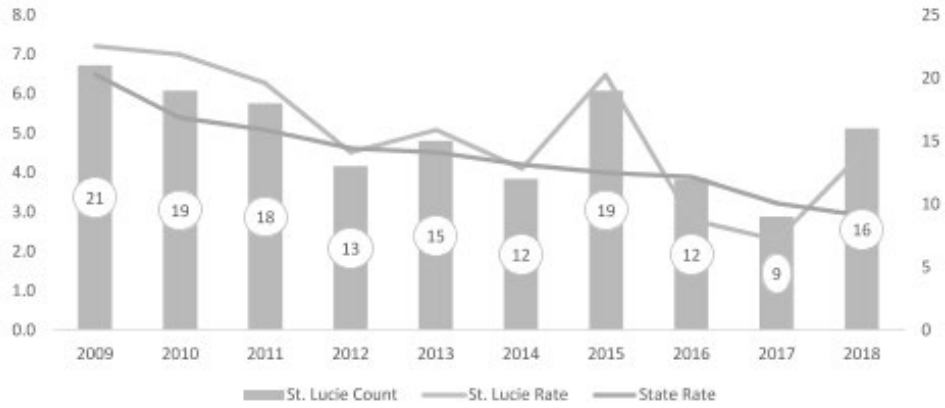


Figure 98. HIV/AIDS Age-Adjusted Death Rate, St. Lucie County 2009-2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Health Factors

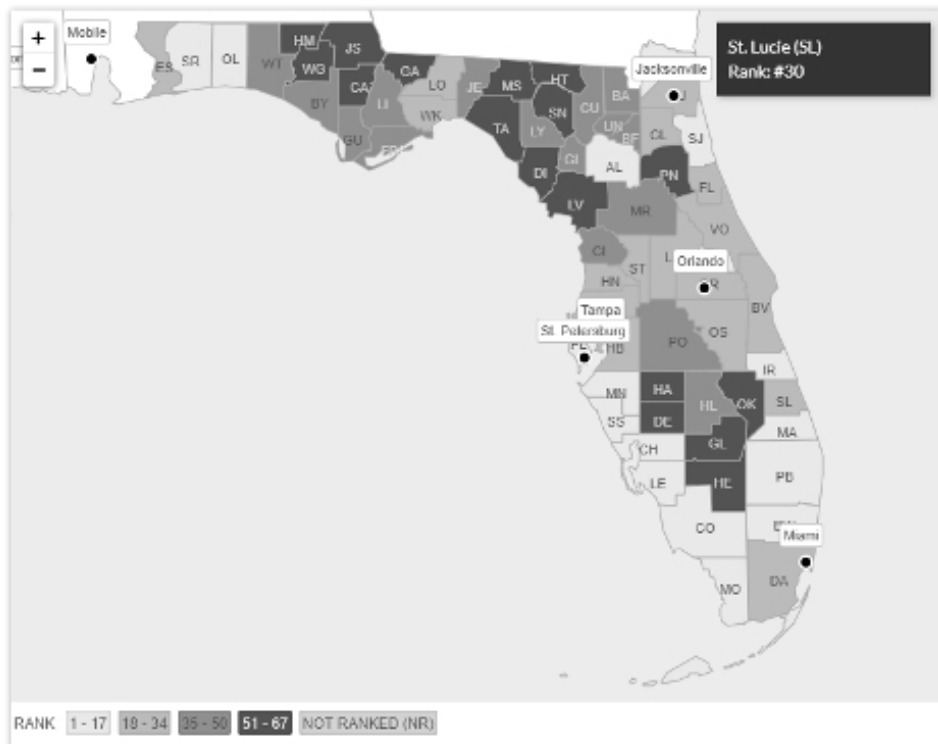
The County Health Rankings and Roadmaps Program measures several factors that influence how long people may live. These health factors are things that may be modified to improve the length and quality of life. They are predictors of how healthy communities may be in the future. In addition to the Social Determinants of Health described earlier, other factors include health behaviors such as smoking, obesity, physical inactivity, sexually transmitted diseases, and teen births. They also include clinical care, such as the percent of people uninsured, the numbers of primary care physicians, dentists, and mental health providers, the percent of mammography screening, and the percent of flu vaccinations.

St. Lucie County ranks 30 of 67 for Health Factors in the state of Florida. It ranks 23 of 67 for Health Behaviors and 38 of 67 for Clinical Care.

Figure 99. Overall Rank for Florida's Counties for all Health Factors combined

Overall Rank

An overall ranking for all Health Factors combined.



Clinical Care Factors

The County Health Rankings describes clinical care factors as follows: "Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others. Advances in clinical care over the last century, including breakthroughs in vaccinations, surgical procedures like transplants and chemotherapy, and preventive screenings, have contributed significantly to increases in life expectancy. Care continues to evolve, with promising advances in fields like tele-health and care coordination leading to improved quality and availability.

Despite these advances, many individuals do not have access to a provider. Nearly 30 million Americans remain without health insurance, generally considered the first barrier to receiving quality health care. Others do not access health services because of high deductible costs, language barriers, distance to a provider, or lack of specialists in their geographic area or health network. Those without regular access to quality providers and care are often diagnosed at later, less treatable stages of a disease than those with insurance, and, overall, have worse health outcomes, lower quality of life, and higher mortality rates. Health care access and quality also vary widely both by place and by race, ethnicity, and income.

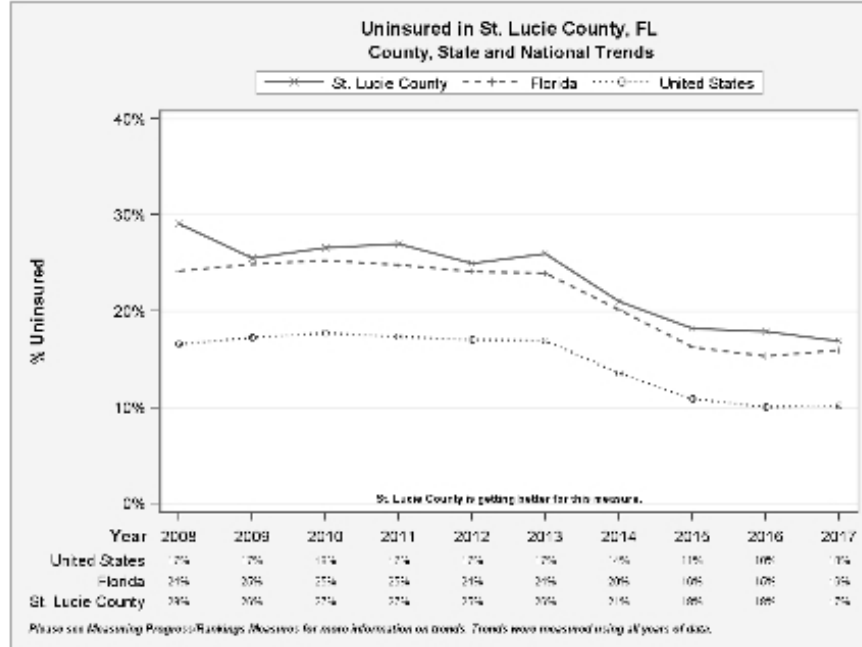
In the Clinical Care area of the County Health Rankings the following measures are looked at:

- Access to Care, including measures such as a community's number of primary care providers and dentists per number of residents.
- Quality of Care, with measures of preventing hospital visits and disease monitoring."

Figure 100. Clinical Care Factors, County Health Rankings 2020

	St. Lucie County	Trend	Error Margin	Top U.S. Performer	Florida	Rank (of 67)
Clinical Care						38
Uninsured	1.7%	~	15-19%	6%	16%	
Primary care physicians	2,610:1	~		1,130:1	1,390:1	
Dentists	2,610:1	~		1,240:1	1,690:1	
Mental health providers	610:1	~		290:1	620:1	
Preventable hospital stays	6.9%	~		2.7%	5.0%	
Mammography screening	42%	~		50%	43%	
Flu vaccinations	42%	~		53%	43%	

Figure 101. Uninsured in St. Lucie County, 2008 - 2017



Source: County Health Rankings 2020

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Health Resource Availability

Looking at numbers of professionals or facilities within a geographic area helps to focus on the availability of healthcare and its quality. The number of hospital beds indicates the number of people who may potentially receive care in the hospital on an inpatient basis.

Figure 102. Health Resource Availability, St. Lucie County 2018

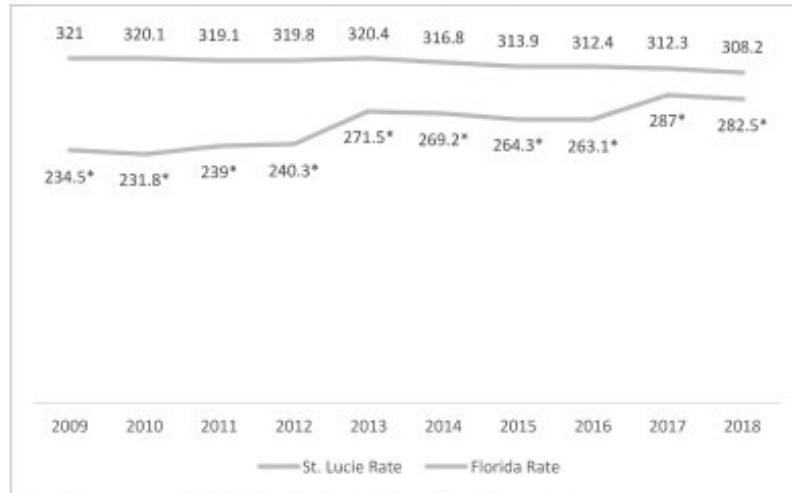
Health Resource Availability, St. Lucie County, Florida - 2018					
Indicators	Data Year	County			State
		County Quartile 1=most favorable 4=least favorable	County Number	Rate Per 100,000	Rate Per 100,000
Providers*					
<u>Total Licensed Dentists (Fiscal Year)</u>	2018	3	87	28.5	54.8
<u>Total Licensed Physicians (Fiscal Year)</u>	2018	3	418	137.2	304.7
<u>Total Licensed Family Practice Physicians (Fiscal Year)</u>	2018	3	25	8.2	18.8
<u>Total Licensed Internists (Fiscal Year)</u>	2010	3	50	19.0	48.9
<u>Total Licensed OB/GYN (Fiscal Year)</u>	2018	3	16	5.3	9.3
<u>Total Licensed Pediatricians (Fiscal Year)</u>	2018	3	26	8.5	21.9
Facilities					
<u>Total Hospital Beds</u>	2018	2	851	282.5	308.2
<u>Total Acute Care Beds</u>	2018	3	671	220.2	248.9
<u>Total Specialty Beds</u>	2010	3	190	62.3	58.2
<u>Total Nursing Home Beds</u>	2018	3	1,050	344.6	399.8
County Health Department FTEs					
<u>County Public Health Department Full Time Employees</u>	2018	3	174	57.3	45.2
County Public Health Department Expenditures					
<u>County Public Health Department Expenditures</u>	2018	3	\$13,213,818	\$43.40	\$35.20

Data Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration.

*Data for providers are for a fiscal year, not a calendar year.

County Quartiles - Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering a rate from most favorable to least favorable by county and dividing the list into 4 groups. In this report, a low quartile number (1) always represents more favorable health situations while four (4) represent less favorable situations. Blanks in this column indicate that not enough data was available to calculate a quartile or that a quartile calculation was not appropriate (i.e. population counts).

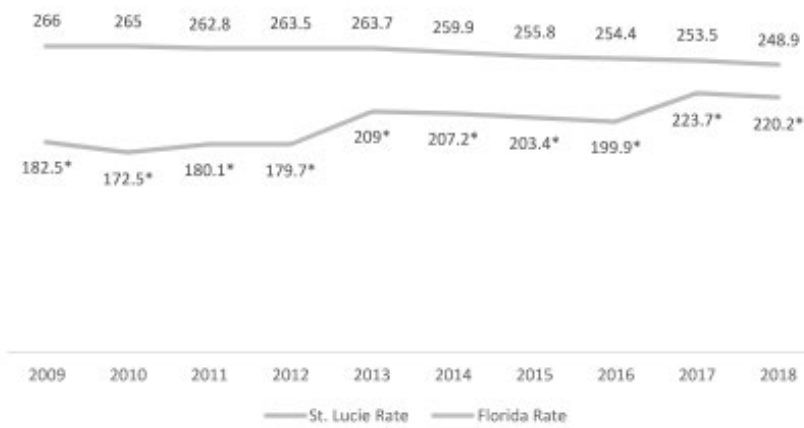
Figure 103. Total Hospital Beds, St. Lucie County, 2009 - 2018



*Rate of the county is statistically significantly lower than the state rate.

Source: Florida Health Charts, 2009 - 2018, Florida Agency for Health Care Administration (AHCA)

Figure 104. Total Acute Care Beds, Rate per 100,000 Population, St. Lucie County 2009 - 2018

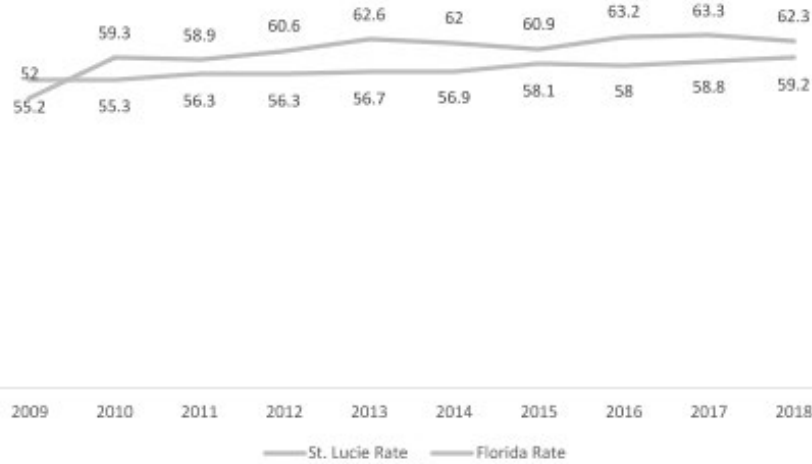


*Rate of the county is statistically significantly lower than the state rate.

Source: Florida Health Charts, 2009 - 2018, Florida Agency for Health Care Administration (AHCA)

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Figure 105. Total Specialty Beds, Rate per 100,000 Population, Single Year, St. Lucie County 2009 - 2018



Source: Florida Health Charts, 2009 - 2018, Florida Agency for Health Care Administration (AHCA)

Figure 106. Total Nursing Home Beds, Single Year Rates

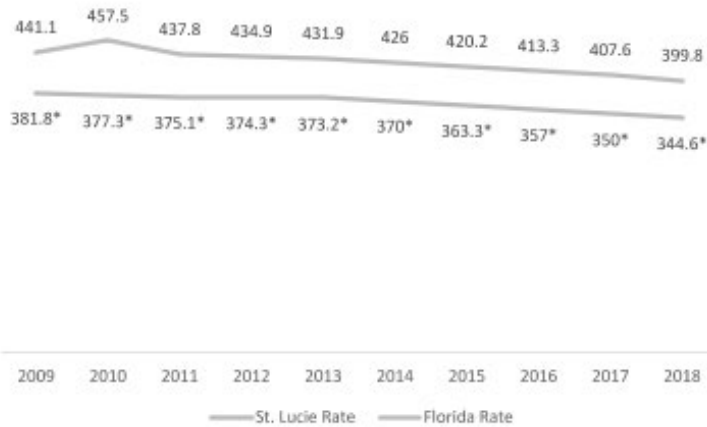
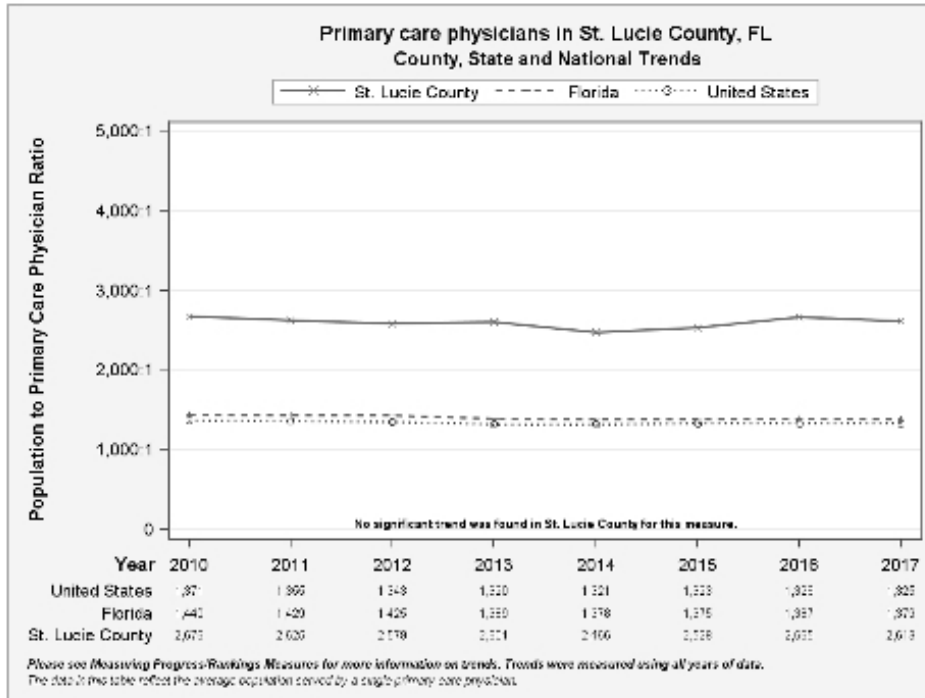


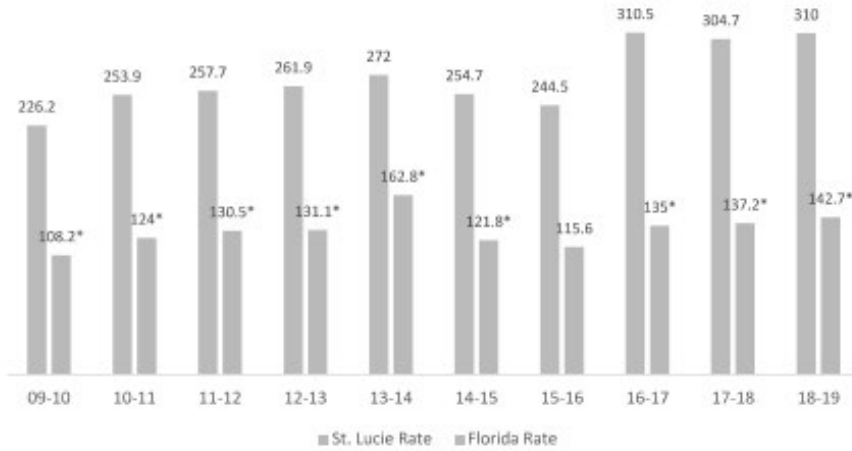
Figure 107. Primary Care Physicians in St. Lucie County 2010 - 2017



Source: County Health Rankings 2020

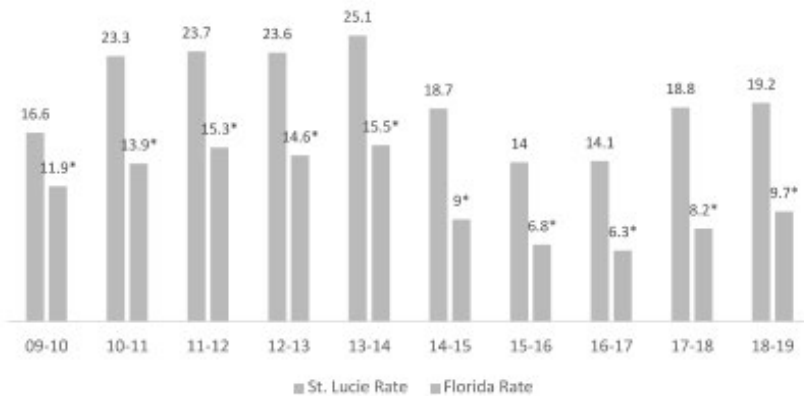
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Figure 108. Total Licensed Florida Physicians, Rate per 100,000 Population, St. Lucie County 2009 - 2019



*Rate was statistically significantly lower for the County than the State.
 Source: Florida Health Charts 2009 - 2019, Florida Department of Health, Division of Medical Quality Assurance.
 Note: Licensure data is for a fiscal year (July 1 - June 30). Data includes active providers only.

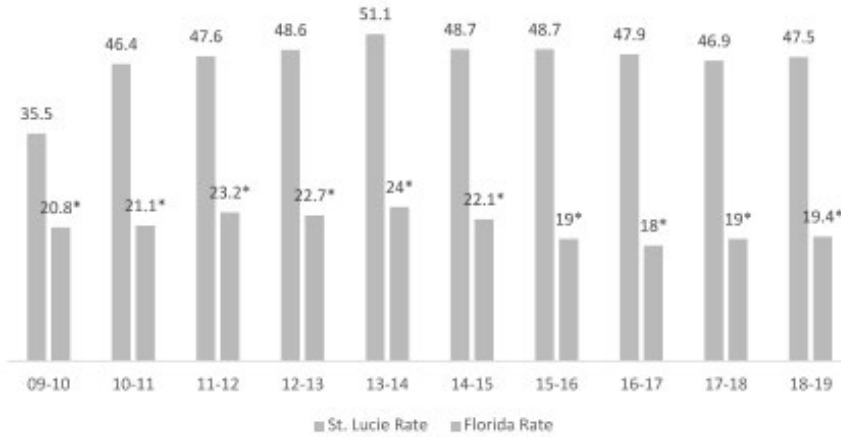
Figure 109. Total Licensed Florida Family Practice Physicians, Rate Per 100,000 St. Lucie County 2009 - 2019



*Rate was statistically significantly lower for the County than the State.
 Source: Florida Health Charts 2009 - 2019, Florida Department of Health, Division of Medical Quality Assurance.
 Note: Licensure data is for a fiscal year (July 1 - June 30). Data includes active providers only. The specialty information (family practice) is reported voluntarily and is neither required nor verified by the Department.

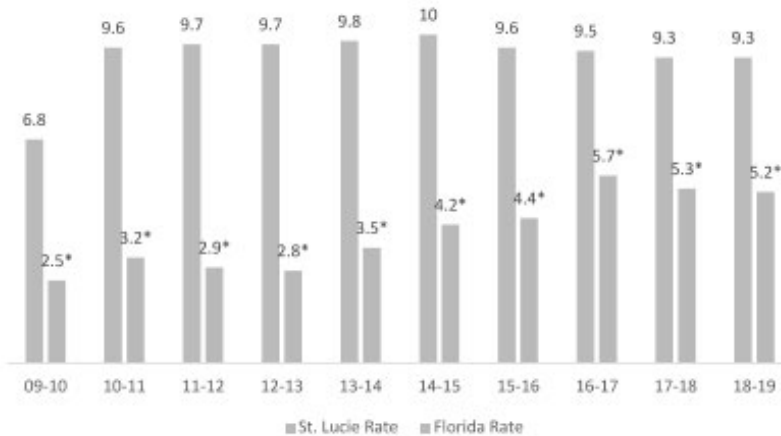
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Figure 110. Total Licensed Florida Internists, Rate per 100,000, St. Lucie County 2009 - 2019



*Rate was statistically significantly lower for the County than the State.
 Source: Florida Health Charts 2009 - 2019, Florida Department of Health, Division of Medical Quality Assurance.
 Note: Licensure data is for a fiscal year (July 1 - June 30). Data includes active providers only.

Figure 111. Total Licensed Florida OB/GYN, Rate per 100,000, St. Lucie County 2009 -2019



*Rate was statistically significantly lower for the County than the State.
 Source: Florida Health Charts 2009 - 2019, Florida Department of Health, Division of Medical Quality Assurance.
 Note: Licensure data is for a fiscal year (July 1 - June 30). Data includes active providers only.

According to Florida Charts data, there were 16 licensed OB/GYNs in St. Lucie County in 2018-2019. According to the Florida Department of Health website, there are currently 30 licensed OB/GYNs in St. Lucie County. The following map and table identify the location as well as the names of the licensed OB/GYNs.

Table 68. Licensed Active OB/GYNs, St. Lucie County June 28, 2020

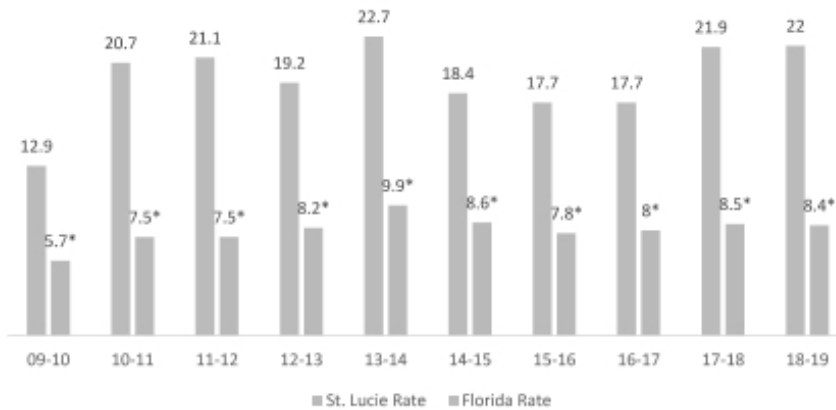
License	Name	Profession	City	County	Zip Code
80279	LEFF, RICKY PHILLIP	Medical Doctor	FT. PIERCE	ST.LUCIE	32950
124940	KETELAAR, PIETER JAN	Medical Doctor	FORT PIERCE	ST.LUCIE	34946
125510	WILLIAMS, ALISHA VALTRISSE	Medical Doctor	FORT PIERCE	ST.LUCIE	34947
9493	NICHOLS, FRED MICHAEL	Osteopathic Phy	FORT PIERCE	ST.LUCIE	34950
39583	KING, WILLIAM BRYAN	Medical Doctor	FT PIERCE	ST.LUCIE	34950
48841	LOMAX-HOMIER, JULIETTE	Medical Doctor	FT PIERCE	ST.LUCIE	34950
56754	LEAVITT, ANDREW CLARK	Medical Doctor	FORT PIERCE	ST.LUCIE	34950
76754	ZOLLICOFFER, CARL DONNELL	Medical Doctor	FORT PIERCE	ST.LUCIE	34950
79129	HOPPE, LEIGH BOVETT	Medical Doctor	FT PIERCE	ST.LUCIE	34950
83618	PIRANI, SHAHEEN HABIB	Medical Doctor	FT PIERCE	ST.LUCIE	34950
115510	BURNEY, JOHN MARCEL JAMES	Medical Doctor	FORT PIERCE	ST.LUCIE	34950
117504	RUHR, DIANE MARIE	Medical Doctor	FORT PIERCE	ST.LUCIE	34950
118105	GIRTELSCHMID, MICHAEL MARIA	Medical Doctor	FORT PIERCE	ST.LUCIE	34950
122826	ELGUERA, ELIZABETH DENISE	Medical Doctor	FORT PIERCE	ST.LUCIE	34950
124211	TAKACS-DI LORENZO, EVA M.	Medical Doctor	FORT PIERCE	ST.LUCIE	34950
45423	ORIA, GONZALO A	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952
65349	GONZALEZ, PABLO R	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34952
66925	BLOMER, ALLISON	Medical Doctor	PORT ST. LUCIE	ST.LUCIE	34952
84145	SEKHARAN, NARAYANSWAMI CHANDRA	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952

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License	Name	Profession	City	County	Zip Code
92702	TUTTLE, GEORGE	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952
97653	ZOLLICOFFER, CHARLES MCKINLEY	Medical Doctor	PORT ST. LUCIE	ST.LUCIE	34952
98053	GOOD, JEFFREY MICHAEL	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952
100707	HEILMAN, LLOYD DUNCAN	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952
109252	LALL, CHITRANJAN	Medical Doctor	FORT PIERCE	ST.LUCIE	34952
130420	SOEGAARD, ANTONIO	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952
78149	MATEO, DAVID	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34954
8788	ROSS, GERALD ALAN	Osteopathic Phy	PORT ST LUCIE	ST.LUCIE	34986
86154	YOO, GRACE HAESUNG	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
7408	ZOFFER, MATTHEW SCOTT	Osteopathic Phy	PORT ST. LUCIE	ST.LUCIE	34987
107866	BROWN, ANITRA GABRIELLE	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34987

Source: Florida Department of Health, Practitioner Profile Search, www.flhealthsource.gov

Figure 112. Total Licensed Florida Pediatricians, Rate per 100,000 Population, St. Lucie County 2009 - 2019



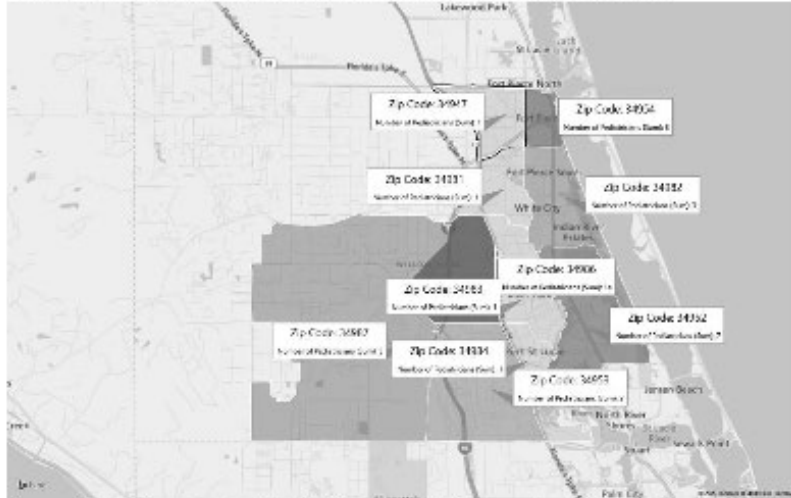
*Rate was statistically significantly lower for the County than the State.

Source: Florida Health Charts 2009 - 2019, Florida Department of Health, Division of Medical Quality Assurance.

Note: Licensure data is for a fiscal year (July 1 - June 30). Data includes active providers only.

According to Florida Charts data, there were 26 licensed Pediatricians in St. Lucie County in 2018-2019. According to the Florida Department of Health website, there are currently 41 licensed Pediatricians in St. Lucie County. The following map and table identify the location as well as the names of the licensed Pediatricians.

Figure 113. Licensed Pediatricians in St. Lucie County by Zip Code



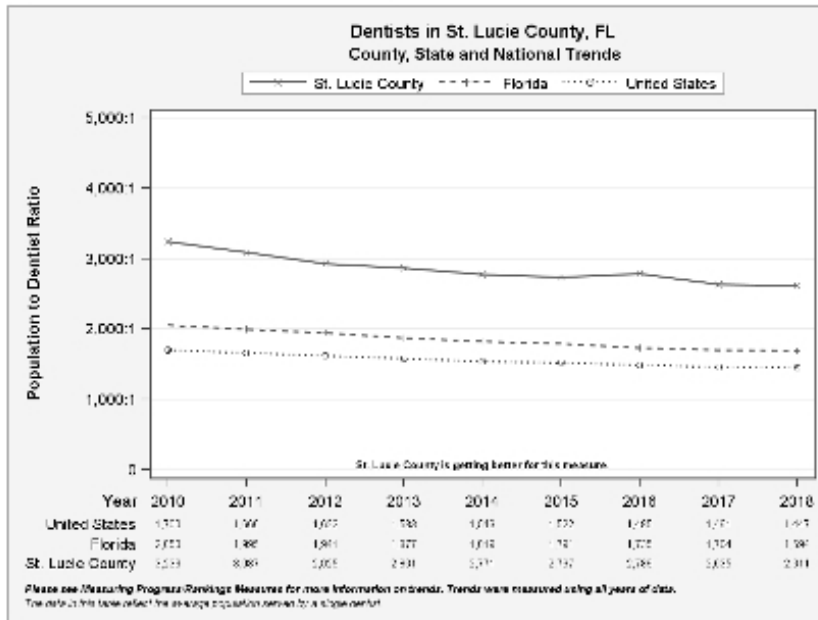
Source: Florida Department of Health, Practitioner Profile Search, www.flhealthsource.gov

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Table 69. Licensed Active Pediatricians, St. Lucie County June 28, 2020

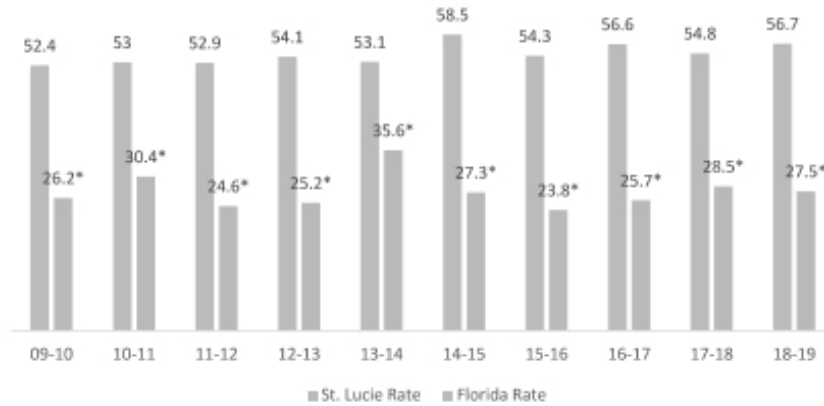
License	Name	Profession	City	County	Zip Code
54098	RODRIGUEZ-TORRES, RAUL	Medical Doctor	FT PIERCE	ST.LUCIE	34947
45922	SCHEEL, LYNN ANNE	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34952
66915	SAWH, PRITHVI RAJ	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952
70660	RIMMER, SYLVIE ANN	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34952
80942	JAGADISH, ANITHA	Medical Doctor	PORT ST. LUCIE	ST.LUCIE	34952
92702	TUTTLE, GEORGE	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952
94471	BARRAL, ERNESTO	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34952
104786	GAMEZ, ARTURO	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34952
91787	ROMERO, IRMA E	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34953
108559	DANIELS, KERRI ALICIA	Medical Doctor	PORT ST. LUCIE	ST.LUCIE	34953
44748	LAROYA, PRUDENCIO ESTOLERO	Medical Doctor	FORT PIERCE	ST.LUCIE	34954
58912	CEPEDA, GIRALDO ENRIQUE	Medical Doctor	FORT PIERCE	ST.LUCIE	34954
74497	RETURETA, JULIA MARIE	Medical Doctor	FT PIERCE	ST.LUCIE	34954
81942	VALCOURT, LUCIENNE DELTOR	Medical Doctor	FORT PIERCE	ST.LUCIE	34954
101264	MANGUIAT, EMERLITA QUIJANO	Medical Doctor	FORT PIERCE	ST.LUCIE	34954
118105	GIRTELSCHMID, MICHAEL MARIA	Medical Doctor	FORT PIERCE	ST.LUCIE	34954
119757	WALKER, BRANDI ADELE	Medical Doctor	FORT PIERCE	ST.LUCIE	34954
121609	KHAN, IMTEYAZ AHMAD	Medical Doctor	FORT PIERCE	ST.LUCIE	34954
50509	WALTERS, DAVID GARTH ANTHON	Medical Doctor	FORT PIERCE	ST.LUCIE	34981
22120	KEPFER-LARRAVE, PERCY D	Medical Doctor	FT PIERCE	ST.LUCIE	34982
42865	KRIMSLEY, ALAN SCOTT	Medical Doctor	FT. PIERCE	ST.LUCIE	34982
49671	MAKHNI, PARVEEN BALA	Medical Doctor	FORT PIERCE	ST.LUCIE	34982
79897	APONTE-TAPIA, MILTON M	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34983
117955	ARDITO, ALISON LYNN	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34984
43985	LAGUERRE, BEAUVAIS	Medical Doctor	PORT ST. LUCIE	ST.LUCIE	34986
57821	SONENBLUM, MICHAEL EVAN	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34986
67142	GUERRIER, GEORGES CLAUDE	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
72967	JAMPOL, MICHAEL RICHARD	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
73005	PUTTER, BERNARD SAUL	Medical Doctor	PORT ST. LUCIE	ST.LUCIE	34986
86904	DOMESEK, JAMES M	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
87578	RIZO, MARIA LUDY	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34986
96420	CATO, CHELLISE SIMONE	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
99554	KOBLEGARD, WENDELL ALLISON	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
104611	MUOIO, JESSICA ELLEN	Medical Doctor	PORT ST. LUCIE	ST.LUCIE	34986
115811	MONDESIR, MONIQUE	Medical Doctor	PORT SAINT LUCIE	ST.LUCIE	34986
126322	MELENDEZ, LIZA M.	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
126942	LAUREDAN, BERNIER	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
128936	SOTO, MARIA BERNARDITA	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34986
93497	ESPINOZA, VERONICA DEL ROCIO	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34987
106021	DRUMMOND, SHELLEY ROXANNE ANTOINE	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34987
135774	Berman, Paul Murray	Medical Doctor	PORT ST LUCIE	ST.LUCIE	34987

Figure 114. Dentists in St. Lucie County 2010 - 2018



Source: County Health Rankings 2020

Figure 115. Total Licensed Florida Dentists, Rate per 100,000 Population, St. Lucie County 2009 - 2019



*Rate was statistically significantly lower for the County than the State.
 Source: Florida Health Charts 2009 - 2019, Florida Department of Health, Division of Medical Quality Assurance.
 Note: Licensure data is for a fiscal year (July 1 - June 30). Data includes active providers only.

Figure 116. Visits to doctor for routine checkup within the past year among adults by census tract, Port St. Lucie city 2016

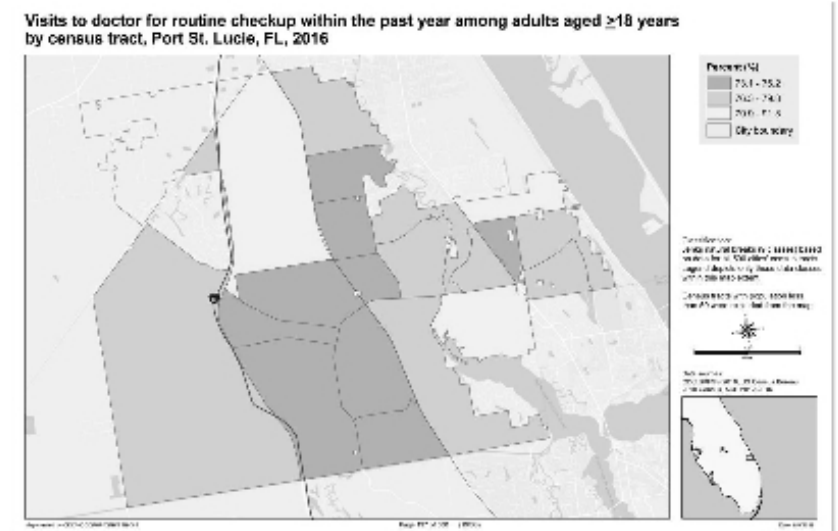


Figure 117. Visits to dentist or dental clinic among adults aged ≥18 years by census tract, Port St. Lucie city 2016

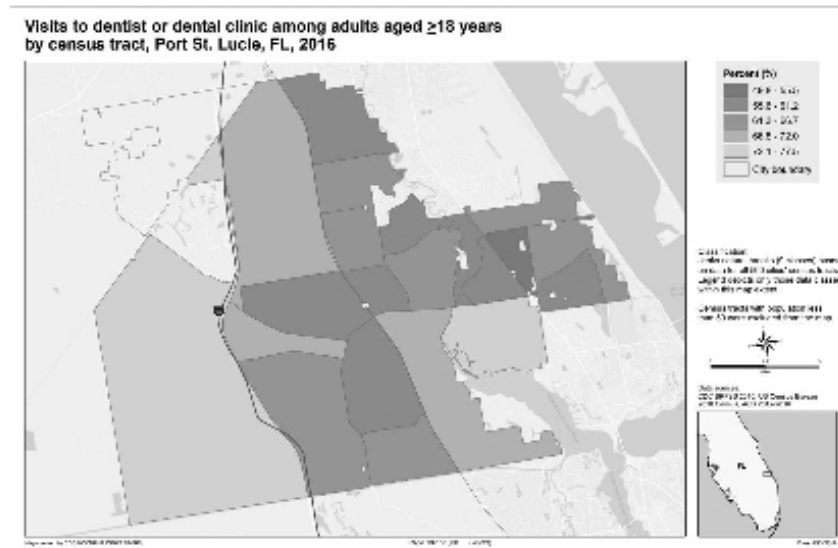


Figure 120. Mammography use among women aged 50-74 years by census tract, Port St. Lucie city 2016



Figure 121. Papanicolaou smear use among adult women aged 21-65 years by census tract, Port St. Lucie city 2016



Figure 122. Fecal occult blood test, sigmoidoscopy, or colonoscopy among adults aged 50-75 years by census tract, Port St. Lucie city 2016

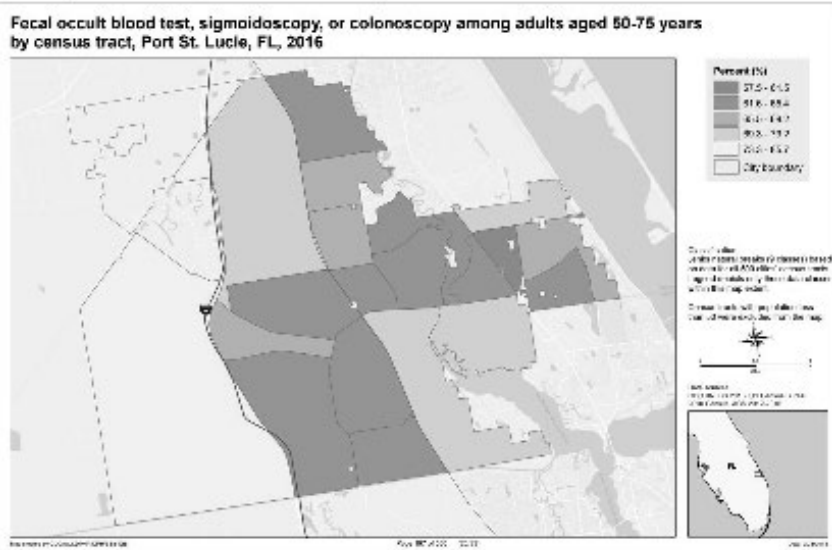


Figure 123. Older adult men aged ≥65 years who are up to date on a core set of clinical preventive services by census tract, Port St. Lucie city 2016

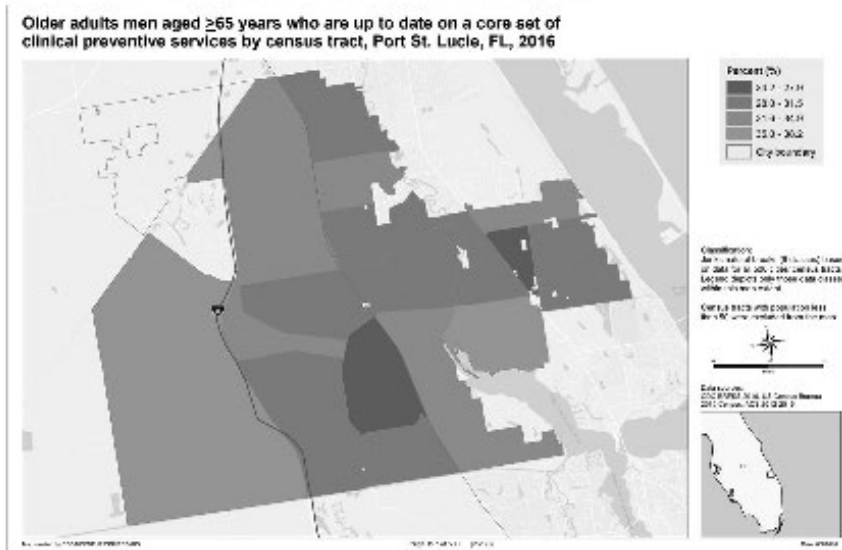


Figure 124. Older adult women aged ≥65 years who are up to date on a core set of preventive services by census tract, Port St. Lucie city 2016

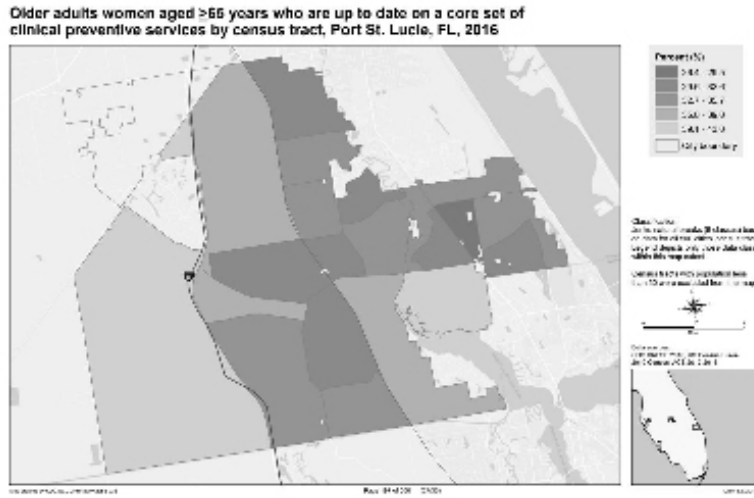
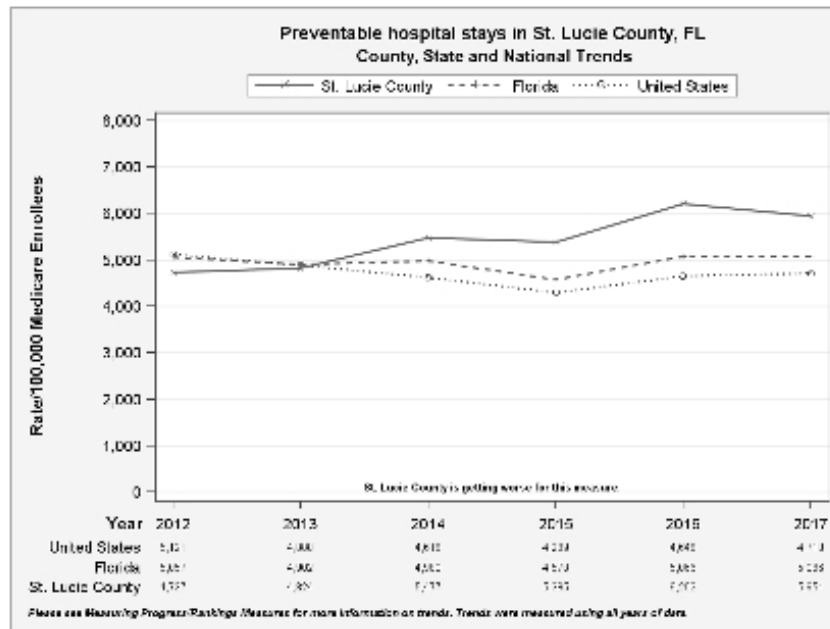


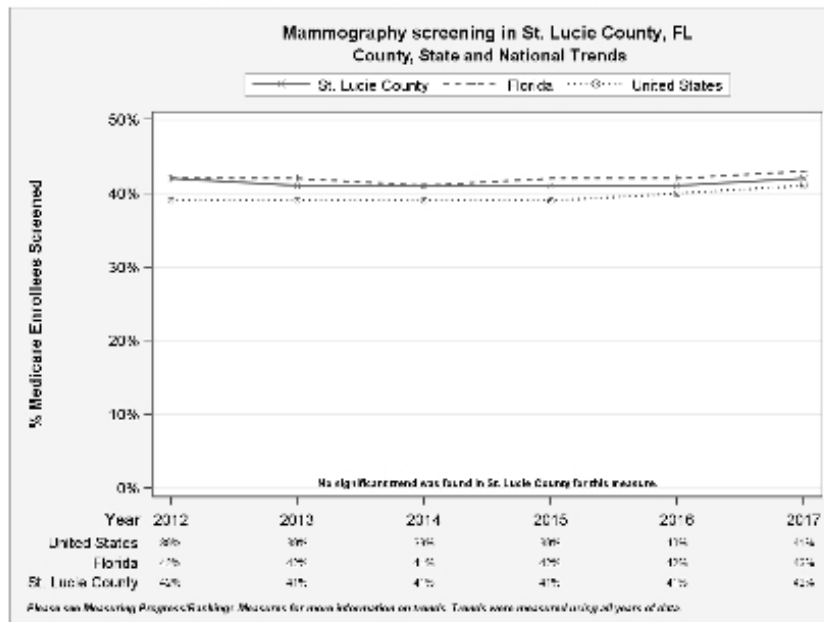
Figure 125. Preventable Hospital Stays in St. Lucie County 2012 - 2017



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	Value
Preventable Hospitalization Rate	5,951
Asian	2,892
Black	8,887
Hispanic	5,987
White	5,557

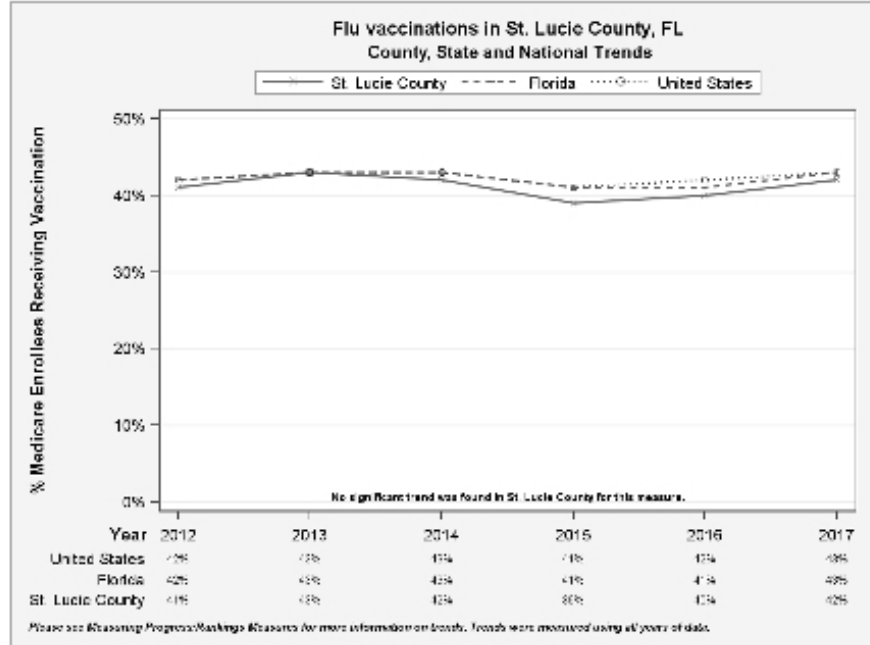
Figure 126. Mammography Screening in St. Lucie County 2012 - 2017



Source: County Health Rankings 2020

% Screened	42%
Asian	35%
Black	41%
Hispanic	36%
White	42%

Figure 127. Flu Vaccinations in St. Lucie County, 2012 - 2017



Source: County Health Rankings 2020

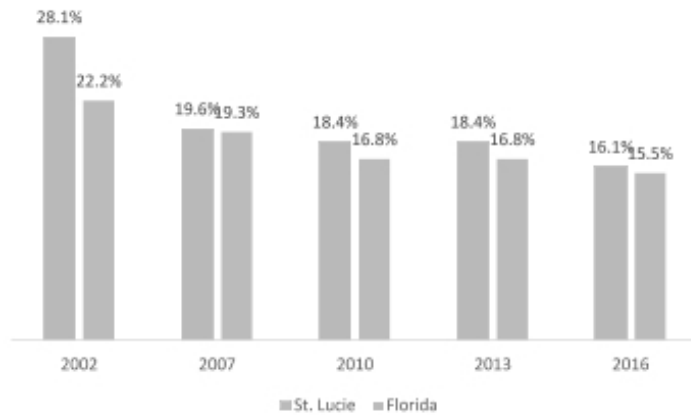
% Vaccinated	42%
Asian	36%
Black	26%
Hispanic	33%
White	44%

The following figure provides an overview of the Health Factors data (Health Behaviors) for St. Lucie County compared to the top U.S. performers and the state of Florida.

Figure 128. Health Behaviors, County Health Rankings 2020

	St. Lucie County	Trend	Error Margin	Top U.S. Performers	Florida	Rank (of 67)
Health Factors						30
Health Behaviors						23
Adult smoking	18%		18-19%	14%	16%	
Adult obesity	30%	~	27-33%	26%	27%	
Food environment index	6.8			8.6	6.9	
Physical inactivity	30%	~	27-33%	20%	26%	
Access to exercise opportunities	78%			91%	89%	
Excessive drinking	16%		15-16%	13%	17%	
Alcohol-impaired driving deaths	27%	~	23-30%	11%	23%	
Sexually transmitted infections	375.8	~		161.4	476.6	
Teen births	21		20-22	13	21	

Figure 129. Current Adult Smokers, St. Lucie County 2002 - 2016



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Figure 130. Current Adult Smokers by Age Group, St. Lucie County 2002 - 2016

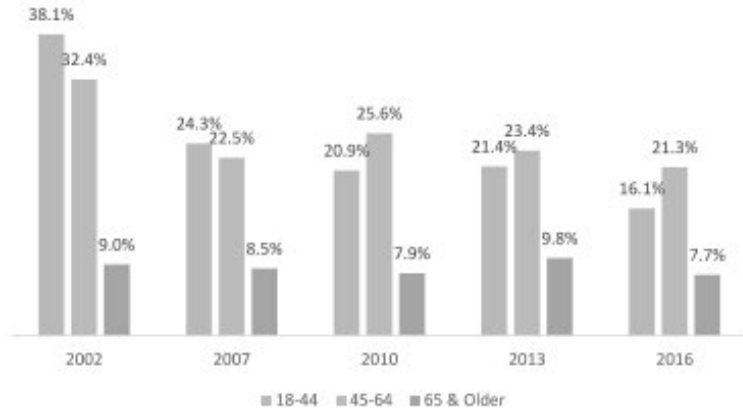


Figure 131. Current Smokers by Race and Ethnicity, St. Lucie County 2002 - 2016

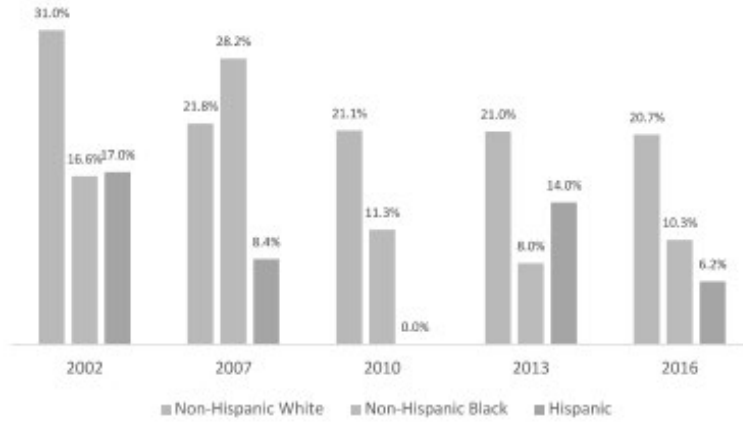


Figure 132. Current Smokers by Sex, St. Lucie County 2002 - 2016

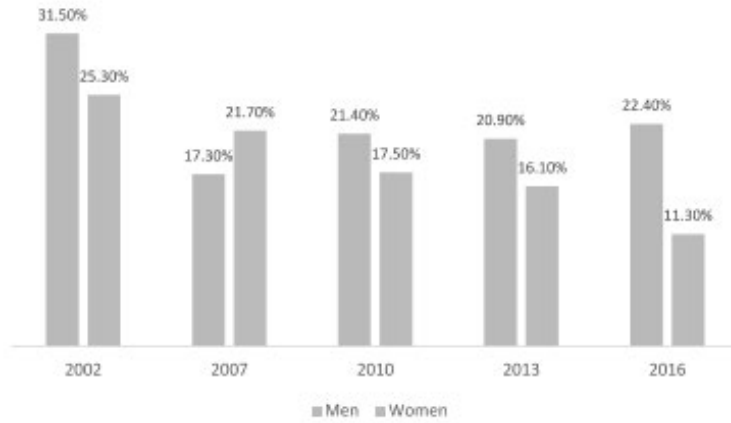


Figure 133. Current smoking among adults aged ≥18 years by census tract, Port St. Lucie city 2016

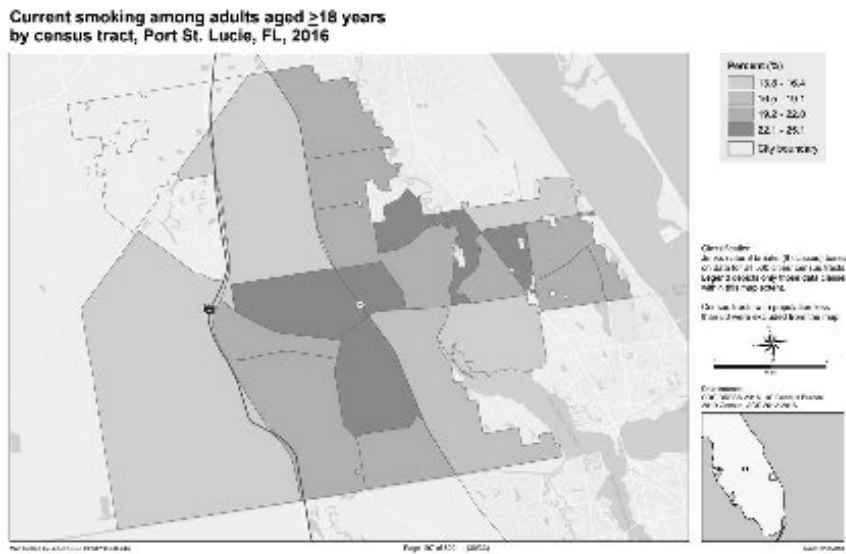


Figure 134. Adult Obesity in St. Lucie County, 2004 - 2016

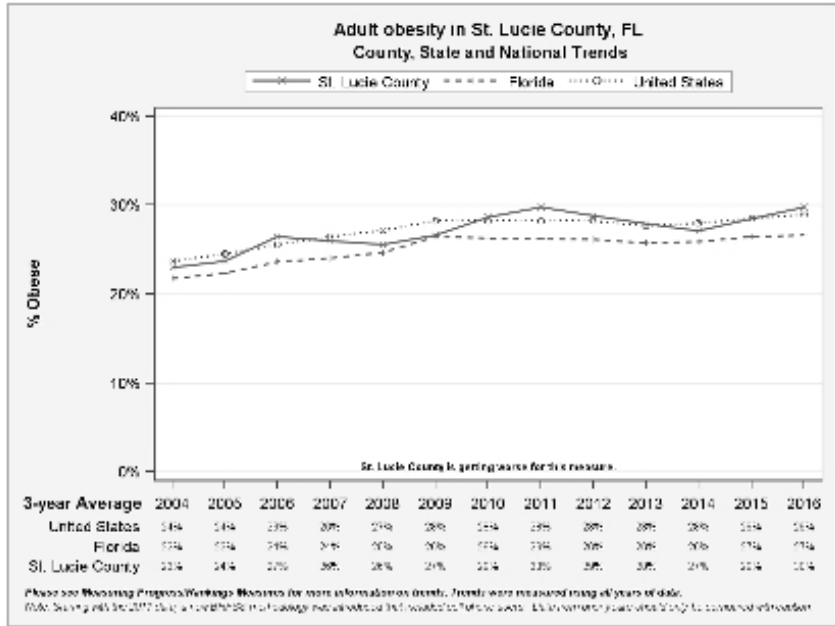
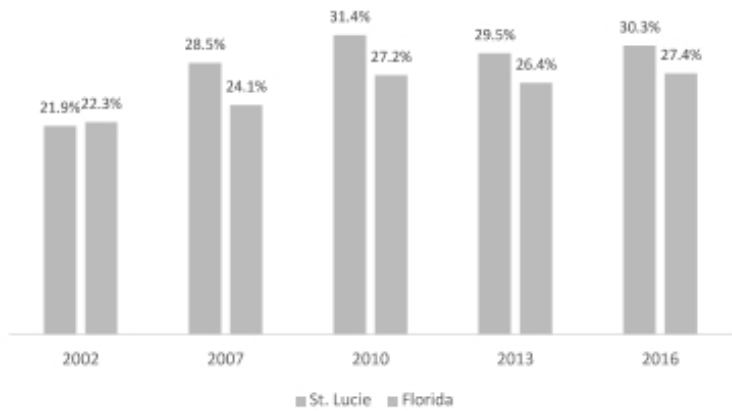


Figure 135. Adults who are Obese, St. Lucie County 2002 - 2016



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Figure 136. Adults who are Obese by Age Group, St. Lucie County 2002 - 2016

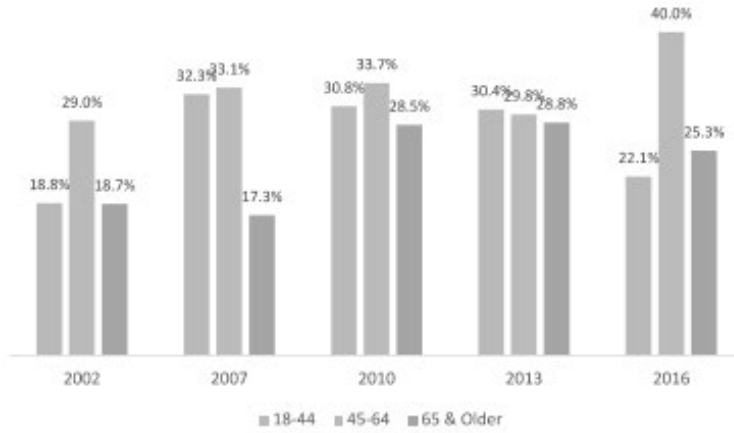


Figure 137. Adults who are Obese by Race and Ethnicity, St. Lucie County 2002 - 2016

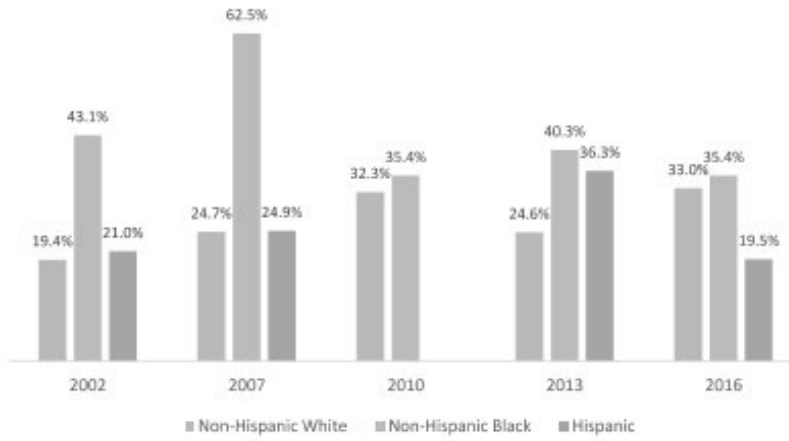


Figure 138. Adults who are Obese by Sex, St. Lucie County 2002 - 2016

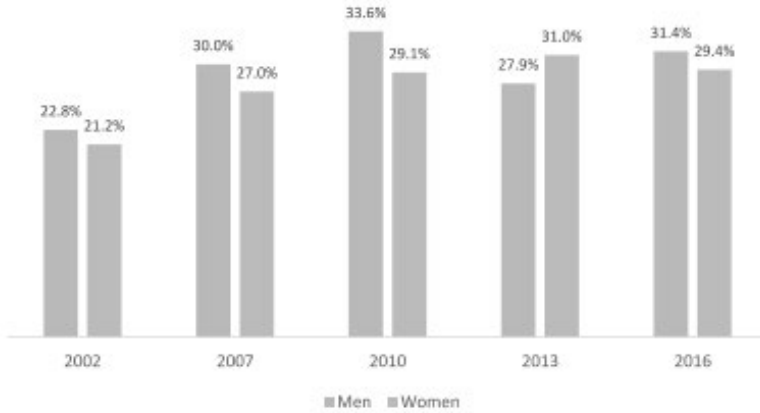
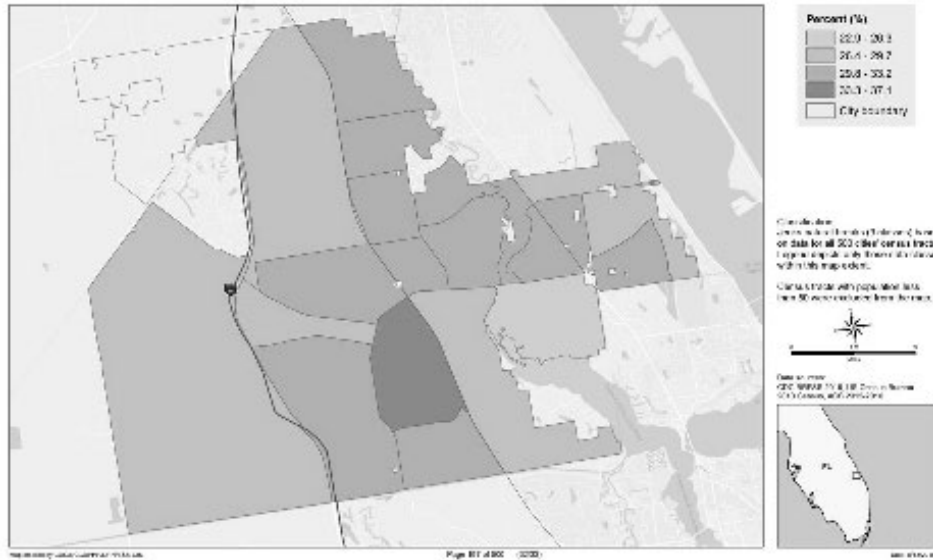


Figure 139. Obesity among adults aged 18 years and older by census tract, Port St. Lucie city 2016

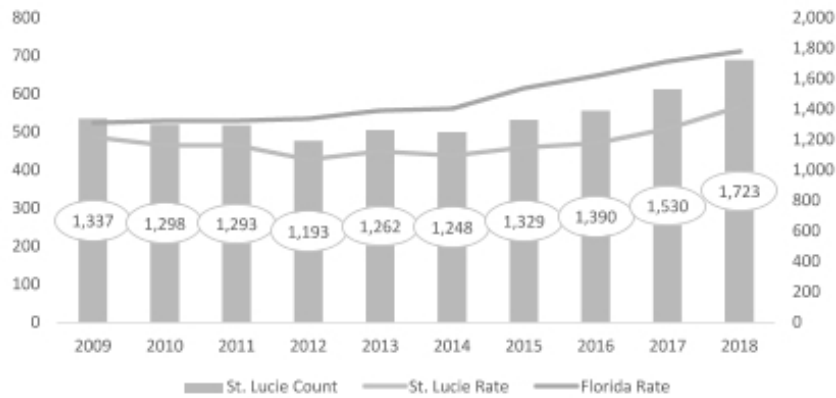
**Obesity among adults aged 18 years and older
 by census tract, Port St. Lucie, FL, 2016**



Bacterial Sexually Transmitted Diseases

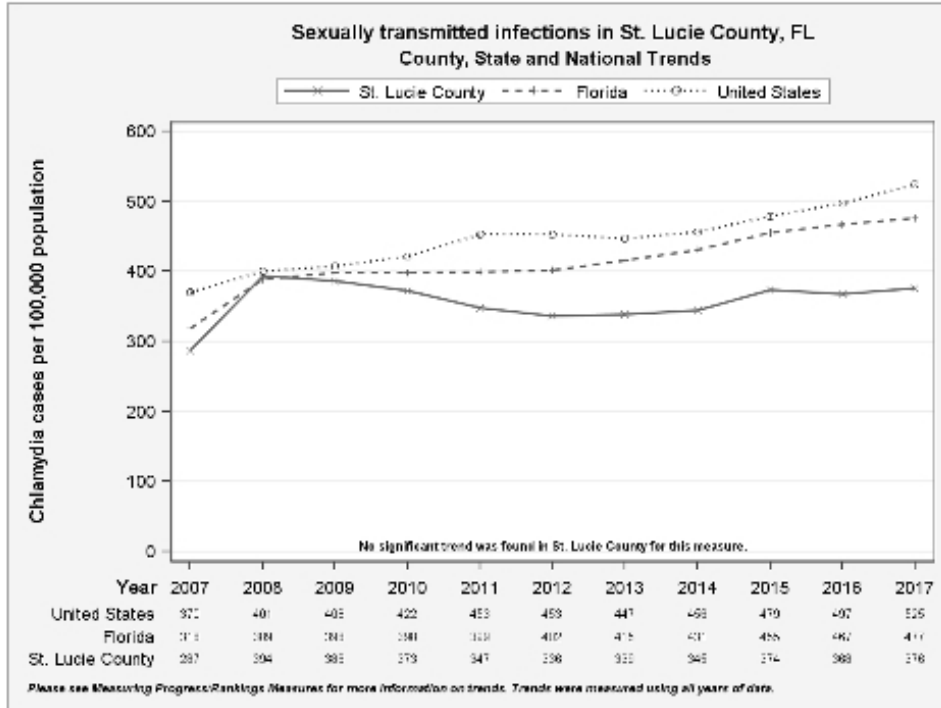
Bacterial Sexually Transmitted Diseases (STDs) are comprised of three reportable infections in Florida: chlamydia, gonorrhea, and syphilis. Though St. Lucie County's rates have remained below the state rates over the years, there has been a steady increase in the number of cases annually since 2013.

Figure 140. Bacterial Sexually Transmitted Diseases, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 141. Sexually Transmitted Infections, St. Lucie County 2007 - 2017



Source: County Health Rankings 2020

Maternal and Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. In 2018, there were a total of 150,054 females aged 15-44 in St. Lucie County.

Table 70. Females Age 15-44 by Race/Ethnicity, St. Lucie County 2018

Total Females 15-44	150,054	
White	102,758	68.5%
Black	38,283	25.5%
Other	9,013	6.0%
Hispanic	35,422	23.6%
Non-Hispanic	114,632	76.4%

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Figure 142. Overview of Maternal Child Health, St. Lucie County 2016 - 2018

Maternal & Child Health, St. Lucie County, Florida 2016-18							
Indicator(3-Yr Figures)	Data Year	County				County Quartile	State
		White	Black	Hispanic	All Races	1=most favorable 4=least favorable	
Births							
Average Number of Births Each Year	2016-18	2,094	849	727	3,048	3	223,388
Births to Mothers Ages 15-44 per 1,000 Female Population	2016-18	58.4	66.2	61.3	60.7	3	59.0
Births to Mothers Ages 10-14 per 1,000 Female Population	2016-18	0.2	0.4	0.4	0.2	3	0.2
Births to Mothers Ages 15-19 per 1,000 Female Population	2016-18	14.9	23.2	18.5	17.1	1	18.2
Percent of Births to Unwed Mothers	2016-18	46.2	68.8	46.6	51.7	3	46.7
Infant Deaths							
Infant Deaths (0-564 days) per 1,000 Births	2016-18	3.0	7.5	2.3	4.6	1	6.1
Neonatal Deaths (0-27 days) per 1,000 Births	2016-18	2.0	3.6	1.4	2.5	1	4.1
Postneonatal Deaths (28-364 days) per 1,000 Births	2016-18	1.0	3.9	0.9	2.1	3	2.0
Low Birth Weight							
Percent of Live Births Under 1500 Grams	2016-18	1.1	2.6	1.1	1.5	3	1.6
Percent of Live Births Under 2500 Grams	2016-18	7.3	12.0	7.2	8.0	3	8.7
Percent with Low Birth Weight	2016-18	5.0	7.8	4.7	5.0	3	6.0
Prenatal Care							
Percent of Births with Prenatal Care Starting in First Trimester	2016-18	72.5	65.1	68.8	70.2	4	77.4
Percent of Births with Prenatal Care Starting Late or No Prenatal Care	2016-18	8.2	11.1	8.0	9.1	4	6.7

Data Source: Florida Department of Health

Important note regarding births by mothers age:

Births by mothers age represents the age-specific birth rate (i.e., births to mothers in a specific age group divided by females in the same age group expressed per 1,000 population).

Important note regarding prenatal care data:

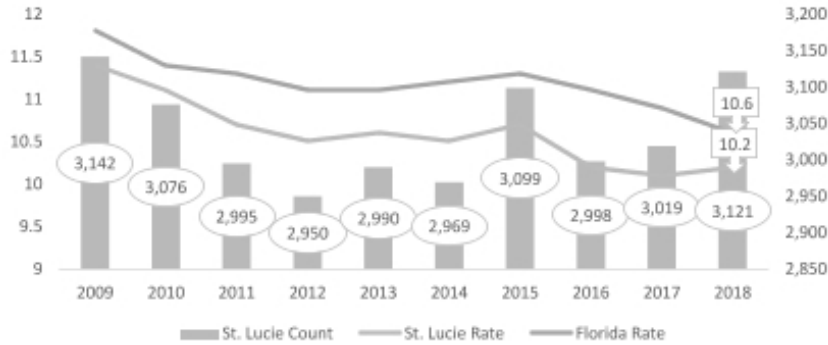
Starting in 2004, trimester prenatal care began is calculated as the time elapsed from the date of the last menstrual period to the date of the first prenatal care visit. Prior to 2004, these data were obtained by direct question that noted the trimester the mother began prenatal care. Consequently, these data are not comparable to that from prior years. Births with unknown information as to when prenatal care began are excluded from the denominator.

County Quartiles - Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering a rate from most favorable to least favorable by county and dividing the list into 4 groups. In this report, a low quartile number (1) always represents more favorable health situations while four (4) represent less favorable situations. Blanks in this column indicate that not enough data was available to calculate a quartile or that a quartile calculation was not appropriate (i.e., population counts).

Birth Count and Rate

There were 3,121 births in St. Lucie County in 2018, an increase from the previous year. However, birth rates have declined steadily over the past to 10.2 births per 1,000 population in 2018 and continues to be lower than the state of Florida.

Figure 143. Birth Rate Per 1,000 Total Population, St. Lucie County 2009 - 2018

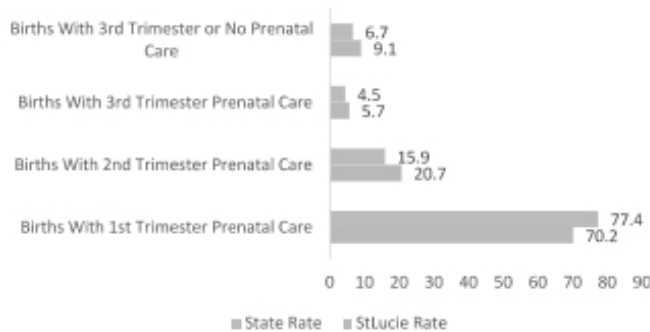


Source: Florida Health Charts, Florida Department of Health, 2009-2018

Prenatal Care

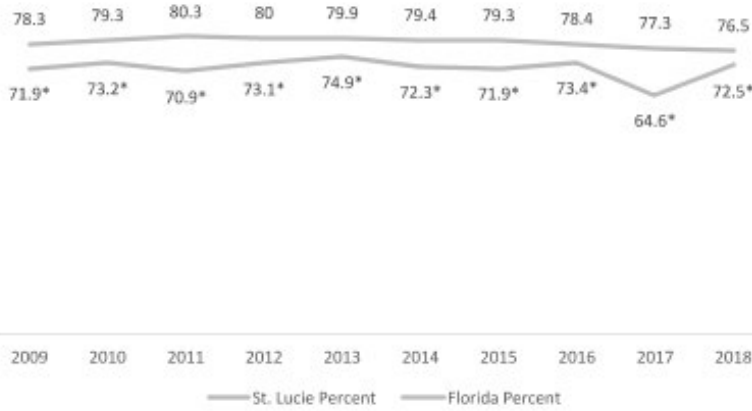
Prenatal care can help prevent complications and inform women about important steps they can take to protect their infant and ensure a healthy pregnancy, reduce the risk of pregnancy complications, and improve birth outcomes. Late or no prenatal care is defined as care started in the 3rd trimester (7-9 months) or no medical care received during pregnancy. The following figure shows the percent of births with known prenatal care status and the trimester during which the mother entered prenatal care.

Figure 144. Prenatal Care



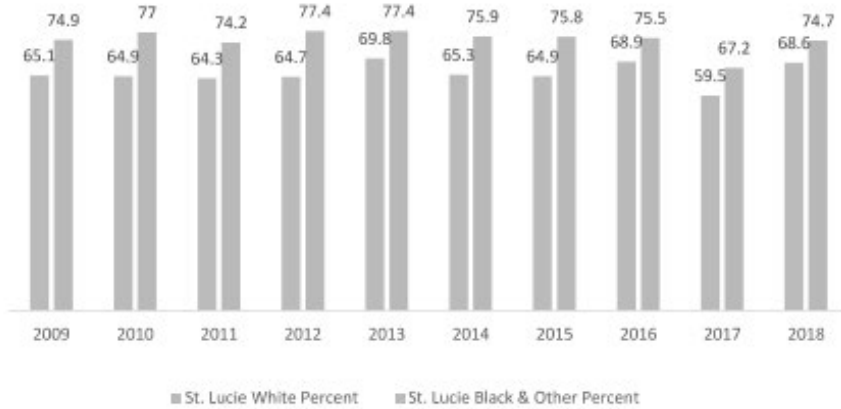
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Figure 145. Births to Mothers with 1st Trimester Prenatal Care, St. Lucie County 2009 - 2018



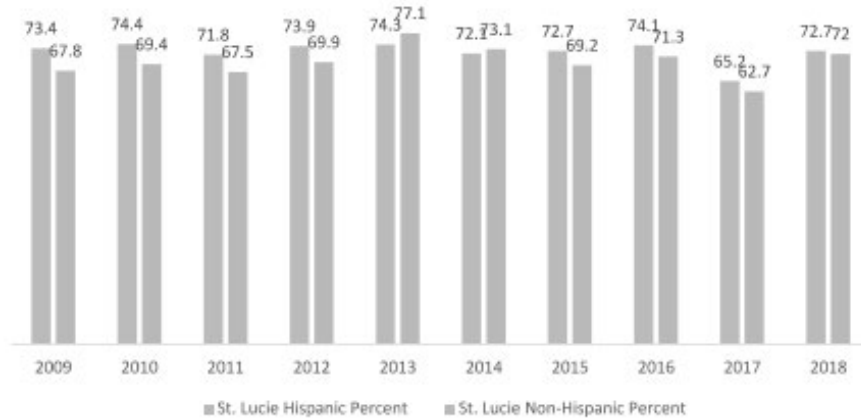
*Rate for county is statistically significantly lower than the state rate.
 Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 146. Births to Mothers with 1st Trimester Prenatal Care by Race, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 147. Births to Mothers with 1st Trimester Prenatal Care by Ethnicity, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.
 NOTE: these data are only for pregnancies that ended with a live birth.

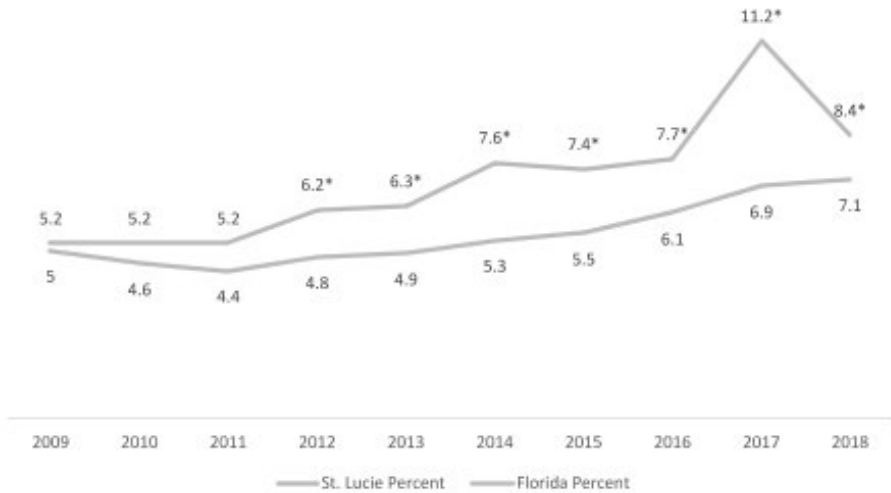
The following table shows the zip codes that had the lowest rate of entry into prenatal care AND the highest numbers of births.

Table 71. Zip Codes with Low Rates of 1st Trimester Prenatal Care and High Birth Counts, St. Lucie County, 2014 - 2018

Zip Code	Rate*	Count**
34949	74.6	85
34986	75.3	627
34945	77.7	143

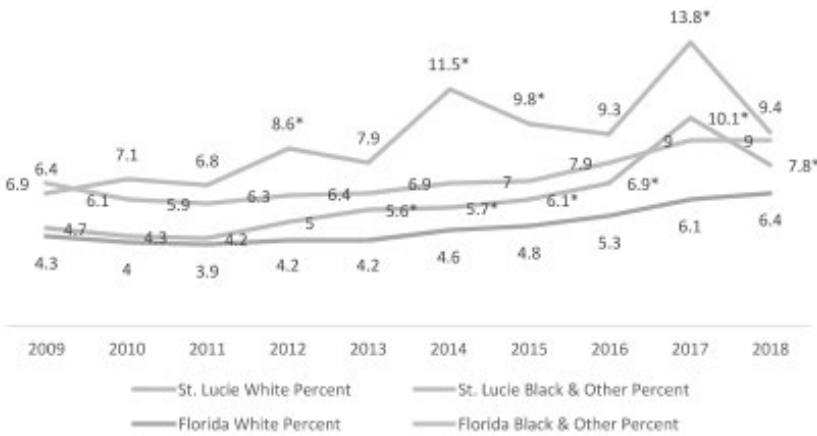
*Rate is average over a 5-year period, **is total count during the 5-year period
 Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2014-2018.
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 148. Births to Mothers with 3rd Trimester or No Prenatal Care, St. Lucie County 2009 - 2018



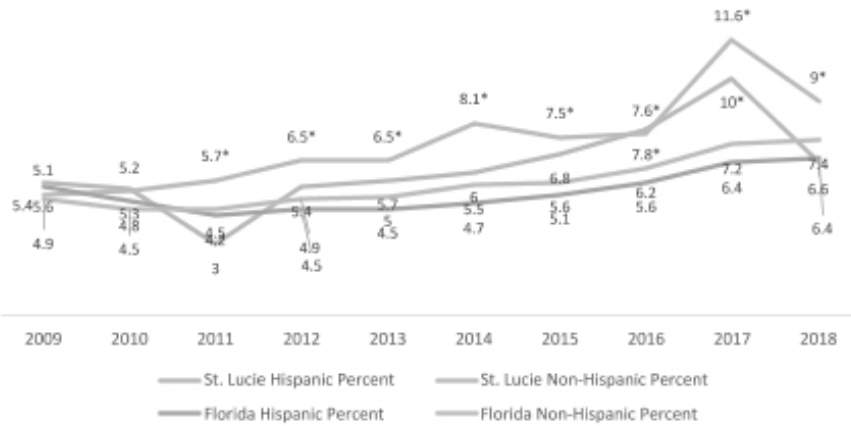
*Rate for county is statistically significantly higher than the state rate.
 Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 149. Births to Mothers with 3rd Trimester or No Prenatal Care by Race, St. Lucie County 2009 - 2018



*Rate for county is statistically significantly higher than the state rate.
 Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 150. Births to Mothers with 3rd Trimester or No Prenatal Care by Ethnicity, St. Lucie County 2009 – 2018



*Rate for county is statistically significantly higher than the state rate.
 Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.
 NOTE: these data are only for pregnancies that ended with a live birth.

Table 72. Zip Codes with High Rates of No Prenatal Care and High Birth Counts, St. Lucie County 2014 - 2018

Zip Code	Rate*	Count**
34953	2.7	96
34950	5.4	80
34947	4.8	56
34982	2.8	45

*Rate is average over a 5-year period, **is total count during the 5-year period
 Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2014-2018.
 NOTE: these data are only for pregnancies that ended with a live birth.

Teen Pregnancy

Teen pregnancies among women ages 15 to 19 are reported for their negative impact on birth outcomes and long-term implications for both the mother and the infant. Babies born to teens may be at greater risk for preterm delivery, low birth weight, and neonatal mortality. Teen pregnancy is intricately linked to a host of other critical social issues as well: welfare dependency, out-of-wedlock births, responsible

fatherhood, and workforce development in particular. These rates have declined steadily in St. Lucie and the entire State.

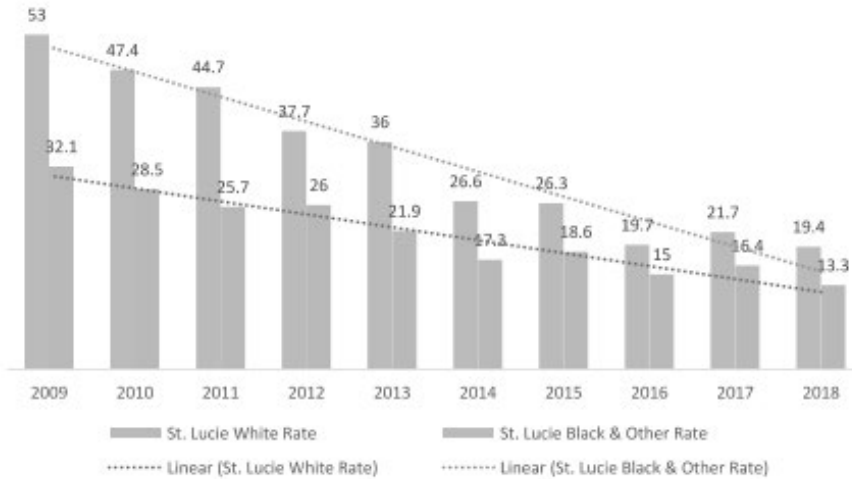
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Figure 151. Teen Pregnancy Rate Per 1,000 Total Population, St. Lucie County, Florida - 2009-2018



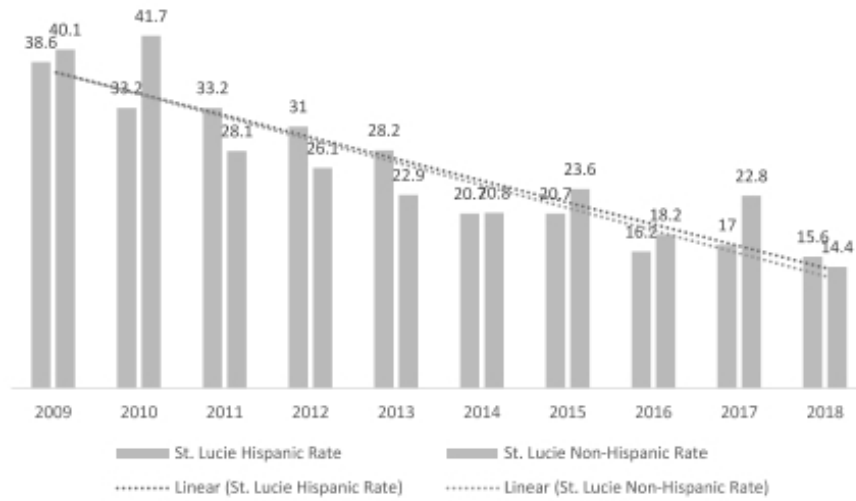
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 152. Births by Mothers' Age, Ages 15-19 by Race, St. Lucie County 2009 - 2018



Source: Florida Health Charts, 2009 - 2018, Florida Department of Health, Bureau of Vital Statistics. The rate displayed is the age-specific birth rate (births to mothers ages 15-19 divided by females in the same age group expressed per 1,000 population).

Figure 153. Births by Mothers' Age, Ages 15-19 by Ethnicity, St. Lucie County 2009 - 2018



Source: Florida Health Charts, 2009 - 2018, Florida Department of Health, Bureau of Vital Statistics. The rate displayed is the age-specific birth rate (births to mothers ages 15-19 divided by females in the same age group expressed per 1,000 population).

Maternal and Family Characteristics

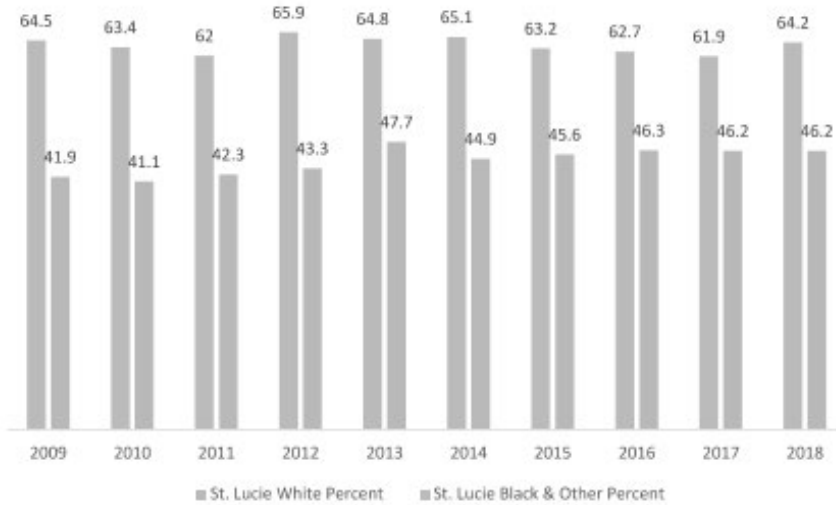
In addition to the age of mothers and entry to prenatal care, there are other maternal and family characteristics that are associated with birth outcomes. These include births to unwed mothers, births with inter-pregnancy intervals of <18 months, births to mothers >18 without a high school education, births to mothers born in other countries, births to mothers who smoked during pregnancy, and mothers who initiate breastfeeding. The following represent those areas in which St. Lucie County has been faring less favorably than the state.

Figure 154. Births to Unwed Mothers, St. Lucie County 2009 - 2018



*Rate for county is statistically significantly higher than the state rate.
 Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.
 NOTE: these data are only for pregnancies that ended with a live birth.

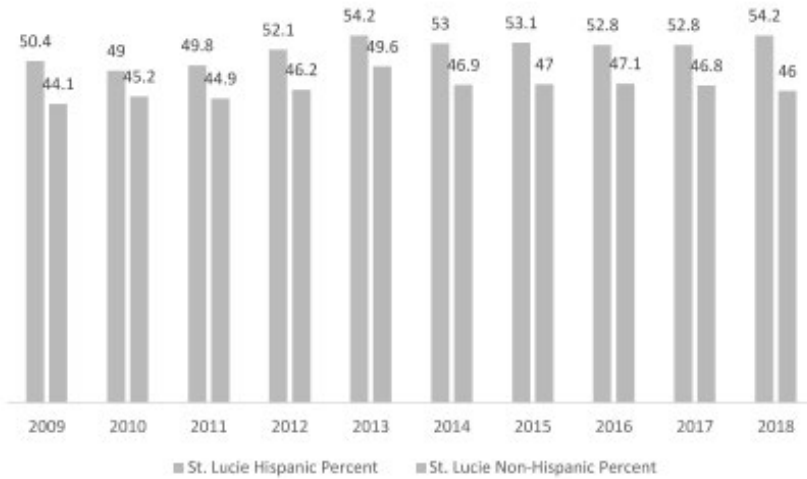
Figure 155. Births to Unwed Mothers by Race, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.
 NOTE: these data are only for pregnancies that ended with a live birth.

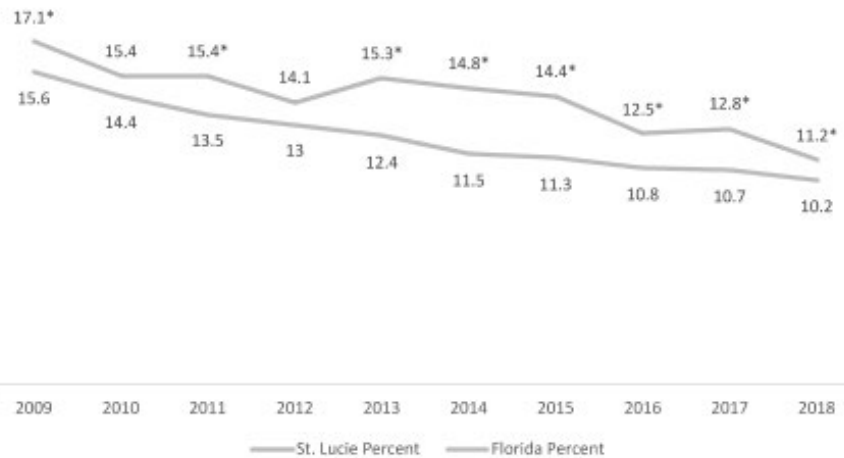
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Figure 156. Births to Unwed Mothers by Ethnicity, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 157. Births to mothers 19 and over without High School Education, Ages 19 and over, St. Lucie County 2009 - 2018



*Rate for county is statistically significantly higher than the state rate.
 Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 158. Births to mothers 19 and over without High School Education by Race, Ages 19 and over, St. Lucie County 2009 - 2018

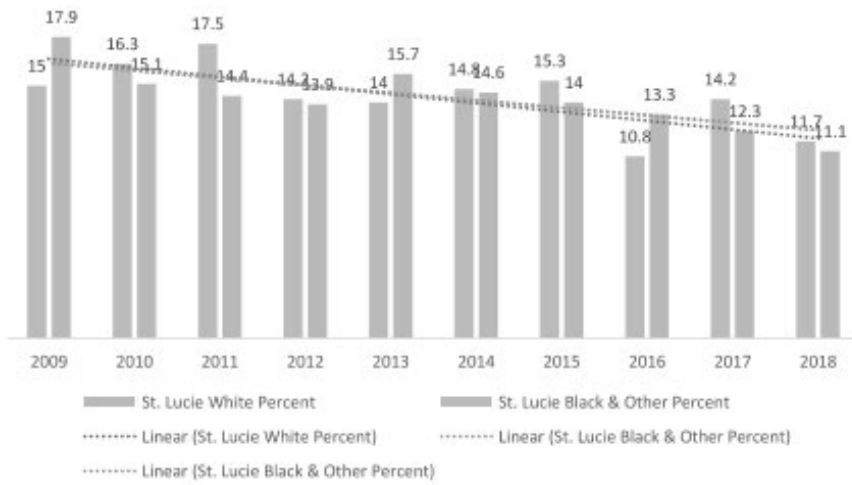
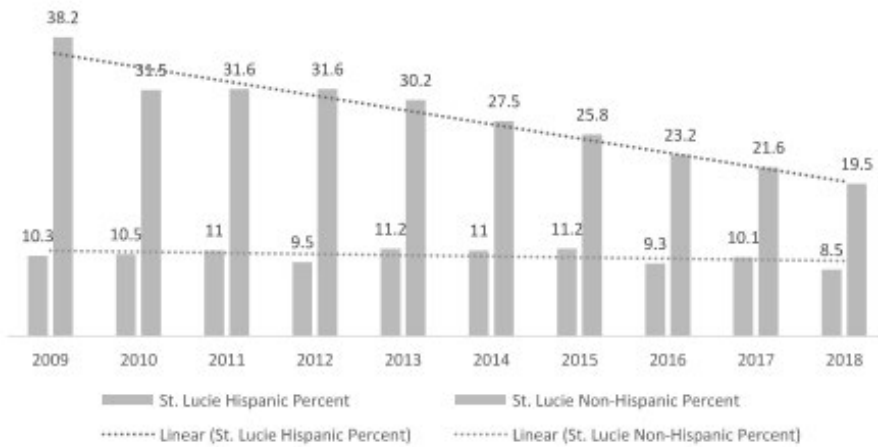


Figure 159. Births to Mothers 19 and over without High School Education by Ethnicity, Ages 19 and over, St. Lucie County 2009 - 2018



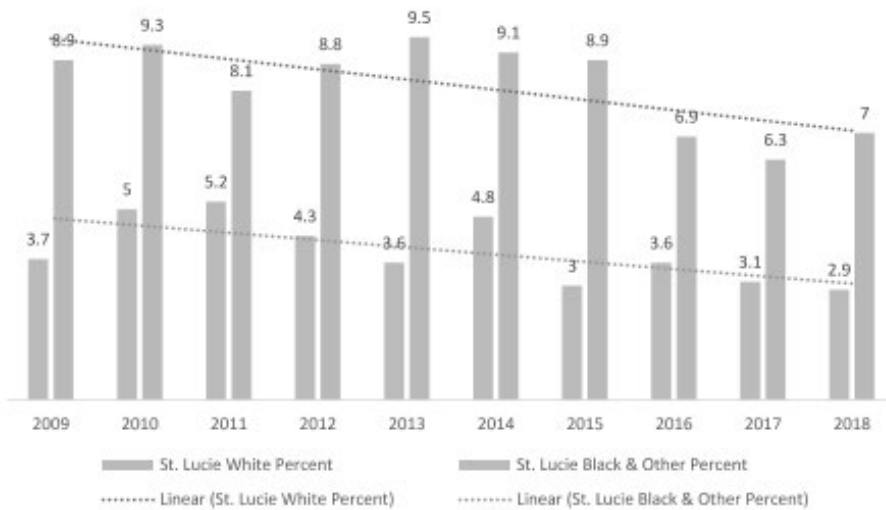
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Figure 160. Resident Live Births to Mothers Who Smoked During Pregnancy, St. Lucie County 2009 - 2018



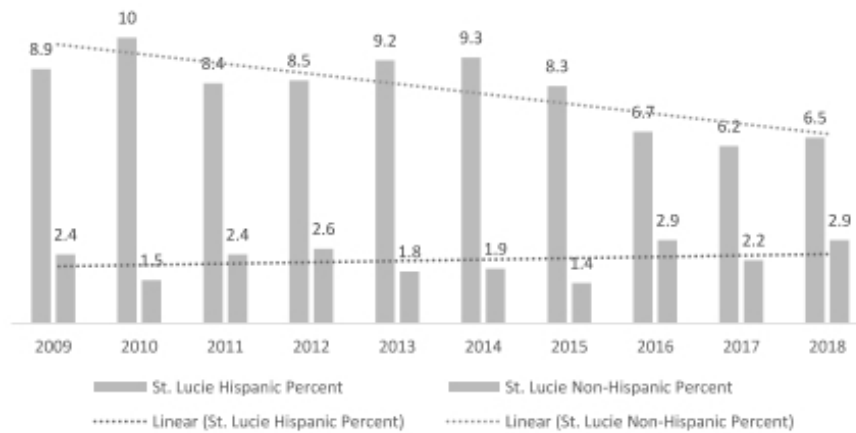
*Rate for county is statistically significantly higher than the state rate.
 Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 161. Resident Live Births to Mothers Who Smoked During Pregnancy by Race, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.
 NOTE: these data are only for pregnancies that ended with a live birth.

Figure 162. Resident Live Births to Mothers Who Smoked During Pregnancy by Ethnicity, St. Lucie County 2009 - 2018

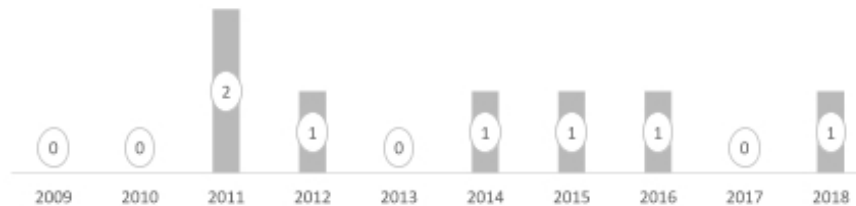


Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics 2009-2018.
 NOTE: these data are only for pregnancies that ended with a live birth.

Maternal Death

A maternal death is defined by the Centers for Disease Control as “the death of a woman while pregnant or within 42 days of termination of pregnancy,” but excludes those from accidental/incidental causes. Complications during pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries. Using the World Health Organization and CDC’s definition allows comparison of these data with other states, the nation, and other countries. The maternal deaths per 100,000 live births represents the risk of maternal death associated with each pregnancy. St. Lucie County’s count have remained low over the past ten years with some years recording zero deaths.

Figure 163. Maternal Death Count, St. Lucie County, Florida - 2009-2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Behavioral Health

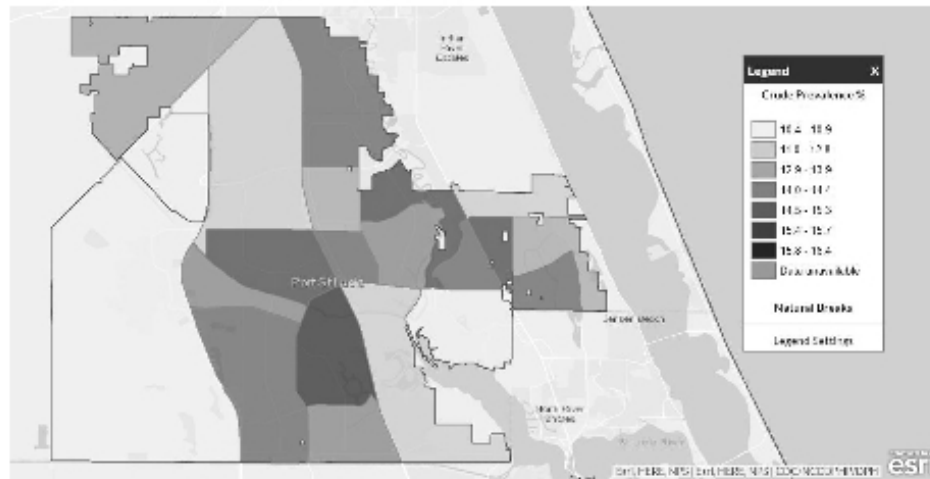
Mental Illness and Hospitalizations

Understanding the scope of mental illness establishes a foundation for bringing services and funding to areas in need. Florida Health Charts definition: *Serious mental illness among people ages 18 and older is defined as having, at any time during the past year, a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, and other mental disorders that cause serious impairment.* St. Lucie County has shown an overall increase in hospitalizations for mental health disorders over the past ten years.

“Evidence has shown that mental disorders, especially depressive disorders, are strongly related to the occurrence, successful treatment, and course of many chronic diseases including diabetes, cancer, cardiovascular disease, asthma, and obesity (4) and many risk behaviors for chronic disease; such as, physical inactivity, smoking, excessive drinking, and insufficient sleep. Mental health is an important component of Health-related quality of life (HRQOL), a multi-dimensional concept that focuses on the impact of health status on quality of life.”

Source: Centers for Disease Control and Prevention, 500 Cities

Figure 164. Model-based estimates for mental health not good for >=14 days among adults aged >=18 years - 2017



Source: Behavioral Risk Factor Surveillance System (BRFSS)

In 2018, the fatal injury count for St. Lucie County was 260 with a county age-adjusted rate of 78.95. These fatal injuries included 180 unintentional fatal injuries (primarily from drug poisoning) and 55 deaths by suicide.

- Age categories with the highest counts of unintentional fatal injuries were for individuals ages 35-64 (58) and individuals aged 65 and older (58), followed by individuals 25-34 (26), 20-24 (13), 15-19 (8), and 0-14 (7).
- Age categories with the highest counts of death by suicide were for ages 35-64 (27), 65 and older (20), 25-34 (5) and 20-34 (3).

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Table 73. Fatal Injury Count by Intent and Age, St. Lucie County - 2018

Intent	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count	County Age Adj Rate	Florida Age Adj Rate
Homicide	0	0	0	0	2	6	7	2	2	2	1	1	0	23	8.51	6.64
Suicide	0	0	0	0	0	3	5	5	9	13	8	10	2	55	15.04	15.32
Undetermined	0	0	0	0	0	0	0	0	1	0	0	0	1	2	0.52	0.66
Unintentional	2	3	1	1	8	13	26	21	20	27	8	14	36	180	54.88	53.81
Total	2	3	1	1	10	22	38	28	32	42	17	25	39	260	78.95	76.59

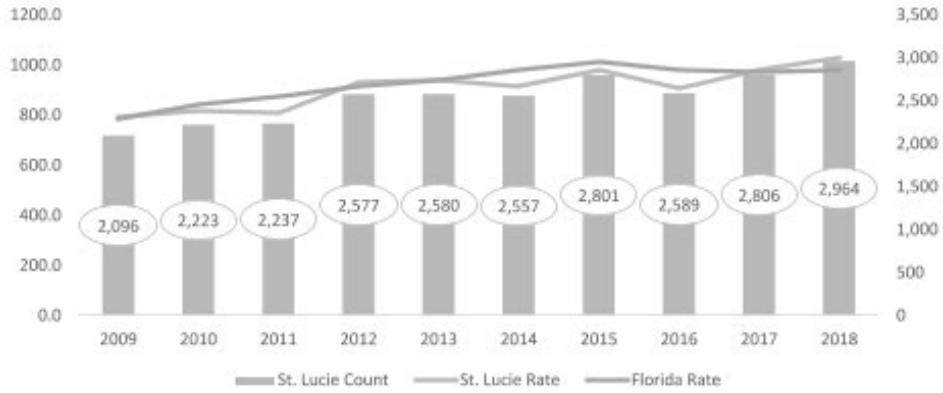
Inpatient Hospitalizations

Definition: Inpatient hospitalizations, discharged from civilian, non-federal acute care hospitals located in Florida, where a mental disorder was the principal diagnosis. Mental disorders include mental and behavioral disorders due to psychoactive substance use; schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders; mood disorders; and anxiety, dissociative, stress-related, somatoform and other non-psychotic mental disorders.

Table 74. Hospitalizations for mental disorders, St. Lucie County 2016 - 2018

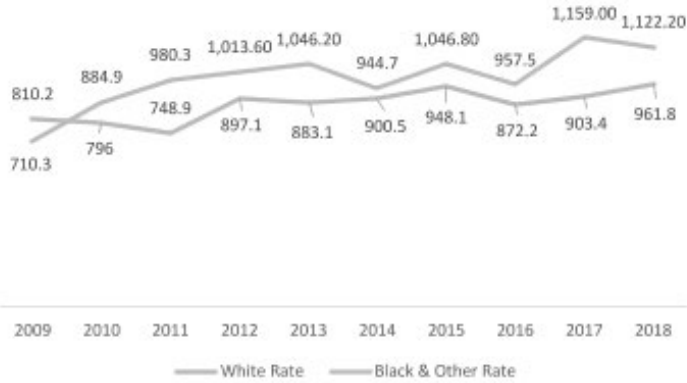
Social and Mental Health, St. Lucie County, Florida 2016-18					
Indicators	Data Year	County Quartile 1=most favorable 4=least favorable	County		State
			Number of Cases	3-Yr Rate Per 100,000	3 Yr Rate Per 100,000
Mental disorders					
Hospitalizations for mental disorders	2016-18	5	8,369	930.0	958.4
Hospitalizations for mental disorders age under 10	2016-18	1	205	157.9	526.2
Hospitalizations for mental disorders age 10-21	2016-18	5	485	1,210.8	1,197.5
Hospitalizations for mental disorders age 22-24	2016-18	5	383	1,322.4	1,227.0
Hospitalizations for mental disorders age 25-44	2016-18	4	3,030	1,515.6	1,313.6
Hospitalizations for mental disorders age 45-64	2016-18	4	3,254	1,356.5	1,226.0
Hospitalizations for mental disorders age 65-74	2016-18	4	742	643.0	596.7
Hospitalizations for mental disorders age 75 or older	2016-18	1	195	208.0	347.8
Hospitalizations for mood and depressive disorders	2016-18	3	3,599	400.4	480.2
Hospitalizations for schizophrenic disorders	2016-18	4	1,890	210.3	251.3
Hospitalizations for mental disorders, except drug and alcohol-induced mental disorders	2016-18	5	6,005	677.1	792.9

Figure 165. Hospitalization for Mental Disorders, Rate Per 100,000 Population, St. Lucie County 2009 - 2018



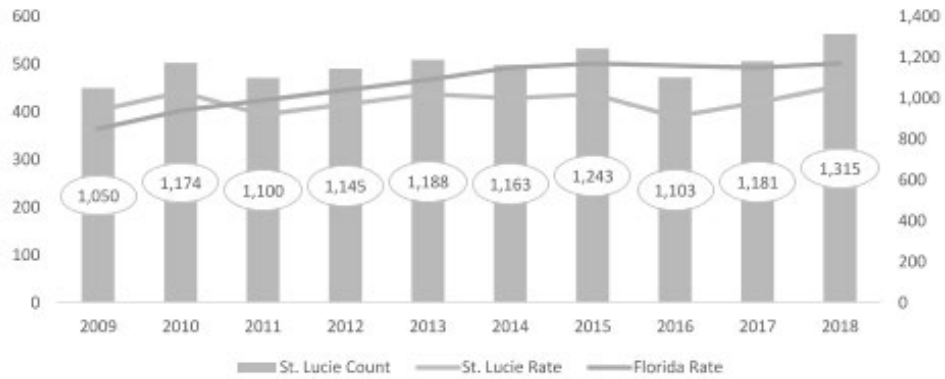
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 166. Age-adjusted Hospitalizations for mental disorders, Rate per 100,000 population, St. Lucie County 2009 - 2018



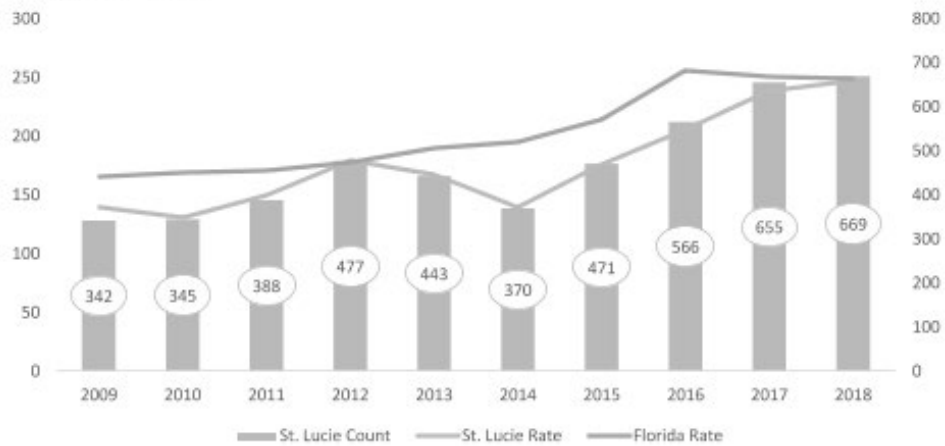
Source: Florida Agency for Health Care Administration (AHCA). ICD-9-CM Code(s): 290-319 listed as the principal diagnosis. ICD-10-CM Code(s): F10-F48 listed as the principal diagnosis.

Figure 167. Hospitalization for Mood and Depressive Disorders, Rate Per 100,000 Population, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 168. Hospitalization for Schizophrenic Disorders, Rate Per 100,000 Population, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

Figure 169. Hospitalizations for mental disorders age under 18, Rate per 100,000 population, St. Lucie County 2009 - 2018



Figure 170. Hospitalizations for mental disorders age 18-21, Rate per 100,000 population, St. Lucie County 2009 - 2018

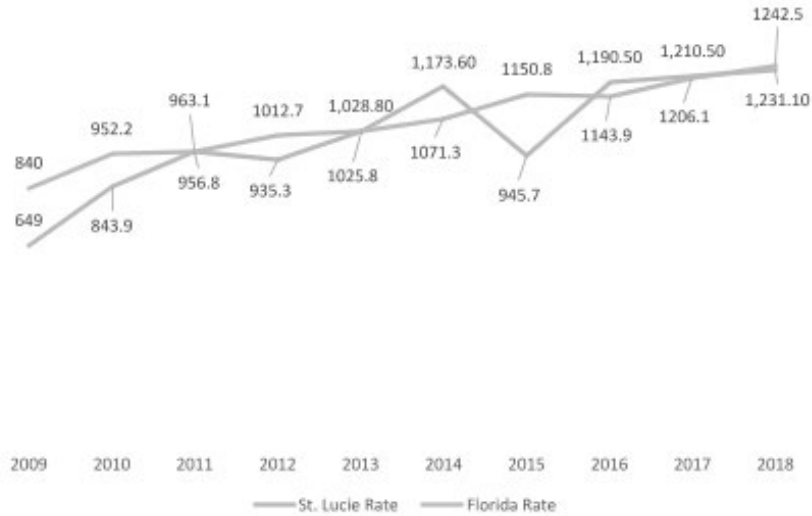


Figure 171. Hospitalizations for mental disorders age 22-24, Rate per 100,000 population, St. Lucie County 2009 - 2018

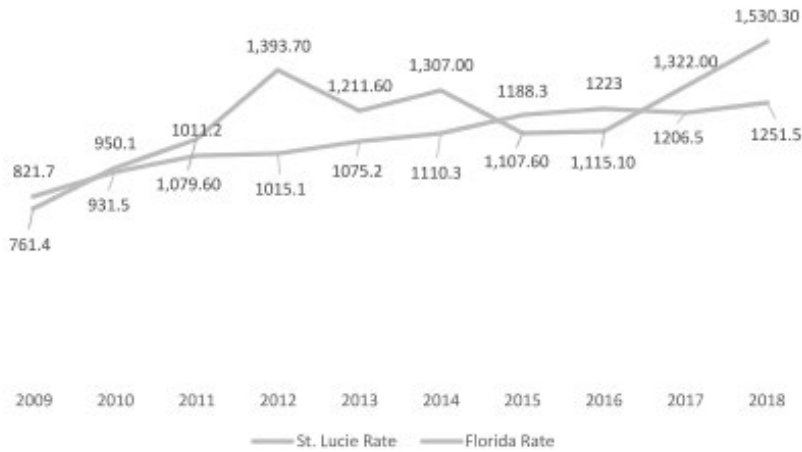


Figure 172. Hospitalizations for mental disorders age 25-44, Rate per 100,000 population, St. Lucie County 2009 - 2018



Figure 173. Hospitalizations for mental disorders age 45-64, Rate per 100,000 population, St. Lucie County 2009 - 2018

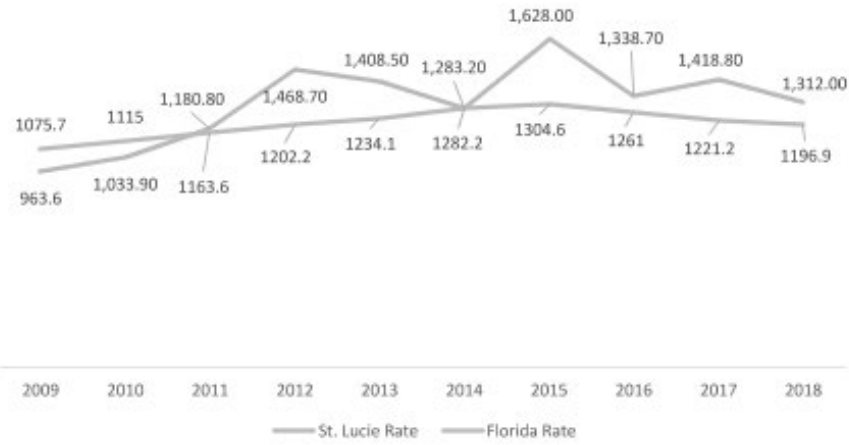


Figure 174. Hospitalizations for mental disorders age 65-74, Rate per 100,000 population, St. Lucie County 2009 - 2018



Figure 175. Hospitalizations for mental disorders age 75 or older, Rate per 100,000 population, St. Lucie County 2009 - 2018



*Rate was statistically significantly lower than the state rate

Suicide and Self-Inflicted Injury

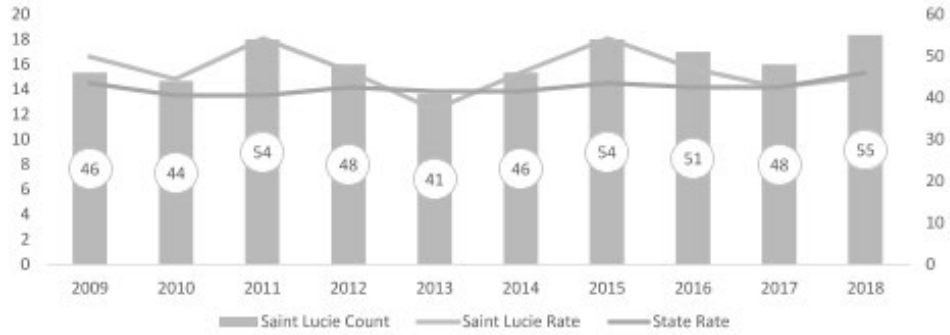
One of the nation's leading causes of death, death by suicide or self-inflicted injury is described as *when people direct violence at themselves with the intent to end their lives*. Individuals of all ages and backgrounds may be susceptible to suicide. Risk factors include depression and other mental health disorders, substance abuse, and family history of mental illness and substance use. Other risks include the presence of firearms in the home, violence and abuse, and spending time in prison. The Suicide Age-Adjusted Death Rate in St. Lucie County is similar to Florida. The highest number of cases of suicide were recorded in 2018 (55), 26 (47.3%) of which can be attributed to firearms as the mechanism.

Table 75. Suicide Count and Rate by Mechanism and Age, St. Lucie County - 2018

Mechanism	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count	County Age Adj Rate	Florida Age Adj Rate
Cut, Pierce	0	0	0	0	0	0	2	0	0	2	0.33	0.3
Drowning, Submersion	0	0	1	0	0	0	0	0	0	1	0.39	0.28
Fall	0	0	0	0	0	0	0	0	0	0	0	0.46
Fire, Flame	0	0	0	0	0	0	1	0	0	1	0.17	0.08
Firearm	0	2	2	3	2	5	3	7	2	26	6.99	7.71
Poisoning	0	1	0	0	1	4	2	2	0	10	2.3	2.1
Suffocation	0	0	2	2	6	4	0	1	0	15	4.86	4.11
Total	0	3	5	5	9	13	8	10	2	55	15.04	15.32

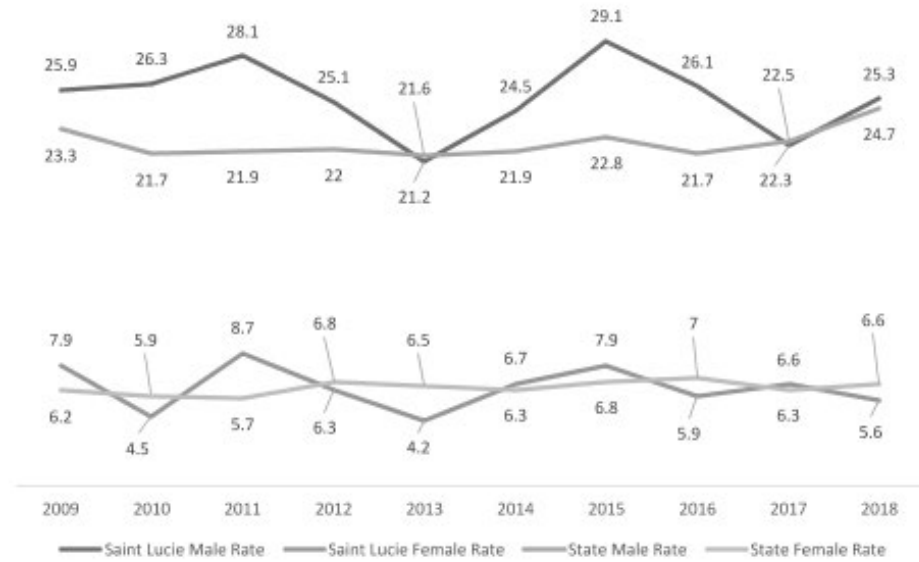
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Figure 176. Suicide Age-Adjusted Death Rate per 100,000 Population, St. Lucie County 2009 - 2018



Source: Florida Health Charts, Florida Department of Health, 2009-2018

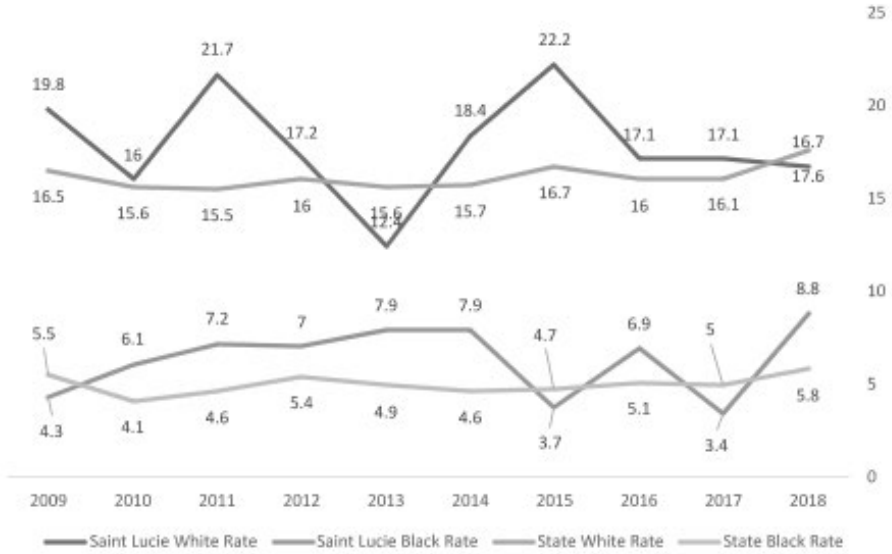
Figure 177. Suicide by Sex, St. Lucie County 2009 - 2018



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Source: Florida Health Charts, 2009 - 2018

Figure 178. Suicide by Race, St. Lucie County 2009 - 2018



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Table 76. Unintentional Fatal Injuries, By Mechanism and Age Group, St. Lucie County 2018

Mechanism	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Count	County Age Adj Rate	Florida Age Adj Rate
Drowning, Submersion	0	3	0	0	0	0	1	1	0	0	1	0	1	7	2.52	2.02
Fall	0	0	0	0	0	0	0	1	0	4	3	8	28	44	8.14	9.97
MV Traffic - Motorcyclist	0	0	0	1	1	0	1	0	1	1	0	1	0	6	1.98	2.61
MV Traffic - Occupant	0	0	1	0	5	9	1	2	4	2	1	1	2	28	10.12	7.08
MV Traffic - Other, Unspecified	0	0	0	0	0	1	0	0	1	2	0	0	0	4	1.18	1.15
MV Traffic - Pedal Cyclist	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0.35	0.52
MV Traffic - Pedestrian	0	0	0	0	0	2	1	1	1	2	0	1	0	8	2.66	3.02
Other Specified & Classifiable	0	0	0	0	0	0	1	1	0	0	0	0	0	2	0.88	0.63
Poisoning	0	0	0	0	2	1	21	15	11	14	2	0	0	66	23.8	21.79
Suffocation	2	0	0	0	0	0	0	0	0	1	0	1	4	8	1.98	1.75
Transport, Other	0	0	0	0	0	0	0	0	1	0	0	1	0	2	0.54	0.44
Unspecified	0	0	0	0	0	0	0	0	0	1	1	1	1	4	0.74	1.01
Total	2	3	1	1	8	13	26	21	20	27	8	14	36	180	54.88	53.81

Source: Florida Health Charts, Florida Department of Health, Bureau of Vital Statistics

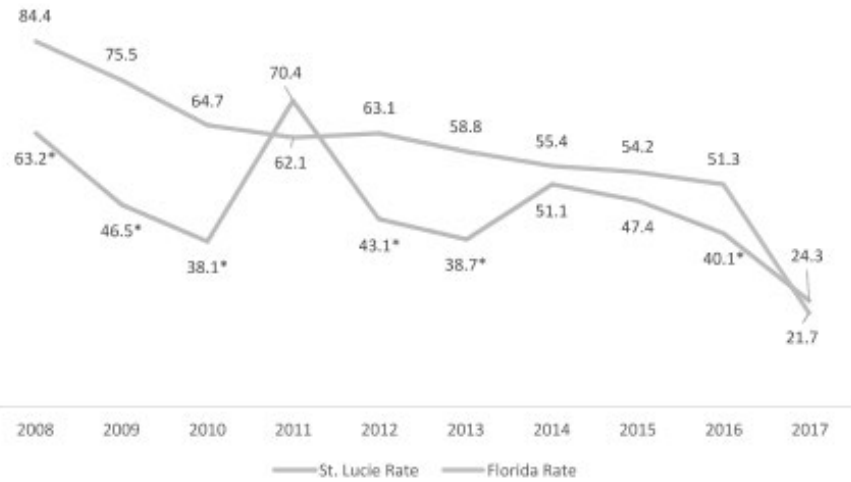
Alcohol Use

Figure 179. Alcohol-suspected Motor Vehicle Traffic Crashes, St. Lucie County 2008 - 2017



**Rate is statistically significantly lower than the state rate
 Source: Florida Health Charts, Florida Department of Highway Safety and Motor Vehicles

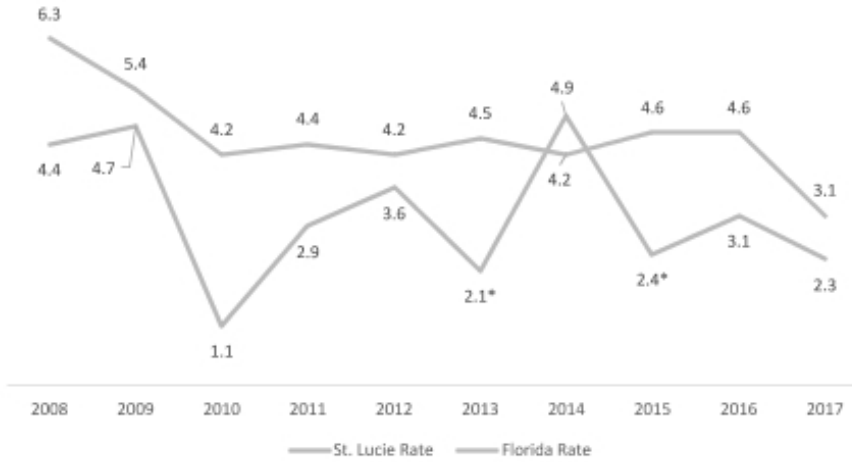
Figure 180. Alcohol-suspected Motor Vehicle Traffic Crash Injuries, St. Lucie County 2008 - 2017



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**Rate is statistically significantly lower than the state rate
 Source: Florida Health Charts, Florida Department of Highway Safety and Motor Vehicles

Figure 181. Alcohol-suspected Motor Vehicle Traffic Crash Deaths, St. Lucie County 2008 - 2017



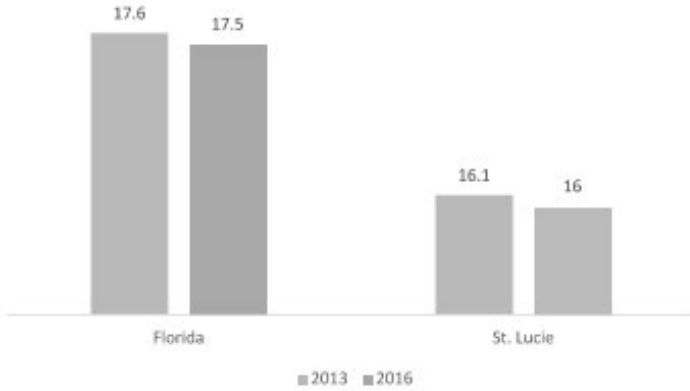
**Rate is statistically significantly lower than the state rate
 Source: Florida Health Charts, Florida Department of Highway Safety and Motor Vehicles

Binge Drinking

The measurement of binge drinking is important for monitoring priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems. It also provides data for assessing changes in behavior and planning health messaging.

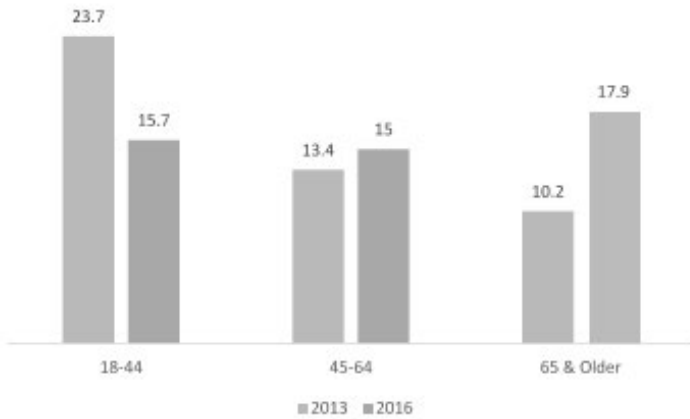
Note: Data in this section provided by the Behavioral Risk Factor Surveillance System. (BRFSS) is a random survey and all estimates of prevalence are subject to random sample errors. Confidence intervals (CI) of 95% are used with each prevalence, however they are not included in the charts. Caution should be used then when comparing this data.

Figure 182. Adults who Engage in Heavy or Binge Drinking, St. Lucie County 2013 - 2016



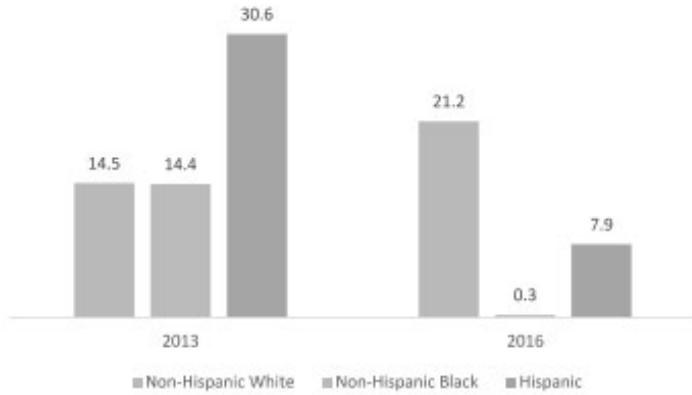
Source: Florida Health Charts, 2002-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 183. Adults who Engage in Heavy or Binge Drinking by Age Group, St. Lucie County 2013 - 2016



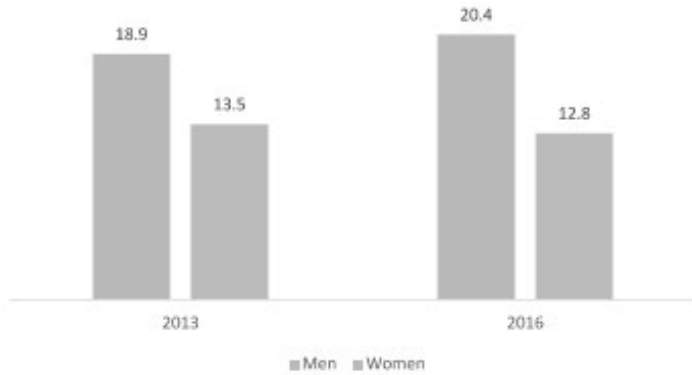
Source: Florida Health Charts, 2002-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 184. Adults who Engage in Heavy or Binge Drinking by Race/Ethnicity, St. Lucie County 2013 - 2016



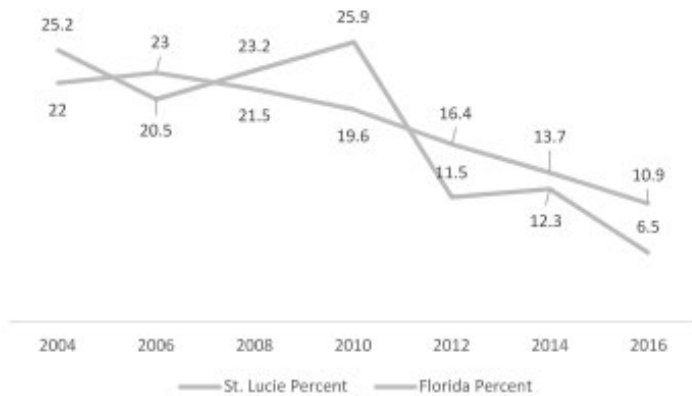
Source: Florida Health Charts, 2002-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 185. Adults who Engage in Heavy or Binge Drinking by Sex, St. Lucie County 2013 - 2016



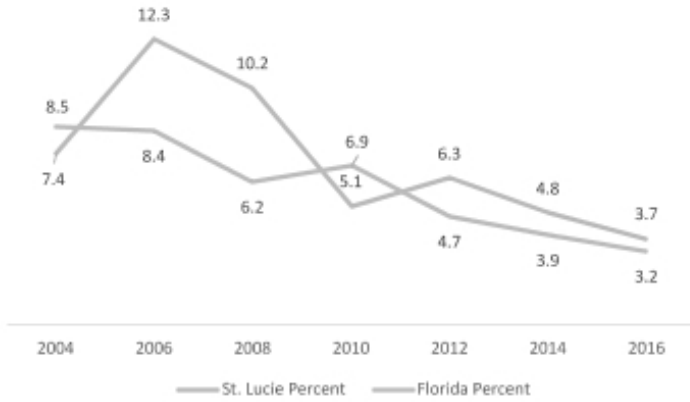
Source: Florida Health Charts, 2002-2016, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 186. High school students reporting Binge Drinking, Percent of High School Students, St. Lucie County 2004 - 2016



Source: Florida Health Charts, 2004 - 2016, Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS)
 Note: This is the percent of students reporting having 5 or more drinks in a row in the past 2 weeks.

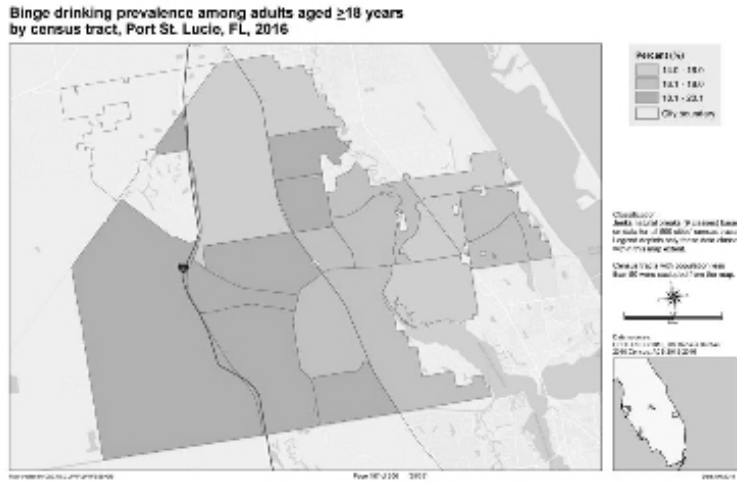
Figure 187. Middle school students reporting Binge Drinking, Percent of Middle School Students, St. Lucie County 2004 - 2016



Source: Florida Health Charts, 2004 - 2016, Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS)

Note: This is the percent of students reporting having 5 or more drinks in a row in the past 2 weeks.

Figure 188. Binge drinking prevalence among adults ≥ 18 years by census tract, Port St. Lucie city 2016

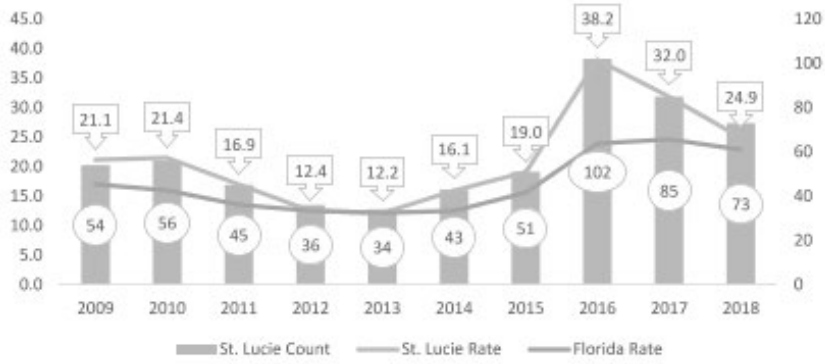


Drug-Poisoning Mortality

While considered preventable, poisoning is the leading cause of injury death in the nation and are mostly attributable to drugs overdose from either pharmaceutical or illicit drug. Florida Health Charts definition: Deaths resulting from unintentional or intentional overdose of a drug, being given the wrong drug, taking a drug in error, or taking a drug inadvertently. In 2016, the drug-poisoning death rates in St. Lucie County reached a significant peak (38.2). Since then the rates have decreased but remain high compared to ten years prior and higher than the state or Florida.

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Figure 189. Age-adjusted Drug Poisoning Deaths, Rate Per 100,000 Population, St. Lucie County - 2009-2018



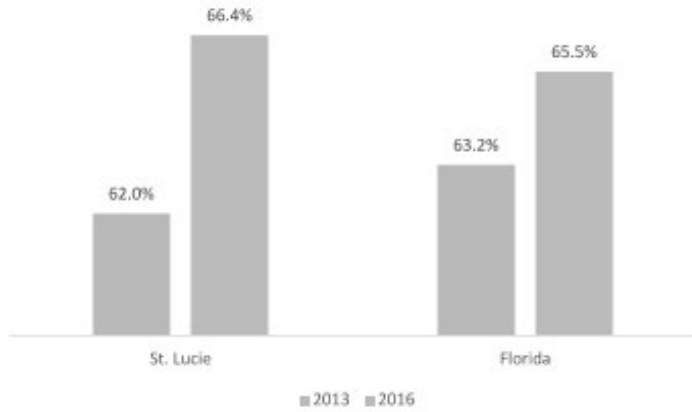
Source: Florida Health Charts, Florida Department of Health, 2009-2018

Table 77. Opioid Profile, St. Lucie County 2018

Indicator	Measure	Year-to-Date (Provisional)
Health Status and Quality of Life		
Opioid Overdose deaths	Count	45
Drug Overdose deaths	Count	62
Opioid Overdose Annual Age-Adjusted Death Rate	Per 100,000 persons	16.4
Drug Overdose Annual Age-Adjusted Death Rate	Per 100,000 persons	21.9
Suspected Non-fatal Opioid-involved Overdose	Count	118
Suspected Non-fatal All Drug Overdose	Count	576
All drug non-fatal overdose emergency department visits	Count	447
Opioid-involved non-fatal overdose emergency department visits	Count	157
All drug non-fatal overdose hospitalizations	Count	418
Opioid-involved non-fatal overdose hospitalizations	Count	104
Neonatal Abstinence Syndrome Birth Defect	Count	23
Neonatal Abstinence Syndrome Birth Defect Annual Rate	Per 10,000 live births	73.7
Early Steps Clients Experiencing Neonatal Abstinence Syndrome	Count	1
Florida Poison Information Network - calls related to opioids	Count	35
Drug-related Consequences		
Drug confirmed traffic crash fatalities	Count	2
Drug confirmed traffic crash injuries	Count	0
Drug suspected traffic crash fatalities	Count	2
Drug suspected traffic crash injuries	Count	8
Annual Drug arrests	Count	1716
Annual Adult Drug Arrests	Count	1639
Annual Juvenile Drug Arrests	Count	77

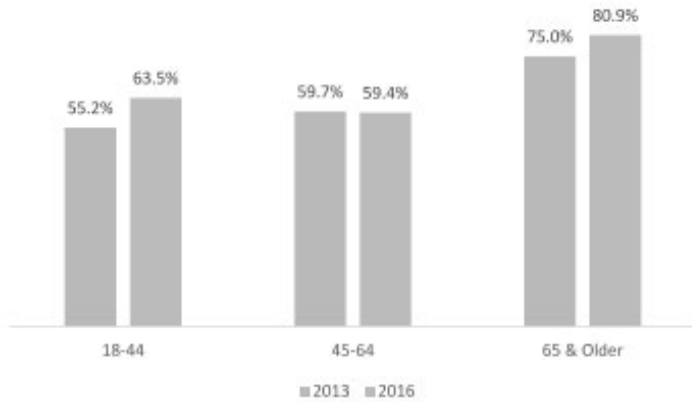
Source: Florida Health Charts, Opioid Profile, 2018

Figure 190. Adults who Sleep at least 7 hours Each Night, St. Lucie County 2013 - 2016



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Figure 191. Adults who Sleep at least 7 hours Per Night, by Age Group, St. Lucie County 2013 - 2016



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) county-level survey was conducted among adults in Florida in 2007, 2010, 2013 and 2016. The purpose of this survey is to obtain estimates of the prevalence of personal health behaviors that contribute to morbidity and mortality. The table below outlines the following topics: Health Care Access & Coverage, Health Status & Quality of Life.

Table 78. Behavioral Risk Factor Surveillance System, St. Lucie 2013 - 2016

Indicator	2013 Percent	2016 Percent
Health Care Access & Coverage		
Adults who have a personal doctor	74.1	70.0 (64.4-75.7)
Adults who had a medical checkup in the past year	72.5	79.4 (74.3-84.5)
Adults who could not see a doctor in the past year due to cost	23.1	18.8 (13.8-23.7)
Health Status & Quality of Life		
Adults who said their overall health was "good" to "excellent"	79.0	83.1 (78.9-87.3)
Adults who said their overall health was "fair" or "poor"	21.0	16.9 (12.7-21.1)
Adults with good physical health	85.6	86.0 (81.8-90.1)
Average number of unhealthy physical days in the past 30 days	4.5	4.3 (3.2-5.4)
Adults with good mental health	86.2	91.4 (88.1-94.7)
Adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days (Among adults who have had at least one day of poor mental or physical health)	21.7	18.3 (11.0-25.7)
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	6.2	5.8 (4.0-7.7)
Adults who had poor physical health on 14 or more of the past 30 days	14.4	14.0 (9.9-18.2)
Adults who had poor mental health on 14 or more of the past 30 days	13.8	8.6 (5.3-11.9)

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Indicator	2013 Percent	2016 Percent
Average number of unhealthy mental days in the past 30 days	4.4	2.7 (1.9-3.5)
Adults who have ever been told they had a depressive disorder	16.0	7.6 (4.8-10.3)

Source: Florida Health Charts, Florida Department of Health, 2007-2016

Behavioral Health Services

The Southeast Florida Behavioral Health Network operates to develop, support, and manage an integrated network of behavioral health services to promote the emotional well-being and drug-free living of children and adults in Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties. The table below outlines Behavioral Health Services provided in St. Lucie County during the FY 2018-2019.

Table 79. Behavioral Health Services, St. Lucie County FY 2018 - 2019

SERVICE AMH = Adult Mental Health ASA = Adult Substance Abuse CMH = Children's Mental Health CSA = Children's Substance Abuse	Available Within this County? (Yes/No)	If Not Available Within this County, Identify the Nearest County Where it is Available	Number Served Within this County (FY 18-19)
Case Management (AMH)	Yes		1,257
Case Management (ASA)	Yes		987
Case Management (CMH)	Yes		684
Case Management (CSA)	Yes		-
Intensive Case Management (AMH)	Yes		128
Intensive Case Management (CMH)	Yes		-
Crisis Stabilization (AMH)	Yes		1,224
Crisis Stabilization (CMH)	Yes		179
Mobile Crisis Support (AMH)	Yes		-
Mobile Crisis Support (ASA)	Yes		-
Mobile Crisis Support (CMH)	Yes		-
Mobile Crisis Support (CSA)	Yes		-
Walk-in Crisis Support (AMH)	Yes		1,733
Walk-in Crisis Support (ASA)	Yes		833
Walk-in Crisis Support (CMH)	Yes		989
Walk-in Crisis Support (CSA)	Yes		5
FACT Team (AMH)	Yes		218
FACT Team (ASA) - FACT Teams are AMH only	No		-
Inpatient (AMH)	Yes		-
Inpatient (ASA)	Yes		-
Inpatient (CMH)	Yes		-
Inpatient (CSA)	Yes		-
Medical Services (AMH)	Yes		5,486
Medical Services (ASA)	Yes		1,016
Medical Services (CMH)	Yes		535
Medical Services (CSA)	Yes		55
Medication-Assisted Treatment (ASA)	Yes		238

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SERVICE AMH = Adult Mental Health ASA = Adult Substance Abuse CMH = Children's Mental Health CSA = Children's Substance Abuse	Available Within this County? (Yes/No)	If Not Available Within this County, Identify the Nearest County Where it is Available	Number Served Within this County (FY 18-19)
Medication-Assisted Treatment (CSA)	No	Broward	-
Outpatient (AMH)	Yes		5,108
Outpatient (ASA)	Yes		1,782
Outpatient (CMH)	Yes		2,229
Outpatient (CSA)	Yes		527
Recovery Support Provided by Certified Peer Recovery Specialists (AMH)	Yes		181
Recovery Support Provided by Certified Peer Recovery Specialists (ASA)	Yes		90
Recovery Support Provided by Certified Peer Recovery Specialists (CMH)	Yes		-
Recovery Support Provided by Certified Peer Recovery Specialists (CSA)	Yes		-
Recovery Support Provided by Paraprofessionals (ASA)	Yes		-
Recovery Support Provided by Paraprofessionals (CSA)	Yes		-
Residential Treatment Levels I-IV and Room & Board with Supervision Levels I-III (AMH)	Yes		146
Residential Treatment Levels I-IV and Room & Board with Supervision Levels I-III (ASA)	Yes		214
Residential Treatment Levels I-IV and Room & Board with Supervision Levels I-III (CMH)	No	Martin	-
Residential Treatment Levels I-IV and Room & Board with Supervision Levels I-III (CSA)	Yes		69
Short-Term Residential Treatment (AMH)	No	Broward	-
Inpatient Detoxification (ASA)	Yes		1,388
Inpatient Detoxification (CSA)	No	Palm Beach	-
Outpatient Detoxification (ASA)	No	Broward	-
Outpatient Detoxification (CSA)	No	Broward	-

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SERVICE AMH = Adult Mental Health ASA = Adult Substance Abuse CMH = Children's Mental Health CSA = Children's Substance Abuse	Available Within this County? (Yes/No)	If Not Available Within this County, Identify the Nearest County Where it is Available	Number Served Within this County (FY 18-19)
Supportive Housing/Living (AMH)	Yes		664
Supportive Housing/Living (ASA)	Yes		-
Supportive Housing/Living (CMH)	Yes		1
Supportive Housing/Living (CSA)	No	Broward	-
Addiction Receiving Facility (ASA)	No	Broward	664
Addiction Receiving Facility (CSA)	No	Broward	-

Source: Southeast Florida Behavioral Health Network

Aging in St. Lucie County

As St. Lucie County continues to increase in the 60 and over group, it is necessary to pay particular attention to the needs of this special population. In addition to collecting qualitative data in focus groups and interviews with older adults, an analysis was also conducted of quantitative data. While this analysis may not be exhaustive, it represents a snapshot of data impacting older adults in St. Lucie County. The use of data may serve to identify needed resources and services. This data is provided in addition to previously reported information in the Community Health Status Assessment section of the report. Awareness of the issues identified in this report is needed to ensure that older adults continue to be vital participants in their communities.

Key areas of concern that were highlighted throughout the assessment process include: social isolation; insufficient funding for services, which leads to long waiting lists; rising rates of dementia with limited treatment options; lack of support for caregivers; increased exploitation, access to affordable housing, and the resources to live independently in the home of their choice.

Demographics

Table 80. Profile of 60+ St. Lucie residents

Population by Age Category		
All Ages	304,822	100.0%
Under 18	64,157	21.0%
Under 60	217,305	71.3%
18-59	153,148	50.2%
60+	87,517	28.7%
65+	66,281	21.7%
70+	46,615	15.3%
75+	29,973	9.8%
80+	17,441	5.7%
85+	8,803	2.9%

Source: Office of Economic and Demographic Research (EDR), 2017

Population by Gender		
Male	40,410	46.2%
Female	47,107	53.8%

Source: EDR, 2017

English Proficiency	
With Limited English Proficiency ¹	3,337

Source: DOEA calculations based on EDR and 2011-2015 American Community Survey (ACS) Special Tabulation on Aging tabulated for AoA

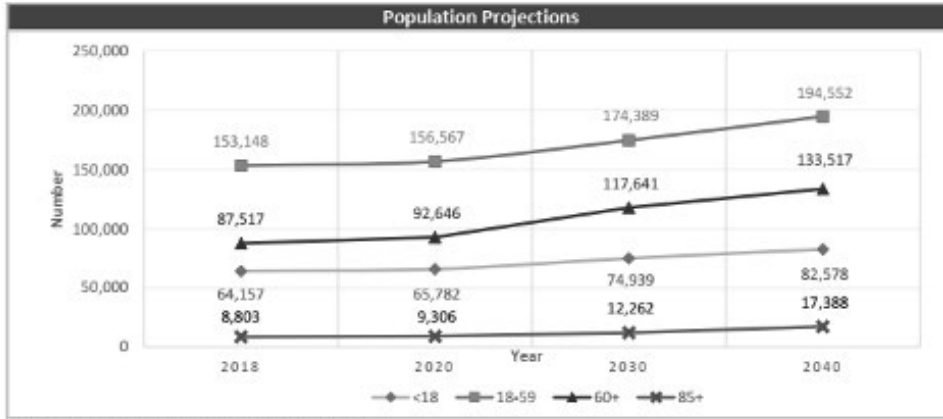
Population by Race and Ethnicity		
White	74,412	85.0%
Black	11,691	13.4%
Other Minorities	1,414	1.6%
Total Hispanic	7,072	8.1%
White	6,445	7.4%
Non-White	627	0.7%
Total Non-Hispanic	80,445	91.9%
Total Racial and Hispanic Minorities ²	19,550	22.3%

Source: EDR, 2017

Financial Status		%
Below Poverty Guideline	8,336	9.5%
Below 125% of Poverty Guideline	12,844	14.7%
Minority Below Poverty Guideline	3,294	3.8%
Minority Below 125% of Poverty Guideline	4,882	5.6%

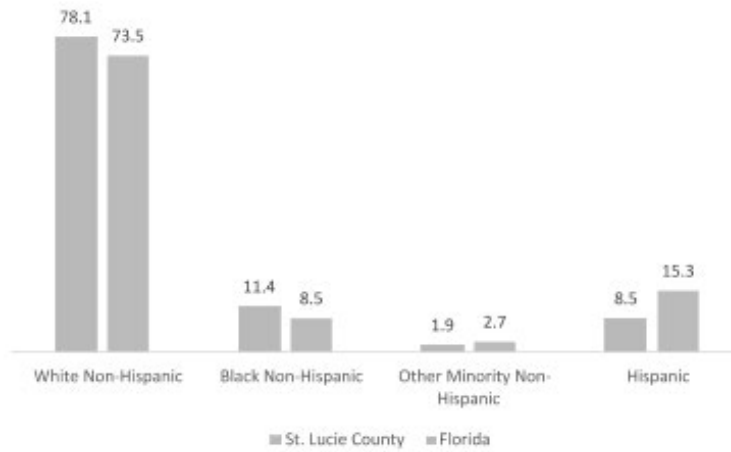
Source: DOEA calculations based on EDR and 2011-15 ACS data

Figure 194. Population Projections



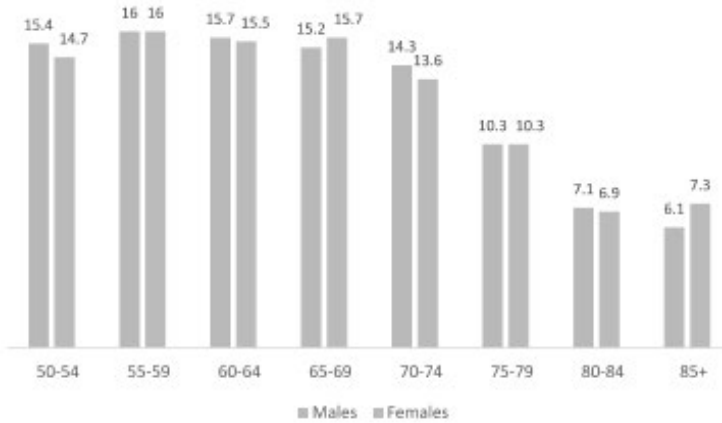
Source: Office of Economic and Demographic Research, 2018

Figure 195. 65 years and older population by Race and Ethnicity, St. Lucie County 2018



Source: Florida Legislature, Office of Economic and Demographic Research (EDR). Population estimates from EDR have been allocated by race based on information from the US Bureau of the Census.

Figure 196. Population over 50 by Sex, St. Lucie County 2018



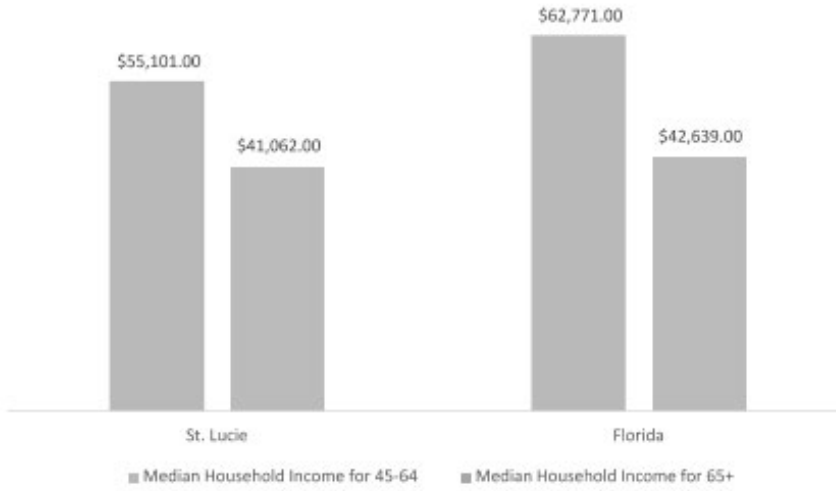
Financial

Figure 197. Household Annual Income for Household Member 65+, St. Lucie County



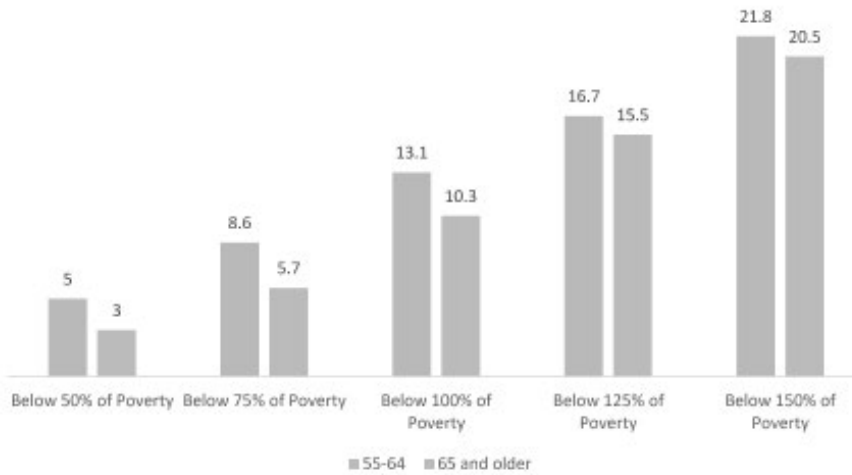
Source: US Bureau of the Census, American Community Survey, Table B19037

Figure 198. Median Household Income 45-64 Year Olds and 65+, St. Lucie County 2018



Source: US Bureau of the Census, American Community Survey, Table B19049

Figure 199. Older Adults at Poverty Level by Age Group, St. Lucie County 2018



Source: US Bureau of the Census, American Community Survey, Table B17024

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Table 81. Social Security Beneficiaries, St. Lucie County 2018

Indicator	St. Lucie	Florida
Social Security Beneficiaries	63,280	3,588,191
Monthly Social Security Income (average)	\$1,469.00	\$ 1,437.00

Source: Social Security Administration, OASDI Beneficiaries by State and County, Table 4.
Social Security Administration, OASDI Beneficiaries by State and County, Table 5

The Elder Index™ is a measure of the cost of living for older adults in the United States. It is calculated for every county in the United States and provides a realistic benchmark of living expenditure that includes housing, food, transportation, health care, and basic household items for older adults.

Table 82. Elder Index™ for St. Lucie County

Florida, Saint Lucie County						
Expenses/Monthly and Yearly Totals	Single Elder			Elder Couple		
	Renter	Owner w/ Mortgage	Owner w/o Mortgage	Renter	Owner w/ Mortgage	Owner w/o Mortgage
Housing	\$273	\$1,326	\$507	\$273	\$1,526	\$507
Food	\$257	\$257	\$257	\$471	\$471	\$471
Transportation	\$227	\$227	\$227	\$349	\$349	\$349
Miscellaneous	\$265	\$265	\$265	\$339	\$339	\$339
Health Care (Poor)	\$633	\$633	\$633	\$1,066	\$1,066	\$1,066
Health Care (Good)	\$333	\$333	\$333	\$666	\$666	\$666
Health Care (Excellent)	\$243	\$243	\$243	\$498	\$498	\$498
Index Per Month (Poor Health)	\$2,155	\$2,692	\$1,789	\$3,198	\$8,011	\$2,792
Index Per Month (Good Health)	\$1,955	\$2,408	\$1,589	\$2,758	\$6,211	\$2,392
Index Per Month (Excellent Health)	\$1,871	\$2,324	\$1,505	\$2,590	\$6,043	\$2,224
Index Per Year (Poor Health)	\$25,860	\$31,296	\$21,468	\$37,896	\$93,332	\$33,504
Index Per Year (Good Health)	\$23,460	\$28,896	\$19,068	\$33,096	\$74,532	\$28,704
Index Per Year (Excellent Health)	\$22,452	\$27,888	\$18,060	\$31,080	\$72,516	\$26,688
% of National Average (Poor Health)	94%	91%	92%	93%	92%	92%
% of National Average (Good Health)	92%	90%	91%	91%	90%	90%
% of National Average (Excellent Health)	92%	90%	90%	91%	90%	90%
% of HHS Poverty Level (Poor Health)	207%	251%	172%	224%	256%	198%
% of HHS Poverty Level (Good Health)	188%	231%	153%	196%	228%	170%
% of HHS Poverty Level (Excellent Health)	180%	223%	145%	184%	216%	158%

Source: Elder Index, (2019). The Elder Index™ (Public Dataset), Boston, MA: Gerontology Institute, University of Massachusetts Boston.
Percentage of HHS Poverty Level was calculated using the 2019 Federal Poverty Level and the Index Per Year

Table 83. Income Required to Meet Basic Needs for 65+ with Excellent Health, St. Lucie County 2017

	St. Lucie	Florida
Single 65+ - Home owner without mortgage	17,616.00	\$17,604.00
Single 65+ - Home owner with mortgage	28,560.00	\$27,888.00
Single 65+ - Renter, one bedroom	\$21,204.00	\$21,552.00
65+ Couple - Home owner without mortgage	25,944.00	\$26,028.00
65+ Couple - Home owner with mortgage	36,888.00	\$36,312.00
65+ Couple - Renter, one bedroom	29,532.00	\$29,976.00

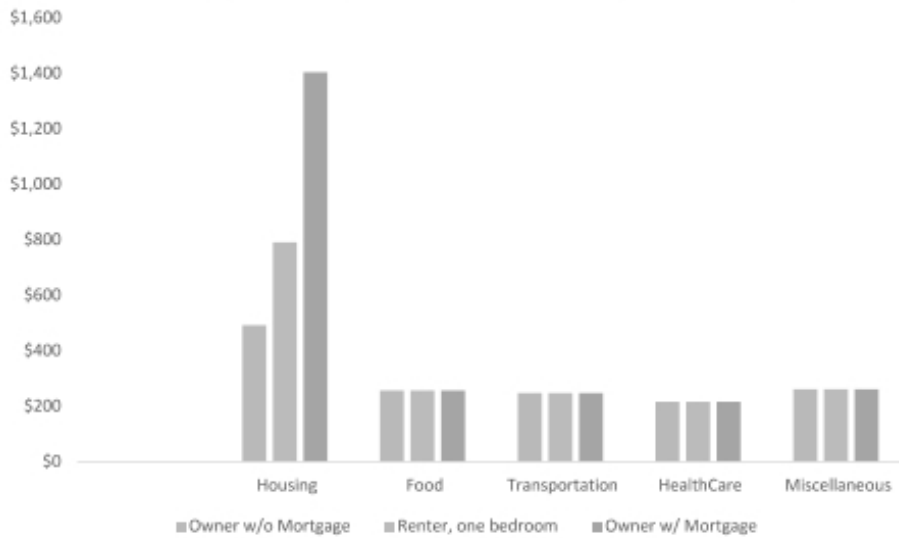
Source: University of Massachusetts, Elder Index 2017

Table 84. Income Required to Meet Basic Needs for 65+ with Poor Health, St. Lucie County 2017

	St. Lucie	Florida
Single 65+ - Home owner without mortgage	21,276.00	\$20,580.00
Single 65+ - Renter, one bedroom	24,864.00	\$24,528.00
Single 65+ - Home owner with mortgage	32,220.00	\$30,864.00
65+ Couple - Home owner without mortgage	33,264.00	\$31,980.00
65+ Couple - Renter, one bedroom	36,852.00	\$35,928.00
65+ Couple - Home owner with mortgage	4,208.00	\$42,264.00

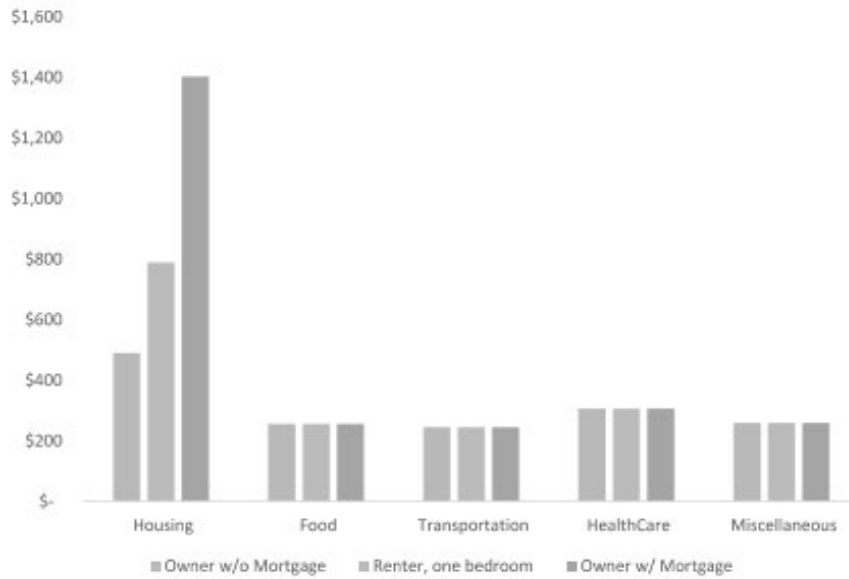
Source: University of Massachusetts, Elder Index 2017

Figure 200. Monthly Expenses, Single Elder in Excellent Health, St. Lucie County 2017



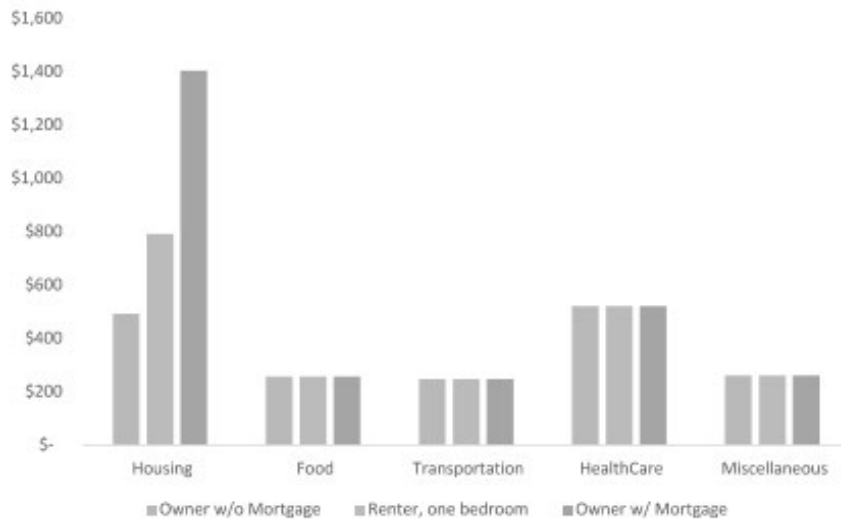
Source: University of Massachusetts, Elder Index 2017

Figure 201. Monthly Expenses, Single Elder in Good Health, St. Lucie County 2017



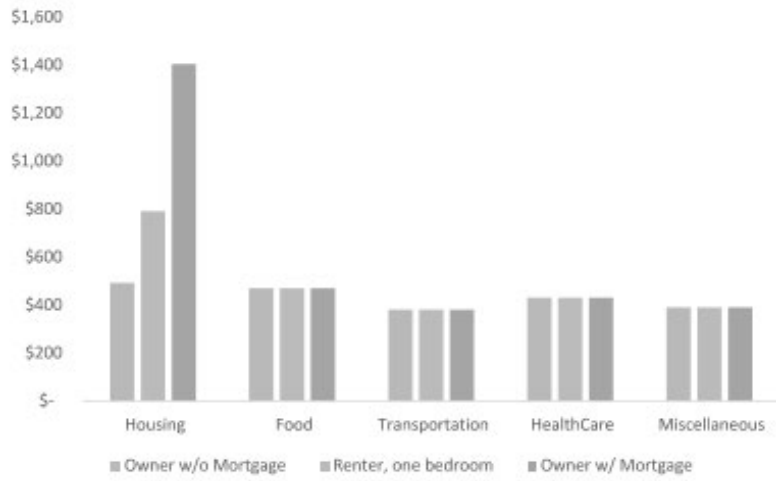
Source: University of Massachusetts, Elder Index 2017

Figure 202. Monthly Expenses, Single Elder in Poor Health, St. Lucie County 2017



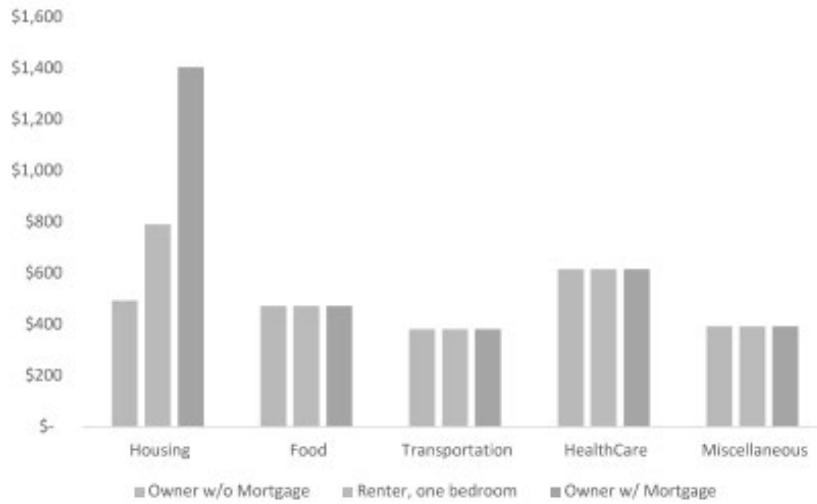
Source: University of Massachusetts, Elder Index 2017

Figure 203. Monthly Expenses, Elder Couple in Excellent Health, St. Lucie County 2017



Source: University of Massachusetts, Elder Index 2017

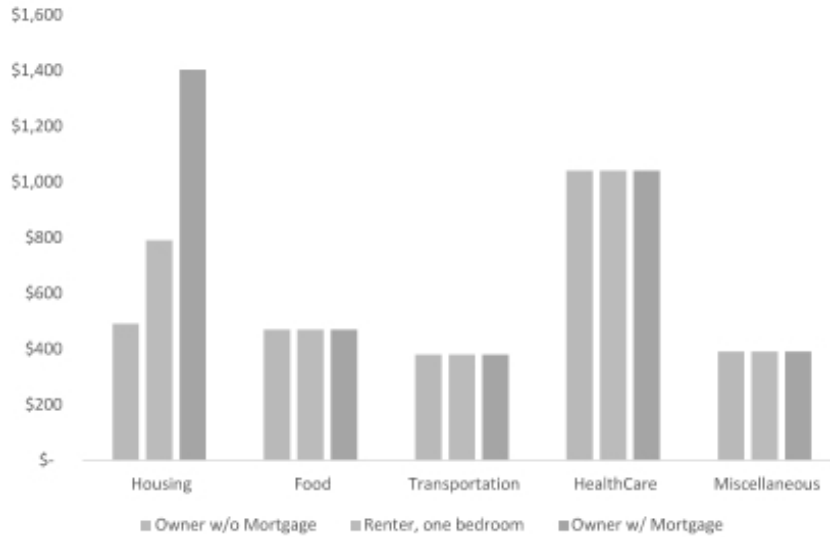
Figure 204. Monthly Expenses, Elder Couple in Good Health, St. Lucie County 2017



Source: University of Massachusetts, Elder Index 2017

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Figure 205. Monthly Expenses, Elder Couple in Poor Health, St. Lucie County 2017



Source: University of Massachusetts, Elder Index 2017

Table 85. Index per Month & Year, by Housing & Health Status, Single & Elder Couples, St. Lucie County 2017

Household	Housing Status	Health Status	Index Per Month	Index Per Year
Single Elder	Owner w/o Mortgage	Poor	\$ 1,773	\$ 21,276
Single Elder	Renter, one bedroom	Poor	\$ 2,072	\$ 24,864
Single Elder	Owner w/ Mortgage	Poor	\$ 2,685	\$ 32,220
Single Elder	Owner w/o Mortgage	Good	\$ 1,560	\$ 18,720
Single Elder	Renter, one bedroom	Good	\$ 1,859	\$ 22,308
Single Elder	Owner w/ Mortgage	Good	\$ 2,472	\$ 29,664
Single Elder	Owner w/o Mortgage	Excellent	\$ 1,468	\$ 17,616
Single Elder	Renter, one bedroom	Excellent	\$ 1,767	\$ 21,204
Single Elder	Owner w/ Mortgage	Excellent	\$ 2,380	\$ 28,560
Elder Couple	Owner w/o Mortgage	Excellent	\$ 2,162	\$ 25,944
Elder Couple	Renter, one bedroom	Excellent	\$ 2,461	\$ 29,532
Elder Couple	Owner w/ Mortgage	Excellent	\$ 3,074	\$ 36,888
Elder Couple	Owner w/o Mortgage	Good	\$ 2,346	\$ 28,152
Elder Couple	Renter, one bedroom	Good	\$ 2,645	\$ 31,740
Elder Couple	Owner w/ Mortgage	Good	\$ 3,258	\$ 39,096
Elder Couple	Owner w/o Mortgage	Poor	\$ 2,772	\$ 33,264
Elder Couple	Renter, one bedroom	Poor	\$ 3,071	\$ 36,852
Elder Couple	Owner w/ Mortgage	Poor	\$ 3,684	\$ 44,208

Source: University of Massachusetts, Elder Index 2017

Table 86. Elder Households, Cost Burden and Food Stamps/SNAP, St. Lucie County

	Year(s)	County		State	
		Count	Percent/Rate	Count	Percent/Rate
Households with cost burden above 30% and income at or below 50% Area Median Income 65+	2017	39,052	14.7	2,412,571	19.7
Households receiving food stamps/SNAP that have 1 or more persons 60+	2014-18	5,728	5.1	425,627	5.6

Source: Shimberg Center for Housing Studies, University of Florida, "Households with Householder Age 65 and Older, Cost Burden by Tenure and Income"

Source: US Bureau of the Census, American Community Survey, Table S2201.

Table 87. SNAP Utilization

SNAP or Food Stamps	
Participants	7,281
Potentially Eligible	12,844
Participation Rate	56.7%

Source: Florida Department of Children and Families, 2017

Table 88. Owner-Occupied Housing Units by Age Group, St. Lucie County 2014 - 2018, 5-year Average

	St. Lucie	
	Count	Percent/Rate
Owner-occupied housing units owned by householder 55-59	3167	33.8
Owner-occupied housing units owned by householder 60-64	4225	45.1
Owner-occupied housing units owned by householder 65+	23502	64.9
Owner-occupied housing units with mortgage and householder 55-59	6205	66.2
Owner-occupied housing units with mortgage and householder 60-64	5137	54.9
Owner-occupied housing units with mortgage and householder 65+	12704	35.1

Source: US Bureau of the Census, American Community Survey, Table B25027

Table 89. Drivers over age 50, St. Lucie County 2018

Over 30% of drivers over the age of 50 were over the age of 70 in 2018. Florida's State Silver Alert was established through an Executive Order signed in 2008 and codified into statute in 2011. The State Silver Alert is issued when a person with dementia goes missing in a vehicle with an identified tag.

	County	State
Drivers 50+	126,074	7,747,671
50-59	42,927	2,853,706
Drivers 60+	83,147	4,893,965
60-64	21,035	1,308,793
Drivers 65+	62,112	3,585,172
65-69	19,623	1,166,116
70-79	29,353	1,659,140
80-89	11,448	659,150
90+	1,688	100,766
Silver Alerts	3	253
<70	0	29
70-79	1	85
80-84	2	66
85+	0	73

Source: Florida Department of Highway Safety and Motor Vehicles, "Licensed Drivers by Age, Sex and County".
 Source: Florida Department of Law Enforcement, "Silver Alert Monthly Reports".

Table 90. Veterans age 45 and older, St. Lucie County 2018

	St. Lucie	Florida
Veterans	24,181	1,491,072
45-64	6,636	471,083
65-84	10,769	616,814
85+	3,223	153,731
Male Veterans	22,181	1,346,091
45-64	5,819	406,104
65-84	10,388	592,942
85+	3,114	148,422
Female Veterans	2,000	144,975
45-64	817	64,975
65-84	381	23,873
85+	108	5,310

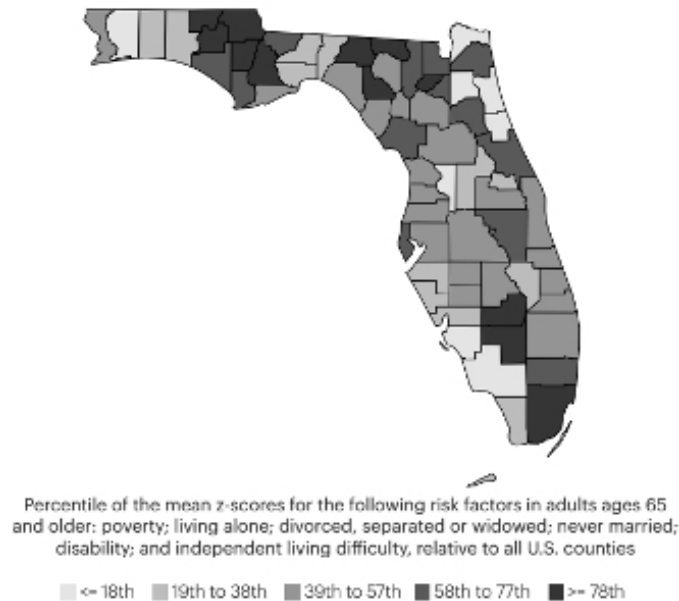
Source: US Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, "Table 9L

Social Isolation

America's Health Rankings indicates "Meaningful social relationships are essential to good health and well-being, especially during one's senior years. Social isolation, or the lack of these relationships, can have negative consequences for a person's physical health and mental well-being. Life events such as retirement, loss of a spouse and friends, and age-related health conditions may make it difficult for seniors to maintain the same level of social interactions or the breadth of a support network they once had. Without these important connections to friends, family and the community, seniors grappling with loneliness and social isolation are more likely to experience poorer health, including health conditions such as high blood pressure, inflammation and even a greater risk of death."

Those who are socially isolated not only have poorer health, and increased rates of mortality (including suicide), they also show a greater use of healthcare resources. The greater risk of severe complications from the virus that causes COVID-19 in older adults and those with underlying medical conditions has further underscored the importance of addressing the needs of our older residents. The United Health Foundation released America's Health Rankings Senior Data updates for 2020 with a focus on the underlying conditions and risk factors for them.

Figure 206. Risk of social isolation by county.



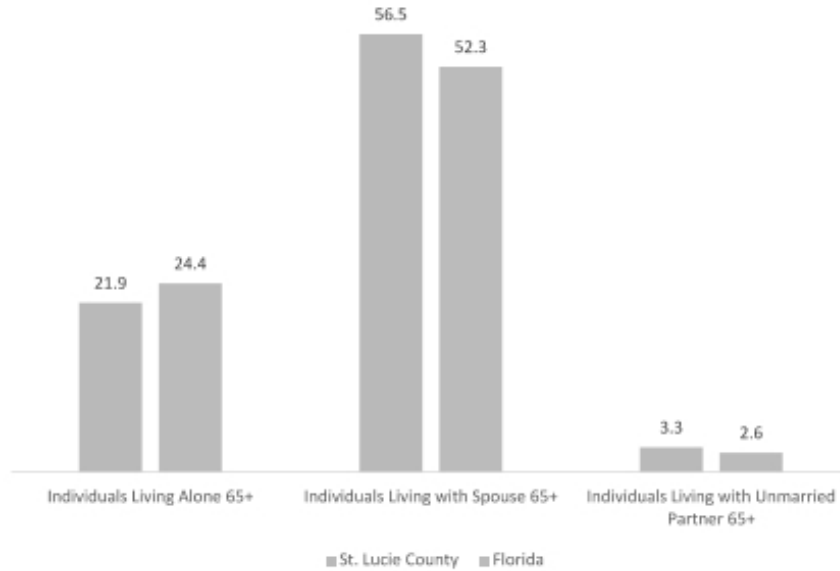
Source: U.S. Census Bureau, American Community Survey, 2014-2018

Source: [Senior Risk of Social Isolation by County](#)

Florida ranks 22nd out of the 50 states based on the six key factors identified that point to an older adult being at increased risk for social isolation. St. Lucie County falls in the 39th-57th percentile for risk of social isolation.

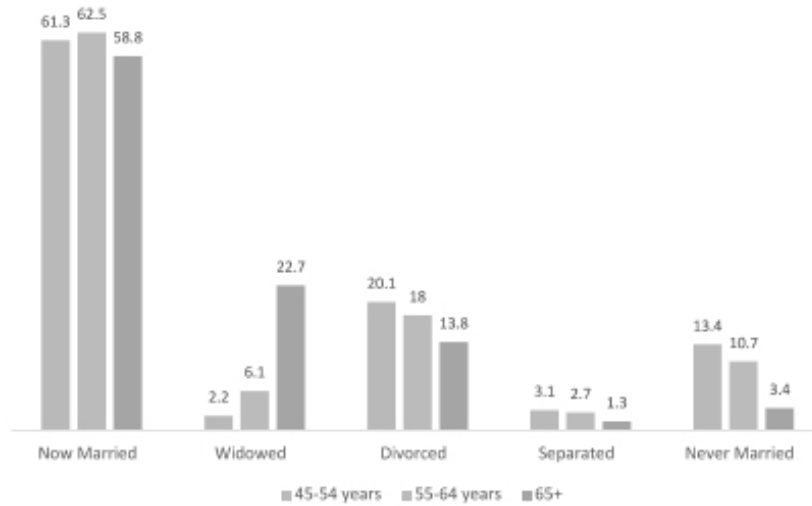
- Poverty
- Marital status - never married, divorced, separated, widowed
- Have a disability
- Struggle with living independently
- Living alone

Figure 207. Living Arrangements Individuals 65+ St. Lucie County 2018



Source: US Bureau of the Census, American Community Survey, Table B09021

Figure 208. Marital Status by Age Group, St. Lucie County 2018



The necessity of physical distancing and other health safety measures have exacerbated the issue of social isolation in older adults. Increased isolation has made some more susceptible to elder abuse and exploitation. Mitigating isolation and promoting engagement will be critical in addressing the health outcomes of our residents.

Health

Table 91. Disabilities by Type, 65 years and older, St. Lucie County, 2014 - 2018, 5-Year Estimates

	St. Lucie		Florida	
	Count	Percent/Rate	Count	Percent/Rate
Hearing Disability 65+	11,011	15.6	541,718	13.6
65-74	2,785	7.2	175,721	7.9
75+	8,226	25.9	365,997	20.7
Vision Disability 65+	4,523	6.4	245,065	6.1
65-74	1,283	3.3	86,073	3.9
75+	3,240	10.2	158,992	9
Cognitive Disability 65+	5,905	8.4	338,648	8.5
65-74	1,960	5.1	106,194	4.8
75+	3,945	12.4	232,454	13.2
Ambulatory Disability 65+	16,683	23.7	836,737	20.9
65-74	5,727	14.8	304,044	13.6
75+	10,956	34.5	532,693	30.1
Self-care Disability 65+	6,137	8.7	293,598	7.3
65-74	1,364	3.5	77,695	3.5
75+	4,773	15	215,903	12.2
Independent Living Disability 65+	9,630	13.7	527,188	13.2
65-74	2,082	5.4	138,255	6.2
75+	7,548	23.7	388,933	22

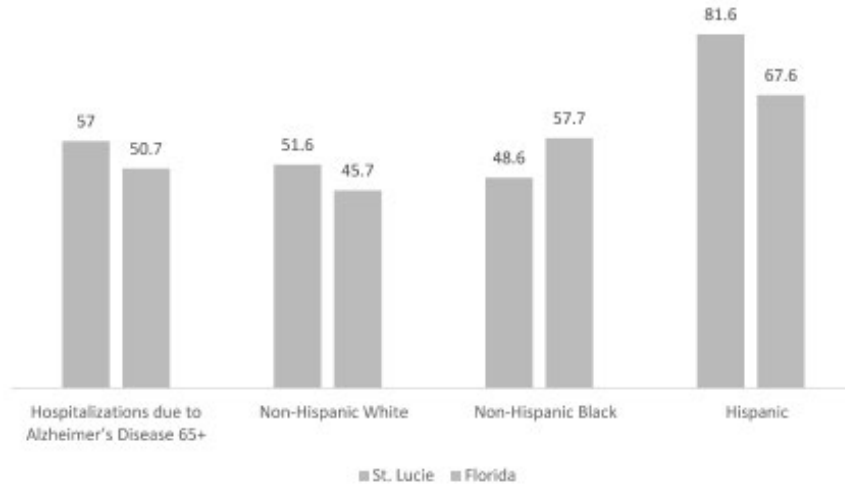
Source: US Bureau of the Census, American Community Survey, Table S1810

Table 92. Probable Alzheimer's Cases 65+, St. Lucie County 2018

	St. Lucie		Florida	
	Count	Percent/Rate	Count	Percent/Rate
Probable Alzheimer's Cases 65+	9,442	13.1	553,734	13.2

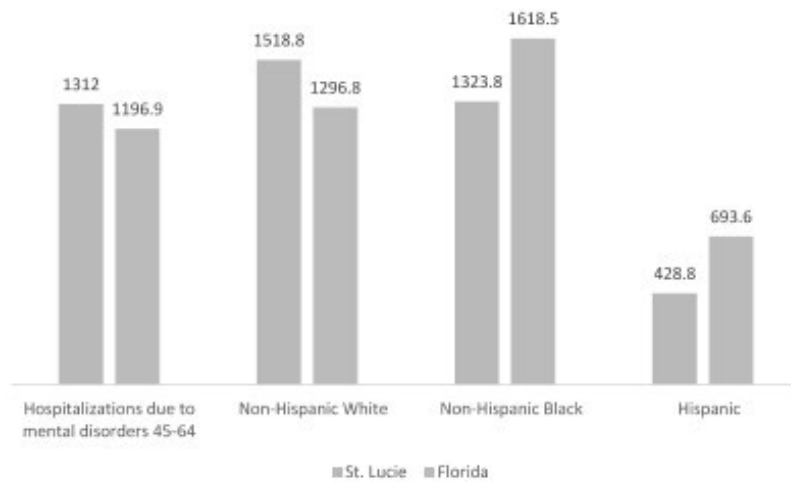
Source: Florida Health Charts, based on FL Dept of Elder Affairs Profile of Older Floridians

Figure 209. Hospitalizations due to Alzheimer's Disease 65+, St. Lucie County 2018



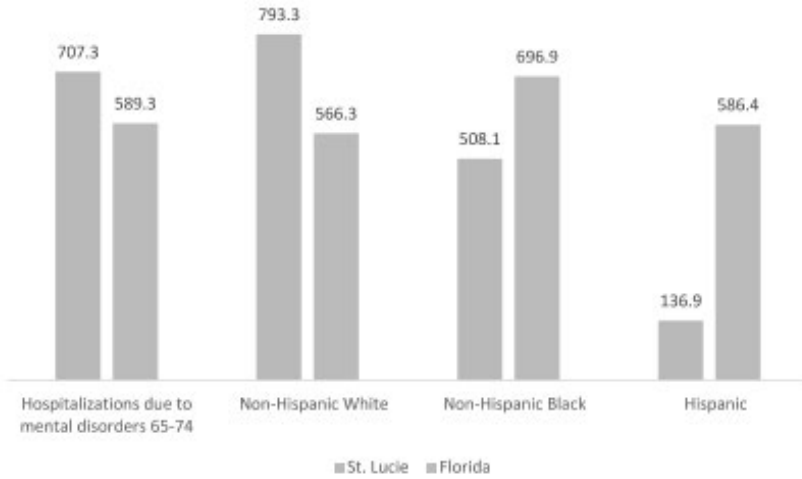
Source: Florida Health Charts, Florida Agency for Healthcare Administration, Hospitalization Data

Figure 210. Hospitalizations due to mental disorders 45-65, St. Lucie County 2018



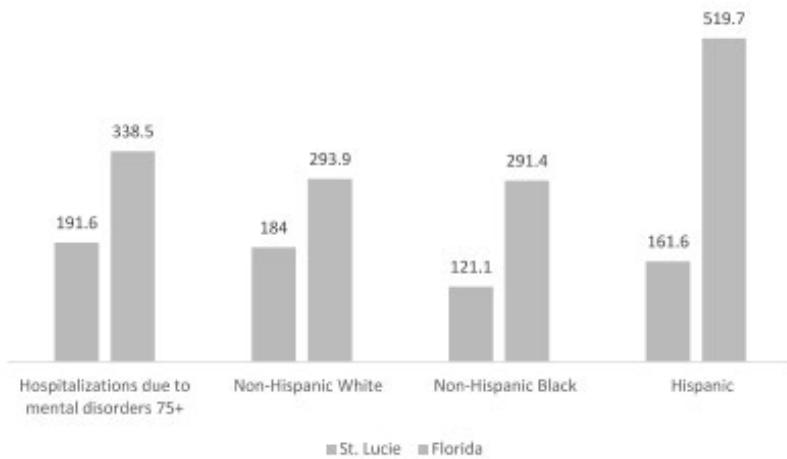
Source: Florida Health Charts, Florida Agency for Healthcare Administration, Hospitalization Data

Figure 211. Hospitalizations due to mental disorders 65-74, St. Lucie County 2018



Source: Florida Health Charts, Florida Agency for Healthcare Administration, Hospitalization Data

Figure 212. Hospitalizations due to mental disorders 75+, St. Lucie County 2018



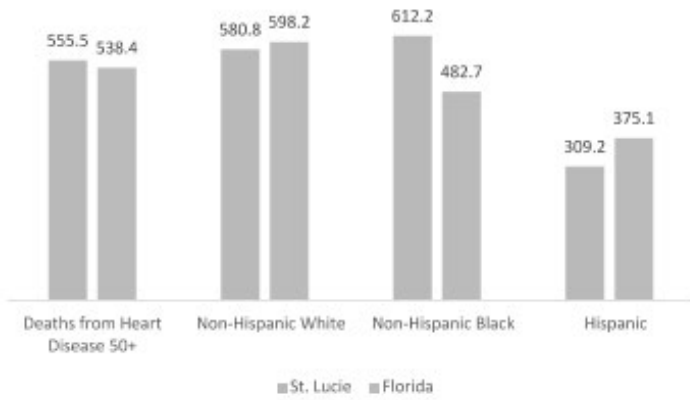
Source: Florida Health Charts, Florida Agency for Healthcare Administration, Hospitalization Data

Table 93. Total Deaths 50+ and specific causes, Counts and Rates, St. Lucie County 2018

Indicator	St. Lucie		Florida	
	Count	Percent/Rate	Count	Percent/Rate
Total Deaths 50+	3,062	2274	188,143	2237.8
Non-Hispanic White	2,402	2473.4	140,946	2498.6
Non-Hispanic Black	392	2051.3	18,588	2005.4
Hispanic	201	1351.3	24,044	1536.4
Deaths from Heart Disease 50+	748	555.5	45,270	538.4
Non-Hispanic White	564	580.8	33,744	598.2
Non-Hispanic Black	117	612.2	4,474	482.7
Hispanic	46	309.2	5,870	375.1
Deaths from Cancer 50+	743	551.8	43,267	514.6
Non-Hispanic White	602	619.9	32,361	573.7
Non-Hispanic Black	83	434.3	4,306	464.5
Hispanic	50	336.1	5,582	356.7
Deaths from Chronic Lower Respiratory Disease 50+	215	159.7	12,201	145.1
Non-Hispanic White	190	195.6	10,192	180.7
Non-Hispanic Black	15	78.5	675	72.8
Hispanic	6	40.3	1,116	71.3
Deaths from Stroke 50+	197	146.3	12,892	153.3
Non-Hispanic White	145	149.3	9,042	160.3
Non-Hispanic Black	31	162.2	1,498	161.6
Hispanic	17	114.3	2,022	129.2
Deaths from Alzheimer's Disease 50+	115	85.4	6,709	79.8
Non-Hispanic White	92	94.7	4,900	86.9
Non-Hispanic Black	6	31.4	400	43.2
Hispanic	14	94.1	1,307	83.5

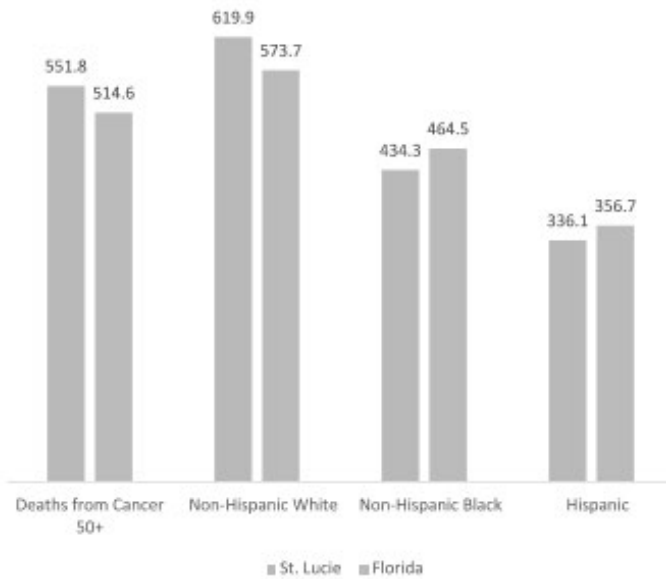
Source: Florida Bureau of Vital Statistics, Death Data

Figure 214. Deaths from Heart Disease 50+, Rates per 100,000, St. Lucie County, 2018



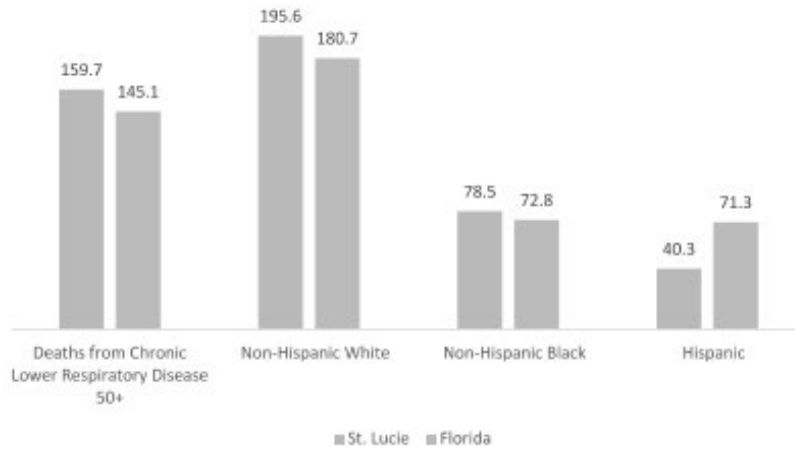
Source: Florida Bureau of Vital Statistics, Death Data

Figure 215. Deaths from Cancer 50+, Rates per 100,000, St. Lucie County, 2018



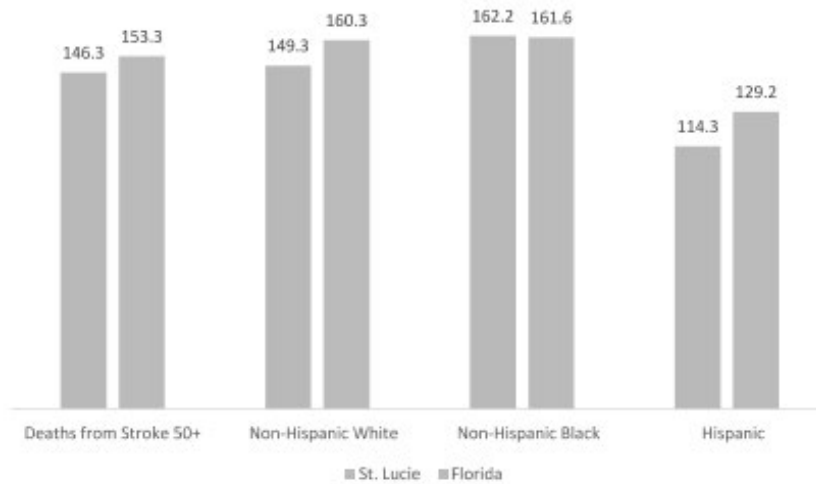
Source: Florida Bureau of Vital Statistics, Death Data

Figure 216. Deaths from Chronic Lower Respiratory Disease 50+, Rates per 100,000, St. Lucie County, 2018



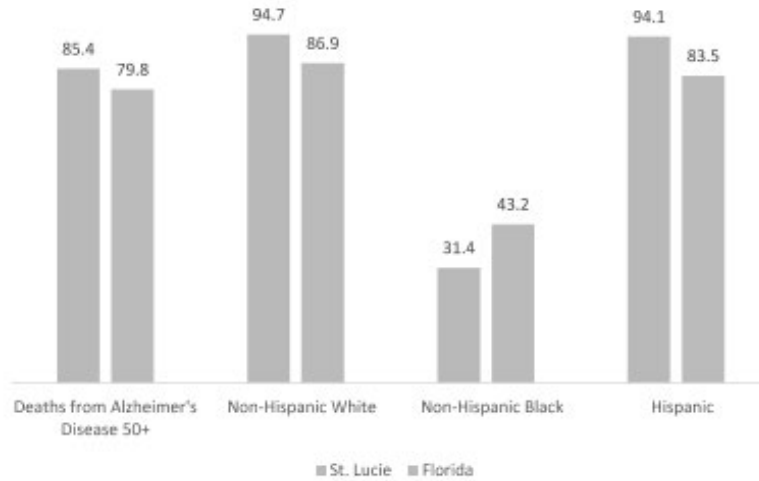
Source: Florida Bureau of Vital Statistics, Death Data

Figure 217. Deaths from Stroke 50+, Rates per 100,000, St. Lucie County, 2018



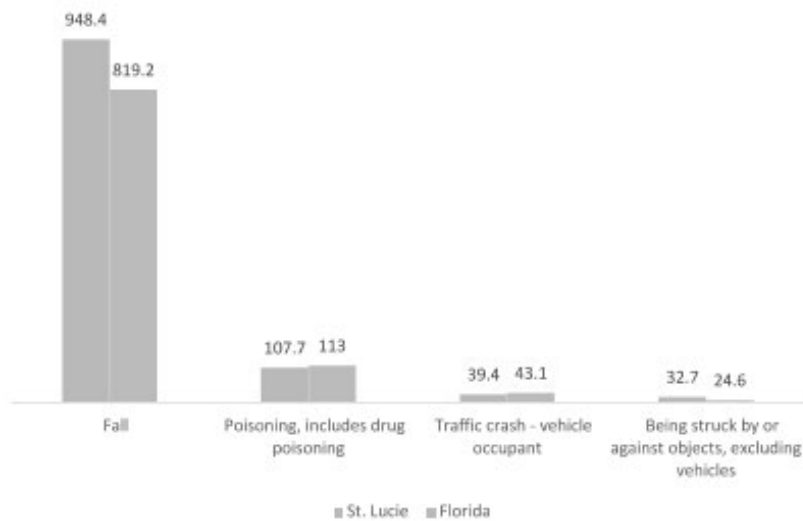
Source: Florida Bureau of Vital Statistics, Death Data

Figure 218. Deaths from Alzheimer's Disease 50+, Rates per 100,000, St. Lucie County, 2018



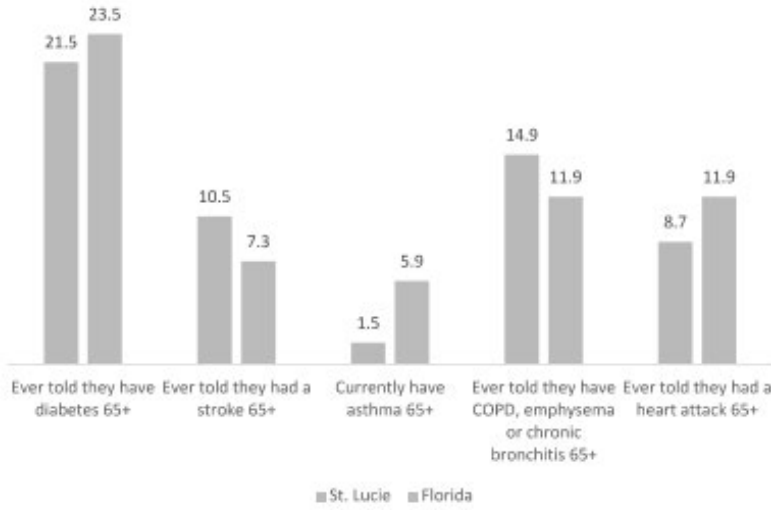
Source: Florida Bureau of Vital Statistics, Death Data

Figure 219. Non-fatal injuries resulting in hospitalization 50+, Rates per 100,000, St. Lucie County, 2018



Source: Florida Agency for Healthcare Administration, Hospitalization Data

Figure 220. Chronic Health Conditions, 65+, St. Lucie County 2016

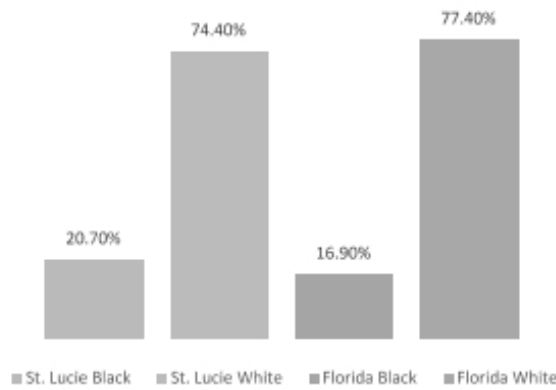


Source: Florida Department of Health, Behavioral Risk Factor Surveillance System 2016

Health Equity Profile

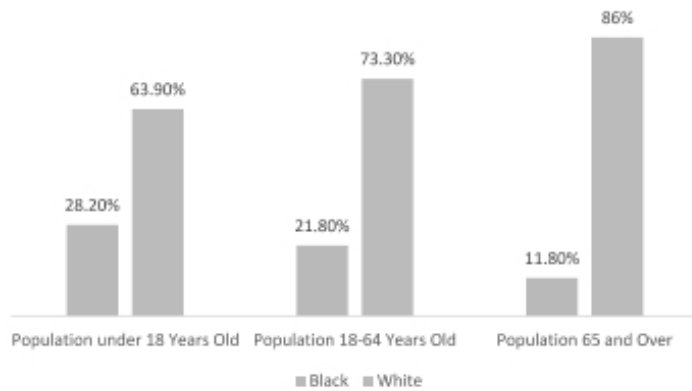
This section provides an overview of the differences in socio-economic demographics and health that negatively impact groups of people who may have systematically experienced greater social or economic obstacles to health. Health equity occurs when all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances (Robert Wood Johnson Foundation, June 2015).

Figure 221. Black and White Population, Percent of Total Population, St. Lucie County 2018



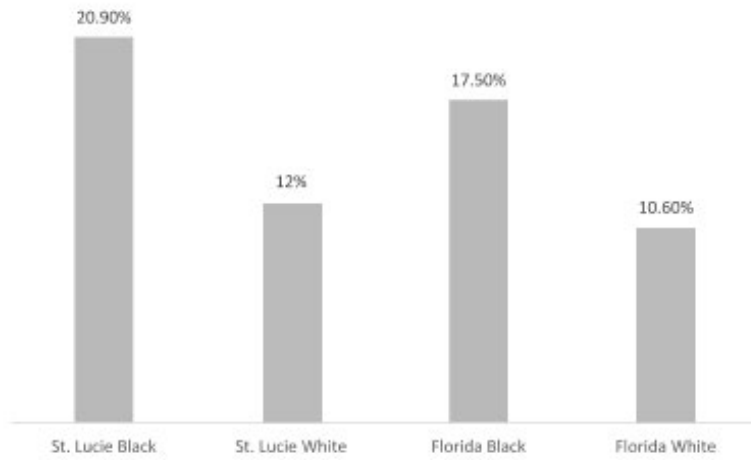
Source: Florida Legislature, Office of Economic and Demographic Research

Figure 222. Population by Age Group and Race, St. Lucie County, 2018



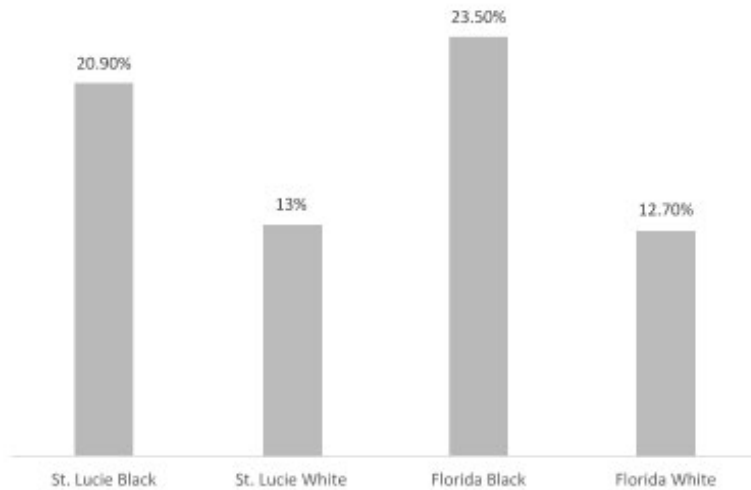
Source: Florida Legislature, Office of Economic and Demographic Research

Figure 223. Individuals 25 years and over with no high school diploma by Race, St. Lucie County 5-year Estimates



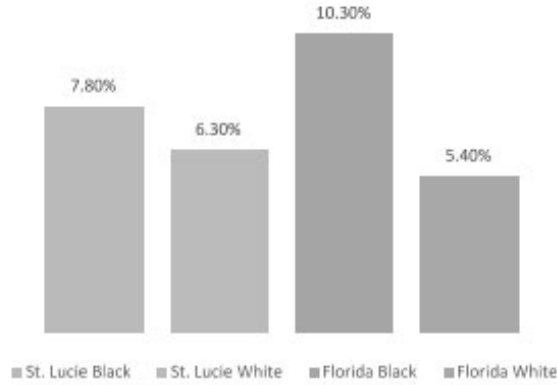
Source: U.S. Census Bureau, American Community Survey, 2014 - 2018 5-year estimates

Figure 224. Individuals below the poverty level by Race, St. Lucie County, 5-year Estimates



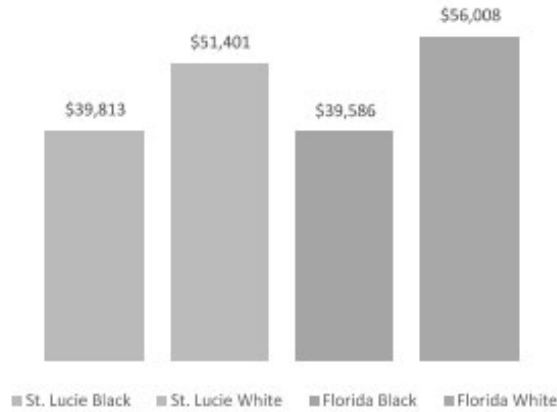
Source: U.S. Census Bureau, American Community Survey, 2014 - 2018 5-year estimates

Figure 225. Civilian Labor Force, which is Unemployed by Race, St. Lucie County 5-Year Estimates



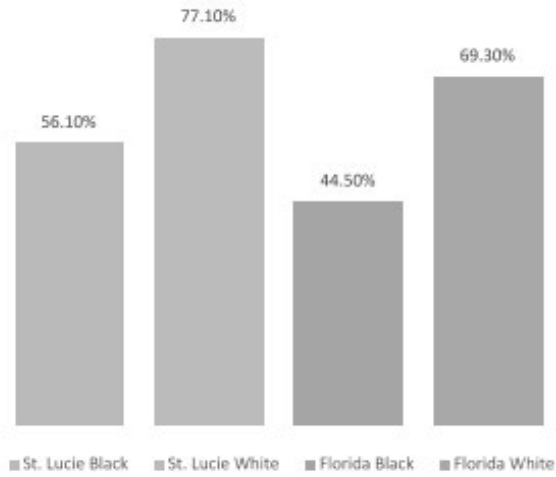
Source: U.S. Census Bureau, American Community Survey, 2014 - 2018 5-year estimates

Figure 226. Median Household Income by Race, St. Lucie County, 5-year Estimates



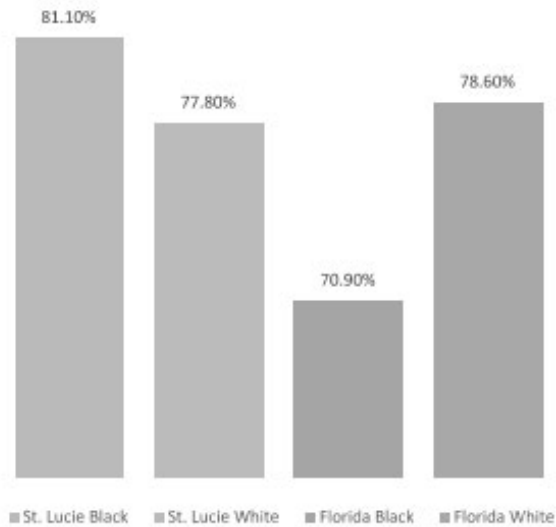
Source: U.S. Census Bureau, American Community Survey, 2014 - 2018 5-year estimates

Figure 227. Owner-occupied Housing Units by Race, St. Lucie County 5-year Estimates



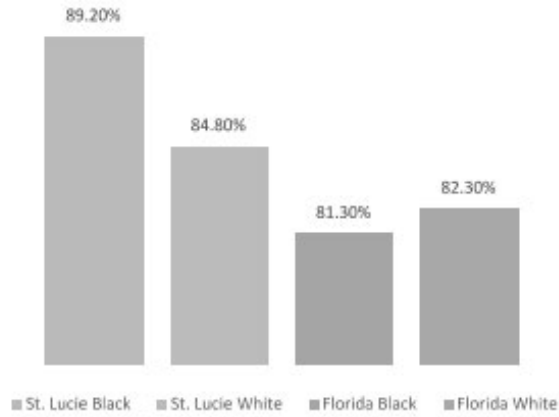
Source: U.S. Census Bureau, American Community Survey, 2014 - 2018 5-year estimates

Figure 228. Adults who have a personal doctor by Race, St. Lucie County 2016



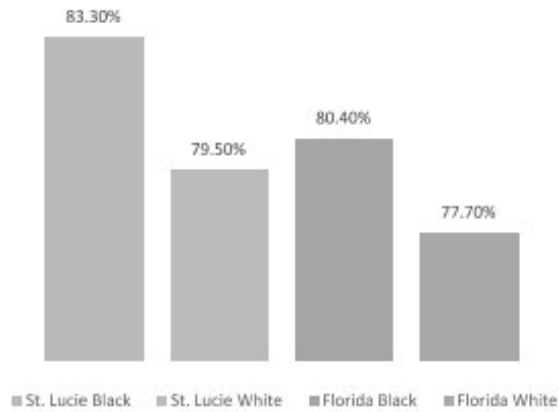
Source: Florida Department of Health, Behavioral Risk Factor Surveillance System

Figure 229. Adults who said their Overall Health was Good to Excellent by Race, St. Lucie County 2016



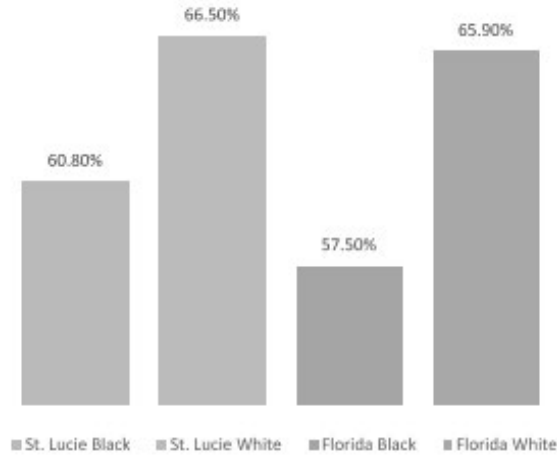
Source: Florida Department of Health Behavioral Risk Factor Surveillance System

Figure 230. Adults who had a Medical Checkup in the Last Year by Race, St. Lucie County 2016



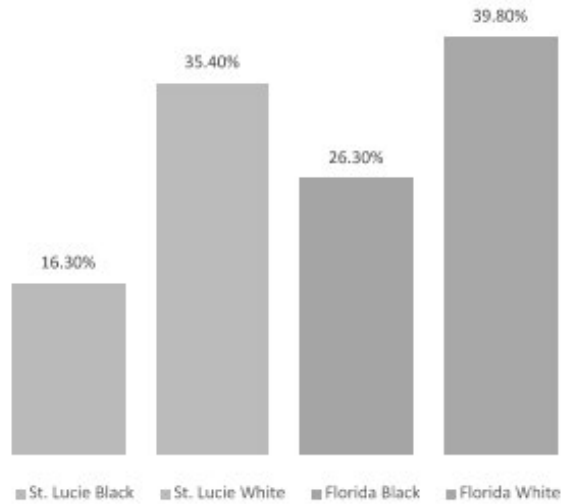
Source: Florida Department of Health Behavioral Risk Factor Surveillance System

Figure 231. Adults who Visited a Dentist or a Dental Clinic in the Past Year by Race, St. Lucie County 2016



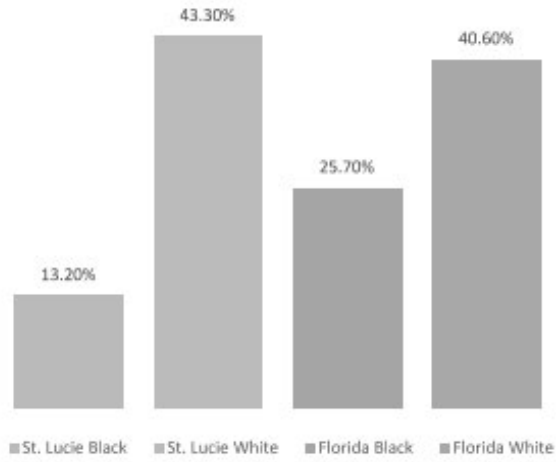
Source: Florida Department of Health Behavioral Risk Factor Surveillance System

Figure 232. Adults who Received a Flu Shot in the Past Year by Race, St. Lucie County 2016



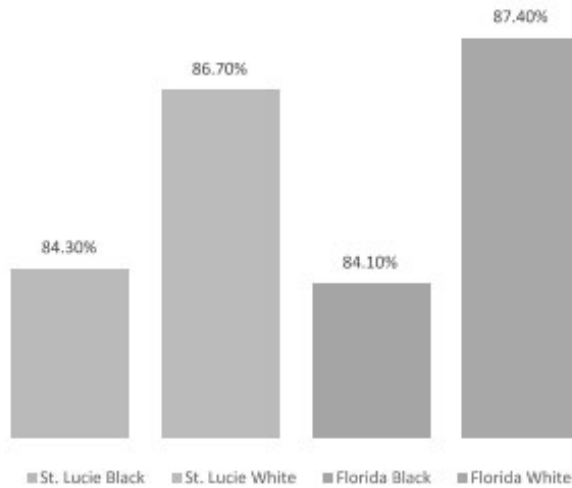
Source: Florida Department of Health Behavioral Risk Factor Surveillance System

Figure 233. Adults who have Ever Received a Pneumonia Vaccination by Race, St. Lucie County 2016



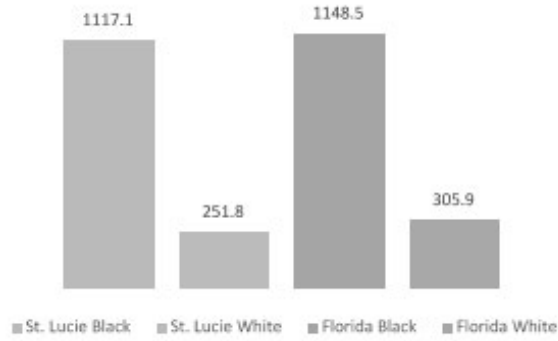
Source: Florida Department of Health Behavioral Risk Factor Surveillance System

Figure 234. Adults with Any Type of Health Insurance Coverage by Race, St. Lucie County 2016



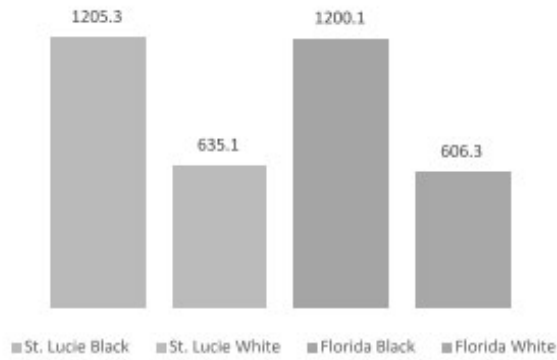
Source: Florida Department of Health Behavioral Risk Factor Surveillance System

Figure 235. Emergency Room Visits Due to Asthma by Race, St. Lucie County 3-Year Average



Source: Florida Agency for Health Care Administration 2016 - 2018

Figure 236. Age-adjusted Asthma Hospitalization Rate by Race, St. Lucie County 3-Year Estimate



Source: Florida Agency for Health Care Administration 2016 - 2018

Table 94. Injuries and Injury-Related Deaths by Race, St. Lucie County 3-Year Estimates

	Black Rate	White Rate	Black:White Ratio
Age-adjusted unintentional drowning death rate¹	3.7	3	1.2:1
Hospitalizations for non-fatal firearm injuries²	28.8	4.5	6.4:1
Age-adjusted firearms-related death rate¹	18.2	11	1.7:1
Hospitalizations for non-fatal motor vehicle related injuries²	110.2	85.9	1.3:1
Hospitalizations for non-fatal unintentional fire injuries²	17.4	2.5	6.9:1
Age-adjusted homicide death rate¹	15.7	3.4	4.6:1
Age-adjusted drug poisoning death rate¹	9.9	39.4	0.3:1
Age-adjusted suicide death rate¹	6.4	17	0.4:1

Source: ¹Florida Department of Health, Bureau of Vital Statistics, ²Florida Agency for Health Care Administration 2016 -2018

Table 95. Leading Causes of Death by Race, St. Lucie County

	Year(s)	Rate Type	Black Number	Black Rate	White Number	White Rate	Black/White Rate Ratio
Coronary Heart Disease							
Age-adjusted hospitalization rate	2016-18	Per 100,000 Population	712	366.2	3,493	294.5	1.2:1
Age-adjusted death rate	2016-18	Per 100,000 Population	195	106.9	1,259	93.3	1.1:1
Stroke							
Adults who have ever been told they had a stroke	2016	Percent		8.6%		4.4%	2:1
Age-adjusted hospitalization rate	2016-18	Per 100,000 Population	773	402.4	2,603	215.2	1.9:1
Age-adjusted death rate	2016-18	Per 100,000 Population	94	50.6	476	34.5	1.5:1
Congestive Heart Failure							
Age-adjusted hospitalization rate	2016-18	Per 100,000 Population	4,385	2323.5	13,817	1079.6	2.2:1
Age-adjusted death rate	2016-18	Per 100,000 Population	10	5.9	75	5.3	1.1:1
Cancer							
Cancer cases diagnosed at advanced stage	2015-17	Percent	298	46.9%	2,038	45.2%	1:1
Age-adjusted cancer death rate	2016-18	Per 100,000 Population	253	131.3	2,004	159.9	0.8:1
Lung Cancer							
Age-adjusted incidence rate	2015-17	Per 100,000 Population	51	26.4	752	60.6	0.4:1
Age-adjusted death rate	2016-18	Per 100,000 Population	44	22	583	45.1	0.5:1
Colorectal Cancer							
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years	2016	Percent				56.8%	n/a

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	Year(s)	Rate Type	Black Number	Black Rate	White Number	White Rate	Black/White Rate Ratio
Adults 50 years of age and older who received a blood stool test in the past year	2016	Percent				21.4%	n/a
Age-adjusted incidence rate	2015-17	Per 100,000 Population	62	32.8	349	31.8	1:1
Age-adjusted death rate	2016-18	Per 100,000 Population	29	14.6	171	14.3	1:1
Breast Cancer							
Age-adjusted incidence rate	2015-17	Per 100,000 Females	91	94.3	595	115	0.8:1
Age-adjusted death rate	2016-18	Per 100,000 Females	16	16.6	110	17.5	0.9:1
Women 40 years of age and older who received a mammogram in the past year	2016	Percent				52.1%	n/a
Prostate Cancer							
Age-adjusted incidence rate	2015-17	Per 100,000 Males	123	134.4	429	73.2	1.8:1
Age-adjusted death rate	2016-18	Per 100,000 Males	29	35.2	92	14.2	2.5:1
Men 50 years of age and older who received a PSA test in the past two years	2016	Percent				64.2%	n/a
Cervical Cancer							
Women 18 years of age and older who received a Pap test in the past year	2016	Percent				50.5%	n/a
Age-adjusted incidence rate	2015-17	Per 100,000 Females	<10	6.4	38	8.4	0.8:1
Age-adjusted death rate	2016-18	Per 100,000 Females	6	5.6	15	3.1	1.8:1
Diabetes							
Adults who have ever been told they had diabetes	2016	Percent		17.9%		11.5%	1.6:1
Emergency room visits due to diabetes	2016-18	Per 100,000 Population	1,045	567.5	1,137	169.2	3.4:1
Age-adjusted hospitalization rate	2016-18	Per 100,000 Population	8,664	4568	22,284	1980.8	2.3:1
Age-adjusted death rate	2016-18	Per 100,000 Population	91	49.2	219	17.9	2.7:1

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	Year(s)	Rate Type	Black Number	Black Rate	White Number	White Rate	Black/White Rate Ratio
HIV/AIDS							
HIV Infection Cases	2016-18	Per 100,000 Population	89	51	41	7.8	6.5:1
Reported AIDS Cases	2016-18	Per 100,000 Population	35	20.1	16	3.1	6.5:1
Age-adjusted HIV/AIDS death rate	2016-18	Per 100,000 Population	32	16.6	5	0.5	33.2:1
Adults who had ever been tested for HIV	2016	Percent		73.3%		37.4%	2:1

Sources: Florida Department of Health, Behavioral Risk Factor Surveillance System; Florida Agency for Health Care Administration; Florida Department of Health, Bureau of Vital Statistics; University of Miami, Florida Cancer Data System; Florida Department of Health, Bureau of HIV/AIDS

NOTE: The rate ratios in this report compare the black rate to the white rate. A ratio of 2:1 would mean that the black rate is two times the white rate. A ratio of 0.5:1 would mean that the black rate is half of the white rate. Ratios are not calculated when either the white or black rate is zero (n/a indicated in the county ratio column). Blanks are shown if there is no white or black count available for the indicator.

Table 96. Modifiable Behaviors Leading to Premature Deaths by Race, St. Lucie County 2016

	Black Rate	White Rate	Black/White Rate Ratio
Adults who are current smokers	10.3%	20.7%	0.5:1
Adults who are obese	35.4%	33.0%	1.1:1
Adults who are overweight	30.6%	39.3%	0.8:1
Adults who are sedentary	31.2%	25.9%	1.2:1
Adults who are inactive or insufficiently active	68.9%	45.8%	1.5:1
Adults who meet aerobic recommendations	31.1%	57.3%	0.5:1
Adults who meet muscle strengthening recommendations	58.7%	27.8%	2.1:1

Source: Florida Department of Health, Behavioral Risk Factor Surveillance System, 2016

Section Four: Community Themes and Strengths Assessment

The Community Health Assessment collected qualitative data in the form of focus groups ([Appendix B](#)), key stakeholder interviews ([Appendix C](#)), a community leader survey ([Appendix D](#)), and a community resident survey ([Appendix E](#)). The data was collected to include strengths, challenges barriers and solutions. This information was analyzed to identify strengths and common themes.

Focus Groups

Opportunities to learn from individuals with lived experience, community members, professionals and other stakeholders were provided through focus groups. Nine (9) focus groups reached a total of ninety-eight (98) participants and represented youth, older adults, community representatives and community leadership in St. Lucie County. All focus groups were scheduled between January 25, 2020 and March 6, 2020. Participants included individuals from throughout St. Lucie County. The questions asked during the focus groups are provided in [Appendix B](#).

Groups were conducted with the following constituents:

Table 97. Focus Groups and Numbers of Participants

Name of Group	# of Participants
St. Lucie Roundtable	15
Youth Leadership Group	9
Age Friendly Collaborative	7
Port St. Lucie office - Council on Aging	9
Parenting Group CASTLE	15
Creole Speaking community members	8
Fort Pierce office - Council on Aging	8
UP Center	7
Lincoln Park Advisory Council	20
Total	98

Focus Group Results

Strengths, challenges, and solutions have separated the following focus group results. Themes in each of these categories are represented below. The top three listed in each category were prioritized through the focus groups. See Appendix B: Focus Group Tool and Results for details.

Table 98. Focus Group Strengths, Challenges, Solutions

STRENGTHS	CHALLENGES	SOLUTIONS
Collaboration between systems and organizations	Transportation	More fun activities
Community activities help people feel connected	Stigma of mental health conditions	Holistic care and social support
Faith based support community supports	Social Determinants of Health	Free treatment for mental health needs
Community Leadership	Housing and affordable housing/homelessness	Mental health coverage
Community growth	Access to medical care and specialty medical care	Services for elderly
Faith partnerships	Poverty	Open more business
Mental health therapy and treatment services	Food insecurity	Translations services
Nice beaches and outdoor spaces	Violence	Case management and navigation services
Prevention focus	Outdoor space/road construction	Mentoring
Support services like Boys and Girls Club	Safety	Faith based supports
Gardening	Stress	Volunteerism
Lincoln Park Advisory	Need more community-based services	Access to medical care
211 and community resources	Long waitlist for psychiatrists	Providing transportation
Support for Lincoln Park area	Increased pay	Fixing the roads and lights
	No job pipelines	Delivery food and provide access to healthy food in communities
		Community activities
		Free transportation or home-based services
		Prevention services and support
		Services provided in the schools

Key Stakeholder Interviews

To identify the health strengths, challenges, barriers, and solutions of St. Lucie County, ten (10) key stakeholder interviews were conducted. The purpose of these interviews was to gather relevant information from subject matter experts. Interviewees were identified by the leadership of St. Lucie County Department of Health. Participants were informed that their responses would be confidential with aggregate responses compiled. All interviews were conducted between February 4, 2020 and March 20, 2020. Information from the interviews was analyzed to identify strengths, challenges, barriers, and solutions and compiled into common themes. The questions asked during the interviews are included in [Appendix C](#). The following reflects the stakeholders interviewed and the organizations or constituency they represented.

Table 99. Stakeholder Participants

INDIVIDUAL	ORGANIZATION OR CONSTITUENTS
Angela Auliso	Cleveland Clinic
Linda Bartz	St. Lucie County Commissioner
Theresa Bishop	St. Lucie Roundtable
Sean Boyle	Children's Services Council
Patti Corey-Souza	Indian River State College
Deb Dreher	New Horizons
Canieria Gardner	United Against Poverty
Kathryn Hensley	St. Lucie School Board
Clorisse Stephens	Helping People Succeed
Nancy Yarnall	Area Agency on Aging

The following provides an overview of the data collected during the stakeholder interviews, including strengths, challenges/barriers, and ideas about strategies that may support the health needs in St. Lucie County. Common themes were identified to include strengths such as collaboration, community relationships, funding partnerships and equity across communities. Common themes around challenges and barriers include mental health prioritization, social determinants of health, access to services and services for specialized populations. Identified solutions are specific to individual challenges and barriers.

Key Stakeholder Interviews Results

Table 100. Key Stakeholder Interviews Strengths and Challenges/Barriers

STRENGTHS		CHALLENGES/BARRIERS	
Collaboration	Increased population	Transportation	Trauma
St. Lucie Roundtable	People are our assets	Mental Health	Need focus on Social Determinants of Health
Relationships	Faith based	Violence	Reimbursement rates
Connections in the community	involvement	Food insecurity	Waiting list for hospital
Children’s Service Council	Focus on mental health	Poverty	Need more therapists
Leverage funding	Equal access in St. Lucie	Affordable housing	Respite and counseling
Lincoln Park mobilized	Forward thinking	Uninsured	Provider training in Evidence Based Practices
Workforce training	Working together	Psychiatrist shortage	More services for moms
School prepping for the future	Intact families	Teen pregnancy	COVID
Lincoln Park advisory	Longevity in the community	School drop out	Hours of service
Collective impact approach	Leadership in faith	Duplication in services	No inpatient for mental health and substance use
Community workgroups	Systems collaborating together	Not pooling resources	Jail is biggest provider of mental health services
Roundtable strategic plan	Systems holding each other accountable	Opioid crisis	Family stress
Social services communicate	Business helping the community	Foster care due to substance use	Obesity
Department of Health involved	Mentorship	No medical specialists	Funding
Trauma focused	Mobilization	Lack of pre-natal care	Disaster planning
People help each other		Only 10% in high school will graduate	No shelters
Outdoor space and lighting		Stigma with mental health	Healthcare costs
Sidewalks		Mental health in school	
		Parenting skills	
		Gangs	
		Trauma	

STRENGTHS		CHALLENGES/BARRIERS	
Unlikely partners (Chamber) School address nutrition Gardening programs Volunteers New jobs in the community		Homelessness Social isolation Waitlist for seniors Meal delivery for seniors Difference between Ft. Pierce and Port St. Lucie Suicide	51% ALICE Water/algae issues Economic growth

Table 101. Key Stakeholder Interviews Solutions

SOLUTIONS		
Medical professionals	Family Support and preservation	Primary health/Behavioral Health integration
Health clinic	Addressing generation poverty	Respite
Focus on changing generational cycles	Education	Talk about healthy lifestyles
Resident voice	Financial literacy	Telehealth
Collaboration between systems	Talk about family planning	Employee wellness programs
Adverse Childhood Experiences-trauma informed	Services provided everywhere	Community education
Access to psychiatry	Affordable housing	Free cooking classes
Case Management/navigators	In-home services-expand	Uber health
Child Welfare/Behavioral Health integration	Church bring citizens to the table	Increased salaries
Not traditional lending	Strategies for seniors	School to home connection
Community Engagement	Supportive housing	Mobile showers
Cross-system training	Universal healthcare	Food pantries
Focus on racial equity	Transportation maps for seniors	Grassroots programs
Prevention	Backpack buddies	Mental health court
Money to adapt housing so seniors can stay home	Transportation to doctors	Veterans court
Job preparation	Local stores having healthy foods	Drug court
Faith talking about mental health	Access to 211	Diversion programs
	Education about 211	
	Mental health education door to door	
	Health fairs	

Individuals who returned the survey represented the following entities (16 people responded to this question):

- Social Service Organization (7 respondents or 43.8%)
- Private Physical Healthcare Provider (1 respondent or 6.3%)
- Non-profit Physical Healthcare Provider (2 respondents or 12.5%)
- Private Behavioral Healthcare Provider (2 respondents or 12.5%)
- Non-profit Behavioral Healthcare Provider (1 respondent or 6.3%)
- Law Enforcement (1 respondent or 6.3%)
- Non-profit provider, unspecified (1 respondent or 6.3%)
- Unspecified (1 respondent or 6.3%)

Top ten general health challenges to address in the next 3-5 years:

- Mental Health (16/21 respondents or 76.2%)
- Obesity (15/21 respondents or 71.4%)
- Depression (13/21 respondents or 61.9%)
- Heart Disease (12/21 respondents or 57.1%)
- Tobacco Use and Exposure (10/21 respondents or 47.6%)
- Prescription Drug Misuse (e.g., opioids, benzodiazepines, etc.) (9/21 respondents or 42.9%)
- Housing (9/21 respondents or 42.9%)
- Illegal Drug Use (8/21 respondents or 38.1%)
- Cancer (8/21 respondents or 38.1%)
- E-cigs/Vaping (8/21 respondents or 38.1%)

Of the top ten general health issues, which are the three top priorities?

- Mental Health/Suicide/Depression (21/63 or 33.3% of responses)
- Obesity/Physical Activity/Nutrition/Food Insecurity (9/63 or 14% of responses)
- Prescription Drug Use/Illegal Drug Use (6/63 or 23.8% of responses)
- Housing/Homelessness (5/63 or 7.9% of responses)

Contributing factors to the most urgent priorities:

- Too much focus on fast food; less on healthy preparation; food choices; no exercise (9)
- Lack of options, resources/funding for services/insurance (8)
- Stigma (7)
- Access to drugs/Dr. prescribing/unchecked and unarrested drug lords and crime (6)
- Lack of knowledge/education/impacting specific age groups (5)
- Mental Health challenges; thoughts of hopelessness (4)
- Poverty/economic depression (4)
- Provider challenges (lack of access, bias, racism) (4)
- Lack of low-income housing/affordable housing (3)
- Lack of family involvement
- Social media pressure

Health Care Access:

- The majority of residents in St. Lucie County have the ability to pay for dental services (17/21 respondents or **81%** strongly disagree or disagree with this statement)
- Most residents in St. Lucie County can access a behavioral health (mental health/substance abuse) provider when needed (16/21 respondents or **76.2%** strongly disagree or disagree with this statement)
- The majority of residents in St. Lucie County have the ability to pay for healthcare services (14/21 respondents or **66.7%** strongly disagree or disagree with this statement)
- Most residents in St. Lucie County have access to local medical specialists (13/21 respondents or **61.9%** strongly disagree or disagree with this statement)
- The majority of residents in St. Lucie County can access a local dentist when needed (13/21 or **61.9%** strongly disagree or disagree with this statement)
- Transportation for medical appointments is available and easy to access for most residents (13/21 respondents or **61.9%** strongly disagree or disagree with this statement)
- The majority of residents in St. Lucie County have access to a local primary care provider (12/21 or **57.1%** strongly disagree or disagree with this statement)
- Healthcare resources are available and accessible (examples: weight loss classes, gym memberships, health education) (12/21 respondents or **57.1%** strongly disagree or disagree with this statement)

Comments related to this question include:

- "The ability to access medical and dental is related to poverty"
- "Health care access is poor for north county residents"

Top five social determinants of health to address in the next 3-5 years: (3 individuals skipped this question)

- Employment Opportunities (living wage employment, employment close to home) (12/18 respondents or 66.7%)
- Housing Conditions (ventilation, plumbing, mold, lead, asbestos) (11/18 respondents or 61.1%)
- Economic Stability (limited assets, lack of/under insurance, lack of household savings) (11/18 respondents or 61.1%)
- Public Transportation (9/18 respondents or 50%)
- Neighborhood Conditions (noise; proximity to fresh produce, grocery stores, highways; fear of crime; poverty; access to safe drinking water) (7/18 respondents or 38.9%)

Of the top five social determinants of health, which are the two top priorities?

- Economic Stability
- Affordable Housing

Why are these the most important social issues to address?

- "Economic stability, especially regarding healthcare, is crucial to every other issue"
- "Economic stability will allow more people to access healthcare"
- "Safe, sanitary, and decent shelter is a basic need"
- "Affordable housing would help with concerns of safety, family cohesiveness, and neighborhood conditions"
- "People with jobs will be able to afford insurance and seek out healthcare"

Programs or services that should be developed and offered to those who live in St. Lucie County:

16 people responded to this question.

- Better access to QUALITY mental healthcare, affordable insurance
- Medicare for all
- Free and affordable childcare
- Access to dental, medical, and emotional healthcare
- Workforce training
- Increased educational and physical activity assistance for young people
- Trade school
- Neighborhood recreation programs
- Early Childhood programs
- Employment for adults with disabilities
- Education about living skills
- Assistance for transitional age youth
- Health services offered at reduced rate or free

- Mental health services
- OB/GYN services
- Free/Affordable Mental Health services
- Low-income housing programs
- Affordable housing
- Programs that provide job skills and continuing education, college

How should health and wellness be promoted in St. Lucie County?

14 people responded to this question.

- In-home visits for mothers and babies
- Workplace events
- Community Outreach
- Medical/Dental/Behavioral Health "Days"
- Classroom education
- Workplace education
- Outreach through churches

How do you describe existing services, outreach, and promotion related to health and well-being in St. Lucie County?

16 people responded to this question.

- Fair (12/16 respondents or 75%)
- Good (2/16 respondents or 12.5%)
- Poor (2/16 respondents or 12.5%)
- Excellent (0/16 respondents or 0%)

Specific populations that are not being served:

- Women
- Families
- Children/Youth (2)
- People of color (2)
- Low-income population (7)
- Neighborhoods who do not have "programmed" recreation
- Homeless (3)
- LGBTQ+
- Hispanic and Haitian communities
- Elderly

Areas of St. Lucie County that are not being adequately served:

16 people responded to this question.

- Lower income areas

- Ft. Pierce (6), particularly North Ft. Pierce, where infant mortality is highest and women who are at risk for maternal-infant death and who have late or no prenatal care
- Inner city
- Rural areas

Areas of community health and wellness not identified in the survey that need to be addressed:

5 people responded to this question.

- Mental health (2)
- Homeless
- Grocery stores in underserved communities
- Minority health

Two key elements important to the success of achieving a better quality of life by those who live in St. Lucie County:

- Employment opportunities at a decent salary and job skills training
- (increase minimum wage to \$15/hour) (8)
- Affordable healthcare and services (4)
- Transportation (3)
- Safe, stable, affordable housing (3)
- Information and Education (2)
- Sidewalks, bike lanes and streetlights
- Primary and specialty care access in north St. Lucie County (2)
- Free, affordable mental health services (2)
- Affordable childcare
- Dental service
- Diabetes prevention programs
- Healthy nutritional food

Community Resident Survey

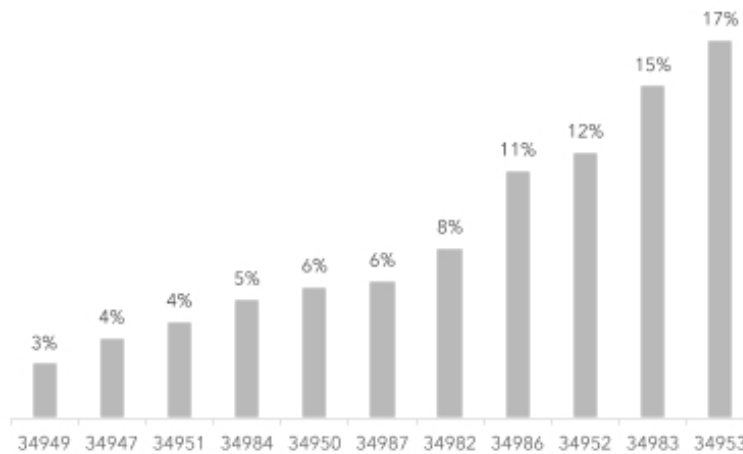
A Community Resident Survey ([Appendix E](#)) was conducted February through mid-March 2020. The survey was designed in Survey Monkey and was available in both English and Spanish. In addition to the online version, a pen and paper version was created and distributed by FLDOH-SL staff to various community organizations. The following represents the results of the surveys. While a Spanish version of the survey was provided, the results may not be used as most surveys were completed by hand and were not thoroughly or accurately completed.

A total of 1,245 St. Lucie County residents or people who work in St. Lucie County returned the survey. 1,112 were completed online and 133 were completed through pen and paper and entered manually into Survey Monkey.

Demographics

Most respondents lived in zip code (207 or 17%) live in zip code 34953. This was followed by zip code 34983 (15%).

Figure 237. Zip Codes of Survey Respondents, Community Resident Survey



Over seventy percent of respondents were older than 45. Most respondents (89%) were not Hispanic or Latino/Latina and 76% identified as White or Caucasian. 11.8% identified as Black or African American. 75% of respondents were female and 91% identified as heterosexual. 97% of respondents indicated their primary language was English. Over half of the respondents stated they had completed college or had a graduate level degree, with an additional 34% either having some college, but no degree or a 2-year college degree. Almost 60% of respondents have a household income greater than \$50,000. Most households consist of 2 members, the majority (72%) with no children under the age of 18 and 61% with no adults 65 years and

older. 60% of respondents indicated they were married and working full-time. 93% of respondents drive their own car with a commute time between 15 and 30 minutes. 39% of respondents eat at a fast food restaurant less than a few times a month and 42% eat at a sit-down restaurant a few times a month. The majority of respondents (94%) stated they prepare meals at home either every day or a few times a week.

Healthcare and Financial Needs

For those individuals who needed medical care in the past 12 months but did not get the care they needed, 26% said they cannot afford it, or it cost too much. An additional 17% said they could not get an appointment, or it was hard to get an appointment. For those individuals who needed dental care in the past 12 months but did not get the care they needed, 31% stated they could not afford it, or it cost too much and an additional 12% said they did not have insurance. Most respondents (58%) said they had commercial health insurance for their medical care, while 24% said they pay cash for their dental visits as they do not have dental insurance. The greatest barrier to not having health insurance is that they cannot afford the insurance. When asked about their worries regarding finances, 28% of respondents were worried about not being able to pay their mortgage, rent, or other housing costs, and 27% worry about not being able to make the minimum payments on their credit cards. 19% of respondents were also worried that their food would run out before they got money to buy more and that they have eaten less because there was not enough money for food.

Social-Emotional Health

In terms of social connectedness, 72% of respondents meet socially with friends, family, or work colleagues and 54% spend leisure time away from home in the community, while 38% of respondents never or almost never get involved in work for voluntary or charitable organizations. 71% of respondents stated their religious or spiritual beliefs influence the way they live and 83% feel that what they do in their life is worthwhile. 84% have a positive view about the future and 85% have people with whom they can share problems or get help when needed. The majority of respondents (76%) stated it does not take a long time to get back to normal when things go wrong in their life, and 83% agreed they have a responsibility to improve the health of their community. In terms of their mental health, the majority of respondents (83%) feel tired or had little energy at least sometimes to often, frequently, or every day. Most (62%) said they did not have a poor appetite and 50% said they had little interest or pleasure in doing things they normally enjoy doing. Finally, 87% stated they felt stressed sometimes, often, frequently, or every day or almost daily.

Community Health

Sixty-five percent (65%) of respondents rated their community as healthy or somewhat healthy, while 13% rated it as not healthy. In terms of community conditions, most respondents indicated that beaches, lakes, and rivers are clean,

there are good sidewalks for walking safely, and that the quality of healthcare in their neighborhood is good. Concerns about neighborhood conditions include the lack of affordable housing, the amount of air pollution, the amount of crime, and the lack of jobs and public transportation. Most respondents (77%) stated that drug abuse is a problem in the community.

Quality of Life Factors

When asked about the factors that most defined the quality of life in the community, respondents stated low crime/safe neighborhoods, clean environment, good jobs and a healthy economy, access to healthcare, good schools, a good place to raise children, affordable housing, affordable health insurance, and healthy behaviors and lifestyles. In terms of the most important health risks to be addressed, respondents identified illegal drug use, poor eating habits, mental health issues, lack of exercise, alcohol abuse, tobacco use/vaping, prescription drug use, neighborhood crime, gun violence, and domestic violence.

When asked about retail stores, respondents indicated they sometimes or always see advertisements for sugary drinks and see sugary drinks at or near the check-out counter, while they never or hardly ever see fresh fruits or vegetables at or near the check-out counter.

Most respondents (86%) agree mothers have the right to breastfeed in public places, and 89% believe that breastmilk is best for babies. Fifty-six (56%) of respondents strongly agree they are comfortable when mothers breastfeed their babies near them in a public place, such as a restaurant or shopping center.

In terms of mental health, respondents indicated they would not be embarrassed to tell anyone they had a mental health problem and that someone with a mental health problem should have the same right to a job as anyone else. Respondents were mixed regarding living next door to someone with a mental health problem (27% agreed they would not want to, while 61% disagreed). Finally, most respondents (78%) said they knew how to get help if they thought they had a mental health problem.

The overwhelming majority of respondents indicated they did not believe they experienced discrimination because of their race, ethnicity, or skin color.

Related to age, most respondents agreed they worried about how aging might affect the things they can do, that people get wiser as they get older, and that people continue to grow as a person as they get older. They did not agree that poor health was inevitable in older age, that aging is an obstacle to a good life, and that they cannot control developing chronic conditions as they age. Most indicated that a person's attitude toward aging has an influence on their health. Sixty-nine (69%) of respondents stated they thought older workers faced discrimination in the workplace based on age, and that older workers begin to face age discrimination in their 50s and 60s. In terms of their own experience of discrimination at work after the age of

40, the only area that was a concern was not getting hired for a job or being passed up for a promotion or a chance to get ahead.

Figure 238. Age of Respondents, Community Resident Survey

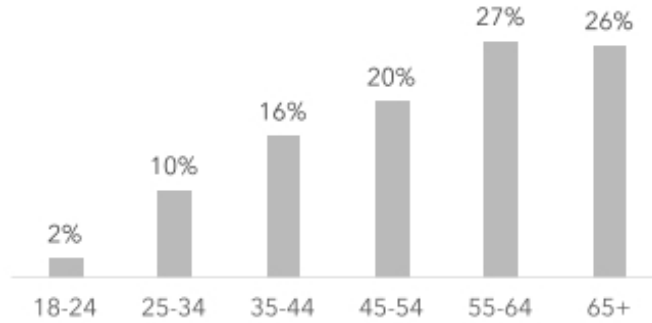


Figure 239. Hispanic Origin or Descent, Community Resident Survey

Are you of HISPANIC or LATINO/LATINA origin or descent?

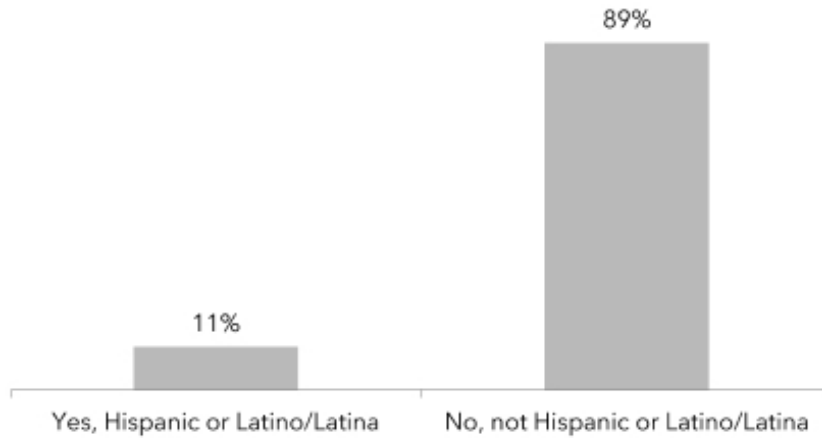


Figure 240. Race of Respondents, Community Resident Survey

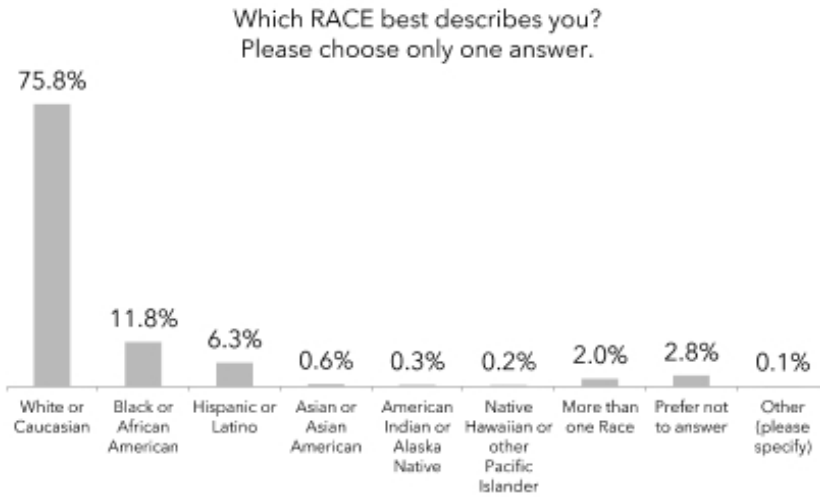


Figure 241. Gender Identity, Community Resident Survey

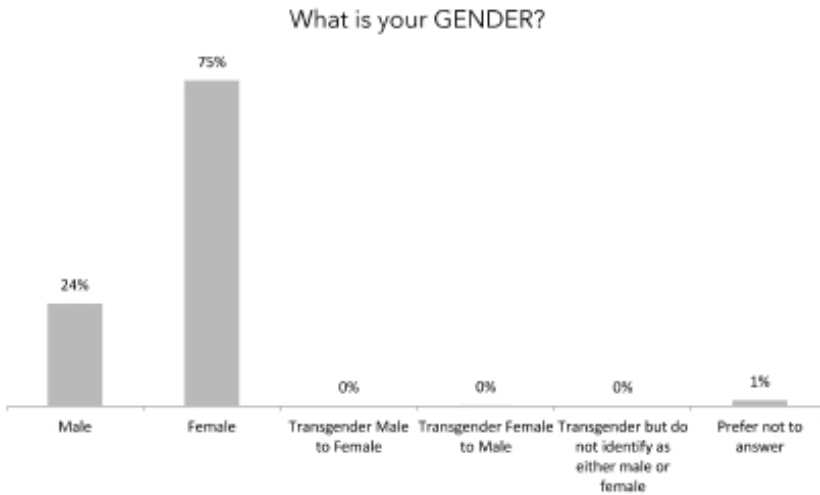


Figure 242. Sexual Orientation, Community Resident Survey

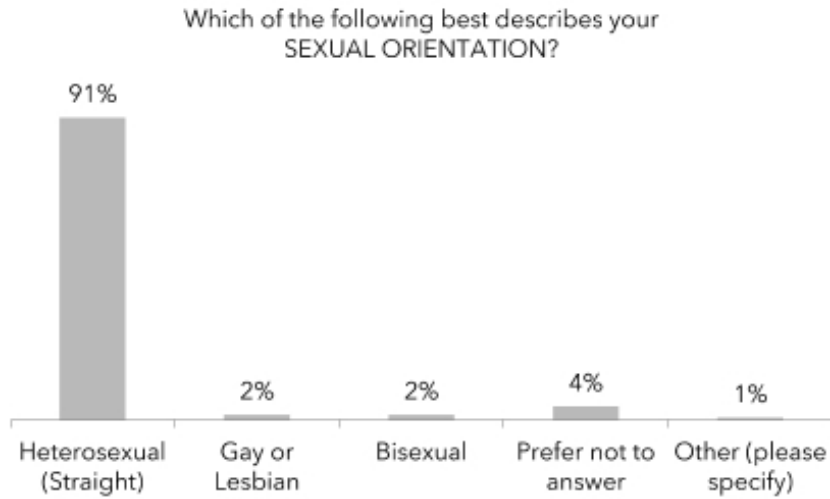


Figure 243. Primary Language, Community Resident Survey

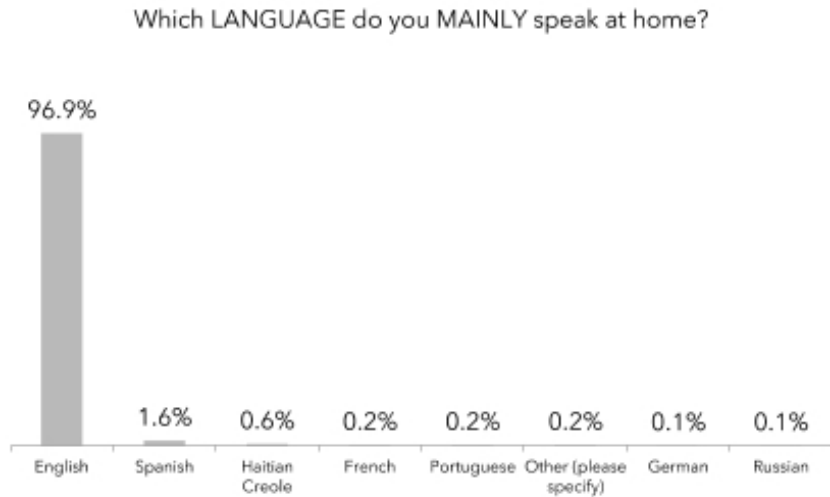


Figure 244. Highest Level of School Completed, Community Resident Survey

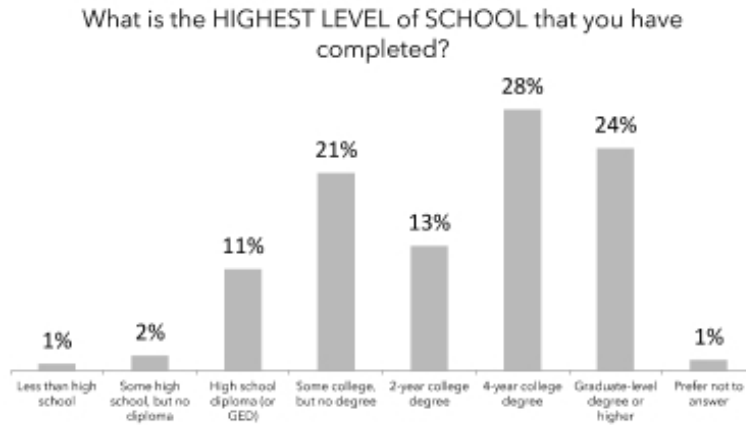


Figure 245. Total Combined Household Income, Community Resident Survey

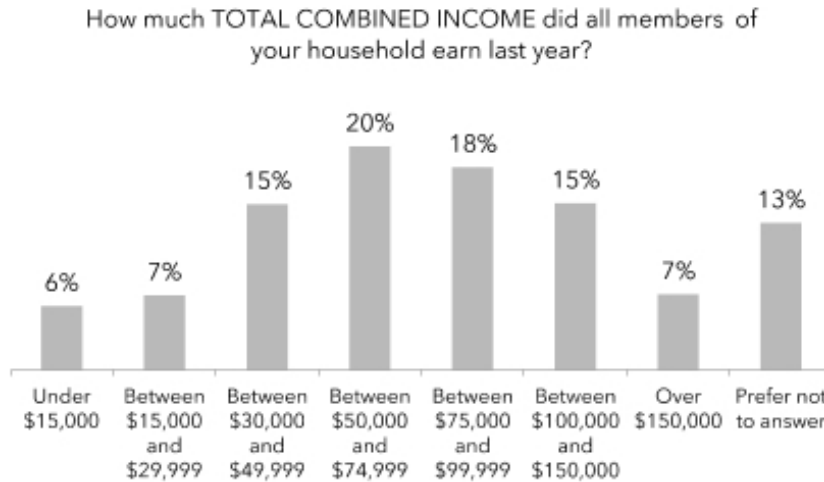


Figure 246. Household Members (Total), Community Resident Survey

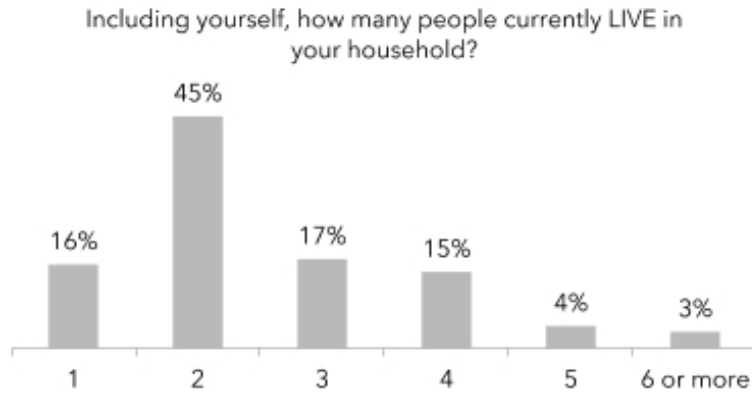


Figure 247. Household Members (under age 18), Community Resident Survey

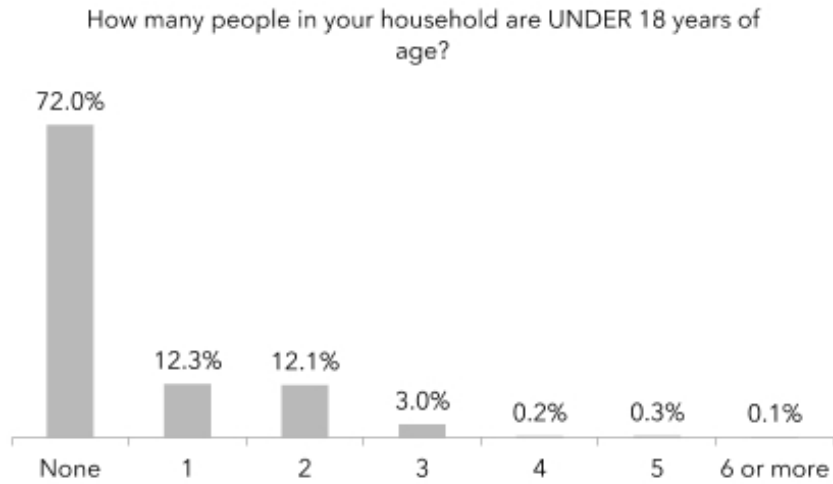


Figure 248. Household Members (over the age of 65), Community Resident Survey

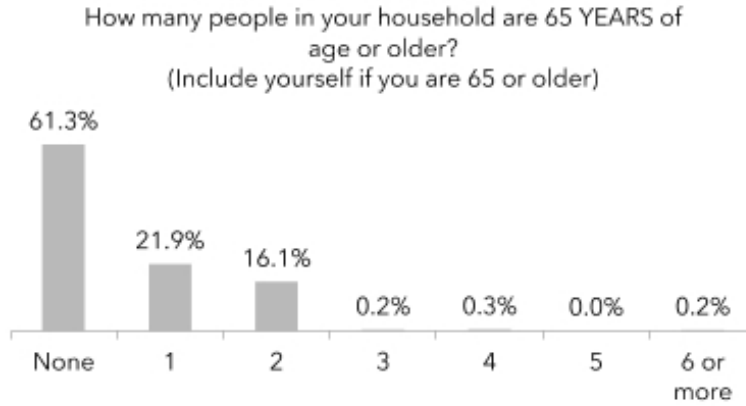


Figure 249. Relationship Status, Community Resident Survey

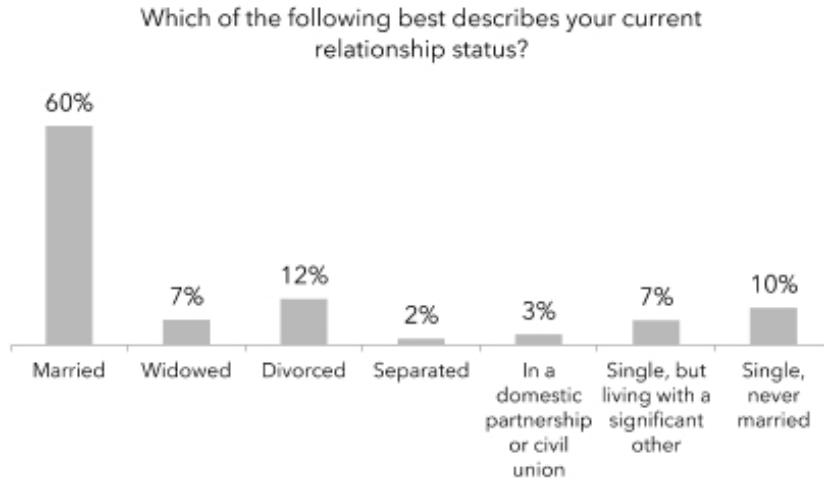


Figure 250. Employment Status, Community Resident Survey

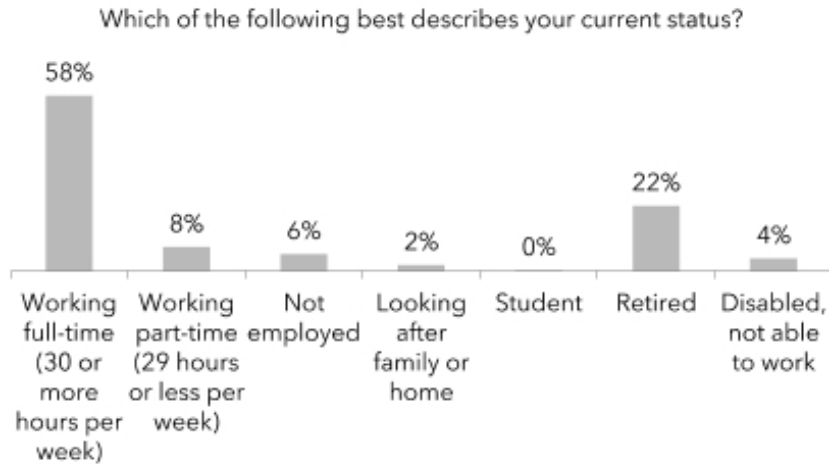


Figure 251. Transportation, Community Resident Survey

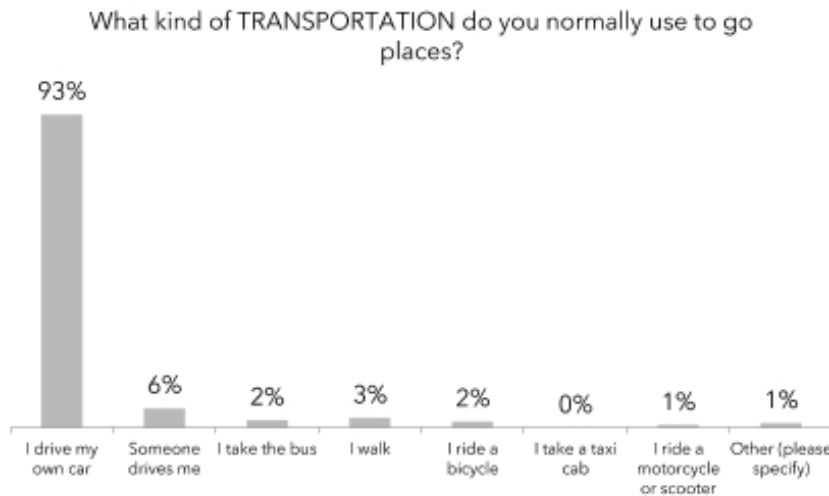


Figure 252. Length of Commute, Community Resident Survey

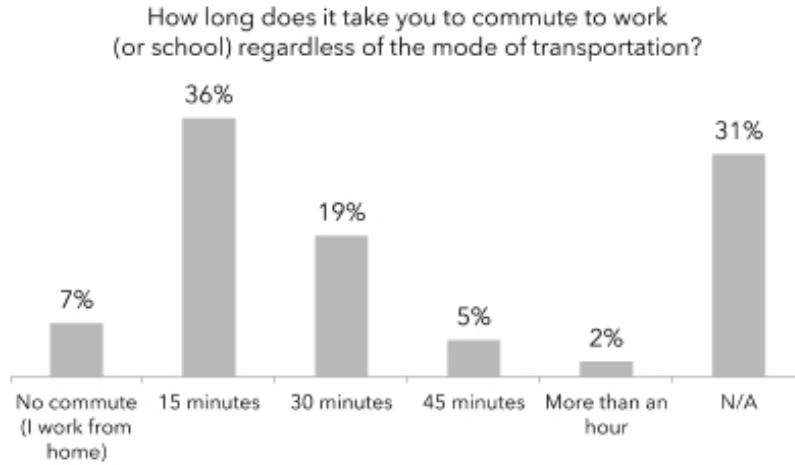


Figure 253. Frequency of Dining at Fast Food Restaurants, Community Resident Survey

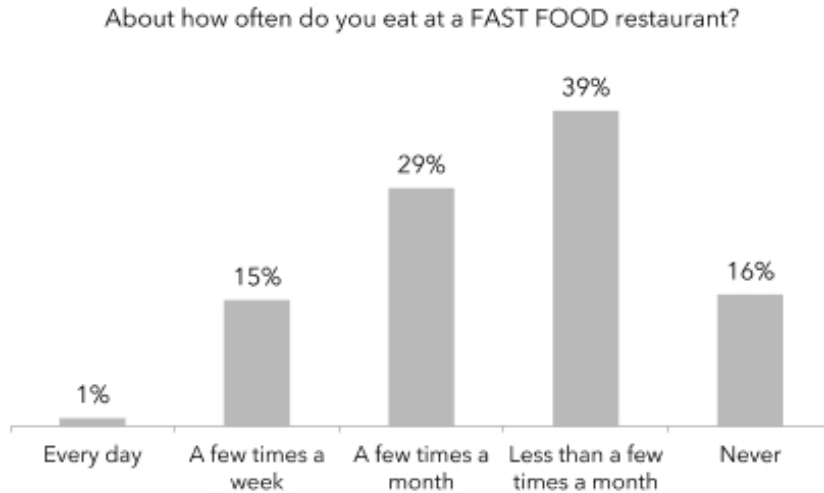


Figure 254. Frequency of Dining at Sit Down Restaurants, Community Resident Survey

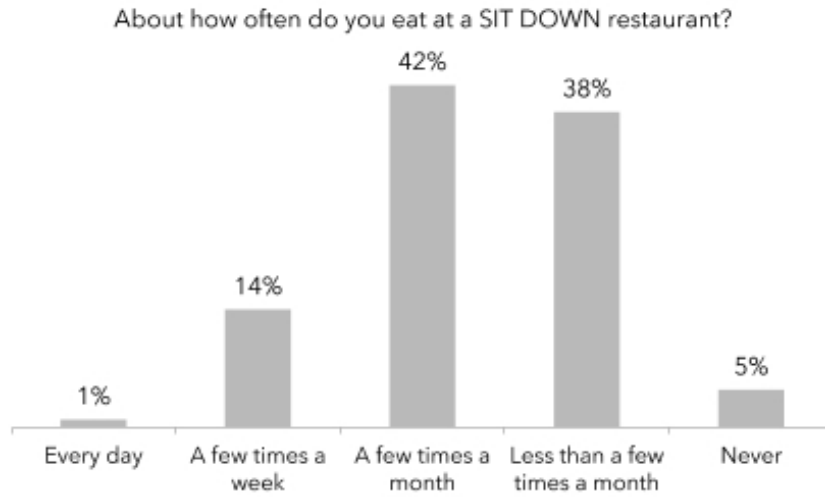


Figure 255. Frequency of Preparing Meals at Home, Community Resident Survey

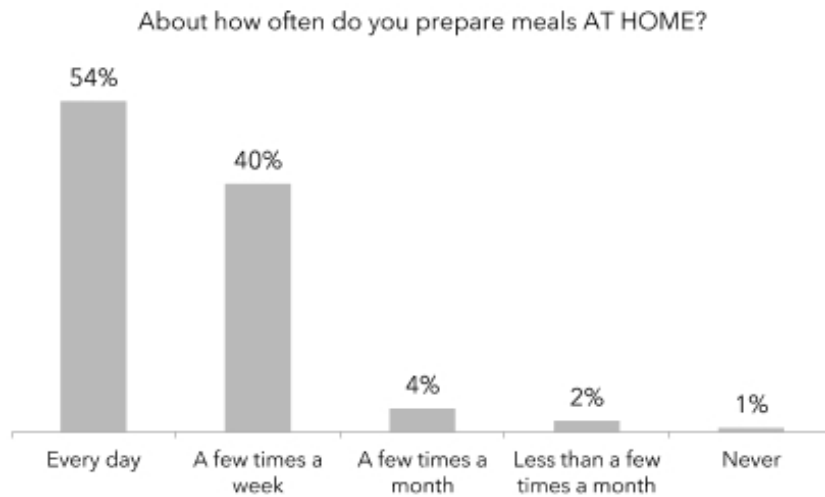


Figure 256. Needed Medical Care in the last 12 months but did not receive, Community Resident Survey

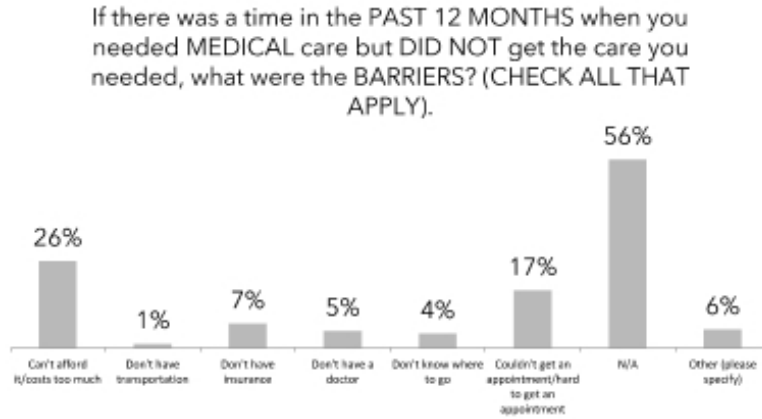


Figure 257. Needed Dental Care in the last 12 months but did not receive, Community Resident Survey

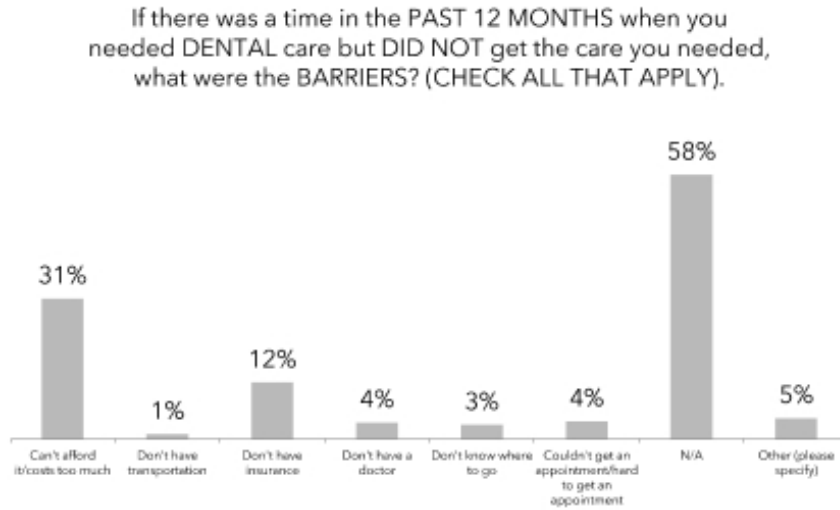


Figure 258. Payment for Medical Care, Community Resident Survey

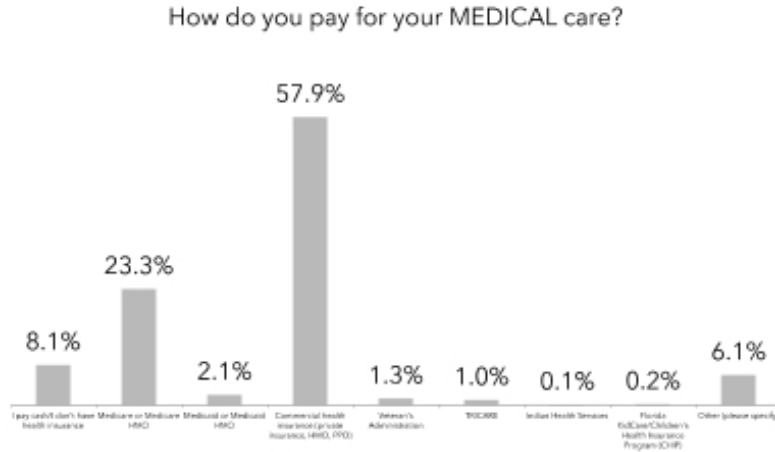


Figure 259. Payment for Dental Care, Community Resident Survey

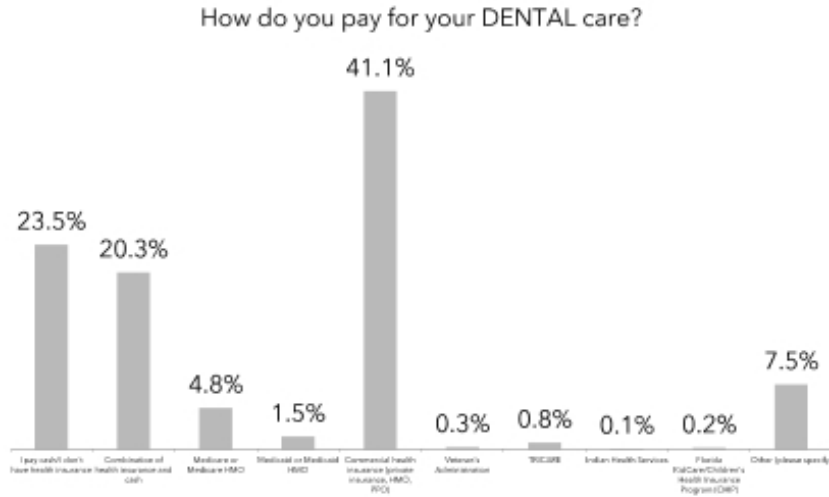


Figure 260. Health Insurance Barriers, Community Resident Survey

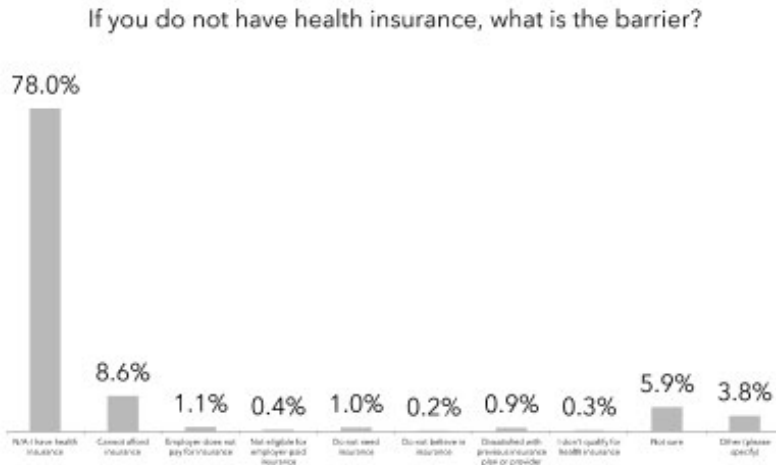


Figure 261. Challenges related to Finances, Community Resident Survey



Figure 262. Social Connectedness and Social-Emotional Health, Community Resident Survey

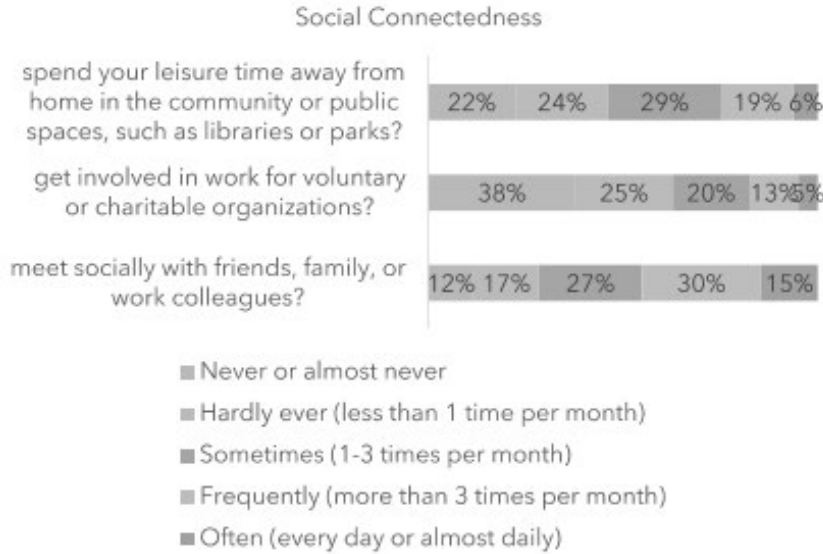


Figure 263. Social-Emotional Health, Community Resident Survey

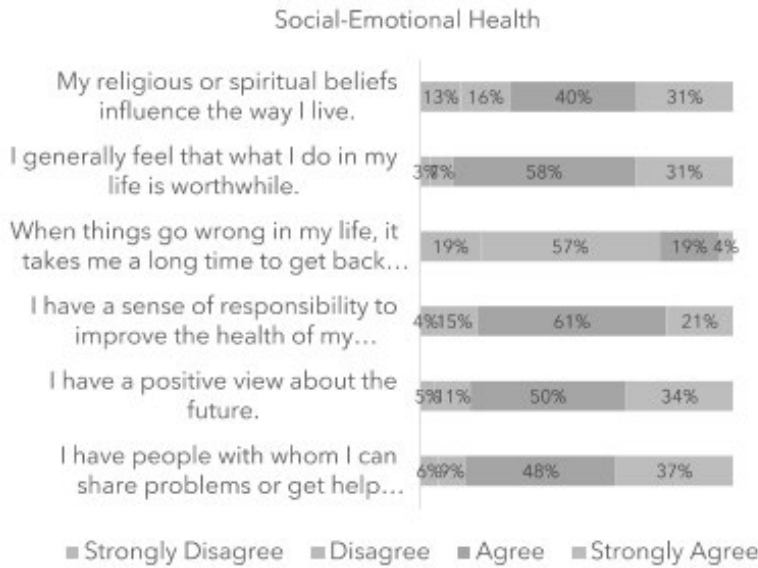


Figure 264. Mental Health, Community Resident Survey



Figure 265. Rating of Overall Community Health, Community Resident Survey

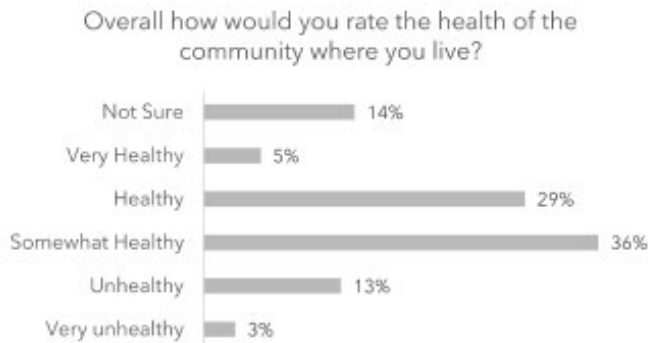


Figure 266. Community Sentiment, Community Resident Survey

Below are some statements about your local community. You may agree with some and disagree with others. Please tell us how much you agree or disagree with each statement.

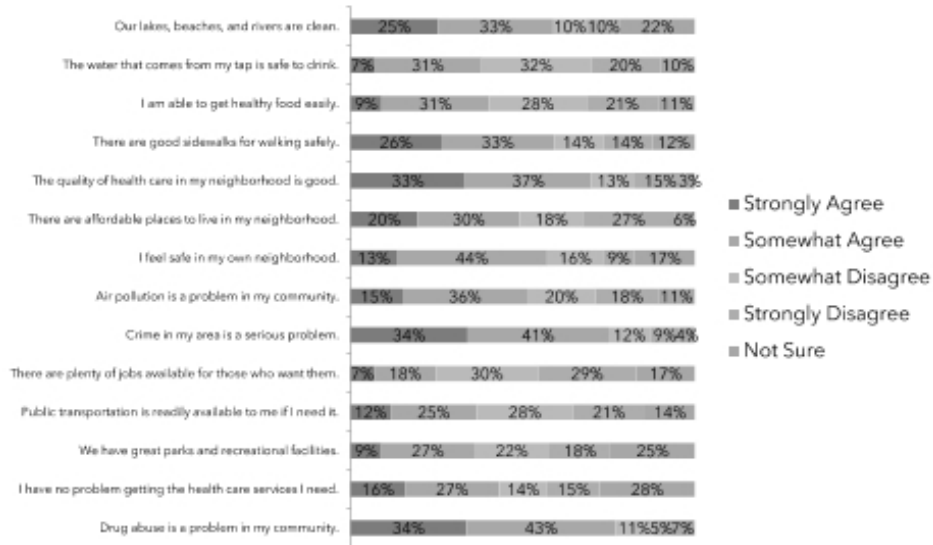


Figure 267. Quality of Life Factors, Community Resident Survey

In the following list what do you think are the FIVE MOST IMPORTANT factors that define the quality of life in a community?

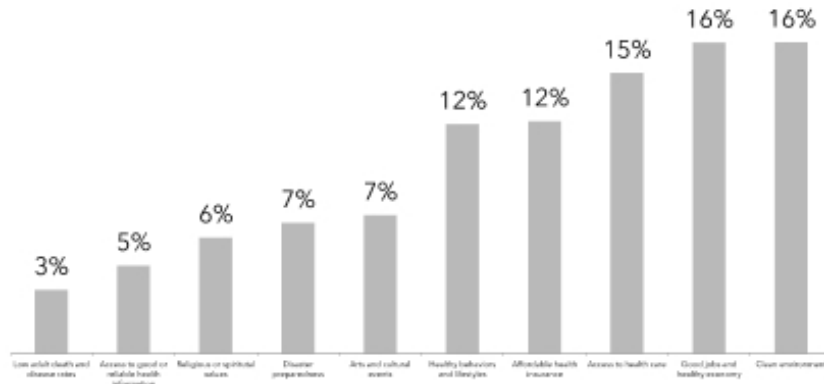


Figure 268. Quality of Life Factors Part 2, Community Resident Survey

In the following list what do you think are the FIVE MOST IMPORTANT factors that define the quality of life in a community?

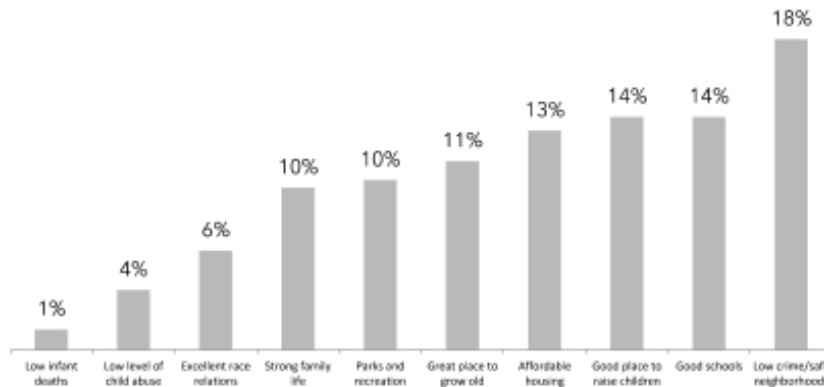


Figure 269. Health Risk Factors, Community Resident Survey

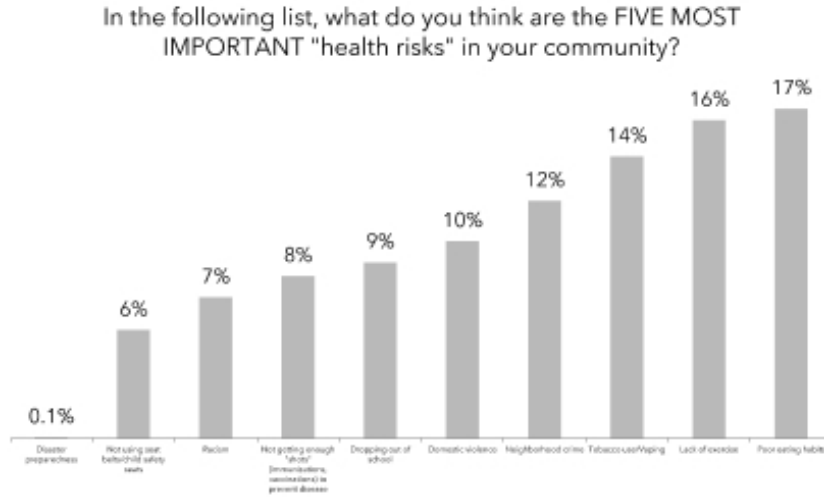


Figure 270. Most Important Health Risks, Community Resident Survey

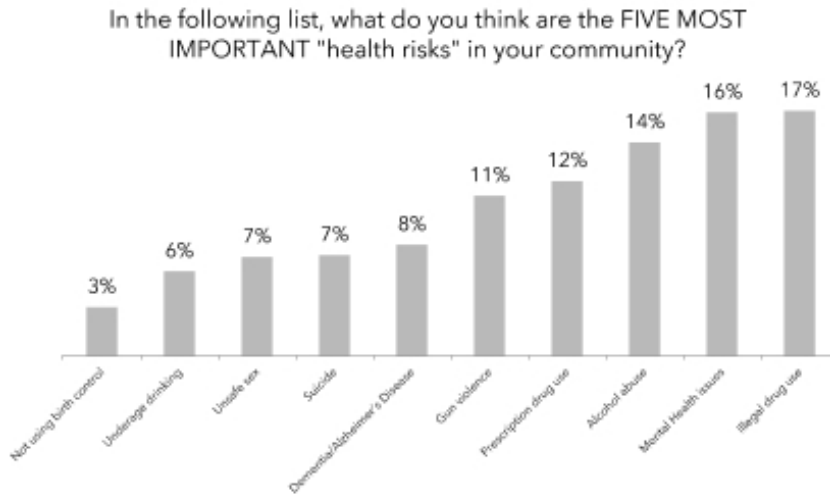


Figure 271. Advertisements, Promotions in Retail Stores, Community Resident Survey

When thinking about retail stores (local convenience stores, gasoline service stations, grocery stores, or pharmacies) you visit, how often do you:

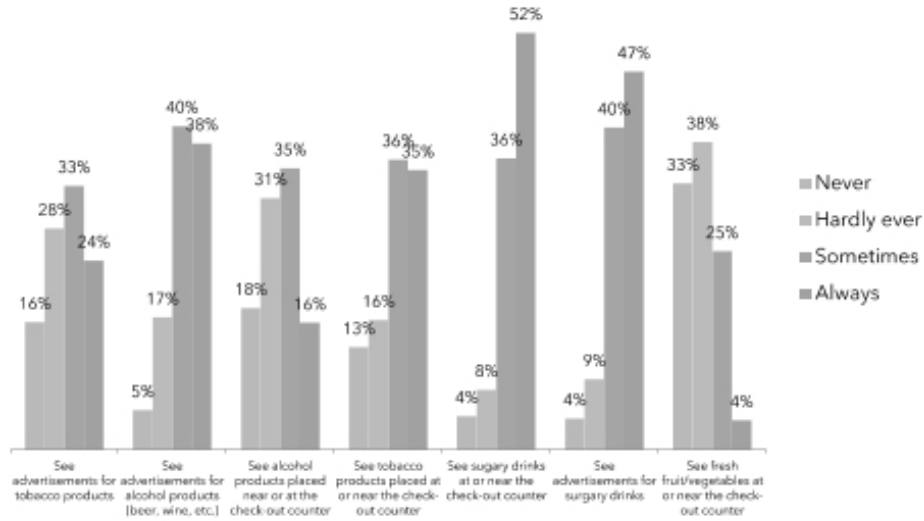


Figure 272. Attitudes toward Breastfeeding, Community Resident Survey

Please provide your opinion on the following statements when thinking about breastfeeding in your community. Please tell us how much you agree or disagree with each statement.

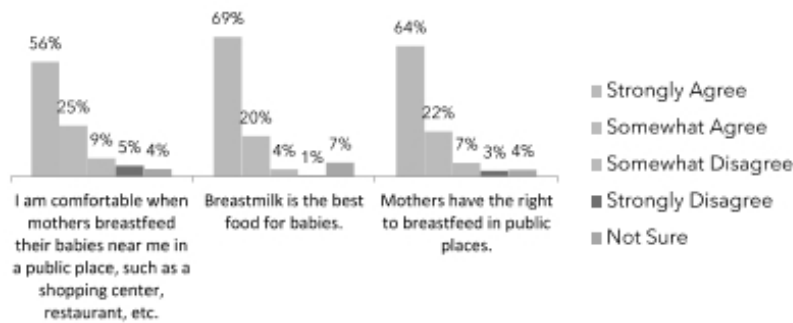


Figure 273. Attitudes toward Mental Health

Please provide your opinion on the following statements when thinking about mental health in your community. Please tell us how much you agree or disagree with each statement.

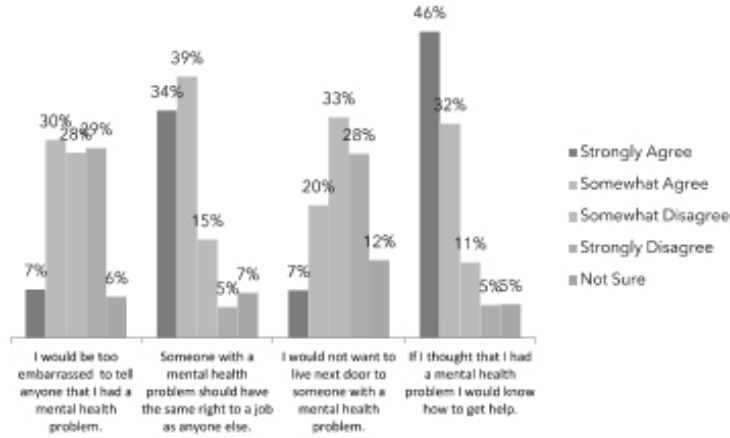


Figure 274. Discrimination, Community Resident Survey

In the last 5 years, do you believe you have experienced discrimination (been prevented from doing something, been hassled, or made to feel inferior) in any of the following situations because of your race, ethnicity, or skin color?

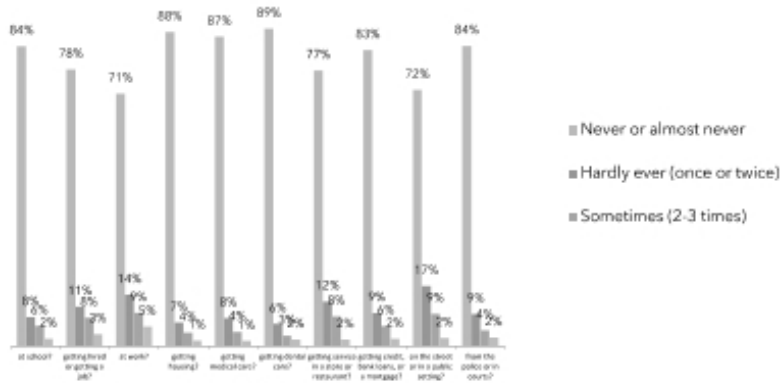


Figure 275. Ageism, Community Resident Survey

Below are some statements about your local community. You may agree with some and disagree with others. Please tell us how much you agree or disagree with each statement.

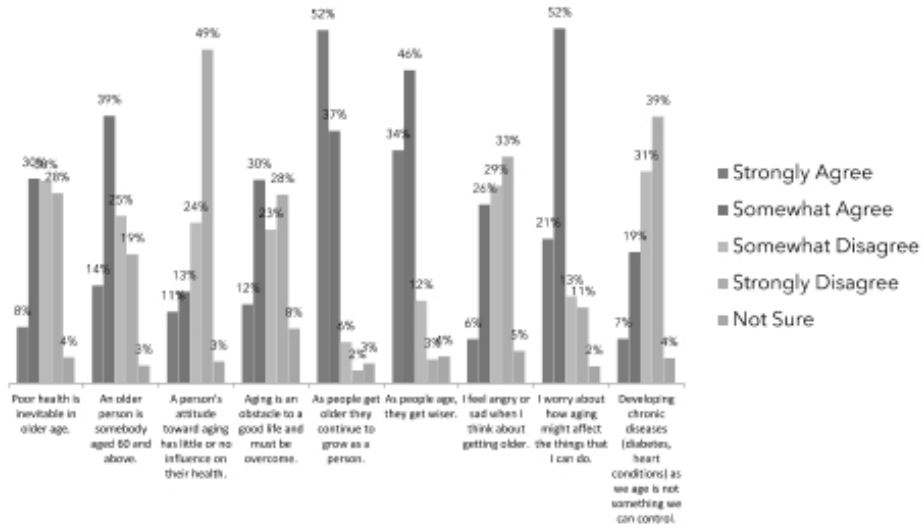


Figure 276. Ageism Part 2, Community Resident Survey

Based on what you have seen or experienced, do you think older workers face discrimination in the workplace based on AGE?

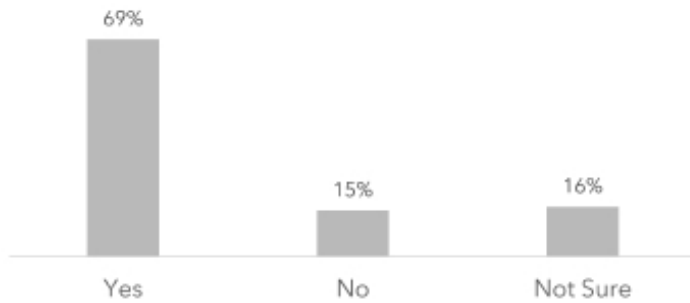


Figure 277. Ageism Part 3, Community Resident Survey

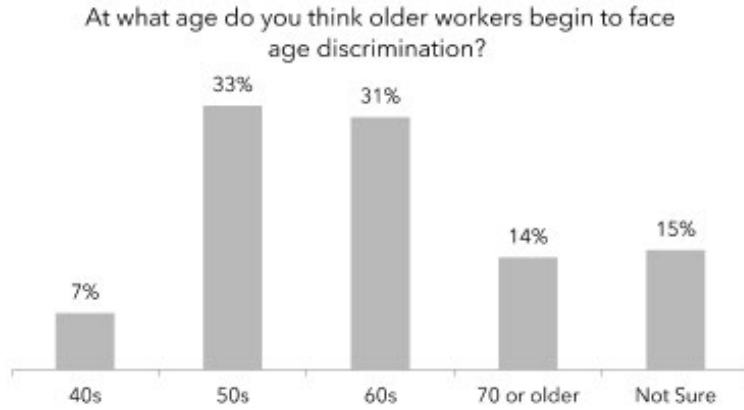
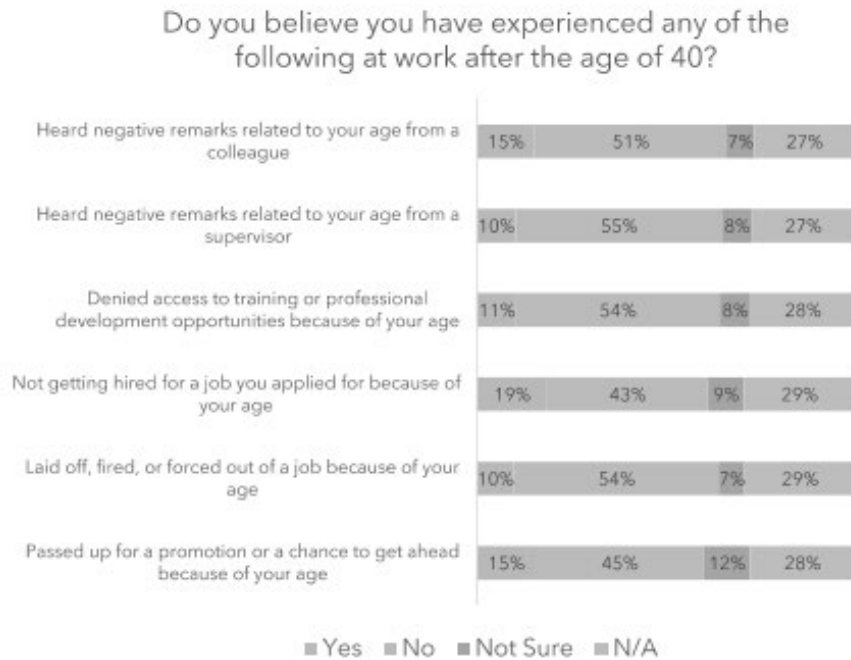


Figure 278. Ageism Part 4, Community Resident Survey



Section Four: Forces of Change Assessment (FOCA)

Forces of Change Assessment (FOCA) is one of four assessments that are part of Mobilizing for Action through Planning and Partnership process (MAPP), a public health planning tool. Information contained in FOCA includes those areas that are outside of the control of a community, such as trends, events, and factors that are present in time or may be in the foreseeable future. Identifying these forces of change will help communities during their community health improvement planning process know what areas of change are needed for building a better quality of life and a better future for residents and visitors. Details are provided in [Appendix F](#).

Methodology

Gathering input for the FOCA was completed in a series of regular meetings with the Healthy St. Lucie Coalition, a group of over 30 community leaders and partners who collaborate with the Florida Department of Health in St. Lucie County (FDOHSL) to implement the Community Health Improvement Plan. The meetings were facilitated and sponsored by FDOH-SLC.

A kickoff meeting was held on October 10th, 2019. Members were oriented to the FOCA and introduced to a brainstorming worksheet. Members completed the worksheet individually and then discussed their ideas in small groups. A small group spokesperson then shared the combined ideas with the larger group. A summary of the findings was compiled and presented during the next meeting.

At November 14th, 2019 and the January 9th, 2020 meetings, the group used the summary of the work completed at the October meeting, and was asked to assign forces of change findings into five different categories; economic, environmental, legal/political/ethical, social, and technological/scientific categories.

On February 13, 2020, the coalition group met to review all the forces of changes and discuss challenges facing the county, and they were asked to identify opportunities that could be used to meet those challenges. Finally, on March 12, 2020, the group was provided a summary report on the opportunities and challenges gathered throughout the process.

Healthy St. Lucie Coalition - Forces of Change Participating Members

- 211 Helpline
- Area Agency on Aging (Aging and Disability Resource Center of Palm Beach and the Treasure Coast)
- Catholic Charities
- Children Medical Services
- Children's Services Council
- Cleveland Clinic Martin Health
- Communities Connected for Kids
- Council on Aging of St. Lucie
- Crosstown Running Club
- Drug Free St Lucie
- Florida Community Health Center
- Florida Department of Health in St. Lucie
- Fort Pierce Police Department
- Allegany Franciscan Ministries
- Health Council of Southeast Florida
- Mustard Seed Ministries
- Roundtable of St. Lucie County
- Safe Kids Coalition
- St Lucie County Public Schools
- St. Lucie Medical Center
- Treasure Food Bank
- United Way of St. Lucie County
- University of Florida/Institute of Food and Agricultural Sciences - Family Nutrition Program

Table 102. Forces of Change Assessment Challenges and Opportunities

Forces of Change	Challenges	Opportunities
Lack of living wage jobs	<ul style="list-style-type: none"> • Service industry frequently has lower wage positions, resulting in employees having limited access to resources. • Residents lack the training, education, and experience for higher level positions. • Residents may not have access to reach better paying positions. • Challenge to attract new businesses due to lack of qualified employees, perceived high crime rate, etc. • Minimum wage is insufficient to maintain minimum survival budget for most households. • Students leave post-secondary education burdened with student loans. 	<ul style="list-style-type: none"> • Economic Development Council, Chamber of Commerce and local governments are recruiting new employers and helping others to expand. • Expanding public transportation to offer higher wage job access. • Local colleges, high schools, workforce development board are working with employers to offer additional career exploration, technical training, apprenticeship, and internship opportunities. • Partner with large companies that offer remote job/work arrangement • Crime is decreasing and tax incentives are being offered for businesses to come to the area
High cost of medical care, health insurance and deductibles	<ul style="list-style-type: none"> • Not using medical treatment or addressing preventive care. • Incurring high medical bills which can affect credit and funds available for basic needs. • Many providers do not accept certain insurance, will not see patients without pre-payment. 	<ul style="list-style-type: none"> • Increase awareness of available resources and use of existing sliding scale and free services. • Increase regulation of medical costs • Lobbying for programs that can offset/reduce medical costs

Forces of Change	Challenges	Opportunities
Access to health care	<ul style="list-style-type: none"> • Limited specialists available locally. • Limited transportation to travel to specialist care. • Need to work during normal office hours limits ability to access care. (No paid leave available). 	<ul style="list-style-type: none"> • Recruit specialty care services to the County. • Expansion of specialty care with recent acquisition of hospitals by Cleveland Clinic. • Extend healthcare clinic hours for those who work & have no paid leave.
Access to mental health services and substance abuse treatment	<ul style="list-style-type: none"> • Loss of funding for mental health services reduced affordability and increased delay to access • Unethical drug treatment providers led to reduced funding and abuse of those seeking services. • Increase in opioid addiction and deaths due to overdose • Stigma associated with seeking treatment • Increase in suicide rates • Mental health patients overly represented in jail population. 	<ul style="list-style-type: none"> • Increase use of Peer Counseling and Support • Increase awareness of available resources • Support task force efforts to educate about identifying those at risk, providing Narcan to the general public. • Continued access to Narcan for Emergency Medical Services and Law to reduce loss of life due to overdose • Community education to decrease perceived stigma • Promotion of trauma informed care and supports for children.

Forces of Change	Challenges	Opportunities
Housing	<ul style="list-style-type: none"> • Lack of affordable housing. • Rising housing costs and cost of living. • Residents living in substandard housing that can lead to health issues (e.g., mold, pests, high crime areas). • Benefit cliff - loss of benefits when recipients increase income incrementally. 	<ul style="list-style-type: none"> • Stop the State of Florida sweep of Sadowski Housing Trust Fund to increase funds given to communities to fund repair and creation of new affordable housing opportunities. • Appeals to state legislature for funding to assist veterans and families. • Gap filling programs to gradually reduce benefits to allow families to become self-sufficient.
Increase in use of e-cigarettes	<ul style="list-style-type: none"> • Misinformation on dangers of vaping (e.g., peers and social media). • Limited data to show negative impacts • Unregulated and driven by those seeking high profits, make it difficult to curtail use. 	<ul style="list-style-type: none"> • Use recent fatalities and lung damage cases to increase factual awareness and informed choices. • Changes in policy to limit use • Empowerment of youth to be a force for change • Increase awareness and use of programs to reduce use or encourage quitting.
Natural Disasters (hurricanes, sea level rise)	<ul style="list-style-type: none"> • Can lead to loss of jobs, personal property, life, infrastructure, power, etc. • Those in poverty are at greater risk to loss. • Increase in temperature • Migration of wildlife, human population away from inundated areas. 	<ul style="list-style-type: none"> • Enforcing code compliance • Improve infrastructure • Education and resources to improve emergency preparedness • Planning for businesses to return them to work quickly • Provide quick access to services and resources

Forces of Change	Challenges	Opportunities
Water Quality	<ul style="list-style-type: none"> • Pollution (e.g., septic systems, plastics, litter, excess fertilizer) impacts drinking water and ability to enjoy local waters • Algae blooms result in loss of tourism 	<ul style="list-style-type: none"> • Identifying funding to convert septic systems • Increase awareness of causes and preventive measures for reducing pollution (e.g., ecofriendly products) • Funding to change reservoir releases and preserve access to quality water for residents.
Rising cost of food and the number of food deserts	<ul style="list-style-type: none"> • No access to healthy foods • Funding cuts to programs • Limited income 	<ul style="list-style-type: none"> • Reduce food waste (e.g. gleaning) • Diversion of useable from restaurants • Community sharing "donate a row" produce • Construction of community gardens • Education on alternatives such as urban gardening • Increase access to local produce • Nutrition and meal prep education and awareness of budget friendly options for healthy food access
Decline in vaccinations	<ul style="list-style-type: none"> • Parents and guardians questioning the potential harm and lack of benefit of immunizations • Vaccinating adults and the elderly for Hepatitis A 	<ul style="list-style-type: none"> • Education about the value of vaccines and ramifications of a reduction in their use through hospitals, medical offices, schools. • Community education to correct misinformation, including social media

Forces of Change	Challenges	Opportunities
Immigration	<ul style="list-style-type: none"> • Many undocumented residents without an avenue to approved immigration status. • Fear of deportation reduces use of available services, including medical care. • Politics divide about immigrants and undocumented residents. 	<ul style="list-style-type: none"> • Cultural sensitivity training needed in our institutions, hospitals, workplaces. • Increase of available legal services to navigate the immigration process
Human Trafficking	<ul style="list-style-type: none"> • Events last year have affected the reputation of neighboring counties 	<ul style="list-style-type: none"> • Education and awareness on how to identify and prevent human trafficking. • Support existing organizations that provide education and training (i.e., The Inner Truth Project, Catholic Charities, Catch the Wave of Hope.

Forces of Change	Challenges	Opportunities
Growing older adult population	<ul style="list-style-type: none"> • Without supports can be challenging to age in place. • Increasing rates of dementia and Alzheimer’s disease • Limited incomes result in food and housing insecurity • Loss of ability to drive can lead to social isolation, inability to access medical care, food, wellness opportunities. • Coronavirus epidemic has higher fatality rate among older adults with underlying chronic disease • Assistive medical devices are often not covered under insurance and are not affordable (e.g., hearing aids, dentures, assistive devices). 	<ul style="list-style-type: none"> • Increase awareness about programs for the elderly through the Dept. of Elders Affairs and other organizations (e.g., SNAP, home health, day programs, etc.). • Create age-friendly initiatives to: • Improve community support for transportation alternatives, more accessible built environments • Increase community awareness of signs and symptoms of dementia to enhance early detection and treatment; offer supportive environments and opportunities for older adult engagement with others and independence. • Increase awareness of wellness activities to ensure quality of life.

Table 103. Identified Economic Events, Factors, and Trends: Employment/Unemployment

Events	Factors	Trends
Theme: Employment/Unemployment		
Citrus industry- Support federal efforts to benefit the citrus industry given its large importance to the economy of St. Lucie County.	Job loss	Workers being replaced with technology Families under 100% of poverty with children under 5 years is 75.2% (State 39.1%), 2017
Treasure Coast International Airport- Runway Extension Funding for increase capacity and capability for surge in commercial service	Living wage job availability	Civilian force unemployed is 7.6% (State 7.2%), 2017
Port of Fort Pierce- Inlet and Port Development	Living wage job availability	
New employers, Amazon,	Living wage job availability	
Tourism growth in St. Lucie County increasing tourist tax revenues by 38% since 2012	Support for Visit Florida	
FAU putting CNA program and post master's certificate for ARNP	Living wage job availability	High School graduate or higher is 86.2% (State 87.6%), 2017

Table 104. Identified Economic Events, Factors, and Trends: Housing

Events	Factors	Trends
Theme: Housing		
The State of Florida established the Sadowski Housing Trust Fund to create a source of funding for affordable housing.	Housing availability and affordability for young families and the elderly	Rising housing costs Increase in cost of living
St. Lucie County's Veterans Services Department is requesting funding to assist in establishing a Veteran's Housing Assistance Center,	Not having enough to live on after retirement, gaps in services	The county supports developing a dedicated state funding source for homeless programs.
St. Lucie County is requesting funding to assist with a Local Government Contribution (LGC), for the construction of multifamily housing.	Inflation Personal debt Wealth inequality	

Table 105. Identified Medical Events, Factors, and Trends

Events	Factors	Trends
Merger of Martin Health System to the Cleveland Clinic	Access to healthcare	
People from other states or other countries moving here without health insurance, i.e. Bahamas	Affordable insurance	Rising health insurance costs
	County share of cost for Medicaid services	St. Lucie County supports establishing a cap on growth in the individual county Medicaid costs under F.S. 409.915, to address the cost shifts that result from the transition to a Medicaid enrollee-based cost-sharing system. The county opposes efforts to further shift state Medicaid costs to counties.
		Changes in medicine, social security, welfare
	Lack of medical care	Increase ER use, medical needs, People living longer with HIV, heart, and other diseases, increasing costs long term
	Physicians for women moving to St. Lucie	The county supports a continuation of funding for the Florida Healthy Families and Healthy Start programs.

Table 106. Identified Mental Health Events, Factors, and Trends

Events	Factors	Trends
	Mental health issues- lack of facilities, lack of care, supervision, long term chronic mental health, untreated mental illnesses	The county supports efforts to increase supportive housing, jail diversion, and employment and education initiatives for people with mental health or substance abuse issues. Supports diverting, medically assisting, or treating mentally ill outside of the criminal justice process through alternative programs, such as Crisis Intervention Teams.
	Funding for mental health Loss of mental health/substance abuse services and funding across Florida	In the last two years, over \$30 million in mental health funding has been lost to Florida's communities.

Table 107. Identified Social Events, Factors, and Trends

Events	Factors	Trends
Changes to Medicaid and Medicare	Treasure Coast Early Steps Program, within Children's Medical Services, serves families with infants and toddlers, birth to 36 months of age, who have developmental delays or an established condition likely to result in a developmental delay.	The County strongly supports the continuation or increase of funding for all Community Healthcare Clinics, such as the HANDS Clinic in Fort Pierce.
	Critical support funding for social services for elder persons	Aging population
Outbreaks of Diseases preventable by vaccines	Vaccination rates in charter schools, private schools, no accountability, perceptions around safety of immunization	Increases in parents opting out by filling religious exemptions
	Educate about vaccination and access to services	Increases in measles in children
E-Cigarettes advertising and consumption	Vaping popular among adults	Teen vaping starting in middle school children
	JUUL fatalities, illnesses may provide opportunities to pass policies to protect children and adults	Vaping causing lung disease
Opioid Addiction	Funding needs to opioid addiction	Opioid crisis
	Needed funding for mental health services for substance abusers and other offenders	Unfair sentencing - 50% of jails are filled with substance abuse issues
	Mental health breakdown	

Table 108. Identified Legal/Political/Ethical Events, Factors, and Trends

Events	Factors	Trends
Politics around Immigration Laws	Influx of more immigrants, language barriers, poor initial health	Increase in population
	Discrimination by age, ethnic, lifestyle	Community migration
	In-flow of immigrants expands job skills and the understanding of health	
	Legal concerns of requesting services by migrants	
	Immigration and migration issues have caused some to be fearful to get services	
Human Trafficking: Martin County in 2019 had a number of cases of Human Trafficking, related to SPAs and sex workers who were arrested.	Knowing HT indicators by medical professionals and govt staff, and others	HT is growing in this country, especially in FL
CBD legalization of marijuana led to increased arrest for impaired driving	Marijuana clinics	Legal medical marijuana
Marjory Stoneman Douglas Shooting, Feb 14, 2018	Gun laws, gun violence	Mass shootings in schools and public places

Table 109. Identified Environmental Events, Factors, and Trends

Events	Factors	Trends
St. Lucie County Federal Beach Nourishment projects	Hurricanes	Climate change
C23 and C24 Reservoirs for the Indian River Lagoon -South Project	Algal blooms, quality of the St. Lucie River and the Indian River Lagoon	Climate change, control of the waterways by South Water Management
Lake Okeechobee impacts on pollution to St. Lucie River and Indian River Lagoon's water quality	Contaminated food and water	Climate change, control of the waterways by South Water Management
Coronavirus, Zika virus, Hep A virus outbreaks, and other emerging disease threats	Flu and other communicable diseases getting worse	

Table 110. Identified Technological/Scientific Events, Factors, and Trends

Events	Factors	Trends
Cyber security, scams, phishing, medical records privacy	Dangers of technology, live-in room, no communication	Technology influencing teens, glamorizing suicide
Dentures being printed with 3D printers improve quality, reduce time and cost	Tele-health, tele-dentistry- reaching more people with same services	
	Better mobility devices- motorized wheelchairs, ortho implants are better and cheaper	

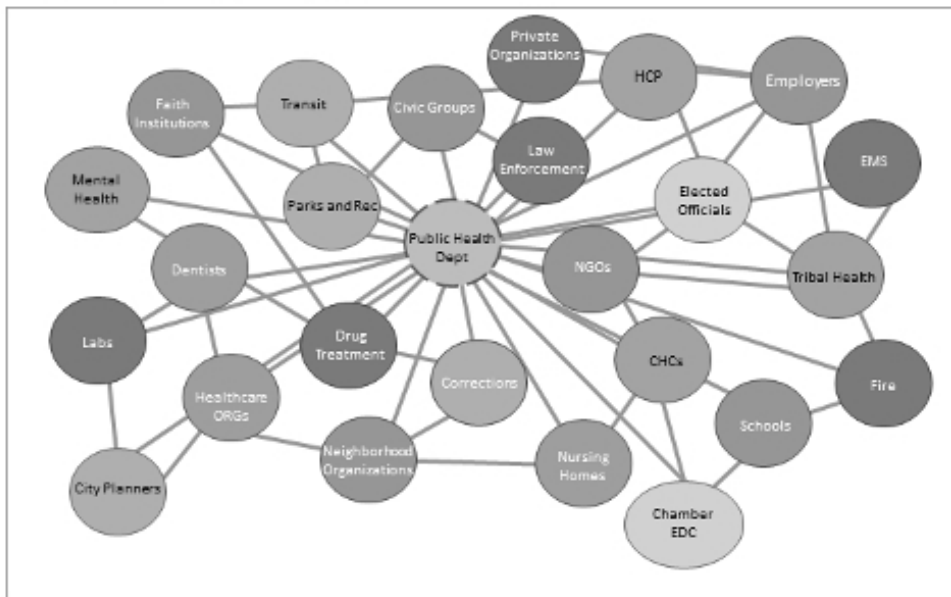
Section Five: Local Public Health Status Assessment (LPHSA)

What is a Local Public Health System?

According to National Public Health Performance Standards Program user guide, a local public health system is comprised of a broad spectrum of organizations and sectors. It is more than the Department of Public Health in St. Lucie County and includes different institutions and organizations, such as:

- Public health agencies
- Recreation and arts
- Human services and charities
- Economic & philanthropic organizations
- Healthcare providers
- Education and youth development
- Environmental agencies
- Public safety agencies

Figure 279. Local Public Health System



St. Lucie County Local Public Health System Assessment

Local public health systems are a network of entities with differing roles, relationships, and interactions whose activities combine to contribute to the health and well-being of the community. The Local Public Health System Assessment (LPHSA), a part of the Mobilizing for Action through Planning and Partnerships (MAPP) framework, focuses on all of the organizations and entities that contribute to the public health, answering the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How well are the Essential Services being provided to our community?" The LPHSA is completed using the National Public Health Performance Standards Program which provides performance standards and measures for assessing how well a public health system performs the essential public health services. Focused partner discussion can enhance understanding of the LPHS, strengthen relationships, and increase engagement in setting strategic priorities that enhance performance.

The purpose of the Local Public Health System Assessment (LPHSA) is to promote the opportunity for continuous improvement in system performance. This report can be used as a tool for system improvement by providing:

- A better understanding of the current systems functioning and performance
- Identifying and prioritizing areas of strength, weakness, and opportunities for improvement
- Identifying those system standards of greatest importance
- A shared frame of reference from which to build a foundation for an improvement plan
- A tool for re-assessment to discern progress

Figure 274 Essential Public Health Services

The LPHSA serves to identify the strengths and weaknesses of St. Lucie County's public health system, as well as short and long-term improvement opportunities. Assessment questions are centered around the 10 Essential Public Health Services (EPHS) and the public health system partners that provide them. EPHS represent a broad spectrum of public health activities that contribute to healthy, vibrant communities. Each essential service is associated with a model standard that represents the major component or practice area for that service.

In April of 2020, the Florida Department of Health in St. Lucie plans to complete the Local Public Health System Assessment



(LPHSA) had to be postponed. The SARS-CoV-2 virus that causes COVID-19 disease became a worldwide pandemic, and personnel and resources were directed to emergency response. When it became clear that the pandemic would have a long-term impact on the ability to hold community meetings, the decision was made to complete the assessment virtually.

Key findings from the LPHSA will be integrated with three other MAPP assessments to identify strategic issues to complete a community health assessment and development of a community health improvement plan. The entire community health improvement process will inform policy and program planning efforts and will aid in application for public health accreditation.

The highest ranked services were:

- 2 - Diagnosing and investigating health problems and health hazards
- 8 - Assures a competent public and personal health care workforce
- 5 - Develop policies and plans that support individual and community health efforts

The results identified the three lowest ranking services to be:

- 10 - Research for new insights and innovative solutions to health problems
- 9 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- 3 - Inform, educate, and empower individuals and communities about health issues

On October 8, 2020, 31 representatives from health care institutions, government agencies, community groups, and service providers attended an online orientation that included an introduction to the essential services, model standards, and assessment tool for the LPHSA. This presentation was recorded and distributed to identified community members along with an online survey link of questions to assess system performance. There were 19 views of the recorded orientation.

The online survey was open from October 10-23, 2020. Stakeholders were asked to score each essential service from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels). Participants were also asked to provide comments for rankings where activity was marked as none or minimal. Responses were received from 39 individuals representing 20 organizations.

In November 2020, staff from the Florida Department of Health in St. Lucie County analyzed survey data, prepared the table of performance scores, summarized individual comments, and developed the results presentation. On December 3, 2020 LPHSA survey results were presented to 21 members of the Health Improvement Planning Steering Committee during an online public meeting to solicit feedback on comments and scores. Scores were not adjusted as a result of this meeting, however

comments were documented and included in the [Rankings and Comments section](#) of this report.

Survey Design

An online survey tool was created based on questions contained in the instrument by the National Public Health Performance Standards Program (NPHPSP). As partners and stakeholders strive to address health inequities in St. Lucie County, an additional 11 questions were added to the survey instrument. These questions are noted in the report by the letters HE.

Finally, as this survey is generally conducted in-person with conversations adding valuable context to the scores, a comment box was placed after each ES and participants were encouraged to provide feedback and suggestions on ES.

Scoring Methodology

Each of the 10 EPHS involves two to four model standards supported by several actions. (For example, three model standards and eight actions comprise EPHS 1.) Please see [Table 3](#) for a list of all EPHS, model standards, and actions. The number of model standards and related actions vary across the EPHS.

LPHSA stakeholders were asked to identify the extent to which actions are performed in St. Lucie County by using a specified rating scale ranging from a minimum value of 0% (absolutely no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels). For purposes of calculating a score for each action, a numerical value (using a scale of 1 to 5) was assigned to each level of LPHSA's rating system and corresponds to the percentage scores. It is important to note that an option was provided for the respondent to select "don't know/not aware" for questions they did not feel they could evaluate. These responses were not included in the performance score calculation.

Table 111. Summary of Assessment Response Options

Options	Percentage Scores	Rating
Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.	5
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.	4
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.	3
Minimal Activity (1-25%)	Greater than 0%, but no more than 25% of the activity described within the question is met.	2
No Activity (0%)	0% or absolutely no activity	1

All performance scores are an average; Model Standard scores are an average of the question scores within that Model Standard, Essential Service scores are an average of

the Model Standard scores within that Essential Services and the overall assessment score is the average of the Essential Service scores.

For each question, an average score was calculated based on the number of votes and the ratings provided by the group of stakeholders. The scores for a set of actions relating to the same EPHS were averaged together to calculate a composite, average score for each EPHS.

Following is a summary table identifying the composite scores and ratings for the 10 EPHS.

Table 112. Summary of Performance Scores by Essential Public Health Service

Essential Public Health Services		Score	Activity Rating
1	Monitor health status to identify community health problems	4.10	Significant
2	Diagnose and investigate health problems and health hazards	4.27	Significant
3	Inform, educate, and empower individuals and communities about health issues	3.93	Moderate
4	Mobilize community partnerships to identify and solve health problems	4.06	Significant
5	Develop policies and plans that support individual and community health efforts	4.15	Significant
6	Enforce laws and regulations that protect health and ensure safety	4.11	Significant
7	Link people to needed personal and health services and assure provision of health care when otherwise unavailable	3.98	Moderate
8	Assures a competent public and personal health care workforce	4.23	Significant
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health services	3.90	Moderate
10	Research for new insights and innovative solutions to health problems	3.35	Moderate
Overall Performance Score		4.00	Significant

Data Limitations

The framework for the LPHSA has several limitations due to self-reporting, wide variations in the breadth and depth of knowledge amongst participants, the variety of assessment methods used, and difference in how questions may have been interpreted. Each respondent's rankings reflect his or her own experiences and perspectives, and the responses to the questions involve an element of subjectivity.

The assessment results should not be used to reflect the capacity or performance of any single agency or organization within the system or used to compare across jurisdictions. The data and associated recommendations may be used to guide an overall public health system performance improvement process as determined by the organizations involved in the assessment.

Essential Public Health Services - Rankings and Comments

During the December 3, 2020, Steering Committee Members expressed surprise by some of the high scores and indicated that if this survey was given to community members, they might look very different. Additional feedback expressed frustration of not being able to better understand the context of the survey respondent comments, concluding that a face-to-face assessment would have been preferable.

Below is a summary of the rankings for each of the 10 Essential Public Health Services and the participants' comments from the survey and group discussion from December 3, 2020.

Table 113. EPHS 1 - Monitor Health Status to Identify Community Health Problems - Significant Activity

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
				4.10	

EPHS 1 - Survey Comments:

- 1.1 Constantly providing outreach events and education to the community
- 1.1 We could do more to update the CHA with new data and promote it out to partners.
- 1.1 that information is not shared with internal staff
- 1.2 Resources including access to systems, training in systems, and personnel hours available are all areas that can be improved upon.
- 1.2 COVID 19 response data has been uneven

ESPH 1 - Committee Meeting Comments:

With regards to COVID-19, discussion focused on the challenges of doing research in real time, when it often takes months and years to really analyze and interpret the data. Additional comments included how the pandemic has raised awareness about how important technology is to maintain the public health system, which will hopefully move us towards utilizing technology more.

Table 114. EPHS 2 - Diagnose and Investigate Health Problems and Health Hazards - Significant Activity

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
				4.27	

EPHS 2 - Survey Comments:

- 2.1 Access to information, communication with partners involved, and improvement in systems (ELR, EMR, etc.) are constantly improving but typically the process of improvement is slow.
- 2.1 Information out of the HD during COVID 19 has been a bit opaque.

ESPH 2 - Committee Meeting Comments:

None

Table 115. EPHS 3 - Inform, Educate, and Empower People about Health Issues - Moderate Activity

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
			3.93		

EPHS 3 - Survey Comments:

- 3.1 Our Department is constantly sharing info providing services throughout community events.
- 3.1 Think we could increase communications regarding health inequities.

ESPH 3 - Committee Meeting Comments:

Conversation in ESPH 3 focused primarily on the need to improve our efforts to educate policy makers so they are better equipped to advocate for community needs. To do this, we need to pay attention to how we frame issues, using infographics and other tools to keep the information brief and concise for the policy maker to act on.

Table 116. EPHS 4 - Mobilize Community Partnerships to Identify and Solve Health Problems - Moderate Activity

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
					4.06

EPHS 4 - Survey Comments:

- 4.1 Our Department constantly communicating with our CBOs and nonprofit organizations
- 4.2 Constant communication with our local nonprofit org and CBS takes place thru video conf meetings
- 4.2 Seen significant efforts by DOH staff to establish strategic community partnerships to improve public health.

ESPH 4 - Committee Meeting Comments:

Committee members felt that we were not getting out into the community enough, and that we needed to host more public health forums with the community. These forums not only help the community understand some of the health outcomes that need to be improved, but more importantly help us better understand the local context and conditions of the communities impacted and how best to address the issues. An additional recommendation included getting as much of our data down to the zip code so we could really get to where people live and get people from those communities to assist with the best solutions.

Table 117. EPHS 5 - Develop Policies and Plans that Support Individual and Community Health Efforts - Significant Activity

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
					4.15

EPHS 5 - Survey Comments:

5.1 The EOC and the DOH worked together very closely throughout the COVID 19 pandemic to ensure the community had adequate resources.

ESPH 5 - Committee Meeting Comments:

None

Table 118. EPHS 6 - Enforce Laws and Regulations that Protect Health and Ensure Safety - Significant Activity

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
				4.11	

EPHS 6 - Survey Comments:

6.1.5 Creating added duties for EH position to address built-environment and environmental health improvements that impact public health in the local community.

ESPH 6 - Committee Meeting Comments:

None

Table 119. EPHS 7 - Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable - Moderate Activity

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
			3.98		

EPHS 7 - Survey Comments: None

ESPH 7 - Committee Meeting Comments:

Comments in section focused in on the lack of clarity and definition in the survey instrument with regards to personal healthcare services, and whether this was just health care, or other healthcare service needs, such as those related to assistance with activities of daily living, which are important.

Table 120. EPHS 8 - Assure a Competent Public and Personal Health Care Workforce - Significant Activity

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
					4.23

EPHS 8 - Survey Comments:

8.1 Staff development and training manager handles the workforce assessment plan.

ESPH 8 - Committee Meeting Comments:

Suggestions for this area included a focus on training people from the community to conduct outreach and education in the community, as many community members have said that agencies come in to work with them, but they often don't see people that look like them. Additionally, it was felt that some local job positions focused more on four-year degree, that some of this work does not necessarily require a degree, and in the end excludes a bunch of people from applying for a position. A Community Health Worker program model was suggested to be reviewed, as it was brought up in the Local Food Local Places workplan and would also provide local job opportunities. Another member suggested we include the different health ministries around the churches.

Table 121. EPHS 9 - Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services - Moderate Activity

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
				3.90	

EPHS 9 - Survey Comments:

9.1 I am not directly involved in many of the broader, community based, public health efforts in St. Lucie county thus my knowledge of the amount of activity occurring related to those efforts is limited.

9.2 Ratings are regarding response to reportable diseases.

9.3 In regard to reportable diseases.

ESPH 9 - Committee Meeting Comments:

None

Table 122. EPHS 10 - Research for New Insights and Innovative Solutions to Health Problems - Moderate Activity

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
			3.35		

EPHS 10 - Survey Comments:

- 10.1 Specific duties of my department are primarily reactionary especially in times of emergency response (epidemics/pandemics/outbreaks). Time for research is extremely limited. I rely on broader public health and health equity research that should be representative of our population to make local decisions related to communicable disease control activities.
- 10.2 We have a good partnership with the local college. Activity ratings are based on the time available to spend working on projects with the local college.
- 10.3 Activity rating based on the time available to put towards these activities. Given more time, there would be more activity.

ESPH 10 - Committee Meeting Comments:

It was suggested that we ask local hospital and different clinics around the county to Share the innovations they have been working on. The mission of our local college is teaching and learning, not research, however there is still a lot of integration between the college and the Florida Department of Health. Committee members are interested in finding out if there are more opportunities to participate in research with other organizations.

Table 123. Cumulative Performance Along All EPHS

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5
				4.00	

Table 124. Summary of Performance Scores by Model Standard

Essential Public Health Service (EPHS) and Model Standard	Score
EPHS 1. Monitor Health Status to Identify Community Health Problems	4.10
1.1 Model Standard: Population-Based Community Health Assessment (CHA)	
1.1.1 Conduct regular community health assessments?	4.23
1.1.2 Continuously update the community health assessment with current information?	4.24
1.1.3 Promote the use of the community health assessment among community members and partners?	4.29
1.1.4 HE-1 Conduct a community health assessment that includes indicators intended to monitor differences in health and wellness across populations, according to race, ethnicity, age, income, immigration status, sexual identity, education, gender, and neighborhood.	4.33
1.2 Model Standard: Current Technology to Manage and Communicate Population Health Data	
1.2.1 Use the best available technology and methods to display data on the public's health?	3.76
1.2.2 Analyze health data, including geographic information, to see where health problems exist?	4.09
1.2.3 Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	3.77
EPHS 2. Diagnose and Investigate Health Problems and Health Hazards	4.27
2.1 Model Standard: Identification and Surveillance of Health Threats	
2.1.1 Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, share information, and understand emerging health problems and threats?	4.14
2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)?	4.43
2.1.3 Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	3.95

2.2 Model Standard: Investigation and Response to Public Health Threats and Emergencies	
2.2.1 Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	4.15
2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	4.16
2.2.3 Designate a jurisdictional Emergency Response Coordinator?	4.38
2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	4.40
2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	4.20
2.2.6 Evaluate incidents for effectiveness and opportunities for improvement?	4.19
2.3 Model Standard: Laboratory Support for Investigation of Health Threats	
2.3.1 Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	4.38
2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	4.23
2.3.3 Use only licensed or credentialed laboratories?	4.57
2.3.4 Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	4.30

EPHS 3. Inform, Educate, And Empower People about Health Issues	3.93
3.1 Model Standard: Health Education and Promotion	
3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	4.13
3.1.2 Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	4.11
3.1.3 Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities?	4.18

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3.1.4 HE-2 Provide the general public, policymakers, and the public and private stakeholders with information about health inequities and the impact of government and private sector decision -making on historically marginalized communities?	3.79
3.2 Model Standard: Health Communication	
3.2.1 Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	3.75
3.2.2 Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	3.73
3.2.3 Identify and train spokespersons on public health issues?	3.71
3.2.4 HE-3 Provide information about community health status (e.g., heart disease rates, cancer rates, and environmental risks) and community health needs in the context of health equity and social justice?	3.88
3.3 Model Standard: Risk Communication	
3.3.1 Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	4.15
3.3.2 Make sure resources are available for a rapid emergency communication response?	4.00
3.3.3 Provide risk communication training for employees and volunteers?	3.80
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	4.06
4.1 Model Standard: Constituency Development	
4.1.1 Maintain a complete and current directory of community organizations?	4.19
4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	4.00
4.1.3 Encourage constituents to participate in activities to improve community health?	4.31
4.1.4 Create forums for communication of public health issues?	3.67
4.1.5 HE-4 Provide institutional means for community-based organizations and individual members to participate fully in decision-making	3.75
4.2 Model Standard: Community Partnerships	
4.2.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	4.32

4.2.2 Establish a broad-based community health improvement committee?	4.12
4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health?	4.06
4.2.4 Provide community members with access to community health data?	4.13

EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	4.15
5.1 Model Standard: governmental Presence at the Local Level	
5.1.1 Support the work of a local health department dedicated to public health and ensuring the essential public health services are provided?	4.39
5.1.2 See that the local health department is accredited through the national voluntary accreditation program?	4.33
5.1.3 Assure that the local health department has enough resources to do its part in providing essential public health services?	4.13
5.2 Model Standard: Public Health Policy Development	
5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process?	3.93
5.2.2 Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	4.14
5.2.3 Review existing policies at least every three to five years?	4.00
5.2.4 HE-5 Ensure that community-based organizations and individual community members have substantive role in deciding what policies, procedures, rules, and practices govern community health efforts?	4.21
5.3 Model Standard: Community Health Improvement Process and Strategic Planning	
5.3.1 Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	4.06
5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	4.14
5.3.3 Connect organizational strategic plans with the Community Health Improvement Plan?	4.21
5.4 Model Standard: Plan for Public Health Emergencies	
5.4.1 Support a workgroup to develop and maintain preparedness and response plans?	4.40

5.4.2 Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	4.20
5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two years?	3.80

EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	4.11
6.1 Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances	
6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances?	4.07
6.1.2 Stay up to date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	4.57
6.1.3 Review existing public health laws, regulations, and ordinances at least once every five years?	4.44
6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	4.18
6.1.5 HE-6 Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances)?	3.94
6.2 Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances	
6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	3.80
6.2.2 Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	3.75
6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	3.20
6.3 Model Standard: Enforcement of Laws, Regulations, and Ordinances	
6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	4.53
6.3.2 Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	4.59
6.3.3 Assure that all enforcement activities related to public health codes are done within the law?	4.64

6.3.4 Educate individuals and organizations about relevant laws, regulations, and ordinances?	3.94
6.3.5 Evaluate how well local organizations comply with public health laws?	4.25
6.3.6 HE-7 Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances).	3.60

EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	3.98
7.1 Model Standard: Identification of Personal Health Service Needs of Populations	
7.1.1 HE-8 Identify groups of people in the community who have trouble accessing or connecting to personal health services based on factors such as age, education level, income, language barriers, race or ethnicity, disability, mental illness, access to insurance, sexual orientation and gender identity?	4.19
7.1.2 Identify all personal health service needs and unmet needs throughout the community?	3.75
7.1.3 Defines partner roles and responsibilities to respond to the unmet needs of the community?	3.86
7.1.4 Understand the reasons that people do not get the care they need?	4.07
7.2 Model Standard: Assuring the Linkage of People to Personal Health Services	
7.2.1 Connect (or link) people to organizations that can provide the personal health services they may need?	4.06
7.2.2 Help people access personal health services, in a way that takes into account the unique needs of different populations?	3.93
7.2.3 Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	4.20
7.2.4 Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	3.81

EPHS 8. Assure a Competent Public and Personal Health Care Workforce	4.23
8.1 Model Standard: Workforce Assessment, Planning, and Development	
8.1.1 Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	4.13

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8.1.2 Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	4.13
8.1.3 Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	3.88
8.2 Model Standard: Public Health Workforce Standards	
8.2.1 Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	4.78
8.2.2 Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	4.89
8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?	4.67
8.2.4 HE-9 Recruit and train staff members from multidisciplinary backgrounds that are committed to achieving health equity.	4.59
8.3 Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring	
8.3.1 Identify education and training needs and encourage the workforce to participate in available education and training?	4.10
8.3.2 Provide ways for workers to develop core skills related to essential public health services?	4.30
8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	4.20
8.3.4 Create and support collaborations between organizations within the public health system for training and education?	4.08
8.3.5 Continually train the public health workforce to deliver services in a culturally competent manner and understand social determinants of health?	4.00
8.4 Model Standard: Public Health Leadership Development	
8.4.1 Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	3.90
8.4.2 Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	4.08
8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	4.00
8.4.4 Provide opportunities for the development of leaders representative of the diversity within the community?	3.91

EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	3.90
9.1 Model Standard: Evaluation of Population-Based Health Services	
9.1.1 Evaluate how well population-based health services are working, including whether the goals set for programs were achieved?	3.92
9.1.2 Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	3.73
9.1.3 Identify gaps in the provision of population-based health services?	3.92
9.1.4 Use evaluation findings to improve plans and services?	3.79
9.1.5 Monitor the delivery of the Essential Public Health Services to ensure that they are equitably distributed?	3.92
9.2 Model Standard: Evaluation of Personal Health Services	
9.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services?	3.83
9.2.2 Compare the quality of personal health services to established guidelines?	3.83
9.2.3 Measure satisfaction with personal health services?	3.64
9.2.4 Use technology, like the internet or electronic health records, to improve quality of care?	3.92
9.2.5 Use evaluation findings to improve services and program delivery?	3.92
9.3 Model Standard: Evaluation of the Local Public Health System	
9.3.1 Identify all public, private, and voluntary organizations that provide essential public health services?	4.14
9.3.2 Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	4.08
9.3.3 Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	4.00
9.3.4 Use results from the evaluation process to improve the LPHS?	4.00

EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	3.35
10.1 Model Standard: Fostering Innovation	
10.1.1 Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they work?	3.00
10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that do research?	3.20
10.1.3 Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	3.62
10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	3.18
10.1.5 HE-10 Encourage staff, research organizations, and community members to explore the root causes of health inequity, including solutions based on research identifying the health impact of structural racism, gender and class inequity, social exclusion, and power differentials?	3.54
10.1.6 HE-11 Share information and strategize with other organizations invested in eliminating health inequity?	3.75
10.2 Model Standard: Linkage with Institutions of Higher Learning and/or Research	
10.2.1 Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	3.54
10.2.2 Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	3.33
10.2.3 Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	3.42
10.3 Model Standard: Capacity to Initiate or Participate in Research	
10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	3.13
10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	3.22
10.3.3 Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?	3.50
10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	3.09

Health Equity

To better visualize performance ratings related to health equity, questions and scores were summarized below. Scores from the 11 questions were averaged resulting in an overall rating of 3.96 in health equity. This table was reviewed by steering committee members on December 3, 2020.

While many of these items were discussed in previous sections, this chart did elicit a few more comments, including the need for additional research of the root causes of health inequity in our community. It was also recommended that we train people in the communities where inequities exist on how to present the inequities to others. Finally, using a culture humility approach to address these inequities was recommended.

Table 125. Summary of Health Equity Questions and Ratings

Health Equity Focused Essential Service Ratings	Score	Activity Rating
1.1.4 HE-1 Conduct a community health assessment that includes indicators intended to monitor differences in health and wellness across populations, according to race, ethnicity, age, income, immigration status, sexual identity, education, gender, and neighborhood.	4.93	Significant
3.1.4 HE-2 Provide the general public, policymakers, and the public and private stakeholders with information about health inequities and the impact of government and private sector decision-making on historically marginalized communities?	3.79	Moderate
3.2.4 HC-3 Provide information about community health status (e.g., heart disease rates, cancer rates, and environmental risks) and community health needs in the context of health equity and social justice?	3.88	Moderate
4.1.5 HE-4 Provide institutional means for community-based organizations and individual members to participate fully in decision-making	3.75	Moderate
5.2.4 HL-5 Ensure that community-based organizations and individual community members have substantive role in deciding what policies, procedures, rules, and practices govern community health efforts?	4.71	Significant
6.1.5 HL-6 Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances)?	3.94	Moderate
6.3.6 HF-7 Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances).	3.60	Moderate
7.1.1 HE-8 Identify groups of people in the community who have trouble accessing or connecting to personal health services based on factors such as age, education level, income, language barriers, race or ethnicity, disability, mental illness, access to insurance, sexual orientation and gender identity?	4.19	Significant
8.2.4 HL-9 Recruit and train staff members from multidisciplinary backgrounds that are committed to achieving health equity.	4.59	Significant
10.1.5 HF-10 Encourage staff, research organizations, and community members to explore the root causes of health inequity, including solutions based on research identifying the health impact of structural racism, gender and class inequity, social exclusion, and power differentials?	3.51	Moderate
10.1.6 HE-11 Share information and strategize with other organizations invested in eliminating health inequity?	3.75	Moderate
Health Equity Score	3.96	Moderate

Stakeholder Meetings

Two stakeholder meetings were convened in May 2020 to present quantitative and qualitative data collected and analyzed through the Needs Assessment process.

Presentation of Quantitative Data

The first focus group took place on May 14, 2020 from 3:00 p.m. – 4:30 p.m. and consisted of a presentation of quantitative data. As the meeting was scheduled during the COVID-19 pandemic and in-person meetings were not taking place, this session took place via zoom. The session was recorded and is available on YouTube at: <https://youtu.be/k0V9HQ0QEM8>.

Table 126. Stakeholder Meeting Attendees May 14, 2020

Attendee	Affiliation
Dr. Juliette Lomax-Homier	Florida State University, College of Medicine Dean
Lorrene Egan	Communities Connected for Kids
Jessica Parrish	United Way of St. Lucie, Executive Director
Carol Rodriguez	Catholic Charities Respite Care Program
Mell Bello	Healthy Start of St. Lucie County
Carly Pye	Whole Family Life Center, Director of Administration
Ronda Cerulli	Safe Kids of the Treasure Coast
George King	Arc of St. Lucie
Nancy Yarnall	Area Agency on Aging
Carlita Fiestas-Nunez	UF/IFAS Ext. FNP for the Southeast Region, Food Systems Specialist
Serena DeFrank	FDOH-SLC, Tobacco Prevention Specialist
Jennifer Gamache	UF FNP Ext. St. Lucie and Martin Counties
Edgar Morales	FDOH-SLC, Planning and Performance
Colleen Phillips	211 Helpline, Community Relations Specialist
Marie Remy	Chair, Haitian American Council, SLC, Family and Psychiatric Nurse Practitioner
Caleta Scott	City of Fort Pierce, Grants Administrator
Cathy Townsend	St. Lucie County Commissioner
Sue Ellen Sanders	Early Learning Coalition, Community Relations Director
Colleen Phillips	Community Liaison, 211 Help Line
Deana Shatley	Director of Community Impact, United Way of St. Lucie
Jennifer Harris	FDOH-SLC, Director of Health Promotion
Stefanie Myers	FDOH-SLC, Health Promotion Coordinator
Marci Ronik	The Ronik-Radlauer Group, Consultant
Julie Radlauer-Doerfler	The Ronik-Radlauer Group, Consultant

Agenda:

- Welcome
 - Roll Call in the Chat Box
- Community Health Improvement Planning Process
- Community Health Status Assessment Findings
- Question and Answer
- Items from the Floor
- Upcoming Meetings
- Adjourn

Consultant Minutes

Jennifer Harris, Director of Health Promotion, FLDOH-SLC opened the meeting by welcoming everyone and providing an overview of the Community Health Improvement process, including the (Mobilizing for Action through Planning and Partnerships) MAPP framework. It includes the completion of a Community Health Assessment (CHA) as well as the Community Health Improvement Plan (CHA). The CHA will be completed by June 30, 2020. There are four (4) assessments include in the MAPP process:

1. Forces of Change Assessment (FOCA)-completed
2. Community Health Status Assessment-completed
3. Community Themes/Strengths Assessment-completed
4. Local Public Health Assessment-postponed due to COVID-19

Ms. Harris indicated that following today's presentation, a second session would be held in two weeks to review the quantitative data. Following the presentation of all data, another group will be held to discuss the strategic priorities to move forward with the strategic planning process for the CHIP.

Ms. Harris then introduced Marci Ronik and Julie Radlauer-Doerfler of the Ronik-Radlauer Group, consultants for the CHA to present the quantitative data.

Ms. Ronik explained the approach to the CHA process which included a mixed methods approach using quantitative and qualitative data. The quantitative data, presented at this session, consisted of the collection and analysis of data from a number of data sources, including Florida Health Charts, BRFSS, County Health Rankings, United Way ALICE report, the U.S. Census American Community Survey, and others.

The presentation consisted of an overview of demographics, the Social Determinants of Health (SDoH), healthcare access, mortality and morbidity, maternal child health, and behavioral health. The PowerPoint for this presentation with the data is included in the full report. The group was informed that disparities were not included in this presentation, however, will be included in the full report. Dates for this comparison analysis were from prior CHAs (2010, 2015).

Questions/comments during the presentation included the following:

- Would like to see disparities in poverty levels across race and ethnicity
- The new ALICE report was just released. The location for the report was shared: www.unitedwayslc.org/alice
- The increase of physicians is great, but the numbers are increased in south county and far less in north county
- Pre-term birth is a risk factor for SIDS and SUID
- North County needs more obstetricians/gynecologists. LRMC takes care of greater than 200 patients a month with no doctor. Your great work is going to see a shift in numbers
- Binge drinking is also a risk factor for SIDS
- Would like to see the number of persons living alone by age
- Some of the north county residents end up going to Vero Beach/Stuart and south county
- More telemedicine
- The number of nursing home beds jumped out at me
- The number of ICU beds jumped out at me
- Catholic Charities provides behavioral healthcare/counseling through telehealth
- Would like to know the number of infection control specialists
- As long as billing is favorable, many providers will continue to use telehealth
- Catholic Charities hotline to refer for telehealth is 1-844-848-6777
- Area Agency on Aging is offering evidence-based workshops for Tai Chi and chronic disease self-management virtually
- In the emergency preparedness area, small businesses should learn how to create Continuity of Operations Planning; that could be a pie in the sky perhaps
- There is an issue for clients that receive in-home services that are afraid to have home health workers in their homes due to COVID-19
- For Safe Kids Treasure Coast we are in the process of moving all our program education to virtual education. We have already moved bicycle, pedestrian, medication, and sports safety to virtual lessons. We have been doing virtual car seat education, next week we will begin social distance car seat distribution and education. We are also considering a bike helmet drive through give away
- The link between poisonings/opioid use is important to consider for further development of a strategy
- Would like to find out how many people of Haitian descent or Haitians born of Haitian parents live in St. Lucie County
- I am so proud of your work, and keeping us all healthy
- Thank you for the hard work!
- Thank you! Great information. I am looking forward to the qualitative analysis.
- Great job! Thank you

Additional data that will attempt to be included in the full report based on feedback from today's meeting:

- Updated ALICE data by area of county
- FIMR report info regarding adequate or no prenatal care
- OB/GYN desert
- Births delivered by Medicaid
- Numbers of physicians in north county vs. south county, particularly OB/GYNs
- Poverty rates by zip codes
- Need to talk about how COVID is impacting moving forward
- Native American community inclusion

Presentation of Qualitative Data

The second focus group took place on May 28, 2020 from 10:00 a.m. - 11:30 a.m. and consisted of a presentation of qualitative data. As the meeting was scheduled during the COVID-19 pandemic and in-person meetings were not taking place, this session took place via zoom. The session was recorded and is available on YouTube at: <https://youtu.be/owQYVBgT0PQ>

Table 127. Stakeholder Meeting Attendees, May 28, 2020

Attendee	Affiliation
Cathy Townsend	St Lucie County, Board of County Commissioners
Lorrene Egan	Communities Connected for Kids, St. Lucie County Director
Edgar Morales	Florida Department of Health in St. Lucie, Planning and Performance
Cathy Register	Children’s Medical Services, Regional Nursing Director
Kylie Fink	Chrysalis Health, Community Relations
Patricia Follano	Children’s Medical Services, Title V Program Specialist
Sheree Wolliston	American Heart Association Southeast Region, Director of Community Impact
Shery Siegfried	Treasure Coast Food Bank, Director of Client Services
Angela Aulisio	Cleveland Clinic Martin Health, Community Benefit Coordinator
Carly Pye	Whole Family Life Center, Director of Administration
Deana Shatley	United Way of St. Lucie County, Director of Collaborative Impact
Mary Sirmons	Gleaning for Hidden Treasures, Inc., President
Sue Ellen Sanders	Early Learning Coalition of St. Lucie County, Community Development Manager
Stefanie Myers	Florida Department of Health in St. Lucie, Health Promotion Coordinator
Marci Ronik	The Ronik-Radlauer Group, Consultant
Julie Radlauer-Doerfler	The Ronik-Radlauer Group, Consultant

Agenda:

- Welcome
 - Roll Call in the Chat Box
- Community Health Improvement Planning Process
- Community Health Status Assessment Qualitative Findings
- Question and Answer
- Items from the Floor
- Upcoming Meetings-Setting Priorities
- Adjourn

Consultant Minutes:

Stefanie Myers, Health Promotion Coordinator, FLDOH-SLC opened the meeting by welcoming everyone and providing an overview of the Community Health Improvement process, including the (Mobilizing for Action through Planning and Partnerships) MAPP framework. It includes the completion of a Community Health Assessment (CHA) as well as the Community Health Improvement Plan (CHA). The CHA will be completed by June 30, 2020. There are four (4) assessments include in the MAPP process:

1. Forces of Change Assessment (FOCA)-completed
2. Community Health Status Assessment-completed
3. Community Themes/Strengths Assessment-completed
4. Local Public Health Assessment-postponed due to COVID-19

Ms. Myers indicated that following today's presentation, a third session would be held on June 11, 2020 to set strategic priorities for the strategic planning process for the CHIP.

Ms. Myers then introduced Marci Ronik and Julie Radlauer-Doerfler of the Ronik-Radlauer Group, consultants for the CHA to present the quantitative data.

Ms. Ronik presented an overview of the collection of data for the qualitative methods of this process. This included focus groups, surveys, interviews (conducted by the Ronik-Radlauer Group) and the Forces of Change Assessment which was facilitated by FLDOH-SLC. The following represents the number of people who participated in the qualitative data collection process.

Table 128. Qualitative Data Collection Process

Type of Data Collection Process	# of people involved
Focus Groups	9 focus groups, 98 participants
Key Stakeholder Interviews	10
Community Leader Surveys	21
Community Resident Surveys	1,245
Forces of Change Assessment	Over 30 participants representing 23 organizations/groups

For each type of process, strengths, challenges, and solutions were presented, followed by an identification of emerging themes that will be prioritized during the next session, as well as priority populations and geographic areas. The PowerPoint will be included in the full report.

Comments/questions raised during this session included the following:

- The County has received a bid from an international bus company that will focus on getting people where they need to go at low/no cost
- Will be looking at bus routes
- Buses will help with food deserts
- Drill down the community survey by zip code (most came from PSL)
- Sadowski Trust will be available for housing
- Veterans homeless shelter
- Veterans nursing home
- Emerging themes to be prioritized during the strategic planning session include:
 - Mental Health
 - Housing
 - Insurance and Access to Medical Care, Physical Health
 - Employment (living wage jobs) and Poverty
 - Substance Use
 - Nutrition, Food Access
 - Neighborhood Environment
 - Transportation
 - Prevention services (education, screening, early intervention)
- The following represent priority populations identified during this process:
 - Older adults
 - Children/youth
 - Disadvantaged (low-income, under employment, under insured)
 - People of color

The following geographic areas were identified as priority areas during this process:

- North Ft. Pierce

St. Lucie County Community Health Assessment
Adopted June 2020 * Revised December 2020

- Rural areas
- Inner city
- Lower socio-economic areas

Identification of Emergent Themes

Community Health Assessment Identification of Strategic Priorities

The following tables include the strategic priorities identified during the need's assessment process. This includes areas in which the quantitative data supports the qualitative data and areas that were frequently identified by residents of St. Lucie County.

Priorities Identified from Assessments and Data Points

Table 129. Theme: Mental Health

Data Source	Data Points
Focus Groups N=9 groups; N=98 participants	<ul style="list-style-type: none"> • Stigma • Stress • Long waitlist for psychiatrists • Mental health is taboo in Creole speaking culture-need education about MH/SA • Need to treat mental health/physical health/substance abuse • Mental health issues due to chronic illness, dementia in the older adult population • Need earlier intervention (before it becomes a crisis, Baker Act) • Focus on mental health issues (anxiety, pressures, suicidal ideations, drug use, depression) in parents of young children • Reduce stigma about mental health • Need housing for people with mental health issues • Veterans services and professional agencies to deliver mental health services • Mental health/substance abuse-no respite for them to get healthy • Nothing to address childhood trauma • Generation of parents/grandparents who have experienced trauma • Mental health services in the school system are not adequate • Need more Boys/Girls Clubs and Tykes and Teens programs • Primary care doctors need education about behavioral health

Data Source	Data Points
Stakeholder Interviews N=10	<ul style="list-style-type: none"> • Need respite services • Shortage of therapists and psychiatrists • Waiting list for psychiatric services • Need provider training in evidence-based practices • Stigma • Trauma • Suicide • Moms with mental health issues statistically have daughters with early pregnancies and boys who get arrested • Need to focus on mental wellness • People using opioids have children who go into foster care • Kids experience trauma • Cannot find providers for inpatient mental health, adolescent mental health providers • Jail is largest provider of mental health and substance use services • Need funding for more providers • Increase salary so people will want to come work in SLC
Community Leader Survey N=21	<ul style="list-style-type: none"> • Lack of options • Lack of resources/funding for services • Lack of insurance • Stigma
Community Resident Survey N=1,245	<ul style="list-style-type: none"> • Over 80% of respondents feel tired or had little energy at least sometimes too often, frequently, or every day • Over 80% of respondents stated they feel stressed sometimes, often, frequently, or every day • Almost 30% of respondents said they would be uncomfortable living next door to a person with a mental health problem
Community Health Status Assessment	<ul style="list-style-type: none"> • Suicide is a leading cause of death in SLC. • SLC ranks in the 4th Quartile for psychiatric hospitalizations for ages 25-74 and in the 3rd Quartile for ages 18-24 • The rate of suicide deaths is increasing

Data Source	Data Points
	<ul style="list-style-type: none"> • There are 502 mental health care providers (psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care) • There are currently no state funded FACT teams for adults in SLC • There is currently no state funded residential treatment (Levels I-IV and Room and Board with Supervision Levels I-III) for children’s mental health in SLC • There are currently no state funded short-term residential treatment facilities for adults with mental health issues in SLC
<p>Forces of Change Assessment</p>	<ul style="list-style-type: none"> • Loss of funding for mental health services • Reduced affordability of services • Increased delay to access • Stigma associated with seeking treatment • Increase in suicide rates • Mental health patients are overly represented in the jail population

Table 130. Theme: Housing

Data Source	Data Points
Focus Groups N=9 groups; N=98 participants	<ul style="list-style-type: none"> • Housing is a challenge • Need affordable housing for singles with children • Homelessness • Need housing for people with mental health issues • Affordable senior living-need one stop shop under one roof in a normal living environment • Older veterans are homeless • Housing is not available; rents are high; cost of living is higher for elders (Elder Needs Index); need affordable rents • Assisted living is not cheap • Need more resources for men/women/transitional living • Need affordable housing for singles with children • Need housing for people with mental health issues • Affordable, safe housing is an issue
Stakeholder Interviews N=10	<ul style="list-style-type: none"> • Affordable housing • Need to address the challenge of youth who are homeless (trauma) • There is a hidden homeless population • There are differences between Fort Pierce and PSL (segregation, redlining, city infrastructure) • Florida does not get its fair share of federal funds based on population • Hard to find a decent place to live for less than \$1,000/month • Affordable housing is a huge need • 51% of the population is ALICE who struggle the most • 115,000 homes in SLC and only 13,000 get government assistance
Community Leader Survey N=21	<ul style="list-style-type: none"> • Affordable housing • Safe, sanitary, and decent shelter is a basic need. • Affordable housing would help with concerns of safety, family cohesiveness, and neighborhood conditions • Need low-income housing programs
Community Resident Survey N=1,245	<ul style="list-style-type: none"> • Affordable housing is a factor that defines the quality of life of a community
Community Health Status Assessment	<ul style="list-style-type: none"> • The rate of severe housing problems is an area to explore in the County Health Rankings

Forces of Change Assessment	<ul style="list-style-type: none">• Lack of affordable housing• Rising housing costs and cost of living• Residents live in substandard housing that can lead to health issues (e.g., mold, pests, high crime areas)• Benefit cliff-loss of benefits when recipients increase income incrementally
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Table 131. Theme: Insurance and Access to Medical Care, Physical Health

Data Source	Data Points
Focus Groups N=9 groups; N=98 participants	<ul style="list-style-type: none"> • Access to medical care • There is a lack of OB/GYNs in the north county • Provide prevention services • Need to treat mental health/physical health/substance abuse • Creole speaking medical providers are needed • Florida has the least number of CNAs • Exploitation in nursing homes due to no resources • Healthcare for the uninsured-no access to health insurance • Medication costs • Mental health services (local agency will not take people who do not have insurance) • Healthcare-unable to afford health insurance • Money for health insurance-not affordable
Stakeholder Interviews N=	<ul style="list-style-type: none"> • Lack of insurance or under-insurance • Lack of medical specialists • COVID-19 • Reimbursement rates for healthcare providers • Lincoln Park residents do not have transportation so they cannot get to medical appointments • Need to have specialists come to Lincoln Park • Moms without transportation cannot get to OB appointments so they forego prenatal care and there is an increase in infant mortality • Need Alzheimer's disease awareness • Need money for support so seniors can stay in their homes • PSL has the largest number of people 65+ with Alzheimer's • Need more caregiver support • Too many uninsured; need access for uninsured • There is a high need for access to appropriate health care; there are 70,000 working without health insurance • Co-pays are too high • Increase home health • Increase community meetings • Make sure people know how to access 211 and that the information is accurate
Community Leader Survey N=21	<ul style="list-style-type: none"> • Need better access to quality physical and dental insurance • Need affordable healthcare and affordable insurance

	<ul style="list-style-type: none"> • Most respondents (81%; 17/21) strongly disagreed or disagreed with the statement, "The majority of residents in St. Lucie County have the ability to pay for dental services) • Of 16 individuals who responded to the question "How do you describe existing services, outreach, and promotion related health and well-being in SLC?" 12.5% (2) said poor 75% (12) said fair, and 12.5% (2) said good
Community Resident Survey	<ul style="list-style-type: none"> • Residents who did not receive medical care when they needed it (in the last 12 months) said it was because they could not afford it, it cost too much, or they could not get an appointment • Residents who did not receive dental care when they needed it (in the last twelve months) was because they could not afford it, or it cost too much, or they did not have dental insurance • Almost ¼ of residents pay cash for their dental visits as they do not have dental insurance • The greatest barrier to not having dental insurance is cost • Access to healthcare and affordable health insurance are two factors that most define the quality of life of a community
Community Health Status Assessment	<ul style="list-style-type: none"> • In 2018, 86% of the entire population of SLC was insured; in the most recent American Community Survey (2014-2018), SLC ranks in the 3rd quartile in the state of Florida for the percentage of adults with health insurance coverage • Of the population under 65 years of age, 14% did not have health insurance compared to 13.5% of all Floridians • For children/youth under the age of 19, 9.1% did not have health insurance compared to 7.6% of all Floridians • The rate of dentists, physicians, OB/GYNs, and pediatricians has increased • The rate of family practice physicians and internists has decreased • The number of nursing home beds has decreased • Adult smoking and adult obesity are areas to explore in the County Health Rankings • The percent of uninsured, the ratio of primary care physicians, and the number of preventable hospital days are areas to explore in the County Health Rankings
Forces of Change Assessment	<ul style="list-style-type: none"> • Access to healthcare and the lack of affordable insurance (including the high cost of deductibles) are challenges • Residents incur high medical bills which can affect credit and funds available for basic needs

	<ul style="list-style-type: none">• Many providers do not accept certain insurance, will not see patients without pre-payment• There are limited specialists available locally• There is limited transportation to travel to specialist care• The need to work during normal office hours limits ability to access care (no paid leave available)
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Table 132. Theme: Employment (living wage jobs) and Poverty

Data Source	Data Points
<p>Focus Groups N=9 groups; N=98 participants</p>	<ul style="list-style-type: none"> • Need for living wage • No job pipelines • Increased pay • Poverty • Give discounts to seniors and vets at Publix • Need better paying jobs • Need to address poverty • Need to teach financial literacy • Provide more relevant classes about finances in high school • Reduce "classism" • Train people-bring people up out of poverty to self-sufficiency • Increase graduation to career rates • Not learning work skills • PSL better than FP for job opportunities • Financial aspect to programs that may be unaffordable • Poverty level not realistic to make ends meet (food stamps) • Parents working 2 jobs, language barriers • Neighborhood stores are too expensive • Hard to support extracurricular activities for kids • Pay rates are not good
<p>Stakeholder Interviews N=10</p>	<ul style="list-style-type: none"> • Need more job preparation • Poverty • 87% on free or reduced lunch • One paycheck away from poverty • Parents in poverty are stressed (children feel that stress; maybe there is no food) • Need to address multigenerational poverty • Need to work with people differently around poverty (building relationships) • Education (financial literacy) is the key to success • Need to have honest conversations about poverty • Need to increase educational opportunities for youth to break the generational cycle

Data Source	Data Points
Community Leader Survey N=21	<ul style="list-style-type: none"> • Need employment opportunities at a decent salary and job training • Need employment for adults with disabilities • Need workforce training
Community Resident Survey	<ul style="list-style-type: none"> • More than ¼ of respondents were worried about not being able to pay their rent, mortgage, or other housing costs • More than ¼ of respondents worry about not being able to make the minimum payments on their credit cards • Almost 1/5 of respondents worry their food will run out before they get money to buy more and that they have eaten less because there was not enough money to buy food • Good jobs are a factor that most defines the quality of life of a community • Economic stability, especially regarding healthcare, is crucial to every other issue • Economic stability will allow more people to afford insurance and access healthcare
Community Health Status Assessment	<ul style="list-style-type: none"> • The median household income in 2018 SLC was \$49,079 • The unemployment rate is 5.7% in 2018 compared to 5.2% for the state of Florida • The percent of ALICE households in 2018 was 34% compared to 33% for the state of Florida • The percent of households living in poverty in 2018 was 12% compared to 13% for the state of Florida • The category with the highest rate of those living in poverty in 2018 were families with children (21%), followed by those 65 and over (11%), followed by households of single and cohabitating individuals (7%) • The category with the highest rate of ALICE in 2018 were those 65 and over (43%), single and cohabitating individuals (31%), followed by families with children (24%) • The cities with the highest rates of ALICE and poverty (over 50% combined) include: • Fort Pierce North CDP (73%), # of households: 2,321

Data Source	Data Points
	<ul style="list-style-type: none"> • River Park CDP (70%), # of households: 2,557 • Fort Pierce (68%), # of households: 16,499 • Fort Pierce CCD (61%), 43,373 • West St. Lucie CCD (60%), # of households: 2,912 • Fort Pierce South CDP (60%), # of households: 1,515 • Indian River Estates CDP (57%), # of households: 2,932
<p>Forces of Change Assessment</p>	<ul style="list-style-type: none"> • Service industry-lower wage positions • Lack of training, education, experience for higher level positions • Lack of access to higher paying positions • Challenge to attract new businesses (lack of qualified employees, perceived high crime rate, etc.) • Minimum wage insufficient to maintain minimum survival budget • Students leave post-secondary education with student loans

Table 133. Theme: Substance Use

Data Source	Data Points
Focus Groups N=9 groups; N=98 participants	<ul style="list-style-type: none"> • Need to address substance use in older adults (alcohol, opiates) • Lincoln Park area: trim trees to stop drug deals • Mental health/substance use-no respite for them to get healthy • Certain neighborhoods are full of poverty/drugs (Fort Pierce) • Need to treat mental health/physical health/substance abuse • Post-discharge follow-up from substance abuse facilities (need longer-term programs/housing; longer term than 28 days) • Port St. Lucie Hospital: senior unit-majority come in due to alcohol abuse; relapse numbers are increasing
Stakeholder Interviews N=10	<ul style="list-style-type: none"> • Increase in foster care due to substance use • Opioid crisis • Continue education in schools about smoking and vaping • Only one nonprofit in SLC that provides substance abuse treatment for indigent patients • Jail is the largest provider of mental health and substance abuse services
Community Leader Survey N=21	<ul style="list-style-type: none"> • Access to drugs • Drs. prescribing/unchecked and not arrested • Drug lords and crime
Community Resident Survey	<ul style="list-style-type: none"> • 77% of respondents stated that drug abuse is a problem in their community • Alcohol abuse, tobacco use/vaping, and prescription drug use are among the most important health risks to be addressed
Community Health Status Assessment	<ul style="list-style-type: none"> • The rate of age-adjusted drug poisoning deaths has decreased since its peak in 2016, however is still higher than the state of Florida • There is currently no state funded medication-assisted treatment for children/youth in SLC • There is currently no state funded inpatient detoxification for children or youth in SLC • There is currently no state funded outpatient detoxification for children, youth, or adults in SLC

Data Source	Data Points
	<ul style="list-style-type: none"> • There are currently no state funded addiction receiving facilities for children, youth, or adults in SLC • There are currently no state funded supportive housing/living facilities for children/youth with substance use issues in SLC
<p>Forces of Change Assessment</p>	<ul style="list-style-type: none"> • Unethical drug treatment providers led to reduced funding and abuse of those seeking services • Increase in opioid addiction and deaths due to overdose • Misinformation on dangers of vaping (e.g., peers and social media) • Limited data to show negative impacts of vaping • Unregulated and driven by those seeking high profits make it difficult to curtail use of vaping products

Table 134. Theme: Nutrition, Food Access

Data Source	Data Points
Focus Groups N=9 groups; N=98 participants	<ul style="list-style-type: none"> • Food insecurity • Far to get food • Need community gardens • Need education about how to eat healthy foods (it takes planning) • Fast food restaurants are all over • Only have access to fast food
Stakeholder Interviews N=10	<ul style="list-style-type: none"> • Access to healthy foods • Need more foodbanks • Need to address health/diet/obesity • There is food insecurity in parts of SLC • 2008 depression caused food deserts • Need more nutrition outreach and education • Increase backpack buddy program for weekend food • Need to work with local stores to bring in more healthy foods • Need to create community challenges around health and wellness
Community Leader Survey N=21	<ul style="list-style-type: none"> • Too much focus on fast food • Not enough focus on healthy preparation • Lack of healthy food options
Community Resident Survey	<ul style="list-style-type: none"> • 61% of respondents eat at fast food restaurants more than a few times per month • Poor eating habits is one of the most important health risks to be addressed • There are too many advertisements for sugary drinks and selling of sugary drinks at or near the checkout counter • There are no fresh fruits or vegetables at or near the checkout counter
Community Health Status Assessment	<ul style="list-style-type: none"> • Leading causes of death in SLC in 2018 include heart disease and hypertension • SLC remains in the 3rd quartile in the state for adults who are overweight or obese
Forces of Change Assessment	<ul style="list-style-type: none"> • No access to healthy foods • Funding cuts to programs • Limited income to buy healthy foods • Pollution (e.g., septic systems, plastics, litter, excess fertilizer) impacts drinking water

Table 135. Theme: Neighborhood Environment

Data Source	Data Points
Focus Groups N=9 groups; N=98 participants	<ul style="list-style-type: none"> • Violence • Need improved roads for outdoor space and recreation (Fort Pierce) • Not enough parks for older adults • Not enough sidewalks (Fort Pierce) • Need more lighting (Fort Pierce) • Need better sidewalks, parks (Fort Pierce) • Older adults feel less safe • Nothing for kids to do • Need shaded playgrounds • Community not safe (Fort Pierce) • Children's libraries-need better programs/spaces • Too many used car lots (Orange Avenue)-eyesore • Potholes, bumpy roads (Fort Pierce) • Empty lots near schools, lots of vacant lots • Need street paving • Crime-stores-potential to be mugged (near grocery stores) • No investment in Fort Pierce • Crime is an issue
Stakeholder Interviews N=10	<ul style="list-style-type: none"> • Crime: violence and gangs • There are differences between Fort Pierce and PSL that need to be acknowledged • Fort Pierce is battling history; everybody must be involved • Continue to encourage churches to bring residents to the table • Need to address institutional racism
Community Leader Survey N=21	<ul style="list-style-type: none"> • Need neighborhood recreation programs
Community Resident Survey	<ul style="list-style-type: none"> • Respondents are concerned about the amount of crime in their neighborhoods • Respondents said that low crime/safe neighborhoods is a factor that most defines the quality of life of a community • Respondents said that neighborhood crime, gun violence, and domestic violence are among the most important health risks to be addressed

Data Source	Data Points
Community Health Status Assessment	<ul style="list-style-type: none"> • There has been a consistent decrease in the overall crime rate in SLC and is lower than the state of Florida • Several block groups in SLC are considered neighborhoods with high deprivation indices (10 on a scale of 1-10); primarily in north SLC
Forces of Change Assessment	<ul style="list-style-type: none"> • Not addressed during FOCA

Table 136. Theme: Transportation

Data Source	Data Points
Focus Groups N=9 groups; N=98 participants	<ul style="list-style-type: none"> • Transportation (need to increase countywide public transportation) • Transportation (cannot compare Port St. Lucie to New York's transportation system) • No Sunday service for transportation (older adults) • Buses do not run often enough (older adults) • Older adults cannot drive, do not have a car, cannot get their meds • Transportation is an issue for parents with young children
Stakeholder Interviews N=10	<ul style="list-style-type: none"> • Transportation is an issue • Lincoln Park residents do not have transportation so they cannot get to medical appointments • Moms without transportation cannot get to OB appointments so they forego prenatal care and there is a high infant mortality rate • There is some free transportation but limited routes • Have a transportation system but need more buses and stops; should not take so long to get from point A to point B • Increase availability of Uber Health vouchers so people can get to their appointments
Community Leader Survey N=21	<ul style="list-style-type: none"> • Transportation is a key element for success to achieve a better quality of life
Community Resident Survey	<ul style="list-style-type: none"> • Most (93%) of respondents stated they drive their own car, with a commute time of between 15 and 30 minutes
Community Health Status Assessment	<ul style="list-style-type: none"> • SLC had a higher rate of alcohol-impaired driving deaths (27%) than the state of Florida (23%) in the 2020 County Health Rankings • 79% of SLC residents drive alone to work compared to 72% in the state of Florida according to the 2019 County Health Rankings and 39% have a long commute while driving alone, compared to 16% of the state of Florida
Forces of Change Assessment	<ul style="list-style-type: none"> • Not addressed during FOCA

Table 137. Theme: Prevention Services (Education, Screening, Early Intervention)

Data Source	Data Points
Focus Groups N=9 groups; N=98 participants	<ul style="list-style-type: none"> • Need more community-based services • Need mentoring for young adults • Need more services for older adults to age in place • Need to engage the faith-based community more • Increase volunteerism (including students) • Increase prevention services • Need education to destigmatize older adults • Need prosocial activities • Need earlier intervention for mental health (not until it becomes a crisis and Baker Act) • Engage and connect communities • Use tv/radio to relay information • Nothing really for kids to do (Fort Pierce); more activities for kids-have to go to Vero or PSL to get quality classes • More leadership activities for kids • Engage builders (construction) • Need to teach parenting skills • Focus on wellness • Juvenile delinquency program-need more prevention • Need to vote-voter registration drives • Community outreach groups • Need programs for kids to keep them busy • Need more extracurricular activities in Fort Pierce • There is no investment in Fort Pierce • Use education as empowerment • Need to learn how to advocate, challenge • Break down barriers • Address language gaps • Increase literacy level, including financial literacy • Need to have more community involvement
Stakeholder Interviews N=10	<ul style="list-style-type: none"> • Need to intervene to increase the percentage of young adults graduating with a Bachelor's degree • Need to advocate; increase awareness • Need advanced training in evidence-based practices for mental health providers • Need to increase the amount of services for moms to help with first years of life • Need to "teach people how to fish" • Need to shift from programmatic approach to community and public health approach

Data Source	Data Points
	<ul style="list-style-type: none"> • Teach about birth control to teenagers • Have a neighborhood development center to help small businesses • Work with local stores to bring in more healthy foods • Increase health fairs • Employee wellness programs • Community education • Use electronics like apps • Educate people about mental health (destigmatize) • Do not incarcerate over minor infractions
Community Leader Survey N=21	<ul style="list-style-type: none"> • Need to continue forward thinking efforts • There is community collaboration (need to continue) • Need to prevent teen pregnancy, school dropout rates • Increase access to prenatal care in north Fort Pierce and more services for moms • Need to decrease social isolation for older adults • Look at the differences between Fort Pierce and PSL • Need more health fairs and employee wellness programs • Need more prevention services • Need respite services for families • Need to provide financial literacy programs • Need funding to help seniors stay at home • Focus on changing generational cycles • Provide family support, preservation, and planning • Need workforce training
Community Resident Survey	<ul style="list-style-type: none"> • While 83% of respondents agree they have a responsibility to improve the health of their community, 38% never or almost never get involved in work for voluntary or charitable organizations • Healthy behaviors and lifestyles are factors that most define the quality of life of a community
Community Health Stat Assessment	<ul style="list-style-type: none"> • SLC has a higher rate (30%) of physical inactivity than the state of Florida (26%) according to the County Health Rankings 2020 • 78% of SLC residents have access to exercise opportunities compared to the state of Florida (89%) • 35% of SLC residents get insufficient sleep compared to 34% of Florida residents • 42% of SLC residents had mammography screenings compared to 43% of Florida residents

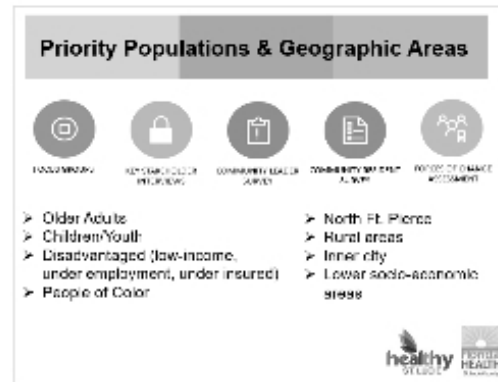
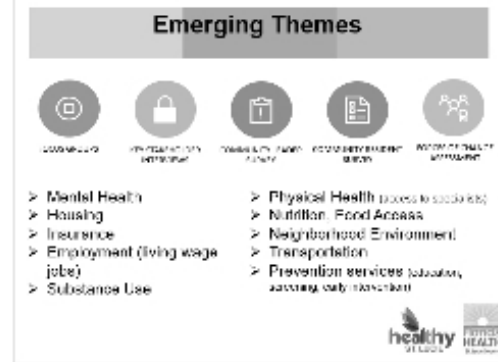
Data Source	Data Points
	<ul style="list-style-type: none"> • 42% of SLC residents had flu vaccinations compared to 43% of Florida residents
Forces of Change Assessment	<ul style="list-style-type: none"> • Need to address preventive care • Parents/guardians question the potential harm and lack of benefit of immunizations • Need to vaccinate adults and older adults for Hepatitis A • Need to increase awareness about available resources • Need to continue access to Narcan for first responders • Need to increase community education about stigma

Strategic Prioritization

Strategic issues are challenges that must be addressed in order to achieve the community's vision for a healthier St. Lucie County. A synthesis of completed MAPP assessments was conducted by the Ronik-Radlauer Consulting Group and in June of 2020, the resulting emerging themes and priority populations were presented to stakeholders during a virtual Healthy St. Lucie Coalition meeting. As a rise in local COVID-19 case was impacting community attention and ability to meet, it was decided to postpone the administration of the Local Public Health System Assessment, as well as prioritization of strategic health issues, until a later date.

In October 2020, the LPHSA was launched in October and the Health Improvement Planning (HIP) Steering Committee was reconvened. Between October-November 2020, five (5) steering committee meetings were held virtually to review data in CHA and select strategic health priorities to be included in the 2021-2025 CHIP. On November 30, 2020, FDOH-SLC provided a historical review of the St. Lucie County CHIP focus areas since 2013. Following this presentation, steering committee members recommended voting on strategic priorities based on the list of emerging themes. Steering committee members were requested to consider relevance, appropriateness, impact, and feasibility when selecting health priorities. Using the drawing feature in GoToMeeting, Steering Committee members were asked to make a mark next to their top three health priorities for the next 5 years. *Mental Health, Physical Health, and*

Figure 280. Emerging Themes and Targets



Prevention Services were selected as the top three health priorities.

On December 3, 2020, the committee reviewed the strategic health priorities that were selected during the previous meeting and decided to modify them to better communicate the overall focus of the area. Mental Health was expanded to include substance abuse, physical health was revised to Access to Care, and prevention was renamed Chronic Diseases and Conditions. While health disparities will be addressed under each strategic health priority area, the committee felt it was important to add an additional strategic priority, Health Equity, to elevate the need for participatory engagement practices needed to move the needle on health disparities in our community.

Strategic Health Priorities for 2021-2025 CHIP

Chronic Diseases and Conditions

This health priority area will focus on strategies to address the contributing causes to the development of chronic diseases and cancers through modification of behavioral risk factors in diet, physical activity, early prevention and cancer screenings, healthy weight maintenance, and tobacco prevention and cessation. Implementation will focus on increasing health literacy, participatory engagement, and reducing health disparities. Priority populations for this health issue include Black males (prostate screening, stroke prevention, healthy weight, physical activity), Black females (breastfeeding initiation/duration, healthy weight, physical activity) and seniors.

Access to Care

Access to primary health care and senior personal health services was identified in the community health status assessment and echoed during HIP Steering Committee Meetings. To address increasing access to primary health care, strategies to increase health insurance coverage and primary care providers will be employed. To address and increased home and community-based care services for seniors. Priority populations for this health issue will include the underinsured and seniors.

Mental Health and Substance Abuse

Increased hospitalizations for mental health issues and deaths due to opioids were identified as two areas that need to be addressed. Potential priority populations for hospital rates due to mental disorders show disparity between Black and Whites. CHSA data also revealed disparity in age-adjusted hospital rates for schizophrenic disorders between Blacks and Whites. Selection of priority audiences in the action plan for this strategic area will be the first task of the newly formed Behavioral Taskforce.

Health Equity

Identifying the need for a unified community approach to eliminate health disparities, this priority area will focus on increase our community capacity for participatory engagement of stakeholders in the assessment, planning, implementation, and

evaluation of programs to address health issues that impact them. Priority populations include community leaders in areas with high health disparities, and organizational leaders that serve these communities.

Conclusion & Next Steps

This report reflects the collaboration and demanding work of many community partners, including members of the St. Lucie community, representatives from local hospitals, local government, nonprofit organizations, community leaders, community clinics, and schools to name a few. The Community Health Assessment provided an opportunity for stakeholders to collaborate in a strategic planning process to better understand complex health issues and participate in dialogue on priorities and proposed solutions.

At the time of the June 2020 publish date, data from the CHA had been shared with community partners and key stakeholders during two virtual meetings in May 2020. However, due to a rise in local COVID-19 cases, two key elements of the CHA had to be postponed: 1) the Local Public Health System Assessment, and 2) the prioritization of strategic health issues. The Local Public Health System Assessment was completed in October 2020 and findings from that assessment have been incorporated into the December 2020 Revised CHA. Additionally, the Health Improvement Steering Committee reconvened for seven virtual meetings in the final three months of 2020 to review CHA data, select strategic health priorities and formulate goals and objectives for the 2021-2026 Community Health Improvement Plan. The results from these two processes have been added to the 2020 CHA revision.

Next steps include making the CHA available to members of the community through press releases, posting on the FDOH-SLC website, links on Healthy St. Lucie website, and posts on social media sites. Additional actions to share CHA findings will include community meetings where participatory engagement practices will support residents and community leaders to identify best practices for sharing data in their respective communities. Efforts will be made to keep partners and the public engaged in the Community Health Improvement Plan and related activities. St. Lucie County's CHA will be reviewed and revised at least annually with input by both community partners and residents, as well as FDOH-SLC's Performance Management Council (PMC). Revised versions of the CHA will be announced through social media, the Healthy St. Lucie Coalition network and community meetings. Updated documents will be added to the [FDOH-SLC](#) and [Healthy St. Lucie](#) websites.

December 2020 Revisions

At the time of the June 2020 publish date, data from the CHA was shared with community partners and key stakeholders during two virtual meetings in May 2020. However, with the further restrictions needed to slow the spread of the virus that causes COVID-19, completion of two key elements of the CHA had to be delayed:

1) the Local Public Health System Assessment, and 2) the prioritization of strategic health issues. These items were completed, and processes and findings have been added to this revised document, including related appendices. An appendix was also added to reflect community assets and resources for addressing improved health for residents.

- [Local Public Health System Assessment](#)
- [Strategic Health Priorities](#)

Minor formatting and narrative reference changes were also made to ensure continuity and improve ease of use of the document by readers.

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Appendix A: Data Sources

- 2020 Area Plan Program Module Draft
<https://trustedpartner.azureedge.net/docs/library/AreaAgingOnAgency2012/Centers%20of%20Excellence/Planning%20and%20Consumer%20Care/2020-2022%20Draft%20Area%20Plan%20-%20Sent%20to%20DOEA%209-13-19.pdf>
- Aging Integrated Database (AGID) <https://agid.acl.gov/>
- American Health Rankings - <https://www.americashealthrankings.org/health-topics>
- American Health Resource Files <https://data.hrsa.gov/topics/health-workforce/ahrf>
- Baker Act Reporting Center, University of South Florida
<https://www.usf.edu/cbcs/baker-act/>
- Bureau of Economic and Business Research (BEBR) [BEBR Home | www.bibr.ufl.edu](http://www.bibr.ufl.edu)
- Centers for Disease Control (CDC) <http://www.cdc.gov/>
- Citizen Survey Dashboard <https://dashboards.mysidewalk.com/port-st-lucie-livability-dashboard-draft/major-findings>
- City of Ft. Pierce [CITY OF FORT PIERCE LEGISLATIVE PRIORITIES \(2019\)](#)
- City of Port St Lucie Strategic Plan 2019-2020
<https://www.cityofpsl.com/home/showdocument?id=7940> See the Strategic Plan 2015-2020-2030
- County Health Rankings & Roadmaps <https://www.countyhealthrankings.org/>
- Courageous kids program <http://www.fppd.org/671/Courageous-Kids-program>
- CPSL National Citizen Survey- National Survey conducted by City of Port St. Lucie
- Economic Development Council Skills Gap Survey
https://youreidc.com/files/studies_reports/SkillsGap_Report-2017-02-07.pdf
- Elder index: <https://elderindex.org/>
- Feeding America, Map the Meal Gap <https://map.feedingamerica.org/>
- First Step Park information <http://www.vanduzerfoundation.org/the-first-step/>
- Florida Agency for Health Care Administration www.ahca.myflorida.com
- Florida Department of Children and Families www.myflfamilies.com
<http://centerforchildwelfare.fmhi.usf.edu> Florida Safe Families Network Data Mart/Data Registry Florida Youth Substance Abuse Survey
<https://www.myflfamilies.com/service-programs/samh/prevention/fysas>
- Florida Department of Education www.fldoe.org Education Information & Accountability Services; Office of Early Learning; Office of Safe Schools
- Florida Department of Elder Affairs - [Strategic Plans](#)
- Florida Department of Elder Affairs <http://elderaffairs.state.fl.us>
- Florida Department of Health www.floridahealth.gov
<http://www.flhealthcharts.com> Bureau of Epidemiology; Bureau of HIV/AIDS; Bureau of Immunization; Bureau of STD Prevention and Control; Bureau of TB & Refugee Health; Bureau of Vital Statistics; Division of Medical Quality Assurance;

Florida Behavioral Risk Factor Surveillance System; Florida Department of Health Physician Workforce Surveys; Florida Youth Tobacco Survey; Office of Injury Prevention; WIC and Nutritional Services

- Florida Department of Highway Safety and Motor Vehicles www.flhsmv.gov
- Florida Department of Juvenile Justice www.djj.state.fl.us
- Florida Department of Law Enforcement www.fdle.state.fl.us
- Florida Division of Emergency Management
- Healthy People 2020 [Healthy People 2020](#)
- How to Become an Age Friendly Community
- Lincoln Park Mainstreet <http://lincolnparkmainstreet.org/>
- Martin County Data report
https://www.martinhealth.org/stuff/contentmgr/files/0/da8030c76ea5a8ec6dd7a1adf056af8e/misc/mhs_final_chna_report_16_3_9.pdf
- Merlin, Florida's Web-Based Reportable Disease Surveillance System
<http://www.floridahealth.gov>
- National Council on Aging (NCOA) Elder Index
<https://trustedpartner.azureedge.net/docs/library/AreaAgingOnAgency2012/Centers%20of%20Excellence/Planning%20and%20Consumer%20Care/Elder%20Index.pdf>
- [NCS Community Livability Report 2019](#)
- [NCS Dashboard Summary 2019](#)
- [Neighborhood Services & NICE](#)
- Port St. Lucie [Legislative Program 2020](#)
- Public housing information <https://miaseniorliving.com/>
- Shimberg Center for Housing Studies, Florida Housing Data Clearinghouse
<http://flhousingdata.shimberg.ufl.edu/>
- SMA Healthcare <https://smahealthcare.org>
- St Lucie County [GIS Mapping - Interactive Maps for Parks, transit](#)
- St. Lucie County Legislative priorities [2020 State Legislative Program](#)
- State Health Improvement Plan, Assessment,
<http://www.floridahealth.gov/about/state-and-community-health-assessment/ship-process/index.html>
- U.S. Bureau of the Census <http://www.census.gov> American Community Survey, American Community Survey 1-year estimates, American Community Survey 5-year estimates; County Business Patterns
- U.S. Department of Labor, Bureau of Labor Statistics <http://www.bls.gov>
- United Way ALICE report - <https://www.unitedwayslc.org/alice>
- University of Florida, Drug-Related Outcomes Surveillance and Tracking System (FROST) <https://frost.med.ufl.edu>
- University of Miami (FL) Medical School, Florida Cancer Data System
<https://fcds.med.miami.edu/inc/welcome.shtml>

- University of South Florida, Baker Act Reporting Center
<https://www.usf.edu/cbcs/baker-act>

Appendix B: Focus Group Tool and Results

Focus Group Questions

Note that some questions were not answered by all groups due to time or language constraints.

Let's begin by going around the room and introducing ourselves.

Please tell us your first name, how long you have lived in St. Lucie County, which city or neighborhood you live in, and one thing you like to do to stay healthy and why.

For the following questions, please think about the community or neighborhood where you live.

- What makes you most proud of the community or neighborhood where you live?
- How satisfied are you with the quality of life in your community or neighborhood?
- What are some strengths in your community or neighborhood that can be used to help improve the health and quality of life in your community?
- Is your community or neighborhood a good one to **raise children** and **grow old in**? Is there a difference between the two and if so, what is the difference?
- What are three things that you think are the main challenges or problems in your community?
- What do you think are the main reasons why these challenges or problems exist?
- Of these challenges or problems, which **one** do you think is the most important to address to improve the quality of life in your community?
- What difficulties might there be to implementing change to address this challenge or problem in your community?
- How would you suggest overcoming these difficulties?

For the following questions, please think about people who are **parenting young children or growing older**.

- If you were able to make any change to improve the quality of life for people who are **parenting young children or growing older**, what would it be?

Focus Group: Parenting Group at CASTLE: Teaching Safe Parenting

Location: Ft. Pierce

Date: January 25, 2020

Time: 1:00 - 2:30 p.m.

Facilitated by Marci Ronik, M.S., the Ronik-Radlauer Group

Number of participants: 15 (7 men and 8 women)

Most participants lived in Ft. Pierce (9), followed by Port St. Lucie (4), and Vero (2)

Range of residence in St. Lucie County: 1 year to 41 years. Several participants were born and raised in St. Lucie County.

As an introductory activity, participants were asked what they did to stay healthy. The answers are as follows:

- Watch diet; eat protein and vegetables
- Take long walks
- Workout
- Yoga
- Kayak, fish
- Cardio
- Play soccer
- Drink water
- Work outdoors

What makes you most proud of the community or neighborhood where you live?

- Block parties
- Communication
- Water-beaches
- Get help when you need it
- The air is better

How satisfied are you with the quality of life in your community or neighborhood on a scale of 1 to 10, with 1 being not at all satisfied and 10 being very satisfied?

- Range: 2-10
- Average: 6.9

Is your community or neighborhood a good one to raise children?

- Most say yes
- Transportation is an issue
- \$ neighborhood stores (too expensive)
- Full of poverty/drugs
- Hard to support extracurricular activities for kids

- Pay rates not good
- Affordable, safe housing is an issue

Problems or challenges in the community:

- Only have access to fast food
- Need more support
- Worried all the time
- Crime
- Low pay rate
- Special needs children (difficult to raise)

Of these challenges, which is the most important to address to improve the quality of life in your community?

- Pay rates
- Access to healthcare services
- Affordable rents
- Better/more services
- \$ for health insurance; not affordable
- Housing
- Treating mental health/physical health/substance abuse

Ideas to address these challenges:

- Become more involved
- Lead by example
- Have more role models in the community
- Big brother/Big sister
- Community involvement
- \$ for good jobs
- Raise minimum wage
- More good paying jobs
- Expand work from home jobs
- Make food stamps more accessible
- Affordable rent
- Help incarcerated parents
- Help single parents
- More help for convicted felons

How would you suggest implementing changes?

- Advocacy

If you were able to make any change to improve the life for people who are parenting young children, what would it be?

- "don't have them"

- Make sure partner is good
- Spend quality time with children
- Quality daycare
- Extracurricular activities
- Do the best you can
- Instill great values
- Lead by example
- Be a good role model
- Deprogram bad behaviors
- Plan before you have children
- Listen to kids (they are people too)
- Teach them to respect one another, valuing life
- Invest in education
- Plan a future
- Value time-engage in valuable activities

Finally, let's think about the future. It is the year 2030 and you have just awakened from a deep sleep. As you look around your community, you see it as you always wished and dreamed it would be. How is your community different from what it looks like now? Who is involved in making this difference and what are they doing?

Is there anything else you would like to share before we end our discussion?

Focus Group: Council on Aging (older adults)

Location: 2501 SW Bayshore Blvd., Port St. Lucie

Date: February 4, 2020

Time: 9:00 - 10:30 a.m.

Facilitated by Marci Ronik, M.S., the Ronik-Radlauer Group

Number of participants: 9 (4 men and 5 women)

All participants lived in Port St. Lucie; most had moved from other locations, including North Carolina, West Palm Beach, Massachusetts, Puerto Rico, Broward, Dominican Republic, Brooklyn, Santo Domingo and the Bronx, Queens

Range of residence in St. Lucie County: 8 months to 20 years

Several members of the focus group spoke only Spanish. An interpreter was available to help translate.

As an introductory activity, participants were asked what they did to stay healthy. The answers are as follows:

- Quit smoking
- Eat well
- Exercise
- Walk
- Dance
- Come to Senior Center
- Spend time with family
- Work around the house
- Garden
- Go to doctor regularly

What makes you most proud of the community or neighborhood where you live?

- Comfortable house
- Family is near
- "Center is my second home"
- Weather is great
- I own my home
- Port St. Lucie: plenty of buses to get where you need to go
- Open spaces
- Not a lot of people
- Easy to walk
- Can grow fruit here

How satisfied are you with the quality of life in your community or neighborhood on a scale of 1 to 10, with 1 being not at all satisfied and 10 being very satisfied?

Is your community or neighborhood a good one to raise children and grow old?

For children:

- Yes, they can play free outside
- They get a lot of love

For adults:

- Peaceful
- Buses (transportation is good)

Problems or challenges in the community:

- Not enough parks for older adults
- Hard to get to-if there is no transportation
- Transportation is an issue (wait times)
- Not enough sidewalks
- Can't go alone to the store
- Far to get food
- Limited time with transportation

Of these challenges, which is the most important to address to improve the quality of life in your community?

- Transportation (can't compare Port St. Lucie to New York's transportation system)
- No Sunday service for transportation
- Buses don't run often enough (schedule)
- Need more lighting (not enough streetlights); one participant created their own light to make more light through the state
- Need better sidewalks, parks, transportation

Ideas to address these challenges:

- Give discounts to seniors and vets at Publix
- Need more neighborhood stores
- Taxis
- Bring more educated people to live here
- Need to take community pride-people don't respect the environment (littering, crime)

How would you suggest implementing changes?

- Open more businesses

Focus Group: Age Friendly Collaborative

Location: 2501 SW Bayshore Blvd., Port St. Lucie

Date: February 4, 2020

Time: 11:00 a.m. - 12:30 p.m.

Facilitated by Marci Ronik, M.S., the Ronik-Radlauer Group

Number of participants: 7 (2 men and 5 women)

All participants worked in St. Lucie County, some also worked in Stuart, Vero Beach, Martin County, and Indian River. Participants represented various organizations working with older adults. In terms of residence, most lived in Port St. Lucie

Range of residence in St. Lucie County: 6 years to 36 years

As an introductory activity, participants were asked what they did to stay healthy. The answers are as follows:

- Eat healthy, stay away from gluten, dairy
- Meditate
- Nutritional health
- Running
- Keep busy
- Read
- Focus on eating healthy foods
- Zumba
- Drink water

What makes you most proud of the community or neighborhood where you live?

- Very generous people
- Safe place to live
- Sense of collaboration/networking
- Partner to change lives (lots of “worker bees”)
- Work outside meetings to solve problems
- Unique place to live
- Small-town feeling
- Incredible generous people
- Community engagement
- Calm/Zenlike place to live
- Awards: best city to live

- Right size in terms of traffic

How satisfied are you with the quality of life in your community or neighborhood on a scale of 1 to 10, with 1 being not at all satisfied and 10 being very satisfied?

Range: 7-10; average: 7.7

Strengths of community (specific to older adults)

- Education around health
- Disease management
- Everyone has coverage focusing on prevention
- Healthcare at the local level; 2-5% practice for free (pro bono work)

Challenges (specific to older adults)

- Need more prevention
- Lack of resources to eat healthy for those who can't afford
- Safety in general; older adults feel less safe
- Transportation is an issue (older adults can't drive, don't have car, can't get their meds)
- Loneliness
- Fear of what will happen to me
- Not being able to be self-sufficient
- Need to have dignity
- Use Uber as alternative to cars
- Affordable senior living-one stop shop under one roof in a normal living environment
- Florida has the least number of CNAs
- Lack of knowledge of resources in the community
- Start with the media: destigmatize older adults
- Need training for families to cope with loved ones in their home
- Deal with senior abuse and senior bullying in nursing homes
- Address substance abuse in older adults (alcohol, opiates)
- Port St. Lucie Hospital-senior unit-majority come in due to alcohol abuse; relapse numbers are increasing
- Older veterans are homeless
- Post-discharge follow-up from substance abuse facilities (need longer-term programs/housing; longer term than 28 days)
- Need prosocial activities
- Continuum of care is not there
- Housing is not available; rents are high; cost of living is high for elders (Elder Needs Index)
- Assisted living is not cheap
- Exploitation due to no resources (nursing homes)
- Mental health due to chronic illness, dementia

- Not enough providers/info for loved ones
- Let it become a crisis until Baker Acted (need earlier intervention)
- Primary care doctors need education about behavioral health (need collaboration)
- Ageism-people are living longer
- "Language"-cultural sensitivity around employment, competency
- Ignorance about plight of people with dementia
- Dignity issues

Opportunities:

- HUD \$
- Build up capacity of CNAs
- Movies/music therapy
- Volunteers
- Activities need to be affordable
- Case management and care coordination—connections, information, home health
- Provide incentives to doctors instead of fee for service (if they perform prevention and diagnostic testing)
- Lots of resources to tap into
- Need to be in the community more
- Concierge services-direct primary care membership (sliding fee scale)
- Wraparound services for healthcare
- Community gardens
- Educate about how to eat healthy foods/takes planning
- Engage neighborhood businesses
- HUGS program-first responders to get trained about dementia
- Awareness of businesses to be trained
- AAA: Alzheimer's care-working to get this in SLC; energy assistance; low-income subsidies for Medicare Part B; private funding for short-term case management (linkage to services)

Is your community or neighborhood a good one to raise children and grow old?
(Question not asked)

Main challenges in the community:

- Fast food restaurants all over
- Transportation
- Stress
- Places/circumstances where older adults live
- Lack of insurance/under insured

Strategies:

- Community housing village
- Be culturally and linguistically sensitive relaying information to other populations (use tv/radio)
- Literacy-engage on literacy level
- Haitian American Council-engage/connect communities
- Collaboration among organizations-combine skills, talents, ideas-networking; take action
- Offer Kane Center (Martin County)-services under one roof-social activities, one stop shop (replicate)
- Affordable housing-senior living (low-income housing with concierge services)

If you were able to make any change to improve the life for people who are parenting young children, what would it be?

- Focus on mental health issues (anxiety, pressures, suicidal ideations, drug use, depression)
- Kids-same peer group-need to diversify peer groups-expand group of friends
- Need medication management for youth; hard to find psychiatrists; need to renew meds-takes too long

Focus Group: UP Center-Community Members

Location: 2520 Orange Avenue, Fort Pierce

Date: February 6, 2020

Time: 9:30 - 11:00 a.m.

Facilitated by Marci Ronik, M.S., the Ronik-Radlauer Group

Number of participants: 7 (7 women)

Participants lived in Port St. Lucie (2), Fort Pierce (4) and Vero Beach (1)

Range of residence in St. Lucie County: less than one year to over 40 years; two participants were born and raised in Fort Pierce

As an introductory activity, participants were asked what they did to stay healthy. The answers are as follows:

- Drink lots of water
- Gym
- Housework
- Chasing kids
- Jogging
- Educating self
- Healthy eating
- Mindful eating

What makes you most proud of the community or neighborhood where you live?

- No crime
- Quiet
- Clean
- Nice
- Gated community
- Come together in time of need
- "in front of ALF"-help when they get lost
- Sense of community
- Doing things in the park
- People trying to improve the community

How satisfied are you with the quality of life in your community or neighborhood?

- Have to travel out of Port St. Lucie to get fresh food (Whole Foods, Fresh Market, Trader Joe's; no Apple store)
- Pretty satisfied (work/live)

Strengths of community

- Sidewalks

- Crosstown Bridge (need sidewalks; have to walk in street)

Challenges

- "kids not interested in certain activities"
- Need arts programs

Opportunities:

- Classes for kids

Is your community or neighborhood a good one to raise children and grow old?

- Nothing really for kids to do
- Closest playground is a 20-minute drive (have to drive to get there)
- Need community resources and information
- Need shaded playgrounds
- Not safe (bike stolen)
- Water parks; dog parks
- Closer libraries; children's libraries-need better programs/spaces

Main challenges in the community:

- More activities for kids (educational, ballet, gymnastics); have to go to Vero or PSL to get quality classes
- More streetlights (darkly lit)-Fort Pierce
- Better VPK programs
- More museums/animal/science/shaded playgrounds
- Boys/Girls Club
- \$-not sure where it's going
- Leadership-not pushing-no advocacy-not a priority
- "Who's telling people in power what we need?"
- Programs cater to younger children-nothing for middle/high school children (don't want to be with little kids)
- More leadership activities for kids
- Not aware of drowning prevention activities
- Not quality childcare programs

Strategies:

- "Was a great divide between older/younger residents"-increase communication between the two communities
- Need leadership from elders to youngsters (telling stories, coming together)
- Volunteer programs
- Increase volunteerism in schools (middle and high school)
- More builders to be engaged
- More info about who is in government and resources and what is going on

If you were able to make any change to improve the life for people who are parenting young children, what would it be?

- Gun violence-enforce gun laws
- Provide info on protection and "Legal 101"
- Better paying jobs
- Reduce stigma about mental health
- Address poverty
- Advocacy skills
- Physical education
- Teach financial literacy
- Provide more relevant classes in high school

Focus Group: Council on Aging (Older Adults)

Location: 1505 Orange Avenue, Fort Pierce

Date: February 6, 2020

Time: 12:00 – 1:30 p.m.

Facilitated by Marci Ronik, M.S., the Ronik-Radlauer Group

Number of participants: 8 (8 women)

All participants lived in Fort Pierce

Range of residence in Fort Pierce: most participants had lived in Fort Pierce all of their lives (oldest member was 84 years old)

As an introductory activity, participants were asked what they did to stay healthy. The answers are as follows:

- Listen to medical professionals
- Hobbies
- Eat healthy
- Stay active
- Keep moving
- Community Center
- Fellowship
- Walk outside
- Proper amount of sleep
- Puppy
- Stay busy
- Church
- Exercise

What makes you most proud of the community or neighborhood where you live?

- Gate around community/building
- Police patrol (feel safe)
- Pleasant neighborhood
- Wildlife
- Church
- Public parks/waterways are great

How satisfied are you with the quality of life in your community or neighborhood?

Question not asked.

Challenges:

- Concern about sinkholes
- Used car lots-too many-Orange Avenue-eyesore
- Healthcare for uninsured-no access to health insurance

- Medication costs
- Mental health services-local agency (New Horizons)-won't take people who don't have insurance
- Potholes, bumpy roads
- City Hall doesn't answer the phone
- Newspaper too expensive
- Empty lots near schools (needs landscaping/trimming) "who owns it?"
- Cut trees down (25th Street)-vacant lot
- Trim trees to stop drug deals-Lincoln Park area-15th to 16th Street (cabbage trees-make it safer)
- Vacant lots-dropping off unwanted furniture
- Too much focus on Port St. Lucie
- Oleander-streetlights-dangerous
- Service poor-power outages
- Need street paving (13th to 17th Streets, Avenue D)
- Speed signs (Avenue M 15th between M and O)
- Police need to monitor the speeding
- Need lifeguard-water aerobics
- Drainage system when weather gets bad-lot of flooding; clean drainage more often
- Crime-stores-potential to be mugged (near grocery stores)
- Need a red light at O and US1

Opportunities:

Is your community or neighborhood a good one to raise children and grow old?

- Need to teach parenting skills
- Children have no supervision/role models
- Change attitudes
- Some have drug problems
- Young moms working too many jobs (working poor)

Strategies:

- Mentor young people
- Improve communication
- Library is a resource/classes
- Teach listening skills
- Figure out ways to keep parents and kids together
- Integrity of leaders
- Coffee with the Mayor
- Focus on mental health/wellness
- Bring children into the church
- Mail solicitations to raise \$

- Need to help veterans more
- "Classism"-need to become more politically active
- Feel like voters are not being heard
- Have more love
- Go to church
- Be accepting of others
- Teach compassion in schools/churches
- Need to learn new behaviors/change old ways (have to want to change)
- Parents need to take time to plant the seed
- Meet people where they are

If you were able to make any change to improve the life for people who are parenting young children, what would it be?

- Tell parents how to train their kids to respect through teaching the Bible
- Children's behavior problems-lying-parents believe child
- Disrespect
- "pray for the school system"-children have too many rights/privileges
- Schools are dealing with issues that parents are not

Focus Group: LPAC (Lincoln Park)

Location: 714 Avenue C, Fort Pierce

Date: February 11, 2020

Time: 11:00 a.m. - 12:30 p.m.

Facilitated by Marci Ronik, M.S., the Ronik-Radlauer Group

Number of participants: 20 (19 women, 1 man)

Most participants lived in Fort Pierce (15); five (5) lived in Port St. Lucie

Range of residence in St. Lucie County: 3 years to over 60 years (some residents were born and raised in Fort Pierce)

As an introductory activity, participants were asked what they did to stay healthy. The answers are as follows:

- Positive attitude
- Faith
- In tune with body
- Prayer
- Playing Candy Crush
- Gym
- Bike
- Home Design
- Hang out with friends
- Working with kids
- Gardening
- Bubble Witch
- Being involved in the community
- Healthy foods
- Optimistic
- Playing with small grandbabies
- Educate self

What makes you most proud of the community or neighborhood where you live?

- Support from community
- Meeting with positive minds
- Sense of community
- Everybody knows everybody
- Hope is ever present

How satisfied are you with the quality of life in your community or neighborhood?

- It could be better

- Homelessness
- Need more resources for men/women/transitional living
- People could realize to give more financial support
- Train people-bring people up out of poverty to self-sufficiency
- PSL-growing to benefit from resources
- Need affordable housing for singles with children

Challenges:

- Need better opportunities-family choice for schools-citywide
- Elected officials need to be held accountable
- Should not be boundaries in SLC
- Speak the same language to bring finances in (politicians)
- Need advocacy
- Need housing for people with mental health issues
- Incarceration (recently returning)
- Veterans services and professional agencies to deliver mental health services
- Help people returning to their communities
- Mental health/substance abuse-no respite for them to get healthy
- Government not giving adequate finances
- Children have been traumatized; nothing to address childhood trauma (may have witnessed shootings and go to school next day)
- Generation of parents/grandparents who have experienced trauma
- Stigma
- Domestic terrorism-dealing in communities (incident that happened a month ago)
- School system-mental health services not adequate
- Boys/Girls Club-Tykes and Teens-spend afternoons with kids after traumatic events in community (missing that piece in school)
- Need more buy-in (the focus on homework is very small); no life skills teaching
- Need more programs like the Boys/Girls Club for teens (resume writing, interviewing skills)

Opportunities:

Is your community or neighborhood a good one to raise children and grow old?

- Breakdown in family
- Grandparents raising grandchildren
- Children are not learning (need integration between schools/communities)
- Need to teach grandparents how to teach grandchildren
- Some children are raising themselves
- Broken community; deprived of things

Strategies:

- Projects: avocado-takes a village
- Resources in neighborhoods
- Summer activities-social skills/interviewing skills
- Team building
- Increase funding for programs
- Financial burden (at risk of losing jobs)
- Juvenile delinquency program-revolving door-need more prevention
- School Board needs to be brought in
- Parents need to be held accountable to do something
- Volunteerism
- Need to vote-voter registration drives
- Prepare people to become politicians for every office
- Community outreach groups
- Pastors asking questions
- Needs to come from within
- "Kids want their parents to be taught" don't need drop off
- Family structure has changed-how do we engage to bring back
- Fort Pierce Housing Authority-resource
- Saving \$-help going to college
- Don't know how to access or that resources exist
- Need to teach people how to be welcoming
- We have trained our community members how to respond instead of asking
- Need to teach engagement-how to engage communities/parents
- Relationship building
- Need to get on the inside of the community
- Need to bring everybody together
- Positive things happening in Lincoln Park community; we don't know about them
- People don't know they have to register for the draft
- Entrepreneurship
- Need to be exposed to opportunities
- "sometimes need permission to be great"
- Need consistent male mentors
- Need opportunities for 2nd chances
- Need to hear from people who have been there
- 2-1-1 sheets not accurate; people not welcoming
- Need to have people who look like you
- Skills center
- Help the homeless-getting them prepared
- Build positive relationships with everybody
- Teach life skills to parents (teen moms/young grandmas)

- Consistency in resources
- Work with fathers
- Mentorship not just for children (“don’t know what they don’t know”)
- Education about life skills not just in school-teach about resources
- Transition foster care (LGBTQ)
- Savings-teaching how to save
- Financial literacy-resources
- Act-less talk, more action
- Increase in sales tax to gain resources (relax restrictions-federal government) to help those with desire to get it done
- One stop shop center (Vero Beach) centrally located (UP Center)
- Need system changes

If you were able to make any change to improve the life for people who are parenting young children, what would it be? (answered above)

Focus Group: Creole speaking community members

Location: FDOH-SLC

Date: February 11, 2020

Time: 1:00 p.m. – 2:30 p.m.

Facilitated by Marci Ronik, M.S., the Ronik-Radlauer Group

Number of participants: 8 (3 men, 5 women)

Six (6) participants lived in PSL; one (1) lived in Fort Pierce, and one (1) lived in Jensen Beach

Range of residence in St. Lucie County: 3 months to over 30 years. Participants included a pediatrician, someone who works for Humana, someone who works for the Boys/Girls Club, someone who works with seniors, and someone who worked for the state.

As an introductory activity, participants were asked what they did to stay healthy. The answers are as follows:

- Gym memberships
- Eat healthy
- Exercise
- Biking
- Active in community
- Don't let stress bother you
- Walk
- Cook healthy foods
- Zumba
- Manage health challenges

What makes you most proud of the community or neighborhood where you live?

- Hardworking
- Sense of solidarity of Haitian community
- Sense of family
- See the need and try to adapt
- Voice is heard
- Safe place to live
- Sense of community even with traffic
- Churches engaged
- Enough parks and green spaces

How satisfied are you with the quality of life in your community or neighborhood?

Challenges:

- Lack of sidewalks

- Lack of streetlights (Lincoln Park)
- Lack of public transportation (infrequent)
- Lack of story time in libraries-based on interests (lack of programs for children)
- Graduation-no job pipeline
- Not learning skills to work
- Make programs fun for kids to learn
- They get into trouble-need to keep them busy
- Much different in PBC
- Older adults living alone with no help
- PSL better than FP for job opportunities
- No soccer clubs in FP/extracurricular
- No retail stores-no investment in FP; have to drive to find programs for kids; too much time on their hands
- Caretaking issues/language barriers; strain on family
- Have to spend their own \$ to take care of family members
- Home-based services may be lack of knowledge of resources
- No clubs/leagues for older gentlemen to play soccer and use playground areas
- Need for more parks for adults/older adults to exercise
- Disabled children-need things to do in the afternoon after school (like camp)
- Parents don't know what resources there are
- Financial aspect to programs that may be unaffordable (i.e., affordable competitive clubs)
- Parents working 2 jobs, language barriers
- Poverty level not realistic to make ends meet (food stamps)
- People not aware of resources
- 2-1-1 need to be able to vet resources for Creole speaking population
- Healthcare-unable to afford health insurance
- Creole speaking medical providers needed
- Post-traumatic stress after earthquake
- MH is taboo in culture-need education about MH/SA; arrests
- Challenges for people with disabilities

Opportunities:

Is your community or neighborhood a good one to raise children and grow old?

- IEP meetings-language very technical
- ESL-kids born here being put in ESL

Strategies:

- Center for Haitian Americans (neutral)-near UP Center; one stop shop (i.e., Haitian Coalition)
- Large concentration of Haitian population (34950/53)

- Healthcare doesn't have to be complicated; can be mobile
- Use media (tv, radio, print, podcasts)-communicate
- Everybody has skills/strengths/talents to bring to the table based on their passion
- Facebook-sharing on social media
- Education as empowerment (understanding not always G-d's will; MH)
- Food as part of culture-improve the way we cook
- Public transportation (improve routes)-subsidized, student discounts
- Workshops to educate community-Law enforcement, medical, school, community professionals-community conversations
- Need to learn how to advocate, challenge (will save the city/county money)
- Break down barriers
- Education gap-confusion about certificates (for graduation)

If you were able to make any change to improve the life for people who are parenting young children, what would it be?

- Educating parents about issues
- Haitian kids at alternative centers-influx
- Case managers/navigators
- One stop shop
- Literacy level
- For immigration-citizenship/voting
- Health issues-medication
- Need to know resources
- Gap between hospital/home follow-up (mental health)

Appendix C: Key Stakeholder Interview Tool and Results

Key Stakeholder Interview

Name of Interviewee: _____

Interviewed by: _____

Date of interview: _____

1. How long have you lived in St. Lucie County? In which part of the County do you live?
2. How long have you worked in St. Lucie County? In which part of the County do you work?
3. What is your role within your organization?
4. What do you consider to be the strengths and assets of St. Lucie County that can help to improve the health and quality of life of its residents?
5. What do you believe are the greatest health concerns in St. Lucie County?
6. What do you believe are other concerns that affect the health and quality of life of people living in St. Lucie County?
7. From your experience, what are the biggest barriers to addressing these health and quality of life concerns?
8. What are some strategies that can be implemented to address these health and quality of life concerns and to reduce the barriers you described?
9. Finally, let's think about the future. It is the year 2030 and you have just awakened from a deep sleep. As you look around St. Lucie County, you see it as you always wished and dreamed it would be. How is it different from what it looks like now? Who is involved in making this difference and what are they doing?
10. Is there anything else you would like to share before we end our discussion?
11. Additional questions:
12. What concerns you most about your community?
13. What do you think are the biggest health problems in your community?
14. What are your community strengths and assets?

Canieria Gardner, Executive Director - United Against Poverty March 10, 2020

There are 4 core programs- grocery store membership, crisis stabilization, education; taking classes, workforce development; including EI for clients. All with a focus on economic self-sufficiency- pathway to home ownership- so far have lifted 70 households out of poverty

Strengths: community assessment, DOH likes feedback from the community, collaboration in the community, people work together to solve complex challenges, come together for a bigger cause, local food places, steering committee includes people with different scopes. School is looking to align education to preparation of workforce training.

Challenges: health concerns, Lincoln Park residents don't have transportation so they cannot get to medical appointments, solution is to have specialists come to Lincoln park. Mom's without transportation cannot get to OB appointments so they forego prenatal care and there is a high infant mortality rate. Looking to create a health clinic and bring Drs into Lincoln Park to the community. Also looking for non-traditional lending opportunities from banks. Education- only 10% of the school will graduate with a Bachelor's degree according to Kresge foundation. Unless we intervene.

Solutions: bring doctors into Lincoln Park; prep people for jobs that are available in the community; look at school and the graduation rates from college better than 10%; equal education for everyone, talk about MH at church and tell people about warning signs

Eco-system- re-think health coalition: have the right people in the coalition to make a change to the system- just be willing to try something different

Parent in poverty is stressed- child feels that stress (maybe there is no food) that is where the EI comes in to address the multi-generational approach -vs- situational poverty. We want to teach them how to fish so they have the tools to be successful.

How to deal with generational poverty: Talk to people about what they value (lower class values relationships; middle class values achievement; upper class values connections). When working with people in poverty we should work on building a good relationship. They need confidence in their own ability. Have an open conversation about generational poverty- many don't know that they are in "poverty." Education is the key to success. If you talk with them honestly about what poverty is and help them realize they grew up in it but can change the cycle for their family by working hard and education.

1. Build a relationship
2. Honest conversation about poverty
3. Ask them "what do you want for your children?"

One thing that works is a program about financial literacy "around the table series"

Have conversations about birth control with teenage women- help them understand they can have sex without having a baby. African American moms don't talk to their daughters about having safe sex.

Violence- the trauma of gun shots (ignite gangs in the community project). Boys and Girls Club- girl shot.

Mental Health: African Americans go to church with their problems rather than a therapist. Moms with mental health issues statistically have daughters with early pregnancies and boys that get arrested. Help people be aware of what MH looks like; if this is going on it is not normal, and you should go get help. Focus on mental wellness. People using opioids have children that go into foster care.

Neighborhood development center- help small businesses with a collective impact approach- come together to solve problems.

The best gift you can give a child is a motivated parent. 115,000 homes in SLC and only 13,000 get governmental assistance. 51% of the population is ALICE and they are struggling the most. High expenses and low wages is when people struggle.

Sean Boyle, Executive Director - Children's Services Council **3-11-2020**

Strengths: SL roundtable- monthly basis meeting; issues to be brought up and develop relationships (can call and text anybody from other systems when a challenge comes up). Hold each other accountable/ support health, HIV, school system, MH- exploring how we can work together. CSC as a funding mechanism- we all leverage each other funding.

Roundtable- federal, local grant, membership dues \$45,000 from CSC, \$45,000 County, and others. Ready by 21 conference- need a children's cabinet.

Health concerns- Mental health is a big issue- always been but everyone is now willing to talk about it. Stigma. MH should be embedded into school and after school.

Barriers- funding is a puzzle, don't do a good job communicating as public. CSC- infant MH, trauma informed. Don't general wellbeing communicators in the community, isolation in neighborhood.

Health- diet/obesity

In the future 2030- transportation to get from home to work (robust) navigators of spiderweb of social services. Mental health services integrated into what we do fully functional families.

Poverty- less concentrated areas of poverty- integrated into various communities and social determinants.

Lincoln Park- huge concentration of poverty; no grocery store because not money. Have to go street by street- it costs \$8000 per street. We need to have a 10-20 year planned project (port St. Lucie like). Ft. Pierce is battling history. In a utopian world- services are provided everywhere, lawmakers, city, county, state everybody has to be

involved- residents and faith-based community. Faith-based at the roundtable-a lot of people use; not as powerful in Pt. St. Lucie- churches fight over \$. They "play a role" church brings citizens to the table.

Theresa Bishop, Executive Director - St. Lucie Roundtable 3-10-2020

Look at the strategic plan on round table website- 31 people on the board

Strengths: collaboration; this community is a gift- organized at the leadership level and meeting for 25 years. Everyone knows everyone by working together on grants; multi-layered collaboration; CSC forward thinking; continuity- people do not leave; CSC at every conversation- setting funding priorities. St. Lucie County- Lincoln Park (African American)-they mobilized, bringing their issues to leadership- real time information about neighborhood deprivation and infant mortality- help us understand their issues- they share info with their community (Lincoln Park Advisory- not represented in the by-laws). Collaboration is about getting a framework- infrastructure and developed priorities- roundtable- communities that are (catalano). Academic failure, teen pregnancy, violence, DJJ, school dropout, MH. Look at each issue and deal with it from a collective impact perspective. Have workgroups to address individual issues on the plan and how to implement the strategies. Theresa chairs or co-chairs each committee with a representative from the organization or system that represents the system or community. Steering committee with chairs/co-chairs to look at what is happening in each committee (strategic framework). Theresa pays attention to the politics.

Challenges: parenting skills is the tip of the iceberg but what is the root cause? What are the systems doing to make it easier with the families? Gangs- kids experienced trauma, homelessness. Roundtable has to advocate for kids. How are we working to serve the most vulnerable youth in our own community- seems like systems can't get out of our own way.

Barriers: the Roundtable cannot address poverty because some of the main people are not at the table. Look at SDOH and what we are going to do about it. Barrier is that most agencies are geared towards programmatic approach- we need to shift community to public health approach to include social conditions. Are people willing to do that? Systemic approach to address poverty. What we do is piece meal- each city is different. Differences between Ft. Pierce (segregation, red lining, city infrastructure) and Pt. St. Lucie (planned community) everything is mixed together so everyone has equal access to extra.

Strategies: Partnering with the right people, institutional racism, looking up children finding a plan that works in St. Lucie County data driven approach. Address racism - there is openness and some good ol' boys bubbling but not talking about it yet.

Nancy Yarnall, Director - Aging and Disability Resource Center (Area Agency on Aging) 2-28-2020

Consumer care and planning PB and Treasure Coast- manages a \$25 million budget for state and federal dollars. Completes that area plan- profiles, services demographics, unmet needs, and strategies. Also, took over healthy living program. All of St. Lucie- Older adults and caregivers (18-over).

Strengths: involvement, cooperation, and coordinated services providers. Very connected- social services get together and communicate. Providers, DOH involved in RFP; DOH good at engaging.

Concerns: Alzheimer's disease awareness, money is intended for seniors to have support so they can stay in their home. Pt. St. Lucie has the largest number of people 65+ with Alzheimer's. Need more \$. Social isolation is a problem. Dementia care and serve; care and community waitlist for all services; delivered meals waitlist. Care and cure; caregiver support (need respite and counseling but need more). Affordable housing is an issue.

Barriers: some is awareness of resources available and community has awareness of needs. Funding is a barrier. Florida does not get its fair share of federal funds based on population. Housing can be adapted (home improvement- ADA accessible).

Strategies: adapting homes for housing; restaurants and businesses are sensitive to address people with needs. Add health aging and adult section to CDC caregivers need to be aware of resources. Prevention is a big push- DOH is having more awareness of aging and addressing the needs. Age-friendly- all of the sudden- old people matter; more attention but not more funding- workgroup did not get more money but workgroup participants did get more money. Strategies for seniors are included in planning and funding.

2030 question: it is different- elderly would be out and about; engaged- there would be benches that are accessible (seating, sidewalks, transportation) no wrong door- people know where to go. It is easy to get there. Good start in the Port St. Lucie community.

FYI- there is an EB wellness program that connects with DOH to make sure we collaborated create a continuum. We need more money and more volunteers.

Not enough psychiatrists in PSL (the entire community does not have access).

Deb Dreher, Chief Clinical Officer - New Horizons 2-21-2020

All of St. Lucie with a focus on behavioral health and primary health

Strengths: collaborative relationships with DOH, primary health, MH and SA as well as law enforcement and the schools. There is a community focus on trauma and trauma informed care, lots of hospitals that try to work together.

Challenges: too many uninsured, HANDS Clinic- DOH- volunteers in health. Access for uninsured. MH access -severe shortage of psychiatrists and prescribers. Not enough licensed mental health professionals. Needs advanced training for EBP for providers. Healthy Start- not enough services for moms to help with first years of life- not enough nurse family partnership programs. Florida aging population- need to ramp up services for that age group.

Barriers: access to insurance and underinsured; co-pays are too high. Transportation is an issue; there is some free but limited routes.

Strategies: medical experience, universal healthcare, look at transportation and maps.

Housing issues- hidden homeless; St. Lucie Judge- hard to find a decent place to live for less than \$1000 affordable housing is a huge need.

Food insecurity-need more food banks

Disaster planning is good but could be better

No shelters for housing

Kathryn Hensley - St. Lucie County School Board

3-20-2020

Elected officer, chair of CSC, on lots of boards, Foster care- community leader

Population: represent entire population except for upper income group

Strengths: able to develop true collaboration with unlikely partners, chamber, county, local government collaboration, not changed demographic 87% on Free/ reduced lunch- one paycheck away from poverty. Ability to work together with a single focus.

Health concerns: past chair for free clinic- low unemployment, high need for access to appropriate health care- 70,000 working without insurance. How do we make sure we keep our population healthy?

COVID- people are calm, via phone calls we are putting together a plan of action to help health department, hospitals are involved with conversation. No confirmed cases yet- in school district 52 different languages. School is a 2-week spring break and students have devices.

Barrier to health issue: cost of healthcare, cost of insurance, not philanthropic hospitals, ability to get coverage the need to access healthcare. Free transportation provides access to specialists. Lack of awareness.

Are there barriers to healthy lifestyles- 2008 depression created food deserts, nutrition outreach and education. There are parks and rec. we need to take mom and pop places and get them to provide healthier foods. Backpack buddy get weekend backpack for food.

Strategies to reduce barriers- backpack buddies, transportation to doctors, work with local stores to bring in more healthy foods.

2030- continue the path that we have started- creating good jobs, safety net and making sure we change the economic demographic, drive down MH, SA, poverty. Access to income with incremental steps will be beneficial. A family that is living on the edge of poverty have more stress than others. The situational poverty is harder than the generational.

Patti Corey-Souza, Health Services Director - Indian River State College March 20, 2020

Represents all of St Lucie County

Strengths of the community: willingness of people to make referrals, people help each other, have foodbanks, help with utilities and housing, college has resources and works with the treasure coast bank, have good parks, summer programs for children

Challenges; transportation but it is not convenient, food insecurity, mental health- few and far between for sliding scale and indigent. 90% of what I do is mental health treatment

Barriers: Poverty is the biggest issue. Ft. Pierce is really difficult. Lack of resources, information, education, and access. Organizations have long waiting lists for access to resources. People cannot afford services. Few people have health insurance. The college offers health insurance, but it is basic. Does not help routine Dr visits but will help for surgery.

Strategies: community education to explain resources or teaching how to access resources. 211 is a great resource but people do not know about it. Home health and town hall meetings would be helpful to bring people out. A walk is good but only a certain demographic will show up for that. A mental health program went door to door to bring brochures and talk about expanding programs. Health fairs are good- depending on the population and location.

2030- grassroots efforts- neighborhood level, reinforce what you are teaching, talk about goals and how you intend to reach those goals, as people understand what the community offers and wants to offer people become more invested. It takes time and persistence.

Angela Aulisio- Cleveland Clinic

March 20, 2020

Community benefit coordinator- tax exempt status for hospitals, represent at FHA and many committees and boards. Healthy St. Lucie and opioid taskforce, chamber relationships, event marketing, maintain non-profit relationships. Funding distribution to community- fund directly align with CHNA priorities. Looking to fund programmatic ideas. Product prescription program- diabetes management. Midway Road and south. (not north St. Lucie and ft. pierce). Target population is physical health. No behavioral health in St. Lucie.

Strengths:

Impressed living in St. Lucie with outdoor spaces (Preserve and Oxbow, Crosstown). More sidewalks and better lighting so people can be outdoors. Martin county is smaller and tightknit. In St. Lucie, the people that come to the table provide good discussion and collaboration. Representing a larger population but people that do not come to the table representing diversity. All of the non-profits get together once a month- 60 people in a room, but it is not diverse. The chambers will host events, the city will host events...it is not as streamlined as much as it should be to make an impact and change. There is a duplication of services, not pooling our assets properly. Schools do a good job- working on nutrition and school wellness- pretty impressed. Students working against tobacco. Gardening programs. There is community collaboration- the positive of all of the meetings is working together.

Health concerns:

Transportation is a huge issue and access to care. Hours of service is also an issue; the hours do not make sense for those families. Most services are 9-5 which is not feasible for people so they may go without. Mental health is a massive issue in the area due to lack of providers- can't find providers for inpatient MH, adolescent MH providers, a large area in overall health is a huge gap. One non-profit in Port St Lucie that SA treatment for indigent patients. Also, sedentary rates and food insecurity.

Biggest barriers to addressing these issues:

Existing barriers- pace of society and our life does to lend itself to addressing the exercise and healthy eating. Push through mentality which is not beneficial for community members. Regarding access, part of it is the communication of people not knowing what is available. We need to make sure that people know how to access 211. Transportation is also a barrier- people need to be able to get to the services. Regarding mental health-we just need more providers and more people working on that issue. Especially for people working on adolescent issues. Tykes and Teens is at maximum capacity. Need to attract more providers. Schools are already involved, and Tykes and Teens goes into the schools. There is just an opportunity to do more about mental health. Suicide is an issue and the kids talk about it. It would be a great place to put more money.

Strategy to address:

Exercise/healthy eating: employee wellness programs, not just workplace but also community challenges. More community education to they understand tiny steps and the value of that. Using electronics like apps. Healthy eating- like free cooking classes and crock pot meals for families.

Access and transportation: have a transit system but need more busses and more stops. It should not take so long to get from point a to point b. Availability of uber health vouchers so people could get to their doctor appointments.

Mental health: funding for more providers, increased salaries so people will come to Port St Lucie. Look at what is happening in the schools and making the community connection for a continuation of care. Access to service providers in a timely manner.

2030

Have even more sidewalks- city

Happy families, happy children- mental health (all non-profits)

Yards with individual gardens- community would take the lead

Walking groups- neighbors getting together in the community

Linda Bartz, St. Lucie County Commissioner

March 11, 2020

Commissioner Bartz has lived in St. Lucie County for over 40 years. She lives in Port St. Lucie. Her prior career included 30 years in banking. She also spent 4 years on the City Council. She has currently served on the County Commission for 4 years.

Strengths and Assets of St. Lucie County:

Population increased exponentially (from 14,000 to over 200,000)

Our asset is our people: people come together and work collaboratively with very little egos. They work hard not to duplicate services. In the area of social services, they work together to enhance services because one organization may not be able to do it all.

Greatest health concerns in St. Lucie County:

Mental health is a huge issue.

The opioid crisis is also an issue.

Other concerns in St. Lucie County:

The jail is the largest provider of mental health and substance use services. How do we change the culture?

Biggest barriers to addressing these health and quality of life concerns:

People must want to change.

What are some strategies that can be implemented to address these health and quality of life concerns and to reduce the barriers?

Caring for people

Happy, healthy environment

Water issues taken care of (discharges of algae)

Economic growth

Great place to work, play, live, and age

Continue to cut back on the homeless issue; St. Lucie County has started mobile showers and food pantries

2030 Utopia:

Bring the best of the best employees to be able to treat mental health/substance abuse.

Educate people regarding stigma (not a pariah); destigmatize behavioral health.

Not incarcerate over minor infractions

Quick Response Team (QRT) totally funded or not needed-make a bigger impact on people with addictions issues; get great stakeholders involved

Mental Health Court, Veterans Court, Drug Court, Diversion Programs are positive (continue)

Note: Interview was shortened due to the Commissioner not feeling well.

Appendix D: Community Leader Survey

St. Lucie County Community Leader Survey

About the St. Lucie County Community Leader Survey

Thank you for taking the time to complete this Community Leader Survey for St. Lucie County. The purpose of this survey is to gather your thoughts about the health and quality of life in our community. Your feedback will be used to develop a plan to improve St. Lucie County's public health system and the health of St. Lucie County residents. This survey is for St. Lucie County community leaders.

Please read the questions carefully and answer to the best of your ability. Please keep in mind that your answers are confidential and cannot be linked to you in any way. This survey takes about 15 minutes to complete.

If you have already completed this survey, we thank you for your participation; you do not need to complete it a second time.

St. Lucie County Community Leader Survey

General Health

1. Please review the following general health challenges below and choose the **top ten (10)** you believe are the most important to address in our community in the next 3-5 years.

- Alcohol Consumption
- Alcohol-related Motor Vehicle and Traffic Crashes (including motorcycles, bicycles, trains, and pedestrians)
- Non-fatal Injurious Motor Vehicle and Traffic Crashes (including motorcycles, bicycles, trains, and pedestrians)
- Alzheimer's Disease or Dementia
- Anemia
- Arthritis
- Asthma
- Birth Defects
- Cancer
- Carbon Monoxide
- Cardiovascular Disease
- Chronic Lower Respiratory Disease (CLRD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Dental Health

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- Depression
- Diabetes
- Drowning/Water Safety
- Drug Poisoning/Overdose
- Eating Disorders
- Elder Neglect
- Facilities Inspection (biomedical waste facilities, group care facilities, laundry facilities, swimming pool and spa facilities, body piercing facilities)
- Fatal Deaths
- Fire/Injury Discharge
- Fire-Related Deaths
- Falls/Injury-Related
- Health Disease
- HIV/AIDS
- Homicide
- Hoarding
- Illegal Drug Use
- Immunizations
- Infant Deaths
- Injuries due to Falls
- Late Entry to Hospital Care
- Lead Poisoning
- Non-Consent Use
- Neonatal Deaths
- Mental Health
- Nutrition (healthy eating)
- Obesity
- Parkinson's Disease
- Physical Activity
- Prescription Drug Misuse (e.g., opioids, benzodiazepines, etc.)
- Preterm Births
- Security Threatened Disasters/Incidents

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- Stroke
- Suicide
- Tobacco Use and Exposure
- Tuberculosis
- Vaccine-Preventable Diseases
- Violent Crime
- Hepatitis
- Other (please specify)

* 2. Of the ten general health issues you selected, which do you believe are the **THREE TOP** priorities?

- 1.
- 2.
- 3.

* 3. Why do you believe that your choices are the **MOST URGENT** health problems to be addressed?

- 1.
- 2.
- 3.

* 4. Regarding the **MOST URGENT** priorities you chose, what do you believe are some of the factors that contribute to these challenges?

- 1.
- 2.
- 3.

5. Additional comments regarding health issues in the community (optional)

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* 6. On a scale of 1 (strongly disagree) through 4 (strongly agree), please rate each of the following statements about health care access in St. Lucie County.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Sure
The majority of residents in St. Lucie County have access to a local primary care provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The majority of residents in St. Lucie County have access to local medical specialists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The majority of residents in St. Lucie County are able to access a local dental office when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The majority of residents in St. Lucie County are able to access a behavioral health (mental health/substance use) provider when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation for medical appointments is available and easy to access for the majority of residents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care resources are available and accessible (Examples: weight loss classes, gym membership, health education).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The majority of residents in St. Lucie County have the ability to pay for health care services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The majority of residents in St. Lucie County have the ability to pay for dental services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments regarding health care access

Social Determinants of Health

Social Determinants of Health are defined by the Centers for Disease Control and Prevention as the conditions in which people are born, grow, live, and age that affect a wide range of health risks, functioning, and quality-of-life outcomes.

* 7. Please review the following social determinants of health and choose the **FIVE (5)** you believe are the most important to address in St. Lucie County over the next 3-5 years.

- Affordable, Quality Childcare
- Early Childhood Education
- Primary Education (Elementary, Middle, and High School)
- Secondary Education (College, University)
- Education for people with special needs
- Job Skills Training
- Employment Opportunities (living wage employment, transportation close to home)
- Food Security (access to affordable, healthy, nutritious foods)
- Affordable Housing
- Housing conditions (ventilation, plumbing, mold, lead, asbestos)
- Economic Stability (limited assets, sickle/health insurance, lack of household savings)
- Social and Natural Supports (ex: community activities, faith-based organizations, libraries, social connections)
- Public Transportation
- Walkability (sidewalks and streetlights)
- Parks and Recreation Facilities
- Safe Living Conditions (poison, proximity to fresh produce, grocery stores, highways, low air quality, proximity access to safe drinking water)
- Public Safety (availability and capacity of first responder organizations like fire/ambulance, EMS, fire, police)
- Language/Literacy (limited English proficiency, reading/writing literacy, health literacy, financial literacy, etc.)
- Access to Technology
- Other (please specify)

* 8. Of the five social determinants of health you chose, which **TWO** do you believe would make the greatest impact to the health of St. Lucie County?

- 1.
- 2.

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* 9. Why do you believe that these determinants are the most important social issues to address?

1.

2.

10. Additional comments regarding social determinants of health (optional)

St. Lucie County Community Leader Survey

Programs, Services, and Promotion

* 11. Please describe any programs or services you believe should be developed and offered to those who live in St. Lucie County.

* 12. How do you think health and wellness are best promoted in St. Lucie County? (Example: fairs, workplace, classroom education, outreach events, etc.)

* 13. Related to health and well-being in St. Lucie County, how would you describe existing services, outreach and promotion? (Poor, Fair, Good, Excellent)

- Poor
- Fair
- Good
- Excellent

14. Are there specific populations in St. Lucie County you believe are not being adequately served? If so, who? Be as specific as possible.

15. Are there any areas of St. Lucie County that you believe are not being adequately served? If so, which areas? Be as specific as possible.

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16. Are there any areas of community health and wellness not identified in this survey that you believe need to be addressed?

* 17. If you had to identify **TWO** key elements you believe will be important to the success of achieving a better quality of life by those who live in St. Lucie County, what would they be?

1.

2.

18. Please share any additional feedback you may have below:

* 19. Please identify the entity you are representing in completing this survey (choose only one):

- Private Business Owner
- Non-Profit Organization
- Educational Organization (private)
- Educational Organization (public)
- Physical Health Care Provider (private)
- Physical Health Care Provider (public)
- Civic Organization
- Behavioral Healthcare Provider (private)
- Behavioral Healthcare Provider (public)
- Funding Organization (private)
- Funding Organization (public)
- Multi-level Organization
- Managed Care Organization
- Law Enforcement
- Fire Rescue
- Emergency Medical Services
- Hospital Provider (private)
- Hospital Provider (public)
- Medical Office
- Home Health Organization
- Nursing Home
- Clinic (private)
- Clinic (public)

Appendix E: Community Resident Survey

1. Instructions

Thank you for taking the time to complete this Community Wellbeing Survey for St. Lucie County. The purpose of this survey is to gather your thoughts about the health and quality of life in our community. Your feedback will be used to develop a plan to improve St. Lucie County's public health system and the health of residents like you. This survey is for St. Lucie County residents.

Please read the questions carefully and answer to the best of your ability. Please keep in mind that your answers are confidential and cannot be linked to you in any way. This survey takes about 15 minutes to complete.

If you have already completed this survey, we thank you for your participation; you do not need to complete it a second time.

1. In which ZIP CODE do you live?

2. What is your AGE?

- 18-24 45-54
 25-34 55-64
 35-44 65+

3. Are you of HISPANIC or LATINO/LATINA origin or descent?

- Yes, Hispanic/Latino/Latina
 No, not Hispanic/Latino/Latina

4. Which RACE best describes you? Please choose only one answer.

- White or Caucasian American Indian or Alaska Native
 Black or African American Native Hawaiian or other Pacific Islander
 Hispanic or Latino More than one Race
 Asian or Asian American Prefer not to answer

5. What is your GENDER?

- Male Transgender: Female to Male
 Female Transgender but do not identify as either male or female
 Transgender: Male to Female Prefer not to answer

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6. Which of the following best describes your SEXUAL ORIENTATION?

- Heterosexual (Straight)
- Gay or lesbian
- Bisexual
- Prefer not to answer
- Other (please specify)

7. Which LANGUAGE do you MAINLY speak at home?

- | | |
|--|-------------------------------------|
| <input type="radio"/> Arabic | <input type="radio"/> Italian/Greek |
| <input type="radio"/> Chinese | <input type="radio"/> Portuguese |
| <input type="radio"/> English | <input type="radio"/> Russian |
| <input type="radio"/> French | <input type="radio"/> Spanish |
| <input type="radio"/> German | <input type="radio"/> Vietnamese |
| <input type="radio"/> Other (please specify) | |

8. What is the HIGHEST LEVEL of SCHDDL that you have completed?

- | | |
|--|---|
| <input type="radio"/> Less than high school | <input type="radio"/> 2-year college degree |
| <input type="radio"/> Some high school, but no diploma | <input type="radio"/> 4-year college degree |
| <input type="radio"/> High school diploma (or GED) | <input type="radio"/> Graduate-level degree or higher |
| <input type="radio"/> Some college, but no degree | <input type="radio"/> Doctoral degree |

9. How much TOTAL COMBINED INCOME did all members of your household earn last year?

- | | |
|---|---|
| <input type="radio"/> Under \$15,000 | <input type="radio"/> Between \$75,000 and \$99,999 |
| <input type="radio"/> Between \$15,000 and \$24,999 | <input type="radio"/> Between \$100,000 and \$124,999 |
| <input type="radio"/> Between \$25,000 and \$49,999 | <input type="radio"/> Over \$150,000 |
| <input type="radio"/> Between \$50,000 and \$74,999 | <input type="radio"/> Prefer not to answer |

10. Including yourself, how many people currently LIVE in your household?

- | | |
|-------------------------|---------------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 4 |
| <input type="radio"/> 2 | <input type="radio"/> 5 |
| <input type="radio"/> 3 | <input type="radio"/> 6 or more |

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11. How many people in your household are UNDER 18 years of age?

- | | |
|----------------------------|---------------------------------|
| <input type="radio"/> None | <input type="radio"/> 4 |
| <input type="radio"/> 1 | <input type="radio"/> 5 |
| <input type="radio"/> 2 | <input type="radio"/> 6 or more |
| <input type="radio"/> 3 | |

12. How many people in your household are 65 YEARS of age or older? (Include yourself if you are 65 or older)

- | | |
|----------------------------|---------------------------------|
| <input type="radio"/> None | <input type="radio"/> 4 |
| <input type="radio"/> 1 | <input type="radio"/> 5 |
| <input type="radio"/> 2 | <input type="radio"/> 6 or more |
| <input type="radio"/> 3 | |

13. Which of the following best describes your current relationship status?

- | | |
|---------------------------------|---|
| <input type="radio"/> Married | <input type="radio"/> In a domestic partnership or civil union |
| <input type="radio"/> Widowed | <input type="radio"/> Single, but living with a significant other |
| <input type="radio"/> Divorced | <input type="radio"/> Single, never married |
| <input type="radio"/> Separated | |

14. Which of the following best describes your current status?

- | | |
|---|--|
| <input type="radio"/> Working full-time (36 or more hours per week) | <input type="radio"/> Student |
| <input type="radio"/> Working part-time (9 hours or less per week) | <input type="radio"/> Retired |
| <input type="radio"/> Not employed | <input type="radio"/> Disabled, not able to work |
| <input type="radio"/> Looking for a family or home | |

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18: What kind of TRANSPORTATION do you normally use to go places?

- I drive my own car
- Someone else's car
- I use a bus
- I walk
- I use a bicycle
- I use a wheelchair
- I use a motorcycle or scooter
- Other (please specify):

19: How long does it take you to commute to work (or school) regardless of the mode of transportation?

- No commute (I work from home)
- 15 minutes
- 30 minutes
- 45 minutes
- More than 45 minutes
- N/A

2. YOUR PERSONAL HEALTH AND HEALTH CARE

The next questions ask you about your personal health and your opinions about the quality and availability of health care in the community where you live.

17. About how often do you eat at a FAST FOOD restaurant?

- Every day
- A few times a week
- A few times a month
- Less than a few times a month
- Never

18. About how often do you eat at a SIT DOWN restaurant?

- Every day
- A few times a week
- A few times a month
- Less than a few times a month
- Never

19. About how often do you prepare meals AT HOME?

- Every day
- A few times a week
- A few times a month
- Less than a few times a month
- Never

20. If there was a time in the PAST 12 MONTHS when you needed MEDICAL care but DID NOT get the care you needed, what were the BARRIERS? (CHECK ALL THAT APPLY).

- Can't afford health insurance
- Don't know where to go
- Don't have transportation
- Couldn't get an appointment fast enough
- Don't have insurance
- No
- Don't have a doctor
- Other (specify):

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21. If there was a time in the PAST 12 MONTHS when you needed DENTAL care but DID NOT get the care you needed, what were the BARRIERS? (CHECK ALL THAT APPLY).

- Cost/didn't have enough
- Didn't know where to go
- Didn't have transportation
- Couldn't get an appointment
- Didn't have insurance
- N/A
- Didn't have a dentist
- Other (please specify)

22. How do you pay for your MEDICAL care?

- I pay cash/don't have health insurance
- Veterans Administration
- Medicare or Medicare HMO
- TRICARE
- Medicaid or Medicaid HMO
- Indian Health Services
- Commercial health insurance (private insurance, HMO, PPO)
- Florida KidCare/Children's Health Insurance Program (CHIP)
- Other (please specify)

23. How do you pay for your DENTAL care?

- I pay cash/don't have health insurance
- Veterans Administration
- Commercial health insurance (private)
- TRICARE
- Medicare or Medicare HMO
- Indian Health Services
- Medicaid or Medicaid HMO
- Florida KidCare/Children's Health Insurance Program (CHIP)
- Commercial health insurance (private insurance, HMO, PPO)
- Other (please specify)

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74. If you do not have health insurance, what is the barrier?

- Not health insurance
- Cannot afford insurance
- Employer does not pay for insurance
- Not eligible for employer-paid insurance
- Do not need insurance
- Other (please specify):

- Do not have income for
- Disqualified with previous insurance plan or provider
- Lack of ability to afford insurance
- Not sure

75. Within the last 12 MONTHS:

	Yes	No	Don't know/sure
Has the utility company ever called you to ask for not paying your bill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utility company has ever because there wasn't enough money for food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you worry if your food would run out because you got money to buy more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you worry about not being able to make the monthly payments on your credit cards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you worry about not being able to pay your mortgage, rent, or other housing costs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you worry if you might lose your job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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26. Thinking about your life as the moment, how often do you:

	Never or almost never	Daily or less than 1 time per month	Sometimes (1-3 times per month)	Frequently (more than 3 times per month)	Often (every day or almost every day)
meet socially with friends, family, or work colleagues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
get involved in work for volunteers or other public organizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
spend your leisure time away from home in the community or public squares and parks or other public places?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. To what extent do you agree or disagree with each of the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree
I have (as possible) with a transitional care team or get help when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a positive view about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a sense of responsibility to improve the health of my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When things go wrong in my life, I take time to try to get back on track.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I generally feel that what I do in my life is worthwhile.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My religious or spiritual beliefs influence my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Over the last week, how many days have you:

	None	Sometimes (1-2 days per week)	Often (2-3 days per week)	Frequently (more than 3 times per week)	Often (every day or a most days)
felt stressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had little interest or pleasure in doing things you usually enjoy doing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
felt tired or had little energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had trouble sleeping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Community Health

The next questions ask about what you think about the community in which you live.

29. Overall how would you rate the health of the community where you live?

- | | |
|--|------------------------------------|
| <input type="radio"/> Very unhealthy | <input type="radio"/> Healthy |
| <input type="radio"/> Unhealthy | <input type="radio"/> Very healthy |
| <input type="radio"/> Somewhat healthy | <input type="radio"/> Not sure |

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30. Below are some statements about your local community. You may agree with some and disagree with others. Please tell us how much you agree or disagree with each statement.

	Strongly Agree	Somewhat Agree	Neutral/Disagree	Somewhat Disagree	Strongly Disagree
Drug abuse is a problem in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no problem getting the health care services I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have great parks and recreational facilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transportation is readily available when I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are plenty of jobs available for those who can find them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime in my community is a serious problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air pollution is a problem in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my own neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are a number of drug stores in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of health care in my neighborhood is good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are good outdoor swimming pools.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to get healthy food locally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to see more recycling waste in my area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our lakes, beaches and rivers are clean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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51. In the following list what do you think are the FIVE MOST IMPORTANT factors that define the quality of life in a community? (CHECK ONLY ONE CHOICE IN EACH COLUMN).

	1	2	3	4	5
Access to health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Art and cultural events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good jobs and healthy wages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good public transit system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low seat belt and drunk driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High quality of life values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to quality education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality recreational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. In the following list what do you think are the FIVE MOST IMPORTANT factors that define the quality of life in a community? (CHECK ONLY ONE CHOICE IN EACH COLUMN).

	1	2	3	4	5
Good public transit system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good public transit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low crime and neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low level of crime and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excellent doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low crime and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strong family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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* 33. In the following list, what do you think are the FIVE MOST IMPORTANT "health risks" in your community? (CHECK ONLY ONE CHOICE IN EACH COLUMN).

	1	2	3	4	5
Drug and alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food eating habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not getting enough "shots" (immunizations, vaccinations) to prevent diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco use/smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not using seat belts/child safety seats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not getting their name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes/pre-diab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 34. In the following list, what do you think are the FIVE MOST IMPORTANT "health risks" in your community? (CHECK ONLY ONE CHOICE IN EACH COLUMN).

	1	2	3	4	5
Alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not using birth control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsafe sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unhealthy diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Term of selflessness Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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35. When thinking about retail stores (local convenience stores, gasoline service stations, grocery stores, or pharmacies) you visit, how often do you:

	Never	Hardly ever	Sometimes	Often
See advertisements for alcoholic products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See advertisements for alcohol products (beer, wine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See alcohol products displayed near the check-out counter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See alcohol products displayed near the check-out counter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See surgery demonstrations or product displays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See advertisements for surgery devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See mesh (Uterine apical and/or midline uterine mesh)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (Please specify):

36. Please provide your opinion on the following statements when thinking about breastfeeding in your community. Please tell us how much you agree or disagree with each statement.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No. Resp.
There are milk banks or milk banks that feed low-income and/or PWN babies, such as the Wagon Wheel, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are milk banks that feed low-income babies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mothers have the right to breastfeed in public places.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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57. Please provide your opinion on the following statements when thinking about mental health in your community. Please tell us how much you agree or disagree with each statement.

	Strongly Agree	Somewhat Agree	Neutral/Disagree	Strongly Disagree	No Data
Anyone can have a mental health problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would not be surprised to let anyone that has a mental health problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone with a mental health problem should have the same rights as anyone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would not want to be involved in someone with a mental health problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I thought that I had a mental health problem, could I know how to get help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. In the last 5 years, do you believe you have experienced discrimination (been prevented from doing something, been harassed, or made to feel inferior) in any of the following situations because of your race, ethnicity, or skin color?

	Never or almost never	Hardly ever (once or twice)	Sometimes (3-4 times)	Frequently (more than 4 times)
Attending school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting hired or getting a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting a loan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting medical care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting dental care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting services in a store or business?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting used to laws, rules, or a mortgage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting along in a public facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting along in a public place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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39. Below are some statements about your local community. You may agree with some and disagree with others. Please tell us how much you agree or disagree with each statement.

	Strongly Agree	Somewhat Agree	Neutral/Disagree	Somewhat Disagree	Not Sure
Peer health is inevitable in this age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As older persons age, memory age-related declines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A person's ability to walk and get around declines as they age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As people age, they get slower.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As people age, they get slower.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As people age, they get slower.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As people age, they get slower.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As people age, they get slower.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As people age, they get slower.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As people age, they get slower.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. Based on what you have seen or experienced, do you think older workers face discrimination in the workplace based on AGE?

Yes

No

Not Sure

41. At what age do you think older workers begin to face age discrimination?

40s

50s

60s

70 or older

Not Sure

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42. Do you believe you have experienced any of the following at work after the age of 40?

	Yes	No	Not Sure
Pushed up for a promotion or a chance to get a raise because of your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushed out or passed over for a promotion because of your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being given a bad review or a bad grade because of your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being passed over for training or professional development opportunities because of your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being treated as a "baby" because of your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being treated as a "child" because of your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix F: Forces of Change Assessment

Forces of Change Brainstorming Worksheet

The following two-page worksheet is designed for MAPP Committee members to use in preparing for the Forces of Change brainstorming session.

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included?

Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

How To Identify Forces of Change

Think about forces of change – outside of your control – that affect the local public health system or community.

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

Also, consider whether forces identified were unearthed in previous discussions.

1. Was the MAPP process spurred by a specific event such as changes in funding or new trends in public health service delivery?
2. Did discussions during the Local Public Health System Assessment reveal changes in organizational activities that were the result of external trends?
3. Did brainstorming discussions during the Visioning or Community Themes and Strengths phases touch upon changes and trends occurring in the community?

Forces of Change Brainstorming Worksheet

Using the information from the previous page, list all brainstormed forces, including factors, events, and trends. Continue onto another page if needed. Bring the completed worksheet to the brainstorming session.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Appendix G: Local Public Health System Assessment Survey



2020 Local Public Health System Assessment
National Public Health Performance Standards

ESSENTIAL SERVICE 1:

Monitor Health Status to Identify Community Health Problems

* 1. Name

* 2. Please identify the type of agency you represent.

3. Title

* 4. Email Address

5. 1.1 Model Standard: Population-Based Community Health Assessment (CHA)

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- No Activity (0%) or absolutely no activity
- Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
1.1.1 Conduct regular community health assessments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1.2 Continuously update the community health assessment with current information?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1.3 Promote the use of the community health assessment among community members and partners?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.1.4 Conduct a community health assessment that includes indicators intended to monitor differences in health and wellness across populations, according to race, ethnicity, age, income, immigration status, sexual identity, education, gender, and neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard	<input type="text"/>					

6. 1.2 Model Standard: Current Technology to Manage and Communicate Population Health Data

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%) or absolutely no activity
- o Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
1.2.1 Use the best available technology and methods to display data on the public's health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.2.2 Analyze health data, including geographic information, to see where health problems exist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.2.3 Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

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ESSENTIAL SERVICE 2:

Diagnose and Investigate Health Problems and Health Hazards

7. 2.1 Model Standard: Identification and Surveillance of Health Threats

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%) or absolutely no activity
- o Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
2.1.1 Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
2.1.8 Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems and professional expertise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard						
<input type="text"/>						

2.2 Model Standard: Investigation and Response to Public Health Threats and Emergencies
 For each of the following questions, please rank the level our local public health system performs using the following criteria:

- No Activity (0%); absolutely no activity
- Minimal Activity (1-25%); greater than zero but no more than 25% of the activity described within the question is met
- Moderate Activity (25-50%); greater than 25% but no more than 50% of the activity described within the question is met
- Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
2.2.1 Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
2.2.3. Designate a Jurisdictional Emergency Response Coordinator?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2.4. Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2.5. Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2.6. Evaluate incidents for effectiveness and opportunities for improvement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard	<input type="text"/>					

9. 2.3 Model Standard: Laboratory Support for Investigation of Health Threats

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
2.3.1 Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3.3 Use only licensed or credentialed laboratories?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3.4 Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard	<input type="text"/>					

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ESSENTIAL SERVICE 3:

Inform, Educate, and Empower People about Health Issues

10. 3.1 Model Standard: Health Education and Promotion

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- No Activity (0%) or absolutely no activity
- Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
2.1.1 Provide policymakers, stakeholders, and the public with ongoing analysis of community health status and related recommendations for health promotion policies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.1.2 Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.1.3 Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
3.1.4 Provide the general public, policymakers, and the public and private stakeholders with information about health inequities and the impact of government and private sector decision-making on historically marginalized communities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard	<input type="text"/>					

11. 3.2 Model Standard: Health Communication

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- No Activity (0%): absolutely no activity
- Minimal Activity (1-25%): greater than zero but no more than 25% of the activity described within the question is met
- Moderate Activity (26-50%): greater than 25% but no more than 50% of the activity described within the question is met
- Significant Activity (51%-75%): greater than 50% but no more than 75% of the activity described within the question is met
- Optimal Activity (76-100%): greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
3.2.1 Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.2.2 Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
3.2.3 Identify and train spokespersons on public health issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.2.4 Provide information about community health status (e.g., heart disease rates, cancer rates, and environmental risks) and community health needs in the context of health equity and social justice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard	<input type="text"/>					

12. 3.3 Model Standard: Risk Communication

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%) or absolutely no activity
- o Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
3.2.1 Develop an emergency communication plan for each stage of an emergency to allow for the effective dissemination of information?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.2.2 Make sure resources are available for a rapid emergency communication response?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.2.3 Provide risk communication training for employees and volunteers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard	<input type="text"/>					

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ESSENTIAL SERVICE 4:

Mobilize Community Partnerships to Identify and Solve Health Problems

13. 4.1 Model Standard: Constituency Development

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%) or absolutely no activity
- o Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
4.1.1 Maintain a complete and current directory of community organizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.1.3 Encourage constituents to participate in activities to improve community health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.1.4 Create forums for communication of public health issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
4.1.5 Provide institutional means for community-based organizations and individual members to participate fully in decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

14. 4.2 Model Standard: Community Partnerships

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%): or absolutely no activity
- o Minimal Activity (1-25%): or greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%): greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%): greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%): greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
4.1.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.1.2 Establish a broad-based community health improvement committee?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.1.3 Assess how well community partnerships and strategic alliances are working to improve community health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.1.4 Provide community members with access to community health data?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

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ESSENTIAL SERVICE 5:

Develop Policies and Plans that Support Individual and Community Health Efforts

15. 5.1 Model Standard: Governmental Presence at the Local Level

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- No Activity (0%) or absolutely no activity
- Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- Moderate Activity (25-50%); greater than 25% but no more than 50% of the activity described within the question is met
- Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
5.1.1 Support the work of a local health department dedicated to public health and ensuring the essential public health services are provided?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.1.2 See that the local health department is accredited through the national voluntary accreditation program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.1.3 Assure that the local health department has enough resources to do its part in providing essential public health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

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16. 5.2 Model Standard: Public Health Policy Development

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%) or absolutely no activity
- o Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2.2 Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2.3 Review existing policies at least every three to five years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2.4 Ensure that community-based organizations and individual community members have substantive role in deciding what policies, procedures, rules and practices govern community health efforts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard	<input type="text"/>					

17. 5.3 Model Standard: Community Health Improvement Process and Strategic Planning

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%) or absolutely no activity
- o Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
5.3.1 Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3.3 Connect organizational strategic plans with the Community Health Improvement Plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

18. 5.4 Model Standard: Plan for Public Health Emergencies

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%) or absolutely no activity
- o Minimal Activity (1-25%); greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
5.4.1 Support a workgroup to develop and maintain preparedness and response plans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.4.2 Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

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ESSENTIAL SERVICE 6:

Enforce Laws and Regulations that Protect Health and Ensure Safety

19. 6.1 Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%) or absolutely no activity
- o Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.1.2 Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
6.1.3 Review existing public health laws, regulations, and ordinances at least once every five years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.1.5 Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard						
<input type="text"/>						

20. 6.2 Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%) or absolutely no activity
- o Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2.2 Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

21. 5.3 Model Standard: Enforcement of Laws, Regulations, and Ordinances

For each of the following questions, please rank the level our local public health system performs using the following criteria:

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3.2 Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3.3 Assure that all enforcement activities related to public health codes are done within the law?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3.4 Educate individuals and organizations about relevant laws, regulations, and ordinances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3.5 Evaluate how well local organizations comply with public health laws?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
6.3.5 Identify local public health issues that have a disproportionate impact on historically marginalized communities (that are not adequately addressed through existing laws, regulations, and ordinances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

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ESSENTIAL SERVICE 7:

Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

22. 7.1 Model Standard: Identification of Personal Health Service Needs of Populations

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- No Activity (0%) or absolutely no activity
- Minimal Activity (1-25%); greater than zero but no more than 25% of the activity described within the question is met
- Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	N/A
7.1.1 Identify groups of people in the community who have trouble accessing or connecting to personal health services based on factors such as age, education level, income, language barriers, vision or hearing, disability, mental illness, access to insurance, social situation and gender identity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.1.2 Identify all personal health service needs and unmet needs throughout the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.1.3 Define our own roles and responsibilities to respond to the unmet needs of the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.1.4 Understand the reasons that people do not get the care they need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

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23. 7.2 Model Standard: Assuring the Linkage of People to Personal Health Services

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%) or absolutely no activity
- o Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
7.2.1 Connect (or link) people to organizations that can provide the personal health services they may need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.2.2 Help people access personal health services, in a way that takes into account the unique needs of different populations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.2.3 Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.2.4 Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

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ESSENTIAL SERVICE 8:

Assure a Competent Public and Personal Health Care Workforce

24. 8.1 Model Standard: Workforce Assessment, Planning, and Development

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- No Activity (0%): absolutely no activity
- Minimal Activity (1-25%): greater than zero but no more than 25% of the activity described within the question is met
- Moderate Activity (26-50%): greater than 25% but no more than 50% of the activity described within the question is met
- Significant Activity (51%-75%): greater than 50% but no more than 75% of the activity described within the question is met
- Optimal Activity (76-100%): greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
8.1.1 Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.1.2 Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.1.3 Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

25. 8.2 Model Standard: Public Health Workforce Standards

For each of the following questions, please rank the level our local public health system performs using the following criteria:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
8.2.1 Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.2.2 Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.2.4 Recruit and train staff members from multidisciplinary backgrounds that are committed to achieving health equity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.2.5 Recruit and train staff members from multidisciplinary backgrounds that are committed to achieving health equity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

26. 8.3 Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%) or absolutely no activity
- o Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
B.3.1 Identify education and training needs and encourage the workforce to participate in available education and training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.3.2 Provide ways for workers to develop core skills related to essential public health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.3.4 Create and support collaborations between organizations within the public health system for training and education?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.3.5 Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

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27. 8.4 Model Standard: Public Health Leadership Development

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- No Activity (0%) or absolutely no activity
- Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
8.4.1 Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.4.2 Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.4.4 Provide opportunities for the development of leaders representative of the diversity within the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard						
<input style="width: 100%; height: 20px;" type="text"/>						

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ESSENTIAL SERVICE 9:

Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

29. 9.1 Model Standard: Evaluation of Population-Based Health Services

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- No Activity (0%) or absolutely no activity
- Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
9.1.1 Evaluate how well population-based health services are working, including whether the goals set for programs were achieved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.1.2 Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.1.3 Identify gaps in the provision of population-based health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.1.4 Use evaluation findings to improve plans and services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.1.5 Monitor the delivery of the Essential Public Health Services to ensure that they are equitably distributed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

29.9.2 Model Standard: Evaluation of Personal Health Services

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%) or absolutely no activity
- o Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
Q.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q.2.2 Compare the quality of personal health services to established guidelines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q.2.3 Measure satisfaction with personal health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q.2.4 Use technology, like the internet or electronic health records, to improve quality of care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q.2.5 Use evaluation findings to improve services and program delivery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Standard

3D. 9.3 Model Standard: Evaluation of the Local Public Health System

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%) or absolutely no activity
- o Minimal Activity (1-25%); greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
9.3.1 Identify all public, private, and voluntary organizations that provide essential public health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3.2 Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3.3 Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3.4 Use results from the evaluation process to improve the LPHS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard	<input type="text"/>					

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ESSENTIAL SERVICE 10:

Research for New Insights and Innovative Solutions to Health Problems

31. 10.1 Model Standard: Fostering Innovation

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%) or absolutely no activity
- o Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
10.1.1 Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that do research?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
10.1.3 Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.1.5 Encourage staff, research organizations, and community members to explore the root causes of health inequity, including solutions based on research identifying the health impact of structural racism, gender and class inequity, social exclusion, and power differentials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.1.6 Share information and strategize with other organizations invested in eliminating health inequity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard	<input type="text"/>					

32. 10.2 Model Standard: Linkage with Institutions of Higher Learning and/or Research

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%) or absolutely no activity
- o Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
10.2.1 Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.2.2 Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.2.3 Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard	<input type="text"/>					

Appendix

33. 10.3 Model Standard: Capacity to Initiate or Participate in Research

For each of the following questions, please rank the level our local public health system performs using the following criteria:

- o No Activity (0%) or absolutely no activity
- o Minimal Activity (1-25%) or greater than zero but no more than 25% of the activity described within the question is met
- o Moderate Activity (26-50%); greater than 25% but no more than 50% of the activity described within the question is met
- o Significant Activity (51%-75%); greater than 50% but no more than 75% of the activity described within the question is met
- o Optimal Activity (76-100%); greater than 75% of the activity described within the question is met

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity	Don't Know
10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3.3 Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments on Standard	<input type="text"/>					

Appendix H: Community Assets and Resources

St Lucie County is fortunate to have a collaborative view of coordination among the local service providers. This perspective was reiterated throughout the Community Health Assessment and provides the community with a solid foundation in addressing the complex needs faced by residents as they strive for health and wellness.

Below are assets and resources that provide support for community health in the areas of information and referral, education, training and employment; medical and behavior health care; substance abuse treatment and prevention; transportation, older adults; children; financial assistance; food insecurity; healthy eating; community organizing; advocacy; and more . The list is not inclusive of all organizations, programs and services available.

Table 138. Community Assets and Resources

Name	Link
211 Treasure Coast	https://211palmbeach.org/
AARP Senior Community Service Employment Program	
Advocates and Guardians for the Elderly and Disabled	Advocates & Guardians for the Elderly & Disabled (trustaged.org)
Aging and Disability Resource Center (Area Agency on Aging)	https://www.youragingresourcecenter.org/elder-helpline
ALPI	www.alpi.org
Alzheimer and Parkinson's Association	www.tcremembers.com
Alzheimer's Association	https://www.alz.org/seflorida
Alzheimer's Community Care	https://www.alzcare.org/
ARC of St. Lucie	http://arcofstlucie.org/
Big Brothers Big Sisters	https://bbbsbig.org/
Boys and Girls Club	https://bgcofslc.org/
Bureau of Consumer Protection Federal Trade Commission (ftc.gov)	https://www.ftc.gov/about-ftc/bureaus-offices/bureau-consumer-protection
Career Source Research Coast	www.caresourcerc.org
CareNet	https://carenettc.com/
Children's Home Society	https://www.chsfl.org/locations/treasure-coast/
Children's Medical Service	http://www.cms-kids.com/
Children's Service Council	https://www.cscslc.org/
Chrysalis Health	https://www.chrysalishealth.com/

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Name	Link
Cleveland Clinic Martin Health	https://www.martinhealth.org/
Coalition for Independent Living Options	www.cilo.org
Community Foundation Martin St. Lucie	https://www.thecommunityfoundationmartinstlucie.org/
Community Transit	www.Slcride.org
Council of Social Agencies	www.cosasl.org
Council on Aging of St. Lucie	http://www.coasl.com/
Department of Children and Families	www.myflfamilies.gov
Diabetes Coalition	
Drug Free St. Lucie Coalition	www.facebook.com/drugfreestlucie
Early Learning Coalition	https://www.elcslc.org/
Families of the Treasure Coast	https://www.familiesofthetreasurecoast.org/
Florida Atlantic University	https://www.fau.edu/
Florida Community Health Center	https://www.fhcinc.org/
Florida Department of Health in St Lucie	http://stlucie.floridahealth.gov/
Florida Rural Legal Services	www.frls.org
Floridians Fighting Falls	www.fightingfalls.org
Fort Pierce Housing Authority	http://www.hacfp.org/
Fort Pierce Parks and Recreation	https://cityoffortpierce.com/241/Recreational-Services
Grace Way Village	https://www.gracewayvillage.com/
Guardians for New Futures	https://www.gfnf4kids.org/
Habitat for Humanity	https://stluciehabitat.org/
HANDS Clinic	https://www.handsofslc.org/
Healthy St Lucie	http://healthystlucie.org/about-healthy-st-lucie/
Healthy Start	https://www.kidsconnectedbydesign.org/healthy-start/
Henderson Behavioral Health	https://www.hendersonbh.org/
Ignite Youth Alliance	www.roundtableslc.com/p/45/ignite-youth-alliance
Impact 100	https://www.thecommunityfoundationmartinstlucie.org/impact100sl/
In the Image of Christ	https://intheimageofchrist.org/
Indian River State College	https://www.irsc.edu/
Inner Truth Project	https://innertruthproject.org/
Keiser University	https://www.keiseruniversity.edu/port-st-lucie/

Name	Link
Lawnwood Regional Medical Center	https://lawnwoodmed.com/
LifeBuilders of the Treasure Coast	www.lifebuilderstc.com
Lincoln Park Advisory Council	https://afmfl.org/index.php/common-good-initiative/lincoln-park-council-for-the-common-good/
Lincoln Park Common Good Initiative	https://afmfl.org/index.php/common-good-initiative/
Mustard Seed Ministries	https://www.mustardseedslc.org/
Port St. Lucie Hospital	https://www.portstluciehospitalinc.com/
Port St. Lucie Medical Center	https://stlucimed.com/
Port St. Lucie Parks and Recreation	https://www.cityofpsl.com/government/departments/parks-recreation
Public Defender Offender Re-Entry Program	http://www.pd19.org/offender-re-entry-program.html
Roundtable	http://www.roundtableslc.com/
Safe Space	https://safespacefl.org/
Salvation Army	https://salvationarmyflorida.org/martincounty/
Sarah's Kitchen	https://sarahskitchen.org/
Southeast Florida Behavioral Health	www.sebhn.org
St Lucie Public Schools	https://www.stlucie.k12.fl.us/
St. Lucie County Parks and Recreation	https://www.stlucieco.gov/departments-services/a-z/parks-recreation-and-facilities-department
State Attorney - Victim's Services Division	http://www.sao19.org/index.php/victim-services/
Students Working Against Tobacco	http://www.swatflorida.com/
Suncoast Mental Health	https://suncoastmentalhealth.org/
Teen Choices and Teen Zone	http://stlucie.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/teen-zone/index.html
Tobacco Free Partnership	https://tobaccofreeflorida.com/county/st-lucie/
Transportation and Planning Organization	http://www.stlucietpo.org/
Treasure Coast Advocates for Seniors	www.tcadvocates.org
Treasure Coast Food Bank	https://stophunger.org/
Treasure Coast Homeless Services Council	www.tchelpspot.org
Tykes and Teens	https://www.tykesandteens.org/
United Against Poverty	https://upslc.org/
United Way	https://www.unitedwayslc.org/

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Name	Link
University of Florida - Institute of Food and Agricultural Sciences - Extension	https://sfyl.ifas.ufl.edu/
Villa Seton	www.villasetonapartments.com
Whole Family Health Center	https://www.wfhcfl.org/
WIC	http://stlucie.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/wic/index.html
Worksite Wellbeing Council	www.facebook.com/wwctcpb

Appendix I: Health Improvement Planning Steering Committee

Angela Aulizio	Cleveland Clinic Martin Health
Bridget Lane	UF IFAS Extension, Family Nutrition Program
Caleta Scott	City of Fort Pierce
Catherine Register	Florida Department of Health- Children's Medical Service
Clint Sperber	Florida Department of Health- St. Lucie
Colleen Walts	211 HelpLine
Dallas Spruill	Florida Department of Health - St. Lucie
Dorothy Oppenheiser	Tykes and Teens, Inc.
Edgar Morales	Florida Department of Health - St. Lucie
Emily Hahn	Florida Department of Health - St. Lucie
Esteban Mendez	Florida Department of Health - St. Lucie
Greg Smith	Mustard Seed Ministries
Jennifer Harris	Florida Department of Health - St. Lucie
Jenny Buntin	UF IFAS Extension, Family Nutrition Program
Jessica Parrish	United Way of St. Lucie County
Jim Dwyer	Children's Services Council
Juliana Langille	Roundtable of St. Lucie County
Kendra Auberry	Indian River State College
Kylie Fink	Chrysalis Health
Laureen Sihombing	Florida Department of Health - St. Lucie
Lorrene Egan	Communities Connected for Kids
Macresia Braziel	Delta Sigma Theta Sorority
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Maureen McCarthy	Area Agency on Aging of Palm Beach/Treasure Coast, Inc.
Nancy Yarnall	Area Agency on Aging of Palm Beach/Treasure Coast, Inc.
Patricia Follano	Florida Department of Health- Children's Medical Service
Rashimah Birks	Whole Family Whole Child
Sheree Wolliston	American Heart Association
Sherry Siegfried	Treasure Coast Food Bank
Sonya Gabriel	Florida Department of Health - St. Lucie
Stefanie Myers	Florida Department of Health - St. Lucie
Teresa Bishop	Roundtable of St. Lucie County
Tonya Andreacchio	Children's Services Council



ST. LUCIE COUNTY
COMMUNITY HEALTH IMPROVEMENT PLAN
2021-2026

Released January 2021

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Executive Summary

The Florida Department of Health in St. Lucie County (FDOH-SLC) initiated a new community health improvement process in 2019. Local public health system partners joined forces to develop the 2021-2025 St. Lucie County Health Improvement Plan (CHIP). A CHIP is a strategic plan to address public health priorities in a community and defines how the system partners will work together to improve the health of St. Lucie County. Critical system partners invited to participate in the development of St. Lucie County's CHIP included local hospitals and healthcare organizations, local government, community-based organizations, faith-based organizations, social service organizations, and educational institutions.

Utilizing the National Association of City and County Health Officials' (NACCHO) Mobilizing for Action Through Planning and Partnerships (MAPP) framework, partners engaged in a comprehensive community health assessment (CHA). The findings from the CHA were reviewed, analyzed, and synthesized to inform the development of St. Lucie County's CHIP. Strategic health priorities were selected based on their impact on health outcomes and reduction in disparities. Through this process, the following strategic priority areas were selected for the St. Lucie County CHIP:

- Chronic Diseases and Conditions
- Access to Care
- Mental Health and Substance Abuse
- Health Equity

Following the selection of strategic health priorities, steering committee partners developed goals, objectives, strategies, and key activities that will be crucial for improving health in St. Lucie County. St. Lucie County's CHIP is reviewed and revised regularly with input by both community partners and residents, as well as, FDOH-St. Lucie's Performance Management Council (PMC). Monitoring the implementation of the CHIP occurs in monthly Healthy St. Lucie Coalition meetings and quarterly meetings with FDOH-St. Lucie's PMC. In addition to the regularly scheduled review meetings, stakeholders also meet annually to review and revise the CHIP and discuss next steps for the upcoming year.

The CHA and the CHIP are community-driven processes. As a member of the community, we welcome your feedback and collaboration to achieve the goals established in St. Lucie County's CHIP. For more information or to become involved, visit the Florida Department of Health in St. Lucie County at <http://stlucie.floridahealth.gov/>.

Acknowledgements

The Florida Department of Health in St. Lucie County (FDOH-SLC) would like to extend our sincere appreciation and gratitude to the diverse community members who contributed to this comprehensive body of work. Community collaboration and partnership are essential to both the Community Health Assessment and the Community Health Improvement Plan. Participation from a broad spectrum of community partners is paramount when identifying health priorities and developing a comprehensive, community-wide plan to address them.

Participating Organizations

211 Treasure Coast	Lincoln Park Common Good Initiative
American Cancer Society	Magellan Health
American Heart Association	Miracle Works
Children's Home Society	Mustard Seed Ministries
Children's Medical Service	New Horizons of the Treasure Coast
Children's Services Council	New Life Church
Chrysalis Health	Roundtable
City of Fort Pierce	SafeSpace
City of Port St. Lucie	Salvation Army
Cleveland Clinic Martin Health	SequelCare of Florida
Common Good Lincoln Park Advisory Council	South East Florida Behavioral Health Network
Community Member	St. Lucie County BOCC Human Resources
Cornerstone Christian Church	St. Lucie County Sheriff's Office
Council on Aging	St. Lucie Fire District
Department of Juvenile Justice	St. Lucie Medical Center
Florida Blue	St. Lucie Public Schools
Florida Community Health Centers	Suncoast Mental Health Center
Florida Department of Health in St. Lucie County	Transportation Planning Organization
Fort Pierce Police Department	Treasure Coast Hospice
Grace Way Village	UF IFAS Extension
Health Council of Southeast Florida	United Against Poverty
Healthy Start	United Way of St. Lucie County
Indian River State College	Whole Family Health Center
Lawnwood Regional Medical Center	
Liehem EL	

St. Lucie County Health Improvement Plan Steering Committee Members

Angela Aulisio	Cleveland Clinic Martin Health
Bridget Lane	UF IFAS Extension, Family Nutrition Program
Caleta Scott	City of Fort Pierce
Catherin Register	Florida Department of Health - Children's Medical Service
Clint Sperber	Florida Department of Health - St. Lucie
Colleen Walts	211 HelpLine of the Treasure Coast
Dallas Spruill	Florida Department of Health - St. Lucie
Dorothy Oppenheiser	Tykes and Teens, Inc.
Edgar Morales	Florida Department of Health - St. Lucie
Emily Hahn	Florida Department of Health - St. Lucie
Esteban Mendez	Florida Department of Health - St. Lucie
Greg Smith	Mustard Seed Ministries
Jennifer Harris	Florida Department of Health - St. Lucie
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Jessica Parrish	United Way of St. Lucie County
Jim Dwyer	Children's Service Council
Juliana Langille	Roundtable of St. Lucie County - Drug Free St. Lucie County
Kendra Auberry	Indian River State College
Kylie Fink	Chrysalis Health
Laureen Sihombing	Florida Department of Health - St. Lucie
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Stefanie Myers	Florida Department of Health - St. Lucie
Teresa Bishop	Roundtable of St. Lucie County
Tonya Andreacchio	Children's Service Council

Methods – MAPP Process Overview

St. Lucie County selected the Mobilizing for Action through Planning and Partnerships (MAPP) process for community planning. MAPP is a nationally recognized model and best practice for completing needs assessments and improvement plans. The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office at the Centers for Disease Control and Prevention (CDC). NACCHO and the CDC's vision for implementing MAPP is "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."



The MAPP process consists of 6 phases outlined below:

Phase 1: Organize for Success/Partnership Development

- Lead organizations begin planning the MAPP process and enlisting other community organizations to participate in the process.

Phase 2: Visioning

- The community develops a shared vision for St. Lucie County and common values to determine an ideal end point for the MAPP process.

Phase 3: The Four MAPP Assessment

1. *Forces of Change Assessment*: The impact of forces, such as legislation and technology, that affect the context of the community are evaluated.
2. *Local Public Health System Assessment*: Comprehensively examines organizations from across multiple sectors and their contribution to the public's health.
3. *Community Themes and Strengths Assessment*: Examines health issues St. Lucie County residents feel are important and the assets the community possesses to address those issues.
4. *Community Health Status Assessment*: Investigates health outcomes and quality of life at a detailed level. Health issues are identified and highlighted by gathering data for a variety of indicators and analyzing differences across time periods, among population subgroups, or with peer, state, or national data.

Phase 4: Identify Strategic Issues

- This phase takes data from all four assessments and identifies the most critical issues that must be addressed for St. Lucie County to achieve its vision.

Phase 5: Formulating Goals and Strategies

- After identifying a list of strategic issues, broader goals addressing these issues are created and specific strategies to meet these goals are developed.

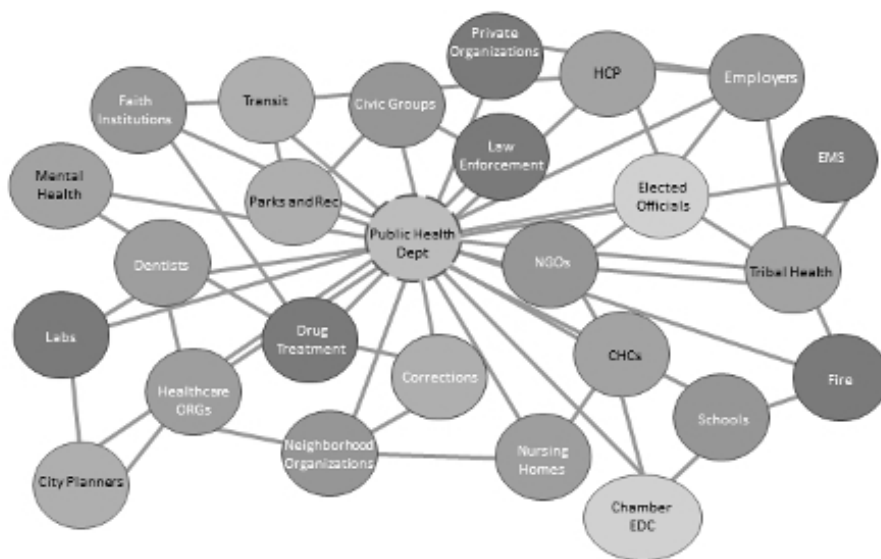
Phase 6: Action Cycle

- Strategies are planned, implemented, and evaluated in a continuous cycle which celebrates successes and adapts to new challenges.

Phase 1: Organize for Success/Partnership Development

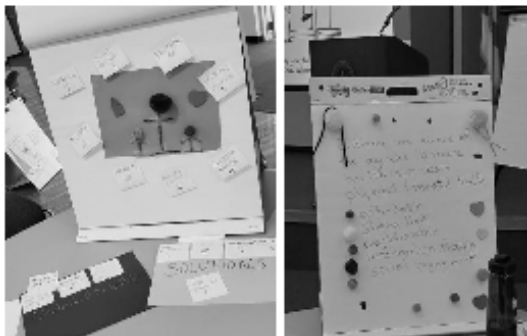
The first phase of the MAPP process involves building commitment among partners, engaging and educating participant, setting the stage for sustained commitment, and planning for success. Creating an effective CHIP requires participation and commitment from local public health system partners. Sectors invited to participate in the development of St. Lucie County's CHIP included local hospitals and healthcare organizations, local government, community-based organizations, faith-based organizations, social service organizations, and educational institutions. For a complete list of organizations involved in the planning process, please refer to the "Acknowledgements" section on page of this document.

Local Public Health System




Phase 2: Visioning

One of the first steps in this collaborative process was the development of a shared vision for a healthier St. Lucie County. A community's vision statement provides direction and focus for the community health improvement planning process. In a July 2019 meeting, 85 attendees representing 44 unique organizations and 3 community members met to establish a vision and core values for the MAPP process. The kick-off event was promoted during Healthy St. Lucie Coalition meetings, on social media sites, and FDOH-SLC sent out a press release.



COMMUNITY HEALTH PLANNING PROCESS



VISION

A Healthy St. Lucie is a community where we all come together to empower everyone to improve their health and well-being.

COMMUNITY VALUES

COLLABORATION

Everyone works together to identify and provide all services the community needs.

INTEGRITY

There is a clear alignment between what providers and community members think, say, and do from the beginning of their service through follow-up.

COMPASSION

Community members are served in a respectful, non-judgmental, and dignified manner, with an understanding of how life experiences impact health and well-being.

CULTURAL COMPETENCY

We actively work to understand different aspects of the culture in St. Lucie and provide services that are understanding of and promote those differences.

INCLUSIVITY

Services will be available, accessible, affordable, and equitable for everyone.

HONESTY

Providers and community members are transparent and open with each other regarding their health and well-being.

www.floridathreatslucie.org

Phase 3: The Four MAPP Assessments

Community Health Status Assessment

The Community Health Status Assessment (CHSA) provides quantitative data on health status, quality of life, and risk factors. This assessment answers the following questions:

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

The results of the CHSA provided the MAPP Steering Committee with a comprehensive view of the County's health status and was used to identify challenges and opportunities for improvement. The CHSA examined core indicators, including demographic and socioeconomic characteristics, health resource availability, behavioral risk factors, behavioral health, maternal and child health, and communicable diseases. The CHSA identified the following top health priorities for St. Lucie County: 1) Weight, physical activity, and diet; 2) Behavioral health; 3) Substance Abuse; 4) Poverty; 5) Chronic Diseases/Conditions; 6) Access to Healthcare; and 6) Housing. CHSA indicators are updated and reviewed regularly and used to inform health improvement planning.

Forces of Change Assessment (FOCA)

The FOCA is a tool that assists a community in identifying trends, factors, and events that could affect the health of residents in the next two to three years.

- Trends are patterns over time such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- Events are one-time occurrences such as a hospital closure, a natural disaster, or the passage of new legislation.

NACCHO's MAPP planning manual was used to design the FOCA. Gathering input for the FOCA was completed in a series of regular meetings with the Healthy St. Lucie Coalition, a group of over 30 community leaders and partners who collaborate with the Florida Department of Health in St. Lucie County (FDOH-SLC) to implement the Community Health Improvement Plan. The meetings were facilitated and sponsored by FDOH-SLC.

A kickoff meeting was held on October 10th, 2019. Members were oriented to the FOCA and introduced to a brainstorming worksheet. Members completed the worksheet individually and then discussed their ideas in small groups. A small group spokesperson then shared the combined ideas with the larger group. A summary of the findings was compiled and presented during the next meeting.

At November 14th, 2019 and the January 9th, 2020 meetings, the group used the summary of the work completed at the October meeting, and was asked to assign forces of change findings into five different categories; economic, environmental, legal/political/ethical, social, and technological/scientific categories.

On February 13, 2020, the coalition group met to review all the forces of changes and discuss challenges facing the county, and they were asked to identify opportunities that could be used to meet those challenges. Finally, on March 12, 2020, the group was provided a summary report on the opportunities and challenges gathered throughout the process.



Community Themes and Strengths Assessment

The purpose of the Community Themes and Strengths Assessment (CTSA) was to gather community thoughts, opinions, and concerns that provide insight into the issues of greatest importance to the community. St. Lucie collected qualitative data in the form of focus groups, key stakeholder interviews, a community leader survey, and a community resident survey. The data was collected to include strengths, challenges barriers and solutions. This information was analyzed to identify strengths and common themes.

Focus Groups

Opportunities to learn from individuals with lived experience, community members, professionals and other stakeholders were provided through focus groups. Nine (9) focus groups reached a total of ninety-eight (98) participants and represented youth, older adults, community representatives and community leadership in St. Lucie County. All focus groups were scheduled between January 25, 2020 and March 6, 2020. Participants included individuals from throughout St. Lucie County.

Key Stakeholder Interviews

To identify the health strengths, challenges, barriers, and solutions of St. Lucie County, ten (10) key stakeholder interviews were conducted. The purpose of these interviews was to gather relevant information from subject matter experts. All interviews were conducted between February 4, 2020 and March 20, 2020. Information from the interviews was analyzed to identify strengths, challenges, barriers, and solutions and compiled into common themes.

Community Leader Survey

A Community Leader Survey was conducted in February 2020. The survey was designed in Survey Monkey. A link to the survey as well as an email providing information about completion of the survey and its purpose was sent by Jennifer Harris, Director of Health Promotion, Florida Department of Health-St. Lucie County (FDOH-SLC). A total of 21 surveys were returned.

Community Resident Survey

A Community Survey was conducted February through mid-March 2020. The survey was designed in Survey Monkey and was available in both English and Spanish. In addition to the online version, a pen and paper version was created and distributed by FDOH-SLC staff to various community organizations. The following represents the results of the surveys. While a Spanish version of the survey was provided, the results may not be used as most surveys were completed by hand and were not thoroughly or accurately completed. A total of 1,245 St. Lucie County residents or people who work in St. Lucie County returned the survey. 1,112 were completed online and 133 were completed through pen and paper and entered manually into Survey Monkey.

Local Public Health System Assessment

St. Lucie County used a proven national assessment instrument, called the National Public Health Performance Standards Program (NPHSP), to perform the Local Public Health System Assessment (LPHSA). The LPHSA can help identify strengths and weaknesses and determine opportunities for improvement. This assessment sought to answer the following questions:

- What are the activities and capacities of our public health system?
- How well are we providing the 10 Essential Public Health Services in our jurisdiction?

In April of 2020, FDOH-SLC planned to administer the LPHSA with system partners during a 2-day face-to-face meeting. However, due to the SARS-CoV-2 virus that causes COVID-19 disease, community meetings were cancelled and DOH personnel and resources were redirected to emergency response. When it became clear that the pandemic would have long-term impact on the ability to hold community meetings, a decision was made to conduct this assessment virtually.

The online survey was open from October 10-23, 2020. Stakeholders were asked to score each essential service from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels). Responses were received from 39 individuals representing 20 organizations. The lowest ranked services were 10, 9, and 3. The highest ranked services were 2, 8, and 5.

Summary of Essential Public Health Services		Score	Activity Rating
1	Monitor health status to identify community health problems	4.10	Significant
2	Diagnose and investigate health problems and health hazards	4.27	Significant
3	Inform, educate and empower individuals and communities about health issues	3.93	Moderate
4	Mobilize community partnerships to identify and solve health problems	4.06	Significant
5	Develop policies and plans that support individual and community health efforts	4.15	Significant
6	Enforce laws and regulations that protect health and ensure safety	4.11	Significant
7	Link people to needed personal and health services and assure provision of health care when otherwise unavailable	3.98	Moderate
8	Assures a competent public and personal health care workforce	4.23	Significant
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health services	3.90	Moderate
10	Research for new insights and innovative solutions to health problems	3.35	Moderate
Overall Performance Score		4.00	Significant

Phase 4: Identifying Strategic Health Issues

Strategic issues are challenges that must be addressed in order to achieve the community’s vision for a healthier St. Lucie County. A synthesis of three MAPP assessments (CHSA, CTSA, and FOCA) was conducted by the Ronik-Radlauer Consulting Group. In June of 2020, the resulting emerging themes and priority populations were presented to stakeholders during a virtual Healthy St. Lucie Coalition meeting. As a rise in local COVID-19 case was impacting community attention and ability to meet, it was decided to postpone the administration of the Local Public Health System Assessment, as well as prioritization of strategic health issues, until a later date.

In October 2020, the LPHSA was launched in October and the Health Improvement Planning (HIP) Steering Committee was reconvened. Between October-November 2020, five (5) steering committee meetings were held virtually to review data in CHA and select strategic health priorities to be included in the 2021-2025 CHIP. On November 30, 2020, FDOH-SLC provided a historical review of the St. Lucie County CHIP focus areas since 2013. Following this presentation, steering committee members recommended voting on strategic priorities based on the list of emerging themes. Steering committee members were requested to consider relevance, appropriateness, impact, and feasibility when selecting health priorities. Using the drawing feature in GoToMeeting, Steering Committee members were asked to make a mark next to their top three health priorities for the next 5 years. *Mental Health, Physical Health, and Prevention Services* were selected as the top three health priorities.

On December 3, 2020, the committee reviewed the strategic health priorities that were selected during the previous meeting and decided to modify them to better communicate the overall focus of the area. Mental Health was expanded to include substance abuse, physical health was revised to Access to Care, and prevention was renamed Chronic Diseases and Conditions. While health disparities will be addressed under each strategic health priority area, the committee felt it was important to add an additional strategic priority, Health Equity, to elevate the need for participatory engagement practices needed to move the needle on health disparities in our community.

Strategic Health Priorities for 2021-2025 CHIP

1. Chronic Diseases and Conditions

This health priority area will focus on strategies to address the contributing causes to the development of chronic diseases and cancers through modification of behavioral risk factors in diet, physical activity, early prevention and cancer screenings, healthy weight maintenance, and tobacco prevention and cessation. Implementation will focus on increasing health literacy, participatory engagement, and reducing health disparities. Priority populations for this health issue include Black males (prostate screening, stroke prevention, healthy weight, physical activity), Black females (breastfeeding initiation/duration, healthy weight, physical activity) and seniors.

2. Access to Care

Access to primary health care and senior personal health services was identified in the community health status assessment and echoed during HIP Steering Committee Meetings. To address increasing access to primary health care, strategies to increase health insurance coverage and primary care providers will be employed. To address and increased home and community-based care services for seniors. Priority populations for this health issue will include the underinsured and seniors.

3. Mental Health and Substance Abuse

Increased hospitalizations for mental health issues and deaths due to opioids were identified as two areas that need to be addressed. Potential priority populations for hospital rates due to mental disorders show disparity between Black and Whites. CHSA data also revealed disparity in age-adjusted hospital rates for schizophrenic disorders between Blacks and Whites. Selection of priority audiences in the action plan for this strategic area will be the first task of the newly formed Behavioral Taskforce.

4. Health Equity

Identifying the need for a unified community approach to eliminate health disparities, this priority area will focus on increase our community capacity for participatory engagement of stakeholders in the assessment, planning, implementation, and evaluation of programs to address health issues that impact them. Priority populations include community leaders in areas with high health disparities, and organizational leaders that serve these communities.

Phase 5: Formulating Goals

During this phase, the HIP Steering Committee participated in virtual meetings to develop goals, objectives, strategies, and action steps. The process to formulate goals began with a review of the selected health priority areas. Please refer to the [Health Priority Areas, Goals, and Objectives](#) on the next page of this document for a summary of CHIP goals and objectives.

The final CHIP was reviewed and adopted during the Healthy St. Lucie Coalition Meeting on December 10, 2020. The priority areas, goals, and objectives will be reviewed and revised annually based on the ongoing assessment of the availability of resources and data, community readiness, current progress, and unique needs of St. Lucie County residents.



Health Priority Areas, Goals, and Objectives

HEALTH PRIORITY AREA	GOALS	OBJECTIVES
CHRONIC DISEASES AND CONDITIONS	HW 1: Increase the proportion of adults and children who are at a healthy weight.	HW 1.1: By January 1, 2026 increase the percentage of adults who have a healthy weight (BMI 18.5 – 24.9) from 31.2% (2016) to at or above the state level of 34.5%.
		HW 1.2: By January 1, 2026, decrease the percentage of adults who are inactive or insufficiently active from 50.7% (2016) to 45.7% (5%).
		HW 1.3: By January 1, 2026, increase the percentage of adults who consumed five or more servings of fruits or vegetables per day from 16.9% (2013) to at or above the state level of 18.3%
		HW 1.4: By January 1, 2026 reduce the proportion of children aged 6 to 11 years who are obese by 3%, from 24% in 2019 to 21%.
		HW 1.5a: By January 1, 2026, increase breastfeeding initiate rates from 87.4% in 2019 to 90.0%.
		HW 1.5b: By January 1, 2026, increase breastfeeding initiation rates among black mothers from 83.5% in 2019 to 89.0%*.
		HW 1.5c: By January 1, 2026, increase overall SLC WIC breastfeeding duration rates at 26 weeks (6 months) in St. Lucie County from 33.23% in 2020 to 38.23%.
		HW 1.5d: By January 1, 2026, increase the SLC WIC breastfeeding duration rates at 26 weeks (6 months) among black mothers from 36.18% in 2020 to 41.18%.
	PD 1: Increase prevention and early detection.	PD 1.1: By January 1, 2026 decrease the age-adjusted death rates of prostate cancer among black males by 5% from 35.2 to 33.5.
		PD 1.2: By January 1, 2026 increase percentage of women 40 years of age and older who received a mammogram in the last year from 58.7% to at or above the state level of 60.8%.
		PD 1.3: By January 1, 2026, decrease the age-adjusted hospital rates of stroke among black adults by 5% from 402.4 to 383.2.
		PD 1.4: By January 1, 2022, increase the number of community partners receiving information about the increased risk of severe illness from COVID 19 for those with underlying medical conditions from 300 (Jan 2021) to 600.
	TP 1: Reduce illness, disability, and premature death related to tobacco use, including electronic nicotine delivery systems (ENDS).	TP 1.1: By January 1, 2026, increase referrals of tobacco cessation services from 6% in 2019 to 40%.
		TP 1.2: By January 1, 2026, decrease the percentage of youth ages 11-17 who used any form of tobacco on one or more of the past 30 days from 13.0% in 2020 to 10.0%.
		TP 1.3: By January 1, 2026, increase the number of smoke free multi-unit housing properties from 12 in 2020 to 15.
TP 1.4: By January 1, 2026, increase the number of worksites and organizations with tobacco free grounds policies from 8 to 12.		
HL 1: Increase the dissemination of health information that is accurate, accessible, and actionable.	HL 1.1: By December 31, 2025, create a website providing the community with links to culturally and linguistically appropriate health information, training and tools. Baseline: 0	
ACCESS TO CARE	AC 1: Increase health insurance coverage in St. Lucie County.	AC 1.1: By January 1, 2026, increase the civilian non-institutionalized population that has health insurance in St. Lucie County by December 2025, from 86% to 91%.
	AC 2: Increase the number of medical providers in St. Lucie County.	AC 2.1: Increase the rate of family practice physicians from 9.7 per 100,000 to 10.7 per 100,000 by January 1, 2026.
	AC 3: Increase home and community-based care Services	AC 3.1: Increase the number of calls and services provided by 20% by January 1, 2026. (Baseline to be provided by AAA)
MENTAL HEALTH AND SUBSTANCE ABUSE	MHSA 1: Reduce Hospitalizations for mental health disorders	MHSA 1.1: By January 1, 2026, decrease by 5% the age-adjusted hospitalization rate for mental health disorders per 100,000 for mental health disorders from 1089.70 to 1037.80.
	MHSA 2: Reduce the number of opioid overdose deaths.	MHSA 2.1: By January 1, 2026, reduce the rate of age-adjusted unintentional injury deaths by drug poisoning from 25.5 per 100,000 to 20 per 100,000.
HEALTH EQUITY	HE 1: Increase community capacity to effectively reduce health disparities.	HE 1.1: By January 1, 2026, host 30 trainings with community organizations and leaders on best practices in participatory engagement.
		HE 1.2: By January 1, 2026, recruit, train, and maintain a minimum of 20 health champions that can engage neighbors on various health topics and disparities in their community.
		HE 1.3: By January 1, 2026, engage 10 grassroot organizations to advance work to improve health and reduce health disparities.
		HE 1.4: By January 1, 2026, recruit and maintain 10 social media champions that can reach targeted audiences where health disparities exist.

Phase 6: Action Cycle

The Healthy St. Lucie Coalition was formed in June 2015 to guide the development of the new CHA and CHIP with a mission of “promoting health where we live, learn, work, and play.” This Coalition brings together diverse organizations and individuals to identify solutions to barriers to being healthy. It consists of more than 44 organizations and community representatives who actively participate to improve the well-being of St. Lucie residents. Members of the Healthy St. Lucie Coalition served as the Health Improvement Planning (HIP) Steering Committee throughout the CHA.

Working with support from the Florida Department of Health in St. Lucie County this group guides the community health assessment process to evaluate progress on the current CHIP and to recommend changes in priorities and strategic actions to improve resident health. The Coalition meets throughout the year to ensure the objectives in the CHIP are met. The most recent CHIP (2016-2019, later extended to 2020) currently guides the activities of the Department of Health, the Healthy St. Lucie Coalition, and its sub-committees. The existing sub-committees include:

- Breastfeeding Workgroup
- Physical Activity Council
- Food Council
- Worksite Wellbeing Council
- Age Friendly Workgroup
- Tobacco Free Partnership of St. Lucie
- Safe Kids Coalition of the Treasure Coast

Action plans will be further developed starting in 2021 and new sub-committees might be formed. The implementation of the CHIP will help strengthen the public health infrastructure, aide and guide in planning, foster collaboration, and promote the health and well-being of St. Lucie County residents. As a living document, St. Lucie County’s CHIP will be reviewed and revised annually, based on ongoing assessment and availability of resources and data, community readiness, current progress, and alignment with goals.

Community Health Improvement Planning Process Timeline

July 24, 2019	Hosted a community kick-off to create a shared vision to guide the community in its assessment and planning. Over 85 attendees representing 44 unique organizations and 3 community members participated in the event.
October 2019-March 2020	Nearly 30 Healthy St. Lucie Coalition partners participated in 5 meetings to complete the for Forces of Change Assessment.
January – March 2020	Conducted nine (9) focus groups that reached a total of ninety-eight (98) participants, representing youth, older adults, community representatives and community leadership in St. Lucie County.
February – March 2020	Conducted ten (10) stakeholder interviews to identify strengths, challenges, barriers, and solutions and compiled into common themes.
February 2020	A Community Leader Survey was conducted via Survey Monkey. A total of 21 surveys were returned.
February – March 2020	Administered a community resident survey. A total of 1,245 St. Lucie County residents or people who work in St. Lucie County returned the survey. 1,112 were completed online and 133 were completed through pen and paper and entered manually into Survey Monkey.
May 2020	Presented quantitative and qualitative data from the CHSA to steering committee members during two virtual community meetings.
June 11, 2020	Presentation of emerging strategic themes and audiences from the CHSA during the monthly Healthy St. Lucie Coalition meeting.
June 30, 2020	Published new Community Health Assessment. CHA missing the LPHSA, selection of strategic priorities, and goals and objectives.
October 2020	Provided online orientation to the Local Public Health System Assessment to 31 representatives from health care institutions, government agencies, community groups, and service providers. LPHSA survey monkey open October 10-23, 2020. Received 39 individual responses, representing 20 unique organizations.
October-December 2020	Conducted a total of seven (7) steering committee meetings to select strategic health issues and formulate goals, objectives, strategies, and action steps.
December 10, 2020	Final 2021-2025 CHIP draft presented to steering committee during a Healthy St. Lucie Coalition meeting. 2021-2025 CHIP was adopted and will be launched in January 2021.
January 2021-December 2025	Action cycle begins. Plans to review of needed subcommittees and partners to implement the 2021-2025. Updates to the 2020 CHA reflecting completion of the LPHSA and Phases 4-5 will be made.

Appendix A: The Plan

Strategic Priority: Chronic Diseases and Conditions

GOAL	HW 1: INCREASE THE PROPORTION OF ADULTS AND CHILDREN WHO ARE AT A HEALTHY WEIGHT.			
Strategy	HW 1.1: Implement evidence-based programs on nutrition and physical activity			
Objective	HW 1.1: By January 1, 2026 increase the percentage of adults who have a healthy weight (BMI 18.5 – 24.9) from 31.2% (2016) to at or above the state level of 34.5%.			
Data Source	Behavioral Risk Factor Surveillance System			
Evidence Base: SNAP-Ed CDC National Diabetes Prevention Program U.S. Preventative Services Taskforce Recommendations Policy Change: No Health equity or disparity to be addressed: Disparities in chronic disease morbidity, mortality, and obesity rates.				
Activity 1.1.1: Implement the SNAP-Ed evidence-based obesity prevention programs and activities in communities with high rates morbidity and mortality from chronic diseases.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.1.1.1	Increase engagement and participation of stakeholders representing communities of color, low income residents, and older adults in planning and implementation.	FDOH-SLC, Local Churches and Community Organizations	12/31/25	
1.1.1.2	Recruit host sites and participants through outreach and promotion.	FDOH-SLC	12/31/25	
1.1.1.3	Conduct nutritional educational programs two times a month in in low income areas and communities of color.	FDOH-SLC	12/31/25	

Activity 1.1.2: Implement the CDC National Diabetes Prevention Program (NDPP) in areas with high obesity rates and at greater risk for developing Type 2 Diabetes.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.1.2.4	Develop relationships with physicians and local hospitals in the community to identify and streamline a secure referral process for participants.	FDOH-SLC	12/31/25	
1.1.2.5	Participate in monthly meetings of the St. Lucie County Diabetes Coalition.	FDOH-SLC	12/31/25	
1.1.2.6	Conduct community screening events to identify potential program participants and raise overall awareness of risk factors.	FDOH-SLC, Diabetes Coalition, Healthy St. Lucie	12/31/25	
1.1.2.7	Develop culturally relative materials to market program.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.2.8	Train community members and professionals to become lifestyle coaches.	FDOH-SLC	12/31/25	
1.1.2.9	Participate in National Diabetes events such as, Diabetes Alert Day and National Diabetes Awareness Month.	FDOH-SLC, Diabetes Coalition, Healthy St. Lucie	12/31/25	
1.1.2.10	Become a CDC Recognized Program.	FDOH-SLC, HANDS Clinic	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	HW 1: INCREASE THE PROPORTION OF ADULTS AND CHILDREN WHO ARE AT A HEALTHY WEIGHT.			
Strategy	HW 1.2: Increase physical activity among adults in St. Lucie County			
Objective	HW 1.2: By January 1, 2026, decrease the percentage of adults who are inactive or insufficiently active from 50.7% (2016) to 45.7% (5%).			
Data Source	BRFSS			
Evidence Base: The Community Guide				
Policy Change: Healthcare systems policies for physical activity through EMR, workplace wellness and faith-based policies supporting increased physical activity.				
Health equity or disparity to be addressed: Equitable access to safe and affordable opportunities for participation in physical activity.				
Activity 1.2.1: Build, strengthen, and maintain social networks that provide support for behavior change through walking groups or other community-based interventions.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.2.1.1	Increase engagement and participation of stakeholders representing communities of color, low income residents, and older adults in planning and implementation.	FDOH-SLC, Healthy St. Lucie, Local Food Local Places	12/31/25	
1.2.1.2	Assure availability of platform for tracking activity levels and forming social networks.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.2.1.3	Recruit worksites and faith-based institutions to use activity tracking platform.	FDOH-SLC, Healthy St. Lucie, Worksite Wellbeing Council	12/31/25	

1.2.1.4	Increase the availability of evidence-based in-person and virtual physical activity programs for older adults and those limited to home.	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/25	
1.2.1.5	Form social network groups in communities of color, low income area, and among older adults to offer additional supports for behavior change.	FDOH-SLC, Healthy St. Lucie, Local Food Local Places	12/31/25	
1.2.1.6	Participate in and support community events, encouraging residents to move more.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.2.1.7	Increase use of educational fitness trails, including Moore's Creek. (LFLP)	FDOH-SLC, Healthy St. Lucie, Local Food Local Places	12/31/25	
1.2.1.8	Create and publish an inventory of physical activity programs in the community. (LFLP)	FDOH-SLC, City of Fort Pierce, Local Food Local Places	12/31/25	
1.2.1.9	Provide outreach and increase awareness of local health and fitness activities. (LFLP)	FDOH-SLC, City of Fort Pierce, Local Food Local Places	12/31/25	
1.2.1.10	Identify data needed to improve use of local parks and recreational facilities and to address the needs of home-bound residents.	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/21	
1.2.1.11	Promote and help implement worksite and faith-based policies around physical activity.	FDOH-SLC, Worksite Wellbeing Council, Healthy St. Lucie	12/31/25	

Activity 1.2.2: Provide patients with prescriptions for exercise plans and follow up on progress.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.2.2.1	Recruit physicians and healthcare systems to participate.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.2.2.2	Design prescription pads and referral system.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.2.2.3	Identify ways to support patients in implementing the prescription.	FDOH-SLC, Healthy St. Lucie	12/31/25	
Activity 1.2.3: Increase use of evidence-based fall prevention programs serving older adults.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.2.3.1	Identify and promote existing programs offered in the community (Matter of Balance, Tai Chi, Walk with Ease, Stepping On).	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/25	
1.2.3.2	Identify partners that can recognize those at risk for falls to increase referrals and program utilization.	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/25	
1.2.3.3	Identify/develop programs within the community that help improve balance.	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	HW 1: INCREASE THE PROPORTION OF ADULTS AND CHILDREN WHO ARE AT A HEALTHY WEIGHT.			
Strategy	HW 1.3: Increase access to healthy food.			
Objective	HW 1.3: By January 1, 2026, increase the percentage of adults who consumed five or more servings of fruits or vegetables per day from 16.9% (2013) to at or above the state level of 18.3%.			
Data Source	BRFSS			
Evidence Base: The Community Guide				
Policy Change: Worksite policies and system changes to increase fruit/vegetable consumption.				
Health equity or disparity to be addressed: Equitable access to healthy foods.				
Activity 1.3.1: Increase worksite and community organization policies that support increase fruit/vegetable consumption.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.3.1.1	Review available evidence-based worksite programs with healthy eating policy/system interventions.	FDOH-SLC, Worksite Wellbeing Council, Healthy St. Lucie	12/31/25	
1.3.1.2	Select program and develop implementation plan.	FDOH-SLC, Worksite Wellbeing Council, Healthy St. Lucie	12/31/25	
1.3.1.3	Promote program through social media, email, and presentations.	FDOH-SLC, Worksite Wellbeing Council, Healthy St. Lucie	12/31/25	
1.3.1.4	Explore use of incentives and recognition programs to increase worksite participation.	FDOH-SLC, Worksite Wellbeing Council, Healthy	12/31/25	

		St. Lucie, SHRM, Chamber of Commerce		
1.3.1.5	Track progress and identify challenges/barriers and success stories.	FDOH-SLC, Worksite Wellbeing Council, Healthy St. Lucie	12/31/25	
1.3.1.6	Increase healthy food donation requests for pantries accepting donations. ("Healthy Food Drives")	FDOH-SLC, Worksite Wellbeing Council, Healthy St. Lucie, SLC Food Council, Local Food Local Places	12/31/25	
Activity 1.3.2: Increase access to fruits and vegetables in underserved communities.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.3.2.1	Partner with local food banks, faith institutions, organizations, Meals on Wheels programs to increase distribution fruits and vegetables and promote healthiest options to participants.	SCL Food Council, Local Food Local Places	12/31/25	
1.3.2.2	Review opportunities to do gleaning projects to help supplement fresh produce supplies locally.	SCL Food Council, Local Food Local Places, UF/IFAS	12/31/25	
1.3.2.3	Inventory and increase awareness of nutrition education programs in the community. (LFLP)	SCL Food Council, Local Food Local Places, UF/IFAS	12/31/25	
1.3.2.4	Promote creation of new community gardens. (LFLP)	SCL Food Council, Local Food Local Places	12/31/25	

1.3.2.5	Increase healthy food access through healthy corner stores initiative. (signage, increase healthy product, etc.).	SCL Food Council, Local Food Local Places, Drug Free St. Lucie, Tobacco Free Partnership of SLC	12/31/25	
1.3.2.6	Increase the number of affordable Food Resource Centers to reduce food insecurity in older adults and other disadvantaged residents (i.e., Fresh Access Bucks, Farmer's Markets, Congregate Meal Sites, SNAP Access Sites, Food Distribution, and SNAP retailers).	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	HW 1: INCREASE THE PROPORTION OF ADULTS AND CHILDREN WHO ARE AT A HEALTHY WEIGHT.			
Strategy	HW 1.4: Reduce the proportion of children aged 6-11 years who are obese.			
Objective	HW 1.4: By January 1, 2026 reduce the proportion of children aged 6 to 11 years who are obese by 3%, from 24% in 2019 to 21%. Data Source: School Health Nurse BMI Assessments.			
Data Source	School Health Nurse BMI Assessments			
Evidence Base: County Health Rankings				
Policy Change: Strengthening of school district wellness policy and adoption of HEPA standards among early learning and afterschool programs.				
Health equity or disparity to be addressed: Equitable access to healthy foods and participation in physical activity.				
ACTIVITY 1.4.1: Incorporate fruit and vegetable activities/access into schools to increase consumption.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.4.1.1	Promote the Family Nutrition Program provided by University of Florida	UF/IFAS, Food Council	12/31/25	
1.4.1.2	Promote the Farm to School Program	SLCPS, Healthy St. Lucie	12/31/25	
1.4.1.3	Implement 5-2-1-0 in elementary schools	FDOH-SLC School Health Nurses	12/31/25	
1.4.1.4	Participate in School Health Advisory Committee (SHAC)	FDOH-SLC	12/31/25	
1.4.1.5	Review School District Wellness Policy annually	FDOH-SLC, SHAC, SLCPS	12/31/25	

ACTIVITY 1.4.2: Promote Healthy Eating and Physical Activity (HEPA) Standards in Early Learning and After School Settings.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.4.2.1	Educate parents and staff on HEPA Standards and 5-2-1-0.	FDOH-SLC	12/31/25	
1.4.2.2	Implement 5-2-1-0 with children in Early Learning Centers, childcare centers, and after school programs.	FDOH-SLC School Health Nurses	12/31/25	
1.4.2.3	Encourage organizational policy adoption in alignment with HEPA standards through written policy or pledges.	FDOH-SLC, Healthy St. Lucie Coalition Partners	12/31/25	
ACTIVITY 1.4.3: Increase number of pediatricians that promote 5-2-1-0 with parents and preschool and elementary aged children during annual check-ups.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.4.3.1	Educate providers on obesity issues in community and among children.	FDOH-SLC, Cleveland Clinic Martin Health	12/31/25	
1.4.3.2	Develop and distribute 5-2-1-0 materials for providers can use to educate parents and children.	FDOH-SLC, Cleveland Clinic Martin Health	12/31/25	
1.4.3.3	Track the number of providers and healthcare systems educating parents.	FDOH-SLC, HealthCare Systems and Providers, Healthy St. Lucie Coalition Partners	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	HW 1: INCREASE THE PROPORTION OF ADULTS AND CHILDREN WHO ARE AT A HEALTHY WEIGHT.			
Strategy:	HW 1.5: Increase breastfeeding initiation and duration rates.			
Objectives	<p>HW 1.5a: By January 1, 2026, increase breastfeeding initiate rates from 87.4% in 2019 to 90.0%.</p> <p>HW 1.5b: By January 1, 2026, increase breastfeeding initiation rates among black mothers from 83.5% in 2019 to 89.0%*.</p> <p>HW 1.5c: By January 1, 2026, increase overall SLC WIC breastfeeding duration rates at 26 weeks (6 months) in St. Lucie County from 33.23% in 2020 to 38.23%.</p> <p>HW 1.5d: By January 1, 2026, increase the SLC WIC breastfeeding duration rates at 26 weeks (6 months) among black mothers from 36.18% in 2020 to 41.18%.</p>			
Data Source	BRFSS, FDOH-SLC WIC Data SharePoint			
<p>Evidence Base: Ten Steps to Successful Breastfeeding Program, County Health Rankings Breastfeeding and Black Mothers Breastfeeding</p> <p>Policy Change: Adoption of Breastfeeding Friendly Childcare standards.</p> <p>Health equity or disparity to be addressed: Disparities in breastfeeding initiation and duration rates among SLC White and Black mothers.</p>				
Activity 1.5.1: Provide professional education on breastfeeding practices.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.5.1.1	Confirm obstetric and pediatric hospital providers are completing breastfeeding trainings.	Healthy St. Lucie Breastfeeding Workgroup	12/31/25	
1.5.1.2	Survey obstetric and pediatric providers on their beliefs, practices, and training needs.	Healthy St. Lucie Breastfeeding Workgroup	12/31/25	
1.5.1.3	Disseminate ACOG Position Statement on Lactation Support with OB offices, as part of provider trainings.	Healthy St. Lucie Breastfeeding Workgroup	12/31/25	

Activity 1.5.2: Promote breastfeeding in early care and education.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.5.2.1	Present breastfeeding information at the Early Learning Conference.	FDOH-SLC	12/31/25	
1.5.2.2	Educate local centers on the Florida Breastfeeding Friendly Childcare Award and encourage application.	FDOH-SLC, Healthy St. Lucie Breastfeeding Workgroup	12/31/25	
1.5.2.3	Send Early Childhood Education providers information on supporting breastfeeding mothers.	FDOH-SLC, Healthy St. Lucie Breastfeeding Workgroup	12/31/25	
Activity 1.5.3: Promote breastfeeding initiation and duration among black women.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.5.3.1	Develop a social marketing campaign to increase breastfeeding initiation and duration rates among black women.	FDOH-SLC, Healthy St. Lucie Breastfeeding Workgroup	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	PD 1: INCREASE PREVENTION AND EARLY DETECTION			
Strategy	PD 1.1: Increase Prostate-Specific Antigen (PSA) screening among black males in St. Lucie County.			
Objective	PD 1.1: By January 1, 2026 decrease the age-adjusted death rates of prostate cancer among black males by 5% from 35.2 to 33.5.			
Data Source	Florida Charts			
Evidence Base: The Community Guide County Health Rankings				
Policy Change: No				
Health equity or disparity to be addressed: Disparities in age-adjusted death rates among SLC White and Black males.				
Activity PD 1.1.1: Implement a promotional campaign to increase PSA screenings among black males in St. Lucie County.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.1.1.1	Identify partners to assist in developing activities for increasing PSA screenings.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.2	Assess barriers and challenges for black males obtaining annual screenings.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.3	Identify best practice promotion programs for increasing PSA screenings.	FDOH-SLC, Healthy St. Lucie	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	PD 1: INCREASE PREVENTION AND EARLY DETECTION			
Strategy	PD 1.2: Increase mammography screening for women in St. Lucie County.			
Objective	PD 1.2: By January 1, 2026 increase percentage of women 40 years of age and older who received a mammogram in the last year from 58.7% to at or above the state level of 60.8%.			
Data Source	Florida Charts			
Evidence Base: County Health Rankings				
Policy Change: No				
Health equity or disparity to be addressed: None				
Activity PD 1.2.1: Implement a promotional campaign to increase mammography screenings.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.2.1.1	Identify partners to assist in developing activities for increasing mammogram screenings.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.2.1.2	Assess barriers and challenges for women obtaining annual screenings.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.2.1.3	Identify best practice promotion programs for increasing mammogram screenings.	FDOH-SLC, Healthy St. Lucie	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	PD 1: INCREASE PREVENTION AND EARLY DETECTION			
Strategy	PD 1.3: Promote screening interventions and participation in chronic disease self-management programs for stroke prevention.			
Objective	PD 1.3: By January 1, 2026, decrease the age-adjusted hospital rates of stroke among black adults by 5% from 402.4 to 383.2.			
Data Source	FLHealthCharts.com			
Evidence Base: Cochrane Library American Heart Association				
Policy Change: No				
Health equity or disparity to be addressed: Disparities in age-adjusted hospital rates for stroke among White and Black males in SLC.				
Activity PD 1.3.1: Implement an educational campaign in the black community on symptoms of stroke, screenings, and local chronic disease self-management programs for stroke prevention.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.3.1.1	Increase engagement and participation of stakeholders representing communities of color, low income residents, and older adults in planning and implementation.	FDOH-SLC, Healthy St. Lucie, American Heart Association	12/31/25	
1.3.1.2	Increase the number of providers and volunteers delivering chronic disease self-management programs.	FDOH-SLC, Healthy St. Lucie, American Heart Association	12/31/25	
1.3.1.3	Increase the number of older adults of color in evidence-based chronic disease self-management programs	FDOH-SLC, Healthy St. Lucie, American Heart Association	12/31/25	
1.3.1.4	Identify partners to assist in developing activities to increase stroke prevention screenings.	FDOH-SLC, Healthy St. Lucie, American Heart Association	12/31/25	

1.3.1.5	Decrease the barriers for access to black adults obtaining annual screenings.	FDOH-SLC, Healthy St. Lucie, American Heart Association	12/31/25	
1.3.1.6	Identify best practice promotion programs for increasing annual screenings.	FDOH-SLC, Healthy St. Lucie, American Heart Association	12/31/25	
1.3.1.7	Increase education and awareness in communities of color to identify symptoms of stroke and the action to be taken to reduce long term consequences and death. (e.g., Community Based Chronic disease management systems (such as barbershops or faith institutions) that include both opportunities for monitoring and a clinical care connection	FDOH-SLC, Healthy St. Lucie, American Heart Association	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	PD 1: INCREASE PREVENTION AND EARLY DETECTION			
Strategy	PD 1.4: Educate the community and health care providers about the increased risk of severe illness from COVID 19 for those with underlying medical conditions.			
Objective	PD 1.4: By January 1, 2022, increase the number of community partners receiving information about the increased risk of severe illness from COVID 19 for those with underlying medical conditions from 300 (Jan 2021) to 600.			
Data Source	FDOH-SLC Communications Team			
Evidence Base: Centers for Disease Control and Prevention				
Policy Change: No				
Health equity or disparity to be addressed: Disparities in chronic disease morbidity among Whites and Blacks in SLC.				
Activity PD 1.4.1: Utilize social media outlets, email distribution lists, and community presentations to raise awareness about increased risk of severe illness from COVID 19 for those with underlying medical conditions.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.4.1.1	Provide outreach and education regarding personal protective measures to stop the spread of COVID-19 through social media, email, and presentations.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.4.1.2	Promote annual FLU and COVID-19 vaccinations through social media, email, and presentations.	FDOH-SLC, Healthy St. Lucie	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	TP 1: REDUCE ILLNESS, DISABILITY, AND PREMATURE DEATH RELATED TO TOBACCO USE, INCLUDING ELECTRONIC NICOTINE DELIVERY SYSTEMS(ENDS).			
Strategy	TP 1.1: Increase health care provider use of medical record system reminders to screen patients for tobacco use and make referrals for tobacco cessations at every visit.			
Objective	TP 1.1: By January 1, 2026, increase referrals of tobacco cessation services from 6% in 2019 to 40%.			
Data Source	FDOH-SLC and Bureau Tobacco Free Florida			
Evidence Base: Centers for Disease Control and Prevention				
Policy Change: Healthcare systems changes for electronic referrals for tobacco cessation.				
Health equity or disparity to be addressed: None				
Activity TP 1.1.1: Promote the use of reminder systems for tobacco use screening and referral to tobacco cessation.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.1.1.1	Partner with state office to establish comprehensive baseline data.	FDOH-SLC, Tobacco Free Florida	12/31/25	
1.1.1.2	Partner with Everglades Area Health Education Center (AHEC) to identify health care providers currently using reminder system and e-referral or fax referral to Tobacco Free Florida Quit Your Way services.	FDOH-SLC, AHEC	12/31/25	
1.1.1.3	FDOH-St. Lucie to finalize pilot screening and referral reminder project and share results with local providers.	FDOH-SLC, Tobacco Free Florida	12/31/25	

1.1.1.4	Promote and encourage use of reminder system to screen for tobacco use and refer to tobacco cessation services.	FDOH-SLC, AHEC	12/31/25	
1.1.1.5	Provide technical assistance for providers adopting use of reminder system for tobacco use and cessation.	FDOH-SLC, AHEC	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	TP 1: Reduce illness, disability, and premature death related to tobacco use, including electronic nicotine delivery systems (ENDS).			
Strategy	TP 1.2: Prevent Initiation of Tobacco and Electronic Nicotine Device Use Among Florida's Youth and Young Adults			
Objective	TP 1.2: By January 1, 2026, decrease the percentage of youth ages 11-17 who used any form of tobacco on one or more of the past 30 days from 13.0% in 2020 to 10.0%.			
Data Source	Florida Youth Tobacco Survey (FYTS)			
Evidence Base: Centers for Disease Control and Prevention				
Policy Change: Tobacco retail license and increase in excise tax.				
Health equity or disparity to be addressed: Disparity in age of initiation rates between youth and adults in St. Lucie County.				
Action TP 1.2.1: Maintain a Students Working Against Tobacco Chapter.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.2.1.1	Host events/activities to recruit new student members for county and school-based chapters.	FDOH-SLC	12/31/25	
1.2.1.2	Provide training and development opportunities for SWAT members to learn the knowledge and skills necessary for educating their peers and community members, creating plans for policy change, and advocacy.	FDOH-SLC	12/31/25	
1.2.1.3	Implement counter marketing campaigns throughout the community to raise awareness of industry tactics.	FDOH-SLC	12/31/25	

Activity TP 1.2.2: Counteract Tobacco Industry influences at the Retail Point of Sale.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.2.2.1	Educate community members and decision makers on point of sale tobacco industry influence, their impact on youth initiation, and the value of licensure standards for retailers.	FDOH-SLC, SWAT, Tobacco Free Partnership	12/31/25	
1.2.2.2	Conduct surveillance of retail locations for compliance with federal state and local laws.	FDOH-SLC, SWAT, Tobacco Free Partnership	12/31/25	
1.2.2.3	Provide licensure standards for retailers of tobacco products and electronic cigarettes to ensure compliance with state laws regulating the sale of tobacco products and taxes are being collected.	SWAT, Tobacco Free Partnership, Drug Free St. Lucie	12/31/25	
1.2.2.4	Raise Tobacco Excise Taxes including e-cigarettes and combustible tobacco products	SWAT, Tobacco Free Partnership, Drug Free St. Lucie	12/31/25	
Activity TP 1.2.3: Update school district tobacco and vaping policy to align with best practice guidance.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.2.3.1	Present best practice guidance and rationale for school district tobacco and vaping policy to district staff.	FDOH-SLC, Tobacco Free Partnership	12/31/25	
1.2.3.2	Identify internal steps to amend policy.	FDOH-SLC, Tobacco Free Partnership	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	TP 1: Reduce illness, disability, and premature death related to tobacco use, including electronic nicotine delivery systems (ENDS).			
Strategy	TP 1.3 Decrease St. Lucie County residents' exposure to secondhand smoke			
Objective	TP 1.3: By January 1, 2026, increase the number of smoke free multi-unit housing properties from 12 in 2020 to 15.			
Data Source	FDOH-SLC Tobacco Prevention Program Tracking Log			
Evidence Base: American Lung Association				
Policy Change: Tobacco free grounds policies and smoke free multi-unit housing.				
Health equity or disparity to be addressed: None				
Activity TP 1.3.1: Increase the number of smoke free multi-unit housing properties.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.3.1.1	Educate 30 local multi-unit housing properties about the impact of secondhand smoke and benefits of smoke free housing policies and encourage adoption.	FDOH-SLC, Tobacco Free Partnership	12/31/25	
1.3.1.2	Provide technical assistance to properties seeking to adopt or adopting new smoke-free policies.	FDOH-SLC, Tobacco Free Partnership	12/31/25	

GOAL	TP 1: Reduce illness, disability, and premature death related to tobacco use, including electronic nicotine delivery systems (ENDS).			
Strategy	TP 1.4 Increase the number of St. Lucie County worksites that adopt tobacco free grounds policies.			
Objective	TP 1.4: By January 1, 2026, increase the number of worksites and organizations with tobacco free grounds policies from 8 to 12.			
Data Source	FDOH-SLC Tobacco Prevention Program Tracking Log			
Evidence Base: The Community Guide				
Policy Change: Tobacco free grounds policies				
Health equity or disparity to be addressed:				
Activity TP 1.4.1: Educate worksites on benefits of tobacco free campuses and need for comprehensive tobacco cessation resources for employees.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.4.1.1	Complete tobacco worksite assessments with workplaces and organizations.	FDOH-SLC	12/31/25	
1.4.1.2	Provide education to organizations and worksites around current laws regarding clean air and the inclusion of electronic cigarettes.	FDOH-SLC	12/31/25	
1.4.1.3	Enact comprehensive smoke-free workplace laws that include electronic cigarettes.	FDOH-SLC	12/31/25	
1.4.1.4	Drive adoption of smoke free policies in workplaces, universities, churches, hospitals, casinos, festival/fair grounds, parks, preserves, and other locations.	FDOH-SLC, Worksite Wellbeing Council, Tobacco Free Partnership	12/31/25	

Strategic Priority: Chronic Diseases and Conditions

GOAL	HL 1: INCREASE THE DISSEMINATION OF HEALTH INFORMATION THAT IS ACCURATE, ACCESSIBLE, AND ACTIONABLE			
Strategy	HL 1.1: Ensure that culturally and linguistically appropriate health information is available for the community.			
Objective	By December 31, 2025, create a website providing the community with links to culturally and linguistically appropriate health information, training and tools. Baseline: 0			
Data Source	Indian River State College			
Evidence Base: HRSA.gov County Health Rankings				
Policy Change: Informal organizational changes regarding the selection of culturally and linguistically appropriate health information.				
Health equity or disparity to be addressed: None				
Activity HL 1.1.1: Create a health literacy website of culturally and linguistically appropriate health information for the community.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.1.1.1	Build partnerships with physicians as part of a multidisciplinary team that works to improve health literacy skills of the care team and consumer.	Indian River State College, FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.2	Create a checklist for community organizations to vet health communications materials before sharing.	IRSC, FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.3	Provide training, tools, and resources for residents to improve their health information-seeking and decision-making skills.	IRSC, FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.4	Promote health literacy improvement efforts through professional and advocacy organizations.	IRSC, FDOH-SLC, Healthy St. Lucie	12/31/25	

1.1.1.5	Support and participate in media literacy and information literacy projects	IRSC, FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.6	Explore new mechanisms to pull together and share data and research findings as they become available.	IRSC, FDOH-SLC, Healthy St. Lucie	12/31/25	

Strategic Priority: Access to Care

GOAL	AC 1: Increase health insurance coverage in St. Lucie County.			
Strategy	AC 1.1: Inform and educate people in St. Lucie County on how to apply for medical insurance.			
Objective	AC 1.1: By January 1, 2026, increase the civilian non-institutionalized population that has health insurance in St. Lucie County by December 2025, from 86% to 91%.			
Data Source	Florida Charts			
Evidence Base: County Health Rankings Health Insurance and Policies				
Policy Change: No				
Health equity or disparity to be addressed: Equitable access to healthcare services.				
Activity AC 1.1.1: Assess barriers for obtaining medical insurance and educate people how to apply.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.1.1.1	Increase engagement and participation of stakeholders representing communities of color, low income residents, and older adults in planning and implementation.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.2	Identify the barriers people face for obtaining medical insurance.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.3	Develop and implement a plan to address and mitigate barriers.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.4	Increase health literacy in the area of insurance to increase understanding of process and terminology.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.5	Identify the number of medical insurance navigators and those organizations that are charged to educate	FDOH-SLC, Healthy St. Lucie	12/31/25	

	the public, especially the vulnerable populations in the county (i.e. low-income, those with disabilities and chronic illness, etc.).			
1.1.1.6	Educate policy makers about the need for expanding Medicaid.	Healthy St. Lucie, Other Partners	12/31/25	
1.1.1.7	Educate parents about Florida KidCare.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.8	Increase awareness and use of SHINE (Serving Health Insurance Needs of Elders) Medicare Counseling.	FDOH-SLC, Healthy St. Lucie	12/31/25	
1.1.1.9	Increase awareness and use of Medicare cost saving program benefits for low-income older adults and those with disabilities.	FDOH-SLC, Healthy St. Lucie	12/31/25	

Strategic Priority: Access to Care

GOAL	AC 2: Increase the number of medical providers in St. Lucie County.			
Strategy	AC 2.1: Establish a medical professional task force with the task of growing the clinical workforce, expanding the number of available graduate medical education residency slots, providing incentives to medical graduates to practice locally.			
Objective	AC 2.1: Increase the rate of family practice physicians from 9.7 per 100,000 to 10.7 per 100,000 by January 1, 2026.			
Data Source	Florida Charts			
Evidence Base: County Health Rankings				
Policy Change: No				
Health equity or disparity to be addressed: Equitable access to healthcare services.				
Activity AC 2.1.1: Develop a community plan to mitigate the shortage of medical professionals in St. Lucie County.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
2.1.1.1	Find a medical professional to champion efforts to increase the number of medical professionals in St. Lucie County.	FDOH-SLC, Healthy St. Lucie	12/31/25	
2.1.1.2	Establish a medical professional shortage taskforce.	FDOH-SLC, Healthy St. Lucie	12/31/25	
2.1.1.3	Support the creation of a plan to mitigate the shortage of medical professional in St. Lucie County.	FDOH-SLC, Healthy St. Lucie	12/31/25	

Strategic Priority: Access to Care

GOAL	AC 3: Increase home and community-based care services			
Strategy	AC 3.1 Increase awareness of and access to existing services for older adults.			
Objective	AC 3.1 Increase the number of calls and services provided by 20% by January 1, 2026. (Baseline to be provided by AAA)			
Data Source	Area Agency on Aging			
Evidence Base: County Health Rankings				
Policy Change: No				
Health equity or disparity to be addressed: No				
Activity AC 3.1.1: Promote availability of home and community-based care services for older adults.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
3.1.1.1	Increase engagement and participation of stakeholders representing communities of color, low income residents, and older adults in planning and implementation.	FDOH-SLC, Healthy St. Lucie, Age-Friendly Collaborative	12/31/25	
3.1.1.2	Increase awareness of the Area Agency on Aging Helpline.	FDOH-SLC, Healthy St. Lucie, Age-Friendly Collaborative	12/31/25	
3.1.1.3	Increase awareness of the 211 Crisis Helpline.	FDOH-SLC, Healthy St. Lucie, Age-Friendly Collaborative	12/31/25	
3.1.1.4	Promote existing home and community-based care services	FDOH-SLC, Healthy St. Lucie	12/31/25	

3.1.1.5	Increase the number of vulnerable adults receiving home and community-based services to avoid nursing home placement.	FDOH-SLC, Healthy St. Lucie, Age-Friendly Collaborative	12/31/25	
3.1.1.6	Educate about the need for additional funding.	FDOH-SLC, Healthy St. Lucie, Age-Friendly Collaborative	12/31/25	

Strategic Priority: Mental Health and Substance Abuse

GOAL	MH 1: Reduce Hospitalizations for mental health disorders			
Strategy	MH 1.1 Expand local Adverse Childhood Experiences (ACE) initiatives. MH 1.2 Reduce the number of suicide attempts. MH 1.3 Increase older adult and caregiver access to mental health care.			
Objective	MH 1.1 By January 1, 2026, decrease by 5% the age-adjusted hospitalization rate for mental health disorders per 100,000 for mental health disorders from 1089.70 to 1037.80.			
Data Source	Florida Charts			
Evidence Base: County Health Rankings				
Policy Change: No				
Health equity or disparity to be addressed: None				
Activity MH 1.1.1: Provide ACE's training in St. Lucie County.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.1.1.1	Identify existing organizations that have been trained in ACE's and are providing trauma informed care services to residents.	FDOH-SLC, Healthy St. Lucie, Tykes and Teens, St. Lucie County Public Schools, Roundtable of St. Lucie	12/31/25	

		County, Children's Services Council, Sexual Assault Assistance Program of the Treasure Coast, Guardians for New Futures		
1.1.1.2	Identify additional entities and community members to target for training and technical assistance for implementation of trauma informed care strategies	FDOH-SLC, Healthy St. Lucie, Tykes and Teens, St. Lucie County Public Schools, Roundtable of St. Lucie County, Children's Services Council, Sexual Assault Assistance Program of the Treasure Coast, Guardians for New Futures	12/31/25	
Activity MH 1.2.1: Provide training in mental health first aid.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.2.1.1	Provide training on the prevention of suicide and related behaviors to community and clinical service providers.	FDOH-SLC, Healthy St. Lucie, Tykes and Teens, St. Lucie County Public Schools, Sexual Assault Assistance Program of the Treasure Coast	12/31/25	
1.2.1.2	Increase the number of people trained in mental health first aid to identify, understand, and respond to signs of mental illness and substance use disorders in the community.	FDOH-SLC, Healthy St. Lucie, Tykes and Teens, St. Lucie County Public Schools, Sexual Assault Assistance Program of the Treasure Coast	12/31/25	

1.2.1.3	Increase suicide prevention efforts for high-risk populations.	FDOH-SLC, Healthy St. Lucie, 211, Sexual Assault Assistance Program of the Treasure Coast	12/31/25	
Activity MH 1.3.1: Promote free counseling services for seniors and caregivers.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.3.1.1	Increase engagement and participation of stakeholders representing communities of color, low income residents, and older adults in planning and implementation.	FDOH-SLC, Healthy St. Lucie, Area Agency on Aging, Age Friendly Collaborative	12/31/25	
1.3.1.2	Increase awareness of the Area Agency on Aging Helpline.	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/25	
1.3.1.3	Increase awareness of the 211 Crisis Helpline.	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/25	
1.3.1.4	Increase awareness of free counseling services for seniors and caregivers that are offered through the Older American's Act.	FDOH-SLC, Healthy St. Lucie, Age Friendly Collaborative	12/31/25	

Strategic Priority: Mental Health and Substance Abuse

GOAL	MHSA 2: Reduce the number of opioid overdose deaths.			
Strategy	MHSA 2.1: Increase awareness of the risks of opioid use and where and how to access naloxone to prevent death from overdose.			
Objective	MHSA 2.1: By January 1, 2026, reduce the rate of age-adjusted unintentional injury deaths by drug poisoning from 25.5 per 100,000 to 20 per 100,000.			
Data Source	Florida Charts			
Evidence Base: County Health Rankings				
Policy Change: No				
Health equity or disparity to be addressed: None				
Activity MHSA 2.1.1: Promote community awareness campaigns to reduce overdose.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
2.1.1.1	Participate in Treasure Coast Opioid Taskforce.	FDOH-SLC	12/31/25	
2.1.1.2	Conduct local promotion of the statewide marketing campaign.	FDOH-SLC, Healthy St. Lucie, Opioid Taskforce	12/31/25	

Strategic Priority: Health Equity

GOAL	HE 1: INCREASE COMMUNITY CAPACITY TO EFFECTIVELY REDUCE HEALTH DISPARITIES			
Strategy	HE 1.1: Increase community members affected by health disparities in the planning, implementation, and evaluation of programs impacting their community.			
Objective	HE 1.1: By January 1, 2026, host 30 trainings with community organizations and leaders on best practices in participatory engagement.			
Data Source	FDOH-SLC and Healthy St. Lucie			
Evidence Base: County Health Rankings				
Policy Change: Informal organizational systems change to adopt participatory engagement.				
Health equity or disparity to be addressed: Disparities in chronic disease morbidity and mortality among Whites and Blacks.				
Activity HE 1.1.1: Train community organizations and leaders on participatory engagement practices.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.1.1.1	Host 30 community trainings on current health disparities, participatory engagement practices, and cultural humility and competency.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	
1.1.1.2	Track progress on engagement practice successes and challenges.	FDOH-SLC, Healthy St. Lucie	12/31/25	

Strategic Priority: Health Equity

GOAL	HE 1: INCREASE COMMUNITY CAPACITY TO EFFECTIVELY REDUCE HEALTH DISPARITIES			
Strategy	HE 1.2: Increase capacity of residents to present health issues impacting their community with other residents, local agencies, and community leaders.			
Objective	HE 1.2: By January 1, 2026, recruit, train, and maintain a minimum of 20 health champions that can engage neighbors on various health topics and disparities in their community.			
Data Source	FDOH-SLC and Healthy St. Lucie			
Evidence Base: Centers for Disease Control and Prevention				
Policy Change: No				
Health equity or disparity to be addressed: Disparities in chronic disease morbidity and mortality among Whites and Blacks.				
Activity HE 1.2.1: Work with community members to present on health disparities.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.2.1.1	Identify 20 residents interested in increasing community awareness of health disparities.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	
1.2.1.2	Provide training on health data, impact on health, and evidence-based solutions.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	
1.2.1.3	Provide technical assistance and support as needed.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	

Strategic Priority: Health Equity

GOAL	HE 1: INCREASE COMMUNITY CAPACITY TO EFFECTIVELY REDUCE HEALTH DISPARITIES			
Strategy	HE 1.3: Leverage and support work being done by grassroots organizations serving communities of color.			
Objective	HE 1.3: By January 1, 2026, engage 10 grassroots organizations to advance work to improve health and reduce health disparities.			
Data Source	FDOH-SLC and Healthy St. Lucie Resource Assessment			
Evidence Base: County Health Rankings				
Policy Change: No				
Health equity or disparity to be addressed: Disparities in chronic disease morbidity and mortality among Whites and Blacks.				
Activity 1.3.1: Engage with grassroots organizations serving communities of color.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.3.1.1	Complete a resource assessment to identify the focus areas of local groups that are already invested in addressing health issues.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	
1.3.1.2	Partner with faith institutions and grassroots organizations serving communities of color to address health disparities and promote health and well-being.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	

Strategic Priority: Health Equity

GOAL	HE 1: INCREASE COMMUNITY CAPACITY TO EFFECTIVELY REDUCE HEALTH DISPARITIES			
Strategy	HE 1.4: Engage social media champions/influencers in communities where health disparities exist.			
Objective	HE 1.4: By January 1, 2026, recruit and maintain 10 social media champions that can reach targeted audiences where health disparities exist.			
Data Source	FDOH-SLC and Healthy St. Lucie			
Evidence Base: Annual Review of Public Health: Addressing Health Equity in Public Health Practice				
Policy Change: No				
Health equity or disparity to be addressed: Disparities in chronic disease morbidity and mortality among Whites and Blacks.				
Activity HE 1.4.1: Engage community social media champions/influencers to provide education on healthy eating, physical activity, wellness and screening events, and health disparities.				
Action	Activity Description	Lead Org/Partners	Target Date	Current Status
1.4.1.1	Identify list of potential champions.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	
1.4.1.2	Meet with champions to review health disparities and CHIP strategies.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	
1.4.1.3	Agree on health literacy standards and credible sources of health information.	FDOH-SLC, Healthy St. Lucie, and other community partners as identified	12/31/25	

Appendix B: Alignment with Local, State, and National Plans

Strategic Priority Area 1: Chronic Diseases and Conditions				
St. Lucie County CHIP Objectives HW-Healthy Weight PD-Prevention/Detection TP-Tobacco Prevention HL-Health Literacy	FDOH-St. Lucie Strategic Plan	Florida SHIP	Healthy People 2030	NSS Health Equity
HW 1.1 By January 1, 2026 increase the percentage of adults who have a healthy weight (BMI 18.5 – 24.9) from 31.2% in 2016 to at or above the state level of 34.5%.	2.1	HW 1.1.5 CD 1.1.2	D-D01 NWS-03 D092	Goal 5, Strategy 17, Objective 5
HW 1.2 By January 1, 2026, decrease the percentage of adults who are inactive or insufficiently active from by 5% from 50.7% in 2016 to 45.7%.	2.1	HW 2.1	ECBP-D04 PA-02 HC/HIT-03	Goal 5, Strategy 17, Objective 5
HW 1.3 By January 1, 2026, increase the percentage of adults who consumed five or more servings of fruits or vegetables per day from 16.9% (2013) to at or above the state level of 18.3%	2.1	HW 1.1	NWS-01 NWS-04	Goal 3, Strategy 13, Objective 1 Goal 5, Strategy 17, Objective 5
HW 1.4 By January 1, 2026 reduce the proportion of children aged 6 to 11 years who are obese by 3%, from 24% in 2019 to 21%. Data Source: School Health Nurse BMI Assessments.	2.1	HW 1.1	NWS-04 NWS-06 NWS-07 PA-09	--
HW 1.5a By January 1, 2026, increase breastfeeding initiate rates from 87.4% in 2019 to 90.0%.	1.1	HW 1.2 HW 1.2.3	MICH-15	--
HW 1.5b By January 1, 2026, increase breastfeeding initiation rates among black mothers from 83.5% in 2019 to 89.0%*.	1.1	HW 1.2	HC/HIT-D01 MICH-15	Goal 1, Strategy 3, Objective 3 Goal 5, Strategy 17, Objective 5
HW 1.5c By January 1, 2026, increase overall SLC WIC breastfeeding duration rates at 26 weeks (6 months) in St. Lucie County from 33.23% in 2020 to 38.23%.	1.1	HW 1.2	MICH-15	--
HW 1.5d By January 1, 2026, increase the SLC WIC breastfeeding duration rates at 26 weeks (6 months) among black mothers from 36.18% in 2020 to 41.18%.	1.1	HW 1.2	--	Goal 1, Strategy 3, Objective 3 Goal 5, Strategy 17, Objective 5
PD 1.1 By January 1, 2026 decrease the age-adjusted death rates of prostate cancer among black males by 5% from 35.2 to 33.5.	2.1	HE 3.3	C-08	Goal 3, Strategy 8, Objective 3

				Goal 5, Strategy 17, Objective 5
PD 1.2 By January 1, 2026 increase percentage of women 40 years of age and older who received a mammogram in the last year from 58.7% to at or above the state level of 60.8%.	2.1	--	C-05	--
PD 1.3 By January 1, 2026, decrease the age-adjusted hospital rates of stroke among black adults by 5% from 402.4 to 383.2.	2.1	HE 3.3	HDS-03	Goal 3, Strategy 8, Objective 3 Goal 5, Strategy 17, Objective 5
PD 1.4 By January 1, 2022, increase the number of community partners receiving information about the increased risk of severe illness from COVID 19 for those with underlying medical conditions from 300 (Jan 2021) to 600.	3.6	--	HC/HIT-004	--
TP 1.1 By January 1, 2026, increase utilization of tobacco cessation services from 6% in 2019 to 40%?	2.1	CD1 1.1.1	TU-12	--
TP 1.2 By January 1, 2026, decrease the percentage of youth ages 11-17 who used any form of tobacco on one or more of the past 30 days from 13.0% in 2020 to 10.0%.	2.1	--	TU-04 TU-22	--
TP 1.3 By January 1, 2026, increase the number of smoke free multi-unit housing properties from 12 in 2020 to 15.	2.1	--	TU-R01	--
TP 1.4 By January 1, 2026, increase the number of worksites and organizations with tobacco free grounds policies from 8 to 12.	2.1	--	TU-17	--
HL 1.1 By December 31, 2025, create a website providing the community with links to culturally and linguistically appropriate health information, training and tools. Baseline: 0	1.1 & 2.1	--	HC/HIT-04	Goal 3, Strategy 11, Objective 4 Goal 4, Strategy 14, Objective 3

Strategic Priority Area 2: Access to Care				
St. Lucie County CHIP Plan Objectives	FDOH-St. Lucie Strategic Plan	Florida SHIP	Healthy People 2030	NSS Health Equity
AC-Access to Care				
AC 1.1 By January 1, 2026, increase the civilian non-institutionalized population that has health insurance in St. Lucie County by December 2025, from 86% to 91%.	--	--	ASH-01	--
AC 2.1 Increase the rate of family practice physicians from 9.7 per 100,000 to 10.7 per 100,000 by January 1, 2026.	--	--	--	--
AC 3.1 Increase the number of calls and services provided by 20% by January 1, 2026. (Baseline to be provided by AAA)	--	--	--	--

Strategic Priority Area 3: Mental Health and Substance Abuse				
St. Lucie County CHIP Plan Objectives	FDOH-St. Lucie Strategic Plan	Florida SHIP	Healthy People 2030	NSS Health Equity
MH -Mental Health SA -Substance Abuse				
MH 1.1 By January 1, 2026, decrease by 5% the age-adjusted hospitalization rate for mental health disorders per 100,000 for mental health disorders from 1089.70 to 1037.80.	--	BH 1.2 BH 4.1	MHMD-01	--
SA 1.1 By January 1, 2026, reduce the rate of age-adjusted unintentional injury deaths by drug poisoning from 25.5 per 100,000 to 20 per 100,000.	--	BH 3.1	OPIOID-01	--

Strategic Priority Area 4: Health Equity				
St. Lucie County CHIP Plan Objectives	FDOH-St. Lucie Strategic Plan	Florida SHIP	Healthy People 2030	NSS Health Equity
HE -Health Equity				
HE 1.1 By January 1, 2026, host 30 trainings with community organizations and leaders on best practices in participatory engagement.	--	HE 1.2	--	Goal 1, Strategy 2, Objectives 1 and 3 Goal 2, Strategy 5, Objective 1
HE 1.2 By January 1, 2026, recruit, train, and maintain a minimum of 20 health champions that can engage neighbors on various health topics and disparities in their community.	--	HE 1.2 CD 1.3	HC/HIT-04	Goal 1, Strategy 2, Objective 4
HE 1.3 By January 1, 2026, engage 10 grassroot organizations to advance work to improve health and reduce health disparities.	--	--	--	Goal 1, Strategy 2, Objectives 3 and 4
HE 1.4 By January 1, 2026, recruit and maintain 10 social media champions that can reach targeted audiences where health disparities exist.	--	CD 1.3	--	Goal 1, Strategy 4, Objectives 1 and 3

SHIP-State Health Improvement Plan

NSS-National Stakeholder Strategy for Achieving Health Equity, Office of Minority Health, U.S. Health and Human Services

Protect yourself from scams! Remember: even with social distancing, NEVER wire or send money using an app. Do NOT call spelled-out phone numbers ("seven-oh-four," etc.). Only pay after you have met the landlord and verified they have a right to rent the unit! [Find out how](#) to detect a scam and report a listing.

Please note, our call center staff is working remotely until further notice. We are still available Monday-Friday, 9 a.m. to 8 p.m. Eastern Time. You may experience longer call times, but we are committed to assisting you.

19 properties In Port Saint Lucie

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Port Saint Lucie, FL 34983



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Port Saint Lucie, FL 34986



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Port Saint Lucie, FL 34983



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STE 105



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Port Saint Lucie, FL 34986



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St. Andrews Pointe Apartments
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Port Saint Lucie, FL 34983



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\$820

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Grove Park Apartments
2033 SE Lennard Road

Port Saint Lucie, FL 34952

STE 105



855-454-4098

\$832

• 2 Bed • 2 Bath • Apartments

Peacock Run Apartments
5502 NW East Torino Parkway

Port Saint Lucie, FL 34986



772-344-3998

\$868

• 3 Bed • 2 Bath • Apartments

The Cove at Saint Lucie
4400 NW Cove Cir.

Port Saint Lucie, FL 34983



📞 772-344-9995

\$912

- 3 Bed • 2 Bath • Apartments

Sanctuary at Winterlakes
5410 NW Rabbit Run Way

Port Saint Lucie, FL 34986



📞 772-340-4006

\$936

- 3 Bed • 2 Bath • Apartments

St. Andrews Pointe Apartments
2550 NW Hatches Harbor Rd

Port Saint Lucie, FL 34983



📞 855-730-8246

\$947

- 3 Bed • 2 Bath • Apartments

Grove Park Apartments
2033 SE Lennard Road

Port Saint Lucie, FL 34952

STE 105



📞 855-454-4098

\$957

- 3 Bed • 2 Bath • Apartments

Peacock Run Apartments
5502 NW East Torino Parkway

Port Saint Lucie, FL 34986



📞 772-344-3998

\$998

- 4 Bed • 3 Bath • Apartments

St. Andrews Pointe Apartments
2550 NW Hatches Harbor Rd

Port Saint Lucie, FL 34983



 855-730-8246

\$1,050


- 4 Bed • 3 Bath • Apartments

Grove Park Apartments
2033 SE Lennard Road

Port Saint Lucie, FL 34952

STE 105



 855-454-4098

\$1,060

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Water Leaf Apartments
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Port Saint Lucie, FL 34952

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- Income Restricted
- Some Accessibility Features Included

- Some Pets OK
- Photo
- Washer/Dryer

Under the Federal Fair Housing Act of 1968, as amended in 1988, it is illegal to engage in discriminatory advertising based on race, color, religion, sex, familial status, disability, and national origin.

City of Port St. Lucie
Early Notice and Public Review of a Proposed
Activity in a 100-Year/500-year Floodplain
Unspecified Sites Home Rehabilitation 1-4 Units for FY 2021-2025

To: All interested Agencies, Groups and Individuals

This is to give notice that the City of Port St. Lucie has determined that the following proposed action under US Housing and Urban Development (HUD), Community Development Block Grant (CDBG) funds under FY 2021-2025 is located in the 100-year/500-year floodplain/wetland, and the City of Port St. Lucie will be identifying and evaluating practicable alternatives to locating the action in the floodplain and the potential impacts on the floodplain from the proposed action, as required by Executive Order 11988 and/or 11990, in accordance with HUD regulations at 24 CFR 55.20 Subpart C Procedures for Making Determinations on Floodplain Management and Protection of Wetlands. The proposed project consists of housing rehabilitation to scattered sites yet to be determined throughout the City of Port St. Lucie; however, a site-specific analysis will be conducted as each site is identified in order to establish compliance with 24 Code of Federal regulations (CFR) parts 58.5 and 58.6. Wetlands and floodplain areas are located in the City and single-family units could fall in the floodplain. Where they do, flood insurance will be required as applicable.

There are three primary purposes for this notice. First, people who may be affected by activities in floodplains and those who have an interest in the protection of the natural environment should be given an opportunity to express their concerns and provide information about these areas. Commenters are encouraged to offer alternative sites outside of the floodplain, alternative methods to serve the same project purpose, and methods to minimize and mitigate impacts. Second, an adequate public notice program can be an important public educational tool. The dissemination of information and request for public comment about floodplains can facilitate and enhance Federal efforts to reduce the risks and impacts associated with the occupancy and modification of these special areas. Third, as a matter of fairness, when the Federal government determines it will participate in actions taking place in floodplains, it must inform those who may be put at greater or continued risk.

Written comments must be received by the City of Port St. Lucie at the following address on or before April 27, 2021. The City of Port St. Lucie Neighborhood Services Department, 121 SW Port St. Lucie Blvd, Port St. Lucie, FL 34984 Attention: Alessandra Tasca, Community Programs Administrator or by phone at (772) 871-7395 . A full description of the project may also be reviewed Monday - Friday from 8am-4pm at 121 S.W. port St. Lucie Blvd, Port St. Lucie, FL 34984 and www.cityofpsl.com. Comments may also be submitted via email at atasca@cityofpsl.com.

Date: April 12, 2021



A City for All Ages

CITY OF PORT ST. LUCIE

Office of the City Manager

RUSS BLACKBURN
City Manager

Bureau of Historic Preservation
Florida Department of State
R.A. Gray Building
500 South Bronough Street, Room 423
Tallahassee, FL 32399-0250

Subject: City of Port St. Lucie - Broad-Level Tiered Environmental Review for Activity/Project that is Categorical Excluded Subject to Section 58.5
Single Family Housing Rehabilitation
CDBG Grant FY 2021-2025
Request for Comments

Dear Environmental Review Contact:

Guardian CRM, Inc. is preparing a Tier 1 broad-level environmental review record for the above referenced project. We request your review of this proposed project to determine the potential for any adverse environmental and/or community impacts.

The City of Port St. Lucie Single-Family Housing Rehabilitation program may supply Community Development Block Grant (CDBG) funds for the rehabilitation of single-family owner-occupied homes and sewer connection grants to income eligible residents within the city limits of Port St. Lucie.

The proposed project consists of housing rehabilitation to scattered sites yet to be determined throughout the City of Port St. Lucie, however a site-specific analysis will be conducted as each site is identified in order to establish compliance with 24 Code of Federal Regulations parts 58.5 and 58.6.

Enclosed you will find applicable maps with the overall area identified. The City seeks to complete an Unspecified Site Strategy Broad-Level Tier 1 review to allow for use of CDBG funding for these activities as needed.

All necessary construction permits will be obtained before notice to proceed. If you feel there will be any other impacts, or have questions or comments please contact our office at 352-437-3902 or email me at Corbett.Alday@GuardianCRM.com.

Sincerely,

Russ Blackburn
City Manager, City of Port St. Lucie

121 S.W. Port St Lucie Boulevard • Port St. Lucie, FL 34984-5099 • 772-871-5163



CITY OF PORT ST. LUCIE

Office of the City Manager

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RUSS BLACKBURN
City Manager

Seminole Tribe of Florida
ATTN: Marcus Oseola, Jr., Chairman
6300 Stirling Road,
Hollywood, FL 33024

Subject: City of Port St. Lucie - Broad-Level Tribal Environmental Review for Activity/Project that is Categorically Excluded Subject to Section 58.5 Single Family Housing Rehabilitation CDBG Grant FFY 2021-2025 Request for Comments

Dear Mr. Oseola,

The City of Port St. Lucie is considering funding the project listed above with federal funds from the U.S. Department of Housing and Urban Development (HUD). Under HUD regulation 24 CFR 58.4, the City of Port St. Lucie has assumed the environmental review responsibilities for the project, including tribal consultation related to historic properties. Historic properties include archeological sites, burial grounds, sacred landscapes or features, ceremonial areas, traditional cultural places and landscapes, plant and animal communities, and buildings and structures with significant tribal association.

The City of Port St. Lucie Single Family Housing Rehabilitation program may supply Community Development Block Grant (CDBG) funds for the rehabilitation of single-family owner occupied housing to provide a suitable living environment by increasing the supply of safe, decent, affordable owner occupied housing.

The City of Port St. Lucie will conduct a review of this project to comply with Section 106 of the National Historic Preservation Act and its implementing regulations 36 CFR Part 800. We would like to invite you to be a consulting party in this review to help identify historic properties in the project area that may have religious and cultural significance to your tribe, and if such properties exist, to help assess how the project might affect them. If the project might have an adverse effect, we would like to discuss possible ways to avoid, minimize or mitigate potential adverse effects.

To meet project timelines, if you would like to be a consulting party on this project, please inform us of your interest within 30 days. If you have any initial concerns with impacts of the project on religious or cultural properties, please note those concerns in your response by contacting Alex Tasca, Community Programs Administrator, City of Port St. Lucie at (772) 871-7395 or by e-mail at atasca@cityofpsl.com and please copy J. Corbett Alday, Vice President, Guardian CRM, Inc., at (352) 427-3902 or e-mail at Corbett.Alday@GuardianCRM.com.

Sincerely,


Russ Blackburn
City Manager, City of Port St. Lucie

121 S.W. Port St Lucie Boulevard • Port St. Lucie, FL 34984-5099 • 772-871-5163



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CITY OF PORT ST. LUCIE

Office of the City Manager

RUSS BLACKBURN
City Manager

Miccosukee Tribe of Indians
ATTN: Billy Cypress, Chairperson
PO Box 440021
Miami, FL 33144

Subject: City of Port St. Lucie - Broad-Level Tiered Environmental Review for Activity/Project that is Categorically Excluded Subject to Section 58.5 Single Family Housing Rehabilitation CDBG Grant FFY 2021-2025 Request for Comments

Dear Mr. Cypress,

The City of Port St. Lucie is considering funding the project listed above with federal funds from the U.S. Department of Housing and Urban Development (HUD). Under HUD regulation 24 CFR 58.4, the City of Port St. Lucie has assumed the environmental review responsibilities for the project, including tribal consultation related to historic properties. Historic properties include archeological sites, burial grounds, sacred landscapes or features, ceremonial areas, traditional cultural places and landscapes, plant and animal communities, and buildings and structures with significant tribal association.

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Sincerely,

Russ Blackburn
City Manager, City of Port St. Lucie

121 S.W. Port St Lucie Boulevard • Port St. Lucie, FL 34984-5099 • 772-871-5163



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CITY OF PORT ST. LUCIE

Office of the City Manager

RUSS BLACKBURN
City Manager

Muscogee (Creek) Nation
ATTN: David Hill, Principal Chief
PO Box 580
Okmulgee, FL 74447

Subject: City of Port St. Lucie - Broad-Level Tiered Environmental Review for Activity/Project that is Categorically Excluded Subject to Section 58.5 Single Family Housing Rehabilitation. CDBG Grant FFY 2021-2025 Request for Comments

Dear Mr. Hill,

The City of Port St. Lucie is considering funding the project listed above with federal funds from the U.S. Department of Housing and Urban Development (HUD). Under HUD regulation 24 CFR 58.4, the City of Port St. Lucie has assumed the environmental review responsibilities for the project, including tribal consultation related to historic properties. Historic properties include archeological sites, burial grounds, sacred landscapes or features, ceremonial areas, traditional cultural places and landscapes, plant and animal communities, and buildings and structures with significant tribal association.

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Sincerely,


Russ Blackburn
City Manager, City of Port St. Lucie

121 S.W. Port St. Lucie Boulevard • Port St. Lucie, FL 34984-5099 • 772-871-5163



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CITY OF PORT ST. LUCIE

Office of the City Manager

RUSS BLACKBURN
City Manager

Muscogee (Creek) Nation
ATTN: Corain Lowe-Zepeda THPO
PO Box 580
Okmulgee, FL 74447

Subject: City of Port St. Lucie - Broad-Level Tiered Environmental Review for Activity/Project that is Categorically Excluded Subject to Section 58.5 Single Family Housing Rehabilitation CDBG Grant FY 2021-2025 Request for Comments

Dear Ms. Lowe-Zepeda,

The City of Port St. Lucie is considering funding the project listed above with federal funds from the U.S. Department of Housing and Urban Development (HUD). Under HUD regulation 24 CFR 58.4, the City of Port St. Lucie has assumed the environmental review responsibilities for the project, including tribal consultation related to historic properties. Historic properties include archeological sites, burial grounds, sacred landscapes or features, ceremonial areas, traditional cultural places and landscapes, plant and animal communities, and buildings and structures with significant tribal association.

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Sincerely,

Russ Blackburn
City Manager, City of Port St. Lucie

121 S.W. Port St Lucie Boulevard • Port St. Lucie, FL 34984-5099 • 772-871-5163

Grantee Unique Appendices



CITY OF PORT ST. LUCIE
Neighborhood Services Department

MEMORANDUM

To: Russ Blackburn - City Manager
Thru: David Graham – Assistant City Manager
From: Carmen A. Capezzuto – Neighborhood Services Director
Rosa Reina – Neighborhood Services Budget Specialist
Re: 20/21 HOPWA (Housing Opportunities for Persons With Aids) funding
Date: June 12, 2020

HOPWA funding is best utilized when the grant funding is deferred back to the State (DOH) to be leveraged with the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act which was the recommendation received from HUD Office of Community Planning & Development.

To better leverage our HOPWA grant funds with the funding available through the Ryan White CARE Act funding we are requesting re-designation of the 20/21 \$704,629 in HOPWA funding to the Florida Department of Health. Deferring the funds to the Florida Department of Health will ensure that the funds are properly expended, and that no interruption of services is experienced for those currently benefitting from the HOPWA programs.

The HOPWA funding re-designation opportunity must be recertified on an annual basis. The attached re-designation agreement has been reviewed and approved as to form by Deputy City Stefanie Beskovoyne. We are exploring with Kenneth Pinnix, HUD CPD Representative, the possibility of entering into a multi-year re-designation agreement for future years.

Please let us know if you should have any questions or need additional information.

Attachments:
HOPWA Re-Designation Agreement

121 S.W. Port St. Lucie Boulevard • Port St. Lucie, FL 34984-5099
Phone • (772) 871-5010 Fax • (772) 344-4181 TDD Line • (772) 344-4222
Email • nsd@cityofpsl.com Website • www.cityofpsl.com

**CITY OF PORT ST. LUCIE FISCAL YEAR 2020
HOPWA GRANTEE RE-DESIGNATION AGREEMENT**

The City of Port St. Lucie elects to re-designate the Fiscal Year 2020 HOPWA grantee funds for the Port St. Lucie, Florida Metropolitan Statistical Area (MSA) to the State of Florida, Department of Health. The State of Florida, Department of Health is the designated grantee and recipient of the HOPWA funds for services benefitting clients within their service area that includes St. Lucie and Martin Counties.

The City of Port St. Lucie hereby relinquishes complete responsibility for grant management activities and administrative oversight for said Port St. Lucie MSA Fiscal Year 2020 HOPWA funds to the State of Florida, Department of Health, effective for the fiscal year 2020. The State of Florida, Department of Health also accepts the designation to receive HOPWA funds on behalf of the Port St. Lucie MSA client, effective for the Federal Fiscal Year 2020.

The U.S. Department of Housing and Urban Development (HUD) acknowledges this re-designation and shall incorporate the HOPWA fund allocation for the Port St. Lucie MSA into the State of Florida, Department of Health allocation as one grant for the Federal Fiscal Year 2020.

CITY OF PORT ST. LUCIE

BY: 
Russ Blackburn CITY MANAGER

DATE: 6-25-2020

ATTEST:


CITY CLERK

APPROVED TO FORM:

DATE:  6/24/2020
CITY ATTORNEY

STATE OF FLORIDA, DEPARTMENT OF HEALTH

BY: _____
SECRETARY FOR HEALTH

DATE: _____

UNITED STATES OF AMERICA, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT:

BY: _____

DATE: _____



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CITY OF PORT ST. LUCIE

Office of the City Manager

RUSS BLACKBURN
City Manager

April 28, 2020

Lisa Hill
Director /Community Planning and Development
U.S. Department of Housing and Urban Development
Jacksonville Field Office
400 West Bay St. Suite 1015
Jacksonville, FL 32202

Dear Ms. Hill,

The City was recently notified of supplemental HOPWA funding to be utilized for Coronavirus Aid under the CARES Act. Since 2017 the City of Port St Lucie has elected to re-designate the HOPWA funding received, as an Entitlement community, to the State of Florida Department of Health.

At this time, the City of Port St Lucie would like to re-designate the attached Coronavirus Aid funding to the State of Florida Department of Health for grant management and administrative oversight. Please let me know if you should have any questions or need additional information regarding this request. Thank you.

Sincerely,

Russ Blackburn
City Manager

Attachment:

April 2, 2020 Letter from John Gibbs, Acting Assistant Secretary (HUD)

c. Tonya R. Madison, HUD Community Planning and Development Representative

121 S.W. Port St Lucie Boulevard • Port St. Lucie, FL 34984-5099 • 772-871-5163



ASSISTANT SECRETARY FOR
COMMUNITY PLANNING AND DEVELOPMENT

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410-7000

April 2, 2020

The Honorable Gregory Oravec
Mayor of Port St Lucie
121 SW Port Street Lucie Boulevard
Port St Lucie, FL 34984-5042

Dear Mayor Oravec:

I am pleased to inform you of your jurisdiction's Housing Opportunities for Persons With AIDS (HOPWA) supplemental allocation in the amount of \$102,544 provided under the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") (Pub. L. No. 116-136), which was signed into law on March 27, 2020. The supplemental funds provided under the CARES Act are to be used by HOPWA grantees as additional funding to maintain operations and for rental assistance, supportive services, and other necessary actions, in order to prevent, prepare for, and respond to coronavirus.

This supplemental award may be used to reimburse allowable costs incurred prior to the receipt of your supplemental award provided such costs were to prevent, prepare for, or respond to coronavirus. Activities for which grantees may use the supplemental grant funds include, for example:

- assisting HOPWA eligible households in accessing essential services and supplies such as food, water, medications, medical care, and information;
- educating assisted households on ways to reduce the risk of getting sick or spreading infectious diseases such as COVID-19 to others;
- providing transportation services for eligible households, including costs for privately-owned vehicle transportation when needed, to access medical care, supplies, and food or to commute to places of employment;
- providing nutrition services for eligible households in the form of food banks, groceries, and meal deliveries;
- providing lodging at hotels, motels, or other locations to quarantine HOPWA-eligible persons or their household members; and
- providing short-term rent, mortgage, and utility (STRMU) assistance payments to prevent homelessness of a tenant or mortgagor of a dwelling for a period of up to 24 months.

In addition, the Office of Community Planning and Development has provided certain regulatory waivers to offer additional flexibility to program participants to prevent the spread of COVID-19 and to facilitate assistance to eligible communities and households economically impacted by the virus. Grantees should consult the ["Availability of Waivers of Community Planning and Development \(CPI\) Grant Program and Consolidated Plan Requirements to Prevent the Spread](#)

www.hud.gov

espanol.hud.gov

of COVID-19 and Mitigate Economic Impacts Caused by COVID-19” memorandum for more information on the availability of waivers related to COVID-19.

Formula Grantees should follow existing requirements for development of substantial amendments to their action plans that describe the amount of funding in the supplemental allocation and the planned use of funds. Please note, however, that the 30-day minimum for the required public comment period is waived for substantial amendments, provided that no less than five (5) days are provided for public comment on each substantial amendment. This waiver is available through the end of each grantee’s 2020 program year.

A new grant agreement for this allocation will be issued through your local HUD field office. Within fourteen (14) days of executing their grant agreements with HUD, grantees will also be expected to execute new project sponsor agreements addressing how the supplemental funding will be used. Further guidance pertaining to the administration of the supplemental allocation, including eligible uses of the grant funding and reporting requirements, is forthcoming.

The Office of Community Planning and Development is looking forward to working with you as you implement critical actions to prevent, prepare for, and respond to COVID-19 in your community. If you or any member of your staff have questions, please contact your local CPD Office Director.

Sincerely,




John Gibbs
Acting Assistant Secretary
for Community Planning and Development
U.S. Department of Housing and Urban Development

Grantee SF-424's and Certification(s)

OMB Number: 4840-0004
 Expiration Date: 12/31/2022

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* 3. Revision, select appropriate item(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 10/01/2021	4. Applicant Identifier: B-20-M2-12-0038	
6a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only: 6. Date Received by State: <input type="text"/>		
7. State Application Identifier: <input type="text"/>		
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Port St Lucie		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 85-6141662	* c. Organizational DUNS: 025204130000	
d. Address:		
* Street: 121 SW Port St Lucie Blvd.	<input type="text"/>	
* City: Port St Lucie	<input type="text"/>	
* State: FL: Florida	<input type="text"/>	
* Zip / Postal Code: 34984-5099	<input type="text"/>	
e. Organizational Unit:		
Department Name: Neighborhood Services	Division Name: Planning Division	
1. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Cameron	<input type="text"/>
Middle Name: A.	<input type="text"/>	
* Last Name: Caparuto	<input type="text"/>	
Suffix:	<input type="text"/>	
Title: Director Neighborhood Services		
Organizational Affiliation: City of Port St Lucie		
* Telephone Number: 372-871-8148	Fax Number: 372-344-4540	
* Email: camenc@cityofpsl.com		

Application for Federal Assistance SF-424	
* 9. Type of Applicant 1: Select Applicant Type: <input type="checkbox"/> City or Township <input type="text"/>	
Type of Applicant 2: Select Applicant Type: <input type="text"/>	
Type of Applicant 3: Select Applicant Type: <input type="text"/>	
* Other (specify): <input type="text"/>	
* 10. Name of Federal Agency: Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number: <input type="text" value="14-218"/> CFDA Title: <input type="text" value="COMMUNITY DEVELOPMENT BLOCK GRANT"/>	
* 12. Funding Opportunity Number: City: B-20-02-12-008 Title: <input type="text" value="COMMUNITY DEVELOPMENT BLOCK GRANT CONSOLIDATED PLAN 2021-2025"/>	
13. Competition Identification Number: <input type="text"/> Title: <input type="text"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
* 15. Descriptive Title of Applicant's Project: <input type="text" value="Consolidated Plan 2020-2025, Action Plan 2021-2025 submission"/>	
Attach supporting documents as specified in agency instructions <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	

Application for Federal Assistance SF-424	
16. Congressional District or:	
* a Applicant: <input type="text" value="PL-018"/>	* b Program/Project: <input type="text" value="PL-018"/>
Attach an additional list of Program-Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a Start Date: <input type="text" value="10/01/2021"/>	* b End Date: <input type="text" value="09/30/2022"/>
18. Estimated Funding (\$):	
* a Federal	<input type="text" value="1,071,986.00"/>
* b Applicant	<input type="text"/>
* c State	<input type="text"/>
* d Local	<input type="text"/>
* e Other	<input type="text"/>
* f Program Income	<input type="text"/>
* g TOTAL	<input type="text" value="1,071,986.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12872 Process? <input type="checkbox"/> a. This application was made available to the State under the Executive Order 12872 Process for review on <input type="text"/> . <input type="checkbox"/> b. Program is subject to E.O. 12872 but has not been selected by the State for review. <input checked="" type="checkbox"/> c. Program is not covered by E.O. 12872	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", provide explanation and attach <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1401) <input checked="" type="checkbox"/> ** I AGREE <small>** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>	
Authorized Representative:	
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Russell"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Blackburn"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="City Manager"/>	
* Telephone Number: <input type="text" value="772-871-5163"/>	Fax Number: <input type="text" value="772-871-5208"/>
* Email: <input type="text" value="rblackburn@cityofpsl.com"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text" value="8-16-2021"/>

Specific Community Development Block Grant Certifications

The Entitlement Community certifies that:

Citizen Participation – It is in full compliance and following a detailed citizen participation plan that satisfies the requirements of 24 CFR 91.105.

Community Development Plan -- Its consolidated plan identifies community development and housing needs and specifies both short-term and long-term community development objectives that have been developed in accordance with the primary objective of the CDBG program (i.e., the development of viable urban communities, by providing decent housing and expanding economic opportunities, primarily for persons of low and moderate income) and requirements of 24 CFR Parts 91 and 570.

Following a Plan -- It is following a current consolidated plan that has been approved by HUD.

Use of Funds -- It has complied with the following criteria:

1. **Maximum Feasible Priority.** With respect to activities expected to be assisted with CDBG funds, it has developed its Action Plan so as to give maximum feasible priority to activities which benefit low- and moderate-income families or aid in the prevention or elimination of slums or blight. The Action Plan may also include CDBG-assisted activities which the grantee certifies are designed to meet other community development needs having particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available (see Optional CDBG Certification).

2. **Overall Benefit.** The aggregate use of CDBG funds, including Section 108 guaranteed loans, during program year(s) 2021 [a period specified by the grantee of one, two, or three specific consecutive program years], shall principally benefit persons of low and moderate income in a manner that ensures that at least 70 percent of the amount is expended for activities that benefit such persons during the designated period.

3. **Special Assessments.** It will not attempt to recover any capital costs of public improvements assisted with CDBG funds, including Section 108 loan guaranteed funds, by assessing any amount against properties owned and occupied by persons of low and moderate income, including any fee charged or assessment made as a condition of obtaining access to such public improvements.

However, if CDBG funds are used to pay the proportion of a fee or assessment that relates to the capital costs of public improvements (assisted in part with CDBG funds) financed from other revenue sources, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds.

In addition, in the case of properties owned and occupied by moderate-income (not low-income) families, an assessment or charge may be made against the property for public improvements financed by a source other than CDBG funds if the jurisdiction certifies that it lacks CDBG funds to cover the assessment.

Excessive Force – It has adopted and is enforcing:

1. A policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in non-violent civil rights demonstrations; and
2. A policy of enforcing applicable State and local laws against physically barring entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstrations within its jurisdiction.

Compliance with Anti-discrimination laws - The grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and the Fair Housing Act (42 U.S.C. 3601-3619) and implementing regulations.

Lead-Based Paint -- Its activities concerning lead-based paint will comply with the requirements of 24 CFR Part 25, Subparts A, B, J, K and R.

Compliance with Laws -- It will comply with applicable laws.


Signature of Authorized Official

9-10-2021
Date

City Manager
Title

Specific HOME Certifications

The HOME participating jurisdiction certifies that:

Tenant Based Rental Assistance – If it plans to provide tenant-based rental assistance, the tenant-based rental assistance is an essential element of its consolidated plan.

Eligible Activities and Costs -- It is using and will use HOME funds for eligible activities and costs, as described in 24 CFR §§92.205 through 92.209 and that it is not using and will not use HOME funds for prohibited activities, as described in §92.214.

Subsidy Layering – Before committing any funds to a project, it will evaluate the project in accordance with the guidelines that it adopts for this purpose and will not invest any more HOME funds in combination with other Federal assistance than is necessary to provide affordable housing;


Signature of Authorized Official 9-10-2021
Date

City Manager
Title

Housing Opportunities for Persons With AIDS Certifications

The HOPWA grantee certifies that:

Activities -- Activities funded under the program will meet urgent needs that are not being met by available public and private sources.

Building -- Any building or structure assisted under that program shall be operated for the purpose specified in the consolidated plan:

1. For a period of not less than 10 years in the case of assistance involving new construction, substantial rehabilitation, or acquisition of a facility,
2. For a period of not less than 3 years in the case of assistance involving non-substantial rehabilitation or repair of a building or structure.


Signature of Authorized Official

9-10-2021
Date

City Manager
Title

APPENDIX TO CERTIFICATIONS

INSTRUCTIONS CONCERNING LOBBYING CERTIFICATION:

Lobbying Certification

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of no less than \$10,000 and not more than \$100,000 for each such failure.

Appendix - Alternate/Local Data Sources