The mission of the Children's Services Council of Martin County is to enhance the lives of the children of Martin County and to enable them to attain their full potential.

Children's Services Council of Martin County (CSCMC)
REQUEST for PROPOSALS
Funding Priority Area: HEALTHY CHILDREN
Funding Cycle: October 1, 2025 - September 30, 2026
DEADLINE TO SUBMIT: Friday, May 2, 2025 by 5:00 p.m.

Per CSCMC's Guiding Principles outlined in the *CSCMC 2021-2026 Strategic Plan,* CSCMC targets early intervention and prevention services for our most vulnerable children, families, and neighborhoods, while advocating for and supporting the increased availability of needed services for all children and their families.

Per CSCMC's Guiding Principles outlined in the *CSCMC 2021-2026 Strategic Plan,* CSCMC gives funding preference to proven program models that are research-proven and evidence-based, have demonstrated positive impact, and have sustainable and replicable outcomes.

CSCMC invites eligible community service organizations to submit applications in response to this competitive Request for Proposals (RFP) process under the following Funding Priority Area *(CSCMC Policy 3)*:
HEALTHY CHILDREN for the funding cycle of October 1, 2025 - September 30, 2026.

CSCMC will accept proposals under the following three (3) Healthy Children funding subcategories:

1. **Maternal and Infant Health.** Program models/initiatives to promote optimum maternal and infant health outcomes and reduce maternal/infant risk.

2. **Mental Health and Substance Use.** Preventative and early intervention program models/initiatives to promote positive children's mental/behavioral health; and/or prevent and reduce the use of substances; and/or address bullying, to reduce its negative effects.

3. **Physical Health.** Preventative and early intervention program models/initiatives to promote healthy behaviors, support optimum physical health, and respond to child health needs.

The CSCMC annual Request for Proposals (RFP) process is appropriate for submission and review of programs/initiatives that can demonstrate positive impact, with sustainable and replicable outcomes, and that meet certain minimum characteristics defined by the funding priority area(s) and its categories, per the published RFP. Programs/initiatives must have measurable gains/results, defined by research-proven or evidence-based interventions and/or curricula supported by well-defined outcomes associated with industry standard evaluation methodology and/or standardized or validated measurement instruments.

Programs/initiatives proposed in partnership with the Martin County School District (MCSD) must align with and complement existent MCSD school-based services, curricula and/or interventions, and must have approval by the MCSD prior to CSCMC contract execution.

CSCMC considers the following applicant eligibility as outlined in this RFP:

CSCMC Funding Eligibility and CSCMC RFP Funding Eligibility, **see page 2**

RFP Parameters, Required Budget and Support Documents, and Application for Funding Requirements, **see page 3**

Applications deemed below minimum eligibility criteria may be determined ineligible for further review.
All applications must be submitted via the CSCMC online application within The Hub-Martin. For instructions to access the application, **see page 3**.

CSCMC Policy 2.1 "CSCMC Funding Authority" (excerpts): CSCMC has the discretionary authority to allocate and provide funds for organizations that offer services for the benefit of children and families. CSCMC solely reserves the right to reject any or all CSCMC Applications for Funding; deny the issuance or renewal of a CSCMC Contract; and deny, delay, or terminate funding in circumstances it believes are not in the best interest of CSCMC and the public. (Policy 2.1a) All funds are allocated solely at the discretion of CSCMC, and no Provider is entitled to, nor guaranteed funding. CSCMC Funding may also be terminated if funds become unavailable. (Policy 2.1b) The Council's funding allocation decisions are final, and there are no appeals. (Policy 2.1e)

Request for Proposals (RFP) Timeline

Release CSCMC 2025-26 RFP & Online Application Access ..... Thursday, March 27, 2025

The link to the RFP Application is located on the CSCMC website ..... https://www.cscmc.org

Proposers (Virtual) Conference Attendance is highly recommended. ..... Tuesday, April 1, 2025, 10:00 a.m.

The link to register for the Conference is located on the CSCMC website ..... https://www.cscmc.org

Deadline to Submit Online Questions ..... Friday, May 2, 2025, 12:00 noon

Applicant 2025-26 RFP Submittal Due Date ..... Friday, May 2, 2025, 5:00 p.m.

Meetings with Applicants (CSCMC Determined) ..... June/July 2025

CSCMC Staff Recommendations to Council ..... Monday, August 25, 2025

Projected CSCMC 2025-26 Contract Start and End Dates ..... October 1, 2025 through September 30, 2026

CSCMC Funding Eligibility (Policy 1.1)

CSCMC's Funding Eligibility criteria is as follows:

1.1a CSCMC funds not-for-profits, incorporated organizations, neighborhood organizations, and local government organizations. For-profit organizations are prohibited from applying for CSCMC funds.

1.1b Organizations or programs that operate under the exclusive jurisdiction of the public school system are prohibited from applying for funds directly from CSCMC.

1.1c Programs requiring worship or religious instructional activities, as a condition of participation, shall not be funded.

1.1d Programs of organizations with their own taxing authority are limited to two years of CSCMC funding. Subsequent eligibility for funding must be requested in writing and approved by Council on an annual basis, unless otherwise approved by CSCMC. CSCMC Council has waived the above requirement of a written request for the City of Stuart, Florida and for Martin County, Florida, in perpetuity, until terminated by CSCMC Council, with or without cause, and upon written notification to those organizations.

1.1e CSCMC funded programs are required to be in direct alignment with the goals and strategies of the current CSCMC Strategic Plan; and not supplant existing resources; and involve collaborations with other community partners in the public and/or private sector.

1.1f The target population for the purposes of CSCMC funding is limited to Martin County children and youth, prenatal up to 18 years of age or older if still in high school or currently enrolled in a program funded by CSCMC, or with 'disabilities' as defined by the Individuals with Disabilities Education Act (IDEA) and under 22 years of age, and the family members or primary caregivers of those children and individuals.

1.1g CSCMC will not provide funding to organizations for the acquisition of real property.

CSCMC RFP Funding Eligibility

All applicant organizations seeking to enter the competitive Request for Proposal process for the Children's Services Council of Martin County's (CSCMC) Annual Funding Cycle (October 1, 2025 - September 30, 2026) for the **Healthy Children Funding Priority Area** may do so if:

- Proposing a Martin County-based program or curricula/strategies **not currently funded** by CSCMC under the **Healthy Children Funding Priority Area**

  and/or

- Proposing a program **currently funded** by CSCMC under the **Healthy Children Funding Priority Area**, with a request to continue, revise, or expand the program within the same funding priority area.

CSCMC Request for Proposals: Parameters

CSCMC's Request for Proposals (RFP) for the Funding Priority Area of *Healthy Children* is a competitive process. Among CSCMC's Guiding Principles outlined within the *CSCMC 2021-2026 Strategic Plan*, note:

- CSCMC gives funding preference to program models that are research-proven or evidence-based, with demonstrated positive impact, and sustainable, replicable outcomes.
- CSCMC fosters collaboration among provider agencies and encourages assessment of collective impact with community partners to develop increasingly robust systems of care.
- CSCMC funding is informed by current qualitative and quantitative data that indicates essential areas for positively impacting children's well-being. CSCMC focuses on key indicators that include local data benchmarked against national and/or state data.
- Research-proven and evidence-based services, strategies, curricula, programming; validated measurement tools; research-linked outcomes and results; data-driven benchmarks and meaningful improvement.

Upon consideration of submission to this RFP, note necessity of alignment with the *CSCMC 2021-2026 Strategic Plan*, most specifically to the **Healthy Children** Funding Priority Area and related *Leading Indicators of Impact & Strategic Investment Statements (see pages 4 & 5 below)*. Find the *CSCMC 2021-2026 Strategic Plan* and associated documents at https://www.cscmc.org/strategic-plan/

Required Budget and Support Documents

The online application includes the requirement of uploaded documents such as the applicant organization's most recent audited financial statements, Auditor's management letter, and applicant organization's response to that letter (if applicable), current IRS Form 990, Board of Directors list, and Job Descriptions all of which contribute toward the assessment of the applicant organization's fiscal health and capacity to adequately manage CSCMC funds. Additional requirements include the organizational budget and the proposed program budget, both projecting expenses from October 1, 2025 - September 30, 2026.

CSCMC Application for Funding Requirements

It is advised that the applicant organization review the ***CSCMC Program and Funding Policies***, ***CSCMC Sample Contract and Budget***, *and* ***CSCMC Chart of Accounts*** documents to determine its ability to fully comply with all CSCMC policy and contract requirements. These documents are available in the online RFP Application under the RESOURCES section, or as otherwise provided by CSCMC.

- All applications in response to this CSCMC Request for Proposals must be electronically completed and submitted only within The Hub-Martin by the deadline of **May 2, 2025, by 5:00 p.m.** at which time access will be electronically closed.
- The applicant organization's duly authorized official, Executive Director or equivalent, must certify that the information provided within the CSCMC Application for Funding is true and correct. The authorized official must attest, to the best of his or her knowledge, that the organization's governing body (Board of Directors or equivalent) has approved the submission of the application and indicates the date of approval. Proof of these attestations must be provided to CSCMC upon request. *(CSCMC Policy 1.2a excerpt)*
- Following the specified deadline submission, no further application information will be accepted by CSCMC in any format, including verbal, electronic, or hard copy.

CSCMC Online Application Access & Questions

The online application for the CSCMC Request for Proposals for ***Healthy Children*** is located within The Hub-Martin Grants Module. ***The RFP application link can be found on the CSCMC website:*** https://www.cscmc.org/
It is recommended that the online application be accessed via the *Google Chrome* web browser. For assistance in accessing the online application, contact CSCMC by email at programsupport@cscmc.org

NOTE: Submit all questions regarding this RFP via the *'Ask a Question'* link within the online application.

CSCMC Cross-Cutting Strategies

Refer to the CSCMC 2021-26 Strategic Plan for Cross-Cutting Strategies at https://www.cscmc.org/strategic-plan/

HEALTHY CHILDREN

Per the Society of Pediatric Nurses (SPN) 'Position Statement on Access to Care' (2023), all children deserve access to lifelong, affordable, health care across all care delivery settings. Accordingly, health care design needs to meet the holistic needs of children and their families and must also be timely, evidence-based and coordinated to ensure the provision of quality and equitable services.

Children who cannot access the quality of care they need may require preventable hospitalizations and complications. Delays in the provision of child health services can lead to missed opportunities for early screening, detection and treatment of health problems, and increase the risk of chronic disease. *(Office of Disease Prevention and Health Promotion, Office of Health and Human Services, n.d., Nguyen et al.,2022; Tret et al., 2019)*

As children's health sets the stage for their adult health, children need high-quality health care and related services that promote their development - prenatally as well as through infancy, childhood and adolescence - so that each may reach their fullest potential of health. *(University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Institute on Child Health & Development)*

Local Quantitative Data

Quantitative data specific to Martin County and the CSCMC priorities that comprise the focus of this Request for Proposals are included throughout the document, as well as (general demographics) provided on pages 15-16.

CSCMC Strategic Plan 2021-2026

Healthy Children Leading Indicators of Impact: What supports the foundation for healthy children.

1. Maternal and Infant Health; Positive Birth Outcomes
   - Early and Consistent Prenatal Care
   - Screening of Perinatal Depression
   - Full-Term Gestation
   - Healthy Birthweight
   - Breastfeeding Initiation and Continuation
   - Reduced Infant Mortality Rates
   - Maternal Obesity
   - Lower Incidence of Teen (and Repeat Teen) Birth
2. Oral Health: Preventative Dental and Urgent Response Care
3. Health Insurance for Children under Age 18
4. Increased 'Healthy Weight' of Children and Teens (Reduced 'Overweight' and 'Obese' Rates)
5. Reduced Rates of Alcohol and Illicit Substance Use, and Enhanced Substance Use Resistance Skills
6. Gains in Positive Mental Health and Mental Health Promotion

What We Can Do: Initiatives & Strategies to promote the health of Martin County children.

1. **Children are born healthy and thrive during the first year of life.**
   a. Support early and continued access to prenatal care for at-risk pregnant women, including those with medical complexities and individuals/populations vulnerable to compromised access of care.
   b. Sustain prevention and other support services to support maternal health and increase the likelihood of positive birth outcomes.

2. **Families have access to insurance and medical care for their children.**
   a. Support navigation and/or case management services to increase access for children in need of medical care and services.
   b. Ensure all children have a medical home, i.e., a primary care provider.
   c. Sustain access to oral health care for preschool and school-aged children.

3. **Children learn and practice healthy behaviors.**
   a. Identify research-proven or evidence-based initiatives in order that children maintain or achieve a healthy weight.
   b. Children learn behaviors for life-long health.

4. **Children and their families have access to mental health services and substance abuse prevention strategies.**
   a. Sustain mental health treatment services for children and their families that increase emotional well-being and positive behavioral outcomes.
   b. For staff that work directly with children and families, provide access to training in evidence-based interventions and curriculum, particularly those that respond to the effects of trauma.
   c. Sustain efforts and identify research-proven or evidence-based programming to prevent and reduce the use by youth of alcohol and other substances, as consistent with current trends.
   d. Identify and support research-proven and evidence-based education and prevention or intervention strategies to support the reduction of bullying and self-harming behavior.

HEALTHY CHILDREN 2025-2026 CSCMC REQUEST FOR PROPOSALS

Subcategory 1. Maternal and Infant Health

Program models/initiatives to promote optimum maternal and infant health outcomes and reduce maternal/infant risk.

What happens during the first months and years of life is significant and provides an indelible blueprint for overall adult well-being. Experiences early in life establish a physical, psychological, and social foundation on which future development and adult health are based. Prenatal and perinatal exposures, as well as those during childhood, can affect adult health outcomes.

CSCMC is seeking program models/initiatives that support a coordinated countywide provider system of care, with comprehensive service integration and access to high-quality services necessary to support optimum maternal and infant health outcomes for Martin County pregnant women and their babies.

- ⇒ **A local system of risk-appropriate care in place, with access and coordination to ensure mothers and infants are in receipt of timely services per needs, social behavioral characteristics, conditions/medical comorbidities, etc., with assurances of continuity of care for those uninsured and underinsured.**
- ⇒ **Care and services that lessen the potential negative effect of disparities and that promote and sustain optimum levels/rates of maternal and infant health outcomes.**
- ⇒ **Support of maternal mental health with ideal practices of perinatal depression screening intervals, measurement instruments and protocol for indicated follow-up, referrals, etc.**
- ⇒ **Clinical and non-clinical services in support of and responsive to maternal and infant care needs.**

LEADING INDICATORS (2021-26 CSCMC Strategic Plan)

Maternal Mortality In 2022, 817 women died of maternal causes in the U.S., a rate of 22.3 deaths per 100,000 live births, compared with the 2021 rate of 32.9. However, Black women in the U.S. had a maternal mortality rate more than double the country's overall rate in 2022. And the 2022 U.S. maternal mortality rate of 22.3 per 100,000 was more than 50% higher than the rate in the next closest country studied. *(U.S. News, Maternal Mortality: How the U.S. Compares to Other Rich Countries, by Steven Ross Johnson)* The *Healthy People 2030* maternal mortality target rate is 15.7 per 100,000 live births. The single year maternal mortality rate associated with Martin County has been 0.0 from 2010 through 2023.

(Severe) Maternal Morbidity Maternal morbidity is an important measure in the efforts to prevent maternal mortality and address maternal health inequities, with as many as 60,000 U.S. women affected annually. Per the *Commonwealth Fund*, maternal morbidity is associated with pregnancy conditions and health comorbidities, as well as the effects of disparities, emphasizing the need for timely, responsive high-quality care.

Martin County Severe Maternal Morbidity Rate & Counts per 1,000 Delivery Hospitalizations					
	All	Race		Ethnicity	
		White	Black	Hispanic	Non-Hispanic
2021-23 Three-Year Rolling Rate	13.8 (48)	16.2 (32)	21.8 (5)	11.9 (14)	15.5 (32)
2020-22 Three-Year Rolling Rate	13.8 (48)	16.3 (33)	13.2 (3)	12.8 (15)	14.3 (30)
2019-21 Three-Year Rolling Rate	16.3 (56)	15.0 (31)	27.3 (7)	16.5 (19)	15.3 (33)
Source: FLHealthCHARTS					

Infant Mortality Infant mortality is an important marker of the overall health of a society. Though the overall national rates of infant death related to preterm birth, low birth weight and sudden infant death syndrome have declined over time, disparities by race, ethnicity, income and geography have persisted. In 2022, per the Centers for Disease Control & Prevention (CDC), the U.S. infant mortality rate per 1,000 live births was highest for Black infants (10.9), followed by American Indian/Alaska Native (9.1), Native Hawaiian/Other Pacific Islander (8.5), Hispanic (4.9), White (4.5) and Asian/Pacific Islander (3.5). High-quality care for moms and babies, paired with community-based interventions, are indicated as associated with reduced rates of infant deaths.

The *Healthy People 2030* infant mortality target rate is 5.0 per 1,000 live births.

Martin County Infant Mortality Rate & Counts per 1,000 Live Births					
	All	Race		Ethnicity	
		White	Black	Hispanic	Non-Hispanic
2021-23 Three-Year Rolling Rate	2.9 (11)	3.2 (10)	4.0 (1)	5.3 (7)	1.6 (4)
2020-22 Three-Year Rolling Rate	3.7 (14)	4.1 (13)	0.0 (0)	6.9 (9)	2.0 (5)
2019-21 Three-Year Rolling Rate	4.0 (15)	3.9 (12)	0.0 (0)	5.5 (7)	2.9 (7)
Source: FLHealthCHARTS					

Preterm Birth Preterm birth, especially prior to a 32-week gestation, is associated with higher rates of infant mortality. Preterm babies that survive may experience early health challenges as well as persisting developmental issues. Nationally, per the *March of Dimes*, preterm birth rates are 50% higher among Black women than among White or Hispanic women.

The *Healthy People 2030* preterm birth target rate is 9.4 percent of live births.

Martin County Preterm Birth Percent & Counts of Live Births					
	All	Race		Ethnicity	
		White	Black	Hispanic	Non-Hispanic
2021-23 Three-Year Rolling Rate	8.4 (319)	8.6 (269)	10.0 (25)	8.1 (107)	8.5 (208)
2020-22 Three-Year Rolling Rate	9.2 (349)	9.4 (297)	9.8 (25)	7.9 (104)	9.8 (240)
2019-21 Three-Year Rolling Rate	8.8 (327)	8.8 (268)	12.7 (34)	8.1 (102)	9.2 (220)
Source: FLHealthCHARTS					

Low Birthweight As many preterm babies are born with low birthweight, risk factors are similar. Birthweight is one of the strongest predictors of infant health and survival. According to the *World Health Organization*, it contributes to a range of poor health outcomes, "closely associated with fetal and neonatal mortality and morbidity, inhibited growth and cognitive development and chronic diseases later in life. LBW infants are about 20 times more likely to die than heavier infants". Nationally, in 2021-2023, the U.S. low birthweight rate was highest for Black infants (14.2%), followed by Asian/Pacific Islander (9.3%), American Indian/Alaska Native (8.5%) and White (7.3%) infants.

Martin County Low Birthweight Percent & Counts of Total Live Births					
	All	Race		Ethnicity	
		White	Black	Hispanic	Non-Hispanic
2021-23 Three-Year Rolling Rate	6.7 (254)	6.5 (204)	12.0 (30)	6.3 (83)	6.9 (169)
2020-22 Three-Year Rolling Rate	7.0 (266)	6.8 (217)	11.8 (30)	5.9 (78)	7.6 (186)
2019-21 Three-Year Rolling Rate	6.6 (245)	6.4 (195)	12.7 (34)	6.1 (77)	7.0 (167)
Source: FLHealthCHARTS					

Maternal and Infant Health (continued)

Prenatal Care According to the *National Institute of Health*, newborns whose mothers had no prenatal care are almost five times more likely to die than babies born to mothers who had early prenatal care. Women who see a health care provider regularly during pregnancy have a greater chance of their babies being healthier and are less likely to have pregnancy complications. It is recommended that women begin prenatal care in the first trimester of pregnancy, or when pregnancy is suspected or confirmed. Per the *National Institutes of Health* (NIH), ensuring that all women receive *adequate* prenatal care (early and regularly) is noted as a *top* maternal and child health priority. *(www.ncbi.nlm.nih.gov)* In 2022, pregnant teens ages 15-19 were the least likely to receive adequate prenatal care, at only 61%; followed by 69% of pregnant women ages 20-24; 75% of those ages 25-29; and 78% of those ages 30-34 and over. *www.childstats.gov*

- **Mothers in Receipt of No Prenatal Care**

Martin County Births: Percent & Counts of Mothers with No Prenatal Care, of Total Live Births*					
	All	Race		Ethnicity	
		White	Black	Hispanic	Non-Hispanic
2021-23 Three-Year Rolling Rate	1.8 (65)	1.6 (48)	2.1 (5)	2.6 (32)	1.4 (33)
2020-22 Three-Year Rolling Rate	1.9 (68)	1.6 (49)	2.9 (7)	2.2 (28)	1.7 (40)
2019-21 Three-Year Rolling Rate	2.1 (74)	1.7 (50)	4.0 (10)	2.4 (29)	1.7 (40)
Source: FLHealthCHARTS. *NOTE: Women with unknown prenatal care are excluded from the denominator in calculating the rate (percentage).					

- **Mothers in Receipt of Early Prenatal Care (Initiated in the 1st Trimester)**

The *Healthy People 2030* target rate for women to receive early, adequate prenatal care is 80.5 percent.

Martin County Births: Percent & Counts of Mothers Initiating 1st Trimester Prenatal Care of Total Live Births*					
	All	Race		Ethnicity	
		White	Black	Hispanic	Non-Hispanic
2021-23 Three-Year Rolling Rate	72.9 (2,646)	74.7 (2,238)	75.0 (177)	63.4 (792)	78.1 (1,838)
2020-22 Three-Year Rolling Rate	72.6 (2,619)	74.3 (2,236)	70.4 (169)	63.7 (796)	77.5 (1,807)
2019-21 Three-Year Rolling Rate	73.0 (2,558)	75.2 (2,163)	65.7 (165)	63.2 (758)	78.3 (1,779)
Source: FLHealthCHARTS. *NOTE: Women with unknown prenatal care are excluded from the denominator in calculating the rate (percentage).					

Maternal Obesity According to *Healthy People 2030*, more than half of women are not at a healthy weight (i.e., are overweight or underweight) when they become pregnant. Obesity is associated with an increased risk of pregnancy complications that include gestational hypertension, preeclampsia, gestational diabetes mellitus, etc., as well as having potential effect upon the health of the child.

The *Healthy People 2030* target rate for women with healthy weight 'before' pregnancy is 47.1 percent.

Martin County Percent of Births & Counts of Women With Healthy Weight*					
	All	Race		Ethnicity	
		White	Black	Hispanic	Non-Hispanic
2021-23 Three-Year Rolling Rate	42.7 (1,588)	44.3 (1,357)	24.7 (61)	35.3 (451)	46.7 (1,126)
2020-22 Three-Year Rolling Rate	43.0 (1,596)	44.4 (1,375)	26.3 (66)	37.1 (470)	46.2 (1,115)
2019-21 Three-Year Rolling Rate	43.1 (1,571)	44.7 (1,336)	26.5 (70)	36.7 (451)	46.5 (1,104)
Source: FLHealthCHARTS *NOTE: Data represents births with a pre-pregnancy BMI of 18.5-24.9. Mothers with unknown pre-pregnancy BMI are excluded.					

Breastfeeding As published by the CDC, breastfed babies have a lower risk of asthma, obesity, type 1 diabetes, ear infections, SIDS, gastrointestinal infections, etc. Mothers that breastfeed their babies also benefit re: lower (specific) health risks. The 2020-2025 Dietary Guidelines for Americans (Dietary Guidelines) and the American Academy of Pediatrics (AAP) recommend that infants be *exclusively breastfed their first six (6) months of life.* Per the CDC *Breastfeeding Report Card, U.S., 2022*, barriers to breastfeeding remain, and disparities in rates of breastfeeding duration and exclusivity can persist by race, ethnicity and socioeconomics.

Martin County Percent of Births & Counts of Mothers Who Initiate Breastfeeding*					
	All	Race		Ethnicity	
		White	Black	Hispanic	Non-Hispanic
2021-23 Three-Year Rolling Rate	93.3 (3,547)	93.7 (2,934)	88.4 (222)	93.6 (1,236)	93.2 (2,284)
2020-22 Three-Year Rolling Rate	90.9 (3,454)	91.2 (2,890)	85.5 (218)	88.1 (1,313)	92.4 (2,270)
2019-21 Three-Year Rolling Rate	88.2 (3,270)	88.9 (2,704)	80.2 (215)	84.8 (1,072)	90.4 (2,168)
Source: FLHealthCHARTS * NOTE: Based on birth certificate data					

- **Perinatal Depression**

Perinatal depression (PND) is a major depressive episode during pregnancy or within four (4) weeks after childbirth up to one year postnatal. Per the American Psychiatric Association, annually, an estimated 500,000 pregnant women in the U.S. will experience a mental disorder either prior to or during pregnancy*. *Postpartum Support International* states that "postpartum depression is the most *under-diagnosed* obstetric complication in the U.S.", as well often being *under-treated or not treated at all*. (*Earls, 2010*) The disorder has the potential of *serious* negative effects upon both mothers and babies, and their families; however, it is represented as treatable and amenable to support, education and intervention. The need for universal screening of all pregnant and postpartum women is stressed, using evidence-based tools, according to ideal practices re: timing of initial and repeated screenings during pregnancy and post-partum, with protocol for appropriate response/treatment.

**See Perinatal Mental and Substance Use Disorders. American Psychiatric Disorders. 2023* https://www.psychiatry.org/getmedia/344c26e2-cdf5-47df-a5d7-a2d444fc1923/APA-CDC-Perinatal-Mental-and-Substance-Use-Disorders-Whitepaper.pdf

- **Local Summit, September 2024: Maternal Mental Health**

Guest Speaker: *Haywood L. Brown, MD, FACOG, Professor of Obstetrics & Gynecology, Morsani College of Medicine, University of South Florida.* Dr. Brown stated:

- Perinatal depression affects 'one in five' mothers and is the leading cause of death of women during their first year postpartum, as associated with suicide and drug overdose.
- Black women are twice as likely as white women to experience maternal mental health conditions.
- There is significant negative effect of posttraumatic stress and intimate partner violence upon the presentation of maternal mental health issues, morbidity and mortality.
- There is need for attention to social determinants that may result in disparities in maternal/infant health outcomes.
- There is a need for the utilization of *evidence-based intervention strategies* in this area of care provision.

Teen Births

Babies born to teen mothers are more likely to experience poor perinatal outcomes, including low birth weight rates higher than other age groups, with greater risk of perinatal death, health problems, etc. Pregnant teens often experience complications of pregnancy and delivery, with medical risks to newborn infants potentially attributable to differential access to adequate medical care rather than biological factors. *(Mednick et al; 1983)*

Per *FLHealthCHARTS*, teen pregnancy may also negatively affect the educational, social and economic future of both mothers and their child(ren).

- **Teen Birth Rate**

Martin County Births to Mothers Ages 15-17 Rate & Counts per 1,000 Female Population Ages 15-17	
2021-23 Three-Year Rolling Rate	5.0 (34 births)
2020-22 Three-Year Rolling Rate	6.2 (42 births)
2019-21 Three-Year Rolling Rate	6.2 (42 births)
Source: FLHealthCHARTS	

- **Teen Repeat Birth Rate**

Martin County Repeat Births to Mothers Ages 15-17 Percent & Counts with Prior Birth(s) during Ages 15-17	
2021-23 Three-Year Rolling Rate	14.7% (5 of 34)
2020-22 Three-Year Rolling Rate	14.3% (6 of 42)
2019-21 Three-Year Rolling Rate	9.5% (4 of 42)
Source: FLHealthCHARTS	

Subcategory 2. Mental Health and Substance Use: Prevention and Early Intervention

Preventative and early intervention programs/initiatives to promote positive children's mental/behavioral health; and/or prevent and reduce the use of substances; and/or address bullying, to reduce its negative effects.

Per the CDC, mental health in childhood includes reaching developmental and emotional milestones and learning healthy social skills, including how to cope when there are problems. The quality of the relationships and environments in which children and adolescents grow shapes their well-being. Prevention, early intervention, and access to services for children and their families can make a difference in the lives of children and their mental health.

CSCMC is seeking prevention and early intervention program models/initiatives that support a coordinated countywide provider system of care, with comprehensive service integration and access to high-quality services necessary to support children's mental/behavioral health; to prevent and/or reduce substance use; and/or to address bullying and its negative effects. Comprehensive programming includes the engagement of and/or collaboration with the adults and parents/guardians involved in the lives of child participants.

- ⇒ **Evidence-based prevention and/or treatment intervention, within a zero-suicide framework, with industry standard assessment and program measurement methodology, to improve status and to sustain gains re: indicators of mental/behavioral health for infants, children and adolescents.**
- ⇒ **Evidence-based prevention strategies and/or treatment intervention, with industry standard assessment and program measurement methodology, to prevent and reduce the use of alcohol, vapes, illicit drugs, other substances, while promoting resistance skill-building.**
- ⇒ **Multiple exposure, evidence-based education strategies and/or curricula, to reduce the occurrence of bullying and its negative effects, including self-harming behavior.**
- ⇒ **Service delivery that reduces wait list times; expands access for the underinsured and uninsured; and addresses barriers to care, to ensure timely, equitable access.**

CSCMC funded programs within this category of funding must abide by minimum requirements of licensure as governed and regulated by Chapter 397, F.S. *and* Chapter 65D-30, Florida Administrative Code (F.A.C.), per specified program components.

LEADING INDICATORS (2021-26 CSCMC Strategic Plan)

- **Mental Health**

The *Annie E. Casey Foundation* (AECF) reports that, nationally, the percent of high school students reporting that during the prior year they 'felt so sad or hopeless for two weeks in a row that they stopped doing usual activities' rose from 29% to 42% between 2011 and 2021. This was identified by AECF as '*a large and concerning increase*'. The 2021 U.S. Surgeon General's Advisory offers the following directives:

- With the platform that the best treatment is the prevention of mental health challenges, the implementation of trauma-informed care (TIC) principles and other prevention strategies is recommended, to improve care for *all* youth, especially those with a history of adversity.
- To address the economic and social barriers that contribute to poor mental health for young people, families, and caregivers, with priorities that include reducing child poverty; ensuring access to quality childcare, early childhood services and education; healthy food; affordable healthcare; stable housing; and safe neighborhoods.
- Help children and youth develop strong, safe, and stable relationships. Research indicates that the most important factor re: the resiliency of a child's life is *a stable and committed relationship with a supportive adult*.

According to *Mental Health America*, 2022 publicly available national data for youth ages 12-17 indicate:

- 15% experienced a depressive episode profoundly impairing work, school and/or home functioning,
- 56.1% determined as experiencing depression reported lack of receipt of any mental health treatment,
- 13.16% reported having had 'serious thoughts of suicide',
- 8.5% had private insurance, though with no coverage for emotional/behavioral related care.

Per a 2023 trends report, the *U.S. Preventive Task Force* referenced a broad 'mental health crisis' as the post pandemic era ushered in new challenges for youth, including social isolation, academic disruption, death of family members, families' loss of employment/reduced income, with a concurrent rise in all forms of family violence. Yet, the task force also emphasized that through the decade leading up to the pandemic, youth were expressing 'persistent sadness and hopelessness' and suicidal thoughts and behaviors at a rate increase of 40%. In response, with input from consulting psychologists, recommendations included "regular anxiety screenings for youth ages eight (8) to 18 and regular depression screenings for adolescents ages 12 to 18".

Please note a sample of local (representative) results based upon topic-related middle/high school student responses per the 2024 Florida Youth Tobacco Survey (FYTS), delivered to participant schools every two years: (Refer to full survey for additional data and information.)

Indicator	Martin County Rate	Florida Rate
Martin County 2024 FYSAS Student Self Report: Emotional/Behavioral Health Total Survey:758 valid cases		
Students (Middle/High School) Felt Depressed/Sad Most Days, Past 12 mos.	32.3%	40.7%
Students (Middle/High School) At Times Thinks 'I am no good at all', Past 12 mos.	31.1%	39.3%
Students (Middle/High School) Seriously Considered Suicide, Past 12 mos.	9.2%	13.4%
Students (Middle/High School) Attempted Suicide One or More Times, Past 12 mos.	3.5%	7.3%
Students (Middle/High School) Suicide Attempt Required Medical Care, Past 12 mos.	1.2%	1.7%
Source: **FLHealthCHARTS**; Florida Youth Tobacco Survey (FYTS)		

- **Substance Use - Tobacco**

Healthy People 2030 reports tobacco use as the leading cause of preventable disease and death in the U.S., with initiation of use typically occurring during adolescence. The 2024 *National Youth Tobacco Survey* (NYTS) reports 'prior 30-day use' of *any* tobacco product as having declined from 2023 to 2024, largely driven by reduced e-cigarette use. However, even with this reduction, e-cigarettes remained the most commonly used tobacco product by U.S. youth, with nicotine pouches the second most commonly used tobacco product.

The *American Psychiatric Association* reports that student surveys cite a common reason U.S. middle and high school students gave for **starting** to vape is that "*a friend used them*", with the most common reason given for **continuance** of use due to "*feeling anxious, stressed, or depressed*". According to published research *(PubMed Central),* vaping can potentiate specific neurological and health conditions *(Wharton et al., 2019)* and may initiate a cycle of nicotine dependence. Additionally, nicotine can, for youth, 'harm the functions of the brain that control attention, learning, mood, and impulse control'.

Related to these results, the CDC emphasizes the need for 'sustained and comprehensive implementation of evidence-based strategies in preventing and reducing tobacco product use among youth'.

Healthy People 2030 has set related targets for surveyed students, grades 6 through 12 that include:

- reduced 'prior 30 day' use of any tobacco product to 11.3%
- reduced cigarette smoking to 3.4% and of e-cigarette use to 10.5%
- zero (0.0%) initiation of cigarette smoking among adolescents and adults ages 12-26, reported during the 'prior 12 months', among those having had no 'to-date' first cigarette.

- **Substance Use - Alcohol, Drugs**

Using publicly available 2022 data, *Mental Health America* documents that, nationally, 8.95% of youth ages 12-17 had a substance use disorder determined 'during the prior year', with 3.32% with an alcohol use disorder and/or 7.17% with a drug use disorder.

Healthy People 2030 deems alcohol as associated with risky behaviors inclusive of smoking and drug use and linked to the three leading causes of death among adolescents, i.e., accidental injury, suicide and homicide. *Healthy People 2030* emphasizes the use of strategies effective in the prevention of alcohol use that include universal screening efforts and intervention programs (including brief), specifically designed to reduce alcohol use/disorders among adolescents.

Per *Healthy People 2030*, no evidence-based interventions have yet been noted as developed to address the issue of adolescents' perceptions of substance abuse as risky, among; however, this objective is considered a high-priority public-health issue. *Healthy People 2030* has set related targets for adolescents that include:

- reduced proportion of adolescents who drank alcohol in the past month to 6.3%
- reduced proportion of adolescents who used drugs in the past month to 5.5%
- reduced proportion of adolescents who used marijuana in the past month to 5.8%
- reduced proportion of people under 21 years who engaged in binge drinking in the past month to 8.4%
- increased proportion of adolescents who think substance abuse is risky; with no target yet set.

Please note a sample of local (representative) results based upon topic-related middle/high school student responses per the 2024 Florida Youth Tobacco Survey (FYTS), delivered to participant schools every two years: (Refer to full survey for additional data and information.)

Indicator	Martin County Rate	Florida Rate
Martin County 2024 FYSAS Student Self Report: Use of Drugs, Alcohol **Total Survey:758 valid cases**		
Students (Middle/High School) Who Drank Alcohol in the Past 30 Days	12.3%	10.2%
Students (Middle/High School) Who Used Any Illicit Drug in the Past 30 Days	10.9%	9.7%
High School Students Who Vaped Nicotine Age 13 or Younger ('Early Substance Abuse')	8.0%	8.4%
Of High School Drinkers, Had 5 or More Drinks on the Days They Drank, Past 30 Days	17.3%	19.0%
Of High School Drinkers, Had 4 Drinks on the Days They Drank, Past 30 Days	27.8%	7.0%
Students (Middle/High School) Who Smoked Marijuana Before or During School Past 30 Days	5.5%	5.9%
Source: **FLHealthCHARTS**; Florida Youth Tobacco Survey (FYTS)		

• Bullying and Prosocial Strategies

Recent national statistics regarding bullying include an increase in cyberbullying over the past decade. According to a *Cyberbullying Research Center* study, as of January 2023, approximately 28% of teens have reported being a victim of cyberbullying, as compared to 8% in 2013, with some data reporting child cyberbullying statistics as high as 42%. *National Institutes of Health (NIH)* suggests cyberbullying victims at higher risk of depressive symptoms and suicidal thoughts, with longer persistence.

According to the *National Center for Education Statistics* (NCES), nationwide, approximately 160,000 U.S. students miss school each day due to feeling bullied. Research suggests that youth, bullied over time, are more likely than those not bullied to experience depression, anxiety and low self-esteem, and are represented as more likely to be 'lonely' and to resist going to school. Only 44% of students who experience bullying (as recipients) report it to an adult.

Per the U.S. Surgeon General's Advisory 2021 document *Protecting Youth Mental Health*, there is evidence that a child predisposed to depression is more likely affected by bullying - with youth that experience adverse events, including bullying, at higher risk of suicidal ideation and attempt(s). Per one study, the risk of suicidal thought and behavior is higher among all involved populations, i.e., bullies, victims and those that both engage in and are in receipt of acts of bullying. Bystanders (*victims by proxy*) may also experience significant negative effects as witnesses.

According to *stopbullying.gov*, research indicates that having an overall network of healthy friendships and positive relationships (both peer and adult) protects against being bullied and helps reduce its negative effects.

Research and empirical literature support creating a system/organizational framework of universal prevention and specific responses:

- specific attention to cyberbullying
- customizing approaches to developmental levels (preschool; elementary, middle and high school)
- inclusion of 'bystanders', as well as victims and perpetrators in prevention strategies
- promotion of positive peer relationships, in potentially increasing peers 'stepping in'
- creating positive school climates, with emphasis on high-quality teacher-student relationships
- coaching/support for those considered as 'targets' of bullying
- coaching/reparation for those considered perpetrators
- *active* adult responses to bullying, with thorough investigation and response to incidents
- assessments of overall environmental 'climates', with interventions for specific issues
- promotion of middle/high school connectedness, as a key contributor in thwarting bullying responses
- collaboration with family
- anti-bullying policy

Please note a sample of local (representative) results based upon topic-related middle/high school student responses per the 2024 Florida Youth Tobacco Survey (FYTS), delivered to participant schools every two years: (Refer to full survey for additional data and information.)

Indicator	Martin County Rate	Florida Rate
Martin County 2024 FYSAS Student Self Report: 'Bullying Behavior' **Total Survey:758 valid cases**		
Students (Middle/High School) Skipped School Because of Bullying	9.3%	9.2%
Students (Middle/High School) Was Ever Taunted or Teased	55.9%	58.5%
Students (Middle/High School) Was Ever a Victim of Cyber Bullying	28.7%	29.0%
Students (Middle/High School) Ever Verbally Bullied Others	30.4%	30.9%
Students (Middle/High School) Ever Cyber Bullied Others	13.5%	13.4%

Subcategory 3. Physical Health

Preventative and early intervention program models/initiatives to promote healthy behaviors, support optimum physical health and respond to child health needs.

Healthy children are more likely to become healthy adults. Both negative and positive factors, as well as health disparities, compound their effects over a lifetime. Later (negative) consequences may be more difficult to respond to than the potential effect of prevention efforts offered earlier in life. This perspective creates an important imperative to ensure all children are as healthy as they can be. (Sources: National Research Council and Institute of Medicine, 2000. Keating and Hertzman, 1999. Keating and Hertzman, 1999; Children's Health, The Nation's Wealth: Assessing and Improving Child Health, 2004.)

CSCMC is seeking prevention and early intervention program models/initiatives that support a coordinated countywide provider system of care, with comprehensive service integration and access to high-quality services necessary to improve and sustain children's health status. Comprehensive programming includes the engagement of and/or collaboration with the adults and parents/guardians involved in the lives of child participants.

- ⇒ **Promotion of child/youth healthy weight utilizing evidence-based interventions and/or curricula paired with parent/guardian participation.**
- ⇒ **Optimum rates of children/youth in receipt of health screenings/assessments/services with support for transition into care, e.g., through case management, healthcare navigation.**
- ⇒ **An oral health care system that promotes local access to care; dental homes and associated long-term, continuous care; reduced levels of urgent and emergency care response; preventative/restorative care for children/youth without primary dental care; and universal school-based dental health services.**

LEADING INDICATORS (2021-26 CSCMC Strategic Plan)

- **Health Insurance for Children; Ages 18 and Under**

Without health insurance, caregivers of children are less likely to have a regular health care provider and more likely to skip routine health care, placing children at increased risk for poor health outcomes, less educational attainment, and less financial security in adulthood when compared to their insured counterparts. (*Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, & Office of the Secretary, U.S. Department of Health and Human Services, n.d.*)

Uninsured children are almost four times more likely than children obtaining insurance to have no primary care provider (PCP) and 40 times more likely to have no identified source of preventive or sick care. Additionally, families with uninsured children are over three times more likely than those with insurance to either delay or not seek needed health care and three times more likely to have unmet dental care needs *(Flores et al., 2017)*.

NOTE: Per the U.S. Census *(American Community Survey)*, re: Martin County children ages 0-18, in 2023, 6.8% were without health insurance, compared to 7.4% statewide.

Martin County Rates of Children With and Without Health Insurance (with Margins of Error)
Under Age 19; All races, and both males and females.

	2022			2021			2020		
Income Level**	**All Income Levels**	**<=200% of Poverty**	***<=138 % of Poverty**	**All Income Levels**	**<=200% of Poverty**	**<=138% of Poverty**	**All Income Levels**	**<=200% of Poverty**	**<=138% of Poverty**
Martin County Rate Insured	**92.3%** (+/-1.9%)	**89.1%** (+/-3.5%)	**74.8%** (+/-3.3%)	**90.1%** (+/-2.1%)	**84.8%** (+/-4.1%)	**69.9%** (+/-3.3%)	**92.2%** (+/-1.9%)	**88.3%** (+/-3.8%)	**73.4%** (+/-3.6%)
Martin County Rate Uninsured	**7.7%** (+/-1.9%)	**10.9%** (+/-3.5%)	**25.2%** (+/-3.3%)	**9.9%** (+/-2.1%)	**15.2%** (+/-4.1%)	**30.1%** (+/-3.3%)	**7.8%** (+/-1.9%)	**11.7%** (+/-3.8%)	**26.6%** (+/-3.6%)
Florida Rate Uninsured	**7.3%** (+/-.4%)	**9.0%** (+/-.6%)	**21.5%** (+/-.6%)	**7.3%** (+/-.4%)	**8.9%** (+/-.6%)	**23.5%** (+/-.6%)	**7.0%** (+/-.4%)	**8.5%** (+/-.6%)	**24.3%** (+/-.6%)

Source: Small Area Health Insurance Estimates (SAHIE) https://www.census.gov/programs-surveys/sahie.html

***Note uninsured rates associated with <=138% of poverty, in comparison to those associated with <=200% of poverty**.

**Income-to-poverty ratios convey that economic well-being is not binary but falls along a spectrum. For example, a ratio of one, or 100% of the poverty level, is the minimum amount to be considered 'not in poverty'; a ratio of less than 50% is typically characterized as 'severe' poverty, indicating one's income translates to availability of resources at less than half the measure of need. Ratios such as '200% of poverty' (twice the set poverty level) have been used to determine eligibility of the targeted beneficiaries of programs. The greater the ratio, the higher the eligible income will be, and the greater the number that will fall below that amount (and qualify).

Increased Healthy Weight of Children and Teens (Reduced Overweight and Obese Rates)

The CDC estimates that 19.7% of two (2) to 19-year-old U.S. children are obese, as measured by their body mass index (BMI) percentile. This translates to childhood obesity affecting about 14.7 million children and adolescents. Long-term consequences of childhood obesity include an increased risk of being overweight or obese as an adult; incurring medical problems such as asthma, diabetes, heart disease, liver disease, reproductive problems, and (some) cancers; with associated psychosocial issues, such as social isolation and depression. *Healthy People 2030* states "children with obesity are more likely to be bullied".

Though childhood obesity may be a complex interaction of genetic, hormonal and metabolic factors, environmental and behavioral factors are thought to play the largest role in increased rates, i.e., eating unhealthy nutrient-poor foods and leading a sedentary lifestyle. (*Boston Children's Hospital*) Per obesity in children, evidence suggests that "intensive behavioral programs that use more than one strategy are … effective", as well as efforts to establish healthy eating patterns and increase physical activity (versus sedentary lifestyles).

Family and home life can *significantly contribute* to a child's chances of being obese, as well as in developing the foundation of a healthy lifestyle. Related concerns include household food-sufficiency and the overall difficulty in meeting basic needs; receipt of support; and neighborhood amenities for physical activity. The inclusion of parents and adult caregivers in meaningful strategies is *vital* in both teaching and modeling habits for their children to adopt - in order to potentially avert obesity and/or avoid related health issues. (*National Survey of Children's Health Healthy Weight: Foundations in Early Childhood, 2021; Data Brief April 2023.)*

The Robert Wood Johnson Foundation has long addressed childhood obesity. Their annual *State of Childhood Obesity* 2024 report is based upon their goal to 'help all children grow up healthy'. It emphasizes that per the prevention of childhood obesity, obesity is only one indicator of how communities may fall short of overall community health and that each community is best at determining and addressing systemic barriers of health and expanding opportunities to advance health for all community residents and populations.

- **MCSD BMI Results re: Percent Obese Grades 1, 3, 6**

Note below FDOH Martin County BMI results for school years 2023-24 & 2022-23, grades 1, 3 & 6, within all elementary and middle schools, per *Obesity* classifications. (BMI scores determined via actual height/weight measurement.)

MCSD BMIs: Percent Obese, SY2023-24 & 2022-23 Grades 1, 3 & 6, Elementary & Middle Schools		
	SY2023-24	**SY2022-23**
Grades (# Screened)	**Obese Classification**	
1st 3rd 6th Total Screened	20.2% (579/2,871)	20.2% (502/2,483)
Elementary: 1st & 3rd Grades Screened	18.4% (342/1,856)	19.0% (317/1,666)
Middle: 6th Grade Screened	23.3% (237/1,015)	22.6% (185/817)
Source: FDOH Martin School Health Program CSCMC Performance Measurement Reports		

NOTE: Per Nemours *KidsHealth*, Body Mass Index (BMI) as related to children/adolescents may be helpful as *one* indicator of healthy growth and development. The CDC describes the BMI as a 'quick, reliable screening measure for underweight, overweight, or obesity' status. Both entities concur that the BMI score is best used in concert with other health indicators, rather than focusing singularly on an individual 'number'.

Oral Health: Preventative Dental and Urgent Response Care

Per the CDC, poor oral health can have a detrimental effect on children's quality of life, their performance at school, and their success later in life. Ensuring that students have the preventive oral health services they need in school is important in helping them stay healthy and ready to learn. Tooth decay (cavities) is the most common of chronic diseases of childhood in the U.S.; by age eight, over half of children (52%) have had a cavity in their primary (baby) teeth. It is especially important to reach children at higher risk for poor oral health, as they are far more likely to:

- have few or no dental sealants.*
- have untreated cavities.
- not have had yearly dental visits.

**The CDC reports that when sealants are applied, at particular ages/stages, they can prevent up to 80% of cavities for two years and continue to protect against 50% of cavities for up to four years.*

Poor oral health can also have a significant impact on a child's ability to succeed in school re: attendance and grades. In summary, children with poor oral health:

- may withdraw from others, especially if they received negative comments on their teeth.
- are more likely to miss school days due to toothaches or urgent dental needs.
- may have trouble concentrating due to pain, which can impact learning and academic progress.

(continued)

ALICE Population & Poverty: Martin County

ALICE Communities

ALICE (**A***sset* **L***imited* **I***ncome* **C***onstrained* **E***mployed)* represents those who are working whose salaries do not match Martin County's cost of living. ALICE recognizes that though basic costs like housing, food and gas have increased, wages for existing jobs have not proportionately increased. More people are reporting that they are living 'paycheck to paycheck', where one car repair or medical bill can tip them over into a state of financial crisis. *United for ALICE, 2021.* The ALICE Household Survival Budget estimates the bare minimum cost of household necessities (associated with housing, child care, food, transportation, health care, and a basic smartphone plan), plus taxes and a contingency fund (miscellaneous) equal to 10% of the budget.

2022 ALICE in Martin County Moment-in-Time Data		
Asset* **L***imited* **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.		
Overall Martin County Profile		
Martin County Population	**162,006**	
Number of Martin County Households	**66,871**	
Percent of ALICE Households, and Above	**31%** ALICE county households **33%** Florida (average) ALICE households **60%** county households above ALICE threshold	
Number ALICE Households, Martin County	**20,875** ALICE households **39,929** above ALICE households	
Percent of Households in Poverty	**9%** in poverty, countywide, all populations **13%** Florida (average) households in poverty	
Number Households in Poverty, Martin County	**6,067** households in poverty	
Median Household Income	**$80,024** median county household income **$69,393** Florida (average) household income	
Martin County, Florida 2022		
County Subdivision	**Total Households**	**% Below ALICE Threshold**
Indiantown CCD	6,494	**45%**
Port Salerno-Hobe Sound CCD	28,531	**43%**
Stuart CCD	31,699	**40%**
CCD (Census County Division): A sub-county statistical geographic area that usually represent a single contiguous area consisting of one or more communities, economic centers, or major land use areas in a county or county equivalent.		
Source: https://unitedforalice.org/county-reports/florida **United Way of Martin County**: https://www.unitedwaymartin.org/		

Poverty

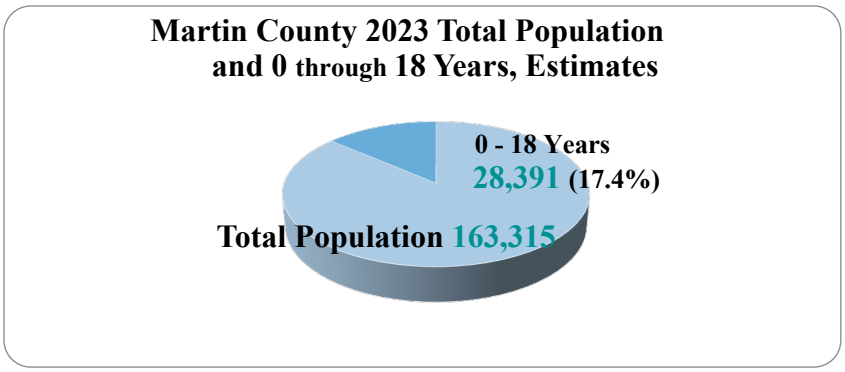
The federal poverty definition uses thresholds based on family size and composition, e.g., $30,900 for a family of two adults and two children in 2023. However, households can earn well above this poverty level and still struggle to meet basic needs. The latest national figures equate to about 16.6 million young people, ages 14 to 24, living in low-income families (defined as a household income of less than twice the federal poverty level). *The Annie E. Casey Foundation, BLOG, Posted October 3, 2024*

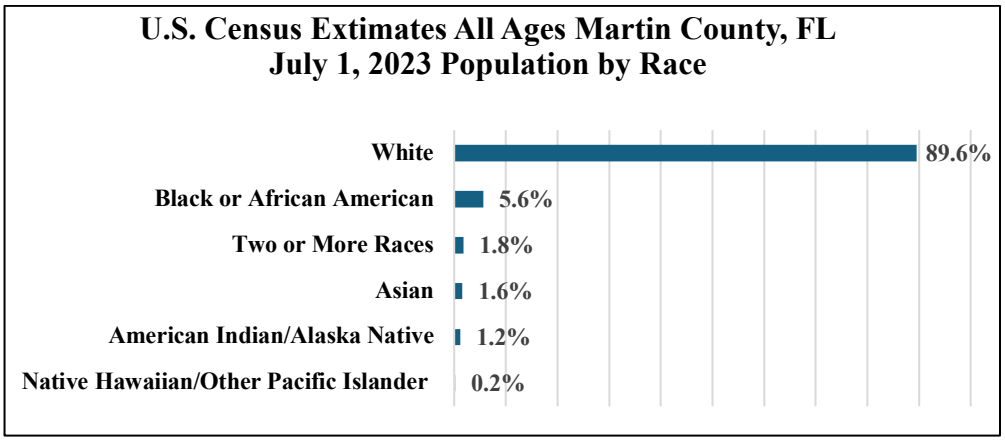
Martin County, Families with Children, Below Poverty Level

Poverty is a significant social determinant of overall health. U.S. Census (ACS) calculates poverty data for families living below the poverty level, with related children ages 0-17, per the percentage whose combined income from all family members ages 15 or older is below the federal poverty level. In 2023, Martin County families falling within this classification was 14.3%, an increase compared 2022 (11.9%), and the highest since 2016 (15.0%).*See below Martin County 10-year data, per FLHealthCHARTS.*

Martin County: Percent of Families Below Poverty Level w/Related Children 0-17	
2023	14.3
2022	11.9
2021	12.1
2020	12.8
2019	11.7
2018	12.8
2017	13.2
2016	15.0
2015	15.3
2014	15.3

Martin County Demographics





NOTE: The 'Hispanic or Latino' population is estimated to represent 15.8% of the Martin County (total) population. 76% of the total population is estimated to be comprised of 'White alone, not Hispanic or Latino' individuals.

Martin County Counts 'Under 1 Year' through 21* by Gender, Calendar Year 2020			
Age	**Male**	**Female**	**Total by Age**
Under 1 year	518	521	1039
1 year	589	567	1156
2 years	636	604	1240
3 years	644	587	1231
4 years	664	630	1294
5 years	741	671	1412
6 years	764	689	1453
7 years	686	699	1385
8 years	683	712	1395
9 years	782	753	1535
10 years	792	746	1538
11 years	792	762	1554
12 years	826	788	1614
13 years	849	815	1664
14 years	859	797	1656
15 years	896	822	1718
16 years	844	798	1642
17 years	849	801	1650
18 years	830	756	1586
19 years	726	661	1387
20 years	702	593	1295
21 years	739	665	1404
TOTAL	**15,672**	**14,772**	**30,444**

Source: **U.S. 2020 Decennial Census**; Single-Year Age Data. Based upon Total Population (all ages) of 158,431.
*CSCMC funding includes program services to participants in accordance with the Individuals with Disabilities Education Act (IDEA).

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