



**The Childhood Connection: A Strategic Assessment
for Martin County's Future**



Acknowledgements



The Childhood Connection: A Strategic Assessment for Martin County's Future could not be produced and distributed without the help of numerous people. These efforts will be shared with policymakers, advocates, practitioners and citizens to help enrich our community and ultimately improve outcomes for Martin County's most vulnerable children and families.



We are especially grateful to the Martin County funders and the Steering Committee: Allegany Franciscan Ministries, Business Development Board of Martin County, Children's Services Council of Martin County, Martin County Board of County Commissioners, and United Way of Martin County.



The Children's Services Council of Martin County's Community Advisory Panel was instrumental in the direction and organization of data collected and presented in this document: Mark Chittum, previous Administrator MC Health Department; Alexander M. Connolly, Learning for Life Director, Gulf Stream Council of the Boy Scouts of America, Inc.; Jim Dragseth, Whiticar Boat Works, Inc.; Tracey Etelson, MBA, Head of School, Bridges Montessori, Bright Horizons Family Solutions; David Heaton, Executive Director, Children's Services Council of Martin County; Bob McPartlan, Community Development Administrator, Department of Children and Families; Kate Parmelee, Intergovernmental & Grants Coordinator, Martin County Board of County Commissioners; Rob Ranieri, former member of Children's Services Council of Martin County, COO The Firefly Group; Upendo Shabazz-Phillips, Regional VP-Palm Beach Region, Allegany Franciscan Ministries, Inc.; Tammy Simoneau, Executive Director, Economic Council of Martin County; Crystal Stiles, Vice President, United Way of Martin County; James Vojcsik, Executive Director, United Way of Martin County; Jillian C. Vukusich, CAP, VP of Community Investment, Community Foundation for Palm Beach and Martin Counties.



Special thanks to our team of editors: Bliss Browne, President, Imagine Chicago; Nelle Brown, PhD and Suzanne Wentley, Public Education Coordinator, Children's Services Council of Martin County.



The publication was authored and produced by the general direction of staff at the Whole Child Connection (Nicole King, Executive Director, Whole Child Connection, Inc.) and the Children's Services Council of Martin County (Sarah C. Gosney, Director of Policy & Operations, and Annette T. Sparling, M.H.A., Research Analyst).



Finally, we would like to thank our Community Partners for their support and assistance in collecting survey data on the status and well-being of children and families in Martin County.



“Improving the lives of all families by providing the connection to a complete network of community resources.”

What is the childhood connection? Simply put, the health and well-being of children and families in Martin County is directly and deeply connected to the overall quality of life for residents of all ages. Safe neighborhoods, high property values, a strong economy with a robust work force and the general good health of our neighbors and friends are all reasons why we chose to live in this beautiful community. Caring for our youngest and oldest residents is critical for the wonderful lifestyle of Martin County.

So as we embarked on compiling this community needs assessment, we sought to determine the priority areas in which our community is doing well and those areas that still need work. Our goal was to create a research-driven document that will be used in strategic planning for funders and decision-makers to make Martin County an even better place to live.

As you will see in this document, there is compelling national research that identifies the importance of investing in the health and well-being of our children and families early on and throughout the life of the child. We have identified and focused on the key child health and well-being indicators to point us toward the best results we seek for our community: healthy young residents who live in safe, stable communities with strong, nurturing families. By being more likely to succeed in school and in life, these children are able to contribute to the long-term vitality of Martin County.

By working collaboratively and with a commitment to funding, research and results, funding agencies and decision-makers in our community can make a measurable difference. Together, we can create a strong, healthy and vibrant Martin County for years to come.

Sincerely,

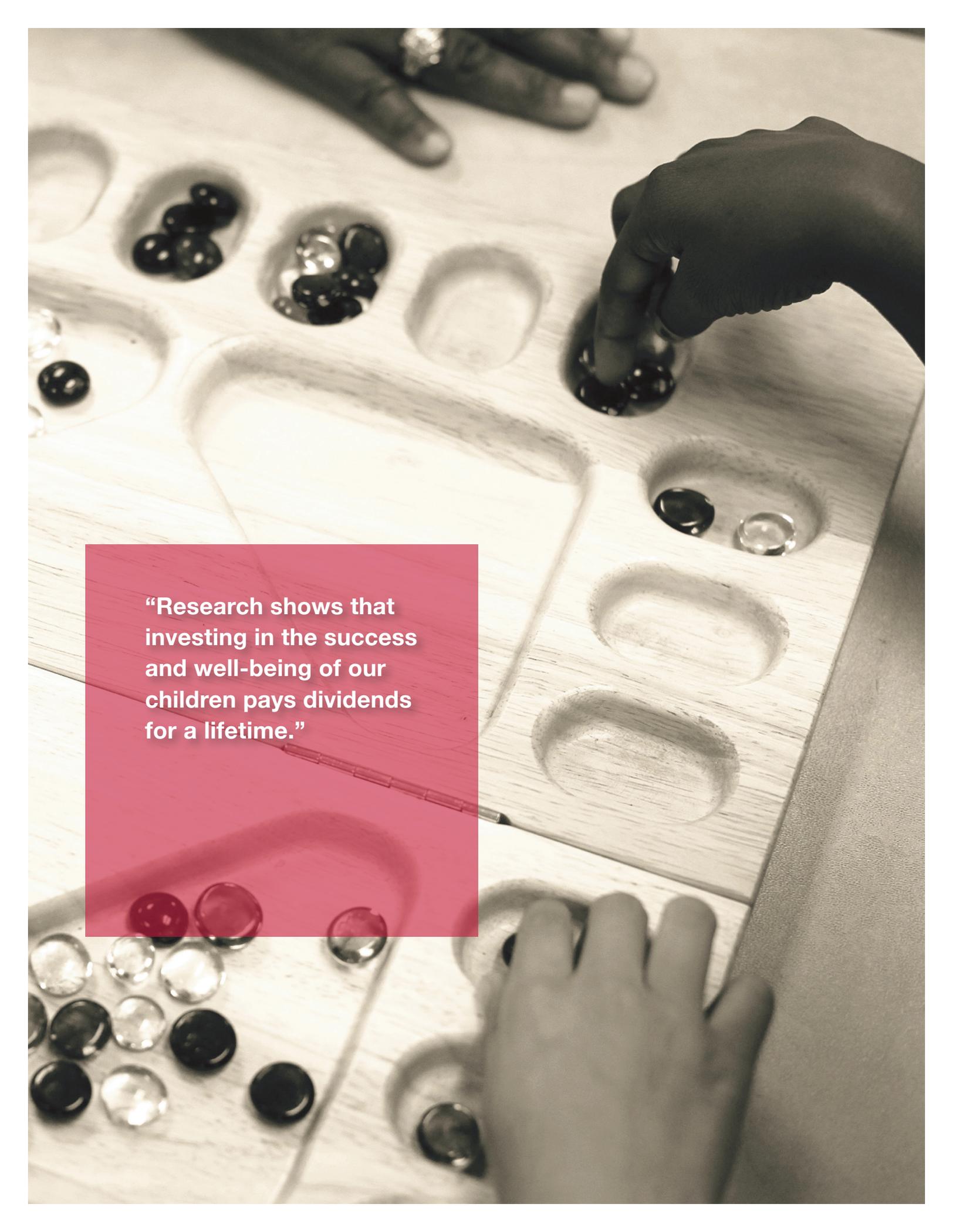
A handwritten signature in cursive script that reads "Nicole King". The ink is dark and the signature is fluid and legible.

Nicole King



Contents

- 02** Call to Action
- 04** Why Invest in Children? What the Research Says
- 06** Martin County Fast Facts
- 08** Methodology and Qualitative Findings
- 11** Quantitative Findings
- 14** Priority Areas and Related Indicators
 - 14** Healthy Children
 - 25** Strong, Nurturing Families
 - 31** Safe, Stable Communities
 - 36** Success in School
- 43** Martin County Child Health and Well-Being Report Card
- 45** Appendix
 - Useful Links



“Research shows that investing in the success and well-being of our children pays dividends for a lifetime.”



Call to Action

Research shows that investing in the success and well-being of our children pays dividends for a lifetime. Creating an environment that is safe, nurturing and healthy for our youngest residents leads to a higher quality of life for all residents both now and in the future.

The Childhood Connection shows what past investments are paying off and what more it will take for Martin County's children and families to become successful and productive. We call for local funders and decision makers to come together and, with this research and analysis in hand, to recommit to collaboration, strategic investment, needed research and targeted results.

Call to action: Commit to results

Martin County is a great place to live but not yet for everyone. Some of Martin County's children still go to bed hungry even with parents working hard. Stress and financial hardship are eroding the capacity of many families to provide a supportive environment for their children. Too many parents are raising children alone. Rising obesity rates, elementary school children who are not reading proficiently, and disparities in community health and safety all undermine the vitality of the community as a whole.

Call to action: Commit to collaboration

Collaboration is critical to addressing the emerging and continuing needs outlined in this document. No one agency can achieve the results needed working alone. Efficacy requires sharing important information and coordination of services in service of shared strategic goals.

Fortunately, well-established cross-agency forums exist in Martin County, including the Shared Services Network, Inter-Agency Coalition, Healthy Start Coalition and the Local and Regional Funder's Meeting. Opportunities for ongoing input and community feedback have been made available through the United Way of Martin County's Community Conversations and the annual State of the Child Symposium hosted by the Children's Services Council of Martin County.

Building on this excellent base, we must expand collaborative, strategic efforts that most improve the lives of our children.

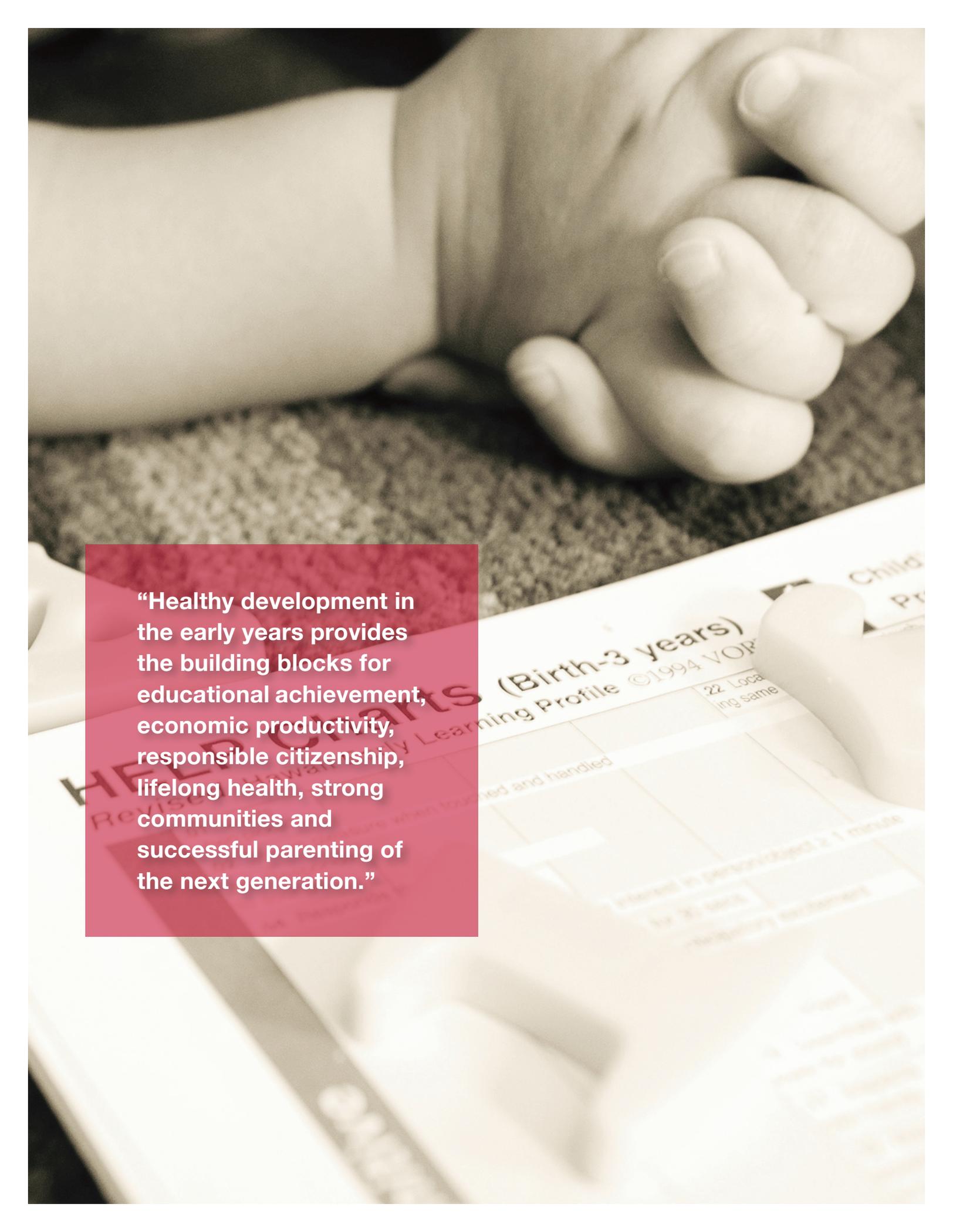
Call to action: Commit to funding and to educating the public

We encourage local funders and decision-makers to utilize *The Childhood Connection* to establish shared investment priorities, and to reenergize the establishment, dissemination and accomplishment of targeted community goals that benefit children. Local and regional funders understand the dividends of investing in children and of funding strategic initiatives most likely to increase the health and well-being of our youngest citizens. Sharing and leveraging this wealth of understanding and commitment is critical.

Call to action: Commit to research

Wise investment is built on solid, credible information, particularly given the dynamic nature of our community. Continuing research about what our children need and what programs and services have positive impact must be done and widely shared. The research gathered here points to what is working well locally and what needs improvement as well as areas in which further research is needed. We must focus our investments in ways that can make the most difference. Evidence based research can improve results.

The success of Martin County requires all residents to be well informed and engaged in addressing the work that *The Childhood Connection* brings to light. Our children depend on us, our wise choices and our commitment to them.



“Healthy development in the early years provides the building blocks for educational achievement, economic productivity, responsible citizenship, lifelong health, strong communities and successful parenting of the next generation.”



Why Invest in Children: What the Research Says

Good investments produce positive returns. This is especially true when investing in the development and health of children to ensure the future vitality of Martin County. New scientific research shows that a child's early years set the stage for all future development.

Advances in neuroscience, molecular biology and genomics now give us a much better understanding of how early experiences are built into our bodies and brains, for better and for worse. Healthy development in the early years provides the building blocks for educational achievement, economic productivity, responsible citizenship, lifelong health, strong communities and successful parenting of the next generation.^{1,2,3,4}

Understanding the science behind the policy of early investment in children should support and encourage community-wide efforts to reduce risks and increase positive interactions that contribute to a child's ability to reach his or her full potential. The following research shows the importance of early experiences on health, the capacity for learning and success throughout life:

1. New scientific research shows that environmental influences can affect whether and how genes are expressed.

The old idea that genes alone determine development has been disproven. In fact, scientists have discovered that early experiences can determine how genes are turned on and off and even whether some are expressed at all. This process gets built over time as positive experiences, such as exposure to rich learning opportunities, or negative influences, such as stressful life circumstances, leave a chemical "signature" on the genes. These signatures can be temporary or permanent, and both types affect how easily the genes are expressed.^{5,6,7}

2. Early childhood experiences build brain architecture and shape brain chemistry.

The basic architecture of the human brain is constructed through an ongoing process that begins before birth and continues into adulthood. Genes provide the basic blueprint, but experiences influence how or whether genes are expressed. Together, they shape the quality of brain architecture and establish either a sturdy or fragile foundation for all of the learning, health, and behavior that follow. Whether that foundation is sturdy or fragile depends to a great degree on the quality of the young child's early environments and relationships.⁸

3. The "back-and-forth" interaction between children and significant adults in their lives shapes brain circuitry.

One of the most essential experiences in shaping the architecture of the developing brain is the "back-and-forth" interaction between children and significant adults in their lives. Young children naturally reach out for interaction through babbling and facial expressions and adults respond with the same kind of vocalizing and gesturing back at them. This back-and-forth process is fundamental to the wiring of the brain, especially in the earliest years. If adults do not respond by getting in sync and doing the same kind of vocalizing and gesturing back at them, the child's learning process is incomplete. This has negative implications for later learning.⁹

4. Toxic stress derails healthy development.

Chronic stressful conditions such as poverty, abuse, or maternal depression – what scientists now call "toxic stress" – can also disrupt the architecture of the developing brain. This can lead to lifelong difficulties



Why Invest in Children: What the Research Says

in learning, memory and self-regulation. We know that children who are exposed to serious early stress develop an exaggerated stress response that, over time, weakens their defense system against diseases, from heart disease to diabetes and depression.^{10,11}

5. Providing supportive, responsive relationships as early in life as possible can prevent or reverse the damaging effects of toxic stress.

Children develop in an environment of relationships that begins in the home and includes extended family members, early care and education providers and members of the community. The support and interaction of trusted adults shapes a child's brain circuits and can affect academic performance and interpersonal skills later in life.⁸ The disruption of those relationships – such as the removal of a parent's attentions due to multiple jobs or incarceration – or exposure to violence inside and outside the home can harm the child because they literally disrupt the orderly architecture of the developing brain and weaken its structure for future skill development.^{12,13}

6. Life Course Perspective: Health pathways are built – or diminished – over the lifespan.

Based on growing and converging scientific evidence from reproductive health sciences, developmental and neurosciences, Life Course Perspective offers several key concepts:^{14,15,16,17}

- A life course does not reflect a series of discrete steps, but rather an integrated continuum of exposures, experiences and interactions.
- Health pathways are particularly affected during critical or sensitive periods (e.g., during fetal development, in early childhood, during adolescence, etc.).
- While individual pathways vary, patterns can be predicted for populations and communities based on social, economic and environmental exposures and experiences (e.g., safe housing, areas for recreation, availability of nutritious foods, clean air and water, racism, poverty status of families and communities, job opportunities, community or family violence, maternal stress, etc.).¹⁸

Science has shown that providing stable, responsive and nurturing relationships in the earliest years of life can prevent or even reverse the damaging effects of early life stress, with lifelong benefits for learning, behavior and health. What happens in early childhood can matter for a lifetime. That's why investments in children can make a dramatic difference in the overall health, strength and economic stability of Martin County as a whole.



Martin County Fast Facts

Martin County is one of 3 coastal counties that make up the “Treasure Coast” more recently known as the “Research Coast.” Approximately 556 square miles in area, Martin County sits roughly halfway between Miami and Orlando, just north of Palm Beach County and south of St. Lucie County.

Martin County Population 2011 147,495
 Median Age 2011 50.5 years
 Median Income 2011 \$50,022

Source: U.S. Census Bureau, 2011 American Community Survey

Martin County Population By Age 2011

Age	Number	Percentage
0-17 Years	25,823	17.5%
18-24 Years	10,087	6.8%
25-44 Years	26,631	18.1%
45-64 Years	44,111	29.9%
65 Years and older	40,843	27.7%

Martin County Population By Race and Hispanic Origin 2011

	White	Black	Hispanic
Number	117,625	7,762	18,256
Percent	79.5%	5.3%	12.4%

Martin County Child Population by Race and Hispanic Origin 2011

	White	Black	Hispanic
0-5 Years	57%	12%	31%
5-9 Years	58%	11%	31%
10-14 Years	75%	6%	18.7%
15-17 Years	74%	7%	18.5%

Source: U.S. Census Bureau, 2011 American Community Survey

Individuals Living Below the Poverty Level in 2011 17%
 Youth Under 18 Living at or Below 100% of the Federal Poverty Level in 2011 21.8%
 Total Percent of Student Population on Free/Reduced Lunch Program 40.7%
 Unemployment Rate 2011 11.5%
 Homeless Estimate 2011 517

Sources: Martin County School District and Head Start Community Assessment, 2011

Definition: In 2011, the poverty threshold for a family of two adults and two children was \$22,811.

Source: U.S. Census Bureau



“Science has shown that providing stable, responsive and nurturing relationships in the earliest years of life can prevent or even reverse the damaging effects of early life stress, with lifelong benefits for learning, behavior and health.”



Methodology

The Childhood Connection utilized local, state and national data to create a research-based document intended to assist local funders and decision makers in their own strategic planning processes.

The processes described below illustrate how the priority areas were identified for Martin County, including those where we are doing well and those areas that still need work.

Three different research processes of data collection and analysis were used:

Quantitative data. This data included key indicators, trend lines, benchmarks and needed outlier information that informed analysis. Indicators were selected that:

- Signal Importance – clearly communicate why they are important and how they are logically tied to the goals and initiatives.
- Measure Child Well-Being – These are measures of health, behavior, and development rather than measures of program operation or functionality.
- Are Created From Trustworthy Data Sources
- Are Reliable Proxies – If there are no direct measures of the results desired, then select indicators that support the desired results closely as possible.
- Avoid Attributing “Cause and Effect” to Indicators – Indicators can help assess the effects of an initiative, but caution is needed before attributing results to any one program or factor or even to the collective effort.

Quantitative data was developed from two types of indicator categories: child well-being and contextual indicators.

- Child well-being indicators are direct measures of development and well-being among children.
- Contextual indicators describe family, school, and community influences on healthy child development.

Qualitative data. This additional data collection involved community residents being asked to assess the needs and assets of their community as they relate to children and families. Qualitative data was collected via surveys, focus groups, and interviews in this assessment. Understanding the perspectives and varying points of view of Martin County residents was useful to determine if the perspectives align with what the quantitative data suggests. The individual qualitative studies are included in the appendices.

In brief, the series of qualitative studies utilized included:

A. A Telephone Survey of 403 residents, conducted by SRA Research Group, Inc. The survey was representative of the population by zip code and demographics in Martin County. The interviews were conducted in English only. Thirty-two percent of respondents were in households with children under 18. The following populations were under-represented:

- Residents under the age of 44
- Indiantown residents
- Hispanic residents with an annual household income under \$50,000.



Methodology

B. Focus Groups with Providers and Grassroots Community Leaders, conducted by SRA Research Group, Inc. Two focus groups assisted in providing information about populations that were not typically reached by the Telephone Survey. The groups consisted of 12-15 participants, recruited by SRA, who live or work with populations that are difficult to reach, may be non-English speaking, and/or are clients of service providers. Focus group research does not provide a statistically accurate indication of reactions to a specific concept or service. Similar to other qualitative studies, it does offer a good indication of perceptions, ideas, and feelings.

C. Interviews with Community Leaders, were conducted with eleven individuals, including the school superintendent, the sheriff, a Martin County legislator, the director of the Economic Council, members of the business community, the county administrator, and a juvenile judge. These leaders were asked what they thought the most significant trends, events, and developments were facing Martin County's children and families. They were also asked what quality of life conditions they want for the children and families who live here?

D. On-site surveys were conducted with 330 Martin County residents, all served by the health and human service agencies in Martin County. The survey also reached a population that was under-represented in the Telephone Survey. A total of 330 families, largely low-income Hispanic families, many from Indiantown, and most with children between the ages of 0 and 10, completed the survey. The agencies that administered the survey to the families they serve include: Whole Child Connection, Head Start, Helping People Succeed, Early Learning Coalition, Dunbar Child Care Center, and the House of Hope.

Related Assessments. In addition to the series of qualitative and quantitative studies conducted, staff also reviewed related community assessments conducted by a community collaborative, the United Way of Martin County and the Children's Service Council of Martin County. Relevant data is also included in the emerging issues for each section. The related assessments include:

- Martin County Health Collaborative Community Assessment
- United Way of Martin County Strategic Plan
- State of the Child 2012, a Children's Services Council of Martin County Symposium

Note: Links to these assessments are included in the Appendix



Qualitative Findings

Qualitative data was collected through surveys, focus groups and interviews with targeted groups of community residents. Participants were asked various questions to elicit their perspective on the needs and assets of Martin County's children and families. The information provides the varying points of view of Martin County residents (See Methodology). There were common threads that were evident in these measures and those are reflected below. The following research illustrates the importance of early experiences on health, the capacity for learning and success throughout life.

- The current economic conditions negatively impacted 25% of people responding to the Telephone Survey and 50% of the families responding to the On-Site Survey.
- Focus Group participants agreed that the economy is affecting a new segment of the population; previously middle class families that have shifted to working poor status. These family members are often either unemployed or underemployed and often find it difficult to utilize needed services (ineligible, don't know how to apply, and/or stigma associated with receipt of services).
- There is opportunity to increase awareness and engagement of the families without children under 18 regarding the needs of families and children in Martin County. Of the 68% of respondents without children under 18 in the Telephone Survey, one in three did not know the problems facing children and families in Martin County.
- Focus Group respondents stated that families-in-need are often not aware of, nor accessing, services available to them.
- Families, when seeking assistance, often turned to their family or to their church, or to a specific not-for profit organization first, such as the House of Hope.
- Lack of healthcare coverage was cited as a major problem in both the Telephone Survey and the On-Site Survey. In the Telephone Survey, 16% of respondents had lost health insurance. On the On-Site Survey, 25% of respondents mentioned the lack of affordable, accessible health insurance.
- Food insecurity and/or lack of access to healthy food was cited as a problem in 3 of the measures. Hunger, malnourishment, and/or unhealthy food choices all can have a detrimental impact on child health.
- Having "a strong connection with caring adults who are actively engaged in their children's lives" was cited by Focus Group participants as the most important criteria for sustained health and well-being for those children.
- Respondents to the On-Site Survey cited access to affordable childcare as the largest problem facing children and families in 41% of the surveys.
- Telephone Survey respondents, 32%, and On-Site survey respondents, 23%, indicated that lack of after-school programs are a problem. 61% of the telephone survey respondents stated that there are unsupervised children in their neighborhood before and after school.



Quantitative Findings

Priority Areas

The Quantitative Findings consist of four Priority Areas of Child Well-Being and 21 community-level indicators. Child well-being indicators are population-based, aggregate measures of well-being that describe children-in-total, and measure child well-being across the following Priority Areas:

- Healthy Children
- Strong, Nurturing Families
- Safe, Stable Communities
- Success in School

Indicators

Each priority area includes relevant child well-being indicators that provide point-in-time information and trends over time and measures how well Martin County is doing. This data can help agencies to inform their planning process, to set goals and to track progress. Community-based data helps to engage and hold the community accountable for improving the health and well-being of its children.

The 21 indicators were derived from statistics that credible governmental and non-governmental organizations provide. They reflect the best available local, state and national data for tracking annual changes. Indicators were selected from among the following sources:

- The Annie E. Casey Foundation, “Kids Count Data Book, 2012”.
- The Child Trends Databank - latest national trends and research on over 100 key indicators of child and youth well-being.
- Federal Interagency Forum on Child and Family Statistics, “America’s Children in Brief: Key National Indicators of Well-Being, 2012”.
- The Policy Group for Florida’s Families and Children, “The State of Florida’s Child, Update 2011”.

Indicator Rankings

Each Indicator Page includes a symbol (located on the right hand side of the page) that rates the trend over time in Martin County. A **green**, **yellow** or **red** scoring system is utilized including:



Indicators in **green** are those with trend lines showing significant improvement (see note below) and where Martin County exceeds the state average. Even when there is significant change there may still be room for improvement.*



Indicators in **yellow** are those with trend lines showing significant improvement, but where Martin County does not meet or exceed the state average OR where the trend lines do not show significant improvement but Martin County meets or exceeds the state average.*



Indicators in **red** are those with trend lines that did not show significant improvement and where Martin County does not meet the state average.*



Quantitative Findings

It is important to recognize that many of the indicators are derived from samples, and like all sample data, they contain some random error. Other measures (such as the child and teen death rate) are based on relatively small numbers of events and may exhibit some random fluctuation from year to year. We urge readers to focus on relatively large differences across the county as small differences may simply reflect random fluctuations, rather than real changes in the well-being of children.

**Note: Significant improvement in an indicator is judged to be a percentage difference in the value between 2005 and 2011 (or as noted) which is greater than +/- 2% [according to the formula $[(y2-y1)/y1]*100 > 2\%$ or $(y2-y1)/y1*100 < -2\%$] and is in a favorable direction according to the results desired.*

Child Health and Well-Being Report Card

At the end of this section the reader will find the “Martin County Child Health and Well-Being Report Card”. Information is included on all 21 Key Child Health and Well-Being Indicators by Priority Area and includes the indicator ranking.



“Students who graduate from high school on time are more likely to continue to postsecondary education and training; they have higher earnings and are more employable than students who fail to graduate.”



Priority Area One: Healthy Children

Goal: Children are born healthy, remain healthy and are developmentally on track.

Why is this important?

Child health is foundational to adult health and well-being, which then influences the health of subsequent generations. As defined by the World Health Organization, '*Child health is a state of physical, mental, intellectual, social and emotional well-being*'. Children are dependent upon their families and communities to support their optimal health, growth and development. Children born healthy, who develop healthy habits, and who have access to appropriate health care and education, are less likely to experience chronic health problems such as overweight/obesity, poor oral health, diabetes and other chronic physical and mental problems.

How is Martin County doing?



Green Indicators: Significant improvement in trend line AND above the state average.

- Low Birthweight
- Infant Mortality (Birth – 1 Year)
- Children Under Age 18 Without Health Insurance
- Access to Dental Care by Low Income Persons



Yellow Indicators: No significant improvement in trend line OR not meeting the state average.

- First Trimester Prenatal Care
- Breastfeeding Initiation and Continuation
- Childhood Obesity
- Alcohol, Tobacco, and Drug Use Among Teens In The Past 30 Days



Red Indicators: No significant improvement in trend line AND not meeting the state average.

- Births to Obese Mothers at Time of Pregnancy



Priority Area One: Healthy Children

Emerging Issues: What are the Emerging “*Healthy Children*” Issues as identified by both the Quantitative and the Qualitative Data? These are issues that the indicator data and/or community residents identified as needing work.

- Urgent need to decrease childhood obesity and births to obese mothers. Related issues include poor eating habits, lack of access to healthy food and hunger (All studies).
- Increase healthy behaviors, especially physical activity.
- High numbers of uninsured children and family members, with both enrollment and retention issues (All studies).
- Increase breastfeeding initiation and continuation rates (both are falling).
- Increase entry into prenatal care during the first trimester; while Martin County is improving, our ranking is lower than the state.
- Address disparities in birth and health outcomes for minority populations.
- Improve access to oral health care: few dentists accept insurance per qualitative data, which becomes a barrier to access.
- Address causes of child death rates for children ages 1-14 (CSC).
- Reduce substance abuse and incidence of mental health issues in families. These are higher than the state average even though Martin County shows steady improvements, according to the Florida Youth Substance Abuse Survey (also MCCHIP).

Research Agenda:

The community could benefit from additional data collection and analysis in the following areas:

- Further define key indicators selected by zip code, socio-economic status.
- Determine need for dental care, particularly for children. Review number of providers, their hours and location throughout county. Review emergency room data related to oral health care.
- Collect information relative to the immunization rate for 2 year-olds in Martin County.
- Explore incidence of Baker Act utilization for children under 18.
- Determine the degree to which retention of Martin County children in Florida KidCare is an issue.
- Review causes of infant and child deaths.

Key:

MCCHP: Martin County Community Health Improvement Plan

UW: United Way Strategic Plan

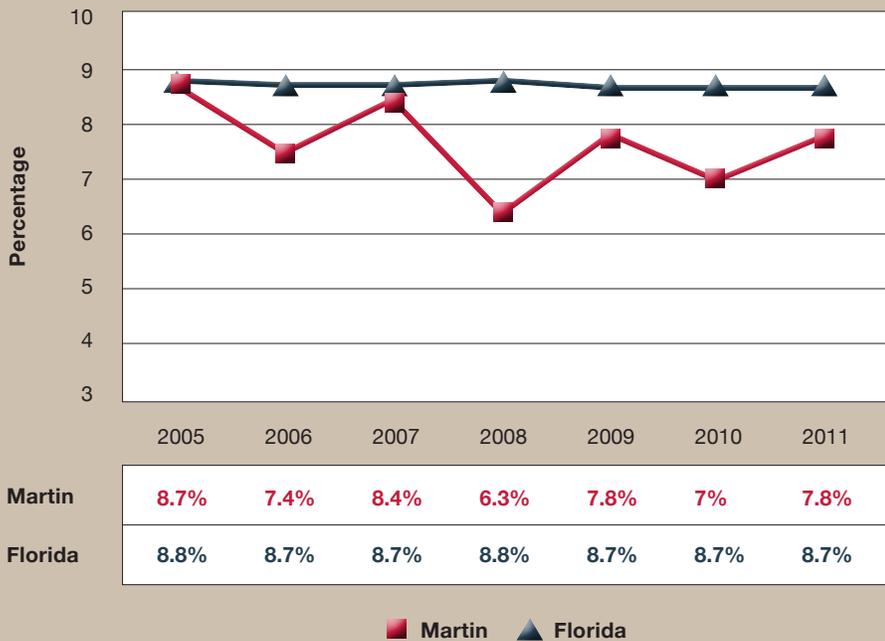
CSC: 2012 State of the Child Symposium



Low Birthweight Babies

Why is this important? Birthweight is one of the strongest predictors of an infant's health and survival. Babies who are born with low birthweight (less than 2,500 grams or 5.5 pounds) have a high probability of experiencing developmental problems and have a 24 percent chance of dying within their first year. Risk factors contributing to low birthweight include multiple births, maternal smoking, low maternal weight gain or low pre-pregnancy weight, maternal or fetal stress, infections, and violence toward the pregnant woman. Low birthweight increases a child's likelihood of having a school-age learning disability, being enrolled in special education classes, having a lower IQ, and dropping out of high school.^{1, 2}

Percent Low Birthweight Babies, 2005-2011
(Live Births Under 2,500 Grams or 5.5 Pounds)



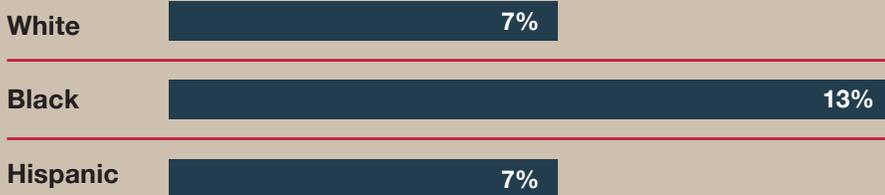
Definition: Live births weighing less than 2,500 grams (5.5 pounds).
Source: Florida Department of Health, Bureau of Vital Statistics



How is Martin County doing?

The percentage of low birthweight babies fluctuated in Martin County from a high of 8.7 percent in 2005 to a low of 6.3 percent in 2008 and increased to 7.8 percent in 2011. The fluctuation can be explained, in part, by small numbers of low birthweight babies, ranging from 80 births to 117 births each year. Overall, Martin County demonstrated better outcomes than the State of Florida (the latter sitting at 8.7 percent for the past six years). Disparities exist for black infants as compared to white and Hispanic infants.

Percent Martin County Low Birthweight Babies by Race and Hispanic Origin, Rolling 3-Year Rates, 2009-2011



Source: Florida Department of Health, Bureau of Vital Statistics

Benchmark:

Healthy People 2020:
7.8 percent in 2020³

Sources:

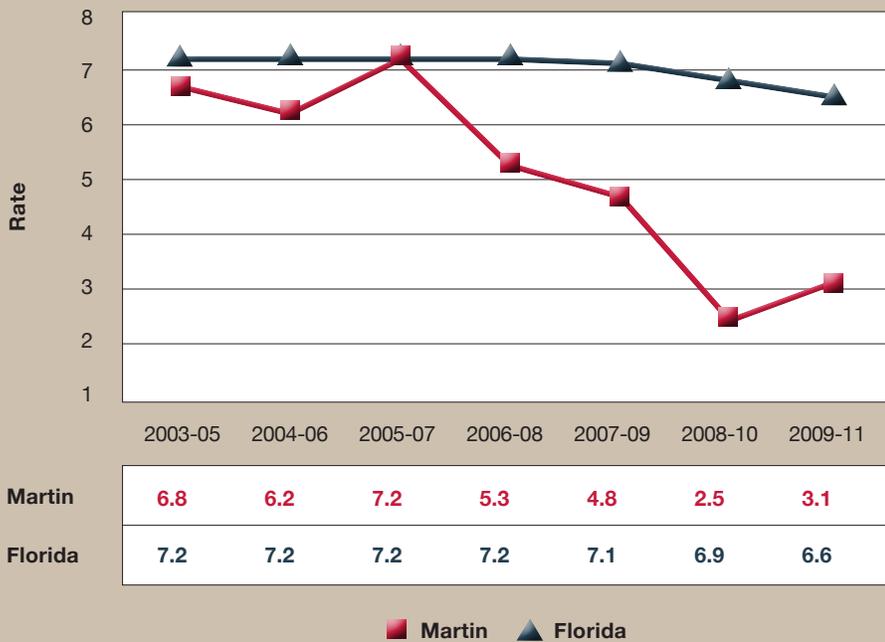
1. www.floridacharts.com
2. www.childtrendsdatabank.org
3. www.healthypeople.gov/2020



Infant Mortality Rate

Why is this important? The infant mortality rate (deaths to infants less than 1 year old per 1,000 live births) is considered a sentinel indicator and is often used to measure the overall health of a population. It is related to maternal health, public health practices, socioeconomic conditions, and the ability to access appropriate health care for infants and pregnant women. The leading causes of infant deaths are related to short gestation, low birthweight, congenital malformations, and sudden infant death syndrome (SIDS).¹

Infant Deaths Per 1,000 Live Births, 3-Year Rolling Rates, 2003-05 through 2009-11



Definition: 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.

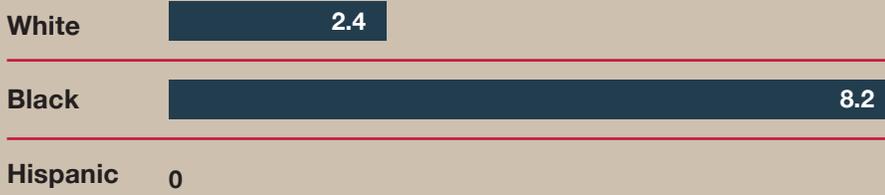
Source: Florida Department of Health, Bureau of Vital Statistics



How is Martin County doing?

Martin County's infant mortality rate declined by 57% over the past 5 years from 11 deaths to 5 deaths per 1,000 live births. The rate (3.1) was half the rate of Florida and the U.S. in 2011. Disparities in infant mortality exist among black infants with a rate four times that of white infants in Martin County.

Martin County Infant Deaths Per 1,000 Live Births by Race and Hispanic Origin, 3-Year Rolling Rates, 2009-2011



Source: Florida Department of Health, Bureau of Vital Statistics

Benchmark:

Healthy People 2020: 6.0 deaths per 1,000 live births in 2020²

Sources:

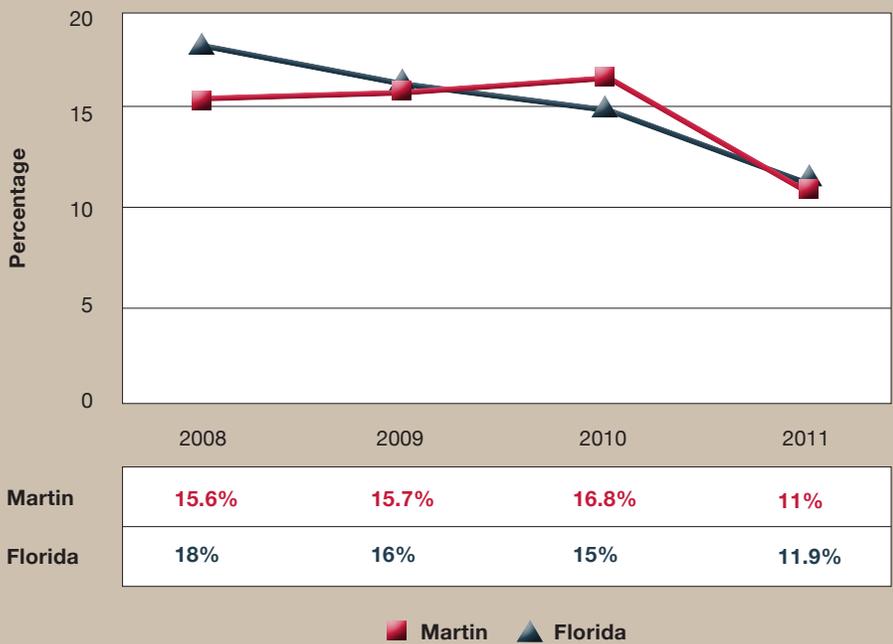
- 1. www.floridacharts.com
- 2. www.healthypeople.gov/2020



Children Under 18 Without Health Insurance

Why is this important? Children who are uninsured are less likely to have a regular source of health care and are less likely to receive prevention or early intervention services when ill. This can be costly to the family, to the community, and can affect the child's quality of life. For example, a lack of health insurance can negatively influence a child's school attendance and participation in extracurricular activities, as well as contributing to parental financial and emotional stress.¹

Percent Children Under 18 Without Health Insurance, 2008-2011



Definition: Children 17 and under who were not covered by health insurance at any point during the year.

Source: U.S. Census Bureau, Current Population Survey, 2008-2011 (March supplement)



How is Martin County doing?

According to KidsWell Florida, there were 4,075 children under 18 in Martin County who had no health insurance in 2010. However, the percentage of uninsured Martin County children decreased from 15.6 percent in 2008 to 11 percent in 2011 and was slightly better than the State of Florida (11.9 percent in 2011).²

Percent Uninsured Martin County Children by Poverty Level, 2010



Source: Florida's Kidcare Toolbox, KidsWell Florida, 2012

Benchmark:

Leon County, FL: 8.8 percent in 2011²

Sources:

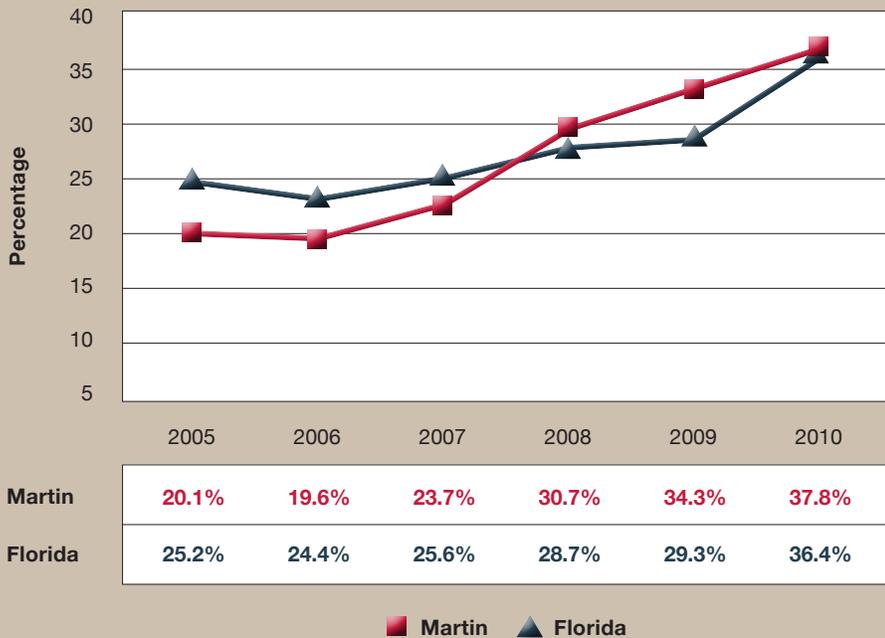
1. www.childtrendsdatabank.org
2. www.kidswellflorida.org



Access to Dental Care by Low Income Persons

Why is this important? Monitoring low income individual's access to dental care brings awareness of any oral health disparities and where they may exist among other populations.¹ Tooth decay affects children more than any other chronic infectious disease. Untreated tooth decay causes pain and infections that may lead to problems with eating, speaking, playing, and/or learning. The good news is that tooth decay and other oral diseases that can affect children are preventable.²

Access to Dental Care by Low Income Persons (Percent), 2005-2010



Definition: Access to Dental Care by Low Income Persons Under 100% of Poverty.
Source: Florida Department of Health, Public Health Dental Program



How is Martin County doing?

The proportion of low income persons accessing dental care in Martin County increased from 20.1 percent in 2005 to 37.8 percent in 2010 and was slightly above the State of Florida (36.4 percent in 2010). Although this shows progress, significant gaps in accessing dental care exist for many children. In the U.S., 30.7 percent of children aged 2-4 years had a dental visit in 2010 as compared to 56.3 percent among children aged 5 to 11 years and 53.8 percent among children aged 12-17 years.³ Additional data is needed to quantify the gaps in dental care among children in Martin County.

Benchmark:

Healthy People 2020: 49.0 percent persons aged 2 years and older had a dental visit in the past 12 months in 2020.³

Sources:

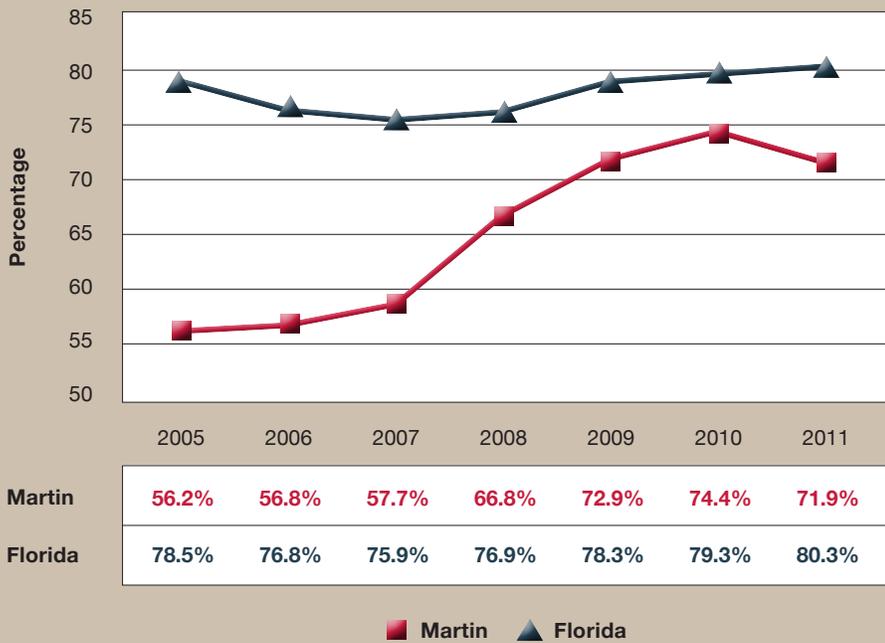
1. www.floridacharts.com
2. www.cdc.gov
3. www.healthypeople.gov



Births to Mothers with First Trimester Prenatal Care

Why is this important? Prenatal care refers to clinical medical care that women receive during pregnancy. These visits are used to monitor the progress of a pregnancy and to educate mothers on important health issues, such as diet and nutrition, exercise, immunizations, weight gain, and the importance of abstaining from drugs and alcohol. To achieve the greatest benefit, it is recommended that women begin prenatal care visits in the first trimester of pregnancy or as soon as pregnancy is suspected or confirmed.¹ A mother who does not receive prenatal care is three times more likely to give birth to a low-weight baby, and her baby is five times more likely to die during the first year.²

Percent Births to Mothers with First Trimester Prenatal Care, 2005-2011



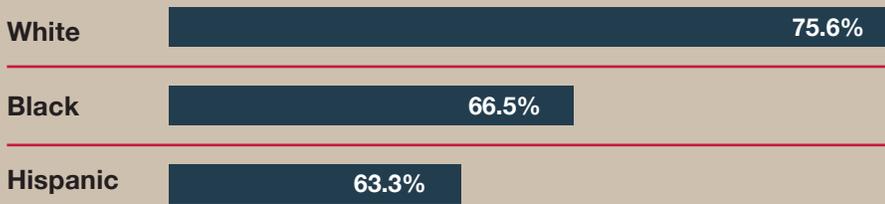
Definition: Percent of live births with prenatal care beginning in the first trimester.
Source: Florida Department of Health, Bureau of Vital Statistics



How is Martin County doing?

Martin County achieved significant progress in increasing the proportion of women who receive prenatal care in the first trimester from 56.2 percent in 2005 to 71.9 percent in 2011. However, this indicator still falls short of the State of Florida's proportion of 80.3 percent in 2011. In addition, Hispanic women and black women in Martin County were less likely to receive prenatal care than white women.

Percent Martin County Births to Mothers with First Trimester Prenatal Care by Race and Hispanic Origin, Rolling 3-Year Rate, 2009-2011



Source: Florida Department of Health, Bureau of Vital Statistics

Benchmarks:

State of Florida: 80.3 percent in 2011¹

Healthy People 2020: 77.9 percent in 2020³

Sources:

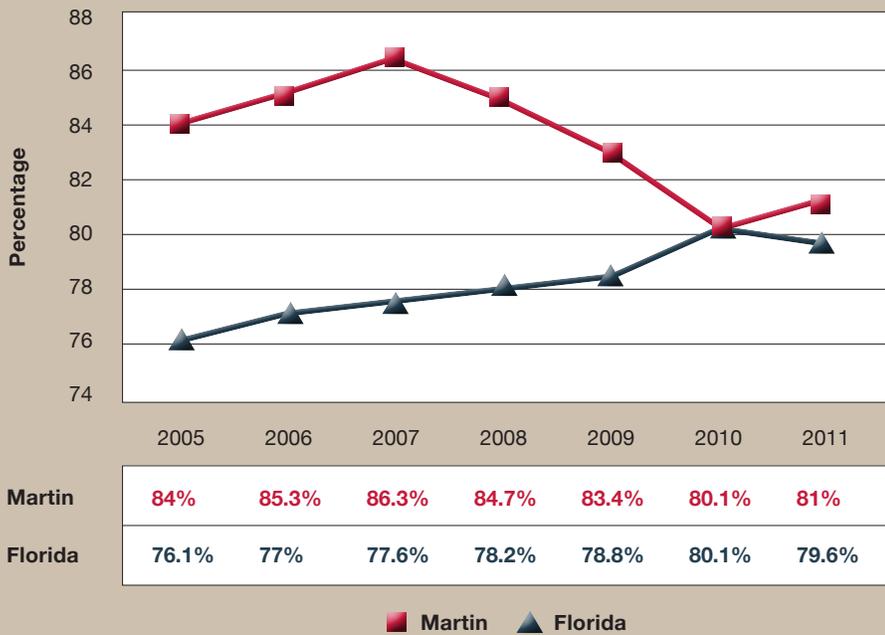
1. www.floridacharts.com
2. www.childtrendsdatabank.org
3. www.healthypeople.gov/2020



Mothers Who Initiate Breastfeeding

Why is this important? Breastfeeding provides critical support for infants' immunologic, nutritional, physical, and cognitive development. Research shows that breastfeeding is associated with a number of benefits to children, including reduced rates of infectious diseases, sudden infant death syndrome, type 1 and type 2 diabetes, lymphoma, leukemia, Hodgkin's disease, overweight and obesity.¹

Percent of Mothers Who Initiate Breastfeeding, 2005-2011



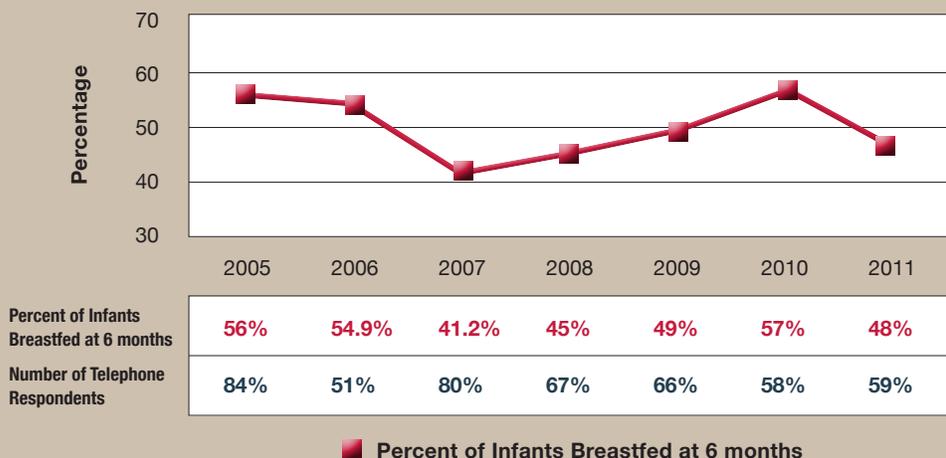
Definition: Percent mothers who initiate breastfeeding at the time of birth.
Source: Florida Department of Health, Bureau of Vital Statistics



How is Martin County doing?

Martin County's proportion of mothers who initiated breastfeeding decreased from 84 percent in 2005 to 81 percent in 2011 and was slightly better than the State of Florida (79.6 percent in 2011). According to a biannual survey conducted by Martin Health Systems, the proportion of infants who were breastfed at 6 months fluctuated between a low of 41 percent in 2007 to a high of 57 percent in 2010 and 48 percent in 2011.

Infants Born at Martin Health Systems Who Were Breastfed at 6 Months (percent of respondents), 2005-2011



Definition: Percent of caregivers with children born in a cohort year who indicated their child was breastfed any amount at 6 months of age.
Source: Martin Health Systems, BRAIN Program Biannual Telephone Survey

Benchmarks:

Healthy People 2020: Breastfeeding Initiation - 81.9 percent in 2020
 Breastfeeding at Six Months - 60.6 percent²

Sources:

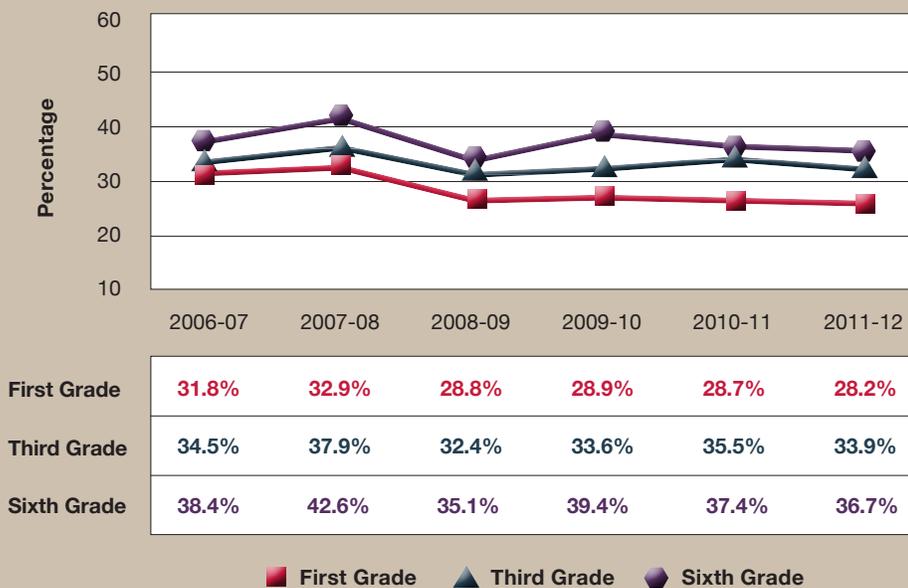
1. www.childtrendsdatabank.org
2. www.healthypeople/2020



Childhood Obesity

Why is this important? Children who are overweight or obese are at increased risk for physical and socio-emotional problems. Overweight children are more likely than their peers to develop cardiovascular disease, type-2 diabetes, sleep apnea, high cholesterol, and asthma. Being overweight may be associated with being bullied, which in turn is related to poorer mental health and decreased physical activity.¹

Percent Martin County Students Overweight or Obese by Grade Level, 2006-07 through 2011-12



Definition: Obesity rates for children are defined as body mass index (BMI) greater than the 95th percentile for age group. Overweight is defined as BMI between 85th and 94th percentile.

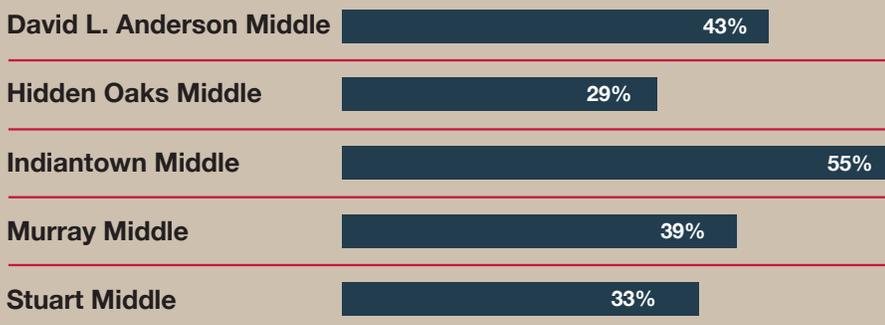
Source: Martin County Health Department, School Health Report, 2006/07, 2007/08, 2008/09, 2009/10, 2010/11 and 2011/12



How is Martin County doing?

In Martin County, one-in-four first-graders are overweight or obese. By the time students reach sixth grade, 37 percent are overweight or obese. A review of Martin County middle schools in 2011-12 showed large variances by school in the proportion of students overweight or obese. Among sixth-graders the percentages ranged from a low of 29 percent at Hidden Oaks Middle School to a high of 55 percent at Indiantown Middle School. Martin County had a higher percentage of obese middle school students (17.2 percent) than the State of Florida (11.7 percent).

Percent Martin County Sixth Grade Students Overweight or Obese by School, 2011-12



Source: Martin County Health Department, School Health Report, 2011/12

Benchmarks:

Healthy People 2020:
 Children ages 6-11 who are obese:
 15.7 percent in 2020
 Children ages 12-19 who are obese:
 16.1 percent in 2020²

Sources:

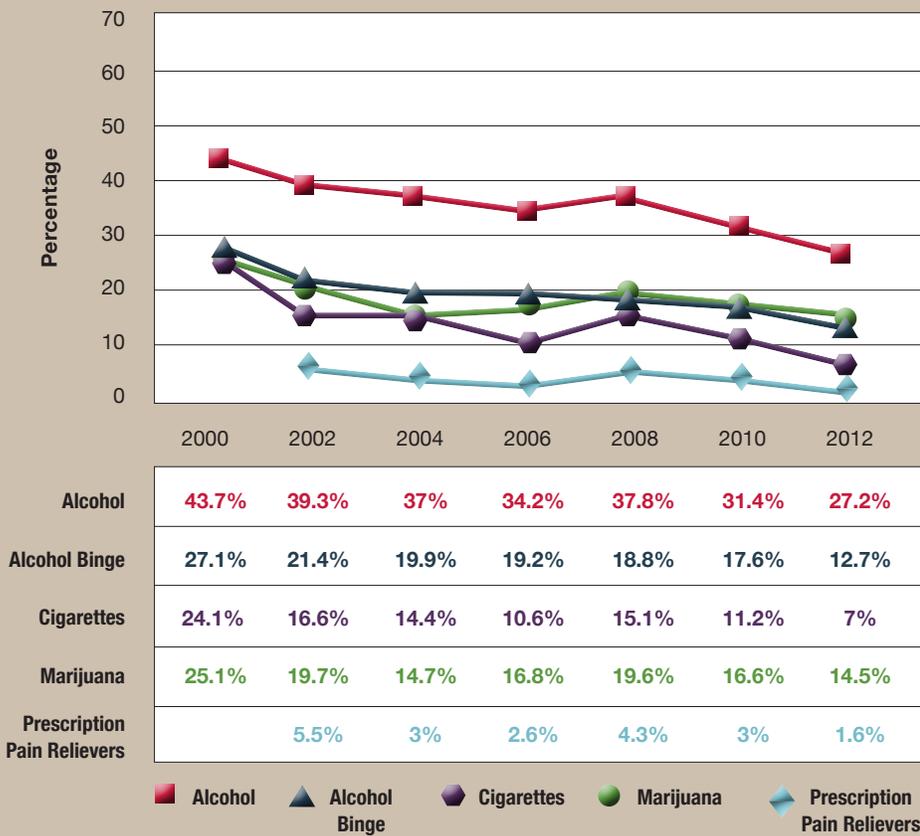
1. www.childtrendsdatabank.org
2. www.healthypeople.gov/2020



Alcohol, Tobacco, and Drug Use Among Teens

Why is this important? Alcohol use among youth is associated with a wide variety of other high-risk behaviors and poor outcomes, including poor academic performance, sexual activity, being a victim of dating violence, and use of marijuana and other illicit drugs. Binge-drinking, in particular, increases the likelihood of these high risk behaviors.¹

Past 30-Day Trend in Alcohol, Tobacco and Other Drug Use for Martin County Youth (Percent) 2000, 2002, 2004, 2006, 2008, 2010, 2012



Definition: Percent of students in Middle and High School reporting any use of alcohol, tobacco, marijuana, and prescription pain relievers in the past 30 days. Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks.

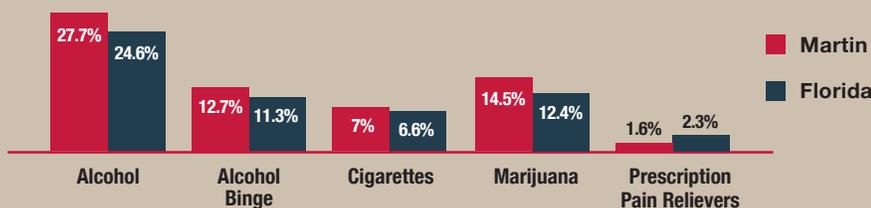
Source: 2012 Florida Youth Substance Abuse Survey, Martin County Report



How is Martin County doing?

Martin County has seen a significant decrease in the proportion of youth using alcohol, tobacco and other drugs from 2000 to 2012, but local levels are still in excess of the national and Florida levels for this benchmark.

Past 30-Day Trend in Alcohol, Tobacco and Other Drug Use for Martin County Youth (Percent), Martin County and Florida, 2012



Benchmarks:

- Healthy People 2020: Reduce past 30-day use of Alcohol: 16.6 percent
- Cigarette: 16.0 percent
- Alcohol binge-drinking: 8.6 percent
- Marijuana: 6.0 percent²

Sources:

1. www.childtrendsdatabank.org
2. www.healthypeople.gov/2020



Births to Obese Mothers at Time Pregnancy Occurred

Why is this important? Being overweight or obese can cause pregnancy-related complications for both mother and baby, including infertility, miscarriage, stillbirth, high blood pressure, preeclampsia and gestational diabetes. During labor and birth, a mother's excess weight can increase the incidence of a cesarean section.¹

Births to Obese Mothers (BMI >29.9) at Time Pregnancy Occurred, 2005-2011



Definition: Percent of total births to mothers who had a Body Mass Index greater than 29.9 at time pregnancy occurred.

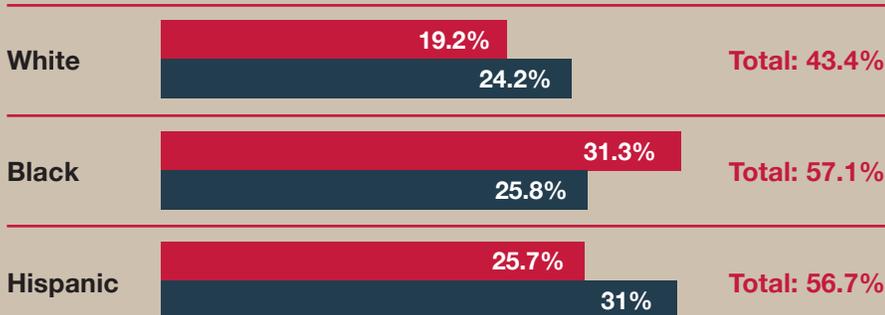
Source: Florida Department of Health, Bureau of Vital Statistics



How is Martin County doing?

The percentage of births to obese mothers (body mass index greater than 29.9 at time of pregnancy) in Martin County increased from 16.2 percent to 21.6 percent over the past six years. Almost half of women giving birth are either overweight or obese at time of pregnancy.

Martin County Births to Obese and Overweight Mothers at Time Pregnancy Occurred (percent) by Race and Hispanic Origin, 2009-11



Definition: Obese is defined as having a Body Mass Index (BMI) greater than 29.9. Overweight is defined as having a BMI between 25 and 29.9.

Source: Florida Department of Health, Bureau of Vital Statistics

Benchmark:

Monroe County, FL
16.8 percent in 2011²

Sources:

1. www.marchofdimes.org
2. www.floridacharts.com



Priority Area Two: Strong, Nurturing Families

Goal: Children thrive as a result of strong, nurturing and economically stable families.

Why is this important?

Children who live within a strong family unit are more likely to reach their full potential as productive, contributing adults. Their success in life is inextricably connected to the strength and resourcefulness of their families. Parents need jobs with good incomes, affordable housing, and access to health and human services to build a better future for their children. The incidence of poor outcomes and high-risk behaviors for youth and young adults increases markedly if their parents struggle to meet the family's basic needs.

Children also experience their world through their relationships with parents and other caregivers. Strong, nurturing relationships between children and their caregivers provide a buffer against the effects of potential stressors such as child maltreatment and are fundamental to brain development.

How is Martin County doing?



Green Indicators: Significant improvement in trend line AND above the state average.

- Births To Teens



Yellow Indicators: No significant improvement in trend line OR not meeting the state average.

- Births To Mothers Without High School Education
- Children Under Age 18 Living Below The Poverty Level
- Child Maltreatment Rate



Red Indicators: No significant improvement in trend line AND not meeting the state average.

- No Red Indicators



Priority Area Two: Strong, Nurturing Families

Emerging Issues: What are the Emerging “*Strong, Nurturing Families*” Issues as identified by both the Quantitative and the Qualitative Data? These are issues that the indicator data and/or community residents identified as needing work.

- Explore ways to address increasing levels of chronic stress (in MCCHIP, 76.4% of respondents experience medium to high levels of stress).
- Decrease the rising number of children under the age of 18 living in poverty. Address economic and racial disparities (also UW).
- Reduce the percentage of births to mothers without a high school diploma, which is trending upward.
- Improve work opportunities: Unemployment/Under-employment within families is high, including many families for whom this is a new issue (also UW).
- Consider how to address the risk factors associated with the rising number of single parent births, single parent households.
- Consider how to address the rising number of repeat births to teens; determine how to provide effective support for teen parents, now that Teen Parent Centers are closed.
- Determine how to encourage parental engagement, including father and in some cases, grandparents. Grandparents are increasingly caring for children.
- Reduce the incidence of child abuse and neglect in Martin County, which is increasing, though second best in Florida (UW and CSC).

Research Agenda:

The community could benefit from additional data collection and analysis in the following areas:

- Develop a demographic breakdown for children experiencing abuse/neglect.
- Determine the incidence of unintentional pregnancies.
- Determine the percentage of single parent families that include a significant other.
- Determine the issues contributing to parental disengagement and the factors that support parental engagement.
- Determine the incidence of grandparents who are raising/caring for children.
- Identify an acceptable indicator for parental employment.
- Determine what supports are in place for pregnant and parenting.

Key:

MCCHIP: Martin County Community Health Improvement Plan

UW: United Way Strategic Plan

CSC: 2012 State of the Child Symposium



Teen Birth Rate (per 1,000) and Repeat Births to Teen Mothers (percent)

Why is this important? Teen pregnancy is a critical public health issue that affects the health, educational, social and economic future of the mother and child. Adolescents are less likely to seek out prenatal care because they are afraid or embarrassed. This phenomenon and the immature physical nature of adolescents results in higher incidence of poor birth outcome than in other age groups. As the offspring of adolescent mothers grow, they are more apt than children born to older women to have health and cognitive problems, and to be the victims of neglect or abuse.¹

Births to Teens Ages 15-19, Rate per 1,000, 2005-2011



Definition: The birth rate is the number of births to females age 15 to 19 per 1,000 female population of the same age group.

Source: Florida Department of Health, Bureau of Vital Statistics



How is Martin County doing?

There has been a significant decrease in the teen birth rate in Martin County from 43.1 births to 26.1 births per 1,000 teens over the past seven years. The Martin County rate was also slightly better than the State of Florida. Related to teen births is the percent of repeat births among teen mothers. One-in-five teen mothers in Martin County have a repeat birth while they are still a teen.

Percent Repeat Births to Teen Mothers Ages 15-19



Definition: A repeat birth is a single or first-born of multiple births where the mother had at least one previous live birth and mother is age 15-19.

Source: Florida Department of Health, Bureau of Vital Statistics

Benchmark:

1st in USA: New Hampshire
16 births per 1,000 teens in 2011²

Sources:

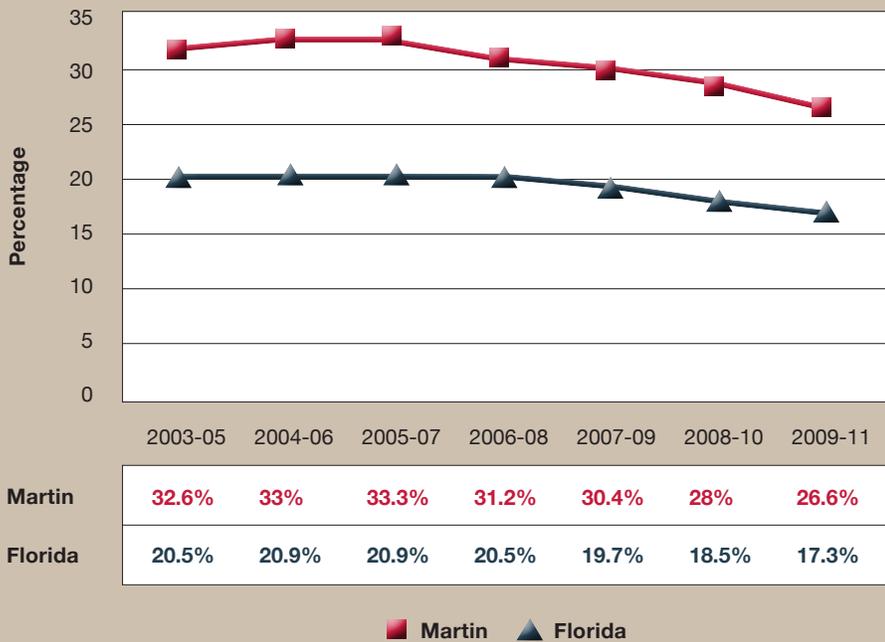
- 1. www.floridacharts.com
- 2. <http://datacenter.kidscount.org/>



Births to Mothers Without High School Education

Why is this important? Higher levels of parental educational attainment are strongly associated with positive outcomes for children in many areas, including school readiness, educational achievement, and lower incidence of low birthweight. Children of more educated parents are also likely to have access to greater material, human, and social resources.¹

Percent Births to Mothers Without High School Education, 3-Year Rolling Rates, 2003-05 through 2009-11



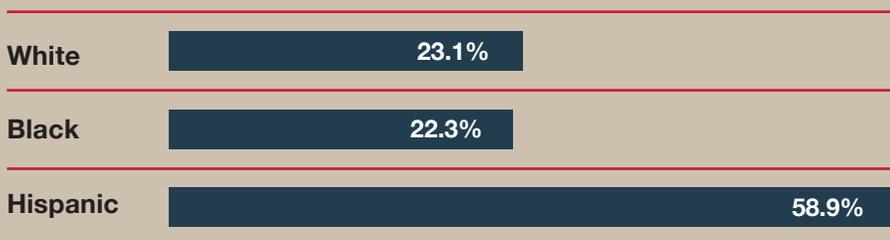
Definition: Percent of births to mothers without a high school education.
Source: Florida Department of Health, Bureau of Vital Statistics



How is Martin County doing?

The proportion of Martin County births to mothers without a high school education decreased from 33 percent in 2005 to 27 percent in 2011. However, a large disparity exists among Martin County Hispanic women where 59 percent of Hispanic births in 2011 were to mothers without a high school education.

Percent Births to Mothers Without High School Education by Race and Hispanic Origin, 3-Year Rolling Rate, 2009-11



Source: Florida Department of Health, Bureau of Vital Statistics

Benchmark:

1st in Florida: Santa Rosa County, 8.4 percent in 2011²

Sources:

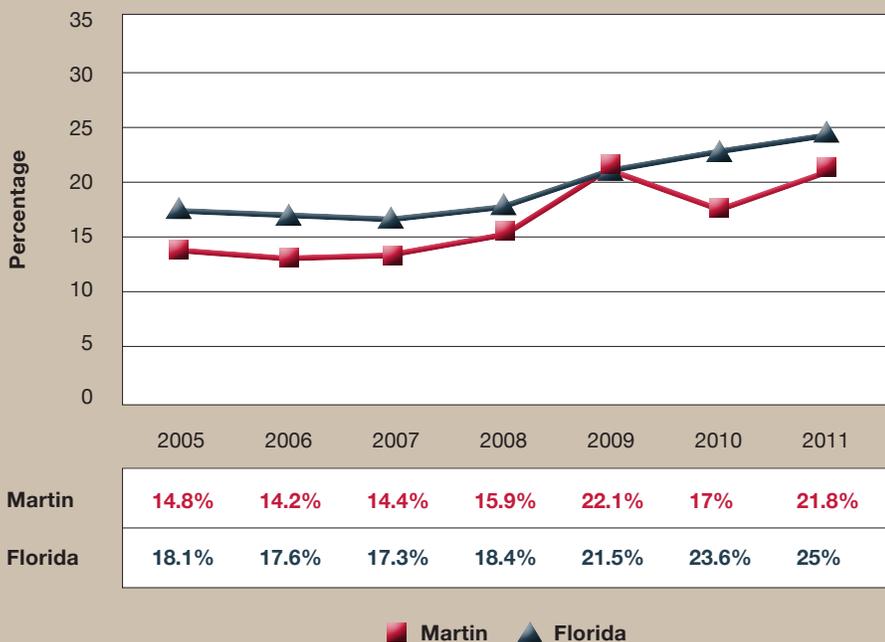
1. www.childtrendsdatabank.org
2. www.floridacharts.com



Children Under Age 18 Living Below Poverty Level

Why is this important? Growing up in poverty is one of the greatest threats to healthy child development. Poverty and financial stress can impede children's cognitive development and their ability to learn. It can contribute to behavioral, social and emotional problems and poor health. The risks posed by economic hardship are greatest among children who experience poverty when they are young and among children who experience persistent and deep poverty.¹

Percent Children Under Age 18 Living Below Poverty Level, 2005-2011



Definition: The percent of children under age 18 who live below the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. The poverty threshold was \$22,811 for a family of two adults and two children in 2011.

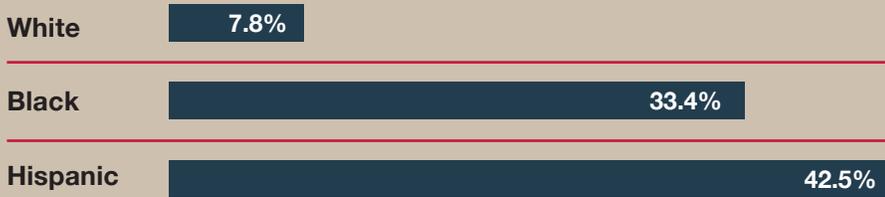
Source: Small Area Income and Poverty Estimates, U.S. Census Bureau, Washington, DC



How is Martin County doing?

The proportion of children under age 18 living below the poverty level in Martin County increased from 14.8 percent in 2005 to 21.8 percent in 2011 but remained better than the State of Florida at 25 percent. Disparities exist among Martin County children living below the poverty level.

Percent Children Under Age 18 Living Below Poverty Level by Race and Hispanic Origin, 5-Year Estimate, 2006-2010



Source: U.S. Census Bureau, 2006-2010 American Community Survey, Five-Year Estimate

Benchmarks:

- 1st in USA: New Hampshire 12 percent in 2011¹
- 1st in FL: St. Johns County 10.8 percent in 2010²

Sources:

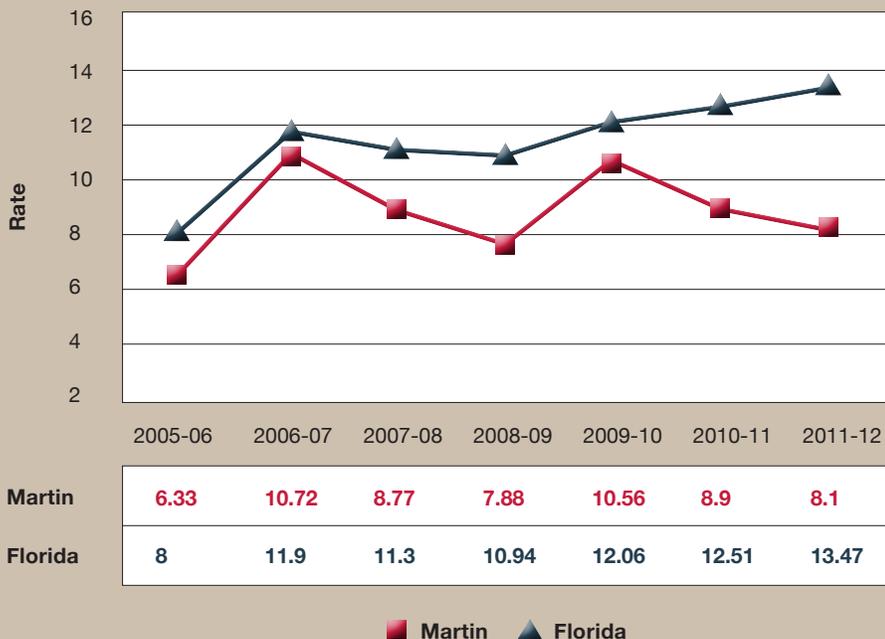
- 1. www.datacenter.kidscount.org
- 2. www.floridacharts.com/charts



Child Maltreatment Rate (per 1,000 youth)

Why is this important? Child maltreatment (a term that encompasses both abuse and neglect) is associated with physical injuries, delayed physical growth, and neurological damage. Child maltreatment is also associated with psychological and emotional problems, such as aggression, depression, and post-traumatic stress disorder. In extreme cases, child abuse and neglect can lead to death. Child maltreatment is influenced by a number of factors, including poor knowledge of child development, substance abuse, other forms of domestic violence, and mental illness. Although maltreatment occurs in families at all economic levels, abuse and, especially, neglect are more common in poor and extremely poor families.¹

**Verified Cases of Child Abuse/Neglect
Rate per 1,000 Youth Ages 0-17**



Definition: A child victim is defined as a child who is the subject of a maltreatment report for which the disposition is substantiated, indicated, or "alternative response victim". The rate of maltreatment victims is per 1,000 children under age 18.

Source: Florida Department of Children and Families



How is Martin County doing?

The Child Maltreatment Rate for Martin County increased from 6.3 per 1,000 youth in 2005 to 8.1 per 1,000 youth in 2011 but had the second lowest child abuse rate in the state with Liberty County being the lowest. The rate remained better than the statewide rate of 13.5 per 1,000 youth.

Benchmarks:

- 1st in USA: Pennsylvania
1.0 per 1,000 in 2011²
- 1st in FL: Liberty County
3.4 per 1,000 in 2011³

Sources:

1. www.childtrendsdatabank.org
2. <http://datacenter.kidscount.org/>
3. <http://centerforchildwelfare.fmhi.usf.edu/DataReports/TrendReports.shtml>



Priority Area Three: Safe, Stable Communities

Goal: Every child is connected to a safe, stable community including home, school, place of worship, and neighborhood.

Why is this important?

The Centers for Disease Control and Prevention (CDC), Division of Violence Prevention, cites safe, stable, and nurturing relationships as one of the *“Essentials for Childhood.”* The wider community must help ensure that every environment where children are present is safe so all children are protected from harm and cared for in a way that allows them to reach their full potential. Parents, especially those struggling with financial hardship, are more prone to stress, anxiety and depression, which can interfere with effective parenting and place children at risk. Research has found that successful interventions both reduce risk factors and promote protective factors to ensure the well-being of children and families.

How is Martin County doing?



Green Indicators: Significant improvement in trend line AND above the state average.

- Domestic Violence Rate



Yellow Indicators: No significant improvement in trend line OR not meeting the state average.

- Referrals to Department of Juvenile Justice Rate
- Child and Teen Death Rates



Red Indicators: No significant improvement in trend line AND not meeting the state average.

- No Red Indicators



Priority Area Three: Safe, Stable Communities

Emerging Issues: What are the Emerging “*Safe, Stable Communities*” Issues as identified by both the Quantitative and the Qualitative Data? These are issues that the indicator data and/or community residents identified as needing work.

- Decrease the number of stressors on children and families and/or increase the coping skills of individuals.
- Understand and address safety concerns in neighborhoods where residents report not feeling safe.
- Increase the awareness of gang presence and reduce gang presence in Martin County.

Research Agenda:

The community could benefit from additional data collection and analysis in the following areas:

- Identify the neighborhoods where people do not feel safe and what their safety concerns are.
- Determine the incidence of violent crime and victimization of youth.
- Update the gang assessment.

Key:

MCCHP: Martin County Community Health Improvement Plan

UW: United Way Strategic Plan

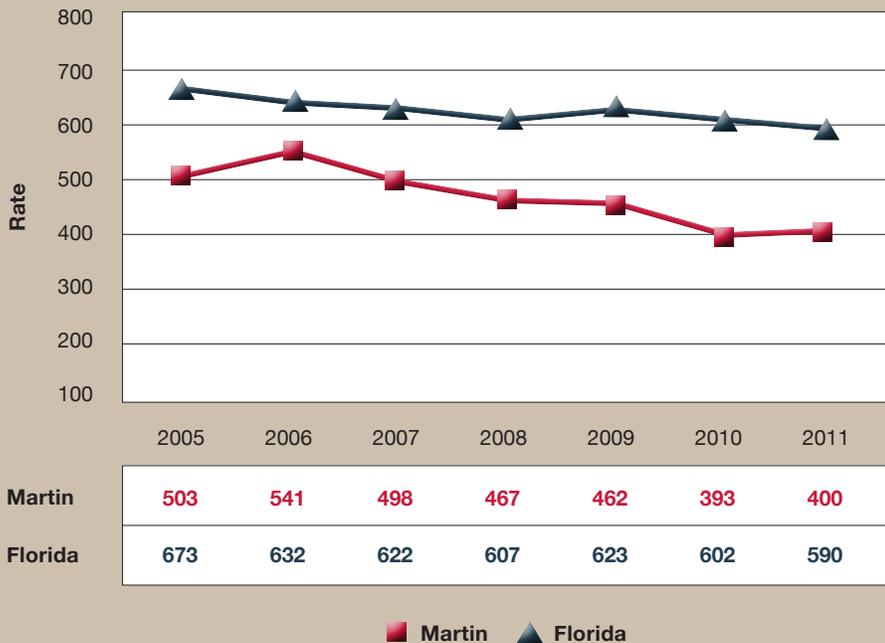
CSC: 2012 State of the Child Symposium



Domestic Violence Offenses (Rate per 100,000 Population)

Why is this important? Domestic violence is a pattern of behavior which involves abuse by one partner against another in an intimate relationship such as marriage, cohabitation, dating or within the family. Children suffer in homes where there is domestic violence. Their lives are impacted in every way: their ability to sleep, to function normally at school, to feel good about themselves, and even to feel safe. Early, chronic exposure to violence affects children by disrupting the developing brain. Executive functions (such as planning, memory, focusing attention, impulse control, and using new information to make decisions) can become impaired.¹

**Total Domestic Violence Offenses,
Rate per 100,000 Population**



Definition: Total reported domestic violence related offenses including murder, manslaughter, forcible rape, forcible sodomy, forcible fondling, aggravated assault, aggravated stalking, simple assault, threat/intimidation and stalking. Rate per 100,000 population.

Source: Florida Department of Law Enforcement, Uniform Crime Reports



How is Martin County doing?

Overall, the reported domestic violence rate is down for both Martin County and Florida. Simple Assault is the most reported domestic violence offense in Martin County accounting for 86% (504) of all reports in 2011. However, the full extent of the problem is under-reported according to the Florida Coalition Against Domestic Violence. Many survivors of domestic violence are not reporting their abusers to the police due to shame, fear, or being prevented from doing so by their abusers.

Benchmark:

1st in Florida: Lafayette County
72.8 per 100,000 population in 2011

Source:

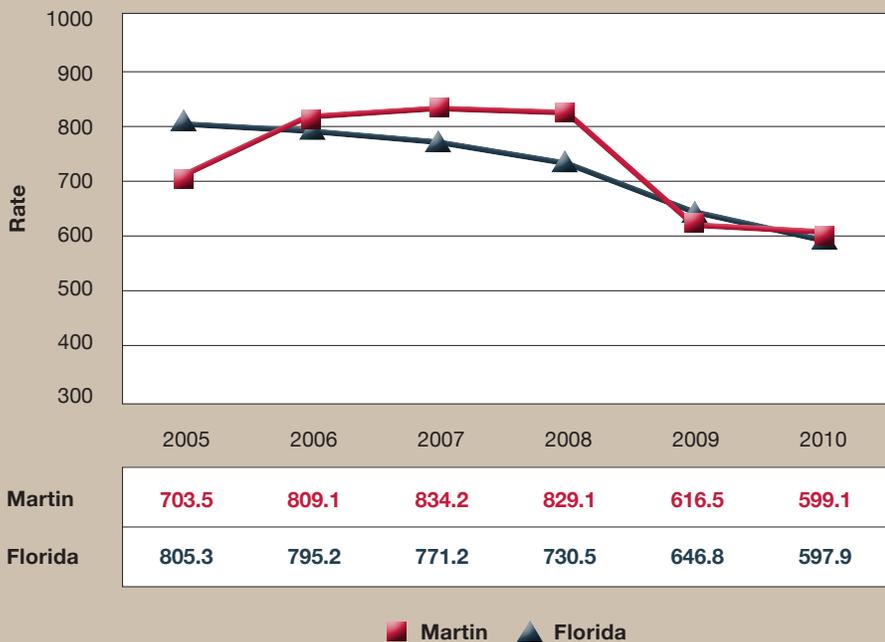
1. www.childtrendsdatbank.org



Referrals to the Department of Juvenile Justice (rate per 10,000 youth ages 10-17)

Why is this important? Every youth under the age of 18 charged with a crime in Florida is referred to the Department of Juvenile Justice. A referral is similar to an arrest in the adult criminal justice system. Many youth who are arrested have committed minor first-time misdemeanor offenses. In lieu of arrest, the youth may opt for the Juvenile Civil Citation program where they will be required to do community service and, if necessary, participate in intervention services. This program allows youth to avoid a criminal record as long as they meet the citation requirements; it also lowers a youth's likelihood to have a repeat offense. In 2010, the Florida recidivism rate for youth in the Civil Citation program was 7 percent as compared to 17 percent for juveniles who served probation and 41 percent for those who served in a residential program.¹

**Referrals to the Department of Juvenile Justice
Rates per 10,000 Population Ages 10-17**



Definition: The number of youths reported to the Juvenile Justice Information System (JJIS). Youths were determined by selecting the most serious offense for any specific offender logged on JJIS during a fiscal year.

Source: Florida Department of Juvenile Justice, Office of Research and Planning



How is Martin County doing?

Overall, the referral rates to the Department of Juvenile Justice have decreased for both Martin County and Florida. This is, in part, due to diversion programs that focus on preventing and diverting youth who do not belong in the juvenile justice system. Youth who commit minor offenses can receive alternative sanctions that still hold them accountable for their actions.

Benchmark:

1st in Florida: Holmes County
311 per 10,000 youth in 2010

Source:

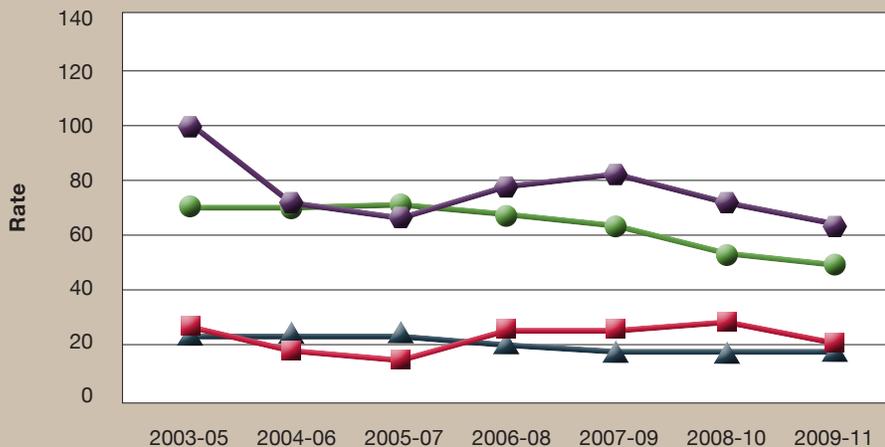
1. www.djj.state.fl.us



Child and Teen Death Rates (per 100,000 Children)

Why is this important? The death of any child is a tragedy for family, friends, and the community. Along with the direct impact of a child's death, the child death rate can point to underlying problems or inequities, such as poor access to health care, unsafe neighborhoods, or inadequate child supervision. Unintentional injuries are a leading cause of death among children, accounting for more than a third of all deaths among children ages 1 to 14, and nearly half of all deaths among teens, ages 15 to 19. Homicide and suicide are the second and third leading causes of death among teens, ages 15 to 19.¹

Child (ages 1-14) and Teen (ages 15-19) Death Rates, 3-Year Rolling Rate, 2003-05 through 2009-11



Martin Ages 1-14	23.9	18.6	16.8	23.6	23.6	25.4	20.7
Florida Ages 1-14	22	22.1	21.7	20.3	18.9	18.2	18.3
Martin Ages 15-19	101.2	71.5	66.3	78.8	82.8	73.7	64.9
Florida Ages 15-19	70.6	70.3	71	67.5	63	56.3	51.4

■ Martin Ages 1-14
 ▲ Florida Ages 1-14
 ● Martin Ages 15-19
 ● Florida Ages 15-19

Definition: The crude death rates are calculated by dividing the number of deaths among the population ages 1-14 and 15-19 by the estimated mid-year population for the age group, then multiplying by 100,000. The 3-year rolling rate is the average value over three rolling 3-year time periods (i.e. 1997-99, 1998-00).

Source: Florida Department of Health, Bureau of Vital Statistics



How is Martin County doing?

Motor vehicle crashes accounted for 43 percent (25 deaths) of all teen deaths (58 deaths) in Martin County over the past ten years. Other causes of death included diseases (10 deaths), poisoning (7 deaths), suicide (7 deaths), homicide (5 deaths), injuries and falls (3), and drowning (1 death). There were a total of 44 deaths among children ages 1-14 from 2002-2011 with medical conditions accounting for almost half of all deaths (20 deaths) followed by drowning (9 deaths), injuries and falls (7 deaths) and motor vehicle crashes (6 deaths). There was 1 homicide and 1 suicide among children ages 1-14.

Benchmarks:

Healthy People 2020:

- Ages 1-4 years - 25.7 deaths per 100,000
- Ages 5-9 years - 12.3 deaths per 100,000
- Ages 10-14 - 15.2 deaths per 100,000
- Ages 15 to 19 - 55.7 deaths per 100,000

Sources:

1. www.childtrendsdatabank.org



Priority Area Four: Success in School

Goal: Every child is given the opportunity and necessary support to succeed in school.

Why is this important?

Providing children with a solid educational foundation early in life has a profoundly positive effect on the trajectory of their lives and their earning potential. Quality early learning programs starting at or before birth up through kindergarten entry are critical to laying the strong foundation all children need to achieve grade-level reading proficiency, competency in mathematics, and graduating from high school on time.

High-quality prekindergarten programs for three- and four-year-olds can improve school readiness, with the greatest gains accruing to the highest-risk children. But many children, especially three-year olds, continue to be left out.

Proficiency in reading by the end of third grade is a crucial marker in a child's educational development. Children who reach fourth grade without being able to read proficiently are more likely to drop out of high school, reducing their earning potential and chances for success.

Competence in mathematics is essential for success in the workplace, which increasingly requires higher-level technical skills. Students who take advanced math and science courses that require a strong mastery of math fundamentals are more likely to attend and to complete college. But even for young people who do not attend college, basic math skills improve employability.

Students who graduate from high school on time are more likely to continue to postsecondary education and training; they have higher earnings and are more employable than students who fail to graduate.

How is Martin County doing?



Green Indicators: Significant improvement in trend line AND above the state average.

- Students Ready at Kindergarten Entry
- High School Graduation Rate



Yellow Indicators: No significant improvement in trend line OR not meeting the state average.

- Third Grade FCAT 2.0 Reading Scores
- Eighth Grade FCAT 2.0 Math Scores



Red Indicators: No significant improvement in trend line AND not meeting the state average.

- No Red Indicators



Priority Area Four: Success in School

Emerging Issues: What are the Emerging “*Success in School*” Issues as Identified by both the Quantitative and the Qualitative Data? These are issues that the indicator data and/or community residents identified as needing work.

- Increase access to affordable, quality childcare, as half of pre-kindergarten children in Martin County do not attend childcare programs.
- Improve the quality of Voluntary Pre-Kindergarten (VPK) programs since Florida ranks 30th in spending of the 39 states offering such programs.
- Improve teacher/child ratio and qualifications of VPK teachers and reduce high turnover rate.
- Increase efforts to minimize summer learning loss.
- Improve reading proficiency by the end of 3rd grade. 34% of children are currently not reading on-grade-level according to the 3rd grade FCAT 2.0 (UW and CSC).
- Address the expressed need for additional afterschool coverage.

Research Agenda:

The community could benefit from additional data collection and analysis in the following areas:

- What is the impact on school readiness if children do not attend childcare programs?
- Identify any common characteristics of children that comprise the 34% that are not reading on grade level at the end of 3rd grade. Is there a potential target population for early intervention?
- What age groups have the most perceived need for afterschool programs?
- Graduation Rate – what factors contribute to economic or racial disparities?

Key:

MCCHP: Martin County Community Health Improvement Plan

UW: United Way Strategic Plan

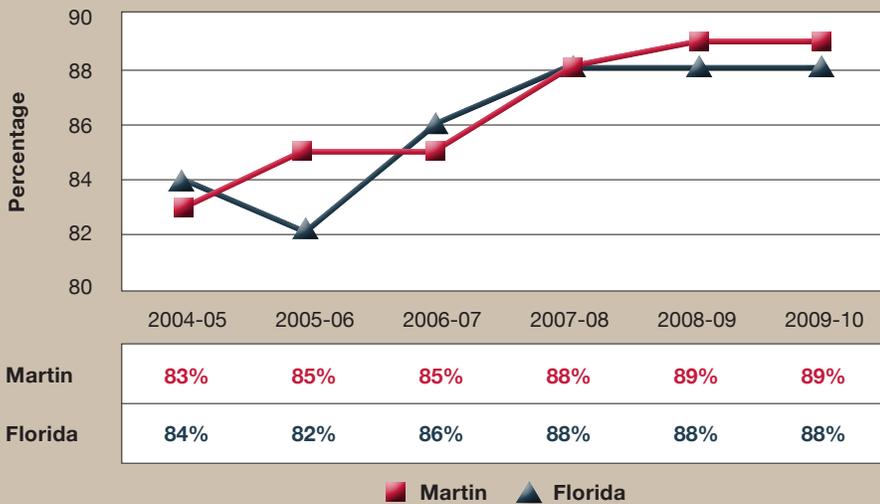
CSC: 2012 State of the Child Symposium



Students Ready at Kindergarten Entry

Why is this important? Children who enter school with early skills, such as a basic knowledge of math and reading, are more likely than their peers to experience later academic success, attain higher levels of education, and secure employment. One study found that gaps in math, reading, and vocabulary skills evident at elementary school entry explained at least half of the racial gap in high school achievement scores.¹

Percent Students Ready at Kindergarten Entry, 2004-05 through 2009-10



Definition: All public school kindergarten students are administered a screening within the first 30 days of kindergarten. For the 2009-2010 school year, the statewide kindergarten screening consisted of a subset of the Early Childhood Observation System (ECHOS™) and the first two measures of the Florida Assessments for Instruction in Reading (FAIR). To be considered “Ready for Kindergarten,” children should be scoring at the Demonstrating or Emerging/Progressing levels on the ECHOS™ and achieve a Probability of Reading Success score of 67 percent or higher on FAIR.

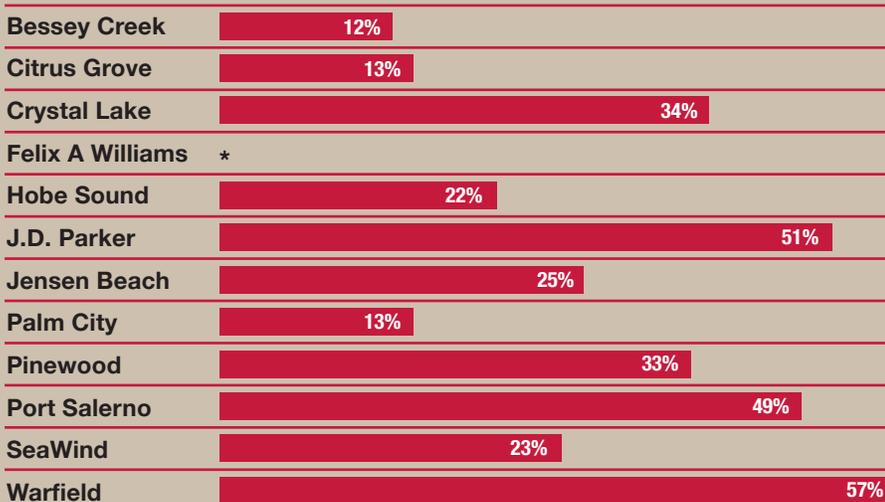
Source: Florida Department of Education



How is Martin County doing?

The proportion of Martin County five- to six-year-old children able to demonstrate cognitive and early literacy skills at kindergarten entry increased from 83 percent in 2005 to 89 percent in 2010 and was slightly better than the State of Florida. A review of Florida Kindergarten Readiness scores by Martin County elementary school showed kindergarten students attending Title I schools were less likely to be ready for kindergarten upon entry than Non-Title I schools.

Florida Kindergarten Readiness Screener Results by Martin County Elementary School, 2010-11



■ % ECHOS Not Ready * Indicates population fewer than 10

Benchmark:

1st in Florida: Sumter County
96.3 percent in 2010

Source:

1. www.childtrendsdatbank.org

Source: Florida Department of Education, Office of Early Learning



High School Graduation Rate

Why is this important? A recent analysis from the Georgetown University Center on Education and the Workforce predicts that by 2018 61 percent of jobs will require some postsecondary education. Students who graduate from high school on time are more likely to continue to postsecondary education and training; they have higher earnings and are more employable than students who fail to graduate.

High School Graduation Rate, 2006-2011



■ Martin ▲ Florida

Definition: The Federal Graduation Rate is the percentage of public school students who have graduated within four years of entering ninth grade. The rate counts as graduates only recipients of standard diplomas, not special diplomas or GEDs. Further, transfers to adult education centers and Department of Juvenile Justice (DJJ) facilities remain in the cohort.

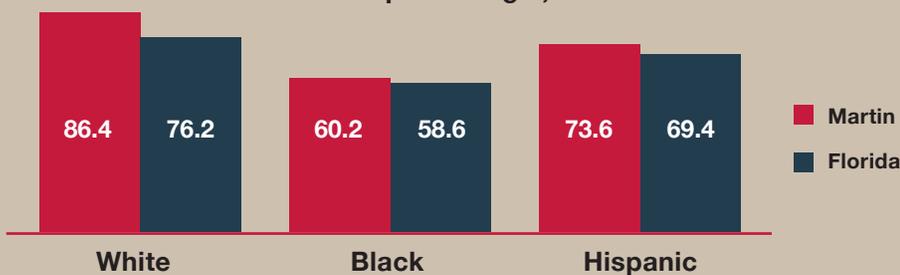
Source: 2010-11 Florida Department of Education cohort graduation data as of 01/30/12



How is Martin County doing?

In 2011, Martin County's High School Graduation rate ranked 5th best out of 67 counties in Florida at 82.4 percent – an increase from 67.5 percent in 2006. The high school graduation rate was 60.2 percent for black students, 73.6 percent for Hispanic students, and 86.4 percent for white students.

High School Graduation Rate by Race and Hispanic Origin, 2011



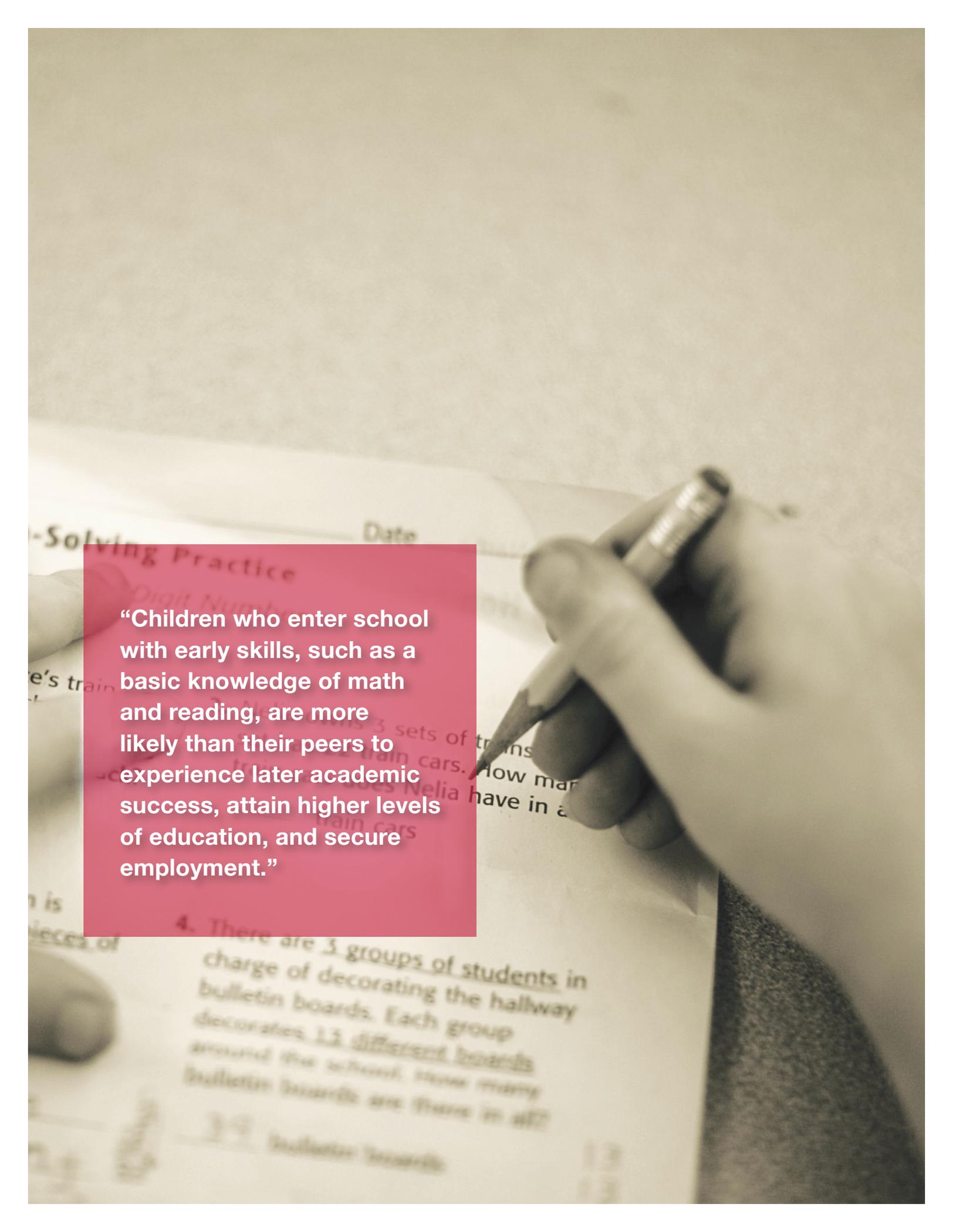
Source: 2011 Florida Department of Education cohort graduation data as of 01/30/12

Benchmarks:

1st in USA: Iowa - 88 percent in 2011
 Florida: 71 percent (ranked 41 out of 50) in 2011¹

Source:

1. U.S. Department of Education

A close-up photograph of a hand holding a pencil, writing on a worksheet. The worksheet has a red text box overlaid on it. The background text on the worksheet includes "Date", "Solving Practice", "Digit Number", "e's train", "3 sets of trains", "train cars. How many", "Nelia have in a", "train cars", "4. There are 3 groups of students in charge of decorating the hallway bulletin boards. Each group decorates 12 different boards around the school. How many bulletin boards are there in all?", and "12".

“Children who enter school with early skills, such as a basic knowledge of math and reading, are more likely than their peers to experience later academic success, attain higher levels of education, and secure employment.”

4. There are 3 groups of students in charge of decorating the hallway bulletin boards. Each group decorates 12 different boards around the school. How many bulletin boards are there in all?

12



Martin County Child Health and Well-Being Report Card

INDICATOR	MARTIN 2005	MARTIN 2011	FLORIDA 2011	HOW ARE WE DOING ¹
HEALTHY MOTHERS AND BABIES				
First Trimester Prenatal Care	56.2%	71.9%	80.3%	
Births to Obese Mothers at Time of Pregnancy	16.2%	21.6%	20.6%	
Breastfeeding Initiation Rate	84%	81%	79.6%	
Low Birthweight Infants (Live Births Less than 5.5 lbs.)	8.8%	7.8%	8.7%	
Infant Mortality (Rate per 1,000 Live Births Ages Birth to 1)	8.2	4.2	6.4	
HEALTHY CHILDREN				
Children Under 18 Without Health Insurance	15.6% (2008)	11%	11.9%	
Access to Dental Care by Low Income Persons	20.1%	37.8%	36.4% (2010)	
Childhood Obesity 6th Grade	20.6% (2006)	17.1% (2010)	11.7% (2010)	
Alcohol Use Among Teens in Past 30 Days	37% (2004)	27.7% (2012)	24.6% (2012)	
STRONG, NURTURING FAMILIES				
Births to Teens (Rate per 1,000 Teens Ages 15-19)	43.1	26.1	29.1	
Births to Mothers Without High School Education	34%	23.5%	16%	
Children Under Age 18 Living Below Poverty Level	14.8%	21.8%	25%	
Child Maltreatment Rate (Rate per 1,000 Youth Ages 0-17)	6.3	8.1	13.6	



Martin County Child Health and Well-Being Report Card

INDICATOR	MARTIN 2005	MARTIN 2011	FLORIDA 2011	HOW ARE WE DOING ¹
SAFE, STABLE COMMUNITIES				
Domestic Violence Offenses (Rate per 100,000 Population)	503	400	590	
Referrals to Dept. of Juvenile Justice (Rate per 10,000 Youth Ages 10-17)	703.5	599.1	597.9	
Child Death Rate (Rate per 100,000 Children Ages 1-14)	23.9 (2005-07)	20.7 (2009-11)	18.3 (2009-11)	
Teen Death Rate (Rate per 100,000 Teens Ages 15-19)	66.3 (2005-07)	64.9 (2009-11)	51.4 (2009-11)	
SUCCEEDING IN SCHOOL				
Students Ready at Kindergarten Entry	83%	89%	88%	
3rd Grade FCAT 2.0 – Reading On or Above Grade Level	65% (2011)	66% (2012)	56% (2012)	
8th Grade FCAT 2.0– Math On or Above Grade Level	67% (2011)	66% (2012)	57% (2012)	
High School Graduation Rate	88.9% (2007)	95.2%	80.1%	

¹Indicator Ratings:



Indicators in **Green** are those with trend lines showing significant improvement* and where Martin County exceeds the state average. Even when there is significant change there may still be room for improvement.



Indicators in **Yellow** are those with trend lines showing significant improvement, but where Martin County does not meet or exceed the state average OR where the trend lines do not show significant improvement, but Martin County is meeting or exceeding the state average.



Indicators in **Red** are those that did not show significant improvement during 2005-2011 and where Martin County does not meet the state average.

*Significant improvement in an indicator is judged to be a percentage difference in the value between 2005 and 2011 (or as noted) which is greater than +/- 2% [according to the formula $[(y2-y1)/y1]*100 > 2\%$ or $(y2-y1)/y1*100 < -2\%$] and is in a favorable direction according to the results desired.



Appendix

Qualitative Reports:

MC Telephone Survey Report

<http://connectingmartinkids.com/docs/MC-Telephone-Survey-Results-2012.docx>

MC Focus Groups Report

<http://connectingmartinkids.com/docs/MC-Focus-Group-Results-2012.docx>

MC Community Leaders Interviews

<http://connectingmartinkids.com/docs/MC-Community-Ldr-Interviews-2012.docx>

MC On-Site Survey Results

<http://connectingmartinkids.com/docs/MC-On-site-Surveys-2012.docx>

Related Assessments:

Martin County Community Health Improvement Plan

<http://www.cscmc.org/links/images/userfiles/20120926135658.pdf>

United Way Strategic Plan

http://www.unitedwaymartincounty.org/uploads/files/UNITED%20WAY/2012-13/STRATEGIC_PLAN.pdf

Related Links:

Child Trends

www.childtrends.org

Annie E. Casey Foundation

www.aecf.org

Graphic design, layout and proofreading by KaleidoMinds Marketing, Inc.

Facilitation and production of telephone and focus group reports by SRA Research Group, Inc.