C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

BOARD OF DIRECTORS

January 26, 2022

12:45 P.M.

Meeting Location
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401

If a person decides to appeal any decision made by the board, with respect to any matter at such meeting or hearing, he will need a record of the proceedings, and that, for such purpose, he may need to ensure that a verbatim record of the proceedings made, which record includes the testimony and evidence upon which the appeal is to be based.

C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

BOARD OF DIRECTORS MEETING
AGENDA
January 26, 2022
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401

Remote Participation Login: https://tinyurl.com/yda3vnks

or

DIAL +1 (646) 558 8656; Meeting ID: 550 789 5592; Access number: 946503

1. Call to Order – Mike Smith, Chair

A. Roll Call

B. Affirmation of Mission: To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnership, in a culturally sensitive environment.

2. Agenda Approval

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

3. Awards, Introductions and Presentations

A. COVID Testing and Vaccination Update
(Dr. Belma Andric)

4. Disclosure of Voting Conflict

5. Public Comment*

6. Meeting Minutes

A. **Staff recommends a MOTION TO APPROVE:**
Board Meeting Minutes of December 14, 2021 [Pages 1-12]

7. Consent Agenda – Motion to Approve Consent Agenda Items

All matters listed under this item are considered routine and action will be taken by one motion. There will be no separate discussion of these items unless a Commissioner or person so requests, in which the item will be removed from the general order of business and considered on its normal sequence on the Agenda.

(Consent Agenda cont.)

A. ADMINISTRATION

7A-1 **RECEIVE AND FILE:**
January 2022 Internet Posting of District Public Meeting
https://www.hcdpbc.org/resources/public-meetings

7A-2 **RECEIVE AND FILE:**
Attendance tracking [Page 13]

B. FINANCE

7B-1 **Staff recommends a MOTION TO APPROVE:**
District Clinic Holdings, Inc. Financial Report November 2021 YTD
(Candice Abbott) [Pages 14-31]

C. POLICIES

7C-1 **Staff recommends a MOTION TO APPROVE:**
Credentialing and Privileging Policy
(Dr. Charmaine Chibar) [Pages 32-36]

8. Regular Agenda

A. ADMINISTRATION

8A-1 **Staff Recommends a MOTION TO APPROVE:**
2021 Palm Beach County Community Health Improvement Plan and Community Health Assessment Update
(Thomas Cleare) [Pages 37-615]

B. EXECUTIVE

8B-1 **RECEIVE AND FILE:**
Executive Director Informational Update
(Dr. Hyla Fritsch) [Pages 616-617]

C. OPERATIONS

8C-1 **Staff Recommends a MOTION TO APPROVE:**
Operations Report
(Marisol Miranda) [Pages 618-626]

(Regular Agenda cont.)

D. QUALITY

8D-1 **Staff Recommends a MOTION TO APPROVE:**
Quality Report
(Dr. Charmaine Chibar) [Pages 627-657]

8D-2 **Staff Recommends a MOTION TO APPROVE:**
Quality Improvement & Quality Assurance (QI/QA) Plan Updates
(Dr. Charmaine Chibar) [Pages 658-710]

E. PATIENT RELATIONS

8E-1 **Staff Recommends a MOTION TO APPROVE:**
Patient Relations Report
(David Speciale) [Pages 711-713]

9. AVP and Executive Director of Clinic Services Comments

10. Board Member Comments

11. Establishment of Upcoming Meetings

February 23, 2022 (HCD Board Room)
12:45 p.m. Board of Directors

March 30, 2022 (HCD Board Room)
12:45 p.m. Board of Directors

April 27, 2022 (HCD Board Room)
12:45 p.m. Board of Directors

May 25, 2022 (HCD Board Room)
12:45 p.m. Board of Directors

June 29, 2022 (HCD Board Room)
12:45 p.m. Board of Directors

July 27, 2022 (HCD Board Room)
12:45 p.m. Board of Directors

August 24, 2022 (HCD Board Room)
12:45 p.m. Board of Directors

September 28, 2022 (HCD Board Room)
12:45 p.m. Board of Directors

October 26, 2022 (HCD Board Room)
12:45 p.m. Board of Directors

November 29, 2022 (HCD Board Room)
12:45 p.m. Board of Directors

December 13, 2022 (HCD Board Room)
12:45 p.m. Board of Directors

12. Motion to Adjourn

*District Clinic Holdings, Inc. welcomes public comment during its regular monthly meetings. This month, public comment should be emailed to swynn@hcdpbc.org or submitted via phone at 561-829-1211 prior to Noon on The Scheduled Meeting Date. All comments received during this time frame will be read aloud and included in the official meeting record.

Any person(s) not adhering to the Board's guidelines or who make comments which could be perceived as slanderous or disruptive may be barred from making future comments before the Board.

District Clinic Holdings, Inc.
d.b.a. C.L. Brumback Primary Care Clinics
Board of Directors Meeting
Summary Minutes
12/14/2021

Present: Mike Smith, Chair; Julia Bullard, Secretary; Joseph Gibbons, Treasurer; John Casey Mullen; Tammy Jackson-Moore; James Elder; Irene Figueroa
*for record-keeping, Ms. Figueroa and Mr. Mullens arrived after the roll call was taken.
Excused: Melissa Mastrangelo, Vice-Chair; Robert Glass
Absent: Marjorie Etienne
Staff: Darcy Davis; Dr. Belma Andric; Dr. Hyla Fritsch; Bernabe Icaza; Candice Abbott; Shauniel Brown; Martha Hyacinthe; Dr. Charmaine Chibar; Marisol Miranda; Andrea Steele; Heather Bokor; Alexa Goodwin; Jonathan Dominique; Robin Kish; Maria Chamberlin; Lisa Hogans; Thomas Cleare; Dr. Jennifer Dorce-Medard; James Della Pietra; Christina Schiller; Shannon Wynn

Minutes Transcribed By: Shannon Wynn

Meeting Scheduled for 12:45 p.m.
Meeting Began at 12:46 p.m.

AGENDA ITEM	DISCUSSION	ACTION
1. Call to Order **1A. Roll Call** **1B. Affirmation of Mission**	Mr. Smith called the meeting to order. Roll call was taken. Mr. Smith read the affirmation of mission.	**The meeting was called to order at 12:46 p.m.**

2. Agenda Approval		
2A. Additions/Deletions/ Substitutions **2B. Motion to Approve Agenda Items**	None. Mr. Smith called for approval of the meeting agenda.	**VOTE TAKEN: Mr. Gibbons made a motion to approve the agenda. Ms. Bullard duly seconded the motion. A vote was called and the motion passed unanimously.**
3. Awards, Introductions and Presentations		
3A. Public Service Announcements- Covid-19 Vaccine	Robin Kish provided the Board members a Public Service Announcement on the Covid-19 Vaccine.	**No action necessary.**
4. Disclosure of Voting Conflict	None.	**No action necessary.**
5. Public Comment	None.	**No action necessary.**
6. Meeting Minutes **6A-1 Staff Recommends a MOTION TO APPROVE:** Board meeting minutes of November 30, 2021	There were no changes or comments to the minutes dated November 30, 2021.	**VOTE TAKEN: As presented, Ms. Tammy Jackson-Moore made a motion to approve the Board meeting minutes of November 30, 2021. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.**
7. Consent Agenda – Motion to Approve Consent Agenda Items		**VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the consent agenda as presented. Mr. Gibbons duly seconded the motion. A**

		vote was called, and the motion passed unanimously.
7A. ADMINISTRATION		
7A-1. Receive & File: December 2021 Internet Posting of District Public Meeting	The meeting notice was posted.	**Receive & File. No further action is necessary.**
7A-2. Receive & File: Attendance tracking	Attendance tracking was updated.	**Receive & File. No further action is necessary.**
7A-3. Staff Recommends a MOTION TO APPROVE: Proposed Schedule for 2022 Board Meetings	This agenda item provides the Board with the proposed schedule for board meetings in 2022. The meetings are scheduled for the last Wednesday of every month, except for holidays. Please also note that the November Board meeting will take place on the last Tuesday of the month (11/29/2022), and the December Board meeting will take place on the second Wednesday of the month (12/14/2022). **January 26, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **February 23, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **March 30, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **April 27, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **May 25, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors	**VOTE TAKEN: As presented, Ms. Tammy Jackson-Moore made a motion to approve the Proposed Schedule for 2022 Board Meetings. Mr. Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.**

	<u>June 29, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors **<u>July 27, 2022 (HCD Board Room)</u>** 12:45 p.m. Board of Directors **<u>August 24, 2022 (HCD Board Room)</u>** 12:45 p.m. Board of Directors **<u>September 28, 2022 (HCD Board Room)</u>** 12:45 p.m. Board of Directors **<u>October 26, 2022 (HCD Board Room)</u>** 12:45 p.m. Board of Directors **<u>November 29, 2022 (HCD Board Room)</u>** 12:45 p.m. Board of Directors **<u>December 14, 2022 (HCD Board Room)</u>** 12:45 p.m. Board of Directors	
7A-4. Staff Recommends a MOTION TO APPROVE: Board Member Transition-Marjorie Etienne	Marjorie Etienne has transitioned off the C.L. Brumback Primary Care Clinics Board since she has had three unexcused absences. Marjorie Etienne has been transitioned off the C.L. Brumback Primary Care Clinics Board due to non-attendance. Consistent with the District Clinics Holdings, Inc. Bylaws, Section 9.3: 9.3 Membership on the Board may be terminated by resignation of a member or by resolution of the Board after any member has three (3) unexcused absences.	**VOTE TAKEN: As presented, Ms. Tammy Jackson-Moore made a motion to approve the Board meeting minutes of November 30, 2021. Mr. Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.**
7B. FINANCE		

7B-1. Staff Recommends a MOTION TO APPROVE: District Clinic Holdings, Inc. Financial Report September 2021	The unaudited September 2021 financial statements for the District Clinic Holdings, Inc. are presented for Board review. Management has provided the unaudited income statements and key statistical information for District Clinic Holdings, Inc. Additional Management discussion and analysis are incorporated into the financial statement presentation. The unaudited September statements represent the financial performance through the twelfth month of the 2021 fiscal year for the C.L. Brumback Primary Care Clinics. Gross patient revenue YTD was favorable to budget by $7.3M due to higher patient volumes than initially anticipated. Net patient revenue YTD was favorable to budget by $2.2M. Total YTD revenue was favorable to budget by $2.0M. Increased patient traffic is contributing to this favorable variance. Operational expenses before depreciation were favorable to budget by $791k due mostly to positive variances in medical supplies $686k, medical services $259k, and lease and rental of $408k. Total YTD net margin was ($13.1M) compared to budget of ($16.1M) resulting in a favorable variance of $3.0M or (18.4%). The Medical clinics YTD gross patient revenue exceeded budget by $5.1M. Net patient revenue YTD for the Medical clinics was favorable to budget by $1.8M. The Medical clinics total YTD revenue was favorable to budget by $1.1M. This favorable variance resulted from increased patient visits. Total operating expenses of $24.2M were favorable to budget of $25.0M by $730k. The positive variance of $730k is primarily due to the purchase timing of medical supplies, including COVID-19 test kits. Total YTD net margin was ($11.8M) compared to budget of ($13.8M) resulting in a favorable variance of $2.0M or (14.7%). The Dental clinics total YTD gross patient revenue was favorable to budget by $2.2M. Net patient revenue YTD for the Dental clinics was favorable to budget by $398k. Total operating expenses of $4.1M were favorable to budget by $60k. Total YTD net margin was ($1.4M) compared to a budget loss of ($2.3M) for a favorable variance of $945k or (40.9%). On the Comparative Statement of Net Position, due from other governments increased from $1.6M to $3.7M. This balance is due mainly from Health Resources and Service Administration (HRSA) and American Rescue Plan. The District subsidy YTD for the Medical and Dental clinics is $9.0M and $961k, respectively, for a combined subsidy of $10.0M.	**VOTE TAKEN: As presented, Ms. Tammy Jackson-Moore made a motion to approve the District Clinic Holdings, Inc. Financial Report September 2021. Mr. Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.**

7C. POLICIES		
7C-1. **Staff Recommends a MOTION TO APPROVE:** Revised Tracking Policies	This agenda item presents updates to the Referral Tracking Policy and Diagnostic Test Tracking Policy. The HRSA Compliance Manual and for Federal Tort Claims Act (FTCA) Manual regarding Coverage for Health Centers and Their Covered Individuals" outlined updates needed to the risk management procedures that address mitigating risk in referral tracking and diagnostics test tracking. Accordingly, the Clinics have updated their policies to align with HRSA requirements. Mr. Smith requested that this agenda item be moved to the regular agenda. The request was approved, and agenda item 7C-1: Revised Tracking Policies was moved to the regular agenda. Mr. Smith asked how referral sources are chosen; how do we determine who to refer that patient out to in the community. Dr. Andric stated that HRSA requires that any source we refer to have some MOU agreement with the clinics. They request that the referred provider bill the uninsured patient using a sliding fee scale. If the patient is insured, we will send them a list of physicians covered under their plan. Ms. Abbott also stated that we have over 230 master participation agreements with specialty providers in Palm Beach County that accept District Care patients. We offer them a fair market value of 80-100 of the Medicare allowed amount. Mr. Smith asked if the clinics make the arrangement for the referral and appointment Ms. Abbott stated that the District has a call center referral team dedicated to helping assist patients locate a provider and help schedule appointments. Mr. Gibbons asked if HRSA dictates how we refer patients out.	**VOTE TAKEN: As presented, Mr. Gibbons made a motion to approve the Revised Tracking Policies that was moved to the Regular Agenda as requested by Mr. Smith. Ms. Jackson-Moore duly seconded the motion. A vote was called, and the motion passed unanimously.**

	Dr. Andric stated that we have to prove to HRSA that we are vigilant and urge to help the patients find specialty providers to assist the patient.	
8. REGULAR AGENDA		
8A. ADMINISTRATION		
8A-1. **Staff Recommends a MOTION TO APPROVE:** Bylaws Change	This agenda item presents the second review of these Bylaw Changes to the District Clinic Holdings, Inc. Board. This update presents two changes. The first update changes the membership term from three (3) to four (4) years and the term period from January through December three (3) years later to the date of appointment until 4 years later. The second update changes the requirement for the Finance Committee meeting from monthly to quarterly. The first update recommended includes a change to the Bylaws Section 9.1 Term of Membership. The update includes the following changes: The membership term will change from three (3) to four (4) years. This change will align the Clinic Board Membership Terms to the same number of years as the District Board, Lakeside Health Advisory Board, and District Committees. The period of time for membership terms will change from January through December, 3 years later to a simple 4 year term from the date of appointment. This change should reduce the number of Board members whose terms expire at the same time. The language-related to unexpired terms will be removed from 9.2(a) since according to this update all appointments will be for a 4 year period.	**VOTE TAKEN: Ms. Jackson-Moore made a motion to approve the Bylaws Change. Mr. Mullen duly seconded the motion. A vote was called, and the motion passed unanimously.**
8B. EXECUTIVE		
8B-1. Receive and File: Executive Director Information Update	Updates on key changes within C. L. Brumback Primary Care Clinics: • Opening of St. Ann clinic The new St. Ann clinic opened this month on December 2, 2021. Patients have been seen for adult primary care visits as well as being connected to brick and mortar clinics for other services, including behavioral health. Ms. Jackson-Moore asked how many days are we at St. Ann clinic.	**Receive & File. No further action necessary.**

<table>
<tr><td></td><td>Dr. Fritsch stated we have staff there 5 days a week.</td><td></td></tr>
<tr><td colspan="3">8C. CREDENTIALING</td></tr>
<tr><td>8C-1. Staff Recommends a MOTION TO APPROVE
Licensed Independent Practitioner Credentialing and Privileging</td><td>The agenda item represents the licensed independent practitioners recommended for credentialing and privileging by the FQHC Medical Director.

The LIPs listed below satisfactorily completed the credentialing and privileges process and met the standards set forth within the approved Credentialing and Privileging Policy. The credentialing and privileging process ensures that all health center practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:

• Current licensure, registration or certification
• Relevant education, training and experience
• Current clinical competence
• Health fitness, or ability to perform the requested privileges
• Malpractice history (NPDB query)
• Immunization and PPD status; and
• Life support training (BLS)

<table><tr><th>Last Name</th><th>First Name</th><th>Degree</th><th>Specialty</th><th>Credentialing</th></tr><tr><td>Beauge</td><td>Estelle</td><td>PA</td><td>Physician Assistant</td><td>Initial Credentialing</td></tr></table>
Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with state, federal and HRSA requirements. A Nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification.

The C.L. Brumback Primary Care Clinics utilized internal Credentialing staff and the FQHC Medical Director to support the credentialing and privileging process.

Estelle Beauge, PA, joined the Mobile Clinic in 2021 as a Physician Assistant. She attended the State University of New York Health Sciences Center at Brooklyn and is certified as a Physician Assistant by the National Commission</td><td>VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to approve the Initial Credentialing and privileges of Estelle Beauge as presented. The motion was duly seconded by Mr. Mullen. A vote was called, and the motion passed unanimously.</td></tr>
</table>

	on Certification of Physician Assistants. Ms. Beauge has been in practice for five years.	
8D. OPERATIONS		
8D-1. Staff Recommends a MOTION TO APPROVE Operations Reports	This agenda item provides the following operations reports for October 2021: Clinic Productivity, including in-person and telehealth metrics, No Show trended over time and walk-in percentage. In October, we had 10,723 visits which are 583 more than the month prior and 1,145 more than October 2020. Our average patient visits per weekday were 517 among all clinics and an improved average of 49 patients on Saturdays among 6 clinics. The Lantana Clinic had the highest volume with 1,869 visits, followed by the Lake Worth Clinic with 1,433. Our payer mix for October reflects 59% uninsured patients and 27% Managed Care. By visit category, Women's Health, Pediatrics and Substance Abuse met their productivity target. Productivity targets for in-person visits were met in the Delray Primary Care, Lewis Center Primary Care and Substance Abuse, Lantana Pediatrics, Women's Health in Lake Worth, Mangonia Behavioral Health and Substance Abuse. In the 90% and higher range were West Palm Beach Adult Primary Care and Pediatrics, Belle Glade Women's Health and Behavioral Health in Lake Worth and West Palm Beach. The No Show rate in October remains the same at 27%. The year-to-date Tele no-show rate is 11% of the total no-show. In October, the number of patients who walked in and were seen the same day totaled 2046, 19% in medical and 28% in dental. In medical, the highest percent of walk-ins by the clinic was the Lantana clinic at 22%, followed by West Palm Beach clinic with 16%. In dental, the highest percent of walk-ins by the clinic was the Delray Beach Clinic with 39%, followed by the West Palm Beach clinic with 35%.	**VOTE TAKEN: Mr. Mullen made a motion to approve the Operations Reports as presented. Mr. Elder duly seconded the motion. A vote was called, and the motion passed unanimously.**

	The Board was excited to see the percentage of patients who walk in. Ms. Miranda stated that all walk-ins would see a provider or be triaged by a nurse. Mr. Smith asked if managed care when up in percentage Ms. Abbott stated that there is an increase in managed care patients.	
8E-1. Staff Recommends a MOTION TO APPROVE Quality Reports	This agenda item presents the updated Quality Improvement & Quality Updates: • Quality Council Meeting Minutes December 2021 • UDS Report – YTD October 2021 • Provider Productivity – October 2021 <u>PATIENT SAFETY & ADVERSE EVENTS</u> Patient safety and risk, including adverse events, peer review and chart review are brought to the board "under separate cover" on a quarterly basis. <u>PATIENT SATISFACTION AND GRIEVANCES</u> Patient relations are to be presented as a separate agenda item. <u>QUALITY ASSURANCE & IMPROVEMENT</u> We continue to work on improving our diabetes measures. The diabetes measure data for January-November 8, 2021, shows that our patients are currently controlled at 67% % while 26 % are uncontrolled, and 7 % of patients need data. HRSA's goal is to have 67% of patients with controlled diabetes. A list of all patients with missing data who did not have an appointment was provided to the call center to schedule an appointment before December 31st. <u>UTILIZATION OF HEALTH CENTER SERVICES</u> Individual monthly provider productivity stratified by clinic.	**VOTE TAKEN: Mr. Joseph Gibbons motioned to approve the Quality Reports as presented. Ms. Bullard duly seconded the motion. A vote was called, and the motion passed unanimously.**
9. A.V.P. and Executive Director of	None.	**No action necessary.**

Clinic Services Comments		
10. Board Member Comments	The Board would like to tour the Healey Center. Mr. Mullens praised the Lake Worth Clinic. The staff was excellent, and he had a wonderful experience. Mr. Edler wished everyone a happy holiday.	**No action necessary.**
11. Establishment of Upcoming Meetings	**January 26, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **February 23, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **March 30, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **April 27, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **May 25, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **June 29, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **July 27, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **August 24, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors **September 28, 2022 (HCD Board Room)** 12:45 p.m. Board of Directors	**No action necessary.**

	<u>October 26, 2022 (HCD Board Room)</u> 12:45 p.m. Board of Directors **<u>November 29, 2022 (HCD Board Room)</u>** 12:45 p.m. Board of Directors **<u>December 14, 2022 (HCD Board Room)</u>** 12:45 p.m. Board of Directors	
12. Motion to Adjourn	There being no further business, the meeting was adjourned at 1:37 p.m.	**VOTE TAKEN: Ms. Tammy Jackson-Moore made a motion to adjourn. Mr. Gibbons duly seconded the motion. A vote was called, and the motion passed unanimously.**
13. Closed Meeting		**No action necessary.**

Minutes Submitted by: _____
Signature Date

C. L. Brumback Primary Care Clinics
Board of Directors

Attendance Tracking

	1/27/21	2/24/21	3/12/21	3/31/21	4/28/21	5/19/21	6/23/21	7/28/21	8/25/21	9/29/21	10/27/21	11/30/21	12/15/21
Mike Smith	X	X	X	X	X	A	X	E	X (Zoom)	X	X	X	X
James Elder	X	X	X	E	X	X	X	X	X	X	X	X	X
Irene Figueroa	X	E	A	X	X	X	X	X	E	X	X	X	X
John Casey Mullen	X	X	X	X	X	X	X	X	X	X	X	X	X
Julia Bullard	X	X	X	X	X	X	X	E	X	X	X	X	X
Marjorie Etienne	E	E	X	X	E	E	A	E	E	A	E	A	A
Melissa Mastrangelo	E	A	X	X (Zoom)	E	X	X	X	X	E	X	X	E
Tammy Jackson-Moore	X	X	A	E	X	X	X	X	X (Zoom)	X	X	X	X
Robert Glass		X	X	X (Zoom)	X	X	E	X	X	E	X	E	E
Joseph Gibbons						X	X	E	E	X	E	X	X

X= Present
C= Cancel
E= Excused
A= Absent

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
January 26, 2022

1. Description: District Clinic Holdings, Inc. Financial Report November 2021

2. Summary:

The November 2021 financial statements for the District Clinic Holdings, Inc. are presented for Board review.

3. Substantive Analysis:

Management has provided the unaudited income statements and key statistical information for District Clinic Holdings, Inc. Additional Management discussion and analysis are incorporated into the financial statement presentation.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	**N/A**	Yes ☐ No ☒
Annual Net Revenue	**N/A**	Yes ☐ No ☒
Annual Expenditures	**N/A**	Yes ☐ No ☒

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

DISTRICT CLINIC HOLDINGS, INC
BOARD OF DIRECTORS
January 26, 2022

6. Recommendation:

Staff recommends the Board approve the November 2021 District Clinic Holdings, Inc. financial statements.

Approved for Legal sufficiency:

Bernabe A Icaza
VP & General Counsel

Candice Abbott
VP & Chief Financial Officer

Dr. Hyla Fritsch
Executive Director of Clinic and Pharmacy Services

C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

MEMO

To: Finance Committee

From: Candice Abbott
Chief Financial Officer

Date: January 26, 2022

Subject: Management Discussion and Analysis as of November 2021 C.L. Brumback Primary Care Clinic Financial Statements.

The unaudited November statements represent the financial performance through the second month of the 2022 fiscal year for the C.L. Brumback Primary Care Clinics. Gross patient revenue YTD was favorable to budget by $368k due to higher patient volumes than initially anticipated. Net patient revenue YTD was unfavorable to budget by ($161k). Total YTD revenue was unfavorable to budget by ($593k). Currently, less grant revenue has been recognized than originally budgeted, but this is likely to be a timing difference. Operational expenses before depreciation were favorable to budget by $1.1M due mostly to positive variances in salaries, wages, and benefits $554k, purchased services $133k, medical supplies $68k, drugs $73k, and lease and rental of $116k. Total YTD net margin was ($2.0M) compared to budget of ($2.8M) resulting in a favorable variance of $810k or (29.1%).

The Medical clinics YTD gross patient revenue is unfavorable to budget by $(522k) due to reduced patient volume of 4.1% compared to budget. Net patient revenue YTD for the Medical clinics was unfavorable to budget by ($280k). The Medical clinics total YTD revenue was unfavorable to budget by ($639k). This unfavorable variance resulted from reduced patient visits, and less grant revenue recognized in the first two months than anticipated. Total operating expenses of $3.7M were favorable to the budget of $4.8M by $1.0M. The positive variance of $1.0M is primarily due to vacant positions, the timing of purchased services, and the timing of real estate moves at several clinic locations. Total YTD net margin was favorable to budget by $682k or (26.5%)

The Dental clinics total YTD gross patient revenue was favorable to budget by $890k. Net patient revenue YTD for the Dental clinics was favorable to budget by $119k. Total operating expenses of $680k were favorable to budget by $34k. Total YTD net margin was ($82k) compared to a budget loss of ($210k) for a favorable variance of $129k or (61.2%).

On the Comparative Statement of Net Position, due from other governments increased from $2.2M to $3.6M. This balance is due mainly from Health Resources and Service Administration (HRSA) and American Rescue Plan.

DISTRICT CLINIC HOLDINGS, INC.
COMPARATIVE STATEMENT OF NET POSITION

	Nov 30, 2021	Oct 31, 2021	Increase (Decrease)
Assets			
Cash and Cash Equivalents	(3,524,818)	(536,426)	$ (2,988,392)
Restricted Cash	-	-	-
Accounts Receivable, net	2,618,240	1,843,848	774,392
Due From Other Funds	-	-	-
Due from Other Governments	3,544,168	2,232,677	1,311,491
Other Current Assets	200,396	259,455	(59,059)
Net Investment in Capital Assets	2,750,887	2,782,529	(31,642)
Total Assets	$ 5,588,873	$ 6,582,082	$ (993,210)
Liabilities			
Accounts Payable	206,593	168,186	38,407
Due To Other Governments	-	-	-
Deferred Revenue	782,853	751,715	31,138
Other Current Liabilities	1,270,998	2,027,483	(756,485)
Non-Current Liabilities	1,301,855	1,434,070	(132,216)
Total Liabilities	3,562,298	4,381,454	(819,156)
Deferred Inflows of Resources			
Deferred Inflows- Other Post Employment Benefits	$ 2,177	$ 2,177	$ -
Net Position			
Net Investment in Capital Assets	2,750,887	2,782,529	(31,642)
Unrestricted	(726,489)	(584,077)	(142,412)
Total Net Position	2,024,398	2,198,451	(174,054)
Total Liabilities, Deferred Inflows of Resources and Net Position	$ 5,588,873	$ 6,582,082	$ (993,210)

Note: Amounts may not foot due to rounding.

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE SECOND MONTH ENDED NOVEMBER 30, 2021

Current Month								Fiscal Year To Date						
Actual	**Budget**	**Variance**	**%**	**Prior Year**	**Variance**	**%**		**Actual**	**Budget**	**Variance**	**%**	**Prior Year**	**Variance**	**%**
1,969,834	**1,664,901**	**304,933**	**18.3%**	**1,535,619**	**434,215**	**28.3%**	**Gross Patient Revenue**	**4,081,517**	**3,713,792**	**367,725**	**9.9%**	**3,377,709**	**703,808**	**20.8%**
1,206,065	397,592	(808,473)	(203.3%)	470,624	(735,441)	(156.3%)	Contractual Allowances	2,897,691	885,089	(2,012,602)	(227.4%)	980,596	(1,917,095)	(195.5%)
90,974	566,906	475,932	84.0%	-	(90,974)	0.0%	Charity Care	127,392	1,268,526	1,141,134	90.0%	158,009	30,617	19.4%
409,555	272,326	(137,229)	(50.4%)	799,873	390,319	48.8%	Bad Debt	253,948	604,768	350,820	58.0%	1,587,933	1,333,986	84.0%
1,706,594	1,236,824	(469,770)	(38.0%)	1,270,498	(436,096)	(34.3%)	Total Contractuals and Bad Debts	3,279,031	2,758,383	(520,648)	(18.9%)	2,726,539	(552,492)	(20.3%)
444,768	402,617	42,151	10.5%	286,936	157,833	55.0%	Other Patient Revenue	889,806	897,673	(7,867)	(0.9%)	701,302	188,504	27%
708,007	**830,694**	**(122,687)**	**(14.8%)**	**552,056**	**155,951**	**28.2%**	**Net Patient Revenue**	**1,692,292**	**1,853,082**	**(160,790)**	**(8.7%)**	**1,352,473**	**339,819**	**25.1%**
35.94%	49.89%			35.95%			Collection %	41.46%	49.90%			40.04%		
1,160,187	1,310,452	(150,265)	(11.5%)	-	1,160,187	0.0%	Grant Funds	2,205,023	2,620,904	(415,881)	(15.9%)	104,059	2,100,964	2,019.0%
-	-	-	0.0%	-	-	0.0%	Other Financial Assistance	-	-	-	0.0%	-	-	0.0%
1,941	8,980	(7,039)	(78.4%)	1,689	252	14.9%	Other Revenue	3,027	19,513	(16,486)	(84.5%)	11,420	(8,393)	(73.5%)
1,162,128	1,319,432	(157,304)	(11.9%)	1,689	1,160,439	68,726.0%	Total Other Revenues	2,208,050	2,640,417	(432,367)	(16.4%)	115,479	2,092,571	1,812.1%
1,870,135	**2,150,126**	**(279,991)**	**(13.0%)**	**553,745**	**1,316,390**	**237.7%**	**Total Revenues**	**3,900,342**	**4,493,499**	**(593,157)**	**(13.2%)**	**1,467,952**	**2,432,390**	**165.7%**
							Direct Operational Expenses:							
1,229,547	1,655,785	426,238	25.7%	1,177,306	(52,241)	(4.4%)	Salaries and Wages	2,859,737	3,259,478	399,741	12.3%	2,789,862	(69,875)	(2.5%)
365,414	470,990	105,576	22.4%	358,883	(6,532)	(1.8%)	Benefits	781,229	935,243	154,014	16.5%	753,364	(27,865)	(3.7%)
47,674	120,070	72,396	60.3%	59,503	11,829	19.9%	Purchased Services	96,650	229,533	132,883	57.9%	94,653	(1,997)	(2.1%)
50,842	68,004	17,162	25.2%	24,253	(26,589)	(109.6%)	Medical Supplies	83,365	151,608	68,243	45.0%	44,094	(39,272)	(89.1%)
5,890	31,083	25,193	81.1%	4,538	(1,352)	(29.8%)	Other Supplies	18,916	62,166	43,250	69.6%	7,223	(11,693)	(161.9%)
40,636	56,419	15,783	28.0%	55,338	14,702	26.6%	Medical Services	80,419	124,760	44,341	35.5%	148,047	67,628	45.7%
45,545	76,884	31,339	40.8%	73,242	27,697	37.8%	Drugs	96,535	170,015	73,480	43.2%	155,607	59,072	38.0%
41,679	52,542	10,863	20.7%	4,061	(37,618)	(926.2%)	Repairs & Maintenance	85,890	105,084	19,194	18.3%	10,787	(75,103)	(696.2%)
102,846	164,070	61,224	37.3%	104,935	2,088	2.0%	Lease & Rental	209,274	324,847	115,573	35.6%	210,540	1,266	0.6%
6,879	8,403	1,524	18.1%	10,320	3,442	33.3%	Utilities	14,815	16,957	2,142	12.6%	15,344	529	3.4%
45,691	63,106	17,415	27.6%	23,914	(21,777)	(91.1%)	Other Expense	85,244	105,212	19,968	19.0%	50,640	(34,604)	(68.3%)
4,026	4,028	2	0.0%	3,716	(310)	(8.3%)	Insurance	8,052	8,056	4	0.0%	7,432	(620)	(8.3%)
1,986,669	2,771,384	784,715	28.3%	1,900,008	(86,661)	(4.6%)	Total Operational Expenses	4,420,127	5,492,959	1,072,832	19.5%	4,287,594	(132,533)	(3.1%)
(116,533)	**(621,258)**	**504,725**	**(81.2%)**	**(1,346,263)**	**1,229,729**	**(91.3%)**	**Net Performance before Depreciation & Overhead Allocations**	**(519,785)**	**(999,460)**	**479,675**	**(48.0%)**	**(2,819,642)**	**2,299,857**	**(81.6%)**

District Clinics Holdings, Inc. Statement of Revenues and Expenses

FOR THE SECOND MONTH ENDED NOVEMBER 30, 2021

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
31,642	40,833	9,191	22.5%	42,335	10,693	25.3%	Depreciation	63,284	81,666	18,382	22.5%	63,330	46	0.1%
							Overhead Allocations:							
9,931	5,619	(4,312)	(76.7%)	1,749	(8,182)	(467.9%)	Risk Mgt	15,656	11,238	(4,418)	(39.3%)	3,760	(11,896)	(316.4%)
131,656	211,204	79,549	37.7%	177,247	45,591	25.7%	Rev Cycle	271,006	422,409	151,403	35.8%	392,566	121,560	31.0%
1,301	4,830	3,529	73.1%	2,616	1,316	50.3%	Internal Audit	1,584	9,660	8,076	83.6%	2,877	1,294	45.0%
28,849	29,602	753	2.5%	17,140	(11,709)	(68.3%)	Home Office Facilities	57,039	59,204	2,164	3.7%	34,478	(22,561)	(65.4%)
37,815	42,204	4,390	10.4%	26,119	(11,696)	(44.8%)	Administration	77,618	84,409	6,791	8.0%	50,108	(27,509)	(54.9%)
69,522	59,861	(9,661)	(16.1%)	36,896	(32,626)	(88.4%)	Human Resources	116,953	119,722	2,769	2.3%	79,577	(37,376)	(47.0%)
9,522	24,187	14,664	60.6%	17,493	7,970	45.6%	Legal	17,296	48,374	31,078	64.2%	28,267	10,971	38.8%
3,626	4,453	827	18.6%	7,518	3,893	51.8%	Records	6,655	8,906	2,252	25.3%	14,644	7,989	54.6%
5,784	8,934	3,149	35.3%	5,086	(698)	(13.7%)	Compliance	11,721	17,867	6,146	34.4%	9,899	(1,822)	(18.4%)
7,521	8,679	1,158	13.3%	6,116	(1,405)	(23.0%)	Comm Engage Plan	15,443	17,358	1,915	11.0%	12,872	(2,571)	(20.0%)
80,983	77,132	(3,851)	(5.0%)	70,691	(10,292)	(14.6%)	IT Operations	153,538	154,263	725	0.5%	121,496	(32,042)	(26.4%)
13,278	13,542	264	1.9%	5,317	(7,961)	(149.7%)	IT Security	21,635	27,084	5,448	20.1%	13,306	(8,329)	(62.6%)
32,152	50,742	18,590	36.6%	40,862	8,709	21.3%	IT Applications	89,945	101,484	11,539	11.4%	63,906	(26,039)	(40.7%)
48,508	64,734	16,226	25.1%	41,825	(6,684)	(16.0%)	Security Services	101,802	129,469	27,667	21.4%	84,253	(17,549)	(20.8%)
140,711	171,319	30,608	17.9%	53,582	(87,129)	(162.6%)	IT EPIC	301,303	342,638	41,335	12.1%	101,767	(199,537)	(196.1%)
29,465	32,082	2,617	8.2%	28,440	(1,025)	(3.6%)	Finance	63,363	64,164	801	1.2%	58,165	(5,198)	(8.9%)
5,024	7,670	2,646	34.5%	8,342	3,318	39.8%	Public Relations	12,689	15,340	2,651	17.3%	19,808	7,119	35.9%
8,832	12,663	3,831	30.3%	8,743	(89)	(1.0%)	Information Technology	16,842	25,325	8,483	33.5%	18,570	1,728	9.3%
8,513	7,714	(799)	(10.4%)	7,241	(1,271)	(17.6%)	Corporate Quality	15,773	15,427	(346)	(2.2%)	12,345	(3,428)	(27.8%)
11,743	15,014	3,272	21.8%	8,679	(3,064)	(35.3%)	Project MGMT Office	24,153	30,029	5,876	19.6%	16,478	(7,675)	(46.6%)
-	-	-	0.0%	1,157	1,157	100.0%	Managed Care Contract	-	-	-	0.0%	2,361	2,361	100.0%
684,736	852,184	167,448	19.6%	572,859	(111,877)	(19.5%)	Total Overhead Allocations	1,392,015	1,704,370	312,355	18.3%	1,141,505	(250,510)	(21.9%)
2,703,047	**3,664,401**	**961,354**	**26.2%**	**2,515,202**	**(187,845)**	**(7.5%)**	**Total Expenses**	**5,875,427**	**7,278,995**	**1,403,568**	**19.3%**	**5,492,429**	**(382,998)**	**(7.0%)**
$ (832,912)	**$ (1,514,275)**	**$ 681,363**	**(45.0%)**	**$ (1,961,457)**	**$ 1,128,545**	**(57.5%)**	**Net Margin**	**$ (1,975,085)**	**$ (2,785,496)**	**$ 810,411**	**(29.1%)**	**$ (4,024,477)**	**$ 2,049,393**	**(50.9%)**
-	223,170	223,170	100.0%	13,568	13,568	100.0%	**Capital**	100,000	428,340	328,340	76.7%	13,568	(86,432)	(637.0%)
$ -	**$ 1,696,615**	**$ 1,696,615**	**100.0%**	**$ -**	**$ -**	**0.0%**	**General Fund Support/ Transfer In**	**$ -**	**$ 3,132,174**	**$ 3,132,174**	**100.0%**	**$ 2,042,025**	**$ 2,042,025**	**100.0%**

District Clinics Holdings, Inc. Statement of Revenues and Expenses by Month

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Year to Date
Gross Patient Revenue	**2,111,683**	**1,969,834**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**4,081,517**
Contractual Allowances	1,691,626	1,206,065	-	-	-	-	-	-	-	-	-	-	2,897,691
Charity Care	36,418	90,974	-	-	-	-	-	-	-	-	-	-	127,392
Bad Debt	(155,607)	409,555	-	-	-	-	-	-	-	-	-	-	253,948
Other Patient Revenue	445,038	444,768	-	-	-	-	-	-	-	-	-	-	889,806
Net Patient Revenue	**984,285**	**708,007**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**1,692,292**
Collections %	46.61%	35.94%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	41.46%
Grant Funds	1,044,836	1,160,187	-	-	-	-	-	-	-	-	-	-	2,205,023
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	1,087	1,941	-	-	-	-	-	-	-	-	-	-	3,027
Total Other Revenues	1,045,922	1,162,128	-	-	-	-	-	-	-	-	-	-	2,208,050
Total Revenues	**2,030,207**	**1,870,135**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**3,900,342**
Direct Operational Expenses:													
Salaries and Wages	1,630,191	1,229,547	-	-	-	-	-	-	-	-	-	-	2,859,737
Benefits	415,815	365,414	-	-	-	-	-	-	-	-	-	-	781,229
Purchased Services	48,976	47,674	-	-	-	-	-	-	-	-	-	-	96,650
Medical Supplies	32,524	50,842	-	-	-	-	-	-	-	-	-	-	83,365
Other Supplies	13,026	5,890	-	-	-	-	-	-	-	-	-	-	18,916
Medical Services	39,783	40,636	-	-	-	-	-	-	-	-	-	-	80,419
Drugs	50,990	45,545	-	-	-	-	-	-	-	-	-	-	96,535
Repairs & Maintenance	44,211	41,679	-	-	-	-	-	-	-	-	-	-	85,890
Lease & Rental	106,427	102,846	-	-	-	-	-	-	-	-	-	-	209,274
Utilities	7,937	6,879	-	-	-	-	-	-	-	-	-	-	14,815
Other Expense	39,553	45,691	-	-	-	-	-	-	-	-	-	-	85,244
Insurance	4,026	4,026	-	-	-	-	-	-	-	-	-	-	8,052
Total Operational Expenses	2,433,459	1,986,669	-	-	-	-	-	-	-	-	-	-	4,420,127
Net Performance before Depreciation & Overhead Allocations	**(403,252)**	**(116,533)**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**(519,785)**
Depreciation	31,642	31,642	-	-	-	-	-	-	-	-	-	-	63,284
Overhead Allocations:													
Risk Mgt	5,725	9,931	-	-	-	-	-	-	-	-	-	-	15,656
Rev Cycle	139,350	131,656	-	-	-	-	-	-	-	-	-	-	271,006
Internal Audit	283	1,301	-	-	-	-	-	-	-	-	-	-	1,584
Home Office Facilities	28,190	28,849	-	-	-	-	-	-	-	-	-	-	57,039
Administration	39,803	37,815	-	-	-	-	-	-	-	-	-	-	77,618
Human Resources	47,430	69,522	-	-	-	-	-	-	-	-	-	-	116,953
Legal	7,774	9,522	-	-	-	-	-	-	-	-	-	-	17,296
Records	3,029	3,626	-	-	-	-	-	-	-	-	-	-	6,655
Compliance	5,937	5,784	-	-	-	-	-	-	-	-	-	-	11,721
Comm Engage Plan	7,922	7,521	-	-	-	-	-	-	-	-	-	-	15,443
IT Operations	72,556	80,983	-	-	-	-	-	-	-	-	-	-	153,538
IT Security	8,357	13,278	-	-	-	-	-	-	-	-	-	-	21,635
IT Applications	57,793	32,152	-	-	-	-	-	-	-	-	-	-	89,945
Security Services	53,294	48,508	-	-	-	-	-	-	-	-	-	-	101,802
IT EPIC	160,592	140,711	-	-	-	-	-	-	-	-	-	-	301,303
Finance	33,898	29,465	-	-	-	-	-	-	-	-	-	-	63,363
Public Relations	7,665	5,024	-	-	-	-	-	-	-	-	-	-	12,689
Information Technology	8,010	8,832	-	-	-	-	-	-	-	-	-	-	16,842
Corporate Quality	7,261	8,513	-	-	-	-	-	-	-	-	-	-	15,773
Project MGMT Office	12,411	11,743	-	-	-	-	-	-	-	-	-	-	24,153
Managed Care Contract	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Overhead Allocations	707,279	684,736	-	-	-	-	-	-	-	-	-	-	1,392,015
Total Expenses	**3,172,379**	**2,703,047**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**5,875,427**
Net Margin	**$ (1,142,173)**	**$ (832,912)**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ (1,975,085)**
Capital	100,000	-	-	-	-	-	-	-	-	-	-	-	100,000
General Fund Support/ Transfer In	-	-	-	-	-	-	-	-	-	-	-	-	$ -

District Clinics Holdings, Inc.- Medical Statement of Revenues and Expenses by Location

FOR THE SECOND MONTH ENDED NOVEMBER 30, 2021

	Clinic Administration	West Palm Beach Clinic	Lantana Clinic	Delray Clinic	Belle Glade Clinic	Lewis Center	Lake Worth Clinic	Jupiter Clinic	West Boca Clinic	Subxone Clinic	Mobile Warrior	Mobile Van Scout	Mobile Van Hero	Total
Gross Patient Revenue	-	422,045	677,095	191,128	222,240	163,206	477,851	113,718	104,426	123,247	-	-	184	**2,495,141.60**
Contractual Allowances	-	290,655	445,271	109,406	90,044	61,867	303,150	108,146	112,770	60,753	(8)	-	281	1,582,336
Charity Care	-	-	775	449	-	273	-	(164)	-	805	-	-	-	2,137
Bad Debt	-	(11,137)	34,488	31,151	39,268	80,485	2,757	13,766	7,730	91,874	-	-	-	290,382
Total Contractual Allowances and Bad Debt	-	279,518	480,534	141,006	129,312	142,625	305,908	121,748	120,500	153,432	(8)	-	281	1,874,855
Other Patient Revenue	-	138,991	122,481	83,303	49,475	15,018	85,103	29,440	50,916	17,155	6,344	2,608	2,608	603,441
Net Patient Revenue	**-**	**281,518**	**319,041**	**133,426**	**142,403**	**35,599**	**257,047**	**21,411**	**34,843**	**(13,030)**	**6,352**	**2,608**	**2,511**	**1,223,728**
Collection %	0.00%	66.70%	47.12%	69.81%	64.08%	21.81%	53.79%	18.83%	33.37%	-10.57%	0.00%	0.00%	0.00%	49.04%
Grant Funds	437,913	229,400	270,804	98,930	103,237	37,012	270,553	82,972	76,435	188,933	26,924	12,750	28,031	1,863,892
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	1,216	200	-	100	1,212	-	-	-	300	-	-	-	-	3,027
Total Other Revenues	439,128	229,600	270,804	99,030	104,448	37,012	270,553	82,972	76,735	188,933	26,924	12,750	28,031	1,866,920
Total Revenues	**439,128**	**511,118**	**589,846**	**232,455**	**246,851**	**72,611**	**527,599**	**104,384**	**111,578**	**175,903**	**33,276**	**15,358**	**30,542**	**3,090,648**
Direct Operational Expenses:														
Salaries and Wages	601,514	276,964	337,337	137,735	128,197	60,458	326,681	100,480	111,743	221,875	35,104	23,199	41,746	2,410,016
Benefits	168,199	64,485	88,886	37,938	44,889	15,550	90,041	25,403	31,890	62,792	6,897	5,137	13,312	657,600
Purchased Services	46,069	5,239	10,452	3,154	5,867	2,208	8,946	3,393	4,555	3,496	276	276	276	94,206
Medical Supplies	-	8,867	5,911	3,229	2,605	1,418	9,156	2,759	3,762	3,311	737	577	475	43,624
Other Supplies	1,832	4,267	1,050	397	415	156	3,437	187	859	182	1,312	602	619	15,342
Medical Services	-	11,911	15,147	6,556	8,066	4,100	23,955	4,343	4,162	2,179	-	-	-	80,419
Drugs	-	47,827	28,070	10,003	6,986	170	1,368	105	1,759	32	-	22	19	96,535
Repairs & Maintenance	67,541	450	450	930	535	405	884	450	1,330	1,341	1,587	2,739	147	78,790
Lease & Rental	-	21,482	26,927	14,803	14,732	20	40,485	13,670	24,083	8,023	15	5	10	164,254
Utilities	-	706	706	198	3,482	397	2,459	1,366	1,385	913	-	-	-	11,613
Other Expense	46,811	1,909	4,304	2,975	1,312	1,323	8,430	2,948	575	3,058	2,113	1,468	2,566	79,890
Insurance	-	676	930	511	145	221	322	136	198	166	1,524	1,524	1,524	7,877
Total Operational Expenses	931,965	444,782	520,170	218,429	217,232	86,427	516,165	155,242	186,301	307,368	49,563	35,547	60,692	3,740,165
Net Performance before Depreciation & Overhead Allocations	**(492,837)**	**66,335**	**69,675**	**14,026**	**29,619**	**(13,815)**	**11,434**	**(50,859)**	**(74,723)**	**(131,464)**	**(16,288)**	**(20,190)**	**(30,151)**	**(649,517)**
Depreciation	817	2,004	2,288	34	11,906	54	739	457	799	307	12,500	2,314	13,921	48,141
Overhead Allocations:														
Risk Mgt	2,058	1,638	2,189	1,141	886	423	1,531	523	669	1,410	394	160	370	13,457
Rev Cycle	-	33,174	44,340	23,114	17,952	8,564	31,001	10,597	13,555	28,552	7,985	3,245	7,492	230,872
Internal Audit	208	166	221	115	90	43	155	53	68	143	40	16	37	1,361
Home Office Facilities	51,582	-	-	-	-	-	-	-	-	-	-	-	-	51,582
Administration	10,201	8,120	10,854	5,658	4,394	2,096	7,589	2,594	3,318	6,989	1,955	794	1,834	66,714
Human Resources	18,431	11,664	12,955	7,568	7,123	2,671	10,284	4,007	4,897	12,065	3,116	1,336	3,562	100,124
Legal	2,273	1,810	2,419	1,261	979	467	1,691	578	739	1,557	436	177	409	14,866
Records	875	696	931	485	377	180	651	222	284	599	168	68	157	5,720
Compliance	1,540	1,226	1,639	854	664	317	1,146	392	501	1,055	295	120	277	10,075
Comm Engage Plan	2,030	1,616	2,160	1,126	874	417	1,510	516	660	1,391	389	158	365	13,274
IT Operations	20,179	16,063	21,470	11,192	8,693	4,147	15,011	5,131	6,564	13,825	3,866	1,571	3,628	131,970
IT Security	2,843	2,263	3,025	1,577	1,225	584	2,115	723	925	1,948	545	221	511	18,596
IT Applications	11,821	9,410	12,578	6,556	5,092	2,429	8,794	3,006	3,845	8,099	2,265	920	2,125	77,310
Security Services	-	12,522	16,737	8,724	6,776	3,233	11,702	4,000	5,117	10,777	3,014	1,225	2,828	86,653
IT EPIC	39,599	31,523	42,133	21,963	17,059	8,138	29,458	10,070	12,880	27,131	7,587	3,083	7,119	258,978
Finance	8,327	6,629	8,860	4,619	3,587	1,711	6,195	2,118	2,709	5,705	1,596	648	1,497	54,462
Public Relations	1,668	1,328	1,774	925	718	343	1,241	424	542	1,143	320	130	300	10,907
Information Technology	2,213	1,762	2,355	1,228	954	455	1,647	563	720	1,517	424	172	398	14,476
Corporate Quality	2,073	1,650	2,206	1,150	893	426	1,542	527	674	1,420	397	161	373	13,558
Project MGMT Office	3,174	2,527	3,378	1,761	1,367	652	2,361	807	1,033	2,175	608	247	571	20,760
Total Overhead Allocations	181,095	145,787	192,224	101,017	79,705	37,297	135,621	46,851	59,701	127,500	35,399	14,455	33,851	1,195,716
Total Expenses	**1,113,877**	**592,573**	**714,683**	**319,480**	**308,842**	**123,778**	**652,526**	**202,550**	**246,801**	**435,175**	**97,463**	**52,316**	**108,465**	**4,984,022**
Net Margin	**$ (674,748)**	**$ (81,456)**	**$ (124,837)**	**$ (87,025)**	**$ (61,991)**	**$ (51,166)**	**$ (124,927)**	**$ (98,166)**	**$ (135,224)**	**$ (259,272)**	**$ (64,187)**	**$ (36,959)**	**$ (77,923)**	**$ (1,893,374)**
Capital	-	-	-	-	-	-	-	-	-	100,000	-	-	-	100,000
General Fund Support/ Transfer In	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

District Clinic Holdings, Inc.- Medical Statement of Revenue and Expenses

FOR THE SECOND MONTH ENDED NOVEMBER 30, 2021

Current Month								Fiscal Year To Date						
Actual	**Budget**	**Variance**	**%**	**Prior Year**	**Variance**	**%**		**Actual**	**Budget**	**Variance**	**%**	**Prior Year**	**Variance**	**%**
1,179,491	**1,364,612**	**(185,121)**	**(13.6%)**	**1,284,192**	**(104,700)**	**(8.2%)**	**Gross Patient Revenue**	**2,495,142**	**3,017,543**	**(522,401)**	**(17.3%)**	**2,804,793**	**(309,651)**	**(11.0%)**
574,315	342,543	(231,772)	(67.7%)	362,461	(211,854)	(58.4%)	Contractual Allowances	1,582,336	757,454	(824,882)	(108.9%)	771,200	(811,136)	(105.2%)
1,081	427,701	426,620	99.7%	-	(1,081)	0.0%	Charity Care	2,137	945,767	943,630	99.8%	-	(2,137)	0.0%
413,113	248,303	(164,810)	(66.4%)	664,857	251,744	37.9%	Bad Debt	290,382	549,069	258,687	47.1%	1,428,921	1,138,539	79.7%
988,510	1,018,547	30,037	2.9%	1,027,319	38,809	3.8%	Total Contractuals and Bad Debts	1,874,855	2,252,290	377,435	16.8%	2,200,120	325,265	14.8%
301,586	333,922	(32,336)	(9.7%)	221,802	79,783	36.0%	Other Patient Revenue	603,441	738,397	(134,956)	(18.3%)	514,471	88,970	17.3%
492,567	**679,987**	**(187,420)**	**(27.6%)**	**478,675**	**13,892**	**2.9%**	**Net Patient Revenue**	**1,223,728**	**1,503,650**	**(279,922)**	**(18.6%)**	**1,119,143**	**104,585**	**9.3%**
41.76%	49.83%			37.27%			Collection %	49.04%	49.83%			39.90%		
988,264	1,103,321	(115,057)	(10.4%)	-	988,264	0.0%	Grant Funds	1,863,892	2,206,642	(342,750)	(15.5%)	104,059	1,759,834	1,691.2%
-	-	-	0.0%	-	-	0.0%	Other Financial Assistance	-	-	-	0.0%	-	-	0.0%
1,941	8,980	(7,039)	(78.4%)	1,689	252	14.9%	Other Revenue	3,027	19,513	(16,486)	(84.5%)	11,420	(8,393)	(73.5%)
990,205	1,112,301	(122,096)	(11.0%)	1,689	988,516	58,544.0%	Total Other Revenues	1,866,920	2,226,155	(359,235)	(16.1%)	115,479	1,751,441	1,516.7%
1,482,772	**1,792,288**	**(309,516)**	**(17.3%)**	**480,364**	**1,002,408**	**208.7%**	**Total Revenues**	**3,090,648**	**3,729,805**	**(639,157)**	**(17.1%)**	**1,234,622**	**1,856,025**	**150.3%**
							Direct Operational Expenses:							
1,034,633	1,424,465	389,832	27.4%	975,585	(59,047)	(6.1%)	Salaries and Wages	2,410,016	2,789,251	379,235	13.6%	2,321,413	(88,603)	(3.8%)
306,687	403,791	97,104	24.0%	299,784	(6,903)	(2.3%)	Benefits	657,600	799,873	142,273	17.8%	628,711	(28,889)	(4.6%)
47,642	117,735	70,093	59.5%	57,415	9,774	17.0%	Purchased Services	94,206	224,371	130,165	58.0%	90,705	(3,501)	(3.9%)
27,024	56,525	29,501	52.2%	19,689	(7,335)	(37.3%)	Medical Supplies	43,624	124,994	81,370	65.1%	35,625	(7,999)	(22.5%)
5,801	26,781	20,980	78.3%	4,426	(1,375)	(31.1%)	Other Supplies	15,342	53,562	38,220	71.4%	7,033	(8,308)	(118.1%)
40,636	56,419	15,783	28.0%	55,338	14,702	26.6%	Medical Services	80,419	124,760	44,341	35.5%	148,047	67,628	45.7%
45,545	76,884	31,339	40.8%	73,242	27,697	37.8%	Drugs	96,535	170,015	73,480	43.2%	155,607	59,072	38.0%
40,098	50,392	10,294	20.4%	3,752	(36,346)	(968.8%)	Repairs & Maintenance	78,790	100,784	21,994	21.8%	9,563	(69,227)	(723.9%)
75,292	138,066	62,774	45.5%	79,316	4,025	5.1%	Lease & Rental	164,254	272,839	108,585	39.8%	160,427	(3,827)	(2.4%)
5,277	6,813	1,536	22.5%	6,127	849	13.9%	Utilities	11,613	13,758	2,145	15.6%	10,194	(1,419)	(13.9%)
43,787	59,171	15,384	26.0%	21,747	(22,040)	(101.3%)	Other Expense	79,890	97,342	17,452	17.9%	44,714	(35,177)	(78.7%)
3,938	3,940	2	0.0%	3,675	(263)	(7.2%)	Insurance	7,877	7,880	3	0.0%	7,351	(526)	(7.2%)
1,676,359	2,420,982	744,623	30.8%	1,600,095	(76,263)	(4.8%)	Total Operational Expenses	3,740,165	4,779,429	1,039,264	21.7%	3,619,391	(120,774)	(3.3%)
(193,587)	**(628,694)**	**435,107**	**(69.2%)**	**(1,119,731)**	**926,145**	**(82.7%)**	**Net Performance before Depreciation & Overhead Allocations**	**(649,517)**	**(1,049,624)**	**400,107**	**(38.1%)**	**(2,384,768)**	**1,735,251**	**(72.8%)**

District Clinic Holdings, Inc.- Medical Statement of Revenue and Expenses

FOR THE SECOND MONTH ENDED NOVEMBER 30, 2021

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
24,070	31,250	7,180	23.0%	33,499	9,428	28.1%	Depreciation	48,141	62,500	14,359	23.0%	48,878	737	1.5%
							Overhead Allocations:							
8,536	4,830	(3,706)	(76.7%)	1,500	(7,036)	(469.0%)	Risk Mgt	13,457	9,659	(3,798)	(39.3%)	3,226	(10,231)	(317.2%)
112,159	179,927	67,768	37.7%	149,646	37,487	25.1%	Rev Cycle	230,872	359,853	128,982	35.8%	331,434	100,562	30.3%
1,118	4,151	3,033	73.1%	2,244	1,126	50.2%	Internal Audit	1,361	8,303	6,942	83.6%	2,468	1,107	44.8%
26,089	26,770	681	2.5%	15,434	(10,655)	(69.0%)	Home Office Facilities	51,582	53,539	1,957	3.7%	31,045	(20,537)	(66.2%)
32,503	36,276	3,773	10.4%	22,405	(10,097)	(45.1%)	Administration	66,714	72,551	5,837	8.0%	42,984	(23,731)	(55.2%)
59,519	51,247	(8,271)	(16.1%)	31,911	(27,608)	(86.5%)	Human Resources	100,124	102,495	2,371	2.3%	68,825	(31,300)	(45.5%)
8,185	20,789	12,604	60.6%	15,006	6,821	45.5%	Legal	14,866	41,578	26,712	64.2%	24,248	9,381	38.7%
3,116	3,828	711	18.6%	6,449	3,333	51.7%	Records	5,720	7,655	1,935	25.3%	12,562	6,842	54.5%
4,972	7,679	2,707	35.3%	4,363	(609)	(14.0%)	Compliance	10,075	15,357	5,282	34.4%	8,492	(1,583)	(18.6%)
6,465	7,460	995	13.3%	5,247	(1,218)	(23.2%)	Comm Engage Plan	13,274	14,920	1,646	11.0%	11,042	(2,232)	(20.2%)
69,607	66,297	(3,310)	(5.0%)	60,640	(8,967)	(14.8%)	IT Operations	131,970	132,593	623	0.5%	104,221	(27,749)	(26.6%)
11,413	11,639	227	1.9%	4,561	(6,851)	(150.2%)	IT Security	18,596	23,279	4,683	20.1%	11,414	(7,182)	(62.9%)
27,636	43,614	15,978	36.6%	35,052	7,416	21.2%	IT Applications	77,310	87,228	9,918	11.4%	54,820	(22,491)	(41.0%)
41,290	55,101	13,812	25.1%	35,567	(5,723)	(16.1%)	Security Services	86,653	110,203	23,550	21.4%	71,648	(15,005)	(20.9%)
120,945	147,253	26,308	17.9%	45,963	(74,982)	(163.1%)	IT EPIC	258,978	294,506	35,528	12.1%	87,297	(171,681)	(196.7%)
25,326	27,575	2,249	8.2%	24,396	(930)	(3.8%)	Finance	54,462	55,151	689	1.2%	49,894	(4,567)	(9.2%)
4,319	6,593	2,274	34.5%	7,156	2,838	39.7%	Public Relations	10,907	13,185	2,279	17.3%	16,992	6,085	35.8%
7,591	10,884	3,293	30.3%	7,500	(91)	(1.2%)	Information Technology	14,476	21,768	7,292	33.5%	15,930	1,453	9.1%
7,317	6,630	(687)	(10.4%)	6,212	(1,105)	(17.8%)	Corporate Quality	13,558	13,260	(298)	(2.2%)	10,590	(2,968)	(28.0%)
10,093	12,905	2,812	21.8%	7,445	(2,649)	(35.6%)	Project MGMT Office	20,760	25,811	5,050	19.6%	14,135	(6,625)	(46.9%)
-	-	-	0.0%	977	977	100.0%	Managed Care Contract	-	-	-	0.0%	1,994	1,994	100.0%
588,196	731,447	143,251	19.6%	489,672	(98,524)	(20.1%)	Total Overhead Allocations	1,195,716	1,462,896	267,180	18.3%	975,259	(220,456)	(22.6%)
2,288,625	**3,183,679**	**895,054**	**28.1%**	**2,123,266**	**(165,359)**	**(7.8%)**	**Total Expenses**	**4,984,022**	**6,304,825**	**1,320,803**	**20.9%**	**4,643,527**	**(340,494)**	**(7.3%)**
$ (805,854)	**$ (1,391,391)**	**$ 585,538**	**(42.1%)**	**$ (1,642,902)**	**$ 837,049**	**(50.9%)**	**Net Margin**	**$ (1,893,374)**	**$ (2,575,020)**	**$ 681,646**	**(26.5%)**	**$ (3,408,905)**	**$ 1,515,531**	**(44.5%)**
-	202,170	202,170	100.0%	13,568	13,568	100.0%	**Capital**	100,000	386,340	286,340	74.1%	13,568	(86,432)	(637.0%)
$ -	**$ 1,562,315**	**$ 1,562,315**	**100.0%**	**$ -**	**$ -**	**0.0%**	**General Fund Support/ Transfer In**	**$ -**	**$ 2,898,866**	**$ 2,898,866**	**100.0%**	**$ 1,750,624**	**$ 1,750,624**	**100.0%**

District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses by Location

FOR THE SECOND MONTH ENDED NOVEMBER 30, 2021

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	**-**	**489,878**	**583,479**	**284,906**	**228,113**	**1,586,375**
Contractual Allowances	-	431,603	390,956	242,672	250,123	1,315,355
Charity Care	-	1,093	121,037	541	2,583	125,255
Bad Debt	-	(11,716)	(11,782)	(9,199)	(3,738)	(36,434)
Total Contractual Allowances and Bad Debt	-	420,981	500,212	234,014	248,969	1,404,176
Other Patient Revenue	-	111,685	67,252	55,671	51,757	286,365
Net Patient Revenue	**-**	**180,582**	**150,519**	**106,563**	**30,901**	**468,564**
Collection %	-	36.86%	25.80%	37.40%	13.55%	29.54%
Grant Funds	43,306	134,582	87,966	30,211	45,065	341,130
Other Financial Assistance	-	-	-	-	-	-
Other Revenue	-	-	-	-	-	-
Total Other Revenues	43,306	134,582	87,966	30,211	45,065	341,130
Total Revenues	**43,306**	**315,164**	**238,485**	**136,774**	**75,966**	**809,694**
Direct Operational Expenses:						
Salaries and Wages	51,311	177,542	111,391	44,158	65,319	449,721
Benefits	12,199	46,468	28,176	18,076	18,712	123,629
Purchased Services	-	325	241	241	1,637	2,445
Medical Supplies	-	16,028	10,277	7,391	6,046	39,741
Other Supplies	283	3,255	2	-	35	3,574
Repairs & Maintenance	-	2,456	2,146	2,346	153	7,100
Lease & Rental	-	18,383	10,907	10,170	5,560	45,020
Utilities	-	706	706	198	1,591	3,202
Other Expense	1,698	1,275	655	1,420	306	5,354
Insurance	-	-	-	-	175	175
Total Operational Expenses	65,490	266,438	164,500	84,001	99,533	679,962
Net Performance before Depreciation & Overhead Allocations	**(22,184)**	**48,726**	**73,985**	**52,772**	**(23,567)**	**129,732**
Depreciation	-	5,052	1,903	1,702	6,486	15,143
Overhead Allocations:						
Risk Mgt	218	714	491	498	279	2,199
Rev Cycle	-	14,451	9,945	10,084	5,654	40,134
Internal Audit	22	72	50	50	28	222
Home Office Facilities	5,457	-	-	-	-	5,457
Administration	1,079	3,537	2,434	2,468	1,384	10,903
Human Resources	1,336	5,966	4,185	4,007	1,336	16,828
Legal	240	788	542	550	308	2,430
Records	93	303	209	212	119	935
Compliance	163	534	368	373	209	1,647
Comm Engage Plan	215	704	484	491	275	2,169
IT Operations	2,135	6,998	4,815	4,883	2,738	21,568
IT Security	301	986	679	688	386	3,039
IT Applications	1,251	4,099	2,821	2,861	1,604	12,635
Security Services	-	5,455	3,754	3,806	2,134	15,149
IT EPIC	4,189	13,732	9,450	9,582	5,372	42,325
Finance	881	2,888	1,987	2,015	1,130	8,901
Public Relations	176	578	398	404	226	1,783
Information Technology	234	768	528	536	300	2,366
Corporate Quality	219	719	495	502	281	2,216
Project MGMT Office	336	1,101	758	768	431	3,393
Total Overhead Allocations	18,545	64,393	44,392	44,777	24,193	196,299
Total Expenses	**84,035**	**335,882**	**210,795**	**130,480**	**130,212**	**891,405**
Net Margin	**$ (40,729)**	**$ (20,719)**	**$ 27,690**	**$ 6,293**	**$ (54,246)**	**$ (81,711)**
Capital	-	-	-	-	-	-
General Fund Support/ Transfer In	**$ -**	**-**	**-**	**-**	**-**	**-**

District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses

FOR THE SECOND MONTH ENDED NOVEMBER 30, 2021

Current Month								Fiscal Year To Date						
Actual	**Budget**	**Variance**	**%**	**Prior Year**	**Variance**	**%**		**Actual**	**Budget**	**Variance**	**%**	**Prior Year**	**Variance**	**%**
790,342	**300,289**	**490,053**	**163.2%**	**251,427**	**538,915**	**214.3%**	**Gross Patient Revenue**	**1,586,375**	**696,249**	**890,126**	**127.8%**	**572,917**	**1,013,459**	**176.9%**
631,750	55,049	(576,701)	(1,047.6%)	108,163	(523,587)	(484.1%)	Contractual Allowances	1,315,355	127,635	(1,187,720)	(930.6%)	209,397	(1,105,959)	(528.2%)
89,893	139,205	49,312	35.4%	-	(89,893)	0.0%	Charity Care	125,255	322,759	197,504	61.2%	158,009	32,754	20.7%
(3,558)	24,023	27,581	114.8%	135,016	138,575	102.6%	Bad Debt	(36,434)	55,699	92,133	165.4%	159,013	195,447	122.9%
718,085	218,277	(499,808)	(229.0%)	243,179	(474,905)	(195.3%)	Total Contractuals and Bad Debts	1,404,176	506,093	(898,083)	(177.5%)	526,419	(877,757)	(166.7%)
143,182	68,695	74,487	108.4%	65,133	78,049	119.8%	Other Patient Revenue	286,365	159,276	127,089	79.8%	186,832	99,533	53.3%
215,440	**150,707**	**64,733**	**43.0%**	**73,381**	**142,059**	**193.6%**	**Net Patient Revenue**	**468,564**	**349,432**	**119,132**	**34.1%**	**233,329**	**235,235**	**100.8%**
27.26%	50.19%			29.19%			Collection %	29.54%	50.19%			40.73%		
171,923	207,131	(35,208)	(17.0%)	-	171,923	0.0%	Grant Funds	341,130	414,262	(73,132)	(17.7%)	-	341,130	0.0%
-	-	-	0.0%	-	-	0.0%	Other Financial Assistance	-	-	-	0.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Other Revenue	-	-	-	0.0%	-	-	0.0%
171,923	207,131	(35,208)	(17.0%)	-	171,923	0.0%	Total Other Revenues	341,130	414,262	(73,132)	(17.7%)	-	341,130	0.0%
387,363	**357,838**	**29,525**	**8.3%**	**73,381**	**313,982**	**427.9%**	**Total Revenues**	**809,694**	**763,694**	**46,000**	**6.0%**	**233,329**	**576,365**	**247.0%**
							Direct Operational Expenses:							
194,914	231,320	36,406	15.7%	201,720	6,806	3.4%	Salaries and Wages	449,721	470,227	20,506	4.4%	468,449	18,728	4.0%
58,727	67,199	8,472	12.6%	59,099	372	0.6%	Benefits	123,629	135,370	11,741	8.7%	124,653	1,024	0.8%
32	2,335	2,303	98.6%	2,088	2,055	98.5%	Purchased Services	2,445	5,162	2,717	52.6%	3,948	1,503	38.1%
23,818	11,479	(12,339)	(107.5%)	4,564	(19,254)	(421.9%)	Medical Supplies	39,741	26,614	(13,127)	(49.3%)	8,468	(31,273)	(369.3%)
89	4,302	4,213	97.9%	112	22	20.1%	Other Supplies	3,574	8,604	5,030	58.5%	190	(3,384)	(1,780.4%)
-	-	-	0.0%	-	-	0.0%	Drugs	-	-	-	0.0%	-	-	0.0%
1,582	2,150	568	26.4%	310	(1,272)	(410.6%)	Repairs & Maintenance	7,100	4,300	(2,800)	(65.1%)	1,224	(5,876)	(480.2%)
27,555	26,004	(1,551)	(6.0%)	25,619	(1,936)	(7.6%)	Lease & Rental	45,020	52,008	6,988	13.4%	50,113	5,093	10.2%
1,601	1,590	(11)	(0.7%)	4,194	2,592	61.8%	Utilities	3,202	3,199	(3)	(0.1%)	5,150	1,947	37.8%
1,904	3,935	2,031	51.6%	2,167	263	12.1%	Other Expense	5,354	7,870	2,516	32.0%	5,927	573	9.7%
88	88	0	0.4%	41	(47)	(115.7%)	Insurance	175	176	1	0.4%	81	(94)	(115.7%)
310,310	350,402	40,092	11.4%	299,912	(10,398)	(3.5%)	Total Operational Expenses	679,962	713,530	33,568	4.7%	668,203	(11,759)	(1.8%)
77,053	**7,436**	**69,617**	**936.2%**	**(226,531)**	**303,585**	**(134.0%)**	**Net Performance before Depreciation & Overhead Allocations**	**129,732**	**50,164**	**79,568**	**158.6%**	**(434,874)**	**564,606**	**(129.8%)**

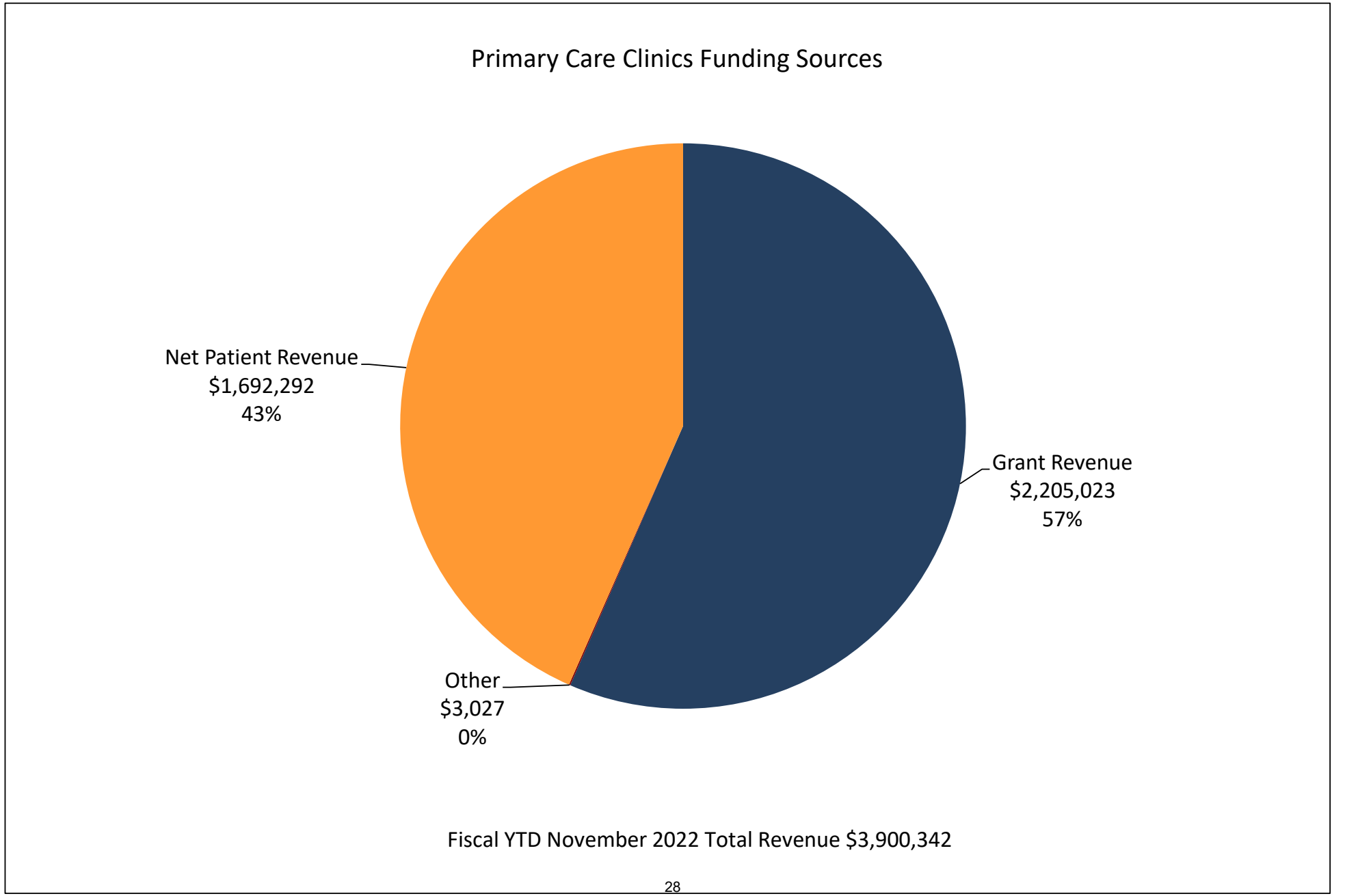
District Clinics Holdings, Inc.- Dental Statement of Revenues and Expenses

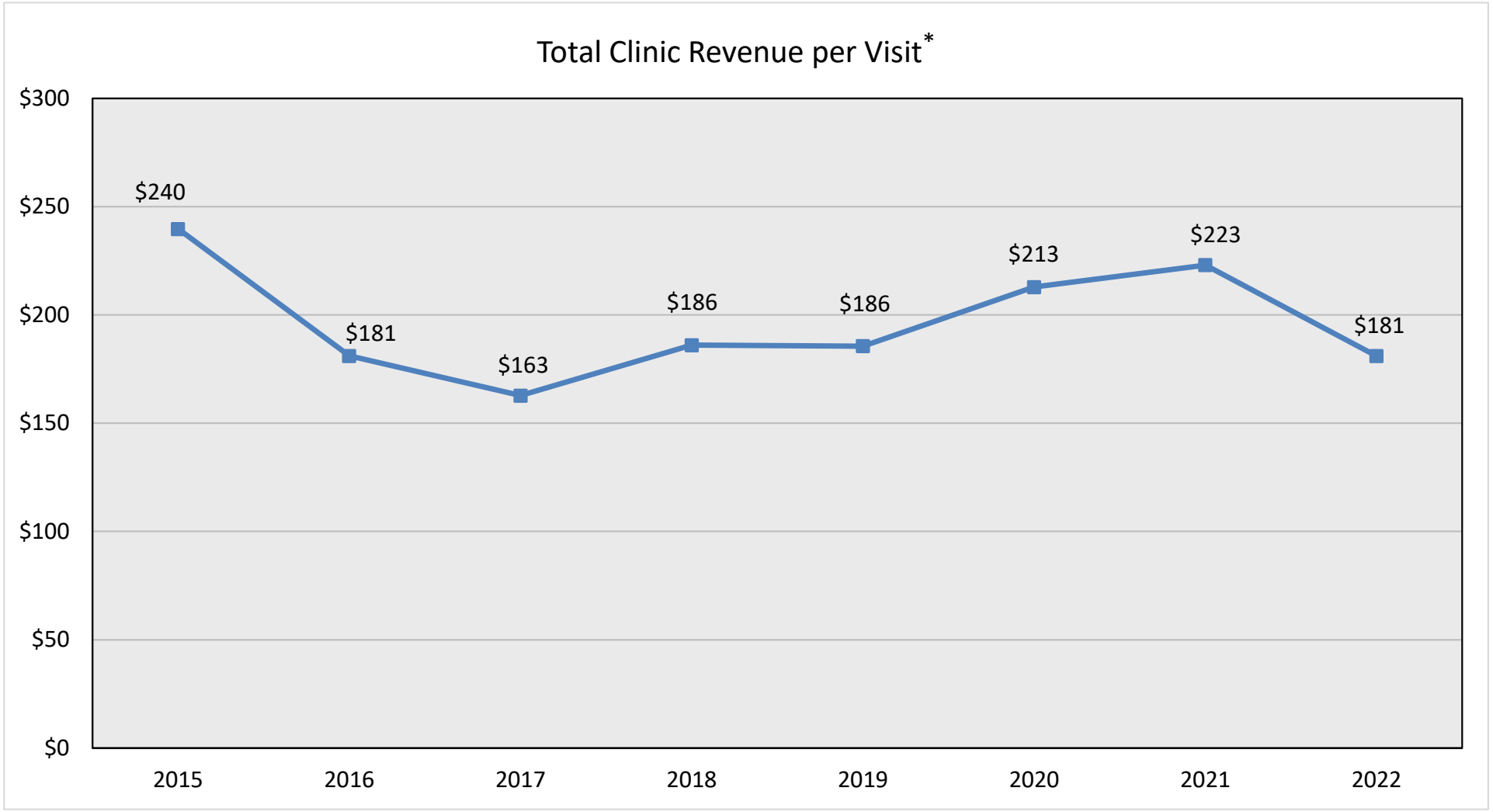
FOR THE SECOND MONTH ENDED NOVEMBER 30, 2021

Current Month								Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%
7,572	9,583	2,011	21.0%	8,837	1,265	14.3%	Depreciation	15,143	19,166	4,023	21.0%	14,453	(691)	(4.8%)
							Overhead Allocations:							
1,395	789	(606)	(76.7%)	249	(1,146)	(461.1%)	Risk Mgt	2,199	1,579	(621)	(39.3%)	535	(1,665)	(311.3%)
19,497	31,278	11,781	37.7%	27,602	8,104	29.4%	Rev Cycle	40,134	62,556	22,422	35.8%	61,132	20,998	34.3%
183	678	496	73.1%	372	189	50.9%	Internal Audit	222	1,357	1,134	83.6%	409	187	45.6%
2,760	2,832	72	2.5%	1,707	(1,053)	(61.7%)	Home Office Facilities	5,457	5,664	207	3.7%	3,433	(2,024)	(59.0%)
5,312	5,929	617	10.4%	3,714	(1,598)	(43.0%)	Administration	10,903	11,857	954	8.0%	7,125	(3,779)	(53.0%)
10,004	8,613	(1,390)	(16.1%)	4,985	(5,018)	(100.7%)	Human Resources	16,828	17,227	398	2.3%	10,752	(6,076)	(56.5%)
1,338	3,398	2,060	60.6%	2,487	1,150	46.2%	Legal	2,430	6,795	4,366	64.2%	4,019	1,590	39.5%
509	626	116	18.6%	1,069	560	52.4%	Records	935	1,251	316	25.3%	2,082	1,147	55.1%
813	1,255	442	35.3%	723	(89)	(12.4%)	Compliance	1,647	2,510	863	34.4%	1,408	(239)	(17.0%)
1,057	1,219	163	13.3%	870	(187)	(21.5%)	Comm Engage Plan	2,169	2,438	269	11.0%	1,830	(339)	(18.5%)
11,376	10,835	(541)	(5.0%)	10,051	(1,325)	(13.2%)	IT Operations	21,568	21,670	102	0.5%	17,275	(4,293)	(24.9%)
1,865	1,902	37	1.9%	756	(1,109)	(146.7%)	IT Security	3,039	3,805	765	20.1%	1,892	(1,147)	(60.6%)
4,517	7,128	2,611	36.6%	5,810	1,293	22.3%	IT Applications	12,635	14,256	1,621	11.4%	9,087	(3,548)	(39.1%)
7,218	9,633	2,415	25.1%	6,257	(961)	(15.4%)	Security Services	15,149	19,266	4,117	21.4%	12,605	(2,544)	(20.2%)
19,766	24,066	4,300	17.9%	7,619	(12,148)	(159.4%)	IT EPIC	42,325	48,132	5,807	12.1%	14,470	(27,856)	(192.5%)
4,139	4,507	368	8.2%	4,044	(95)	(2.4%)	Finance	8,901	9,013	113	1.2%	8,270	(631)	(7.6%)
706	1,077	372	34.5%	1,186	480	40.5%	Public Relations	1,783	2,155	372	17.3%	2,816	1,034	36.7%
1,241	1,779	538	30.3%	1,243	3	0.2%	Information Technology	2,366	3,558	1,192	33.5%	2,640	275	10.4%
1,196	1,084	(112)	(10.4%)	1,030	(166)	(16.1%)	Corporate Quality	2,216	2,167	(49)	(2.2%)	1,755	(460)	(26.2%)
1,650	2,109	460	21.8%	1,234	(416)	(33.7%)	Project MGMT Office	3,393	4,218	825	19.6%	2,343	(1,050)	(44.8%)
-	-	-	0.0%	180	180	100.0%	Managed Care Contract	-	-	-	0.0%	368	368	100.0%
96,540	120,737	24,197	20.0%	83,187	(13,353)	(16.1%)	Total Overhead Allocations	196,299	241,474	45,174	18.7%	166,245	(30,054)	(18.1%)
414,422	**480,722**	**66,300**	**13.8%**	**391,936**	**(22,486)**	**(5.7%)**	**Total Expenses**	**891,405**	**974,170**	**82,765**	**8.5%**	**848,901**	**(42,503)**	**(5.0%)**
$ (27,058)	**$ (122,884)**	**$ 95,825**	**(78.0%)**	**$ (318,555)**	**$ 291,497**	**(91.5%)**	**Net Margin**	**$ (81,711)**	**$ (210,476)**	**$ 128,765**	**(61.2%)**	**$ (615,572)**	**$ 533,862**	**(86.7%)**
-	21,000	21,000	100.0%	-	-	0.0%	**Capital**	-	42,000	42,000	100.0%	-	-	0.0%
$ -	**$ 134,300**	**$ 134,300**	**100.0%**	**$ -**	**$ -**	**0.0%**	**General Fund Support/ Transfer In**	**$ -**	**$ 233,308**	**$ 233,308**	**100.0%**	**$ 291,401**	**$ 291,401**	**100.0%**

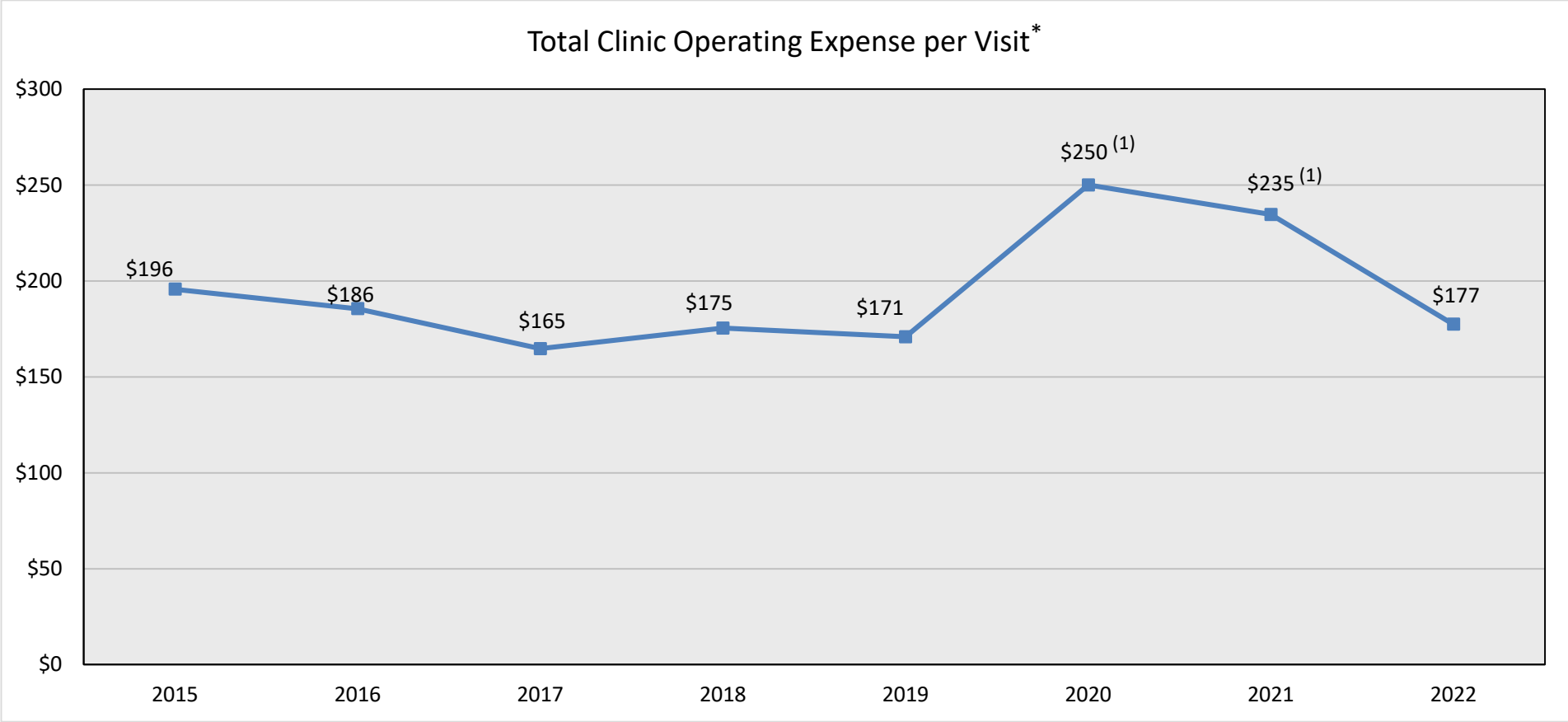
C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

Clinic Visits - Adults and Pediatrics	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
West Palm Beach	1,394	1,108											2,502	3,065	(18.4%)	2,156
Delray	477	563											1,040	2,435	(57.3%)	1,944
Lantana	1,821	1,554											3,375	3,045	10.8%	3,020
Belle Glade	691	610											1,301	1,787	(27.2%)	1,011
Lewis Center	488	507											995	235	323.4%	1,481
Lake Worth & Women's Health Care	1,334	1,119											2,453	2,824	(13.1%)	2,132
Jupiter Clinic	447	410											857	906	(5.4%)	1,009
West Boca & Women's Health Care	407	305											712	1,805	(60.6%)	1,465
St Ann Place	-	-											-	94	(100.0%)	-
Clb Mob 1 Warrior	658	1,415											2,073	363	471.1%	16
Clb Mob 2 Scout	416	365											781	201	288.6%	-
Clb Mob 3 Hero	178	331											509	201	153.2%	-
Mangonia Park	128	197											325	783	(58.5%)	462
Total Clinic Visits	**8,439**	**8,484**	-	-	-	-	-	-	-	-	-	-	**16,923**	**17,650**	**(4.1%)**	**14,696**
Dental Visits																
West Palm Beach	736	762											1,498	1,640	(8.7%)	801
Lantana	708	891											1,599	1,161	37.7%	805
Delray	439	391											830	1,198	(30.7%)	-
Belle Glade	338	357											695	666	4.4%	-
Lake Worth	-	-											-	-	0.0%	-
West Boca	-	-											-	-	0.0%	-
Total Dental Visits	**2,221**	**2,401**	-	-	-	-	-	-	-	-	-	-	**4,622**	**4,665**	**(0.9%)**	**1,606**
Total Medical and Dental Visits	**10,660**	**10,885**	-	-	-	-	-	-	-	-	-	-	**21,545**	**22,315**	**(3.5%)**	**16,302**
Mental Health Counselors (non-billable)																
West Palm Beach	103	106											209	284	(26.4%)	2
Delray	69	114											183	241	(24.1%)	101
Lantana	-	-											-	987	(100.0%)	36
Belle Glade	71	81											152	120	26.7%	44
Mangonia Park	511	320											831	139	497.8%	663
Lewis Center	866	787											1,653	438	277.4%	689
Lake Worth	179	162											341	336	1.5%	12
Jupiter	-	-											-	-	0.0%	-
West Boca	-	-											-	-	0.0%	-
Mobile Van	-	-											-	199	(100.0%)	-
Total Mental Health Screenings	**1,799**	**1,570**	-	-	-	-	-	-	-	-	-	-	**3,369**	**2,744**	**22.8%**	**1,547**


Primary Care Clinics Funding Sources
Net Patient Revenue
$1,692,292
43%
Grant Revenue
$2,205,023
57%
Other
$3,027
0%
Fiscal YTD November 2022 Total Revenue $3,900,342

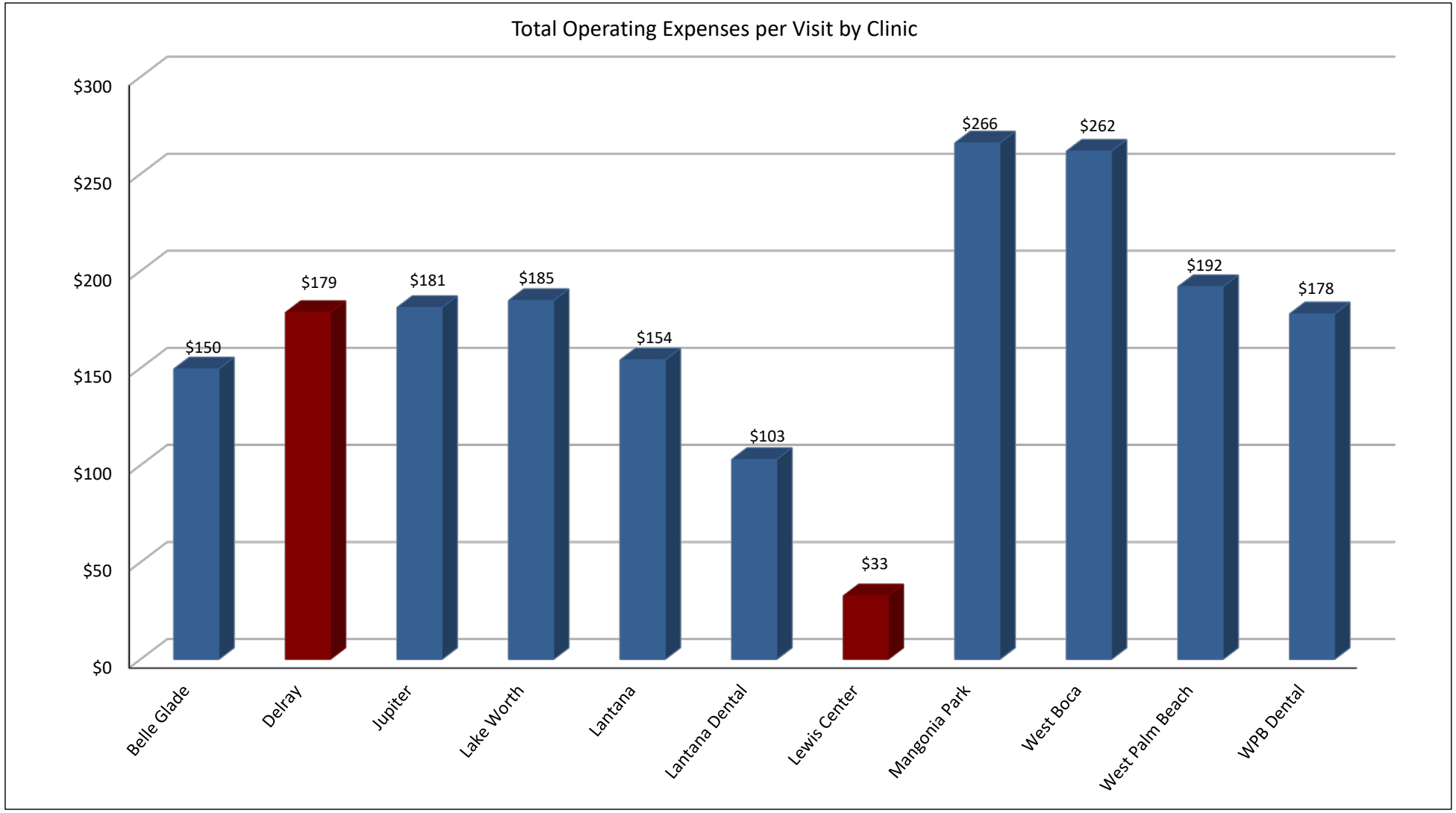


* Based on total medical and dental visits



(1) Increase in expense per visit is due to lower visits in fiscal years 2020 and 2021 related to operational changes for Covid-19

* Based on total medical, dental, and mental health visits



* Based on Fiscal Year-to-Date November 2021 total operating expenses (excludes depreciation, overhead allocations, and capital)

** Visits for the medical clinics include medical and mental health visits

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 26th, 2022

1. Description: Credentialing Policy

2. Summary:

This agenda item presents revisions to the Credentialing and Privileging Policy.

3. Substantive Analysis:

The Credentialing and Privileging Procedure has been revised to be consistent with the revisions to the Credentialing and Privileging Policy. This serves to orient the Board of the formalized procedure for Credentialing and Privileging.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	**N/A**	Yes ☐ No ☒
Annual Net Revenue	**N/A**	Yes ☐ No ☒
Annual Expenditures	**N/A**	Yes ☐ No ☒

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board approve the revisions to the Credentialing and Privileging Policy.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 26th, 2022

Approved for Legal sufficiency:

Bernabe Icaza

Bernabe Icaza
VP & General Counsel

Dr. Charmaine Chibar
FQHC Medical Director

Dr. Hyla Fritsch
AVP & Executive Director of Clinics and Pharmacy Services

C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

Credentialing and Privileging Policy

Policy #:	PCC-CRE-600-17	Effective Date:	1/15/2020
Business Unit:	Primary Care Clinics	Last Review Date:	
Approval Group:	PCC Credentialing Policy	Document Owner(s):	Credentialing
Board Approval Date:	2/26/2020		

PURPOSE

It is the policy of the C.L. Brumback Primary Care Clinics to credential and privilege health center practitioners, employed or contracted, volunteers and locum tenens at all health care sites in accordance with state, federal and HRSA requirements.

SCOPE

This policy applies to all C.L. Brumback Primary Care Clinics practitioners, employed or contracted, volunteers and locum tenens, at all health center sites.

POLICY

Credentialing and privileging will be performed for health center practitioners at the time of hire, prior to the practitioner providing patient care services, and every two (2) years thereafter.

Categories of health center practitioners.

1. Licensed Independent Practitioner (LIP) – an individual permitted by law to provide care and services without direction or supervision, within the scope of the individual practitioner's license and consistent with individually granted privileges. C.L. Brumback Primary Care Clinics defines the following practitioners as LIP's:
    - Physician
    - Dentist
    - Physician Assistant
    - Nurse Practitioner
    - Nurse Midwife
    - Clinical Psychologist (PsyD, PhD)
    - Licensed Clinical Social Worker
    - Licensed Mental Health Counselor

2. Other Licensed or Certified Health Care Practitioner (OLCP) – an individual who is licensed, registered, or certified, but is not permitted by law to provide patient care services without direction or supervision. C.L. Brumback Primary Care Clinics defines the following practitioners as OLCP's:
    - Registered Nurse
    - Licensed Practical Nurse
    - Certified and/or Registered Medical Assistant
    - Certified and/or Registered Dental Assistant
    - Licensed Dental Hygienist
    - Medical Resident
    - Registered Interns

3. Other Clinical Staff (OCS) – an individual for which licensure or certification is not required and who is not permitted by law to provide patient care services without direction or supervision. C.L. Brumback Primary Care Clinics defines the following practitioners as OCS:
    - Medical Assistant
    - Dental Assistant
    - Paramedic
    - Community Health Worker

The C.L. Brumback Primary Care Clinics Board of Directors has the ultimate authority and responsibility for the provisions of this policy. The Board of Directors shall review and approve any changes to the policy and at a minimum, shall review the policy every three (3) years.

The Medical Director/Dental Director/Women's Health Director/Behavioral Health Director shall oversee the credentialing and privileging activities, provide clinical leadership and direction to credentialing staff, credential other licensed or certified health care practitioners and make credentialing and privileging recommendations of licensed independent practitioners to the Board.

The C.L. Brumback Primary Care Clinics may utilize a Credentials Verification Organization (CVO) to perform primary source verification of credentialing elements in accordance with regulatory requirements.

EXCEPTIONS

N/A

RELATED DOCUMENTS

Related Policy Document(s)	Credentialing and Policy Procedure
Related Forms	
Reference(s)	HRSA FTCA Program Assistance Letter (PAL); HRSA Compliance Manual
Last Revision	1/15/2020
Revision Information/Changes	
Next Review Date	1/15/2023

APPROVALS

Reviewer approval	Andrea Steele;
Reviewer approval date	8/5/2021
Final approver	Charmaine Chibar; Hyla Fritsch;
Final approval date	8/25/2021

This policy is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, taking into account the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

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DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
JANUARY 26, 2022

1. Description: 2021 Palm Beach County Community Health Assessment

2. Summary:

This agenda item presents the Board with the 2021 Palm Beach County Community Health Improvement Plan, Service Area Map and Hours of Operation.

3. Substantive Analysis:

for the purposes of informing and improving the delivery of health center services, the HRSA Compliance Manual requires that the health center confirm their service area and hours of operation annually and complete or updates a needs assessment of the current or proposed population at least once every three years. The needs assessment utilizes the most recently available data for the service area and, if applicable, special populations and addresses the following:

- Factors associated with access to care and health care utilization (for example, geography, transportation, occupation, transience, unemployment, income level, educational attainment);
- The most significant causes of morbidity and mortality (for example, diabetes, cardiovascular disease, cancer, low birth weight, behavioral health) as well as any associated health disparities; and
- Any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (for example, social factors, the physical environment, cultural/ethnic factors, language needs, housing status).

The next steps in this process will be the creation of the 2022 Community Health Improvement Plan (CHIP). The current CHIP focuses on the following priority areas:

- Mental and Behavioral Health
- Active Living and Health Lifestyles
- Access to Care and Services

C. L. Brumback Primary Care Clinics Implementation Strategy focuses on three key strategies that address the needs and priority areas of Palm Beach County.

1. Increase patient awareness on maintaining a healthy and active lifestyle
2. Continue integrating behavioral health into all service-lines and ensure consistent reporting of social determinants of health (PRAPARE)
3. Continue increasing access to care

The new Community Health Assessment is included with this agenda item for review.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes ☐ No ☒
Annual Net Revenue	N/A	Yes ☐ No ☒
Annual Expenditures	N/A	Yes ☐ No ☒

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board approve the Hours of Operation, Service Area Map and 2021 Palm Beach County Community Health Assessment.

Approved for Legal sufficiency:

Bernabe Icaza

Bernabe Icaza
VP & General Counsel

Thomas Cleare
Associate Vice Present, Communications, Community Engagement & Corporate Security

Dr. Hyla Fritsch
AVP & Executive Director of Clinic Operations & Pharmacy Services

C. L. Brumback Primary Care Clinics Hours of Operation			
	Location	**Address**	**Hours**
1	Belle Glade	39200 Hooker Highway Suite 101 Belle Glade, FL 33430	8am – 5pm Monday-Friday 9am – 1pm Saturday
2	Jupiter	411 W. Indiantown Rd. Jupiter, FL 33458	8pm – 5pm Monday-Friday
3	Lake Worth	7408 Lake Worth Road Suite 700 Lake Worth, FL 33467	8am – 5pm Monday-Friday 9am – 1pm Saturday
4	Lantana	1250 Southwinds Drive Lantana, FL 33462	8am – 5pm Monday-Friday 9am – 1pm Saturday
5	Boca Raton	23123 State Road 7 Suite 108 Boca Raton, FL 33428-5490	8am – 5pm Monday-Friday
6	Delray Beach	225 South Congress Ave Delray Beach, FL 33445	8am – 5pm Monday-Friday 9am – 1pm Saturday
7	Mangonia Park	2151 45th Street Suite 204 West Palm Beach, FL 33407	8am – 5pm Monday-Friday 9am – 1pm Saturday
8	West Palm Beach	1150 45th Street West Palm Beach, FL 33407	8 am to 5 pm, Monday-Friday 9am – 1pm Saturday
9	Lewis Center	1000 45th Street West Palm Beach, FL 33407	8:00 am to 5 pm Monday-Friday
10	St. Ann's	2107 N Dixie Highway West Palm Beach, FL 33407	8am to 3pm Monday-Friday
1	**Mobile Unit- WARRIOR**	Parked at EJH	Operates based on outreach need
2	**Mobile Unit- SCOUT**	Parked at EJH	Operates based on outreach need
3	**Mobile Unit- HERO**	Parked at EJH	Operates based on outreach need

PALM BEACH COUNTY

COMMUNITY HEALTH ASSESSMENT

DECEMBER 2021

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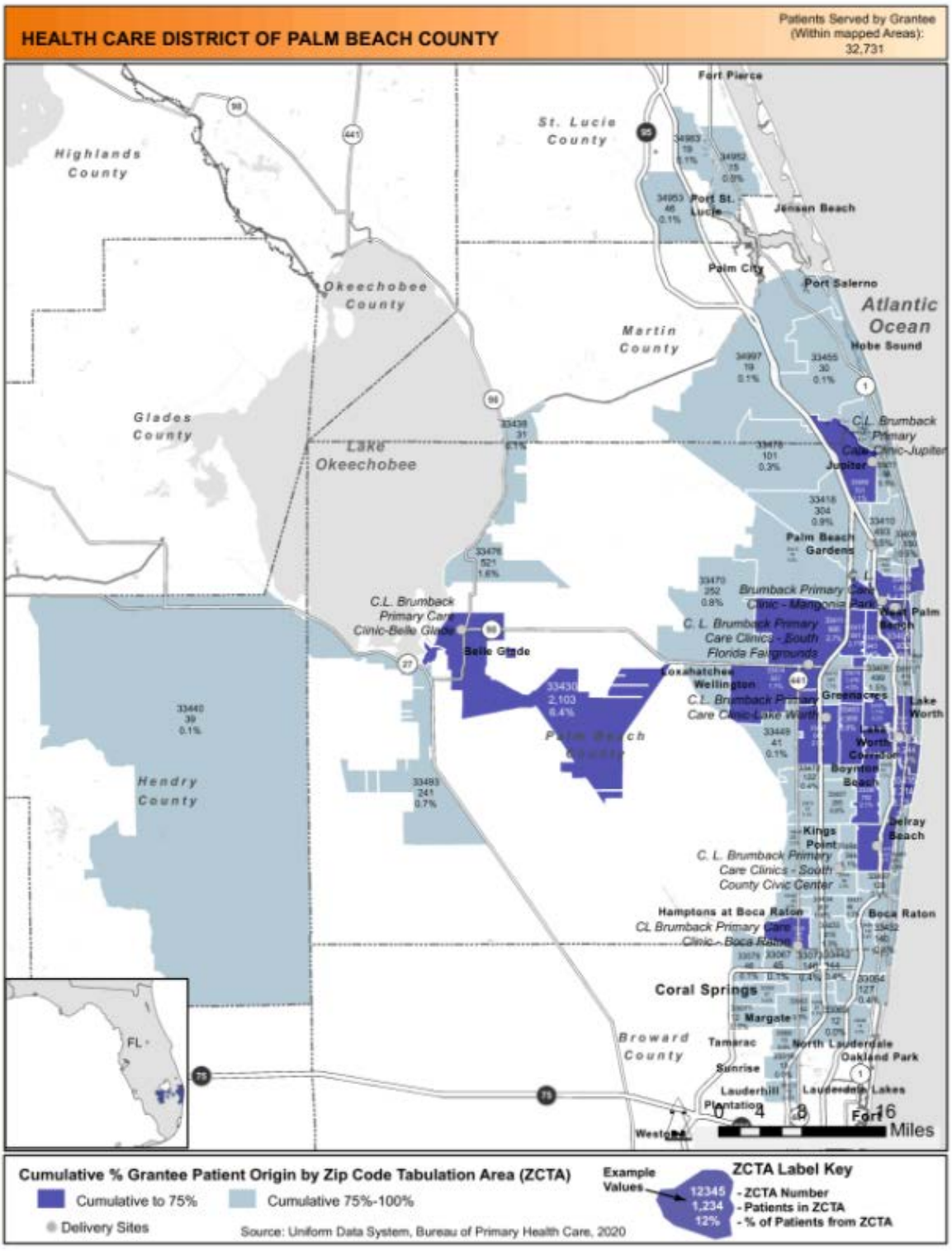
Service Area Map



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Thank you to all who participated and work to continuously understand and improve the health of Palm Beach County.

"Alone, we can do so little; together, we can do so much."

-Helen Keller

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Methodology

In 2021, the Health Care District of Palm Beach County and the Florida Department of Health in Palm Beach County engaged the Health Council of Southeast Florida (HCSEF) to facilitate a comprehensive health assessment for Palm Beach County to identify health indicators within the community that present areas of concern, gaps in care or services and opportunities for improvement. Specifically, the Community Health Assessment includes information and data on the following areas:

- Demographic characteristics
- Socioeconomic characteristics
- Maternal and child health
- COVID-19
- Behavioral health
- Death, illness and injury
- Infectious diseases
- Health resource availability and access

This report includes quantitative secondary data from national, state and local database systems and primary qualitative data. Quantitative data were obtained from secondary sources, including but not limited to the: U.S. Census Bureau, Florida Agency for Health Care Administration (AHCA), Florida Department of Health (FDOH), Florida Department of Children and Families (DCF), Centers for Disease Control and Prevention (CDC), Florida's Bureau of Vital Statistics, Florida Department of Juvenile Justice and Florida Department of Education. Quantitative data tables and figures in this report are formatted to facilitate review, examination and utilization by the community. In many cases, the data, as it was gathered from the source, contained confidence intervals or margins of error, which are statistical calculations that refer to the potential variation in the numbers shown when the data is gathered from a subset of the population. These have been omitted from this assessment in an effort to make the data more approachable to the community. Some sources are only available for certain years based on data collection timelines therefore, results from those sources may be presented in varying years or multi-year estimates. Where available, five-year estimates from the US. Census Bureau were used to capture the most complete data for the report. In addition, the most recent full-year data sets were used for indicators throughout the report. Data is presented throughout the report in as much detail as possible, including data disaggregated by race, ethnicity, sex, age, or Census County Division (CCD).

The qualitative data are a result of primary data collection efforts through local public health system assessments, focus groups and key informant interviews. Data was collected, analyzed and compiled for this assessment to enable and guide Palm Beach County service providers, educators, planners, funders and community leaders in identifying indicators within the community that should be addressed to improve the health and wellbeing of Palm Beach County residents.

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Demographic and Socioeconomic Profile

Palm Beach County was formerly apart of Dade County then in 1909 the early settlers established it as a separate county. Today Palm Beach County is the largest county in Florida covering about 2,383 square miles of land and water in the southeast region of the state. The county is comprised of 39 municipalities. The northernmost community is Tequesta, the southernmost is Boca Raton, and the westernmost is South Bay. West Palm Beach is the largest city in Palm Beach County and is also the county seat. Bordering Palm Beach County is Martin County to the north, the Atlantic Ocean to the east, Broward County to the south, Hendry County to the west, and Lake Okeechobee in the northwest.

In 2019, Palm Beach County had a total population of 1,465,027 residents, which accounted for approximately 7% of the state's population. And the county's population is continuing to grow. Compared to the state, Palm Beach County is home to a relatively large senior population with nearly one-fourth of the residents comprised of those 65 years and over. This number is higher than Florida (20.1%) and the United States (16.5%). Also, to note, is that a quarter of the county's residents were born outside of the United States, a number that is higher than the state of Florida (20%) and nearly double the national percentage (13.5%). Black or African American residents comprise 18.7 percent of the population while Hispanic/Latino residents are 22.4 percent of the population. With such diversity, Palm Beach County will only thrive and reach its greatest potential through understanding the context for the disenfranchisement and marginalization of the population and subpopulations that currently exist and, in fact have persisted for many years.

Demographics include factors such as race and ethnicity, age, English language proficiency, household type, population density, etc., all of which influence health outcomes. The aim of the demographic and socioeconomic profile is to provide context for the remaining sections by providing an overview of the demographic and socioeconomic characteristics of the residents of Palm Beach County. These characteristics provide context for the health care needs of the community and are indicators and predictors for health care utilization patterns and health outcomes. Furthermore, the demographic and socioeconomic profile of a community provides information important in the identification of barriers to accessing health care services.

The data included in this report is specific to Palm Beach County and in many cases, for comparison purposes, data is presented for the state of Florida as well as surrounding counties. Throughout the report, certain sections will include references to the Healthy People 2030 target goals. The targets are included to provide a benchmark and potentially aid in future health planning and goal-setting activities.

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Demographic Characteristics

Population

Total Population

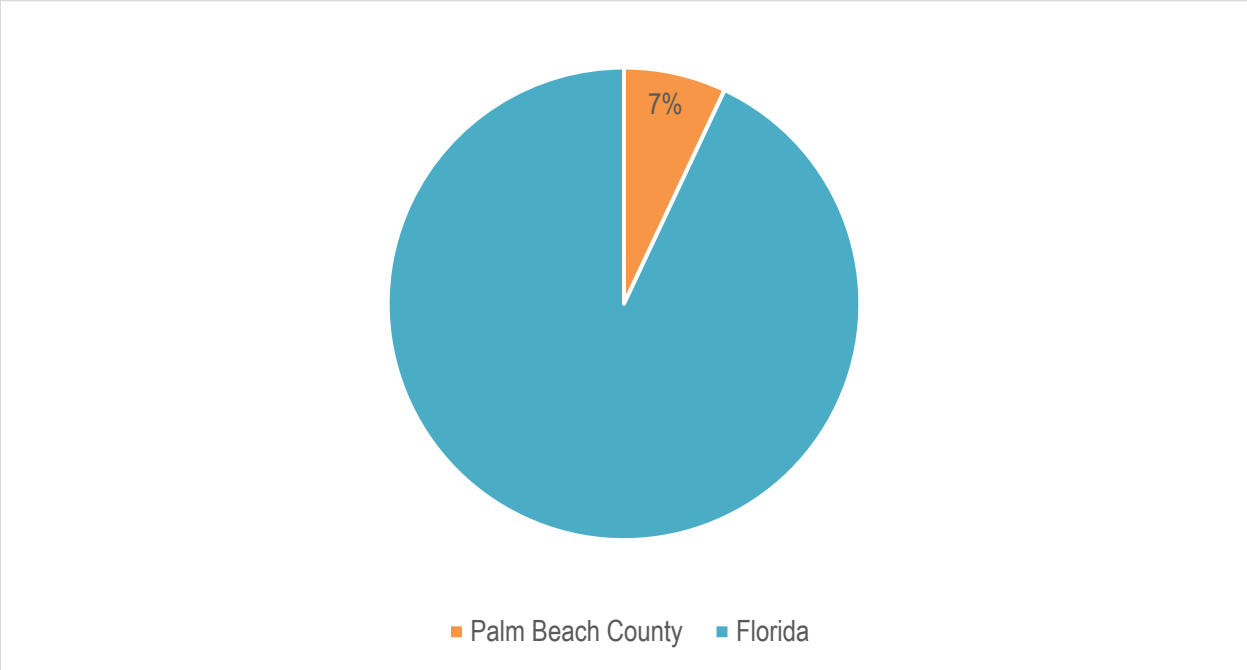
The table below shows Palm Beach County's population count compared to the state of Florida's, as well as the proportion of Florida's population that is made up of Palm Beach County residents, as of 2019. According to the U.S. Census Bureau, Palm Beach County's population grew to 1,465,027 residents in 2019. The county made up approximately 7.0% of Florida's total population of 20,901,636 residents in 2019.

Table 1:Total Population, Palm Beach County and Florida, 5-Year Estimate, 2019

Palm Beach County		Florida	
Population	Percent	Population	Percent
1,465,027	7.0%	20,901,636	100%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 1: Total Population, Palm Beach County and Florida, 2019



Population by Census County Division

A Census County Division (CCD) is an established area set by the U.S. Census Bureau and state and local governments. CCDs are an important way to analyze and depict data by smaller sub-sections of the county.

In Palm Beach County, there are eleven established CCDs, including Belle Glade-Pahokee, Boca Raton, Boynton Beach-Delray Beach, Glades, Jupiter, Lake Worth, Riviera Beach, Royal Palm Beach-West Jupiter, Sunshine Parkway, Western Community, and West Palm Beach. The table below shows the population by CCD in Palm Beach County in 2019. Among these areas, the Boynton Beach-Delray Beach CCD was the most populous in 2019 with 23.0% of the county's population, followed by the Lake Worth CCD (15.8%) and Sunshine Parkway CCD (14.5%). The least populous CCD was the Glades CCD, with 309 residents counted in 2019.

Table 2: Population by Census County Division, Palm Beach County, 5-Year Estimate, 2019

Census Count Division (CCD)	Count	Percent
Total Population	1,465,027	100.0%
Belle-Glade-Pahokee CCD	37,326	2.5%
Boca Raton CCD	138,198	9.4%
Boynton Beach-Delray Beach CCD	336,806	23.0%
Glades CCD	309	0.0%
Jupiter CCD	95,352	6.5%
Lake Worth CCD	231,897	15.8%
Riviera Beach CCD	109,559	7.5%
Royal Palm Beach-West Jupiter CCD	110,537	7.5%
Sunshine Parkway CCD	213,091	14.5%
Western Community CCD	30,844	2.1%
West Palm Beach CCD	161,108	11.0%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Population Growth and Change

Population growth is a key factor used to determine the composition and need of a community. As populations grow and age, needs will evolve and services will expand.

The table below depicts the population change by age group between 2018 and 2019 in Palm Beach County. The population of Palm Beach County grew 1.3% from 1,446,277 in 2018 to 1,465,027 in 2019. The largest population increase was reported among those ages 60 to 64 years old, with a 3.7% increase from 2018 to 2019. Those ages 20 to 24 years old saw the largest population decrease (0.9%) during this timeframe. The median age for Palm Beach County increased from 44.6 years old to 44.8 years old from 2018 to 2019.

Table 3: Population Change by Age Group, Palm Beach County, 5-Year Estimate, 2018-2019

Age Group	2018 Population	2019 Population	Percent Change 2018-2019
Total population	1,446,277	1,465,027	1.3%
Under 5 years	74,181	75,202	1.4%
5 to 9 years	77,315	77,203	-0.1%
10 to 14 years	78,524	79,435	1.1%
15 to 19 years	81,182	81,596	0.5%
20 to 24 years	80,323	79,597	-0.9%
25 to 34 years	171,605	174,466	1.6%
35 to 44 years	166,862	168,510	1.0%
45 to 54 years	191,753	190,924	-0.4%
55 to 59 years	97,722	98,675	1.0%
60 to 64 years	89,902	93,375	3.7%
65 to 74 years	164,266	168,626	2.6%
75 to 84 years	114,719	118,401	3.1%
85 years and over	57,923	59,017	1.9%
Median age (years)	44.6	44.8	0.4%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Population by Sex

Previous research indicates that sex can have a significant influence on health outcomes. Males and females may show different disease related symptoms and experience different disease risks. Additionally, different sexes may be more or less susceptible to certain diseases. For example, about 80% of those affected by autoimmune diseases are female, but autoimmune conditions in males are typically more severe.[1]

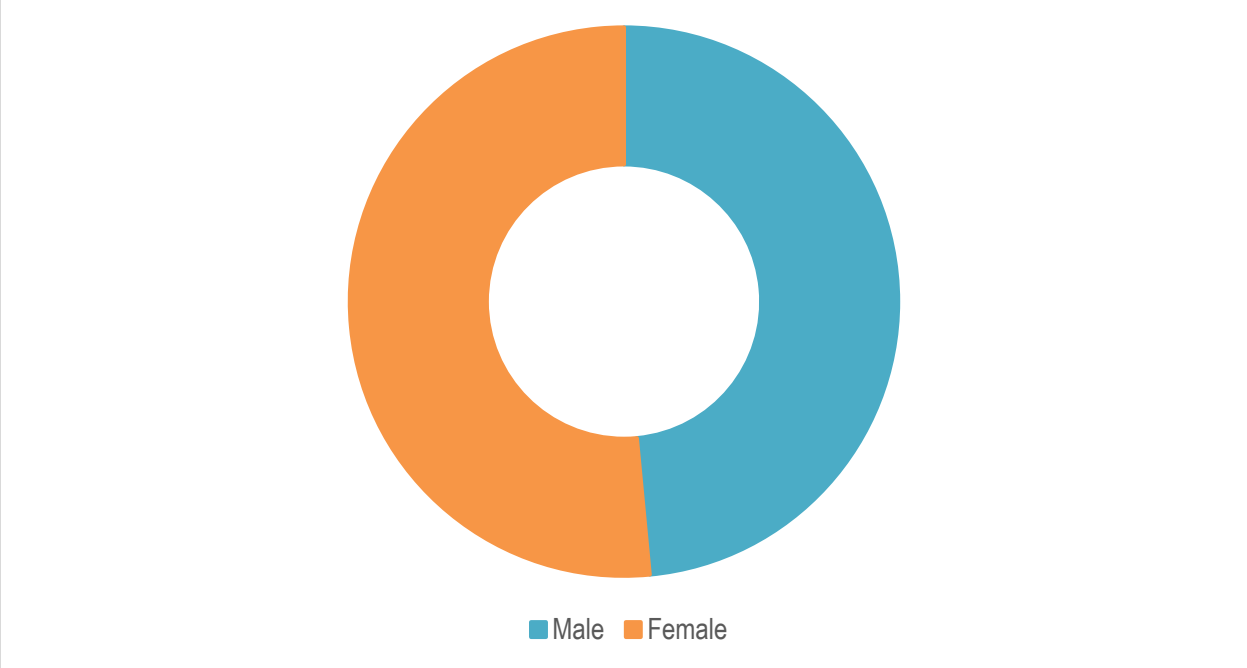
The following table shows the total population by sex in Palm Beach County and Florida in 2019. Among Palm Beach County residents, 48.5% were male and 51.5% were female in 2019. The state had a similar trend overall, with 48.9% of the population being male and 51.1% being female this same year. The below chart depicts male and female counts within Palm Beach County and the state of Florida in 2019.

Table 4: Total Population by Sex, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Total population	1,465,027	100%	20,901,636	100%
Male	710,241	48.5%	10,220,813	48.9%
Female	754,786	51.5%	10,680,823	51.1%
Sex ratio (males per 100 females)	94.1	--	95.7	--

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 2: Total Population by Sex, Palm Beach County, 2019



[1] National Institute of Health. (2016). Sex and gender: how being male or female can affect your health. Retrieved from https://newsinhealth.nih.gov/2016/05/sex-gender

Population by Age

According to the World Health Organization, the pace of population aging is increasing at a much faster pace than ever seen before. By 2030, one out of every six people will be age 60 years or older. [2] The following table depicts the Palm Beach County and Florida residential population by age in 2019. Among Palm Beach County residents,19.2% were under the age of 18 years old in 2019. Those who were 18 years old and over made up 80.5% of the population. This population proportion is similar to that of the state as a whole, where 20.0% of the population was under 18 years old and 80.0% was 18 years old and older in 2019. Additionally, 27.3% of Palm Beach County residents were over 62 years of age, while 23.9% of all Florida residents were over the age of sixty-two years.

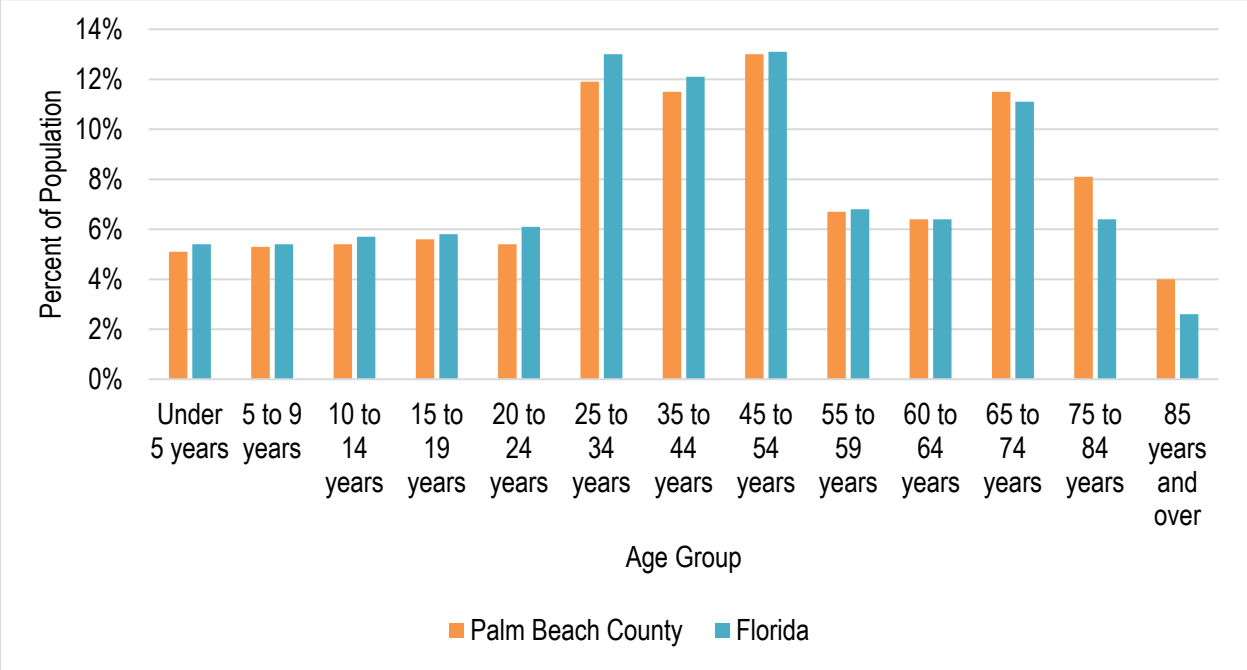
Table 5: Population by Age, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Total population	1,465,027	100%	20,901,636	100%
Under 5 years	75,202	5.1%	1,128,214	5.4%
5 to 9 years	77,203	5.3%	1,132,263	5.4%
10 to 14 years	79,435	5.4%	1,197,885	5.7%
15 to 19 years	81,596	5.6%	1,206,046	5.8%
20 to 24 years	79,597	5.4%	1,271,483	6.1%
25 to 34 years	174,466	11.9%	2,716,853	13.0%
35 to 44 years	168,510	11.5%	2,525,283	12.1%
45 to 54 years	190,924	13.0%	2,742,034	13.1%
55 to 59 years	98,675	6.7%	1,431,138	6.8%
60 to 64 years	93,375	6.4%	1,345,009	6.4%
65 to 74 years	168,626	11.5%	2,321,394	11.1%
75 to 84 years	118,401	8.1%	1,339,375	6.4%
85 years and over	59,017	4.0%	544,659	2.6%
Median age (years)	44.8	--	42	--
Under 18 years	281,775	19.2%	4,182,462	20.0%
18 years and over	1,183,252	80.8%	16,719,174	80.0%
21 years and over	1,134,992	77.5%	15,966,605	76.4%
62 years and over	400,206	27.3%	4,995,046	23.9%
65 years and over	346,044	23.6%	4,205,428	20.1%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[2] World Health Organization. (2021). Ageing and health. Retrieved from https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

Figure 3: Population by Age, Palm Beach County and Florida, 2019



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Population by Census County Division, By Sex and Age

Further breakdown of the population by Census County Division (CCD) can provide insight into the specific makeup of certain regions of the county.

The table below depicts population by CCD by sex and age in Western Palm Beach County CCDs in 2019. For this report, the Western Palm Beach County CCDs include Belle Glade-Pahokee CCD, Glades CCD, and Western Community CCD. Among these areas, the Western Community CCD had the highest median age (43.2 years) compared to the other CCDs. Among each of the CCDs in this region, there is a larger percentage of males compared to females.

Table 6: Population by Census County Division, By Sex and Age, Western Palm Beach County CCD's, 5-Year Estimate, 2019

	Belle Glade-Pahokee CCD		Glades CCD		Western Community CCD	
	Count	Percent	Count	Percent	Count	Percent
Total population	37,326	100%	309	100%	30,844	100%
Sex						
Male	21,040	56.4%	309	100%	16,148	52.4%
Female	16,286	43.6%	0	0.0%	14,696	47.6%
Age						
Median age	33.9	--	30.8	--	43.2	--

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

The following table shows the population by CCD by sex and age in Northern Palm Beach County CCDs in 2019. Northern Palm Beach County CCDs include Jupiter CCD, Riviera Beach CCD, Royal Palm Beach-West Jupiter CCD, and West Palm Beach CCD. Among these areas, Jupiter CCD had the highest median age (47 years). Among each of the CCDs in the Northern Palm Beach County CCD grouping, a majority of residents were female.

Table 7: Population by Census County Division, By Sex and Age, Northern Palm Beach County CCD's, 5-Year Estimate, 2019

	Jupiter CCD		Riviera Beach CCD		Royal Palm Beach-West Jupiter CCD		West Palm Beach CCD	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total population	95,352	100%	109,559	100%	110,537	100%	161,108	100%
Sex								
Male	46,141	48.4%	52,585	48.0%	53,509	48.4%	77,748	48.3%
Female	49,211	51.6%	56,974	52.0%	57,028	51.6%	83,360	51.7%
Age								
Median age	47	--	45	--	45.1	--	38.5	--

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

Lastly, this table shows the population by CCD by sex and age in Southern Palm Beach County CCDs in 2019. the Southern Palm Beach County CCD's noted in this report include Boca Raton CCD, Boynton Beach-Delray Beach CCD, Lake Worth CCD, and Sunshine Parkway CCD. The eldest median age for these areas was found in Boca Raton (51.8 years), which was also the highest median age among all CCD's in Palm Beach County. A majority of residents in this region were female.

Table 8: Population by Census County Division, By Sex and Age, Southern Palm Beach County CCD's, 5-Year Estimate, 2019

	Boca Raton CCD		Boynton Beach-Delray Beach CCD		Lake Worth CCD		Sunshine Parkway CCD	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total population	138,198	100%	336,806	100%	231,897	100%	213,091	100%
Sex								
Male	65,010	47.0%	161,493	47.9%	113,720	49.0%	102,538	48.1%
Female	73,188	53.0%	175,313	52.1%	118,177	51.0%	110,553	51.9%
Age								
Median age	51.8	--	50.8	--	38.2	--	44.7	--

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Population by Race and Ethnicity

The table and graphs below show the population by race and ethnicity in Palm Beach County and Florida in 2019. According to the 2019 American Community Survey conducted by the U.S. Census Bureau, a majority of Palm Beach County residents were White and non-Hispanic or Latino in 2019. Approximately 73.5% of Palm Beach County residents were White, while 18.7% were Black or African American. The state of Florida reflected a similar trend, with 75.1% of residents identifying as White and 16.1% of residents identifying as Black or African American.

Additionally, 77.6% of Palm Beach County residents were non-Hispanic, while 22.4% were Hispanic or Latino. Across the state of Florida, 74.4% of residents were non-Hispanic, while 15.6% were Hispanic or Latino. This is significant because research indicates that health disparities exist among certain racial and ethnic groups, leading to poorer health outcomes, disproportionate access to care, and overall inequities related to diagnoses and treatment of health conditions. For instance, certain racial and ethnic suffer from higher rates of chronic disease and premature death compared to their White counterparts.[3]

Table 9: Population by Race and Ethnicity, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Total population	1,465,027	100%	20,901,636	100%
Race				
One race	1,431,363	97.7%	20,329,615	97.3%
Two or more races	33,664	2.3%	572,021	2.7%
One race	1,431,363	97.7%	20,329,615	97.3%
White	1,077,422	73.5%	15,702,256	75.1%
Black or African American	273,384	18.7%	3,359,031	16.1%
American Indian and Alaska Native	3,056	0.2%	59,320	0.3%
Cherokee tribal grouping	216	0.0%	8,824	0.0%
Chippewa tribal grouping	0	0.0%	1,604	0.0%
Navajo tribal grouping	0	0.0%	890	0.0%
Sioux tribal grouping	56	0.0%	1,286	0.0%
Asian	39,423	2.7%	571,276	2.7%
Asian Indian	11,844	0.8%	163,767	0.8%
Chinese	8,393	0.6%	102,774	0.5%
Filipino	5,351	0.4%	105,591	0.5%
Japanese	828	0.1%	14,808	0.1%
Korean	1,941	0.1%	29,085	0.1%
Vietnamese	5,478	0.4%	76,700	0.4%
Other Asian	5,588	0.4%	78,551	0.4%
Native Hawaiian and Other Pacific Islander	527	0.0%	12,653	0.1%
Native Hawaiian	231	0.0%	2,930	0.0%

[3] Baciu A, Negussie Y, Geller A, et al. Communities in Action: Pathways to Health Equity. (2017) Washington (DC): National Academies Press (US); The State of Health Disparities in the United States. Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK425844/

Guamanian or Chamorro	135	0.0%	3,609	0.0%
Samoan	50	0.0%	1,724	0.0%
Other Pacific Islander	111	0.0%	4,390	0.0%
Some other race	37,551	2.6%	625,079	3.0%
Ethnicity				
Hispanic or Latino (of any race)	327,940	22.4%	5,346,684	25.6%
Mexican	56,062	3.8%	725,645	3.5%
Puerto Rican	48,685	3.3%	1,137,632	5.4%
Cuban	59,144	4.0%	1,520,577	7.3%
Other Hispanic or Latino	164,049	11.2%	1,962,830	9.4%
Not Hispanic or Latino	1,137,087	77.6%	15,554,952	74.4%
White alone	799,422	54.6%	11,266,347	53.9%
Black or African American alone	266,676	18.2%	3,202,687	15.3%
American Indian and Alaska Native alone	1,201	0.1%	41,989	0.2%
Asian alone	38,838	2.7%	559,988	2.7%
Native Hawaiian and Other Pacific Islander alone	356	0.0%	10,389	0.0%
Some other race alone	5,949	0.4%	73,653	0.4%
Two or more races	24,645	1.7%	399,899	1.9%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 4: Population by Race, Palm Beach County and Florida, 2019

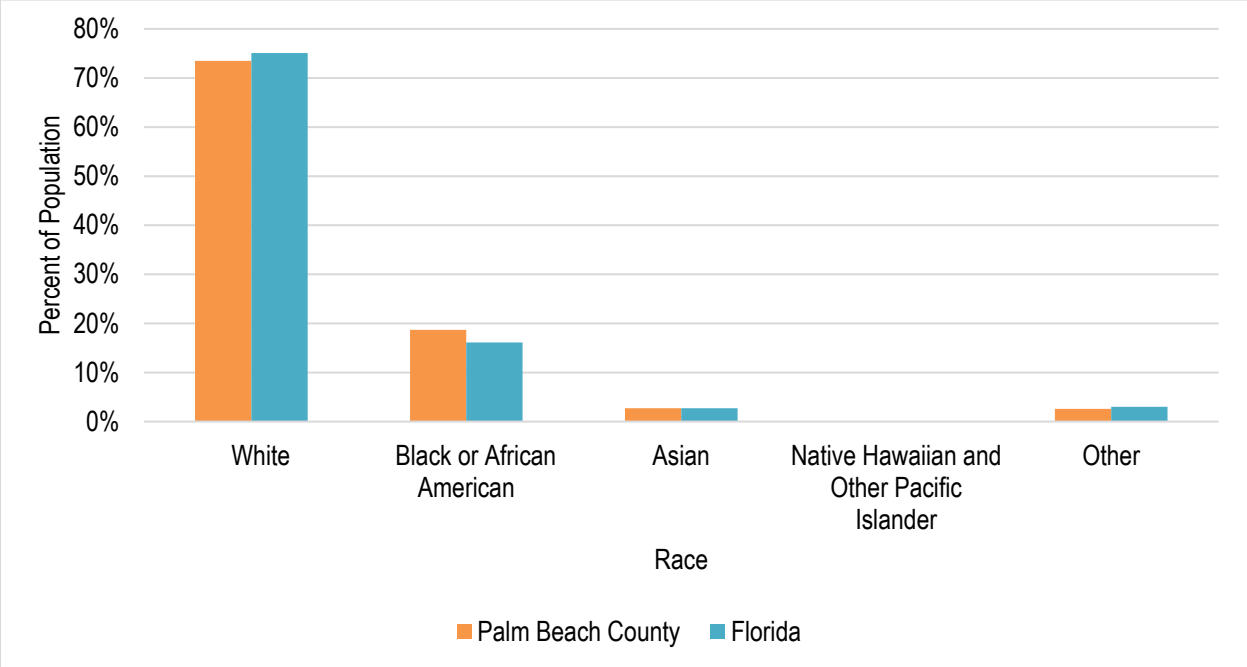
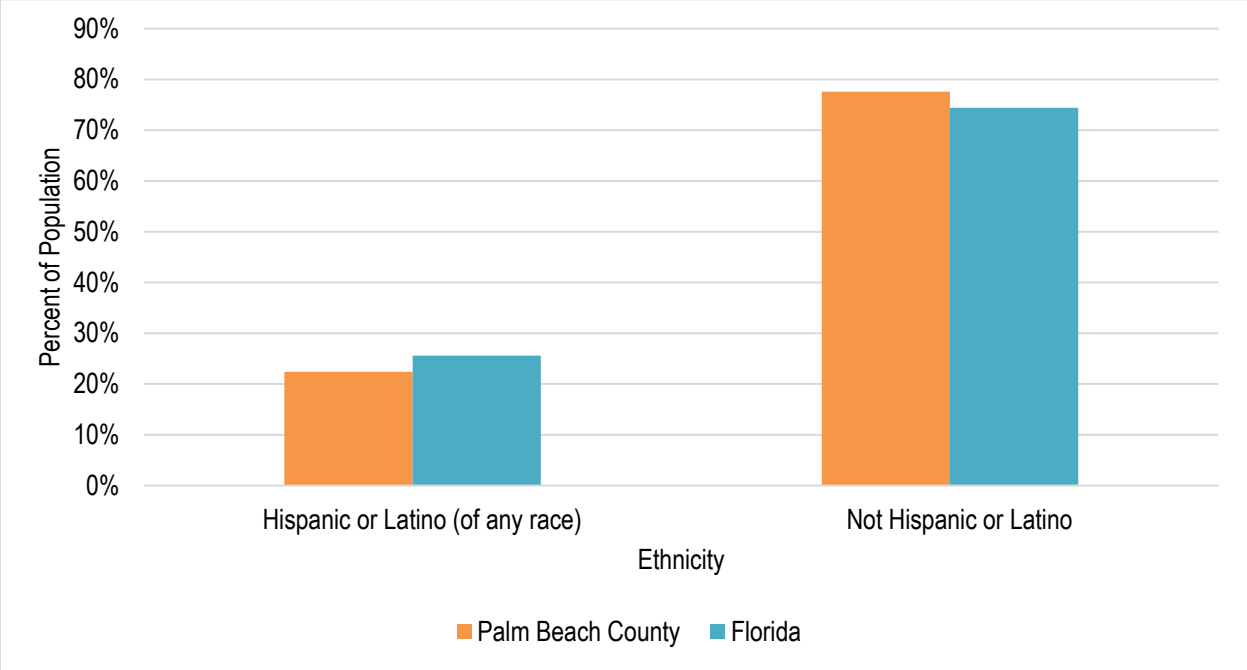


Figure 5: Population by Ethnicity, Palm Beach County and Florida, 2019



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Population by Census County Division, By Race and Ethnicity

Further population analysis can be conducted by Census County Division (CCD). This table shows the population by CCD by race and ethnicity in the Western Palm Beach County CCDs in 2019. Among these CCDs, the Glades CCD reported the highest percentage of Hispanic or Latino residents in 2019 at nearly half the population (48.9%). This was also the highest percentage of Hispanic or Latino residents across all Palm Beach County CCDs. The Belle Glade-Pahokee CCD population was 58.6% Black or African American and 36.0% White, compared to 26.9% Black or African American and 73.1% White in the Glades CCD. Additionally, 12.8% of the Western Community CCD reported being Black or African American, whereas 78.6% reported being White. In the

Table 10: Population by Census County Division, By Race and Ethnicity, Western Palm Beach County CCDs, 5-Year Estimate, 2019

	Belle Glade-Pahokee CCD		Glades CCD		Western Community CCD	
	Count	Percent	Count	Percent	Count	Percent
Total population	37,326	100%	309	100%	30,844	100%
Race						
One race	36,765	98.5%	309	100%	29,758	96.5%
White	13,438	36.0%	226	73.1%	24,234	78.6%
Black or African American	21,866	58.6%	83	26.9%	3,946	12.8%
American Indian and Alaska Native	17	0.0%	0	0.0%	66	0.2%
Asian	162	0.4%	0	0.0%	1,117	3.6%
Native Hawaiian and Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%
Some other race	1,282	3.4%	0	0.0%	395	1.3%
Two or more races	561	1.5%	0	0.0%	1,086	3.5%
Ethnicity						
Hispanic or Latino (of any race)	11,080	29.7%	151	48.9%	5,388	17.5%
Not Hispanic or Latino	26,246	70.3%	158	51.1%	25,456	82.5%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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The table below shows the population by CCD by race and ethnicity in the Northern Palm Beach County CCDs in 2019. Of the Northern Palm Beach County CCDs, the West Palm Beach CCD had the highest percentage of the population reported as Hispanic or Latino (29.5%). This CCD also had the highest percentage of its population reported as Black or African American among the Northern Palm Beach County CCDs.

Table 11: Population by Census County Division, By Race and Ethnicity, Northern Palm Beach County CCDs, 5-Year Estimate, 2019

	Jupiter CCD		Riviera Beach CCD		Royal Palm Beach-West Jupiter CCD		West Palm Beach CCD	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total population	95,352	100%	109,559	100%	110,537	100%	161,108	100%
Race								
One race	92,781	97.3%	106,779	97.5%	108,734	98.4%	157,108	97.5%
White	85,253	89.4%	66,508	60.7%	84,719	76.6%	93,697	58.2%
Black or African American	2,365	2.5%	35,560	32.5%	17,990	16.3%	55,089	34.2%
American Indian and Alaska Native	201	0.2%	65	0.1%	70	0.1%	424	0.3%
Asian	2,684	2.8%	3,075	2.8%	4,193	3.8%	2,975	1.8%
Native Hawaiian and Other Pacific Islander	24	0.0%	60	0.1%	7	0.0%	79	0.0%
Some other race	2,254	2.4%	1,511	1.4%	1,755	1.6%	4,844	3.0%
Two or more races	2,571	2.7%	2,780	2.5%	1,803	1.6%	4,000	2.5%
Ethnicity								
Hispanic or Latino (of any race)	12,754	13.4%	10,885	9.9%	20,729	18.8%	47,582	29.5%
Not Hispanic or Latino	82,598	86.6%	98,674	90.1%	89,808	81.2%	113,526	70.5%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Lastly, this table shows the population by CCD by race and ethnicity in the Southern Palm Beach County CCDs in 2019. During this year, 46.0% of the Lake Worth CCD was Hispanic or Latino. This is the second highest percentage reported among all Palm Beach County CCD's. Overall, the Southern Palm Beach County CCDs had less racial diversity as compared to the Western and Northern regions.

Table 12: Population by Census County Division, By Race and Ethnicity, Southern Palm Beach County CCD's, 5-Year Estimate, 2019

	Boca Raton CCD		Boynton Beach-Delray Beach CCD		Lake Worth CCD		Sunshine Parkway CCD	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total population	138,198	100%	336,806	100%	231,897	100%	213,091	100%
Race								
One race	135,659	98.2%	329,962	98.0%	225,859	97.4%	207,649	97.4%
White	121,884	88.2%	245,303	72.8%	168,259	72.6%	173,901	81.6%
Black or African American	5,005	3.6%	69,587	20.7%	43,459	18.7%	18,434	8.7%
American Indian and Alaska Native	120	0.1%	597	0.2%	1,052	0.5%	444	0.2%
Asian	4,348	3.1%	7,852	2.3%	4,420	1.9%	8,597	4.0%
Native Hawaiian and Other Pacific Islander	30	0.0%	176	0.1%	131	0.1%	20	0.0%
Some other race	4,272	3.1%	6,447	1.9%	8,538	3.7%	6,253	2.9%
Two or more races	2,539	1.8%	6,844	2.0%	6,038	2.6%	5,442	2.6%
Ethnicity								
Hispanic or Latino (of any race)	18,995	13.7%	48,607	14.4%	106,736	46.0%	45,033	21.1%
Not Hispanic or Latino	119,203	86.3%	288,199	85.6%	125,161	54.0%	168,058	78.9%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Population by Language Spoken at Home

Language can serve as a barrier to accessing and obtaining necessary medical care. The table and figures below show the population by language spoken at home in Palm Beach County in 2019. As seen here, 32.1% of residents spoke a language other than English at home in 2019. Among this group, 13.3% spoke English less than "very well." Spanish (19.0%) was the most common language spoken at home other than English (67.9%).

Table 13: Population by Language Spoken at Home, Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		
	Total Population	Percent of Population	Percent of Specified Language Speakers Who Speak English Less Than "Very Well"
Population 5 years and over	1,389,825	100%	--
Population Speaking English only	943,164	67.9%	--
Language other than English	446,661	32.1%	13.3%
Spanish	264,670	19.0%	8.4%
Other Indo-European languages	145,936	10.5%	4.0%
Asian and Pacific Islander languages	20,826	1.5%	0.7%
Other languages	15,229	1.1%	0.3%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 6: Language Spoken at Home, Palm Beach County, 2019

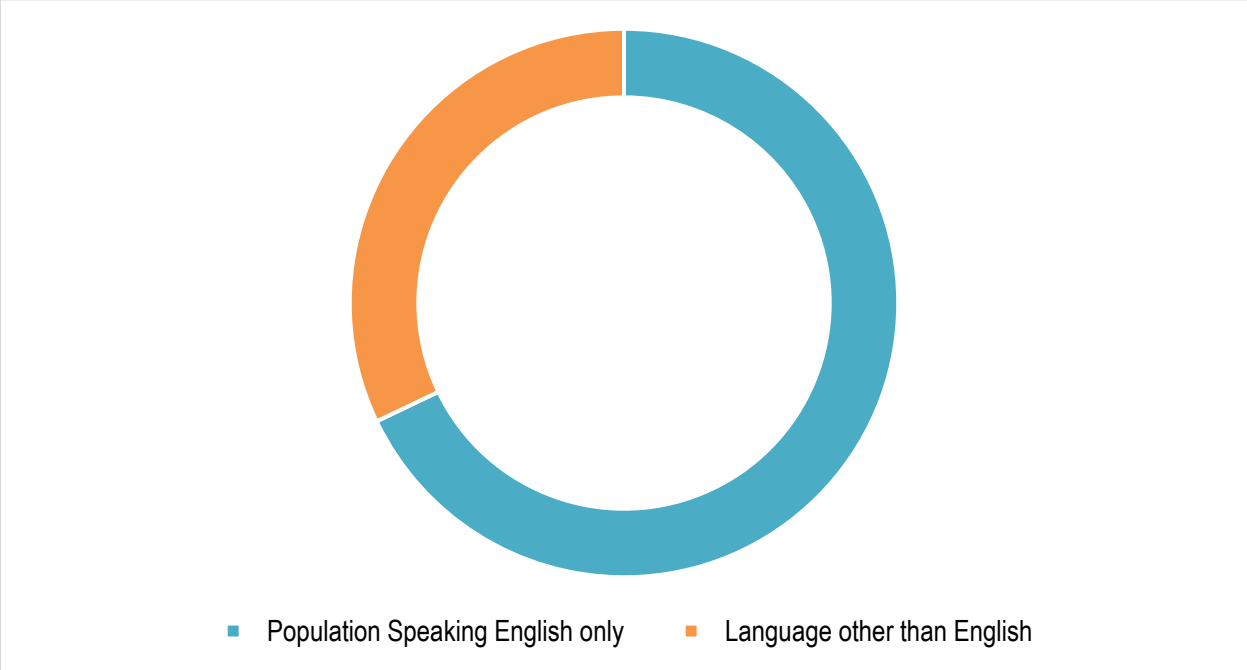
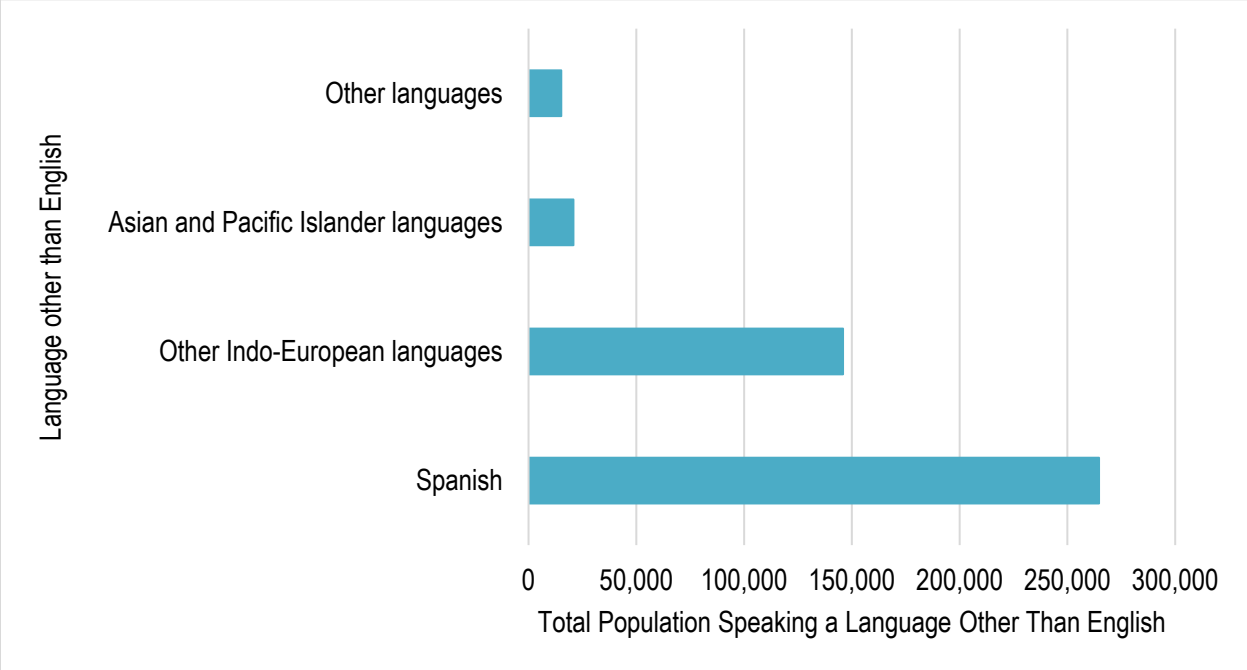


Figure 7: Languages Spoken at Home, Language Other Than English, Palm Beach County, 2019



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Population by Place of Birth

Place of birth can influence an individual's cultural preferences and language. As such, place of birth is an important indicator when it comes to understanding the health and makeup of a community.

The table below shows the population by place of birth in Palm Beach County and Florida in 2019. Of Palm Beach County's population, approximately one quarter (25.4%) were foreign-born in 2019. Among the foreign-born population in Palm Beach County, 2.8% were born in parts of Europe, 2.4% were born in Asia, 0.5% were born in Africa, and 19.6% were born in a region of America other than the United States. Additionally, Palm Beach County had a slightly higher foreign-born population rate at 25.4% compared to Florida's overall foreign-born population rate of 20.7% in 2019.

Table 14: Population by Place of Birth, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Total Population	1,465,027	--	20,901,636	--
Total Foreign-Born Population	371,893	25.4%	4,324,800	20.7%
Europe	41,527	2.8%	405,571	1.9%
Northern Europe	9,197	0.6%	100,516	0.5%
Western Europe	8,919	0.6%	92,007	0.4%
Southern Europe	7,263	0.5%	71,423	0.3%
Eastern Europe	15,918	1.1%	140,823	0.7%
Europe, n.e.c.	230	0.0%	802	0.0%
Asia	35,129	2.4%	459,111	2.2%
Eastern Asia	6,993	0.5%	100,080	0.5%
South Central Asia	10,373	0.7%	131,681	0.6%
South Eastern Asia	10,475	0.7%	166,447	0.8%
Western Asia	7,145	0.5%	58,132	0.3%
Africa	7,544	0.5%	76,402	0.4%
Eastern Africa	1,219	0.1%	15,141	0.1%
Middle Africa	228	0.0%	3,238	0.0%
Northern Africa	2,173	0.1%	24,768	0.1%
Southern Africa	2,462	0.2%	11,730	0.1%
Western Africa	1,279	0.1%	19,197	0.1%
Africa, n.e.c.	183	0.0%	2,328	0.0%
Oceania	762	0.1%	8,402	0.0%
Americas	286,931	19.6%	3,375,314	16.1%
Latin America	275,522	18.8%	3,262,273	15.6%
Central America	64,511	4.4%	649,366	3.1%
South America	67,640	4.6%	838,462	4.0%
Northern America	11,409	0.8%	113,041	0.5%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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This table shows the population by place of birth, specifically in the Americas, in Palm Beach County and Florida in 2019. Among the foreign-born population in Palm Beach County, 19.6% of these residents were born in a portion of the Americas other than the United States. A majority of these residents were born in Latin America (18.8%). Residents born in South America made up 4.6% of this population, followed by residents born in Central America who made up 4.4% of this population in 2019.

Table 15: Population by Place of Birth – Americas, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Total Population	1,465,027	--	20,901,636	--
Total Foreign-Born Population	371,893	25.4%	4,324,800	20.7%
Americas	286,931	19.6%	3,375,314	16.1%
Latin America	275,522	18.8%	3,262,273	15.6%
Caribbean	143,371	9.8%	1,774,445	8.5%
Bahamas	1,478	0.1%	18,257	0.1%
Barbados	850	0.1%	6,473	0.0%
Cuba	36,112	2.5%	989,271	4.7%
Dominica	745	0.1%	7,470	0.0%
Dominican Republic	8,218	0.6%	129,438	0.6%
Grenada	408	0.0%	3,157	0.0%
Haiti	62,953	4.3%	334,691	1.6%
Jamaica	26,891	1.8%	217,283	1.0%
St. Vincent and the Grenadines	99	0.0%	2,340	0.0%
Trinidad and Tobago	3,964	0.3%	44,284	0.2%
West Indies	385	0.0%	3,715	0.0%
Other Caribbean	1,268	0.1%	18,066	0.1%
Central America	64,511	4.4%	649,366	3.1%
Belize	199	0.0%	4,608	0.0%
Costa Rica	1,013	0.1%	15,806	0.1%
El Salvador	6,491	0.4%	47,579	0.2%
Guatemala	19,389	1.3%	83,057	0.4%
Honduras	8,489	0.6%	105,098	0.5%
Mexico	24,123	1.6%	266,547	1.3%
Nicaragua	4,037	0.3%	105,084	0.5%
Panama	770	0.1%	20,912	0.1%
Other Central America	0	0.0%	675	0.0%
South America	67,640	4.6%	838,462	4.0%
Argentina	4,889	0.3%	56,084	4.0%
Bolivia	1,024	0.1%	11,406	0.1%
Brazil	12,514	0.9%	96,409	0.5%
Chile	1,554	0.1%	21,796	0.1%
Colombia	23,550	1.6%	271,978	1.3%
Ecuador	4,153	0.3%	52,352	0.3%

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Guyana	2,100	0.1%	33,132	0.2%
Peru	7,722	0.5%	91,500	0.4%
Uruguay	2,061	0.1%	12,485	0.1%
Venezuela	7,689	0.5%	185,696	0.9%
Other South America	384	0.0%	5,624	0.0%
Northern America	11,409	0.8%	113,041	0.5%
Canada	11,250	0.8%	112,027	0.5%
Other Northern America	159	0.0%	1,014	0.0%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Grandparents

Grandparents

Research shows that grandparents who raise their grandchildren experience positive impacts, including the satisfaction associated with providing for and raising a child. However, grandparents raising their own grandchildren may also report challenges, including isolation from peers, physical and emotional challenges associated with raising a child, and shame linked to perceived stigma.[4]

The table below shows the number and percentage of grandparents living with and responsible for grandchildren under 18 years of age based on the length of time responsible for their grandchildren in Palm Beach County and Florida in 2019. In Palm Beach County, 28% of grandparents living with their grandchildren under 18 years of age were responsible for their grandchildren. Nearly half (49.3%) of these grandparents had been responsible for their grandchildren under 18 years of age for 5 years or longer. A similar trend was seen across the state of Florida, where 29.6% of grandparents living with their own grandchildren under the age of 18 years were responsible for their grandchildren.

Table 16: Grandparents Living with Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren by Length of Time Responsible for Own Grandchildren for The Population 30 Years and Over, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Number of Grandparents living with own grandchildren under 18 years	32,419	100%	497,503	100%
Grandparent responsible for own grandchildren under 18 years	9,093	28.0%	147,177	29.6%
Grandparent responsible less than 6 months	1,167	12.8%	14,643	9.9%
Grandparent responsible 6 to 11 months	765	8.4%	13,659	9.3%
Grandparent responsible 1 or 2 years	1,544	17.0%	31,812	21.6%
Grandparent responsible 3 or 4 years	1,132	12.4%	22,278	15.1%
Grandparent responsible 5 years or more	4,485	49.3%	64,785	44.0%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[4] Hayslip, B., Fruhauf, C. A.,& Dolbin-MacNab, M. L. (2019). Grandparents raising grandchildren: what have we learned over the past decade? *The Gerontologist. 59*(3). https://doi.org/10.1093/geront/gnx106

Population with a Disability

Population Living with a Disability

Living with a disability can present additional medical and socioeconomic complications for residents. Research has shown that adults with disabilities are four times more likely to report their health as fair or poor compared to people with no disabilities.[5]

The following table shows the percentage of the total population living with a disability in Palm Beach County by CCD and Florida in 2019. In the state of Florida, 13.4% of the population was living with a disability in 2019. Comparatively, the rate was lower in Palm Beach County, with 12.3% of the population living with a disability at the time. Among Palm Beach County CCDs, the rate was highest in the Boynton Beach-Delray Beach CCD (14.9%), Belle Glade-Pahokee CCD (13.7%), West Palm Beach CCD (12.3%), Riviera Beach CCD (12.2%), and Lake Worth CCD (12.1%).

Table 17:Population Living with a Disability, Palm Beach County CCD's and Florida, 5-Year Estimate, 2019

Geographic Area	Population with a Disability	Percent of Total Population
Florida	2,768,155	13.4%
Palm Beach County, Florida	178,306	12.3%
Belle Glade-Pahokee CCD	4,427	13.7%
Boca Raton CCD	15,655	11.4%
Boynton Beach-Delray Beach CC	50,027	14.9%
Glades CCD	19	6.1%
Jupiter CCD	9,099	9.6%
Lake Worth CCD	27,755	12.1%
Riviera Beach CCD	13,288	12.2%
Royal Palm Beach-West Jupiter CCD	11,966	10.9%
Sunshine Parkway CCD	23,121	10.9%
Western Community CCD	3,269	10.6%
West Palm Beach CCD	19,680	12.3%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[5] Krahn, G. L., Walker, D. K., & Correa-De-Araujo, R. (2015). Persons with disabilities as an unrecognized health disparity population. American journal of public health, 105 Suppl 2(Suppl 2), S198–S206. https://doi.org/10.2105/AJPH.2014.302182

Population with a Disability, By Sex, Age, Race, and Ethnicity

In addition to the health and socioeconomic disparities that people with disabilities experience, disparities based on sex, age, race, and ethnicity can further exacerbate issues. Certain racial and ethnic populations experience health disparities at an increased rate compared to their White, non-Hispanic counterparts[6]. Understanding the intersection of these factors among those with disabilities can help programs and policymakers better address the complex issues at hand for these populations.

The table below shows the population with a disability by sex, age, race, and ethnicity in Palm Beach County and Florida in 2019. Among Palm Beach County residents, the percentage of males and females living with a disability was relatively equal in 2019, with 12.0% of males and 12.6% of females living with a disability. The percentage of the population living with a disability was exponentially higher among those ages 75 years and older (42.5%) compared to all other age groups and lowest among those ages five years or younger (0.4%). Native Hawaiian and other Pacific Island residents had the highest percentage of their population living with a disability (28.8% of the population). Among the Hispanic or Latino population, 8.3% of this population reported living with a disability in 2019, as compared to 15.2% of the non-Hispanic resident population.

Table 18: Population with a Disability, By Sex, Age, Race, and Ethnicity, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County			Florida		
	Total	With a disability	Percent with a disability	Total	With a disability	Percent with a disability
Total civilian noninstitutionalized population	1,451,973	178,306	12.3%	20,588,432	2,768,155	13.4%
Sex						
Male	701,016	83,906	12.0%	9,982,245	1,343,514	13.5%
Female	750,957	94,400	12.6%	10,606,187	1,424,641	13.4%
Age						
Under 5 years	75,202	290	0.4%	1,127,891	7,831	0.7%
5 to 17 years	206,105	8,476	4.1%	3,045,290	176,707	5.8%
18 to 34 years	282,705	14,213	5.0%	4,352,270	261,775	6.0%
35 to 64 years	546,677	51,250	9.4%	7,926,240	964,569	12.2%
65 to 74 years	167,695	30,265	18.0%	2,302,341	519,925	22.6%
75 years and over	173,589	73,812	42.5%	1,834,400	837,348	45.6%
Race						
White alone	1,069,522	143,726	13.4%	15,507,763	2,205,750	14.2%
Black or African American alone	268,756	25,779	9.6%	3,259,189	386,281	11.9%
American Indian and Alaska Native alone	3,039	297	9.8%	57,690	11,132	19.3%

[6] Courtney-Long, E.A., Romano, S.D., Carroll, D.D. et al. Socioeconomic Factors at the Intersection of Race and Ethnicity Influencing Health Risks for People with Disabilities. J. Racial and Ethnic Health Disparities (4), 213–222 (2017). https://doi.org/10.1007/s40615-016-0220-5

Asian alone	39,371	2,866	7.3%	568,449	43,947	7.7%
Native Hawaiian and Other Pacific Islander alone	527	152	28.8%	12,534	1,279	10.2%
Some other race alone	37,407	2,418	6.5%	619,130	58,687	9.5%
Two or more races	33,351	3,068	9.2%	563,677	61,079	10.8%
Ethnicity						
White alone, not Hispanic or Latino	793,335	120,277	15.2%	11,111,260	1,767,134	15.9%
Hispanic or Latino (of any race)	325,889	27,046	8.3%	5,295,808	527,839	10.0%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 8: Population with a Disability, By Race, Palm Beach County and Florida, 2019

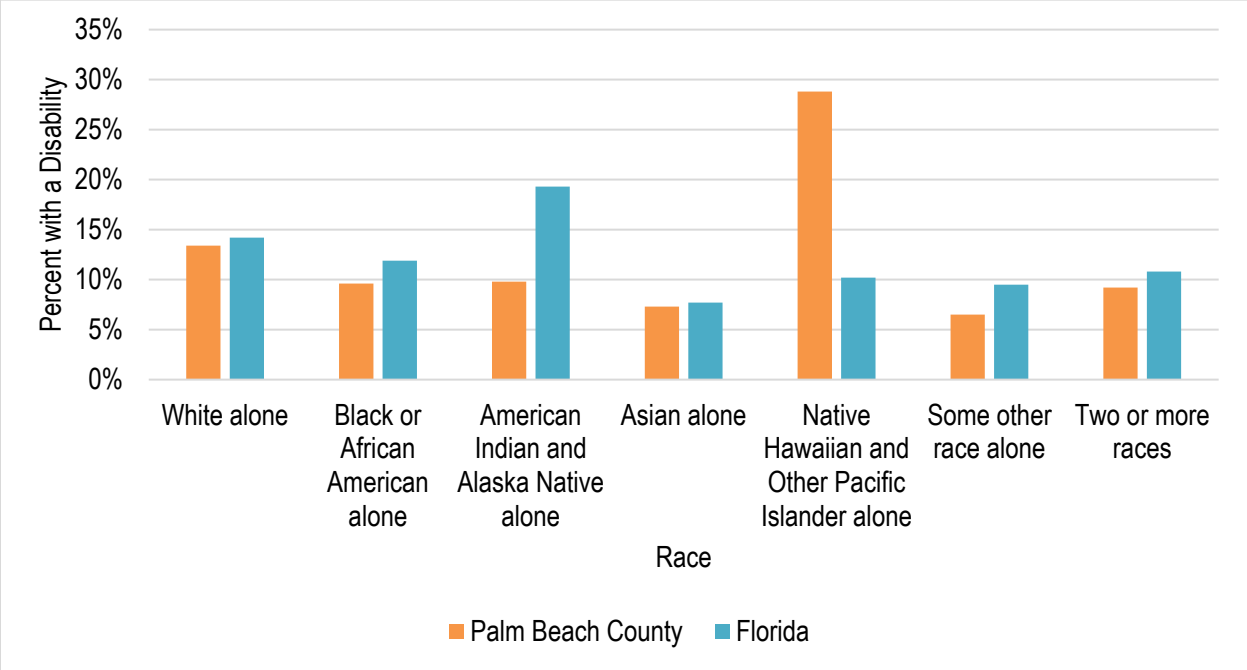
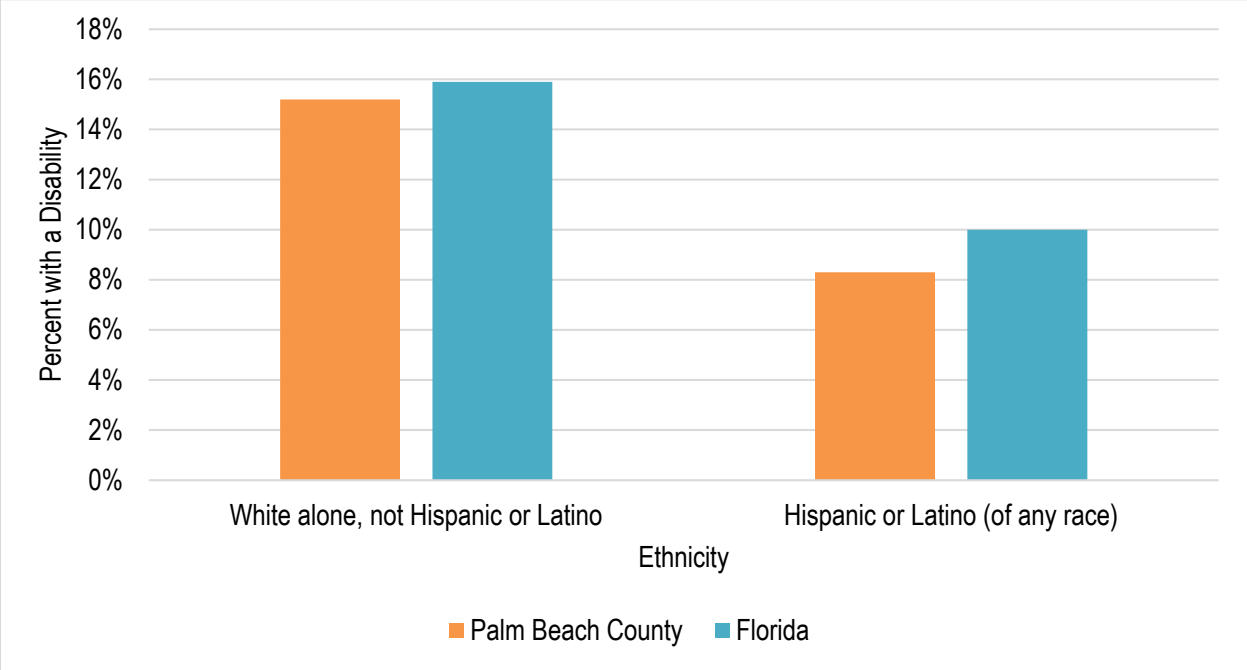


Figure 9: Population with a Disability, By Ethnicity, Palm Beach County and Florida, 2019



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Population Living with a Disability, By Race and Ethnicity

The table below depicts the racial and ethnic characteristics of those living with a disability in the Western Palm Beach County Census County Divisions (CCDs) in 2019. It is important to note that 15.6% of Black or African American residents in the Belle Glade-Pahokee CCD had a disability in 2019. This was the largest percentage of any racial population with a disability in the Western Palm Beach County CCD grouping.

Table 19: Population Living with a Disability, By Race and Ethnicity, Western Palm Beach County CCD's, 5-Year Estimate, 2019

	Belle Glade-Pahokee CCD		Glades CCD		Western Community CCD	
	Total	Percent with a disability	Total	Percent with a disability	Total	Percent with a disability
Total civilian noninstitutionalized population	32,397	13.7%	309	6.1%	30,827	10.6%
Race						
White alone	11,169	11.1%	226	8.4%	24,217	11.4%
Black or African American alone	19,465	15.6%	83	0%	3,946	7.4%
American Indian and Alaska Native alone	0	0%	0	0%	66	0.0%
Asian alone	157	8.9%	0	0%	1,117	13.9%
Native Hawaiian and Other Pacific Islander alone	0	0%	0	0%	0	0%
Some other race alone	1,197	9.9%	0	0%	395	7.1%
Two or more races	409	5.9%	0	0%	1,086	2.2%
Ethnicity						
White alone, not Hispanic or Latino	2,660	18.2%	75	25.3%	19,565	11.1%
Hispanic or Latino (of any race)	10,037	8.7%	151	0.0%	5,388	12.0%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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This table shows the racial and ethnic characteristics of those living with a disability in the Northern Palm Beach County Census County Divisions (CCDs) in 2019. In this CCD grouping, the Jupiter CCD had the highest percentage of Black or African American residents with a disability (12.4%). The Royal Palm Beach-West Jupiter CCD had the highest percentage of Hispanic or Latino residents with a disability (9.7%) in 2019.

Table 20: Population Living with a Disability, By Race and Ethnicity, Northern Palm Beach County CCDs, 5-Year Estimate, 2019

	Jupiter CCD		Riviera Beach CCD		Royal Palm Beach-West Jupiter CCD		West Palm Beach CCD	
	Total	Percent with a disability	Total	Percent with a disability	Total	Percent with a disability	Total	Percent with a disability
Total civilian noninstitutionalized population	95,072	9.6%	109,040	12.2%	109,532	10.9%	159,874	12.3%
Race								
White alone	85,018	9.8%	66,118	13.7%	84,142	12.5%	92,903	13.3%
Black or African American alone	2,337	12.4%	35,443	10.9%	17,599	5.4%	54,689	11.1%
American Indian and Alaska Native alone	201	5.5%	65	20.0%	70	0.0%	424	12.3%
Asian alone	2,667	3.8%	3,075	5.0%	4,188	6.0%	2,975	7.1%
Native Hawaiian and Other Pacific Islander alone	24	0.0%	60	0.0%	7	0.0%	79	38.0%
Some other race alone	2,254	7.8%	1,510	5.2%	1,740	3.9%	4,844	7.0%
Two or more races	2,571	8.7%	2,769	5.2%	1,786	7.8%	3,960	14.6%
Ethnicity								
White alone, not Hispanic or Latino	74,906	10.1%	57,188	15.0%	65,593	13.2%	52,858	16.9%
Hispanic or Latino (of any race)	12,751	7.3%	10,853	4.6%	20,584	9.7%	47,451	8.7%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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The following table shows the racial and ethnic characteristics of those living with a disability in the Southern Palm Beach County CCDs in 2019. In this CCD grouping, 17.1% of the Boynton Beach-Delray Beach CCD White population had a disability in 2019. The Boynton Beach-Delray Beach CCD had the highest percentage of Hispanic or Latino residents living with a disability (9.1%), closely followed by the Lake Worth CCD (9.0%)

Table 21: Population Living with a Disability, By Race and Ethnicity, Southern Palm Beach County CCD's, 5-Year Estimate, 2019

	Boca Raton CCD		Boynton Beach-Delray Beach CCD		Lake Worth CCD		Sunshine Parkway CCD	
	Total	Percent with a disability	Total	Percent with a disability	Total	Percent with a disability	Total	Percent with a disability
Total civilian noninstitutionalized population	137,272	11.4%	335,351	14.9%	229,450	12.1%	212,849	10.9%
Race								
White alone	121,160	12.0%	244,120	17.1%	166,739	13.6%	173,710	11.8%
Black or African American alone	4,825	6.4%	69,361	9.2%	42,604	7.6%	18,404	7.2%
American Indian and Alaska Native alone	120	11.7%	597	9.0%	1,052	10.7%	444	9.0%
Asian alone	4,348	9.4%	7,833	7.6%	4,414	7.8%	8,597	7.3%
Native Hawaiian and Other Pacific Islander alone	30	0.0%	176	58.0%	131	0.0%	20	100.0%
Some other race alone	4,261	3.3%	6,447	7.8%	8,506	8.8%	6,253	3.5%
Two or more races	2,528	8.9%	6,817	9.4%	6,004	11.0%	5,421	7.5%
Ethnicity								
White alone, not Hispanic or Latino	106,375	13.0%	204,059	18.6%	73,895	19.4%	136,161	13.0%
Hispanic or Latino (of any race)	18,955	4.9%	48,500	9.1%	106,260	9.0%	44,959	6.9%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Population with a Disability by Age and Type

People who live with a disability are more likely to face health care disparities compared to those without a disability due to social and environmental challenges relating to the social determinants of health. For example, these challenges can result in lower screening rates and increased challenges when accessing care. Those with disabilities may also experience lower educational attainment, lower incomes, and higher unemployment. Additionally, research shows that people with disabilities are more likely to use tobacco, forgo physical activity, and be obese or overweight.[7] Such behaviors and social and environmental challenges can lead to poorer health outcomes for those with disabilities, so it is important to understand the characteristics of the Palm Beach County residents who have a disability.

The table below depicts the population with a disability in Palm Beach County compared to that of Florida by resident age and type of disability in 2010. Among all age groups, those ages 65 years and older were most likely to have a disability in Palm Beach County. Among this specific population, the disability categories most frequently reported were ambulatory difficulty (19.3%) and hearing difficulty (12.6%).

Table 22: Population with a Disability, By Age and Type, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County			Florida		
	Total	With a disability	Percent with a disability	Total	With a disability	Percent with a disability
Total civilian noninstitutionalized population	1,451,973	178,306	12.3%	20,588,432	2,768,155	13.4%
With a hearing difficulty	--	55,239	3.8%	--	794,063	3.9%
Population under 18 years	281,307	1,076	0.4%	4,173,181	22,760	0.5%
Population 18 to 64 years	829,382	11,306	1.4%	12,278,510	218,670	1.8%
Population 65 years and over	341,284	42,857	12.6%	4,136,741	552,633	13.4%
With a vision difficulty	--	33,606	2.3%	--	524,027	2.5%
Population under 18 years	281,307	1,677	0.6%	4,173,181	30,628	0.7%
Population 18 to 64 years	829,382	14,508	1.7%	12,278,510	239,752	2.0%
Population 65 years and over	341,284	17,421	5.1%	4,136,741	253,647	6.1%
With a cognitive difficulty	--	57,992	4.2%	--	1,012,961	5.2%
Population under 18 years	206,105	5,888	2.9%	3,045,290	139,997	4.6%
Population 18 to 64 years	829,382	27,083	3.3%	12,278,510	526,193	4.3%
Population 65 years and over	341,284	25,021	7.3%	4,136,741	346,771	8.4%
With an ambulatory difficulty	--	96,654	7.0%	--	1,483,280	7.6%
Population under 18 years	206,105	896	0.4%	3,045,290	18,631	0.6%

[7] Iezzoni, L. I. (2011). Eliminating health and healthcare disparities among the growing population of people with disabilities. *Health Affairs.* https://doi.org/10.1377/hlthaff.2011.0613

Population 18 to 64 years	829,382	29,860	3.6%	12,278,510	606,206	4.9%
Population 65 years and over	341,284	65,898	19.3%	4,136,741	858,443	20.8%
With a self-care difficulty	--	35,044	2.5%	--	548,177	2.8%
Population under 18 years	206,105	1,349	0.7%	3,045,290	29,848	1.0%
Population 18 to 64 years	829,382	10,329	1.2%	12,278,510	219,820	1.8%
Population 65 years and over	341,284	23,366	6.8%	4,136,741	298,509	7.2%
With an independent living difficulty	--	62,364	5.3%	--	979,315	6.0%
Population 18 to 64 years	829,382	21,975	2.6%	12,278,510	442,490	3.6%
Population 65 years and over	341,284	40,389	11.8%	4,136,741	536,825	13.0%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Socioeconomic Characteristics

Poverty

Those who live in poverty face increased socioeconomic challenges that can affect healthcare access and utilization. Without proper resources and assistance programs, those in poverty may forgo medical appointments or necessary medications due to cost barriers. Neglecting needed health services and delaying care can then exacerbate financial and medical complications in the future.

Poverty Guidelines

The table below shows the official poverty guidelines for the state of Florida, updated in 2019 to reflect the most recent income thresholds based on household size. For a family of four living in Florida in 2019, the poverty guideline was $32,187.50 (125% of the Federal Poverty Level). It is important to note that the 2019 Federal Poverty Guidelines were used in this report because the most recent Census data related to demographics and socioeconomic status is from 2019. This allows for accurate and mindful comparisons to be made across the data in the report.

Table 23: Poverty Guidelines, Florida, 2019

Household /Family Size	100%	125%	133%	135%	150%	200%	250%
1	$12,490.00	$15,612.50	$16,611.70	$16,861.50	$18,735.00	$24,980.00	$31,225.00
2	$16,910.00	$21,137.50	$22,490.30	$22,828.50	$25,365.00	$33,820.00	$42,275.00
3	$21,330.00	$26,662.50	$28,368.90	$28,795.50	$31,995.00	$42,660.00	$53,325.00
4	$25,750.00	$32,187.50	$34,247.50	$34,762.50	$38,625.00	$51,500.00	$64,375.00
5	$30,170.00	$37,712.50	$40,126.10	$40,729.50	$45,255.00	$60,340.00	$75,425.00
6	$34,590.00	$43,237.50	$46,004.70	$46,696.50	$51,885.00	$69,180.00	$86,475.00
7	$39,010.00	$48,762.50	$51,883.30	$52,663.50	$58,515.00	$78,020.00	$97,525.00
8	$43,430.00	$54,287.50	$57,761.90	$58,630.50	$65,145.00	$86,860.00	$108,575.00
9	$47,850.00	$59,812.50	$63,640.50	$64,597.50	$71,775.00	$95,700.00	$119,625.00
10	$52,270.00	$65,337.50	$69,519.10	$70,564.50	$78,405.00	$104,540.00	$130,675.00

Source: United States Department of Health and Human Services, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Poverty Status in the Past 12 Months, By Age and Sex

The table below depicts the poverty status by age and sex in Palm Beach County and Florida in 2019. Nationally, poverty rates among women remain higher than their male counterparts.[8] In Palm Beach County, more females (13.2%) were living below the poverty level than males (11.1%). Similar trends were seen in the state of Florida as a whole, as depicted in the table below. Of all Palm Beach County residents, 12.2% of residents were living below the poverty level in 2019. Among county residents under 18 years of age, 18.1% were living below the poverty line, which was the highest percentage of individuals living below the poverty line among all age groups. Among residents 18 years of age or older, those 18 to 64 years old (11.4%) had the second highest percentage of individuals living below the poverty level, followed by residents ages 65 years and older (9.2%).

The Healthy People 2030 national target is to reduce the proportion of people living in poverty to 8.0%.[9] As of 2019, Palm Beach County (12.2%) is not yet meeting this target.

Table 24: Poverty Status in the Past 12 Months, By Age and Sex, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County			Florida		
	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level
Population for whom poverty status is determined	1,444,645	175,742	12.2%	20,481,252	2,870,487	14.0%
Age						
Under 18 years	277,916	50,177	18.1%	4,115,878	829,342	20.1%
Related children of householder under 18 years	277,000	49,330	17.8%	4,096,851	812,037	19.8%
18 to 64 years	825,445	94,199	11.4%	12,228,633	1,612,308	13.2%
65 years and over	341,284	31,366	9.2%	4,136,741	428,837	10.4%
Sex						
Male	697,566	77,457	11.1%	9,950,075	1,283,070	12.9%
Female	747,079	98,285	13.2%	10,531,177	1,587,417	15.1%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[8] U.S. Census Bureau. (2019). Payday, poverty, and women. Retrieved from https://www.census.gov/library/stories/2019/09/payday-poverty-and-women.html

[9] Reduce the proportion of people living in poverty — SDOH-01 (n.d.). In Health People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01

Poverty Status by Census County Division (CCD), By Age and Sex

Further breakdown of poverty status by age and sex can provide insight into health and socioeconomic status by county region. This table shows the poverty status by CCD by age and sex for the Western Palm Beach County CCDs in 2019. In this area, the Belle Glade-Pahokee CCD had the greatest percentage of residents living below the poverty level (41.0%), followed by the Glades CCD (37.9%). Across all CCDs, females were more likely than males to be below the poverty line (note that Glades CCD did not have data broken down by sex). In the Belle Glade-Pahokee CCD, which had the highest percentage of residents below the poverty level, those under the age of 18 were the most affected by poverty. Over half (53.6%) of residents under the age of 18 in this area were living below the poverty level.

Table 25: Poverty Status by Census County Division, By Age and Sex, Western Palm Beach County CCDs, 5-Year Estimate, 2019

	Belle Glade-Pahokee CCD		Glades CCD		Western Community CCD	
	Total	Percent below poverty level	Total	Percent below poverty level	Total	Percent below poverty level
Population for whom poverty status is determined	32,280	41.0%	309	37.9%	30,782	9.1%
Age						
Under 18 years	8,979	53.6%	0	--	6,104	11.3%
Related children of householder under 18 years	8,979	53.6%	0	--	6,014	10.0%
18 to 64 years	19,187	36.1%	309	37.9%	19,540	9.6%
35 to 64 years	10,707	33.2%	81	0.0%	13,141	8.9%
65 years and over	4,114	36.8%	0	--	5,138	4.4%
Sex						
Male	16,097	38.3%	309	37.9%	16,086	8.2%
Female	16,183	43.8%	0	--	14,696	10.0%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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The following table shows the poverty status by CCD by age and sex for the Northern Palm Beach County CCDs in 2019. Females experienced poverty in greater percentages compared to their male counterparts in the Jupiter CCD (9.0%), Royal Palm Beach-West Jupiter CCD (7.6%), and West Palm Beach CCD (21.2%). Additionally, in the West Palm Beach CCD, 34.4% of residents under the age of 18 years were living in Poverty in 2019.

Table 26: Poverty Status by Census County Division, By Age and Sex, Northern Palm Beach County CCDs, 5-Year Estimate, 2019

	Jupiter CCD		Riviera Beach CCD		Royal Palm Beach-West Jupiter CCD		West Palm Beach CCD	
	Total	Percent below poverty level	Total	Percent below poverty level	Total	Percent below poverty level	Total	Percent below poverty level
Population for whom poverty status is determined	94,723	7.8%	108,729	13.3%	109,285	6.7%	158,017	19.9%
Age								
Under 18 years	17,943	8.8%	20,405	20.0%	21,337	7.9%	32,564	34.4%
Related children of householder under 18 years	17,893	8.6%	20,382	19.9%	21,199	7.4%	32,503	34.3%
18 to 64 years	54,754	7.9%	63,721	12.8%	64,763	6.6%	96,623	16.9%
35 to 64 years	39,329	6.6%	41,879	10.8%	44,616	6.4%	58,222	15.7%
65 years and over	22,026	6.8%	24,603	9.4%	23,185	5.8%	28,830	13.5%
Sex								
Male	45,929	6.6%	52,099	13.3%	52,674	5.8%	76,357	18.5%
Female	48,794	9.0%	56,630	13.3%	56,611	7.6%	81,660	21.2%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Lastly, the table below shows the poverty status by CCD by age and sex for the Southern Palm Beach County CCDs in 2019. Among these CCDs, Lake Worth CCD had the greatest percentage of residents living below the poverty level (16.6%) in 2019. Approximately one-quarter of Lake Worth CCD's population under the age of 18 years lived in poverty. Overall, females in each Southern Palm Beach County CCD experienced poverty in higher percentages compared to their male counterparts.

Table 27: Poverty Status by Census County Division, By Age and Sex, Southern Palm Beach County CCDs, 5-Year Estimate, 2019

	Boca Raton CCD		Boynton Beach-Delray Beach CCD		Lake Worth CCD		Sunshine Parkway CCD	
	Total	Percent below poverty level	Total	Percent below poverty level	Total	Percent below poverty level	Total	Percent below poverty level
Population for whom poverty status is determined	134,483	8.5%	334,989	10.4%	228,351	16.6%	212,697	6.9%
Age								
Under 18 years	21,607	8.3%	49,860	15.6%	51,441	25.1%	47,676	7.6%
Related children of householder under 18 years	21,543	8.1%	49,691	15.3%	51,202	24.8%	47,594	7.5%
18 to 64 years	69,725	9.7%	179,748	10.0%	140,489	14.2%	116,586	6.4%
35 to 64 years	49,350	7.1%	118,576	9.7%	88,839	13.6%	82,122	6.1%
65 years and over	43,151	6.5%	105,381	8.6%	36,421	14.1%	48,435	7.3%
Sex								
Male	63,406	7.1%	160,693	9.4%	111,555	14.9%	102,361	6.5%
Female	71,077	9.7%	174,296	11.4%	116,796	18.3%	110,336	7.3%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Poverty Status in the Past 12 Months, By Race and Ethnicity

Poverty status is associated with a decreased ability to access care and services in a timely, quality manner.[10] It is thus imperative to consider the population's racial and ethnic composition when developing and targeting programming intended to improve the health of the community.

This table and graphs below show the poverty status of Palm Beach County and Florida residents by race and ethnicity in 2019. During this year, the Census reported that Black residents made up 13.2% of the United States population but accounted for 23.8% of the population living in poverty. A greater percentage of Palm Beach County Black or African American residents (19.4%) were living in poverty in 2019 compared to White residents (10.1%). When examining ethnicity, Hispanic residents made up 18.7% of the total United States population in 2019 but accounted for 28.1% of the population living in poverty. Notably, 17.6% of Hispanic or Latino residents were living in poverty compared to their White, non-Hispanic counterparts (7.7%).

Table 28: Poverty Status in the Past 12 Months, By Race and Ethnicity, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County			Florida		
	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level
Population for whom poverty status is determined	1,444,645	175,742	12.2%	20,481,252	2,870,487	14.0%
Race						
White alone	1,065,026	107,985	10.1%	15,431,746	1,872,126	12.1%
Black or African American alone	266,609	51,608	19.4%	3,238,898	713,319	22.0%
American Indian and Alaska Native alone	2,963	214	7.2%	57,353	9,493	16.6%
Asian alone	39,181	3,935	10.0%	564,177	66,795	11.8%
Native Hawaiian and Other Pacific Islander alone	517	33	6.4%	12,446	2,213	17.8%
Some other race alone	37,283	7,545	20.2%	616,842	117,976	19.1%
Two or more races	33,066	4,422	13.4%	559,790	88,565	15.8%
Ethnicity						
Hispanic or Latino origin (of any race)	324,251	57,022	17.6%	5,275,080	935,162	17.7%
White alone, not Hispanic or Latino	790,119	60,615	7.7%	11,051,690	1,108,233	10.0%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[10] U.S. Census Bureau. (2020). Poverty rates for blacks and Hispanics reached historic lows in 2019. Retrieved from https://www.census.gov/library/stories/2020/09/poverty-rates-for-blacks-and-hispanics-reached-historic-lows-in-2019.html

Figure 10: Poverty Status in the Past 12 Months, Palm Beach County and Florida, 2019

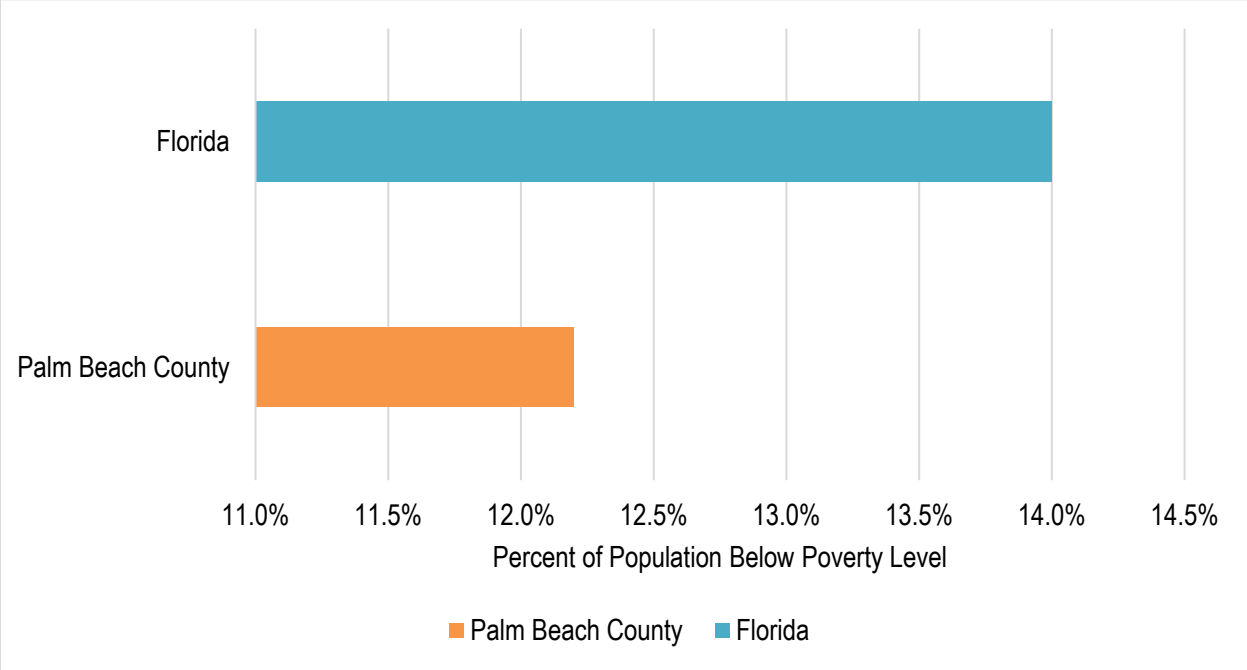


Figure 11: Poverty Status in the Past 12 Months, By Race, Palm Beach County and Florida, 2019

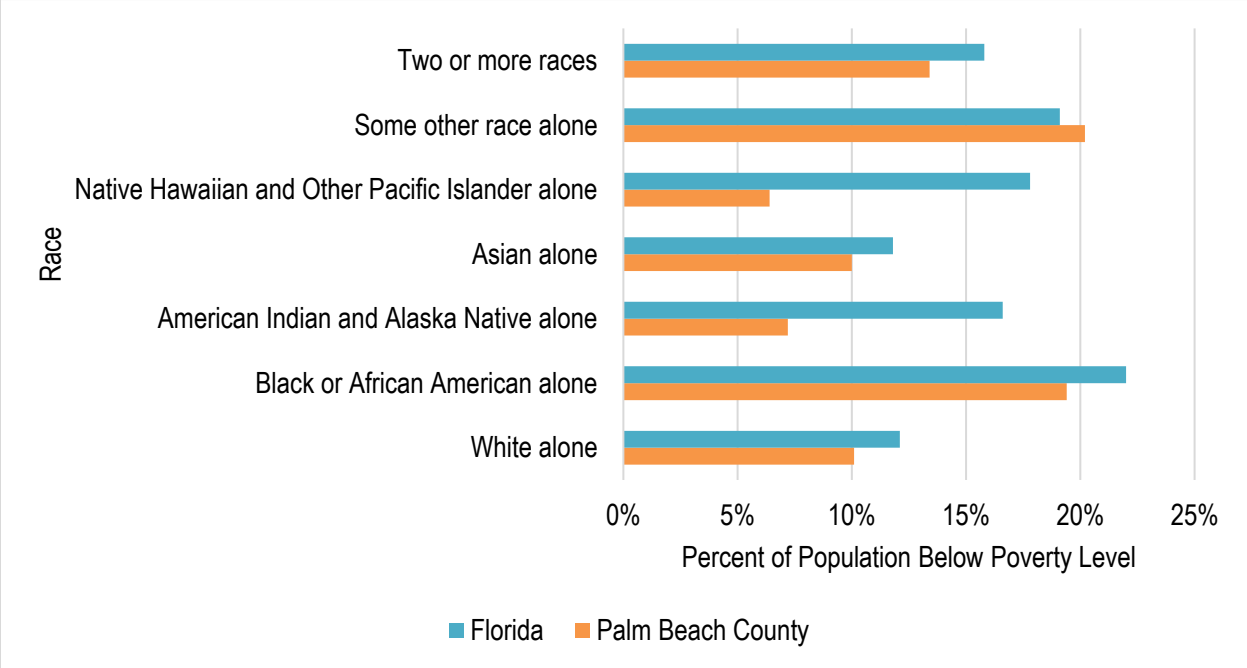
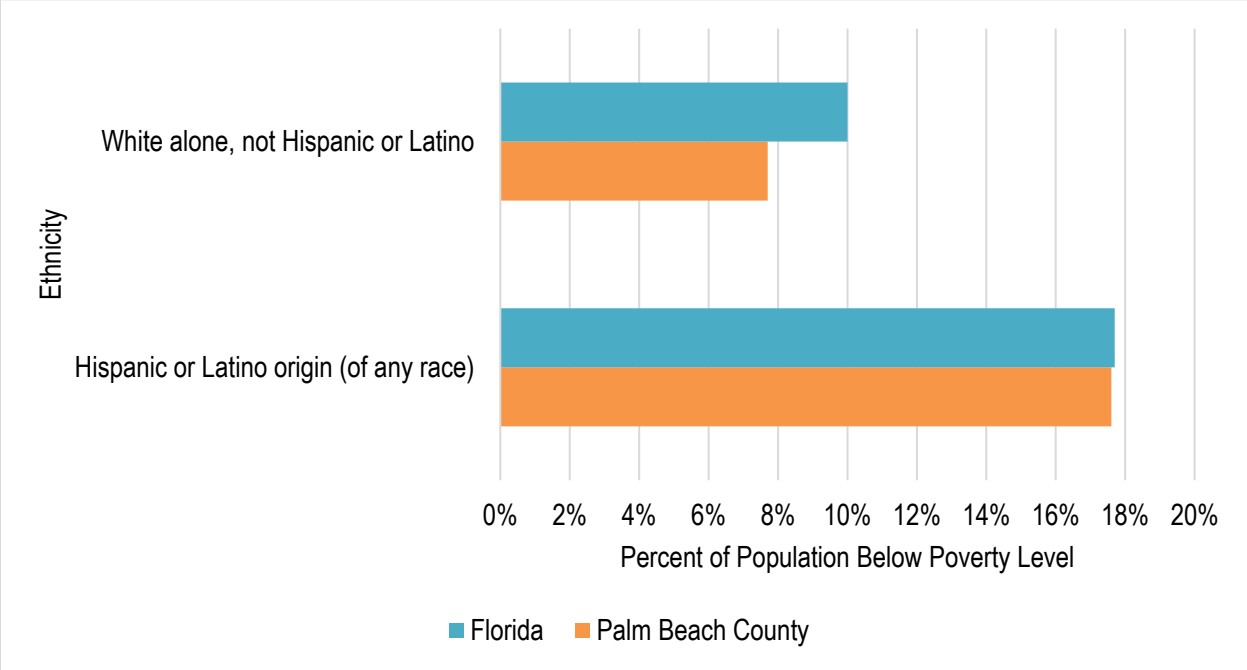


Figure 12: Poverty Status in the Past 12 Months, By Ethnicity, Palm Beach County and Florida, 2019



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Poverty Status in the Past 12 Months, By Families

Families in poverty may have unique needs compared to other groups. In families with children living in poverty, stigma and stressors resulting from poverty status can affect both parents and children individually, as well as the overall family dynamic. Families in poverty often experience issues with transportation, access to needed services due to financial barriers, unsafe or inadequate living conditions, and more.[11]

The chart below details poverty status of families and families with children under the age of 18 years old in Palm Beach County and Florida in 2019. Approximately 8.4% of families in Palm Beach County had experienced poverty in the last 12 months. Among those, 14.1% had children under the age of 18 years old.

Table 29: Poverty Status in the Past 12 Months, Families, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Total	Percent below poverty level	Total	Percent below poverty level
Families	345,298	8.4%	4,996,650	10.0%
With related children of householder under 18 years	138,385	14.1%	2,058,279	16.3%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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[11] Quint, J., Griffin, K. M., Kaufman, J., and Landers, P. (2018). Experiences of parents and children living in poverty. Retrieved from https://www.mdrc.org/publication/experiences-parents-and-children-living-poverty

Poverty Status in the Past 12 Months, Families, By Race and Ethnicity

Racial and ethnic populations experience poverty at higher proportions as compared to their White, non-Hispanic counterparts. The table below outlines family poverty status by race and ethnicity in Palm Beach County and Florida in 2019. Overall, 8.4% of Palm Beach County families were living below the poverty level. This rate was highest among Black or African American families (15.9%) compared to all other races. The state of Florida reported a higher rate of families living in poverty than the county, with 10.0% of families overall living below the poverty level. Additionally, 18.1% of Black or African American families lived below the poverty level, the highest proportion of all races. It is important to note that 14.1% of Palm Beach County families who lived in poverty in 2019 had children under the age of 18 living in the home compared to the state rate of 16.3%.

Table 30: Poverty Status in the Last 12 Months, Families, By Race and Ethnicity, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Total	Percent below poverty level	Total	Percent below poverty level
Families	345,298	8.4%	4,996,650	10.0%
Race				
Families with a householder who is--				
White alone	268,199	6.7%	3,942,851	8.3%
Black or African American alone	54,224	15.9%	692,166	18.1%
American Indian and Alaska Native alone	666	5.1%	13,443	12.5%
Asian alone	9,759	8.3%	130,017	8.5%
Native Hawaiian and Other Pacific Islander alone	143	14.0%	2,397	10.1%
Some other race alone	7,215	14.8%	128,914	16.5%
Two or more races	5,092	11.1%	86,862	12.5%
Ethnicity				
Families with a householder who is--				
Hispanic or Latino origin (of any race)	68,557	14.4%	1,176,371	15.0%
White alone, not Hispanic or Latino	208,981	4.5%	2,945,440	6.2%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Figure 13: Poverty Status in the Last 12 Months, Families, By Race, Palm Beach County and Florida, 2019

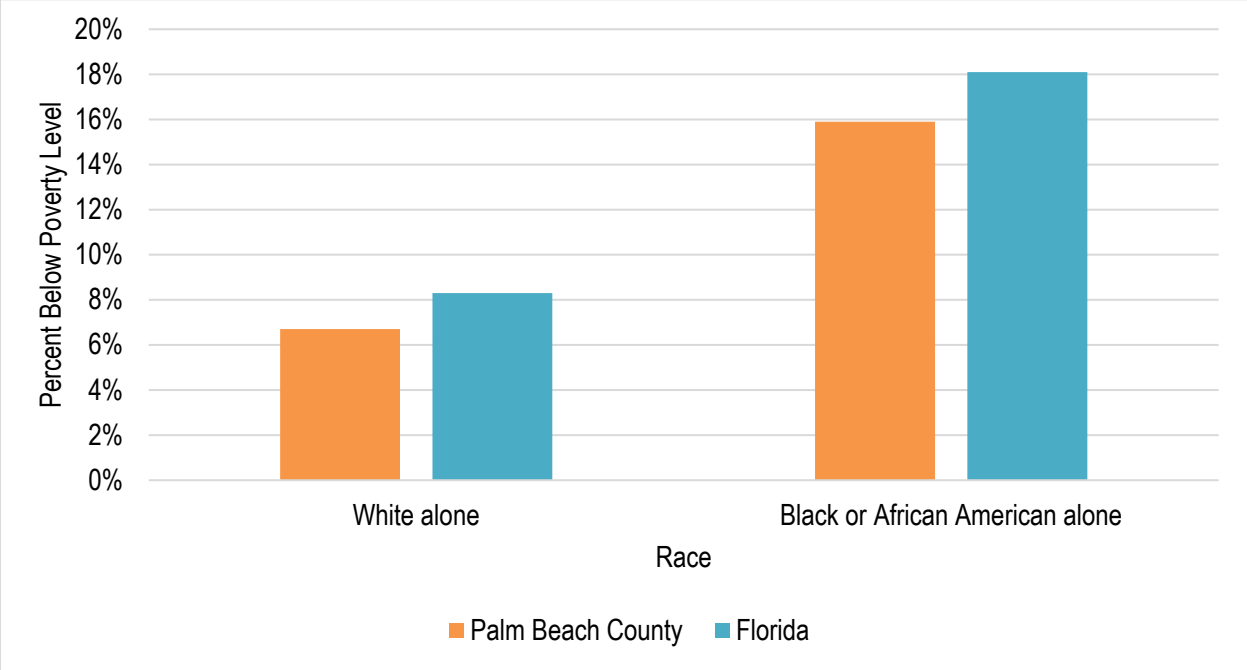
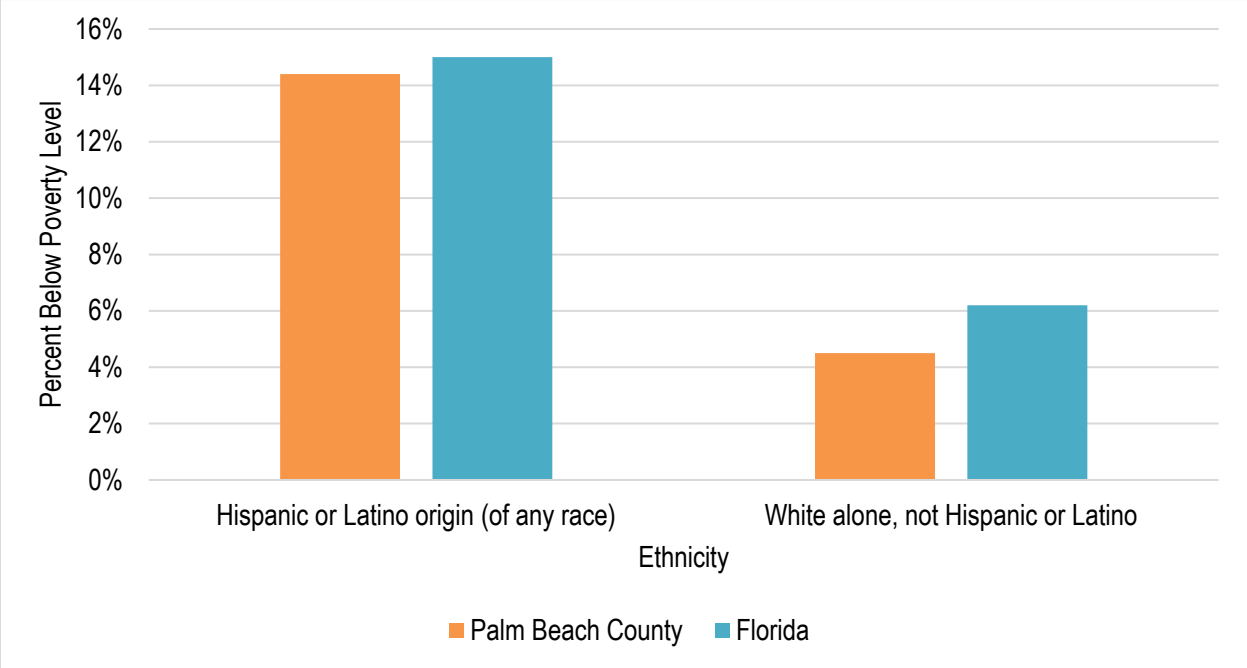


Figure 14: Poverty Status in the Last 12 Months, Families, By Ethnicity, Palm Beach County and Florida, 2019



Poverty Status by Census County Division (CCD), By Race and Ethnicity

Poverty status can also be examined by Census County Division (CCD) to provide insight based on region of the county. The following table shows the poverty status by CCD by race and ethnicity in the Western Palm Beach County CCD in 2019. The Belle Glade-Pahokee CCD reported the highest percentage of residents living below the poverty level (41.0%) compared to the other Western Palm Beach County CCDs. In the Belle Glade-Pahokee CCD and the Western Community CCD, a greater percentage of Hispanic or Latino residents were living below the poverty level than their non-Hispanic counterparts.

Table 31: Poverty Status by Census County Division, By Race and Ethnicity, Western Palm Beach County CCDs, 5-Year Estimate, 2019

	Belle Glade-Pahokee CCD		Glades CCD		Western Community CCD	
	Total	Percent below poverty level	Total	Percent below poverty level	Total	Percent below poverty level
Population for whom poverty status is determined	32,280	41.0%	309	37.9%	30,782	9.1%
Race						
White alone	11,117	32.9%	226	42.5%	24,172	9.0%
Black or African American alone	19,400	47.4%	83	25.3%	3,946	3.9%
American Indian and Alaska Native alone	0	--	0	--	66	0.0%
Asian alone	157	38.9%	0	--	1,117	3.5%
Native Hawaiian and Other Pacific Islander alone	0	--	0	--	0	--
Some other race alone	1,197	26.9%	0	--	395	0.0%
Two or more races	409	4.6%	0	--	1,086	39.2%
Ethnicity						
Hispanic or Latino origin (of any race)	10,002	34.2%	151	26.5%	5,388	9.1%
White alone, not Hispanic or Latino	2,643	24.8%	75	74.7%	19,520	8.6%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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This table shows the poverty status by CCD by race and ethnicity in the Northern Palm Beach County CCD in 2019. Among the Northern Palm Beach County CCDs, the West Palm Beach CCD reported the highest percentage of the residents living below the poverty level in 2019 (19.9%). The West Palm Beach CCD also had the highest percentage of Hispanic or Latino residents (29.1%) and Black or African American residents (22.7%) compared to other Northern Palm Beach County CCDs.

Table 32: Poverty Status by Census County Division, By Race and Ethnicity, Northern Palm Beach County CCDs, 5-Year Estimate, 2019

	Jupiter CCD		Riviera Beach CCD		Royal Palm Beach-West Jupiter CCD		West Palm Beach CCD	
	Total	Percent below poverty level	Total	Percent below poverty level	Total	Percent below poverty level	Total	Percent below poverty level
Population for whom poverty status is determined	94,723	7.8%	108,729	13.3%	109,285	6.7%	158,017	19.9%
Race								
White alone	84,712	7.5%	65,969	8.4%	83,936	6.2%	91,707	18.0%
Black or African American alone	2,326	13.8%	35,378	22.6%	17,567	7.9%	54,205	22.7%
American Indian and Alaska Native alone	201	0.0%	46	0.0%	70	17.1%	415	0.0%
Asian alone	2,646	2.5%	3,007	6.7%	4,179	13.3%	2,938	16.5%
Native Hawaiian and Other Pacific Islander alone	24	0.0%	50	24.0%	7	0.0%	79	0.0%
Some other race alone	2,249	27.0%	1,510	10.7%	1,740	5.7%	4,769	31.2%
Two or more races	2,565	1.6%	2,769	21.5%	1,786	5.8%	3,904	16.1%
Ethnicity								
Hispanic or Latino origin (of any race)	12,705	16.6%	10,803	8.8%	20,525	6.4%	47,101	29.1%
White alone, not Hispanic or Latino	74,641	6.5%	57,060	8.4%	65,446	6.0%	51,893	9.7%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Lastly, the table below shows the poverty status by CCD by race and ethnicity in the Southern Palm Beach County CCD in 2019. Among the Southern Palm Beach County CCDs, Lake Worth CCD reported the greatest percentage of the population living below the poverty level in 2019 (16.6%) followed by the Boynton Beach-Delray Beach CCD (10.4%). The Lake Worth CCD also had the greatest percentage of the population reporting as Hispanic of Latino (21.3%) compared to all other Southern Palm Beach County CCDs.

Table 33: Poverty Status by Census County Division, By Race and Ethnicity, Southern Palm Beach County CCDs, 5-Year Estimate, 2019

	Boca Raton CCD		Boynton Beach-Delray Beach CCD		Lake Worth CCD		Sunshine Parkway CCD	
	Total	Percent below poverty level	Total	Percent below poverty level	Total	Percent below poverty level	Total	Percent below poverty level
Population for whom poverty status is determined	134,483	8.5%	334,989	10.4%	228,351	16.6%	212,697	6.9%
Race								
White alone	119,418	7.6%	243,992	8.4%	166,217	16.6%	173,560	6.5%
Black or African American alone	4,057	15.6%	69,168	17.0%	42,075	15.8%	18,404	6.4%
American Indian and Alaska Native alone	120	0.0%	549	22.4%	1,052	7.5%	444	0.0%
Asian alone	4,283	14.5%	7,845	6.9%	4,412	11.3%	8,597	10.0%
Native Hawaiian and Other Pacific Islander alone	30	0.0%	176	0.6%	131	0.0%	20	100.0%
Some other race alone	4,252	20.7%	6,447	19.2%	8,480	24.1%	6,244	11.3%
Two or more races	2,323	7.8%	6,812	8.7%	5,984	20.4%	5,428	11.3%
Ethnicity								
Hispanic or Latino origin (of any race)	18,392	13.4%	48,309	12.0%	105,894	21.3%	44,981	9.4%
White alone, not Hispanic or Latino	105,091	7.0%	204,064	7.9%	73,713	11.2%	135,973	5.8%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Poverty Status in the Past 12 Months of Grandparents Living with Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren, By Families

Grandparents raising grandchildren can create a unique family structure that comes with complex needs. Research has shown that grandparents who are responsible for raising their grandchildren are more vulnerable to negative health outcomes, social isolation, and depression. These families may also face added legal, financial, school-based, parenting, and relationship issues.[12] For these reasons, it is important to consider grandparents raising grandchildren when assessing the health of a community.

The table below shows the poverty status of grandparents living with their grandchildren under 18 years of age in Palm Beach County and Florida in 2019. Among Palm Beach County grandparents living with their own grandchildren, 14.7% reported an income below the poverty level and 85.3% reported an income above the poverty level. This was comparable to the respective state rates, where 14% of grandparents reported an income below the poverty level and 86.0% reported an income above the poverty level in 2019.

Table 34: Poverty Status in the Past 12 Months of Grandparents Living with Own Grandchildren Under 18 Years by Responsibility for own Grandchildren, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Total Grandparents Living with own Grandchildren under 18 Years of Age	32,419	100%	497,503	100%
Income in the past 12 months below poverty level	4,759	14.7%	69,545	14.0%
Grandparent responsible for own grandchildren under 18 years	1,802	5.6%	26,701	5.4%
Grandparent not responsible for own grandchildren under 18 years	2,957	9.1%	42,844	8.6%
Income in the past 12 months at or above poverty level	27,660	85.3%	427,958	86.0%
Grandparent responsible for own grandchildren under 18 years	7,291	22.5%	120,476	24.2%
Grandparent not responsible for own grandchildren under 18 years	20,369	62.8%	307,482	61.8%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[12] Dunn, B., & Wamsley, B. (2018). Grandfamilies: characteristics and needs of grandparents raising grandchildren. *Journal of Extension. (56)*5. Retrieved from https://tigerprints.clemson.edu/joe/vol56/iss5/7

Poverty Status in the Past 12 Months of Grandparents Living with Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren, By Families

Poverty status among grandparents caring for their own grandchildren can be further analyzed by Census County Division (CCD) to provide insight into regional trends and needs.

This table shows the poverty status of grandparents living with their own grandchildren under 18 years of age in the Western Palm Beach County CCDs in 2019. In this area, 44.9% of Belle Glade-Pahokee grandparents living with their own grandchildren lived below the poverty level. This was the highest percentage among all Western CCDs. Of those, 25.7% were responsible for their own grandchildren under the age of eighteen years old.

Table 35: Poverty Status in the Past 12 Months of Grandparents Living with Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren, Western Palm Beach County CCDs, 5-Year Estimate, 2019

	Belle Glade-Pahokee CCD		Glades CCD		Western Community CCD	
	Count	Percent	Count	Percent	Count	Percent
Total Grandparents Living with own Grandchildren under 18 Years of Age	1,447	100%	0	0%	838	100%
Income in the past 12 months below poverty level:	650	44.9%	0	0%	32	3.8%
Grandparent responsible for own grandchildren under 18 years:	372	25.7%	0	0%	32	3.8%
Grandparent not responsible for own grandchildren under 18 years	278	19.2%	0	0%	0	0.0%
Income in the past 12 months at or above poverty level:	797	55.1%	0	0%	806	96.2%
Grandparent responsible for own grandchildren under 18 years:	247	17.1%	0	0%	295	35.2%
Grandparent not responsible for own grandchildren under 18 years	550	38.0%	0	0%	511	61.0%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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The following table shows the poverty status among grandparents living with their own grandchildren under 18 years of age in the Northern Palm Beach County CCDs in 2019. The West Palm Beach CCD reported the highest percentage of grandparents living with their own grandchildren while living below the poverty level (28.5%).

Table 36: Poverty Status in the Past 12 Months of Grandparents Living with Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren, Northern Palm Beach County CCDs, 5-Year Estimate, 2019

	Jupiter CCD		Riviera Beach CCD		Royal Palm Beach-West Jupiter CCD		West Palm Beach CCD	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total Grandparents Living with own Grandchildren under 18 Years of Age	1,471	100%	2,223	100%	3,774	100%	3,767	100%
Income in the past 12 months below poverty level	148	10.1%	355	16.0%	446	11.8%	1,072	28.5%
Grandparent responsible for own grandchildren under 18 years	18	1.2%	229	10.3%	248	6.6%	324	8.6%
Grandparent not responsible for own grandchildren under 18 years	130	8.8%	126	5.7%	198	5.2%	748	19.9%
Income in the past 12 months at or above poverty level	1,323	89.9%	1,868	84.0%	3,328	88.2%	2,695	71.5%
Grandparent responsible for own grandchildren under 18 years	656	44.6%	564	25.4%	638	16.9%	984	26.1%
Grandparent not responsible for own grandchildren under 18 years	667	45.3%	1,304	58.7%	2,690	71.3%	1,711	45.4%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Lastly, this table shows the poverty status of grandparents living with their own grandchildren under 18 years of age in the Southern Palm Beach County CCDs in 2019. In this area, the Lake Worth CCD reported that 16.5% of grandparents living with their grandchildren had an income that placed them below the poverty level.

Table 37: Poverty Status in the Past 12 Months of Grandparents Living with Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren, Southern Palm Beach County CCDs, 5-Year Estimate, 2019

	Boca Raton CCD		Boynton Beach-Delray Beach CCD		Lake Worth CCD		Sunshine Parkway CCD	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total Grandparents Living with own Grandchildren under 18 Years of Age	1,188	100%	5,840	100.0%	7,378	100%	4,493	100%
Income in the past 12 months below poverty level:	22	1.9%	722	12.4%	1,220	16.5%	92	2.0%
Grandparent responsible for own grandchildren under 18 years	0	0.0%	201	3.4%	315	4.3%	63	1.4%
Grandparent not responsible for own grandchildren under 18 years	22	1.9%	521	8.9%	905	12.3%	29	0.6%
Income in the past 12 months at or above poverty level	1,166	98.1%	5,118	87.6%	6,158	83.5%	4,401	98.0%
Grandparent responsible for own grandchildren under 18 years	227	19.1%	1,259	21.6%	1,093	14.8%	1,328	29.6%
Grandparent not responsible for own grandchildren under 18 years	939	79.0%	3,859	66.1%	5,065	68.7%	3,073	68.4%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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ALICE

ALICE Population

Asset Limited, Income Constrained, Employed, or ALICE, households are households where residents are earning more than the Federal Poverty Level but less than the basic cost of living for the area. This is also known as the ALICE threshold. Individuals and families who fall into the ALICE threshold are living paycheck to paycheck and struggle to afford necessities, despite employment. In the event of a crisis, these households are at risk of poverty.

The table below shows the percentage of ALICE households compared to the percentage of households in poverty in Palm Beach County and Florida in 2018. In Florida, the median household income in 2018 was $55,462 compared to $61,691 in Palm Beach County. Approximately 34% of households in Palm Beach County fit the ALICE definition compared to 33% at the state level. This is significant because only 12% of Palm Beach County households were living in poverty in 2018, underscoring the additional number of households in the county that are not included in this number but are nonetheless struggling to make enough money to meet basic needs.

Table 38: ALICE Population, Palm Beach County and Florida, 2018

	Total Households	% ALICE Households	% Households in Poverty
Palm Beach County	552,286	34.0%	12.0%
Florida	--	33.0%	13.0%

Source: United Way, ALICE Report, 2018
Compiled by: Health Council of Southeast Florida, 2021

ALICE Population, Palm Beach County CCDs

This table depicts the percentage of households falling in the ALICE threshold in each Palm Beach County CCD in 2018. This information can help providers understand the population's needs in their region of the county. The Belle Glade-Pahokee CCD (83.0%) and Glades CCD (83.0%) had the highest percentage of households falling in the ALICE threshold compared to the rest of the Palm Beach County CCDs. Alternatively, Western Community CCD (29.0%) had the lowest proportion of households falling in the ALICE threshold.

Table 39: ALICE Population, Palm Beach County CCDs, 2018

Census County Division (CCD)	Total Households	% ALICE Households
Belle Glade-Pahokee CCD	10,380	83.0%
Boca Raton CCD	60,167	38.0%
Boynton Beach-Delray Beach CCD	137,788	50.0%
Glades CCD	251	83.0%
Jupiter CCD	38,613	36.0%
Lake Worth CCD	77,035	61.0%
Riviera Beach CCD	42,747	48.0%
Royal Palm Beach-West Jupiter CCD	38,603	36.0%
Sunshine Parkway CCD	73,249	36.0%
West Palm Beach CCD	59,843	61.0%
Western Community CCD	9,540	29.0%

Source: ALICE Threshold, 2007-2018; American Community Survey, 2007-2018
Aggregated by: United Way, ALICE Report, 2018
Compiled by: Health Council of Southeast Florida, 2021

Income

Income, as a social determinant of health, is associated with morbidity and mortality. For example, with a higher income are generally able to afford health insurance, obtain timely and quality healthcare services, and take part in routine medical check-ups and adhere to medication regimens. As a result, these individuals tend to have improved health outcomes compared to residents who do not have a stable income. A lack of adequate, stable income can force residents to make choices about what healthcare services they can seek out and how often. Low-income residents also experience other barriers to obtaining adequate and timely care, such as transportation barriers, time barriers, and insurance-related prohibitive factors. Additionally, income inequality is a growing problem across the country, resulting in increased health disparities among populations.[13] For these reasons, it is critical to consider income factors when analyzing the population in Palm Beach County and the health outcomes of residents.

Per Capita Income and Earnings

As previously mentioned, income can determine an individual's access to health care services. Per capita income measures the amount of income earned per person in a region. The following table shows the per capita income and earnings in Palm Beach County and Florida in 2019. Palm Beach County recorded a higher per capita income ($39,933), median earnings for workers overall ($32,308), median earnings for male full-time, year-round workers ($49,093), and median earnings for female full-time, year-round workers ($41.982) than the state of Florida in 2019.

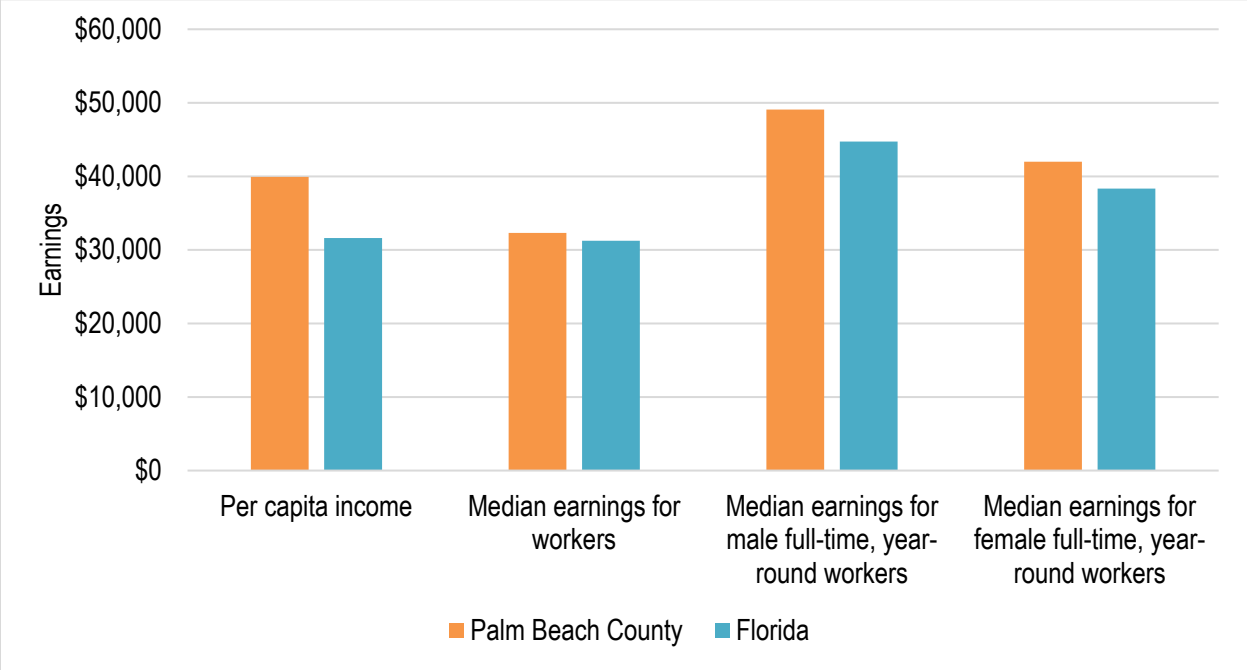
Table 40: Per Capita Income and Earnings, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County	Florida
Per capita income	$39,933	$31,619
Median earnings for workers	$32,308	$31,243
Median earnings for male full-time, year-round workers	$49,093	$44,724
Median earnings for female full-time, year-round workers	$41,982	$38,333

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[13] Khullar, D. & Chokshi, D. A. (2018). Health, income, and poverty: where we are and what could help. *Health Affairs.* https://doi.org/10.1377/hpb20180817.901935

Figure 15: Per Capita Income and Earnings, Palm Beach County and Florida, 2019



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Household Income and Benefits

Household income is a socioeconomic indicator for healthcare access and affordability. The table below shows the household income and benefits for Palm Beach County and Florida households in 2019. The percentage of households with earnings in Palm Beach County (70.5%) was slightly lower than the percentage of Florida households with earnings (72.4%). The median household income in Palm Beach County was significantly higher than the state average, at $99,173 and $80,343 respectively. The percentage of households that received income from Social Security was higher among Palm Beach County residents (40.4%) compared to state residents (37.4%) as a whole. However, the percentage of households that received income from other benefits, such as retirement (20.2%), Supplemental Security (3.7%), and Food Stamp/SNAP (9.8%) benefits was lower for Palm Beach County residents compared to Florida residents overall. The percentage of households with cash public assistance was the same for both Palm Beach County and Florida (2.1%).

Table 41: Household Income and Benefits, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Total households	554,095	100%	7,736,311	100%
Less than $10,000	31,880	5.8%	501,668	6.5%
$10,000 to $14,999	21,123	3.8%	336,220	4.3%
$15,000 to $24,999	49,296	8.9%	769,463	9.9%
$25,000 to $34,999	50,601	9.1%	793,382	10.3%
$35,000 to $49,999	69,965	12.6%	1,078,566	13.9%
$50,000 to $74,999	94,223	17.0%	1,417,046	18.3%
$75,000 to $99,999	65,593	11.8%	956,629	12.4%
$100,000 to $149,999	80,135	14.5%	1,014,336	13.1%
$150,000 to $199,999	37,568	6.8%	406,699	5.3%
$200,000 or more	53,711	9.7%	462,302	6.0%
Median household income	$63,299.00	--	$55,660.00	--
Mean household income	$99,173.00	--	$80,286.00	--
With earnings	390,390	70.5%	5,601,599	72.4%
Mean earnings	$95,176.00	--	$80,343.00	--
With Social Security	223,761	40.4%	2,896,436	37.4%
Mean Social Security income	$21,907.00	--	$20,312.00	--
With retirement income	111,672	20.2%	1,654,881	21.4%
Mean retirement income	$32,793.00	--	$29,073.00	--
With Supplemental Security Income	20,417	3.7%	389,971	5.0%
Mean Supplemental Security Income	$10,764.00	--	$10,007.00	--
With cash public assistance income	11,573	2.1%	160,809	2.1%
Mean cash public assistance income	$2,612.00	--	$2,534.00	--
With Food Stamp/SNAP benefits in the past 12 months	54,457	9.8%	1,050,016	13.6%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

Family Income

Family income is another indicator of socioeconomic status and can help programs and providers understand the community in which they serve. Both income and income inequality are proven to have an effect on health outcomes, especially for those in lower socioeconomic classes. Income and income inequality research among infants has shown that median family income is negatively correlated with birth outcomes.[14]

The following table and graph depict family income in Palm Beach County and Florida in 2019. Median family income was higher in Palm Beach County ($78,370) compared to the state of Florida ($67,414). Most families in Florida (19.2%) reported a family income of $50,000 to $74,999, while most families in Palm Beach County (17.5%) reported an income of $100,000 to $149,000.

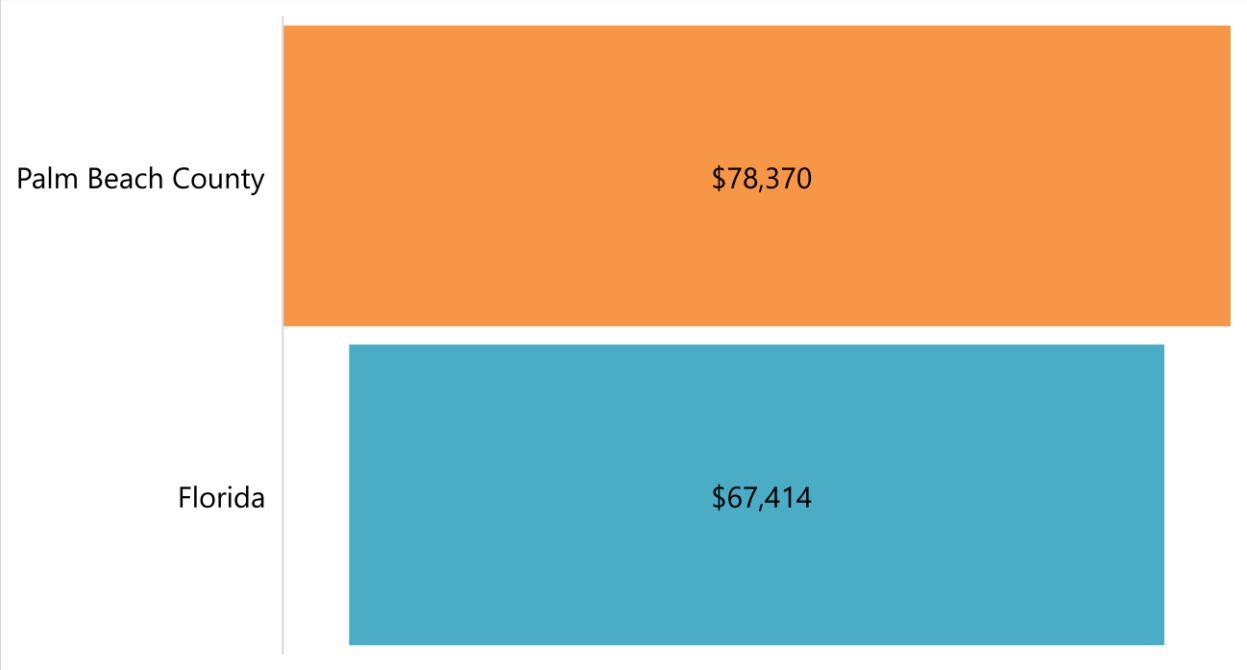
Table 42: Family Income, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Families	345,298	100%	4,996,650	100%
Less than $10,000	11,088	3.2%	195,689	3.9%
$10,000 to $14,999	7,339	2.1%	122,381	2.4%
$15,000 to $24,999	20,482	5.9%	360,685	7.2%
$25,000 to $34,999	27,490	8.0%	448,625	9.0%
$35,000 to $49,999	40,522	11.7%	671,465	13.4%
$50,000 to $74,999	58,382	16.9%	957,355	19.2%
$75,000 to $99,999	45,592	13.2%	712,033	14.3%
$100,000 to $149,999	60,431	17.5%	802,368	16.1%
$150,000 to $199,999	30,937	9.0%	339,052	6.8%
$200,000 or more	43,035	12.5%	386,997	7.7%
Median family income	$78,370.00	--	$67,414.00	--
Mean family income	$117,097.00	--	$93,531.00	--

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[14] Olson, M. E., Diekema, D. Elliott, B. A., & Renier, C. M. (2010). Impact of income and income inequality on infant health outcomes in the United States. *Pediatrics. 126*(6), 1165-1173. https://doi.org/10.1542/peds.2009-3378

Figure 16: Family Income, Palm Beach County and Florida, 2019



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GINI Index

The GINI Index is a measurement of income distribution throughout the county. Based on the residents' net income, the value will vary between 0 and 1. A value of 0 indicates perfect equality, where there is a proportional distribution of income among the residents. A value of 1 indicates perfect inequality, where one household possesses all of the income and other households do not have an income.

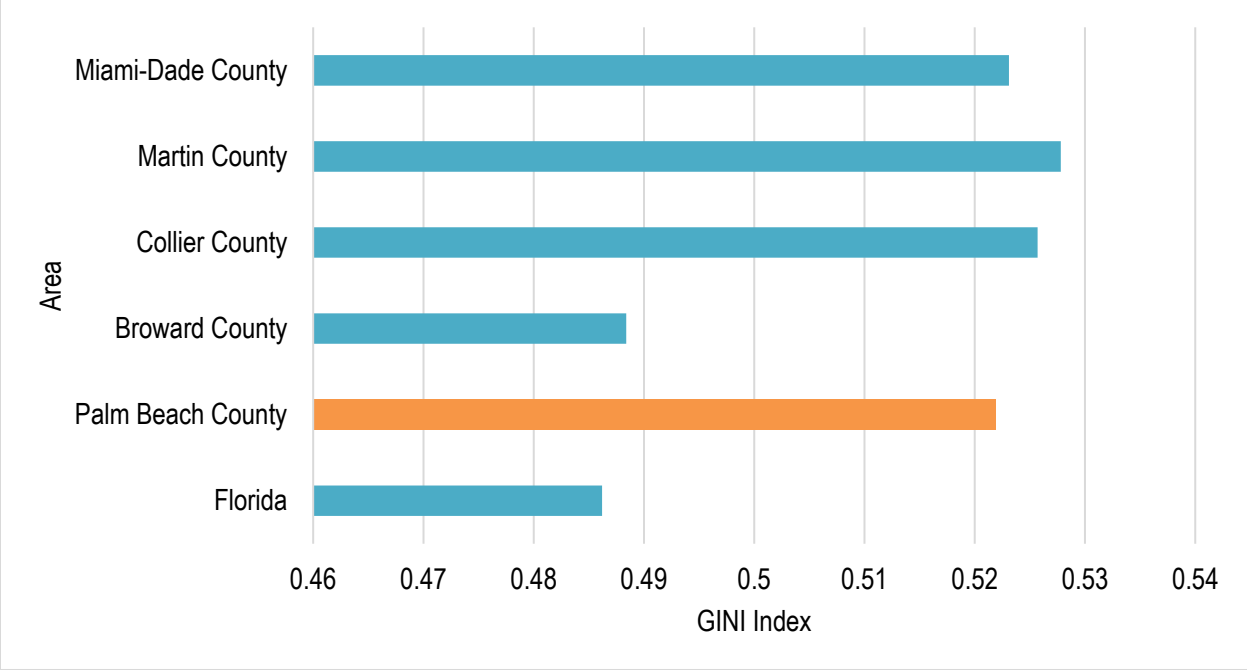
The table below depicts the GINI Index in Palm Beach County, surrounding counties, and the state of Florida in 2019. Palm Beach County reported a GINI Index of 0.5219, which was higher than that of the state of Florida (0.4862) but comparable with the surrounding area counties. This indicates that the state of Florida's income distribution is slightly more equitable than that of Palm Beach County.

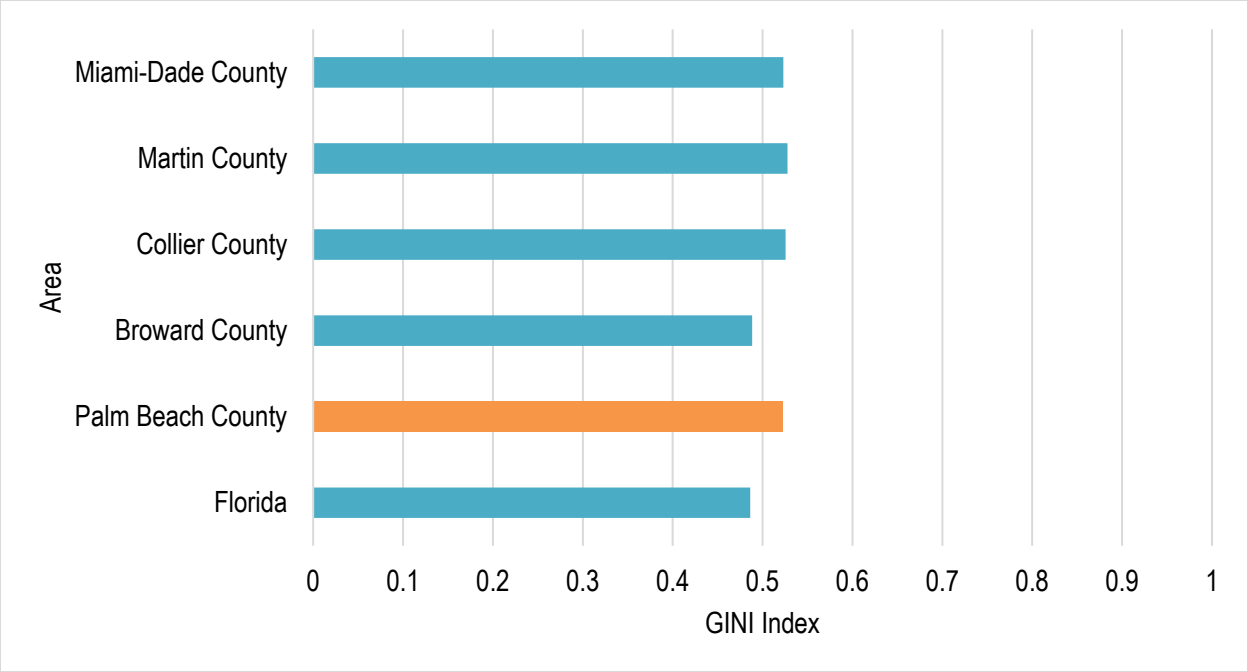
Table 43: GINI Index, Palm Beach County, Florida, and Surrounding Counties, 5-Year Estimate, 2019

Area	GINI Index
Florida	0.4862
Palm Beach County	0.5219
Surrounding Counties:	
Broward County	0.4884
Collier County	0.5257
Martin County	0.5278
Miami-Dade County	0.5231

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 17: GINI Index, Palm Beach County, Florida, and Surrounding Counties, 2019




Miami-Dade County
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GINI Index

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Homelessness

Homelessness is associated with increased rates of morbidity. As such, homeless populations often experience poorer health outcomes due to a lack of routine medical care, neglected chronic conditions, and direct complications as a result of being unsheltered. The Centers for Disease Control and Prevention estimated that while approximately 18% of U.S. adults visited the emergency room over the course of one year (2014), that number more than tripled to over 60% for individuals that did not have stable housing. Lack of insurance and limited access to routine care are factors that contribute to increased emergency department visits. These emergency department encounters can be much more severe and costly than routine medical care, creating a cycle of medical uncertainty and complications for individuals.[15] For these reasons, it is imperative to consider the homeless population in Palm Beach County when working to understand the community's health and the future impacts of intervention and prevention programs in the county.

Homeless Count by Continuum of Care

The chart below depicts homeless counts in Palm Beach County and Florida from 2017 to 2021. It is important to note that the 2020 Point in Time Count numbers are not comparable to the previous years' counts due to COVID-19 safety concerns that affected the annual count of unsheltered homeless individuals. From 2019 to 2020, Palm Beach County saw a rise in homelessness from 6.3% to 7.5%. In this same time period, the state overall was experiencing a decrease in homelessness from -3.9% in 2019 to -4.0% in 2020. At that point, only sheltered individuals were counted, which was not in line with the previous years' counts, which undoubtedly resulted in the missed count of many homeless individuals who did not reside in a shelter.

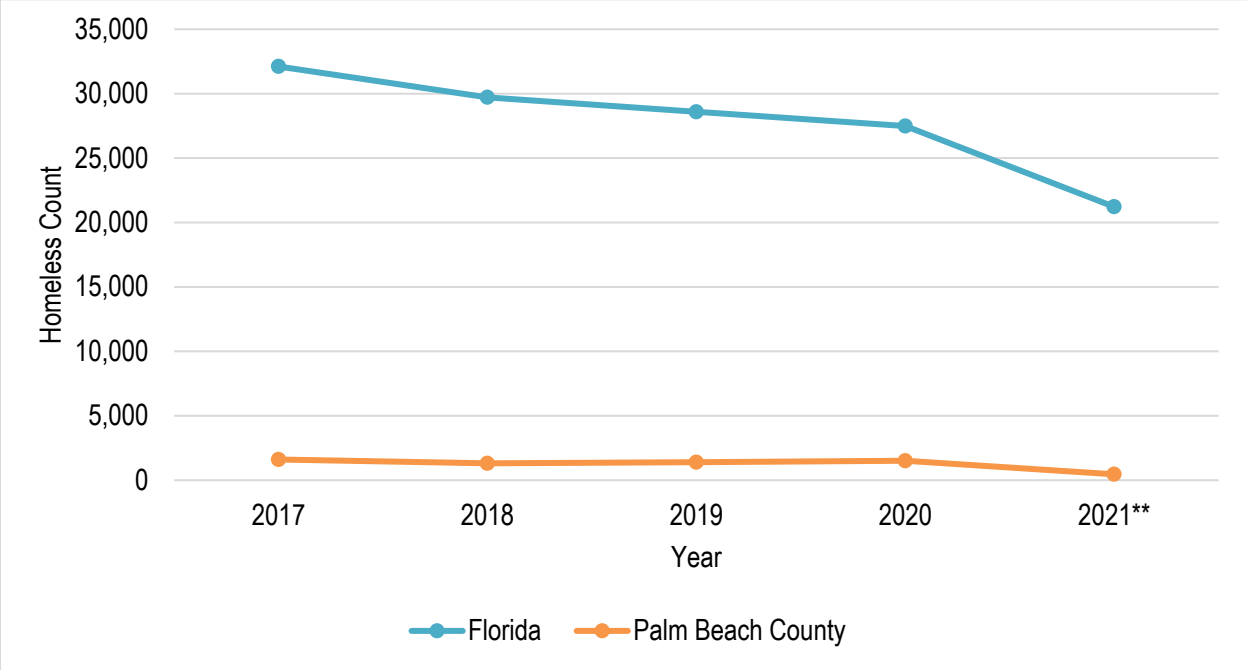
Table 44: Homeless Count by Continuum of Care, Palm Beach County and Florida, 2017-2021

Year	Palm Beach County		Florida	
	Count	Percent Change	Count	Percent Change
2017	1,607	--	32,109	--
2018	1,309	-22.8%	29,717	-8.0%
2019	1,397	6.3%	28,591	-3.9%
2020	1,510	7.5%	27,487	-4.0%
2021**	458	-229.7%	21,218	-29.5%

Note: **The 2021 Point in Time Count numbers are not comparable to the previous years' counts. Typically, Continuums of Care (CoCs) conduct a PIT Count of both sheltered and unsheltered households. This year, due to COVID-19 related safety concerns, only six of the 27 CoCs conducted such a count; 10 CoCs did not conduct an unsheltered count; and others conducted a modified form of the unsheltered count. All CoCs conducted a sheltered PIT count. For those that did not conduct an unsheltered count, the CoCs reported zero unsheltered persons, resulting in an undercount of homelessness.
Source: Council on Homelessness, Annual Report, 2021
Compiled by: Health Council of Southeast Florida, 2021

[15] Trick, W.E., Rachman, F., Hinami, K. et al. (2021). Variability in comorbidites and health services use across homeless typologies: multicenter data linkage between healthcare and homeless systems. BMC Public Health 21, 917. https://doi.org/10.1186/s12889-021-10958-8

Figure 18: Homeless Count by Continuum of Care, Palm Beach County and Florida, 2017-2019



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Homeless Students by District

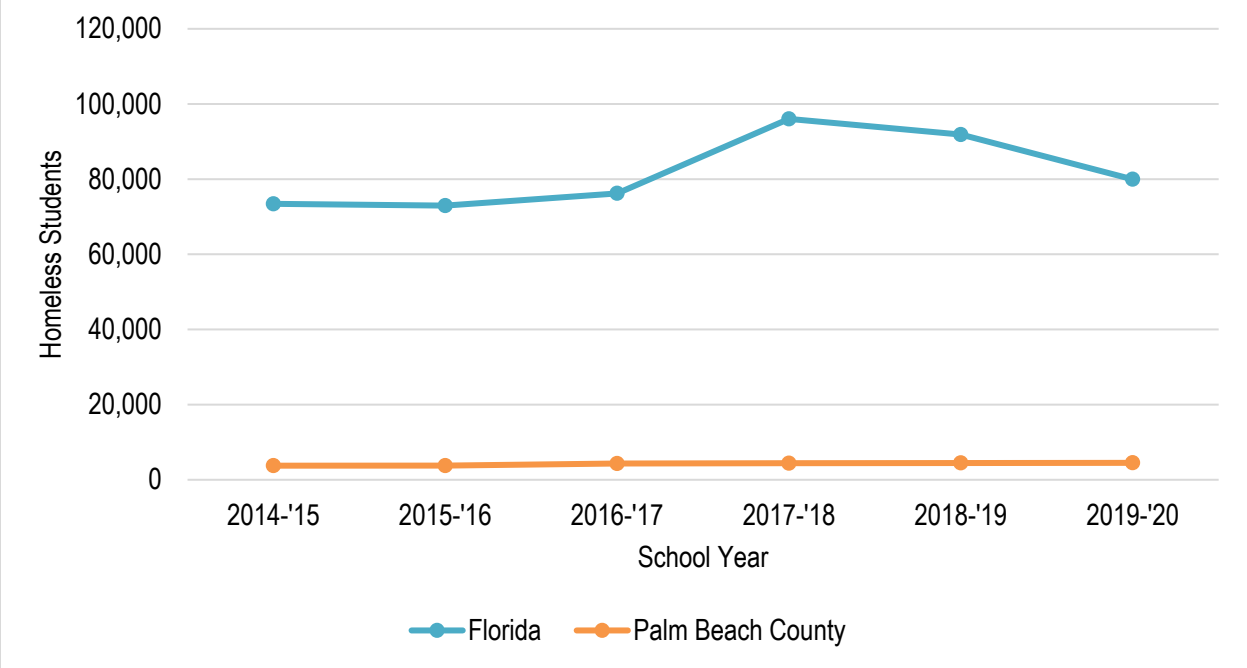
Homeless students face barriers and stressors outside of the school system that may impact their learning, attendance, and school performance. Following the 2016 – 2017 school year, the percentage of homeless students in Palm Beach County decreased from 12.8% in the 2016 – 2017 school year to 0.6% in the 2019 – 2020 school year. The percentage in Florida fluctuated over the same time period, reaching a five-year low in the 2019 – 2020 school year (-14.9%).

Table 45: Homeless Students by District, Palm Beach County and Florida, School Years 2014-2015 Through 2019-2020

School Year	Palm Beach County		Florida	
	Count	Percent Change	Count	Percent Change
2014-2015	3,750	--	73,417	--
2015-2016	3,759	0.2%	72,957	- 0.6%
2016-2017	4,311	12.8%	76,211	4.3%
2017-2018	4,410	2.2%	96,028	20.6%
2018-2019	4,473	1.4%	91,863	- 4.5%
2019-2020	4,500	0.6%	79,949	-14.9%

Source: Florida Department of Education, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 19: Homeless Students by District, Palm Beach County and Florida, School Years 2014-2015 Through 2019-2020



Education

Education is vital to the growth and development of residents, and it is well known that there is a positive relationship between education and health.[16]

School Enrollment

The experiences that children have in learning programs influence their development and growth.[17] Educational programs and early learning programs are critical to childhood social and emotional development, serving as a catalyst for children to develop skills, relationships, and interests that shape their future. Studies have shown that early learning programs lead to enhanced literacy, language, math, and self-regulation skills. For children who are dual language learners or are from lower income households, positive results were greater when early learning programs were attended.[18] School enrollment is also an indication of population growth and can inform service delivery planning, as schools are often an avenue for health education and service delivery. Thus, understanding school enrollment is useful as agencies plan and implement programs.

The table below shows the count and percent of school enrollment in Palm Beach County and Florida in 2019. In 2019, 324,367 Palm Beach County residents were enrolled in a form of school. Notably, 7.2% of these residents were enrolled in nursery school or preschool, which was higher than the state average of 6.3%. Additionally, 4.6% of students were enrolled in kindergarten, 38.7% of students were enrolled in elementary school (grades 1-8), 21.7% of students were enrolled in high school (grades 9-12), and 27.7% of students were enrolled in college or graduate school in Palm Beach County in 2019.

Table 46: School Enrollment, Palm Beach County and Florida, 5-Year Estimate, 2019

School Enrollment	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Population age 3 years and over enrolled in school	324,367	--	4,758,186	--
Nursery school, preschool	23,287	7.2%	299,316	6.3%
Kindergarten	14,981	4.6%	229,045	4.8%
Elementary school (grades 1-8)	125,619	38.7%	1,873,266	39.4%
High school (grades 9-12)	70,472	21.7%	988,874	20.8%
College or graduate school	90,008	27.7%	1,367,685	28.7%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[16] Ross, C. E., Mirowsky, J. (2011). The interaction of personal and parental education on health. *Social science and medicine. (72)*4. 591-599. https://doi.org/10.1016/j.socscimed.2010.11.028.

[17] Donoghue, E. A. (2017). Quality Early Education and Child Care from Birth to Kindergarten. Pediatrics: Offical Journal of the American Academy of Pediatrics, 140(2). https://doi.org/10.1542.peds.2017-1488.

[18] Ansari, A., Pianta, R. C., Whittaker, J. E., Vitiello, V., & Ruzek, E. (2021). Enrollment in public-prekindergarten and school readiness skills at kindergarten entry: Differential associations by home language, income, and program characteristics. Early Childhood Research Quarterly, 54, 60–71. https://doi.org/10.1016/j.ecresq.2020.07.011

School Enrollment by Type

The table below shows school enrollment by grade for private and public schools in Palm Beach County and Florida in 2019. Palm Beach County had 325,355 residents aged 3 years and over enrolled in school in 2019. Across most categories, including kindergarten, grades 1 through 4, grades 5 through 8, grades 9 through 12, undergraduate college, and graduate school, more children were enrolled in public schools as compared to private schools. The biggest gap between public and private school enrollment in the county was seen in grades 9 through 12, where 62,913 students were enrolled in public school and 9,909 students were enrolled in private school with a difference of 53,004 students. In regards to nursery school and preschool, more students were enrolled in private school (12,550) than public school (10,407) in Palm Beach County. It is important to note that these rates were calculated using one-year estimates from the U.S. Census Bureau's American Community Survey, as opposed to the fuller five-year estimates that are used throughout the rest of this report

Table 47: School Enrollment by Type, Palm Beach County and Florida, 1-Year Estimate, 2019

School Enrollment	Palm Beach County	Florida
Total Population Age 3 Years and Over	1,453,797	20,825,863
Enrolled in school	325,355	4,795,224
Enrolled in nursery school, preschool:	22,957	314,700
Public school	10,407	171,096
Private school	12,550	143,604
Enrolled in kindergarten:	14,166	221,192
Public school	12,068	187,469
Private school	2,098	33,723
Enrolled in grade 1 to grade 4:	61,269	912,157
Public school	54,860	785,649
Private school	6,409	126,508
Enrolled in grade 5 to grade 8:	66,608	1,006,115
Public school	56,358	862,880
Private school	10,250	143,235
Enrolled in grade 9 to grade 12:	71,922	993,773
Public school	62,013	875,867
Private school	9,909	117,906
Enrolled in college undergraduate years:	70,775	1,092,451
Public school	57,766	875,849
Private school	13,009	216,602
Enrolled in graduate or professional school:	17,658	254,836
Public school	10,175	154,535
Private school	7,483	100,301
Not enrolled in school	1,128,442	16,030,639

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Educational Attainment

Research shows that there is a positive link between education, improved health, and life expectancy. Health disparities exist between those who have higher education and those with less education. This may be because education can typically lead to stable employment, higher pay and benefits, and employer-provided health insurance, which are associated with an increased access to care.[19]

The following table depicts the educational attainment of residents in Palm Beach County and Florida in 2019. Among the Palm Beach County population that was age 25 years or older in 2019, 88.5% obtained a high school diploma or higher, which was comparable to the state's percentage of 88.2%. Additionally, a higher percentage of residents age 25 years or over obtained a Bachelor's degree or higher in Palm Beach County (36.7%) compared to the state (29.9%).

Table 48: Educational Attainment, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Population Age 25 years and over	1,071,994	100%	14,965,745	100%
Less than 9th grade	61,660	5.8%	718,909	4.8%
9th to 12th grade, no diploma	61,734	5.8%	1,048,674	7.0%
High school graduate (includes equivalency)	257,316	24.0%	4,276,237	28.6%
Some college, no degree	201,641	18.8%	2,981,480	19.9%
Associate's degree	96,303	9.0%	1,468,744	9.8%
Bachelor's degree	242,569	22.6%	2,827,938	18.9%
Graduate or professional degree	150,771	14.1%	1,643,763	11.0%
High school graduate or higher	948,600	88.5%	13,198,162	88.2%
Bachelor's degree or higher	393,340	36.7%	4,471,701	29.9%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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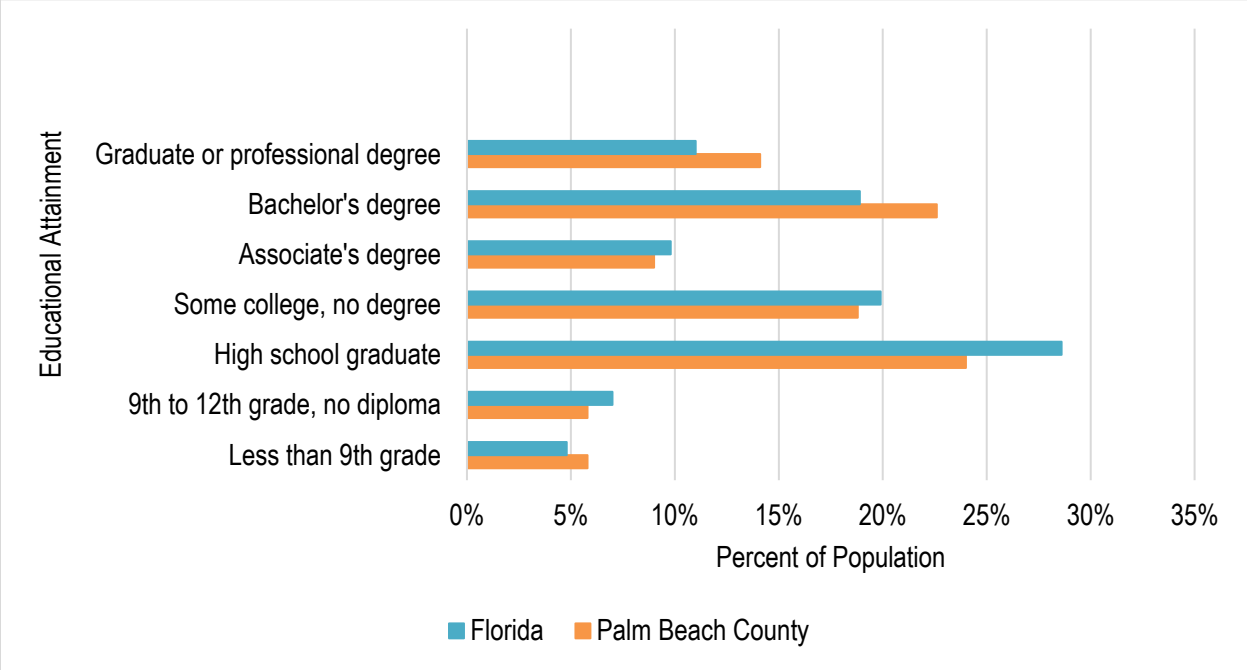
[19] American Academy of Family Physicians. (2015). Learning matters: how education affects health. Retrieved from https://www.aafp.org/news/blogs/leadervoices/entry/learning_matters_how_education_affects.html

Figure 20:Educational Attainment, Palm Beach County and Florida, 5-Year Estimate, 2019



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The table below shows educational attainment by race and ethnicity in Palm Beach County and Florida in 2019. When examining education attainment across races in Palm Beach County, most notably, more White residents (91.1%) obtained a high school degree or higher than Black residents (79.7%). When comparing the attainment of a Bachelor's degrees or higher among these populations, the percentage of Black residents ((20.7%) to do so was nearly half that of White residents (40.2%).

Educational attainment across ethnicities is also depicted. In 2019, 95.4% of White, non-Hispanic residents obtained a high school degree or higher compared to 74.2% of Hispanic or Latino residents in Palm Beach County. Furthermore, while 44.3% of White, non-Hispanic Palm Beach County residents obtained a Bachelor's degree or higher, only 24.6% of Hispanic and Latino residents did so as well. These disparities in educational attainment in certain races and ethnicities are similar across the state.

Table 49: Educational Attainment, By Race and Ethnicity, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Race				
White alone	827,974	--	11,715,824	--
High school graduate or higher	753,986	91.1%	10,496,811	89.60%
Bachelor's degree or higher	332,910	40.2%	3,684,564	31.40%
Black alone	171,988	--	2,128,338	--
High school graduate or higher	137,035	79.7%	1,770,884	83.2%
Bachelor's degree or higher	34,647	20.1%	410,209	19.3%
American Indian or Alaska Native alone	2,215	--	42,481	--
High school graduate or higher	1,361	61.4%	34,536	81.3%
Bachelor's degree or higher	459	20.7%	9,275	21.8%
Asian alone	29,180	--	413,815	--
High school graduate or higher	25,484	87.3%	360,972	87.2%
Bachelor's degree or higher	14,750	50.5%	207,163	50.1%
Native Hawaiian and Other Pacific Islander alone	502	--	8,391	--
High school graduate or higher	456	90.8%	7,133	85.0%
Bachelor's degree or higher	154	30.7%	1,928	23.0%
Some other race alone	24,970	--	400,744	--
High school graduate or higher	17,174	68.8%	304,134	75.9%
Bachelor's degree or higher	4,998	20.0%	78,408	19.6%
Two or more races	15,165	--	256,152	--
High school graduate or higher	13,104	86.4%	223,692	87.3%
Bachelor's degree or higher	5,422	35.8%	80,154	31.3%
Ethnicity				
Hispanic or Latino Origin	208,943	--	3,527,296	--
High school graduate or higher	155,097	74.2%	2,802,184	79.4%
Bachelor's degree or higher	51,327	24.6%	869,137	24.6%
White alone, not Hispanic or Latino	649,821	--	8,744,092	--
High school graduate or higher	619,671	95.4%	8,121,633	92.9%

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Bachelor's degree or higher	287,746	44.3%	2,926,992	33.5%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 21: Educational Attainment, By Race, Palm Beach County and Florida, 2019

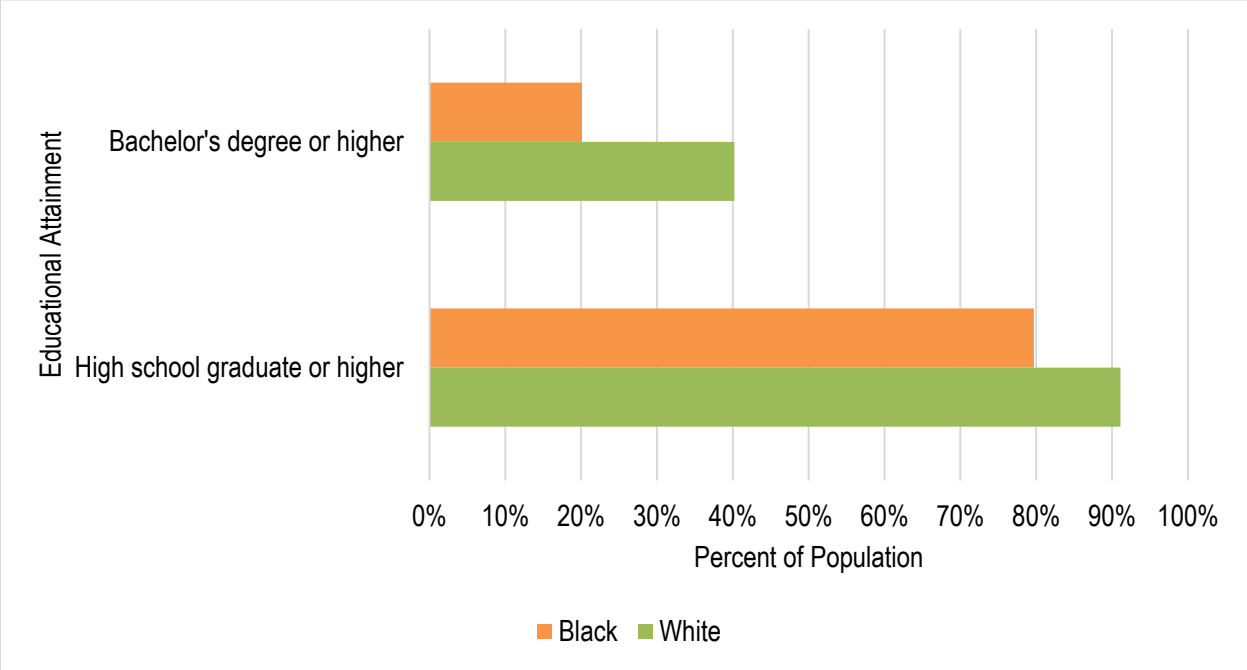
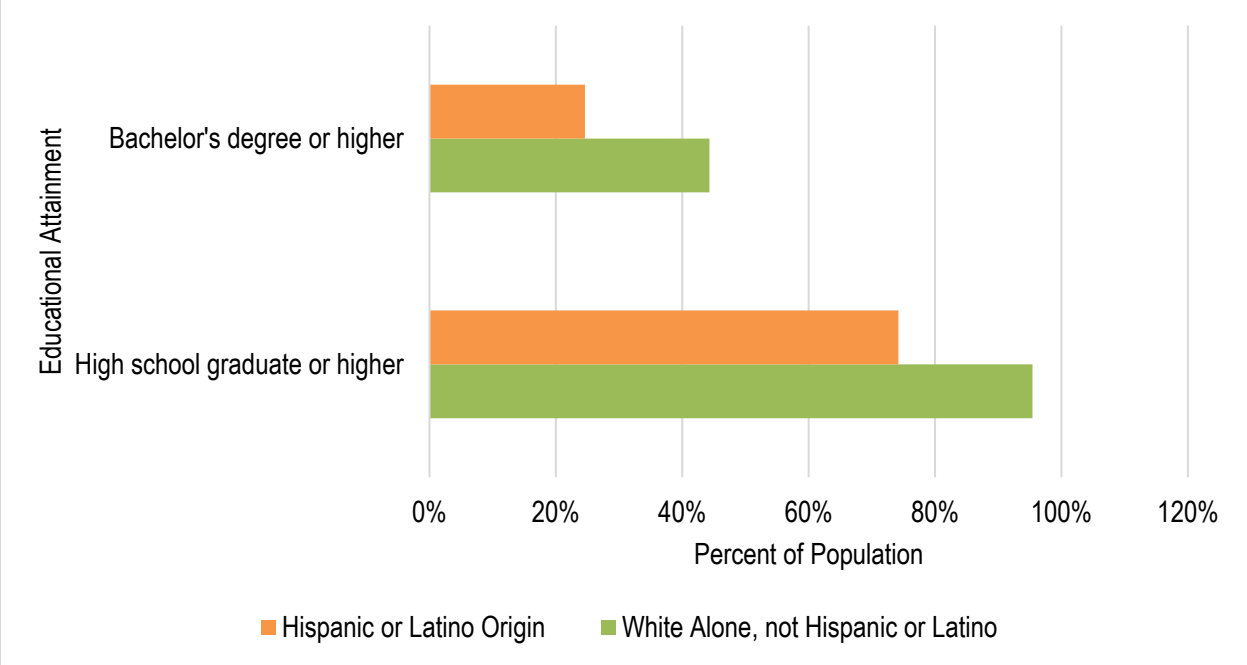


Figure 22: Educational Attainment, By Ethnicity, Palm Beach County and Florida, 2019



High School Graduation Rates

The National Bureau of Economic Research refers to high school graduation rates as a "barometer" of health. Research shows that high school graduation rates can be an indicator of health and societal progress in a community.[20]

The table below shows the high school graduation rates in Palm Beach County and Florida from the 2016 – 2017 school year through the 2019 – 2020 school year. Overall, graduation rates increased from the 2016 – 2017 school year to the 2019 – 2020 school year in Palm Beach County and Florida, with Palm Beach County increasing from 85.0% to 90.2% and Florida increasing from 82.3% to 90.0% during this time frame.

The Healthy People 2030 national target is to increase the proportion of high school students who graduate in four years after starting ninth grade to 90.7%. The most recent national data shows that 85.8% of students graduated with a regular diploma in the 2018 – 2019 school year four years after starting ninth grade.[21] While the Florida and Palm Beach County rates below do not specify graduation within four years of starting ninth grade, the data does show that Palm Beach County is close to reaching the target graduation rate, with a rate of 90.2% in the 2019 – 2020 school year.

Table 50: High School Graduation Rates, Palm Beach County and Florida, School Years 2016-2017 Through 2019-2020

	2016-2017	2017-2018	2018-2019	2019-2020
Palm Beach County	85.0%	87.2%	87.1%	90.2%
Florida	82.3%	86.1%	86.9%	90.0%

Source: Florida Department of Education, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 23: High School Graduation Rates, Palm Beach County and Florida, School Years 2016-2017 Through 2019-2020

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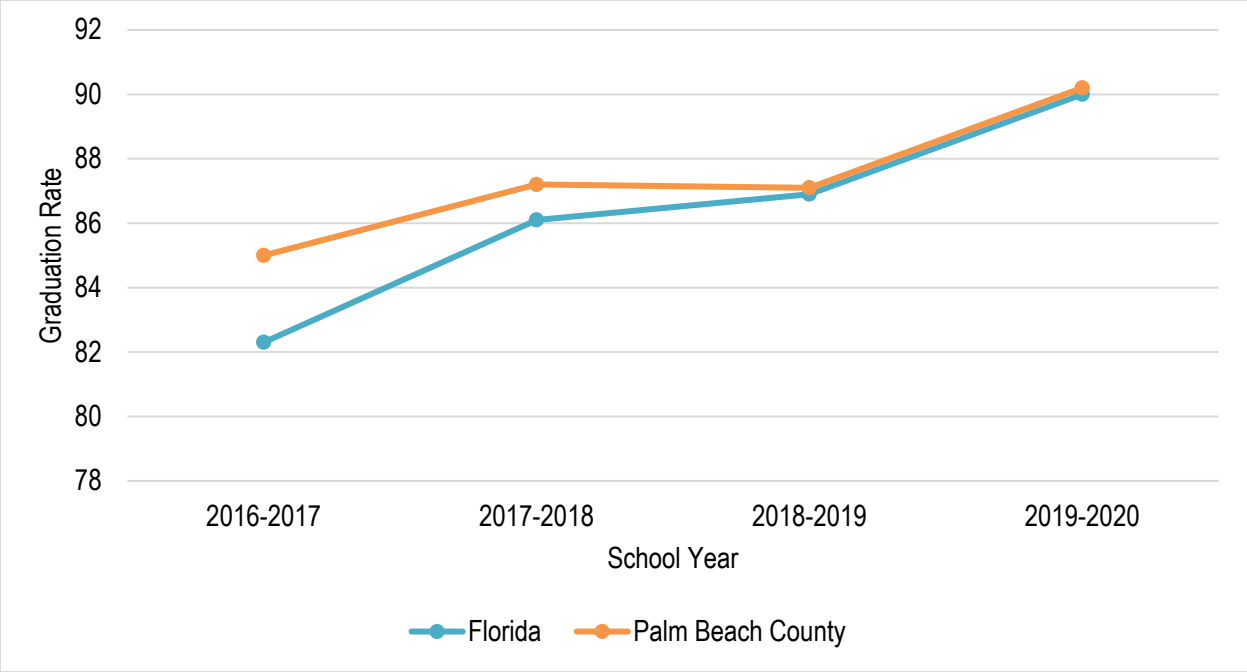
[20] Heckman, J., & LaFontaine, P. (2008). The declining American high school graduation rate: evidence, sources, and consequences. Retrieved from https://www.nber.org/reporter/2008number1/declining-american-high-school-graduation-rate-evidence-sources-and-consequences

[21] Increase the proportion of high school students who graduate in 4 years — AH-08. (n.d.) In Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/adolescents/increase-proportion-high-school-students-who-graduate-4-years-ah-08


92
90
88
86
84
82
80
78
Graduation Rate
2016-2017
2017-2018
2018-2019
2019-2020
School Year
Florida
Palm Beach County

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School Grades by Year

School grades are an indicator of individual school performance throughout the county. These grades are assigned by the Florida Department of Education and serve as a way for the Department to communicate how well each school is serving its students. It is important to note that on March 23, 2020, the Florida Department of Education Emergency Order No. 2020-EO-1 was issued in response to the COVID-19 pandemic and subsequently cancelled all spring K-12 statewide assessment tests. As such, accountability measures for the 2019 – 2020 school year that used statewide assessment data were not fully calculated. Additionally, on April 9, 2021, the Florida Department of Education Emergency Order No. 2021-EO-02 made the 2020 – 2021 school year school grades optional and gave schools the ability to choose to opt-in to this measure.[22]

The chart below depicts the school grades received by Palm Beach County schools by academic year from the 2014 – 2015 school year to the 2019 – 2020 school year. A full list of grades by school is included in Appendix A. Overall, school grades improved in Palm Beach County, reaching a five-year high in the count of "A" grades (44.9%) obtained by Palm Beach County schools and a five-year low in the count of "F" grades (0.0%) obtained in the 2018 – 2019 school year.

Table 51: School Grades by Year (Average), Palm Beach County, 2014-2015 School Year Through 2018-2019 School Year

School Grade	2014 – 2015		2015 – 2016		2016 – 2017		2017 – 2018		2018 – 2019	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
A	86	43.4%	63	31.8%	72	36.4%	83	41.9%	89	44.9%
B	22	11.1%	45	22.7%	45	22.7%	42	21.2%	45	22.7%
C	51	25.8%	67	33.8%	67	33.8%	63	31.8%	58	29.3%
D	22	11.1%	12	6.1%	8	4.0%	5	2.5%	3	1.5%
F	8	4.0%	3	1.5%	1	0.5%	1	0.5%	0	0.0%
No Grade	9	4.5%	8	4.0%	5	2.5%	4	2.0%	3	1.5%

*Note: Pursuant to FDOE Emergency Order No. 2021-EO-02, only schools for which an opt in request was submitted by the school district superintendent or charter school governing board have a letter grade assigned for the 2020-21 school year. More information can be found at https://www.fldoe.org/core/fileparse.php/19861/urlt/2021-EO-02.pdf.

Source: Florida Department of Education, 2021

Compiled by: Health Council of Southeast Florida, 2021

[22] Florida Department of Education. (2021). 2020-21 guide to calculating school grades and district grades. Retrieved from https://www.fldoe.org/core/fileparse.php/18534/urlt/SchoolGradesCalcGuide21.pdf

Percentage of Total Students Passing, Score Of 3 and Above

Student pass rates are an indicator of student performance and can depict both English Language Arts and Mathematics aptitude.

The table below shows the percentage of total students passing with a score of three and above in Palm Beach County and Florida from the 2017 – 2018 through the 2020 – 2021 school years. In both English Language Arts and Mathematics, Palm Beach County's percentage exceeded the state's overall percentage each year from the 2017 – 2018 school year through the 2020 – 2021 school year. It is important to note that, in the 2019 – 2020 school year, Spring K-12 statewide assessments were canceled by Executive Order No. 2020-EO-1 due to the COVID-19 pandemic. As a result, school accountability measures were not calculated for the 2019 – 2020 school year.

Table 52: Percentage of Total Students Passing, Score of 3 and Above, Palm Beach County and Florida, School Years 2017-2018 Through 2020-2021

School Year	Palm Beach County	Florida	Palm Beach County	Florida
	English Language Arts Achievement Levels 3+		Mathematics Achievement Levels 3+	
2017-2018	58.2%	55.9%	62.0%	59.0%
2018-2019	58.9%	57.0%	63.4%	59.6%
2019-2020	--*	--*	--*	--*
2020-2021	54.2%	52.8%	47.0%	48.4%

Note: *Pursuant to Florida Department of Education Emergency Order No. 2020-EO-1, spring K-12 statewide assessment test administrations for the 2019-20 school year were canceled and accountability measures reliant on such data were not calculated for the 2019-20 school year. Additionally, in April 2020, the U.S. Department of Education provided a Report Card waiver for requirements related to certain assessments and accountability that are based on data from the 2019-20 school year.
Source: Florida Department of Education, 2021
Compiled by: Health Council of Southeast Florida, 2021

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Business and Employment

Employment can lead to positive outcomes such as a stable income and access to employer benefits, including health insurance. Research has shown that well-paying jobs play an important role in an individual's ability to live in a safe neighborhood, obtain education for their children, secure childcare services, and purchase healthy foods. Compared to their employed counterparts, unemployed Americans are more likely to be diagnosed with depression and have poorer health outcomes, including an increased risk of developing a stress-related condition such as stroke, heart attack, heart disease, or arthritis.[23] Employment plays a significant role in health, and therefore it is important to explore the employment status and employee characteristics of a community to better understand the population.

Employment Status

Employment rate is positively correlated with both individual and community health. Research shows that mortality rates and rates of chronic diseases are lower among employed individuals compared to unemployed individuals. Quality, stable employment is known to reduce the risk of depression and psychological stress and improve overall mental health.[24]

The table below shows the employment status for Palm Beach County and Florida residents in 2019. Among the Palm Beach County population ages 16 years and older, 59.7% of residents were in the civilian labor force. Of those residents, 56.2% were employed and 3.5% were unemployed. This is comparable to the state rate, where 55.2% of the Florida population in the civilian labor force was employed and 3.3% were unemployed. Overall, Palm Beach County had an unemployment rate of 5.9% in 2019, which was slightly above the state rate of 5.6%.

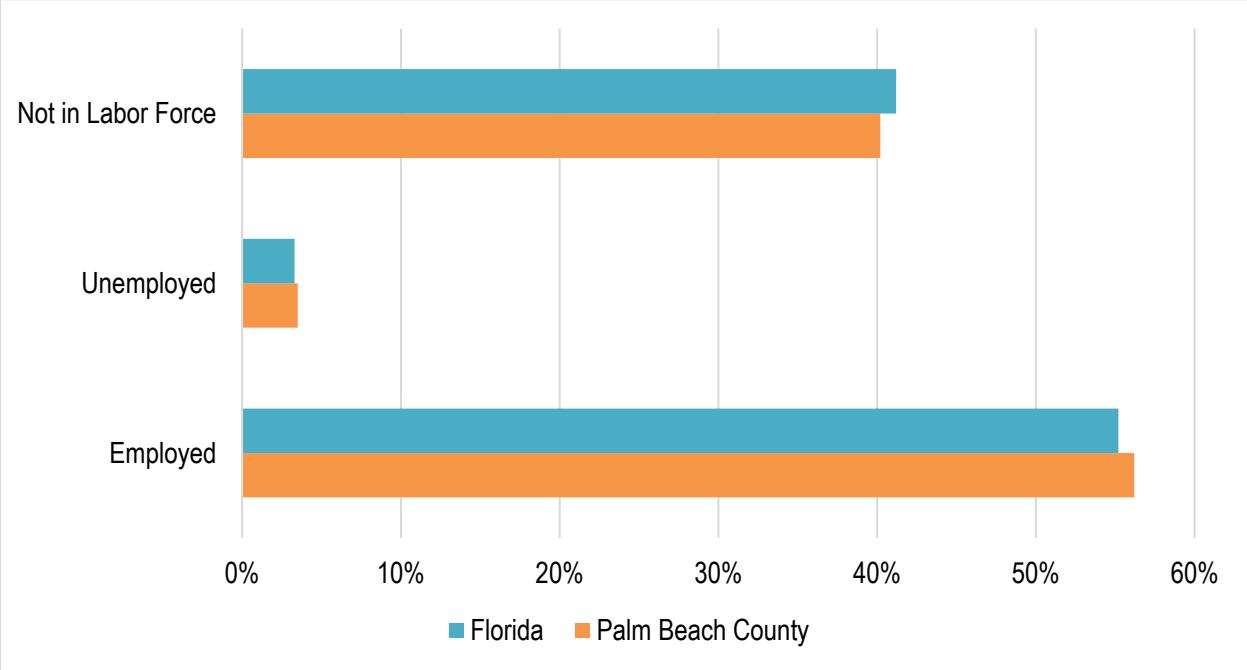
Table 53: Employment Status, Palm Beach County and Florida, 5-year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Population 16 years and over	1,216,589	100%	17,201,999	100%
In labor force	727,184	59.8%	10,116,026	58.8%
Civilian labor force	726,766	59.7%	10,056,801	58.5%
Employed	684,112	56.2%	9,495,353	55.2%
Unemployed	42,654	3.5%	561,448	3.3%
Armed Forces	418	0.0%	59,225	0.3%
Not in labor force	489,405	40.2%	7,085,973	41.2%
Civilian labor force	726,766	726,766	10,056,801	10,056,801
Unemployment Rate	--	5.9%	--	5.6%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[23] Robert Wood Johnson Foundation. (2013). How does employment, or unemployment, affect health? Retrieved from https://www.rwjf.org/en/library/research/2012/12/how-does-employment--or-unemployment--affect-health-.html
[24] Adams, J. E. (2018). Improving individual and community health through better employment opportunities. *Health affairs.* https://doi.org/10.1377/hblog20180507.274276

Figure 24: Employment Status, Palm Beach County and Florida, 2019



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Unemployment Rate

Unemployment has adverse health consequences and can lead to lost wages and medical benefits, which ultimately can result in decreased access to care for individuals and their families. Additionally, unemployment is shown to lead to increased feelings of depression, anxiety, low self-esteem, demoralization, worry, and physical pain. Compared to their employed counterparts, unemployed residents tend to suffer from more stress-related illnesses, including high blood pressure, stroke, heart attack, heart disease, and arthritis.[25] For these reasons, it is important to analyze unemployment as an indicator to health.

The table below depicts the unemployment rate in Palm Beach County and Florida from 2015 to 2019. It is important to note that these rates were calculated using one-year estimates from the U.S. Census Bureau's American Community Survey, as opposed to the fuller five-year estimates that are used throughout the rest of this report. Overall, both Palm Beach County and the state of Florida unemployment rates gradually declined from 2015 to 2019. As of 2019, Palm Beach County had an unemployment rate of 5.2%, while the state had a rate of 4.5%.

Table 54: Unemployment Rate, Palm Beach County and Florida, 1-Year Estimate, 2019

Year	Palm Beach County	Florida
2015	6.9%	7.0%
2016	6.3%	6.0%
2017	5.9%	5.5%
2018	5.6%	5.2%
2019	5.2%	4.5%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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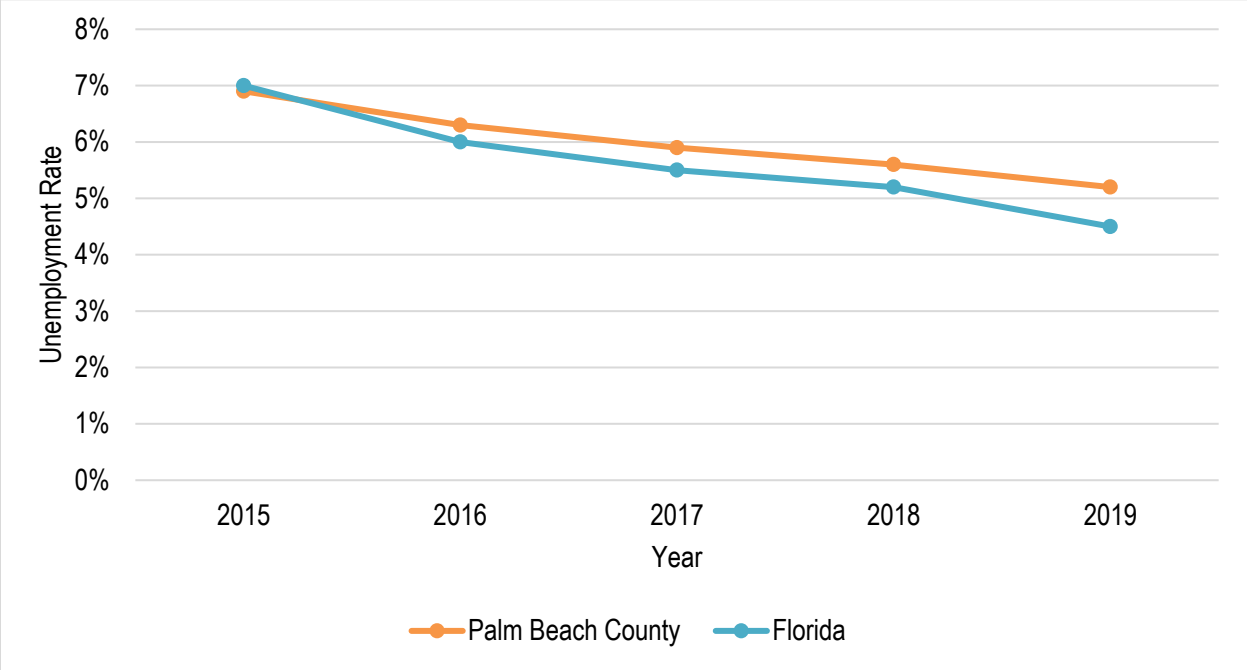
[25] Office of Disease Prevention and Health Promotion (ODPHP). (n.d.). Employment. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/employment

Figure 25: Unemployment Rate, Palm Beach County and Florida, 1-Year Estimate, 2019



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Employment by Industry

Understanding residents' employment based on their industry can help public health agencies better anticipate the needs, services, and lifestyles of residents. Industry sectors determine a worker's potential health risks, working hours, and economic situation. All of these elements are important in planning and implementing health services. According to labor studies, jobs that are categorized as "blue-collar" often report increased physical demands and low flexibility of work hours. These characteristics are more frequently reported among lower socioeconomic classes. Alternatively, "white-collar" jobs are more likely to report high time pressure, frequent overtime, and poor work-life balance. These characteristics are positively related to social status and are more common among higher socioeconomic classes. Additionally, evidence suggests that morbidity and mortality increase as social or socioeconomic status decrease. Despite this, it is important to note that social support at work and job security are not clearly related to occupational class or to socioeconomic or educational status.[26]

The chart below depicts employment by industry for both Palm Beach County and Florida in 2019. Among Palm Beach County civilian workers ages 16 years and older, a majority worked in educational services, health care, and social assistance (20.9%) industries. Professional, scientific, management, administrative, and waste management services (15.5%) industries made up the second most populous group. The industry with the smallest percentage of the civilian population working was agriculture, forestry, fishing and hunting, and mining (1.0%). These trends were consistent with those reported across the state of Florida.

Figure 26: Employment by Industry, Palm Beach County and Florida, 5-Year Estimate, 2019

Industry	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Civilian employed population 16 years and over	684,112	100%	9,495,353	100%
Agriculture, forestry, fishing and hunting, and mining	6,865	1.0%	92,995	1.0%
Construction	53,723	7.9%	721,621	7.6%
Manufacturing	28,962	4.2%	480,934	5.1%
Wholesale trade	17,423	2.5%	250,829	2.6%
Retail trade	86,793	12.7%	1,206,140	12.7%
Transportation and warehousing, and utilities	31,147	4.6%	532,646	5.6%
Information	13,130	1.9%	169,445	1.8%
Finance and insurance, and real estate and rental and leasing	54,331	7.9%	738,389	7.8%
Professional, scientific, and management, and administrative and waste management services	105,813	15.5%	1,245,305	13.1%
Educational services, and health care and social assistance	143,260	20.9%	1,994,422	21.0%
Arts, entertainment, and recreation, and accommodation and food services	80,117	11.7%	1,162,995	12.2%
Other services, except public administration	40,546	5.9%	498,858	5.3%
Public administration	22,002	3.2%	400,774	4.2%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[26] Hämmig, O., Bauer, G.F. (2013). The social gradient in work and health: a cross-sectional study exploring the relationship between working conditions and health inequalities. *BMC Public Health (13)*,1170. https://doi.org/10.1186/1471-2458-13-1170

Employment by Occupation

Similar to employment by industry, employment data based on occupation can help providers and community organizations better understand resident lifestyles and health needs. Studies show that workers with lower educational and occupational status are more likely to report poor self-rated health, limited physical functioning, and sickness absence.[27]

The following table shows occupation categories for Palm Beach County and Florida residents in 2019. These categories have different risks associated with their work and are important to consider when analyzing the health status and potential needs of the community. Palm Beach County civilian workers ages 16 years and older worked primarily in three occupational sectors: management, business, science, and arts occupations (37.3%); sales and office occupations (23.5%); and service occupations (21.8%).

Figure 27: Employment by Occupation, Palm Beach County and Florida, 5-Year Estimate, 2019

Occupation	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Civilian employed population 16 years and over	684,112	100%	9,495,353	100%
Management, business, science, and arts occupations	255,373	37.3%	3,377,159	35.6%
Service occupations	149,365	21.8%	1,897,257	20.0%
Sales and office occupations	160,832	23.5%	2,335,270	24.6%
Natural resources, construction, and maintenance occupations	60,634	8.9%	888,033	9.4%
Production, transportation, and material moving occupations	57,908	8.5%	997,634	10.5%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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[27] Hämmig, O., Bauer, G.F. (2013). The social gradient in work and health: a cross-sectional study exploring the relationship between working conditions and health inequalities. *BMC Public Health (13)*,1170. https://doi.org/10.1186/1471-2458-13-1170

Employment by Class of Worker

The table below shows the percentage of the working population in each class, including private wage and salary workers, government workers, self-employed workers, and unpaid family workers, in Palm Beach County and Florida in 2019. Of the Palm Beach County workforce, 83.1% were private wage and salary workers, which was consistent with the state's percentage of 82.4%. Government workers made up 10.1% of the Palm Beach County workforce, while self-employed workers made up 6.6% and unpaid family workers made up 0.2% of the workforce.

Figure 28: Employment by Class of Worker, Palm Beach County and Florida, 5-Year Estimate, 2019

Class of Worker	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Civilian employed population 16 years and over	684,112	100%	9,495,353	100%
Private wage and salary workers	568,541	83.1%	7,823,864	82.4%
Government workers	69,050	10.1%	1,093,978	11.5%
Self-employed in own not incorporated business workers	45,155	6.6%	559,741	5.9%
Unpaid family workers	1,366	0.2%	17,770	0.2%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Public Assistance Benefits

Public assistance benefits serve as a valuable resource for community members in need. This section explores Free and Reduced Lunch at schools and the Older American Act in Palm Beach County.

Free and Reduced Lunch Status

Nutrition is a vital component to a child's well-being and their ability to learn in the classroom. School lunches offer an opportunity for children to receive nutritious, filling foods that follow the standards from the National School Lunch Program. These free and reduced-price lunches are shown to reduce food insecurity, obesity rates, and poor health among students.[28]

The following table shows the count of free and reduced-price lunch eligible students in Palm Beach County and Florida during the 2020 – 2021 school year. During this timeframe, Palm Beach County had approximately 187,341 students. Of those students, 65.1% were eligible for free or reduced lunch or attended a Provision 2 school. This is slightly greater than the percentage in Florida, where 63.7% of students were eligible for free or reduced lunch or attended a Provision 2 school.

Table 55: Free and Reduced Lunch Status, Palm Beach County and Florida, School Year 2020 – 2021

	Total Students	Percent Eligible	# of Free Lunch Students	# of Reduced-Price Lunch Students	# of Provision 2 Students	# of Direct Certification CEP Students
Florida	2,795,691	63.7%	967,002	106,611	939	472,872
Palm Beach County	187,341	65.1%	110,872	10,793	350	0

Notes: Free = The student is eligible for free lunch; Reduced = The student is eligible for reduced price lunch; Provision 2 = The student is enrolled in a USDA-approved Provision 2 school; Direct Cert = The student is enrolled in a USDA-approved Community Eligibility Provision (CEP) school and is identified as eligible for free meals based upon the Direct Certification Determination or the extension of eligibility to the household due to eligibility of an identified direct certified student.
Source: Florida Department of Education, 2021
Compiled by: Health Council of Southeast Florida, 2021

[28] Food Research & Action Center. (2021). Benefits of school lunch. Retrieved from: https://frac.org/programs/national-school-lunch-program/benefits-school-lunch#:~:text=Research%20shows%20that%20receiving%20free,especially%20for%20fruits%20and%20vegetables.

Students Qualifying for Free and Reduced Lunch, By School

When analyzed by school, free and reduced lunch qualifications can indicate need in a particular area. The following table depicts free and reduced lunch statuses for all Palm Beach County School District schools during the 2020 – 2021 school year. Please note that the full listing of schools is included in Appendix B. Among all Palm Beach County School District schools, 65.1% of students were eligible for free and reduced lunch or attended a Provision 2 school.

Table 56: Students Qualifying for Free and Reduced Lunch, By School, Palm Beach County, School Year 2020 - 2021

	Total Students	Percent Eligible	# of Free Lunch Students	# of Reduced-Price Lunch Students	# of Provision 2 Students	# of Direct Certification CEP Students
All Palm Beach County Schools	187,341	65.1%	110,872	10,793	350	0

Note: *To provide meaningful results and to protect the privacy of individual students, data are displayed only when the total number of students in a group is at least 10 and when the performance of individuals would not be disclosed. Data for groups less than 10 are displayed with an asterisk (*).
Source: Florida Department of Education, 2021
Compiled by: Health Council of Southeast Florida, 2021

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SNAP Participation, September 2021

Overall, food insecurity has been shown to increase the risk of adverse health outcomes and is linked with higher health care costs. Food insecurity can also complicate an individual's ability to manage illness, furthering health issues. Research shows that food insecurity is strongly correlated with chronic health conditions among children, working-age adults, and seniors. Additionally, the United States' anti-hunger program, the Supplemental Nutrition Assistance Program (SNAP), has been shown to improve health outcomes and lower healthcare costs for participants. SNAP works to improve food security and offers benefits that enable families to purchase healthier foods while saving money that can be used towards other health-promoting activities and medical care. SNAP participants are more likely to report excellent or very good health as compared to low-income non-SNAP participants.[29]

The table below depicts SNAP participation by ZIP code among age groups in Palm Beach County as of September 2021. Notably, over 50% of the population in ZIP codes 33407, 33438, and 33476 received SNAP benefits in September 2019. The ZIP code with the highest percentage of the population receiving SNAP in September 2019 was in Canal Point (56.7%).

Figure 29: SNAP Participation, Palm Beach County, September 2021

ZIP Code		Population Estimate*	Age 17 & Under Receiving SNAP	Age 18-59 Receiving SNAP	Age 60 & Above Receiving SNAP	Total SNAP Recipients	Percentage of the Population SNAP
33404	Riviera Beach	29,339	8,302	4,814	1,386	14,502	49.4%
33407	West Palm Beach	31,551	10,273	4,822	1,474	16,569	52.5%
33411	West Palm Beach (Golden Lakes, Royal Palm)	72,546	6,255	3,848	1,391	11,494	15.8%
33415	Unincorporated (North of Greenacres)	51,791	9,668	4,635	2,376	16,679	32.2%
33417	West Palm Beach (Cypress Lakes)	33,743	5,351	2,641	1,952	9,944	29.5%
33430	Belle Glade	23,172	6,696	3,396	1,362	11,454	49.4%
33435	Boynton Beach	36,166	6,228	3,662	1,400	11,290	31.2%
33438	Canal Point	367	111	76	21	208	56.7%
33460	Lake Worth	32,573	9,800	3,333	1,160	14,293	43.9%
33461	Palm Springs	47,735	9,978	4,475	2,008	16,461	34.5%
33463	Greenacres	63,577	10,173	4,705	2,077	16,955	26.7%
33476	Pahokee	8,513	2,758	1,441	478	4,677	54.9%
33493	South Bay	5,532	1798	766	123	2687	48.6%

*Note: Population estimates are based on the most recent 5-year estimates available from the U.S. Census Bureau (2019).
Source: U.S Census Bureau, American Community Survey, 2019
Source: Florida Department of Children and Families, Southeast Region, Office of Economic Self-Sufficiency, 2021
Compiled by: Health Council of Southeast Florida, 2021

[29] Carlson, S. & Keith-Jennings, B. (2018). SNAP is linked with improved nutritional outcomes and lower health care costs. *Center on Budget and Policy Priorities.* Retrieved from https://championprovider.ucsf.edu/sites/champion.ucsf.edu/files/CBPP%20SNAP%20linked%20with%20nutritional%20outcomes%20and%20health%20care%20costs.pdf

Older Americans Act, Meals Clients

The Older Americans Act was initially passed by the United States Congress in 1965 to address concerns about inadequate social services for the elderly population. Today, the Older Americans Act authorizes a large scope of social and nutritional services for elderly individuals and their caregivers.[30]

The table below displays the number of Older Americans Act meal clients in Palm Beach County from 2016 to 2020. In 2020, there were 450,876 meals clients ages 60 and above and 3,097 active congregate meals clients. In addition to these congregate meal clients, there were 3,125 active home delivered meals clients. The total number of clients ages 60 and above and home delivered meals clients reached a five-year high in 2020.

Table 57: Older Americans Act, Meals Clients, Palm Beach County, 2016-2020

Year	60+ Population	Congregate Meals Clients Active During the Year	Home Delivered Meals Clients Active During the Year	Congregate and Home Delivered Meals Active Clients as a % of 60+ Population	Number of Clients on the Home Delivered Meals Waitlist During the Year	Clients on the Home Delivered Meals Waitlist as a % of 60+ Population
2016	413,821	3,000	927	0.94%	1,975	0.48%
2017	423,350	2,737	926	0.85%	2,229	0.53%
2018	432,939	2,975	843	0.87%	2,677	0.62%
2019	440,427	3,152	749	0.87%	2,616	0.59%
2020	450,876	3,097	3,215	1.13%	2,959	0.66%

Notes: The significant increase in the percentage of 60+ population served home-delivered meals in 2020 was due to one-time funding for meals from the Family First Act and Coronavirus Aid, Relief and Economic Security (CARES) Act designated to respond to the coronavirus.
Source: Area Agency on Aging of Palm Beach/Treasure Coast, Inc. Client Information Registration Tracking System (CIRTS); Department of Elder Affairs County Profiles Palm Beach County; and Bureau of Economic and Business Research at the University of Florida.
Compiled By: Area Agency on Aging of Palm Beach/Treasure Coast, Inc., 2021

[30] Administration for Community Living. (2021). Older Americans Act. Retrieved from https://acl.gov/about-acl/authorizing-statutes/older-americans-act

Housing

Housing that is stable, affordable, safe, and well-maintained is critical for health and community development. Research shows that community-wide efforts to stabilize housing have improved health outcomes and decreased health care costs for residents. As a social determinant of health, housing is an important component in understanding a community's current health outlook and planning future efforts to improve the health and well-being of the community.[31]

Housing Occupancy

Vacant housing units can lead to negative consequences in the physical environment of a community. The table below depicts the housing occupancy and vacancy rates in Palm Beach County and Florida in 2019. During this year, 80.7% of housing units in Palm Beach County were occupied, while 19.3% of units were vacant. Rental units (8.2) experienced a higher vacancy rate as compared to homeowner units (1.9). The state of Florida saw similar trends, including 81.9% of all units classified as occupied and 18.1% as vacant in 2019

Table 58: Housing Occupancy, Palm Bach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Total housing units	686,410	100%	9,448,159	100%
Occupied housing units	554,095	80.7%	7,736,311	81.9%
Vacant housing units	132,315	19.3%	1,711,848	18.1%
Homeowner vacancy rate	1.9	--	2.3	--
Rental vacancy rate	8.2	--	8.4	--

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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[31] Taylor, L. (2018). Housing and health: an overview of the literature. *Health Affairs.* https:// 10.1377/hpb20180313.396577

Housing Tenure

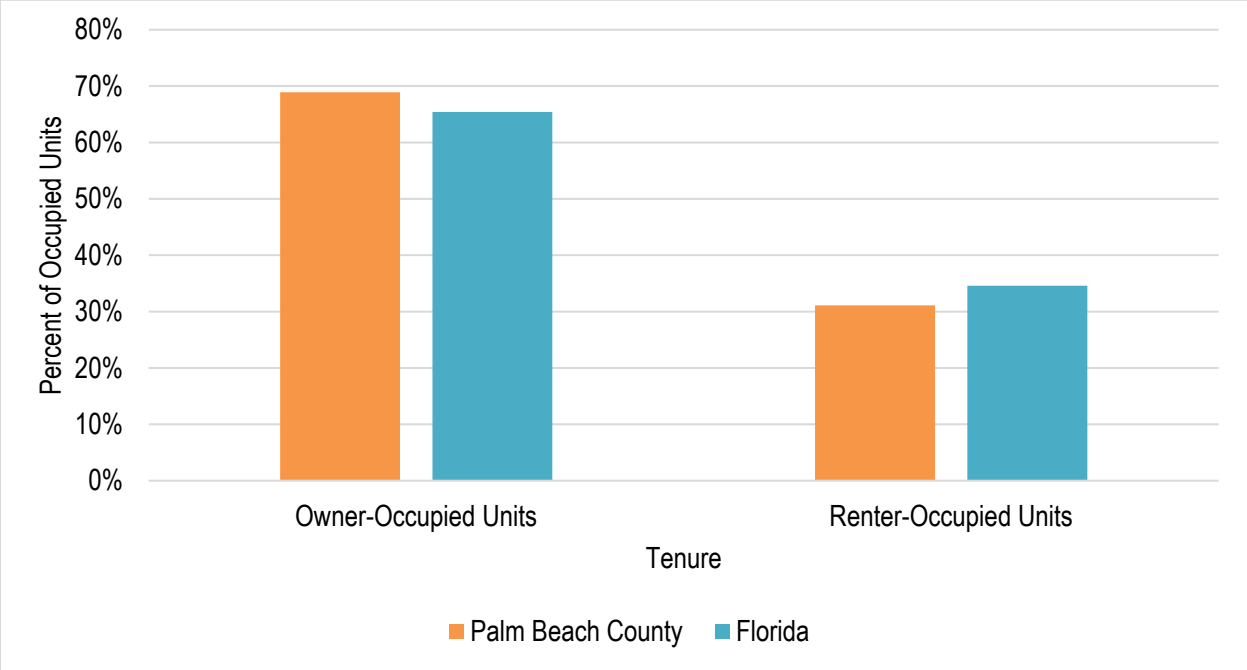
Research has shown that renting a home may heighten the association between unaffordable housing and self-rated health as compared to owning a home. Studies suggest that those who rent homes are more likely to report poor self-rated health compared to those who own their home. Programs that target housing affordability for these populations can have a subsequent positive impact on health. This is significant for programs to consider as they target specific populations in their outreach.[32] As depicted in the table below, a majority of housing units in both Palm Beach County (68.9%) and the state of Florida (65.4%) were owner-occupied in 2019. However, nearly one-third of units in Palm Beach County (31.1%) and Florida (34.6%) were renter-occupied.

Table 59: Housing Tenure, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Occupied housing units	554,095	100%	7,736,311	100%
Owner-occupied	381,611	68.9%	5,058,841	65.4%
Renter-occupied	172,484	31.1%	2,677,470	34.6%
Average household size of owner-occupied unit	2.53	--	2.63	--
Average household size of renter-occupied unit	2.78	--	2.67	--

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 30: Housing Tenure, Palm Beach County and Florida, 5-Year Estimate, 2019



[32] Pollack, C. E., Griffin, B. A., Lynch, J. (2010). Housing affordability and health among homeowners and renters. *American Journal of Prevention Medicine (39)*6. 515-521. https://doi.org/10.1016/j.amepre.2010.08.002.

Housing Value, Owner-Occupied Units

Housing value is an important indication of the cost of living and economic stability of a community. The table below shows the housing value of owner- occupied units in Palm Beach County and Florida in 2019. Among all owner-occupied housing units in Palm Beach County, the median value of housing units was approximately $283,600 in 2019. That is higher than the state's median housing value of $215,300.

Table 60: Housing Value, Owner-Occupied Units, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Owner-occupied units	381,611	100%	5,058,841	100%
Less than $50,000	17,648	4.6%	361,140	7.1%
$50,000 to $99,999	30,212	7.9%	573,883	11.3%
$100,000 to $149,999	33,880	8.9%	628,744	12.4%
$150,000 to $199,999	41,062	10.8%	768,883	15.2%
$200,000 to $299,999	81,401	21.3%	1,186,012	23.4%
$300,000 to $499,999	106,164	27.8%	1,001,919	19.8%
$500,000 to $999,999	51,737	13.6%	407,839	8.1%
$1,000,000 or more	19,507	5.1%	130,421	2.6%
Median (dollars)	$283,600.00	--	$215,300.00	--

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Gross Rent

Average rent is another indicator of the economic status of a community. When residents face disproportionate rent costs compared to their income, they face economic challenges in seeking medical or health care. For this reason, average rent is an important consideration in understanding the health status of the county.

This table shows the gross rent in Palm Beach County and Florida in 2019. In Palm Beach County, there were approximately 165,753 occupied units paying rent in 2019. The median rent cost was $1,398. That is slightly higher than the state's median rent cost of $1,175.

Table 61: Gross Rent, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Occupied units paying rent	165,753	100%	2,564,288	100%
Less than $500	6,235	3.8%	135,487	5.3%
$500 to $999	27,730	16.7%	744,139	29.0%
$1,000 to $1,499	61,655	37.2%	1,000,251	39.0%
$1,500 to $1,999	43,242	26.1%	456,565	17.8%
$2,000 to $2,499	16,083	9.7%	140,803	5.5%
$2,500 to $2,999	6,319	3.8%	48,996	1.9%
$3,000 or more	4,489	2.7%	38,047	1.5%
Median (dollars)	$1,398.00	--	$1,175.00	--
No rent paid	6,731	--	113,182	--

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Gross Rent as a Percentage of Household Income (GRAPHI)

Gross Rent as a Percentage of Household Income (GRAPHI) is a measure that describes the percent of household income that is allocated to rent payments.[33] The U.S. Department of Housing and Urban Development defines cost-burdened families as those who pay more than 30% of their income on housing. These residents may be living near poverty with challenges affording necessities such as food, transportation, and medical care.[34]

The table below shows GRAPHI in Palm Beach County and Florida in 2019. Overall, 59.3% of Palm Beach County units paying rent in 2019 had a GRAPHI of over 30% compared to the state's percent of 56.3%.

The Healthy People 2030 national target is to reduce the proportion of families that spend more than 30% of income on housing to 25.5%.[35] It is important to note that while the Healthy People 2030 target focuses on income spent towards housing in general in the United States, the U.S. Census data available for Palm Beach County and Florida specifically captures income towards rent. Therefore, the information below reflects a smaller subset of the Healthy People 2030 national target topic. According to the data provided below, 59.3% of occupied Palm Beach County units paying rent spent over 30% of their income on housing. In Florida, 56.3% of occupied units paying rent spent over 30% of their household income on housing in 2019.

Table 62: Gross Rent as a Percentage of Income (GRAPHI), Palm Beach County and Florida, 5-Year Estimate, 2019

Gross Rent as a Percentage of Household Income (GRAPHI)	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Occupied units paying rent (excluding units where GRAPHI cannot be computed)	162,732	100%	2,496,946	100%
Less than 15.0 percent	14,204	8.7%	221,551	8.9%
15.0 to 19.9 percent	15,767	9.7%	268,009	10.7%
20.0 to 24.9 percent	17,965	11.0%	310,531	12.4%
25.0 to 29.9 percent	18,408	11.3%	291,370	11.7%
30.0 to 34.9 percent	15,261	9.4%	239,801	9.6%
35.0 percent or more	81,127	49.9%	1,165,684	46.7%
Not computed	9,752	--	180,524	--

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[33] The Central Wisconsin Economy. (2021). Gross rent as a percent of household income. Retrieved from http://www.thecentralwisconsineconomy.org/GRAPI.html

[34] U.S. Department of Housing and Urban Development. (n.d.). Rental burdens: rethinking affordability measures. Retrieved from https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html

[35] Reduce the proportion of families that spend more than 30 percent of income on housing — SDOH-04. (n.d.). In Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

Eviction Rates

Research indicates an association between evictions and negative health impacts, including birth outcomes, mental health hospitalizations, and all-cause mortality. Women, people of color, and families with children are at a higher risk for eviction compared to other groups.[36]

This table shows the eviction rates in Palm Beach County and Florida in 2016. Eviction rates in Palm Beach County (2.8%) exceeded those of the state of Florida (2.53%) in 2016. Additionally, there were approximately 14.56 evictions per day in Palm Beach County in 2016.

Table 63: Eviction Rates, Palm Beach County and Florida, 2016

	Palm Beach County	Florida
Eviction Count	5,328	71,615
Eviction Rate	2.8%	2.53%
Evictions Per Day	14.56	195.67

Source: Eviction Lab, 2016
Compiled by: Health Council of Southeast Florida, 2021

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[36] Himmelstein, G., & Desmond, M. (2021). Eviction and health: vicious cycle exacerbated by a pandemic. *Health affairs.* https://doi.org/ 10.1377/hpb20210315.747908

Households and Householders Living Alone

Social isolation can have a significant impact on health. Loneliness is associated with higher rates of depression, anxiety and suicide. Additionally, social isolation can increase an individual's risk of premature death from all causes and is associated with a 50% increased risk of dementia. Older adults are at an increased risk for this isolation as they are more likely to live alone compared to other age groups.[37]

The table below depicts households and householders living alone in Palm Beach County and Florida in 2019. Non-family households in which the householder lives alone made up nearly one-third (31.0%) of all households in Palm Beach County in 2019. This is higher than the state average, where 28.6% of householders lived alone. Among those ages 65 years and older, 16.8% lived alone in Palm Beach County compared to 12.9% across the state.

Table 64: Households and Householders Living Alone, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Occupied housing units	Percent	Occupied housing units	Percent
Occupied Housing Units	554,095	100%	7,736,311	100%
Family households	345,298	62.3%	4,996,650	64.6%
Married-couple family	256,521	46.3%	3,622,349	46.8%
Male householder, no spouse present	25,501	4.6%	379,735	4.9%
Female householder, no spouse present	63,276	11.4%	994,566	12.9%
Nonfamily households	208,797	37.7%	2,739,661	35.4%
Householder living alone	171,842	31.0%	2,213,645	28.6%
Householder 65 years and over	93,149	16.8%	997,955	12.9%
With related children of householder under 18 years	138,385	25.0%	2,058,279	26.6%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[37] Centers for Disease Control and Prevention. (2021). Loneliness and social isolation linked to serious health conditions. Retrieved from https://www.cdc.gov/aging/publications/features/lonely-older-adults.html

Transportation

Transportation is frequently cited as a barrier to accessing healthcare. When transportation barriers occur, residents may miss appointments or delay care because they do not have the ability to physically attend an appointment or pick up medications. Residents who are not able to access needed transportation, and thus are not able to seek timely care, experience poorer health outcomes.[38] With the increased implementation of telehealth services in recent years, the association between transportation and access to care may weaken.

The following charts depict the outlook of transportation in Palm Beach County, as reported in the 2019 U.S. Census Bureau data. Vehicles available by household and workers who commute to work using public transit are important indicators in understanding the current status of transportation in Palm Beach County, and will be vital to increasing access to healthcare services and ultimately improving health outcomes in future efforts.

Vehicles Available by Household

Vehicles available by household can give providers and program managers insight into a resident's transportation options. This can help policymakers understand the challenges that residents face in accessing services.

The table below shows the vehicles available by household in Palm Beach County and Florida in 2019. In Palm Beach County, a majority of households reported having a vehicle available (41.3%). Alternatively, 6.1% of households did not have a vehicle available. This is comparable to the state of Florida, where 6.3% of households did not have a vehicle.

Table 65: Vehicles Available by Household, Palm Beach County and Florida, 5-Year Estimate, 2019

Vehicles Available	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Occupied housing units	554,095	100%	7,736,311	100%
No vehicles available	33,701	6.1%	489,240	6.3%
1 vehicle available	228,678	41.3%	3,070,576	39.7%
2 vehicles available	214,812	38.8%	2,968,077	38.4%
3 or more vehicles available	76,904	13.9%	1,208,418	15.6%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[38] Syed, S.T., Gerber, B.S. & Sharp, L.K. (2013). Traveling Towards Disease: Transportation Barriers to Health Care Access. *J Community Health.* 38, 976–993. https://doi.org/10.1007/s10900-013-9681-1

Workers Who Commute to Work Using Public Transit, By Age

Well-designed and well-used public transportation systems can improve the health of communities by offering low-cost transportation options that reduce automobile congestion and the associated environmental impacts and health impacts. Public transportation systems offer solutions to families who face transportation barriers, which is one of the major issues related to access to health care. Public transportation also offers accessibility options for the elderly, disabled, and young adults. However, ill-maintained systems may result in low ridership due to the inconvenience of routes or bus stops, inconvenient timing options, or a lack of accessibility, especially for those with disabilities. [39]

The following table shows the number and percentage of workers who commuted to work using public transit by age in Palm Beach County and Florida in 2019. The commute types depicted below can give insight into how Palm Beach County residents get to work, appointments, and other community activities. In Palm Beach County, most workers ages 16 years and older commuted by driving alone in a car, truck, or van (77.9%). Alternatively, 10,967 workers (1.6%) ages 16 years and older commute to work using public transportation, not including a taxi cab. Public transportation use was highest among workers ages 25 to 44 years old (42.6%) and lowest among workers ages 16 to 19 years old (4.0%) in Palm Beach County. The state of Florida showed a similar trend with 4.5 % of commuters ages 16 to 19 years old commuting via public transportation and 41.4% of residents ages 25 to 44 years old commuting via public transportation.

Table 66: Workers who Commute to Work Using Public Transit, By Age, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County				Florida			
	Total	Drove Alone	Carpooled	Public Transport*	Total	Drove Alone	Carpooled	Public Transport*
Workers 16 years and over	672,240	523,581	66,888	10,967	9,383,111	7,420,475	865,300	170,350
Age								
16 to 19 years	2.9%	2.5%	5.5%	4.0%	2.7%	2.4%	4.9%	4.5%
20 to 24 years	8.3%	8.3%	11.6%	9.0%	8.9%	8.7%	11.3%	14.0%
25 to 44 years	40.1%	40.7%	43.3%	42.6%	42.7%	43.0%	46.3%	41.4%
45 to 54 years	22.2%	22.4%	20.4%	22.2%	22.0%	22.2%	20.3%	19.6%
55 to 59 years	10.3%	10.4%	9.0%	9.1%	10.1%	10.2%	7.9%	9.1%
60 years +	16.2%	15.8%	10.3%	13.0%	13.6%	13.5%	9.4%	11.4%
Median age	44.3	44.2	40	42.1	42.9	43	39.2	39.4

*Note: Public Transportation excludes the use of taxicabs.
Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[39] Gershon R. R. (2005). Public transportation: advantages and challenges. Journal of urban health: bulletin of the New York Academy of Medicine, 82(1), 7–9. https://doi.org/10.1093/jurban/jti003

Workers Who Commute to Work Using Public Transit, By Race and Ethnicity

The table and graphs below show the number and percentage of workers who commuted to work using public transportation by race and ethnicity in Palm Beach County and Florida in 2019. The percentage of those using public transportation is fairly equal among White (45.3%) and Black (45.3%) residents, as well as between Hispanic (27.2%) and non-Hispanic (24.6%) residents in Palm Beach County. Among White workers over the age of 16 years old, 45.3% commuted via public transportation compared to 45.3% of Black workers in the same age group. Hispanic or Latino workers over the age of 16 years old (27.2%) reported slightly higher rates of public transportation commuting compared to their White counterparts (24.6%). The distribution between races and ethnicities in Palm Beach County was more equitable than the distribution seen across the state of Florida. In Florida, 36.7% of Hispanic or Latino workers over the age of 16 commuted via public transportation as compared to 19.6% of non-Hispanic or Latino workers.

Table 67: Workers who Commute to Work Using Public Transit, By Race and Ethnicity, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County				Florida			
	Total	Drove Alone	Carpooled	Public Transport *	Total	Drove Alone	Carpooled	Public Transport *
Workers 16 years and over	672,240	523,581	66,888	10,967	9,383,111	7,420,475	865,300	170,350
Race								
One race	98.2%	98.2%	97.8%	97.9%	97.8%	97.9%	97.0%	97.3%
White	72.9%	73.3%	66.8%	45.3%	75.6%	76.1%	71.0%	48.9%
Black or African American	18.9%	19.2%	19.6%	45.3%	15.6%	15.5%	16.1%	40.5%
American Indian and Alaska Native	0.2%	0.2%	0.5%	1.0%	0.3%	0.3%	0.4%	0.4%
Asian	3.1%	2.8%	5.6%	2.4%	3.0%	2.8%	4.5%	2.8%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%
Some other race	3.0%	2.7%	5.2%	4.0%	3.3%	3.1%	4.9%	4.6%
Two or more races	1.8%	1.8%	2.2%	2.1%	2.2%	2.1%	3.0%	2.7%
Ethnicity								
Hispanic or Latino origin (of any race)	24.0%	22.8%	39.0%	27.2%	27.4%	26.5%	36.8%	36.7%

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White alone, not Hispanic or Latino	52.6%	53.7%	34.9%	24.6%	52.7%	53.8%	41.3%	19.6%

*Note: Public transportation excludes the use of taxicabs.
Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 31: Workers who Commute to Work Using Public Transit, By Race, Palm Beach County, 2019

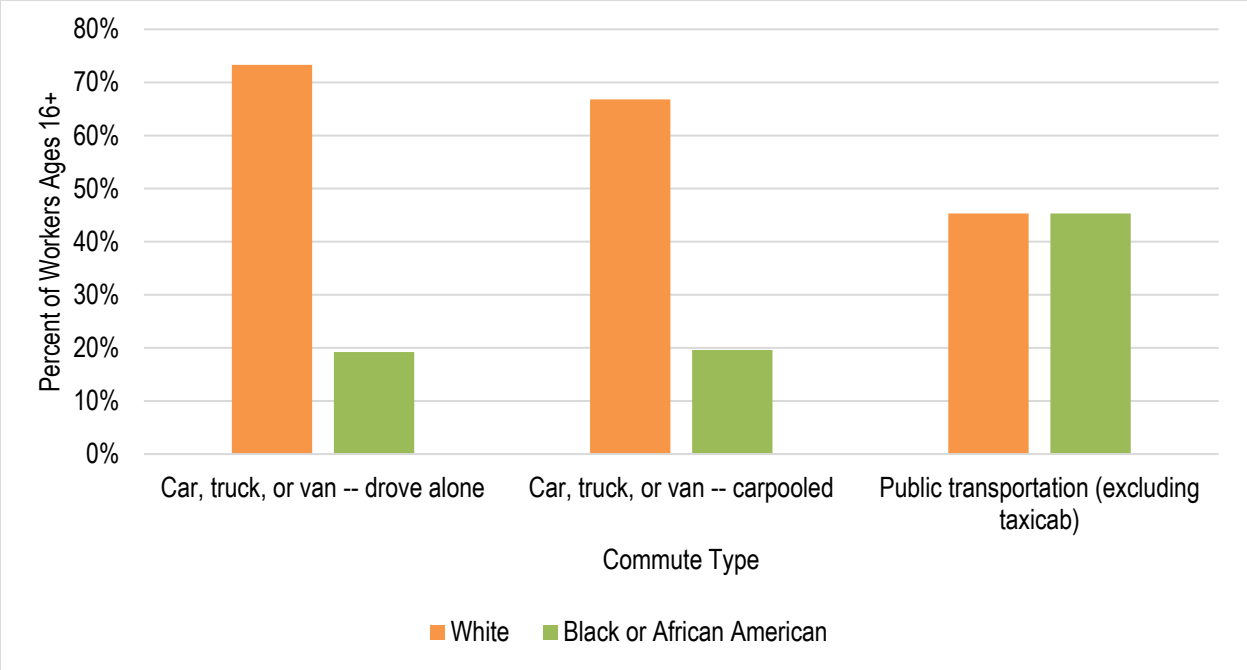

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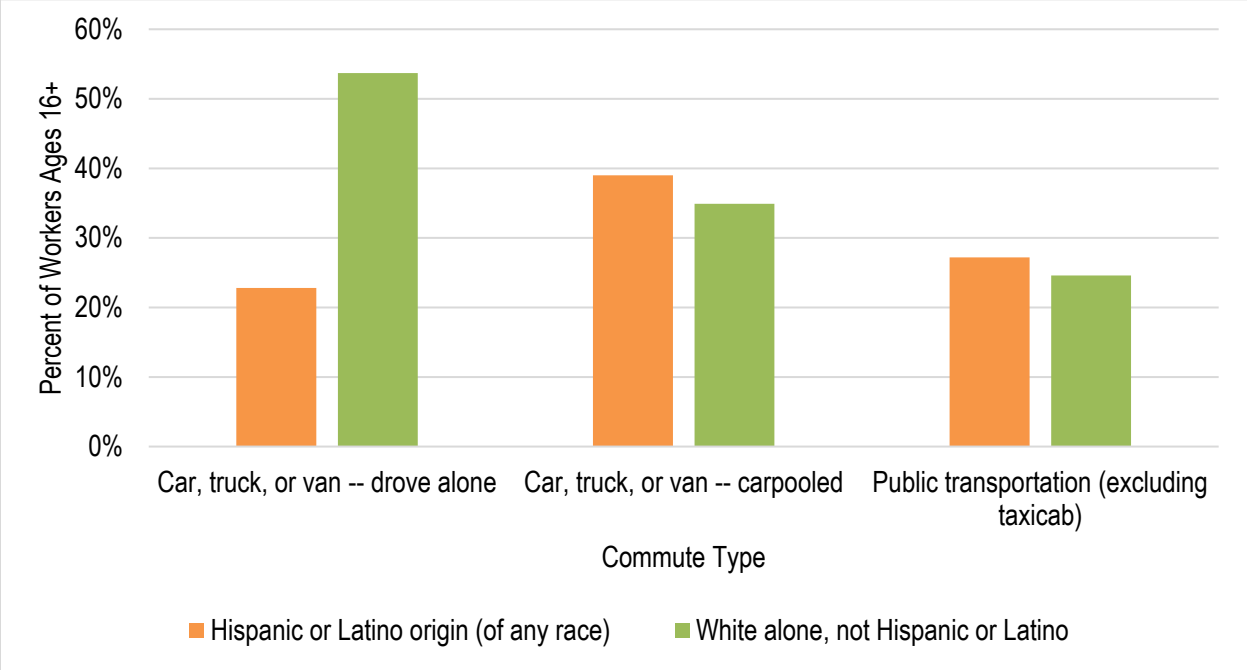
Figure 32: Workers who Commute to Work Using Public Transit, By Ethnicity, Palm Beach County, 2019



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Crime

According to the Centers for Disease Control and Prevention, violence is now widely recognized as a public health issue.[40] Whether an individual is a direct victim, witness, or is exposed to conversation about crime, the negative effects can have a physical, mental, and emotional impact. Exposure to violence in childhood can lead to a greater risk for substance abuse, risky sexual behavior, and unsafe driving behavior in adulthood. Additionally, if people feel unsafe in their community due to crime and violence, they will be less likely to engage in outdoor physical activity or wellness activities, decreasing positive physical health outcomes and the sense of community within an area. Addressing exposure to crime and violence through a public health lens is important in mitigating the negative effects from such exposure.[41]

Total Arrests

Total arrests serve as one indicator of crime in a community. The following table depicts total arrests in Palm Beach County in 2018 and 2019. The number of total arrests for both adults and juveniles in Palm Beach County decreased from 2018 to 2019. In 2019, there were 37,272 adult arrests, compared to 40,049 in 2018, and 3,220 juvenile arrests, compared to 3,695 in 2018.

Table 68: Total Arrests, Palm Beach County, 2018 and 2019

Year	Population	Total Arrests	Arrest Rate per 100,000	Total Adult Arrests	Total Juvenile Arrests
2018	1,433,417	43,744	3,051.7	40,049	3,695
2019	1,447,857	40,492	2,796.7	37,272	3,220

Source: Florida Department of Law Enforcement (FDLE), 2019
Compiled by: Health Council of Southeast Florida, 2021

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[40] Centers for Disease Control and Prevention. (2009). The history of violence as a public health issue. Retrieved from https://stacks.cdc.gov/view/cdc/24078

[41] U.S. Department of Health and Human Services – Office of Disease Prevention and Health Promotion. (2021). Crime and violence. Retrieved from https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/crime-and-violence

Arrests by Charge, Index Arrests

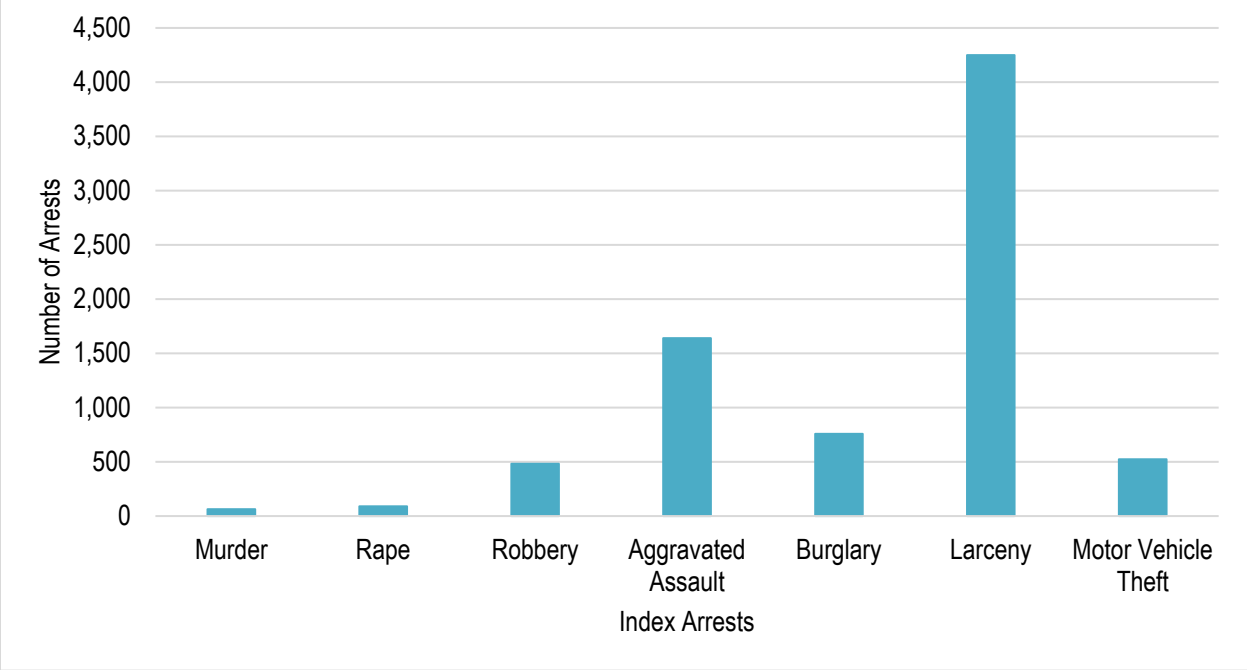
The table below shows the type of Index Arrests made in Palm Beach County in 2019. Understanding the reasons for an arrest can aid community partners in preparing services based on those reasons. Most Palm Beach County Index Arrests in 2019 were due to larceny (4,250 arrests) and aggravated assault (1,640 arrests).

Table 69: Arrests by Charge, Index Arrests, Palm Beach County, 2019

Year	Murder	Rape	Robbery	Aggravated Assault	Burglary	Larceny	Motor Vehicle Theft
2019	63	90	483	1,640	758	4,250	523

Source: Florida Department of Law Enforcement (FDLE), 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 33: Arrests by Charge, Index Arrests, Palm Beach County, 2019



Arrests by Charge, Part II Arrests

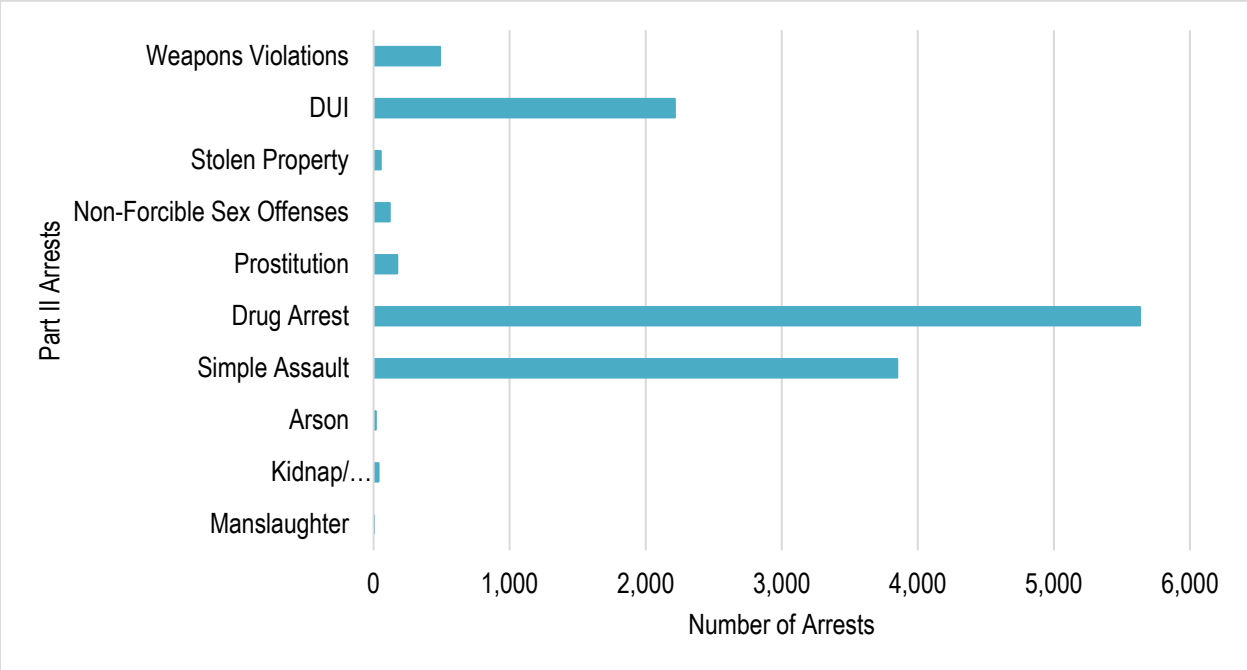
Part II arrests are arrests that include manslaughter, kidnap/abduction, arson, simple assault, drug arrests, bribery, embezzlement, fraud, counterfeit/forgery, extortion/blackmail, intimidation, prostitution, non-forcible sex offenses, stolen property, DUI, destruction/vandalism, gambling, weapons violations, liquor law violations, and other miscellaneous offenses.[42] The following table shows the Part II arrests by charge in Palm Beach County in 2019. A majority of Palm Beach County Part II arrests in 2019 were due to drug arrests (5,633), simple assault (3,849), or DUI (2,214).

Table 70: Arrests by Charge, Part II Arrests, Palm Beach County, 2019

Year	Manslaughter	Kidnap/ Abduction	Arson	Simple Assault	Drug Arrest	Prostitution	Non-Forcible Sex Offenses	Stolen Property	DUI	Weapons Violations
2019	2	36	16	3,849	5,633	174	119	53	2,214	488

Source: Florida Department of Law Enforcement (FDLE), 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 34: Arrests by Charge, Part II Arrests, Palm Beach County, 2019



[42] Florida Department of Law Enforcement. (n.d.). UCR arrest data. Retrieved from https://www.fdle.state.fl.us/FSAC/Data-Statistics/UCR-Arrest-Data

Health Status Profile

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COVID-19 Pandemic

COVID-19 Daily New Cases per 100,000 Population

The following table and figure show the rate of daily new COVID-19 cases per 100,000 population in Palm Beach County and Florida in 2020 and 2021. Both Palm Beach County and Florida followed similar trends throughout this timeframe. The rate among Palm Beach County residents peaked in August 2020, February 2021, and September 2021. The highest rate of new cases of COVID-19 in Palm Beach County of 82.2 per 100,000 occurred in September 2021.

There is no Healthy People 2030 national target specific to this health indicator.

Table 71: COVID-19 Daily New Cases per 100,000 Population, Palm Beach County and Florida, 2020-2021

Date	Palm Beach County	Florida
March 1, 2020	0.0	0.0
April 1, 2020	4.6	3.9
May 1, 2020	4.2	2.8
June 1, 2020	7.4	3.4
July 1, 2020	27.8	33.2
August 1, 2020	39.6	43.6
September 1, 2020	12.6	13.7
October 1, 2020	7.9	10.7
November 1, 2020	21.5	19.1
December 1, 2020	30.9	36.5
January 1, 2021	38.5	50.4
February 1, 2021	44.4	45.9
March 1, 2021	28.9	25.3
April 1, 2021	25.0	24.7
May 1, 2021	21.2	23.3
June 1, 2021	7.5	8.6
July 1, 2021	7.1	7.9
August 1, 2021	56.9	73.6
September 1, 2021	82.2	92.7
October 1, 2021	22.8	24.8
November 1, 2021	7.7	7.6
December 1, 2021	0.0	6.1

Source: COVID Act Now, 2021
Compiled By: Health Council of Southeast Florida, 2021

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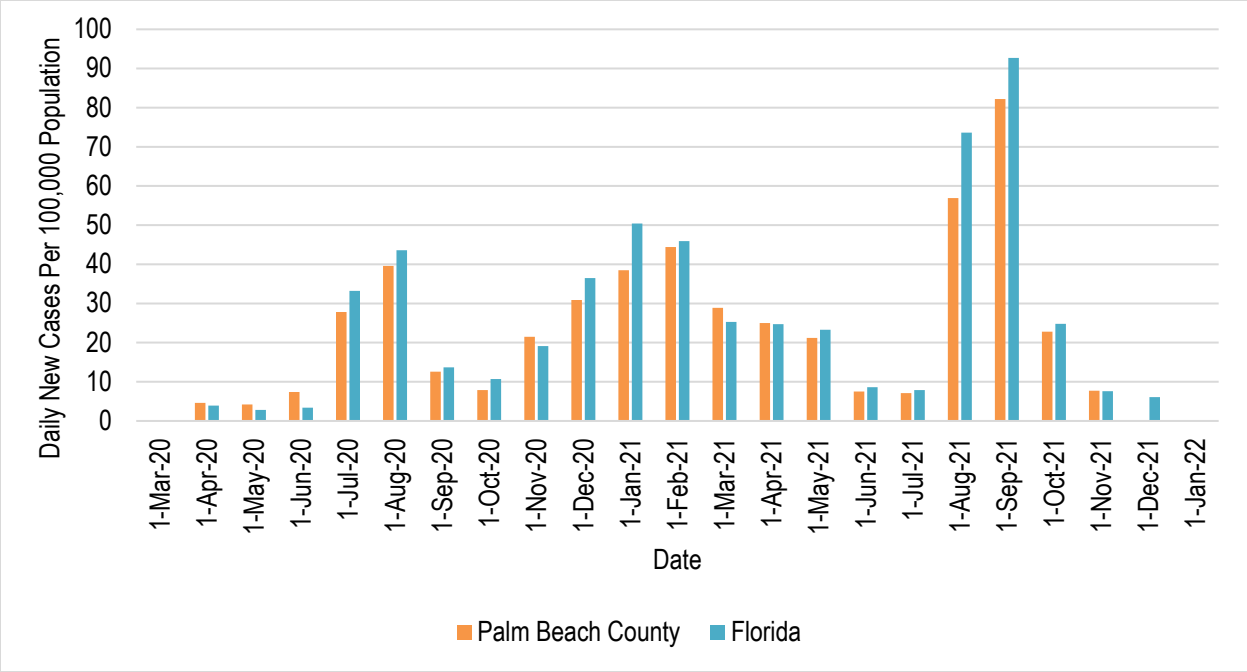
Figure 35: COVID-19 Daily New Cases per 100,000 Population, Palm Beach County and Florida, 2020-2021



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Deaths

Age-Adjusted Deaths from COVID-19

This table and figure show the age-adjusted death rate per 100,000 population from COVID-19 in Palm Beach County and Florida in 2020. In 2020, the death rate was 56.7 per 100,000 among Palm Beach County residents and 57.4 per 100,000 among Florida residents.

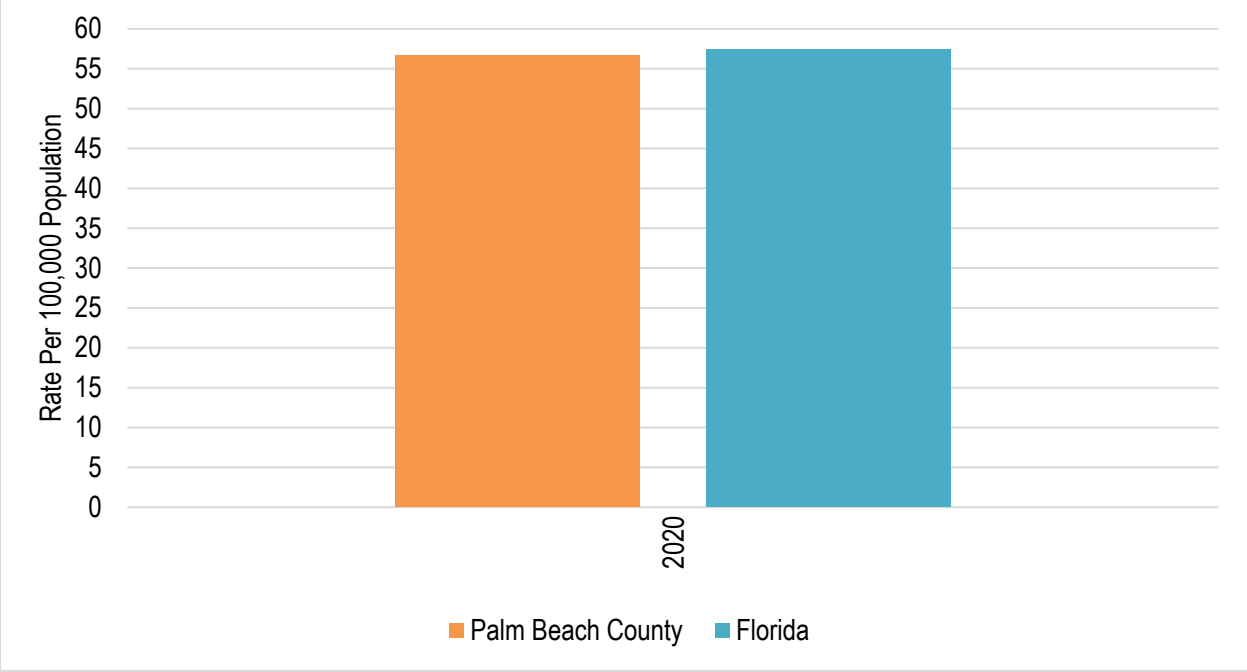
There is no Healthy People 2030 national target specific to this health indicator.

Table 72: Age-Adjusted Deaths from COVID-19, Rate Per 100,000 Population, Palm Beach County and Florida, 2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2020	1,557	56.7	19,157	57.4

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida, 2021

Figure 36: Age-Adjusted Deaths from COVID-19, Rate Per 100,000 Population, Palm Beach County and Florida, 2020



Age-Adjusted Deaths from COVID-19, By Race

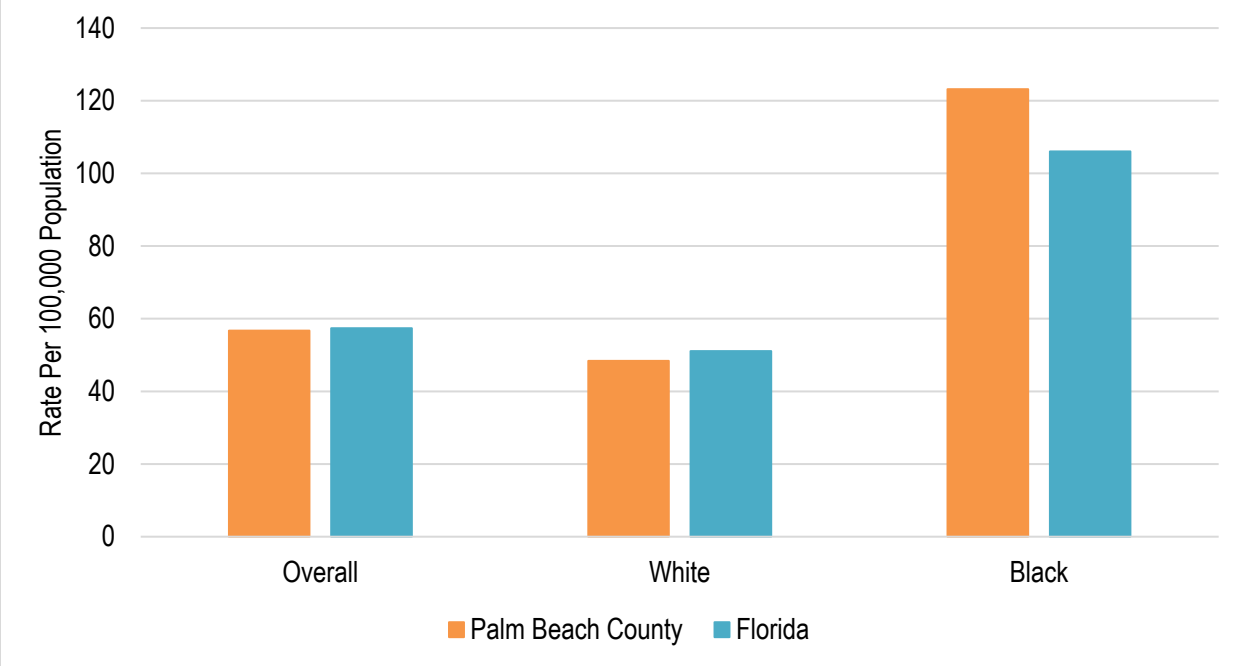
The table and figure below show the age-adjusted death rate per 100,000 population from COVID-19 in Palm Beach County and Florida in 2020 by race. In Palm Beach County and Florida, the rate among Black residents was over double the rate among White residents. The rate among Black residents in Palm Beach County was 123.2 per 100,000, while the rate among White residents was 48.4 per 100,000. Additionally, the rate among Black residents in Palm Beach County (123.2 per 100,000) was higher than the rate among Black residents in Florida (106.0 per 100,000) overall.

Table 73: Age-Adjusted Deaths from COVID-19, Rate Per 100,000 Population, By Race, Palm Beach County and Florida, 2020

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2020	1,204	48.4	314	123.2	15,034	51.1	3,515	106.0

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida, 2021

Figure 37: Age-Adjusted Deaths from COVID-19, Rate Per 100,000 Population, By Race, Palm Beach County and Florida, 2020



Age-Adjusted Deaths from COVID-19, By Ethnicity

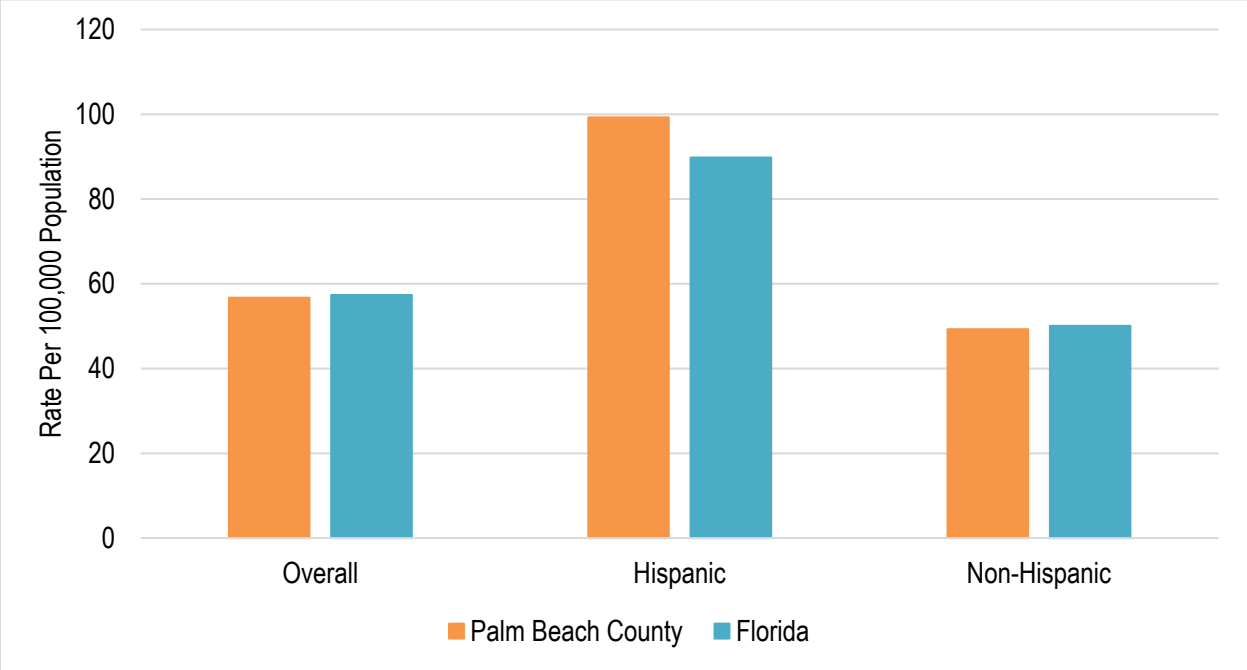
This table and figure show the age-adjusted death rate per 100,000 population from COVID-19 in Palm Beach County and Florida in 2020 by ethnicity. In both Palm Beach County and Florida, the rate among Hispanic residents was much higher than the rate among non-Hispanic residents. In Palm Beach County, the rate among Hispanic residents was 99.2 per 100,000, while the rate among non-Hispanic residents was 49.3 per 100,000. Additionally, the rate among Palm Beach County Hispanic residents (99.2 per 100,000) was higher than the rate among Florida Hispanic residents (89.9 per 100,000) overall.

Table 74: Age-Adjusted Deaths From COVID-19, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2020

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2020	310	99.2	1,245	49.3	5,212	89.8	13,831	50.1

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida, 2021

Figure 38: Age-adjusted Deaths from COVID-19, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2020



Vaccinations

COVID-19 Vaccinations

The table and figure below show the percentage of the total population vaccinated for COVID-19 in Palm Beach County and Florida in 2021 and 2022. The rate of fully vaccinated residents in Palm Beach County and Florida followed a similar trend during this timeframe, with the percentage among Palm Beach County residents slightly higher than the percentage among Florida residents overall each month reported. The percentage of residents in Palm Beach County with one dose was slightly higher than the rate among fully vaccinated residents each month during this timeframe, as well.

There is no Healthy People 2030 national target specific to this health indicator.

Table 75: COVID-19 Vaccinations, Percent of the Population, Palm Beach County and Florida, 2021

Date	Palm Beach County		Florida	
	Fully Vaccinated (Initial Series Completed)	One Dose	Fully Vaccinated (Initial Series Completed)	One Dose
January 1, 2021	-	0.8%	-	-
February 1, 2021	1.6%	11.3%	1.5%	7.8%
March 1, 2021	10.0%	18.5%	8.2%	14.7%
April 1, 2021	19.6%	29.9%	16.3%	28.5%
May 1, 2021	31.5%	44.2%	29.8%	42.3%
June 1, 2021	42.2%	50.6%	39.2%	49.3%
July 1, 2021	47.9%	54.8%	45.9%	53.8%
August 1, 2021	50.6%	58.6%	49.0%	58.0%
September 1, 2021	54.5%	63.9%	53.2%	64.0%
October 1, 2021	58.0%	66.7%	57.4%	67.0%
November 1, 2021	60.2%	68.6%	59.8%	69.2%
December 1, 2021	61.6%	71.1%	61.5%	71.9%

Source: COVID Act Now, 2021 and Centers for Disease Control and Prevention, 2021
Compiled By: Health Council of Southeast Florida, 2021

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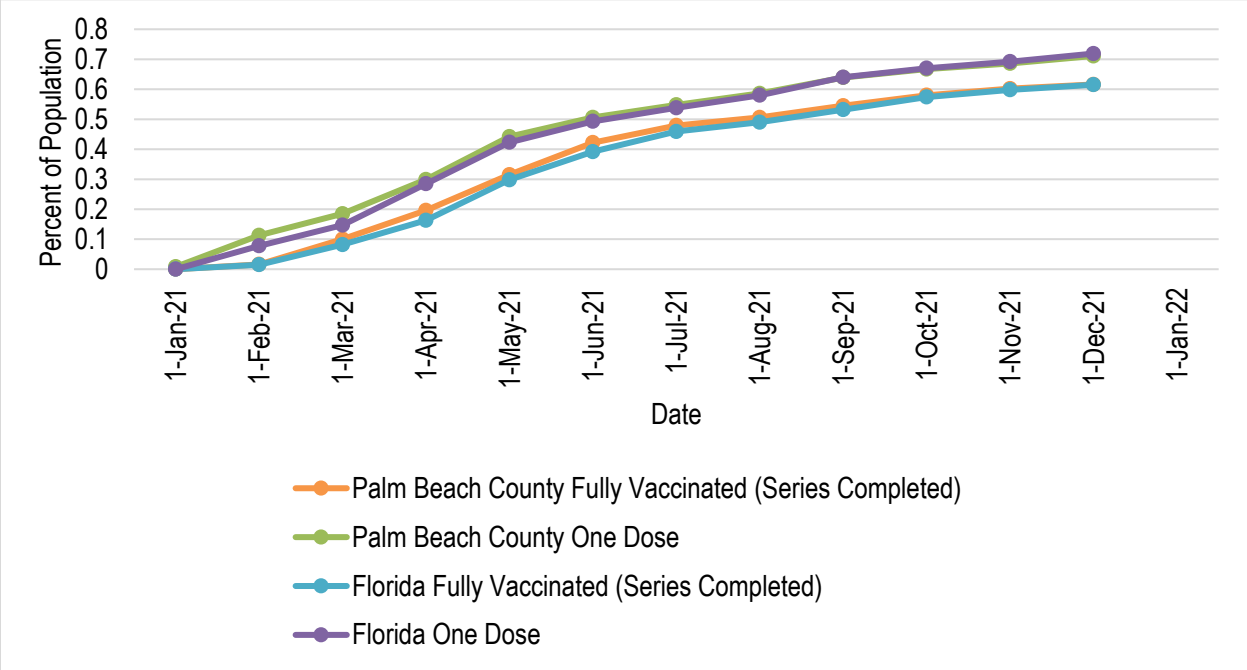
Figure 39: COVID-19 Vaccinations, Palm Beach County and Florida, 2021



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Maternal and Child Health

Prenatal Care

Births to Mothers with First Trimester Prenatal Care

Early prenatal care provides benefits to both mothers and their babies.[43] Receiving care during the first trimester, defined as the first 12 weeks of pregnancy, is especially crucial.[44] Receiving early medical attention can ensure that any medical conditions or potential complications are detected and addressed before they arise or worsen.[45]

This table below shows the percentage of births to mothers with first trimester prenatal care in Palm Beach County and Florida from 2015 to 2019. Between 2015 and 2019, the percentage of births to mothers receiving first trimester prenatal care decreased at both the state and county level. In Palm Beach County, the percentage dropped from 76.3% in 2015 to 73.3% in 2019.

The Healthy People 2030 national target is to increase the proportion of women who receive early and adequate prenatal care to 80.5%.[46] Nationally, as of 2019, only 76.7% of women reported receiving such care. In Palm Beach County, 73.3% of women received early and adequate prenatal care in 2019.

Table 76: Births to Mothers with First Trimester Prenatal Care, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	10,336	76.3	161,643	79.3
2016	10,088	75.8	157,084	78.4
2017	9,931	74.8	153,842	77.3
2018	9,626	72.7	152,514	76.5
2019	9,488	73.3	150,090	75.9

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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[43] Florida Health Charts. Florida Department of Health. Births to Mothers With 1st Trimester Prenatal Care. https://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=Birth.DataViewer&cid=16

[44] U.S. Department of Health & Human Services. Office On Women's Health. States of Pregnancy. https://www.womenshealth.gov/pregnancy/youre-pregnant-now-what/stages-pregnancy

[45] U.S. Department of Health & Human Services. National Institutes of Health. What is Prenatal Care and Why Is It Important? https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care

[46] U.S. Department of Health and Human Service. Healthy People 2030. Increase the proportion of pregnant women who receive early and adequate prenatal care — MICH-08 https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-pregnant-women-who-receive-early-and-adequate-prenatal-care-mich-08

Births to Mothers with First Trimester Prenatal Care, By Race

The racial and ethnic disparities that persist regarding access to prenatal care have implications for maternal health outcomes, underscoring the importance of early prenatal care.[47]

The table and graph below show the percentage of births to mothers with first trimester prenatal care by race in Palm Beach County and Florida from 2015 to 2019. Racial disparities in the percentage of births to mothers with first trimester prenatal care were found in both Palm Beach County and Florida during this time frame. Across all years, White mothers were more likely to receive first trimester prenatal care than Black mothers in Palm Beach County and Florida. In 2019, the gap between White and Black mothers in Palm Beach County was 8.4%, with 75.6% of White mothers and 67.2% of Black mothers receiving first trimester care.

Healthy People 2030 has not identified a national target for first trimester prenatal care by race.

Table 77: Births to Mothers with First Trimester Prenatal Care, By Race, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	White	Black	White	Black
2015	78.8	70.6	81.3	72.8
2016	78.1	69.8	80.7	71.4
2017	77.8	66.8	79.7	69.7
2018	75.3	65.9	78.6	69.6
2019	75.6	67.2	78.0	69.0

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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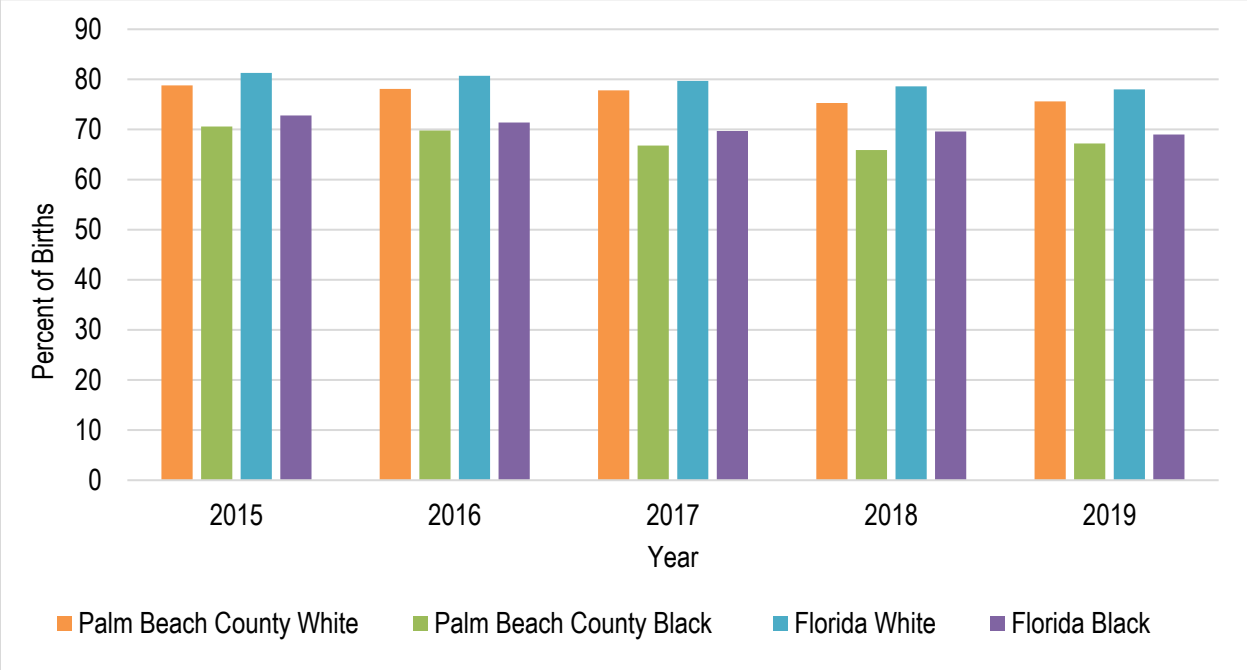
[47] Blakeney, E. L., Herting, J. R., Bekemeier, B., & Zierler, B. K. (2019). Social determinants of health and disparities in prenatal care utilization during the Great Recession period 2005-2010. *BMC pregnancy and childbirth*, *19*(1), 1-20.

Figure 40: Births to Mothers with First Trimester Prenatal Care, By Race, Palm Beach County and Florida, 2015-2019



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Births to Mothers with First Trimester Prenatal Care, By Ethnicity

This table and graph below show the births to mothers with first trimester prenatal care by ethnicity in Palm Beach County and Florida from 2015 to 2019. In Florida, Hispanic mothers were found to be slightly more likely to have received first trimester prenatal care than Non-Hispanic mothers. In Palm Beach County, however, Hispanic mothers were much less likely to receive first trimester prenatal care than Non-Hispanic mothers across all years. In 2019, the gap between Hispanic and Non-Hispanic mothers in Palm Beach County receiving early prenatal care was 10.0%, which reflected a similar 10.0% gap in 2015. Across all years, the percentage of mothers in Palm Beach County who received first trimester prenatal care remained below the Florida average.

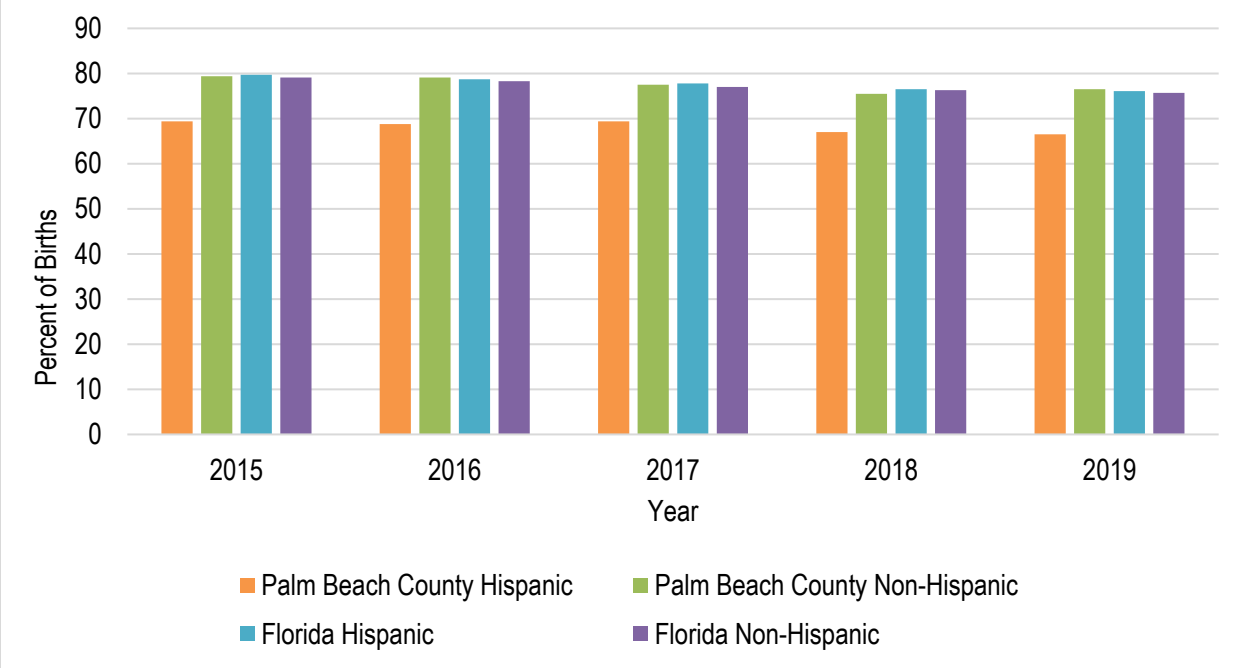
Healthy People 2030 has not identified a national target for first trimester prenatal care by ethnicity.

Table 78: Births to Mothers with First Trimester Prenatal Care, By Ethnicity, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
2015	69.4	79.4	79.7	79.1
2016	68.8	79.1	78.7	78.3
2017	69.4	77.5	77.8	77.0
2018	67.0	75.5	76.5	76.3
2019	66.5	76.5	76.1	75.7

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 41: Births to Mothers with First Trimester Prenatal Care, By Ethnicity, Palm Beach County and Florida, 2015-2019



Births to Mothers with Third Trimester or No Prenatal Care

The third trimester of pregnancy begins during the 28th week of gestation and ends with delivery.[48] The risks of receiving late or no prenatal care are significant. Babies born to mothers who receive no prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.[49]

This table shows the percentage of births to mothers with third trimester or no prenatal care in Palm Beach County and Florida from 2015 to 2019. Between 2015 and 2019, the percentage of births to mothers receiving third trimester prenatal care increased at both the state and county level. In the state of Florida, the percentage has grown from 5.5% in 2015 to 7.5% in 2019. In Palm Beach County, while the percentage has fluctuated slightly, the overall percentage rose from 7.1% in 2015 to 8.9% in 2019 for mothers receiving third trimester prenatal care.

Healthy People 2030 has not identified a national target for births to mothers with third trimester or no prenatal care.

Table 79: Births to Mothers with Third Trimester or No Prenatal Care, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	963	7.1	203,862	5.5
2016	981	7.4	200,296	6.1
2017	1,118	8.4	199,076	6.9
2018	1,231	9.3	199,490	7.1
2019	1,151	8.9	197,866	7.5

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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[48] Mayo Clinic. Pregnancy Week by Week. https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/fetal-development/art-20045997

[49] U.S. Department of Health & Human Services. Office On Women's Health. Prenatal Care. https://www.womenshealth.gov/a-z-topics/prenatal-care#:~:text=Babies%20of%20mothers%20who%20do,doctors%20to%20treat%20them%20early

Births to Mothers with Third Trimester Prenatal Care, By Race

Racial and ethnic disparities also exist in third trimester prenatal care. The following table and graph show the percentage of births to mothers with third trimester prenatal care by race in Palm Beach County and Florida from 2015 to 2019. In both Palm Beach County and Florida, Black mothers were more likely to receive third trimester (late) prenatal care than White mothers between 2015 and 2019. While the percentage of births to White mothers with third trimester prenatal care in Palm Beach County increased each year from 2015 to 2019, the rate of births to Black mothers in Palm Beach County increased until 2018 and decreased from 2018 (12.9%) to 2019 (11.3%).

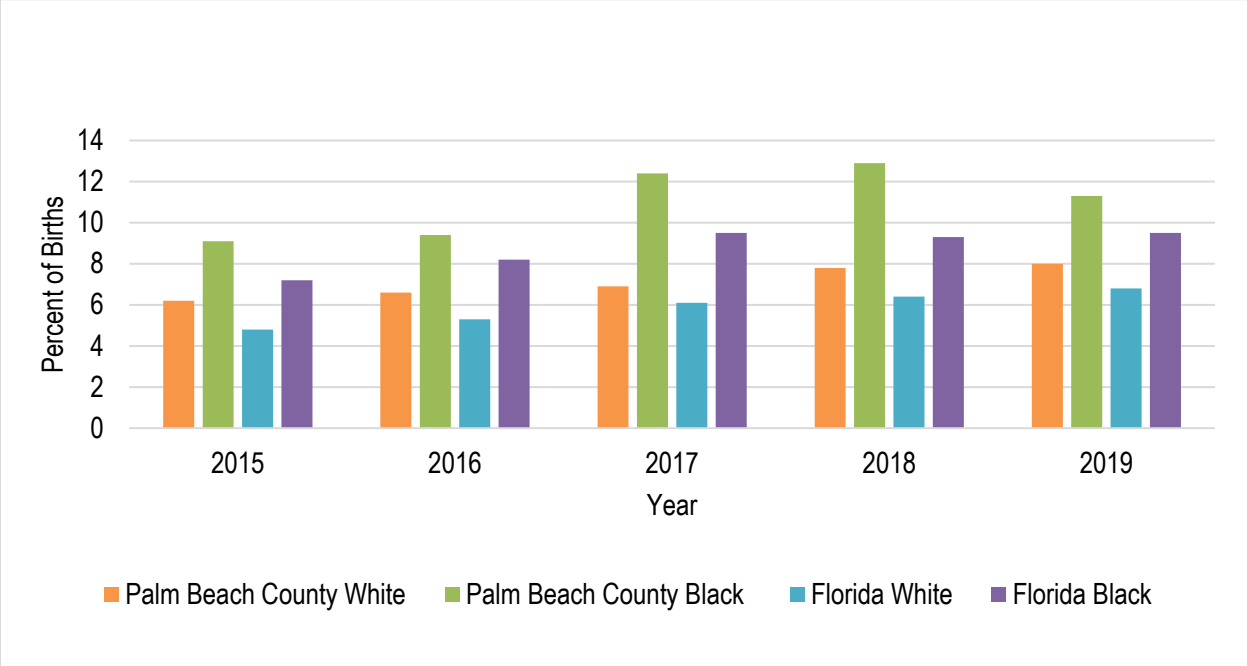
Healthy People 2030 has not identified a national target for third trimester prenatal care by race and ethnicity.

Table 80: Births to Mothers with Third Trimester Prenatal Care, By Race, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	White	Black	White	Black
2015	6.2	9.1	4.8	7.2
2016	6.6	9.4	5.3	8.2
2017	6.9	12.4	6.1	9.5
2018	7.8	12.9	6.4	9.3
2019	8.0	11.3	6.8	9.5

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 42: Births to Mothers with Third Trimester Prenatal Care, By Race, Palm Beach County and Florida, 2015-2019



Births to Mothers with Third Trimester Prenatal Care, By Ethnicity

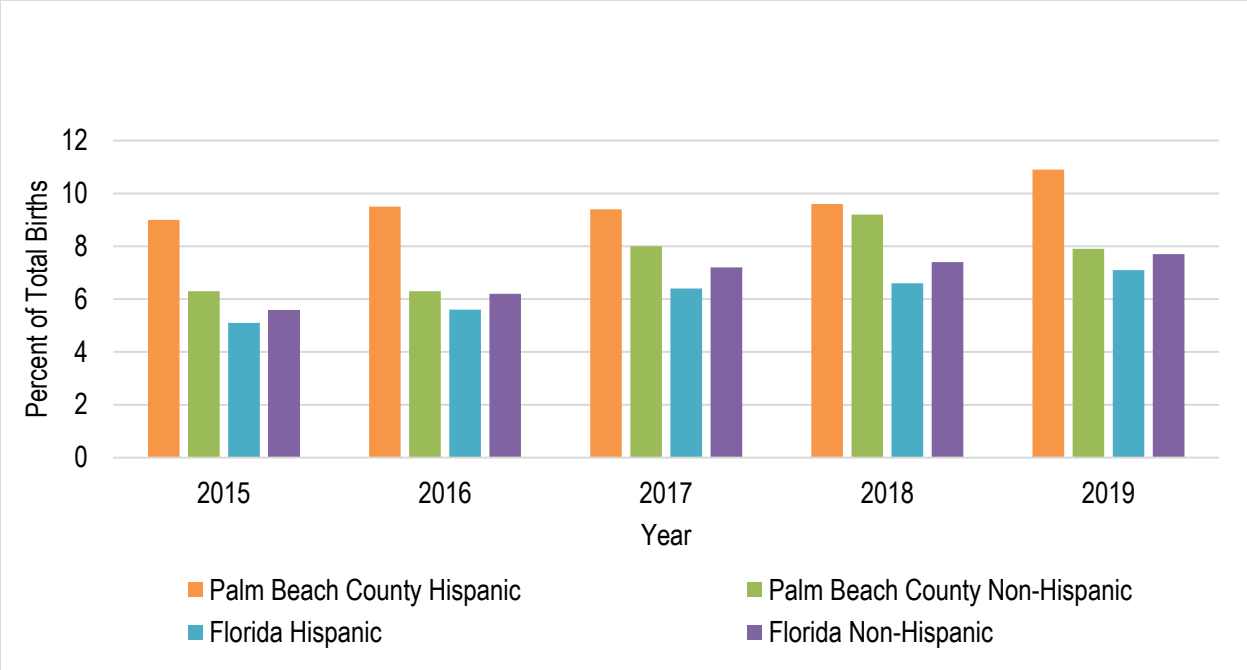
This table and graph below show the percentage of births to mothers with third trimester prenatal care by ethnicity in Palm Beach County and Florida from 2015 to 2019. Hispanic mothers in Palm Beach County were more likely to receive third trimester (late) prenatal care compared to Non-Hispanic mothers across all years. Conversely, Hispanic mothers in Florida were less likely to receive third trimester (late) prenatal care compared to Non-Hispanic mothers across all years.

Table 81: Births to Mothers with Third Trimester Prenatal Care, By Ethnicity, Palm Beach County and Florida, 2015-2019

	Palm Beach County		Florida	
Year	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
2015	9.0	6.3	5.1	5.6
2016	9.5	6.3	5.6	6.2
2017	9.4	8.0	6.4	7.2
2018	9.6	9.2	6.6	7.4
2019	10.9	7.9	7.1	7.7

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 43: Births to Mothers with Third Trimester Prenatal Care, By Ethnicity, Palm Beach County and Florida, 2015-2019



Births To Mothers By Kotelchuck Prenatal Care Index By Mother's Education

The Kotelchuck Index, also referred to as the Adequacy of Prenatal Care Utilization (APNCU) Index, uses elements obtained from birth certificate data, including when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services), to determine the adequacy of prenatal care received.[50] A ratio of observed to expected visits is calculated and grouped into four categories: Inadequate (received less than 50% of expected visits), Intermediate (received 50%-79% of expected visits), Adequate (received 80%-109% of expected visits), and Adequate Plus (received 110% or more of expected visits).[51] The Kotelchuck Index is recommended for use among low-risk pregnancies because high-risk pregnancies tend to require more visits than would normally be expected.

As seen in the table below, mothers with lower levels of education attainment were more likely to have experienced inadequate levels of prenatal care than mothers with higher levels of education. The proportion of mothers who experienced inadequate prenatal care was 54% among mothers with eighth-grade education or less, 44% among mothers with some high school education, 39% for mothers with a GED, and 26% for mothers with some college but no degree.

Healthy People 2030 has not identified a national target for births by the Kotelchuck Prenatal Care Index based on mother's education.

Table 82: Births by Kotelchuck Prenatal Care Index by Mother's Education, Palm Beach County, 2019

Mother's Education	Inadequate Prenatal Care	Intermediate Prenatal Care	Adequate Prenatal Care	Adequate Plus Prenatal Care	Unknown	Total
8th grade or less	472	95	323	156	90	1,136
9th-12th grade, no diploma	357	108	319	279	213	1,276
HS Graduate or GED	681	298	999	1,494	554	4,026
Some college but no degree	273	161	590	668	251	1,943
Associate's Degree	148	140	463	509	200	1,460
Bachelor's Degree	331	264	1,047	1,035	296	2,973
Master's Degree	115	129	528	392	130	1,294
Doctorate Degree	31	47	168	140	46	432
Unknown	49	11	44	34	59	197
Total	2,457	1,253	4,481	4,707	1,839	14,737

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

[50] New Jersey State Health Assessment Data. Public Health Data Resource. Kotelchuck Index. https://www-doh.state.nj.us/doh-shad/query/Kotelchuck.html

[51] Florida Health Charts. Florida Department of Health. Kotelechuck Index. https://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=Birth.DataViewer&cid=615

Births to Mothers with Less Than Adequate Prenatal Care

Non-White and Hispanic women are more likely to receive less than adequate prenatal care.[52] The tables below show births to mothers with less than adequate prenatal care by race and ethnicity in Palm Beach County in 2019. Black mothers and Hispanic mothers in Palm Beach County were disproportionately more likely to receive less than adequate prenatal care in 2019. Looking at the births to mothers with less than adequate prenatal care by race, the rate of Black women who received inadequate prenatal care was 2.8 per 100,000 versus a rate of 1.4 per 100,000 for White women. Looking at births to mothers with less than adequate prenatal care by ethnicity in 2019, Hispanic women received inadequate prenatal care at a rate of 3.1 per 100,000 compared to Non-Hispanic women who received inadequate prenatal care at a rate of 1.3 per 100,000.

Healthy People 2030 has not identified a national target for the Kotelchuck Prenatal Care Index based on race or ethnicity.

Table 83: Births to Mothers with Less than Adequate Prenatal Care, By Race, Palm Beach County, 2019

Level of Prenatal Care	White		Black	
	Count	Rate	Count	Rate
Inadequate Prenatal Care	1,490	1.4	809	2.8
Intermediate Prenatal Care	829	0.8	352	1.2

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Table 84: Births to Mothers with Less than Adequate Prenatal Care, By Ethnicity, Palm Beach County, 2019

Level of Prenatal Care	Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate
Inadequate Prenatal Care	1,033	3.1	1,410	1.3
Intermediate Prenatal Care	407	1.2	830	0.7

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

[52] Osterman MJK, Martin JA. Timing and Adequacy of Prenatal Care in the United States, 2016. Natl Vital Stat Rep. 2018 May;67(3):1-14. PMID: 29874159.

Births to Mothers with Adequate Prenatal Care

Previous research indicates that white women are the most likely racial demographic to receive adequate prenatal care.[53] The following tables show the rate of births to mothers with adequate prenatal care by race and ethnicity in Palm Beach County in 2019. In Palm Beach County, Black (3.7 per 1,000) and Hispanic (4.2 per 1,000) mothers reported higher rates of adequate prenatal care than White (2.8 per 1,000) and Non-Hispanic (2.7 per 1,000) mothers.

Healthy People 2030 has not identified a national target for Kotelchuck Prenatal Care Index by race and ethnicity.

Table 85: Births to Mothers with Adequate Prenatal Care, By Race, Palm Beach County, 2019

Level of Prenatal Care	White		Black	
	Count	Rate	Count	Rate
Adequate Prenatal Care	6,127	2.8	2,423	3.7

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Table 86: Births to Mothers with Adequate Prenatal Care, By Ethnicity, Palm Beach County, 2019

Level of Prenatal Care	Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate
Adequate Prenatal Care	2,696	4.2	6,439	2.7

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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[53] Osterman MJK, Martin JA. Timing and Adequacy of Prenatal Care in the United States, 2016. Natl Vital Stat Rep. 2018 May;67(3):1-14. PMID: 29874159.

Maternal and Child Health: Overweight and Obesity

Births by Mother's Pre-Pregnancy BMI

Having a high pre-pregnancy BMI is associated with various adverse health outcomes for mothers and newborns, including gestational diabetes, hypertension, preeclampsia, cesarean delivery, preterm delivery, large size for gestational age, and infant death.[54]

The following table shows the total number of births relative to mother's pre-pregnancy BMI in Palm Beach County from 2015 to 2019. In 2015, 6,971 (49%) of mothers that gave birth in Palm Beach County had a normal pre-pregnancy BMI, but by 2019 this number dropped to 6,095 (44%).

The Healthy People 2030 national target is to increase the percentage of mothers with a healthy weight before pregnancy to 47.1%.[55] Nationally, of 2018, 42.1% of women had a healthy BMI prior to pregnancy.[56] As of 2019, Palm Beach County was not meeting this target.

Table 87: Births by Mother's Pre-Pregnancy BMI, Palm Beach County, 2015-2019

Year	Palm Beach County					
	Underweight (< 18.5)	Normal Weight (18.5-24.9)	Overweight (25.0-29.9)	Obese I (30.0-34.9)	Obese II (35.0-39.9)	Obese III (> = 40.0)
2015	494	6,971	3,807	1,735	665	439
2016	504	6,898	3,660	1,828	786	469
2017	466	6,689	3,813	1,865	792	463
2018	416	6,322	3,922	2,017	780	513
2019	445	6,095	3,935	2,012	850	540

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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[54] Gaillard R, Durmuş B, Hofman A, Mackenbach JP, Steegers EAP, Jaddoe VWV. Risk factors and outcomes of maternal obesity and excessive weight gain during pregnancy. Obesity 21(5):1046–55. 2013.
[55] U.S. Department of Health and Human Service. Healthy People 2030. Increase the proportion of women who had a healthy weight before pregnancy — MICH-13. https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-women-who-had-healthy-weight-pregnancy-mich-13
[56] U.S. Department of Health and Human Service. Healthy People 2030. Increase the proportion of women who had a healthy weight before pregnancy. https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-women-who-had-healthy-weight-pregnancy-mich-13

Births to Overweight Mothers at the Time Pregnancy Occurred

As previously mentioned, mothers and their babies are at less risk for adverse health outcomes when a mother has a normal pre-pregnancy BMI. The following table shows the rate of births to overweight mothers at the time pregnancy occurred in Palm Beach County from 2016 to 2020. In Palm Beach County, the rate of births to overweight mothers at the time of pregnancy fluctuated, but overall increased, from 25.9% in 2016 to 28.8% in 2020 (which was above the Florida rate of 27.6% in 2020). The rate of Palm Beach County births to overweight mothers at the time of pregnancy remained above the Florida rate every year reported, except 2016.

Table 88: Births to Overweight Mothers at the Time Pregnancy Occurred, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	3,660	25.9	55,478	26.3
2017	3,813	27.1	55,459	26.5
2018	3,922	28.1	56,786	27.2
2019	3,935	28.4	57,883	27.6
2020	3,945	28.8	55,928	27.6

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Births to Overweight Mothers at the Time Pregnancy Occurred, By Race

The table and graph below show the births to overweight mothers at the time pregnancy occurred by race in Palm Beach County from 2016 to 2019. As shown below, there were higher rates of births to overweight Black mothers than White mothers in Palm Beach County in all years except 2016. In 2019, the rate of births to overweight Black mothers (28.4%) fell just below the rate of births to overweight White mothers (28.6%).

The Healthy People 2030 national target is to increase the percentage of mothers achieving a healthy weight before pregnancy to 47.1%.

Table 89: Births to Overweight Mothers, Palm Beach County, By Race, 2016-2020

Year	White		Black	
	Count	Rate	Count	Rate
2016	2,245	24.5	1,064	29.8
2017	2,434	26.6	1,119	29.4
2018	2,534	27.4	1,160	30.0
2019	2,573	28.6	1,148	28.4
2020	2,577	28.7	1,176	29.1

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

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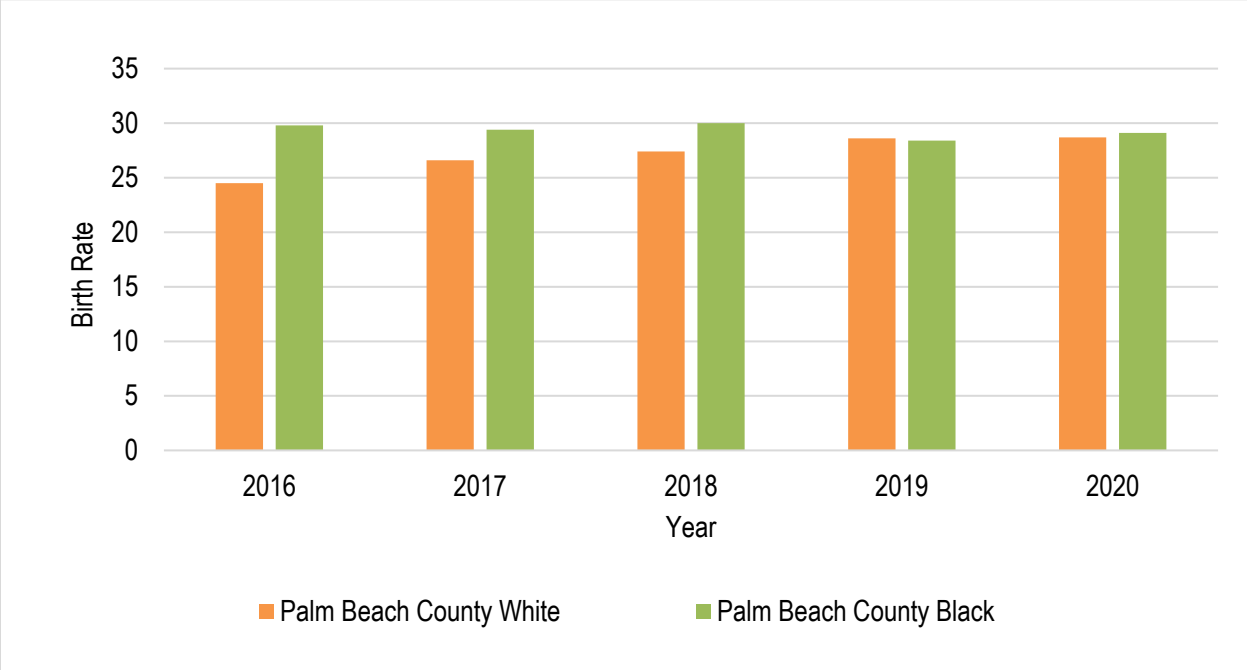
Figure 44: Births to Overweight Mothers, Palm Beach County, By Race, 2016-2020



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Births to Overweight Mothers at the Time Pregnancy Occurred, By Ethnicity

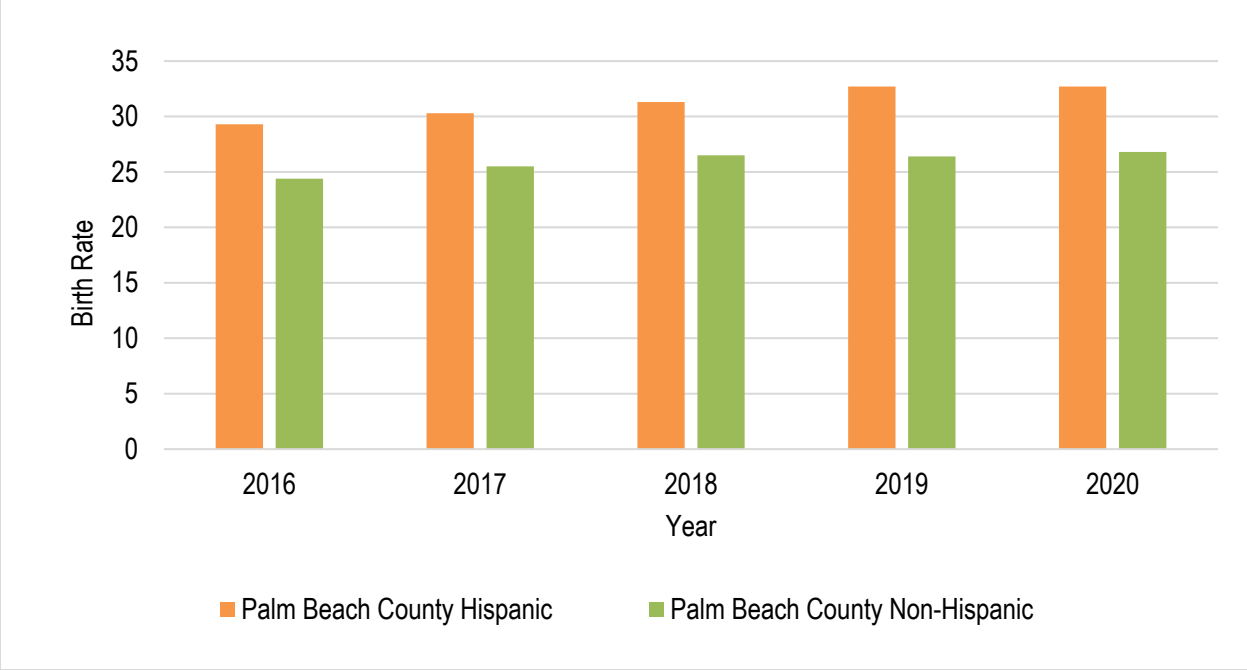
The following table shows the births to overweight mothers at the time pregnancy occurred in Palm Beach County by ethnicity from 2016 to 2020. Births to overweight Hispanic mothers remained higher than births to overweight non-Hispanic mothers across all five years, including a rate of 32.7% in 2020 for Hispanic mothers compared to 26.8% for Non-Hispanic mothers that same year.[57]

Table 90: Births to Overweight Mothers, Palm Beach County, By Ethnicity, 2016-2020

Year	Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate
2016	1,275	29.3	2,374	24.4
2017	1,339	30.3	2,442	25.5
2018	1,380	31.3	2,505	26.5
2019	1,441	32.7	2,468	26.4
2020	1,499	32.7	2,413	26.8

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 45: Births to Overweight Mothers, Palm Beach County, By Ethnicity, 2016-2020



[57] U.S. Department of Health and Human Service. Healthy People 2030. Increase the proportion of women who had a healthy weight before pregnancy — MICH-13. https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-women-who-had-healthy-weight-pregnancy-mich-13

Births to Obese Mothers at the Time Pregnancy Occurred

The following table shows births to obese mothers at the time pregnancy occurred in Palm Beach County and Florida from 2015 to 2019. The rate of births to obese mothers at the time pregnancy occurred increased steadily between 2015 and 2019 for both Palm Beach County and Florida.

There is no Healthy People 2030 national target directly associated with this health indicator.

Table 91: Births to Obese Mothers at the Time Pregnancy Occurred, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	2,839	20.1	56,956	23.3
2016	3,083	21.8	54,641	24.0
2017	3,120	22.1	52,407	25.0
2018	3,310	23.7	50,679	26.2
2019	3,402	24.5	49,144	27.1

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Births to Obese Mothers at the Time Pregnancy Occurred, By Race

The table and graph below show the rate of births to obese mothers in Palm Beach County by race from 2015 to 2019. In Palm Beach County, the percentage of births to obese Black and White mothers increased from 2015 to 2019. The largest increase was reported among Black mothers with a jump from 31.2% in 2015 to 37.2% in 2019.

Table 92: Births to Obese Mothers, Palm Beach County, By Race, 2015-2019

Year	White		Black	
	Count	Rate	Count	Rate
2015	1,576	16.6	1,176	31.2
2016	1,669	18.2	1,275	32.4
2017	1,677	18.3	1,313	33.6
2018	1,831	19.8	1,364	35.3
2019	1,784	19.8	1,465	37.2

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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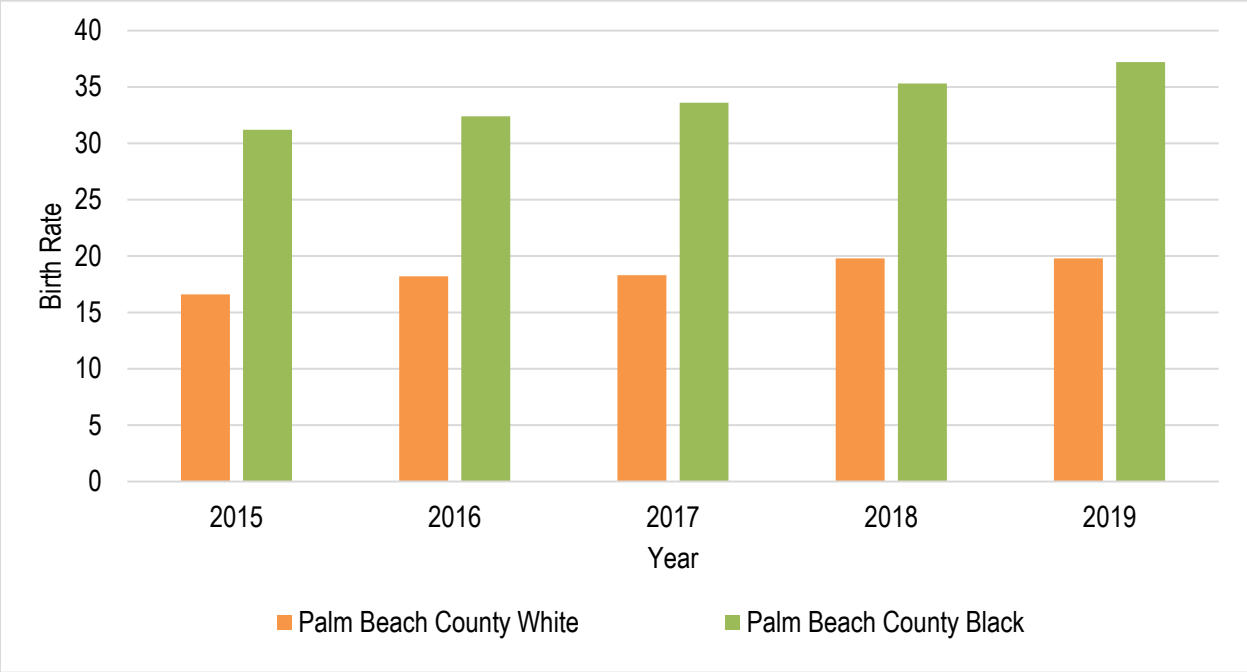
Figure 46: Births to Obese Mothers, Palm Beach County, By Race, 2015-2019



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Births to Obese Mothers at the Time Pregnancy Occurred, By Ethnicity

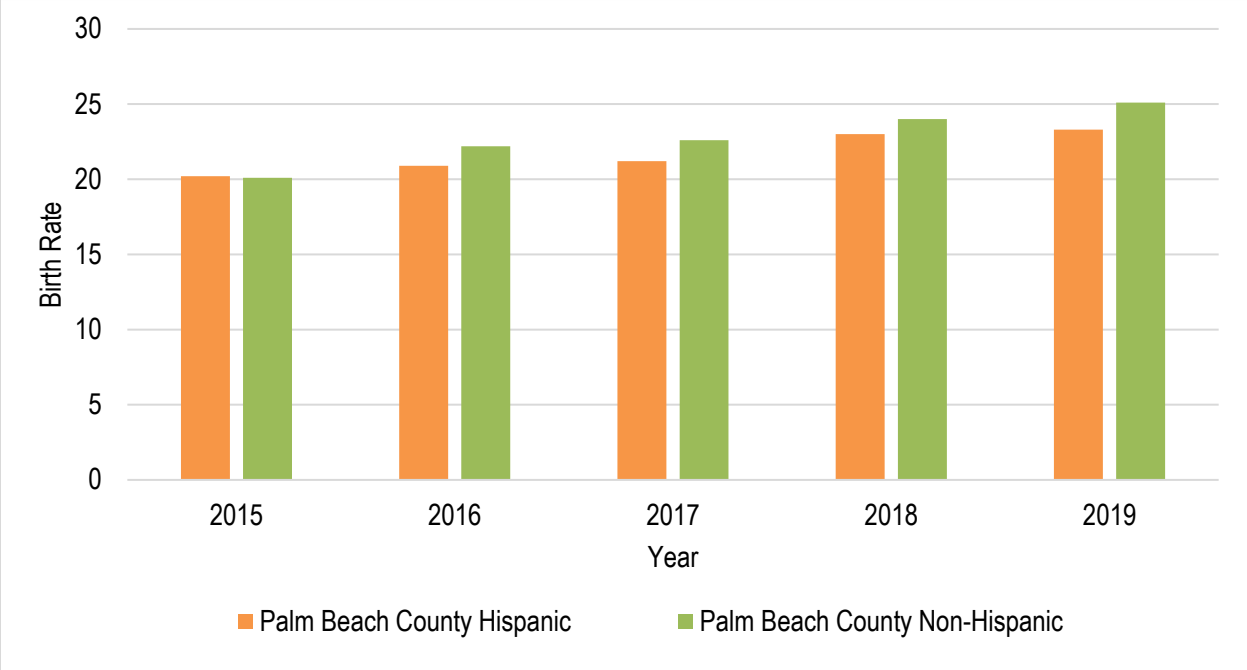
This table and graph below show the rate of births to obese mothers in Palm Beach County by ethnicity from 2015 to 2019. The rate of births to obese Hispanic and Non-Hispanic mothers increased during this time period, with the highest rate of 25.1% reported for Non-Hispanic mothers in 2019.

Table 93: Births to Obese Mothers, Palm Beach County, By Ethnicity, 2015-2019

Year	Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate
2015	859	20.2	1,978	20.1
2016	909	20.9	2,158	22.2
2017	934	21.2	2,171	22.6
2018	1,014	23.0	2,264	24.0
2019	1,028	23.3	2,349	25.1

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 47: Births to Obese Mothers, Palm Beach County, By Ethnicity, 2015-2019



WIC

WIC is a federally funded nutrition program that provides healthy foods, nutrition education and counseling, breastfeeding support, and referrals for families in need throughout Palm Beach County and the state of Florida. To be eligible for WIC services, families must meet the income thresholds based on household size.

The Florida Department of Health provides the following chart for eligibility determination[58]:

Household Size	WIC Income Eligibility is Based on the Following Income Intervals				
	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	$23,828	$1,986	$993	$917	$459
2	$32,227	$2,686	$1,343	$1,240	$620
3	$40,626	$3,386	$1,693	$1,563	$782
4	$49,025	$4,086	$2,043	$1,886	$943
5	$57,424	$4,786	$2,393	$2,209	$1,105
6	$65,823	$5,486	$2,743	$2,532	$1,266
7	$74,222	$6,186	$3,093	$2,855	$1,428
8	$82,621	$6,886	$3,443	$3,178	$1,589

Note: For a pregnant woman, each unborn baby counts as 1 extra person in the house size.
Those with more than 8 individuals in the household can contact their local WIC office for details.

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[58] Florida Department of Health. (2021). WIC eligibility information. Retrieved from http://www.floridahealth.gov/programs-and-services/wic/wic-eligibility.html

WIC Eligibles Served

The following chart shows the number of individuals eligible to receive WIC benefits who were served from 2016 to 2020. In 2020, WIC eligibles served reached a five-year high in Palm Beach County with 75.8% served. This is significantly higher than the state percentage of 64.8% for the same year.

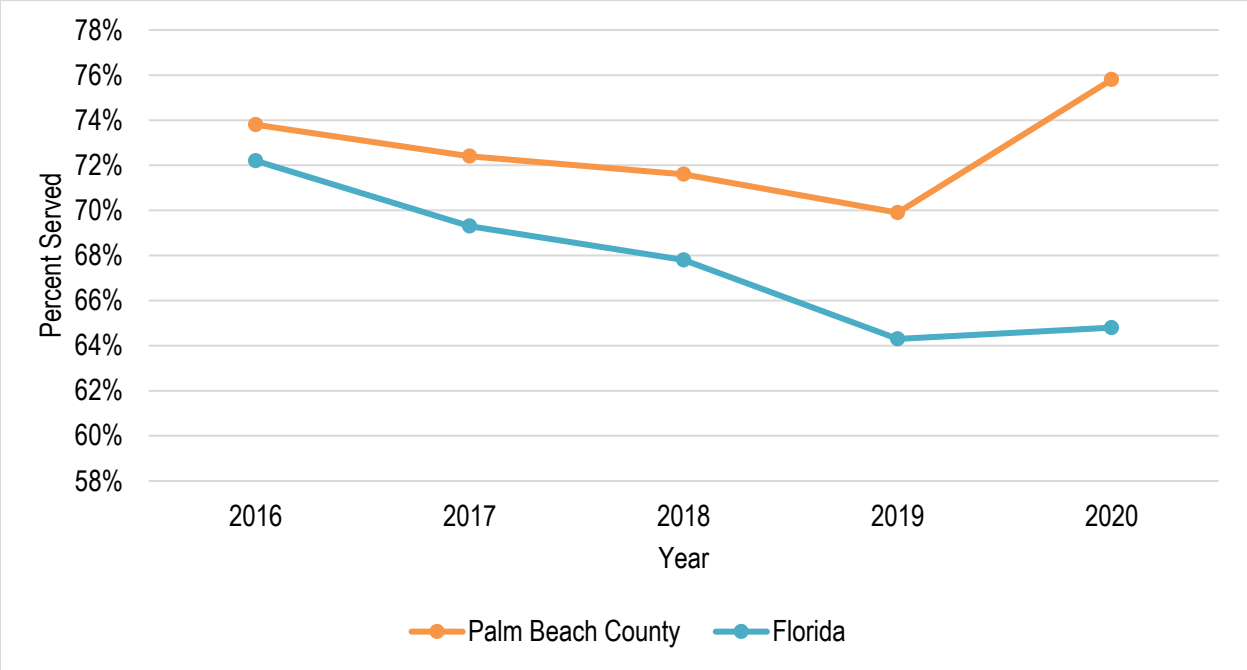
There is no Healthy People 2030 national target directly related to this indicator.

Table 94: WIC Eligibles Served, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Percent	Count	Percent
2016	31,394	73.8%	479,129	72.2%
2017	30,581	72.4%	462,116	69.3%
2018	30,237	71.6%	451,935	67.8%
2019	28,857	69.9%	427,068	64.3%
2020	30,157	75.8%	420,640	64.8%

Source: Florida Health CHARTS, Florida Department of Health, WIC and Nutrition Services, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 48: WIC Eligibles Served, Palm Beach County and Florida, 2016-2020



WIC Children >= 2 Years Who Are Overweight or Obese

Research shows that once obesity develops, weight issues are likely to persist throughout an individual's lifespan. Furthermore, rapid weight gain in infancy is strongly associated with obesity in childhood and adolescence.[59] Understanding the rates of children who are two years old or younger who are overweight or obese can help provide insight on the current and future health of a population.

The table below shows the rate of WIC children who were ages two years or younger and were either overweight or obese in Palm Beach County from 2016 to 2020. The rate fluctuated slightly from 2016 to 2020 in Palm Beach County, with the most recent rate being 29.8% in 2020. The state of Florida rate increased slightly from 26.4% in 2016 to 28.3% in 2020. Despite increasing, the Florida rate was still lower than the Palm Beach County rate each year reported.

There is no Healthy People 2030 national target directly related to this indicator.

Table 95: WIC Children >= 2 Years Who Are Overweight or Obese, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County	Florida
	Rate (%)	Rate (%)
2016	29.7	26.4
2017	27.5	26.3
2018	29.7	27.1
2019	30.6	28
2020	29.8	28.3

Source: Florida Health CHARTS, Florida Department of Health, WIC and Nutrition Services, 2021
Compiled by: Health Council of Southeast Florida, 2021

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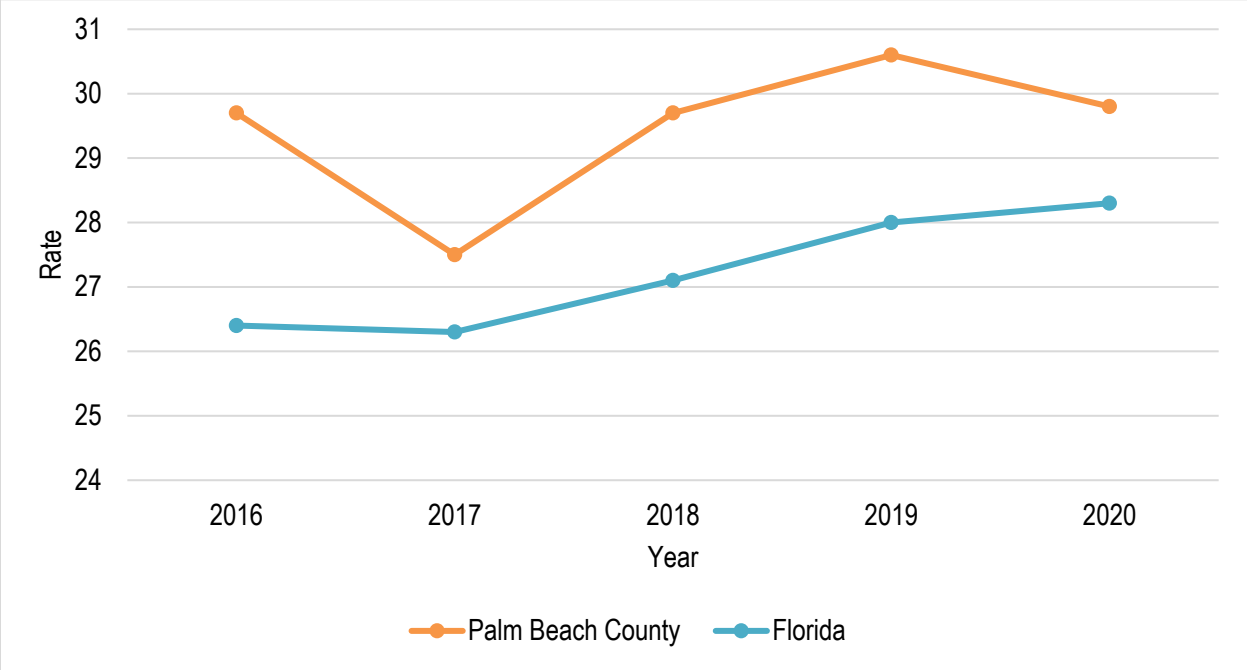
[59] Lumeng, J. C., Taveras, E. M., Birch, L., & Yanovski, S. Z. (2015). Prevention of obesity in infancy and early childhood: a National Institutes of Health workshop. *JAMA pediatrics, 169*(5), 484–490. https://doi.org/10.1001/jamapediatrics.2014.3554

Figure 49: WIC Children >= 2 Years Who Are Overweight or Obese, Palm Beach County and Florida, 2016-2020



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Birth Rates

Total Resident Live Births

Live births rates are often used to determine sociological changes, including population changes, and to provide context to maternal health outcomes[60].

The table below shows the rate of total resident live births per 1,000 population in Palm Beach County and Florida from 2015 to 2019. The total resident live birth rate was lower in Palm Beach County compared to the state of Florida each year from 2015 to 2019. From 2015 to 2019, the rate in Palm Beach County decreased from 10.8 births per 1,000 population to 10.1 per 1,000 population.

Healthy People 2030 has not set a national target for total resident live births.

Table 96: Total Resident Live Births, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	14,873	10.8	224,273	11.3
2016	14,963	10.7	225,018	11.1
2017	15,043	10.7	223,579	10.9
2018	15,064	10.4	221,508	10.6
2019	14,737	10.1	220,010	10.3

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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[60] Columbia University Mailman School of Public Health. The Harriet and Robert Heilbrunn Department of Population and Family Health. Measure of Total Population Structure and Size. http://www.columbia.edu/itc/hs/pubhealth/modules/demography/populationRates.html

Total Resident Live Births

The following table shows the total resident live birth rate per 100,000 population in Palm Beach County, Florida, and the surrounding counties in 2019. Palm Beach County (10.1 per 100,000), Saint Lucie County (10.1 per 100,000), and Miami-Dade County (10.7 per 100,000) each had a similar resident birth rate as the state of Florida (10.3 per 100,000). Glades County (4.1 per 100,000) had the lowest resident birth rate, while Hendry County (15.3 per 100,000) had the highest.

Healthy People 2030 has not set a national target for total resident live births.

Table 97: Total Resident Live Births, Palm Beach County, Florida, and Surrounding Counties, 2019

Area	Count	Rate
Florida	220,010	10.3
Palm Beach County	14,737	10.1
Broward County	21,724	11.3
Collier County	3,117	8.3
Miami-Dade County	30,258	10.7
Glades County	54	4.1
Hendry County	614	15.3
Martin County	1,205	7.6
Saint Lucie County	3,107	10.1

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Births by Mother's Age and Race

Overall, 3,747,540 births were reported in the United States in 2019, down 1% from 2018.[61] Nationally, birth rates decreased for females ages 15 to 34, increased for females ages 35 to 44, and were unchanged for females ages 10 to 14 years and 45 to 49 from 2018 to 2019. In 2019, the mean age of mothers at first birth was 27.0 years, an increase from 26.9 in 2018, and a record high for the nation.

This table shows the total number of births by mother's age and race in Palm Beach County in 2019. In Palm Beach County, the most births were among White mothers ages 30 to 34 (3,193) and ages 25 to 29 (2,393). Of all births reported, 64.4% (9,485) were among White women, 29.0% (4,273) were among Black and other race mothers, and 0.2% (27) were among an unknown race.

Healthy People 2030 has not set a national target for births by mother's age and race.

Table 98: Births by Mother's Age and Race, Palm Beach County, 2019

Age	Race			
	White	Black & Other	Unknown	Total
0-14 Years	4	3	--	7
15-19 Years	347	238	1	586
20-24 Years	1,270	885	3	2,158
25-29 Years	2,393	1,420	9	3,822
30-34 Years	3,193	1,430	7	4,630
35-39 Years	1,822	948	7	2,777
40-44 Years	415	273	--	688
45 and over Years	41	27	--	14,661
Unknown	--	1	--	1
Total	9,485	5,225	27	14,737

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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[61] Centers for Disease Control and Prevention. National Vital Statistics Report. Births: Final Data for 2019. Volume 70 Number 2. https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf

Teenage Birth Rates and Repeat Teenage Birth Rates

Nationally, the birth rate for females ages 15 to 19 fell 4% between 2018 and 2019.[62] Births to teenage mothers can have negative health, social, and economic effects for mothers and their children. Teen births can prevent mothers from pursuing educational and workforce opportunities, and repeat teen births are more likely to be preterm or of low birthweight than first teen births.[63]

Repeat Births to Mothers Ages 15-17

The table below shows the percentage rate of repeat births to mothers ages 15 to 17 in Palm Beach County and Florida from 2016 to 2020. Repeat births to mothers ages 15 to 17 were highest in 2018 for Palm Beach County (8.4%). In 2020, 8.2% of births were repeat births to mothers ages 15 to 17 in Palm Beach County, which was higher than the statewide rate of 6.2%.

Healthy People 2030 has not set a national target for the percentage rate of repeat births to mothers ages 15 to 17.

Table 99: Repeat Births to Mothers Ages 15-17, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	11	5.8	205	7.2
2017	13	8.0	197	7.7
2018	10	8.4	157	6.7
2019	9	6.0	135	6.3
2020	11	8.2	128	6.2

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

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[62] Centers for Disease Control and Prevention. National Vital Statistics Report. Births: Final Data for 2019. Volume 70 Number 2. https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf

[63] Dee DL, Pazol K, Cox S, Smith RA, Bower K, Kapaya M, Fasula A, Harrison A, Kroelinger CD, D'Angelo D, Harrison L, Koumans EH, Mayes N, Barfield WD, Warner L. Trends in Repeat Births and Use of Postpartum Contraception Among Teens - United States, 2004-2015.

Repeat Births to Mothers Ages 15-17, By Race

This table and graph below show the percentage rate of repeat births to mothers ages 15 to 17 by race in Palm Beach County and Florida from 2016 to 2020. In Palm Beach County, with the exception of 2017 and 2020, White mothers were much more likely than Black mothers ages 15 to 17 to have a repeat birth during this time frame. Notably, the White rate was higher and the Black rate was lower in Palm Beach County as compared to the state rate for each year from 2016 to 2019.

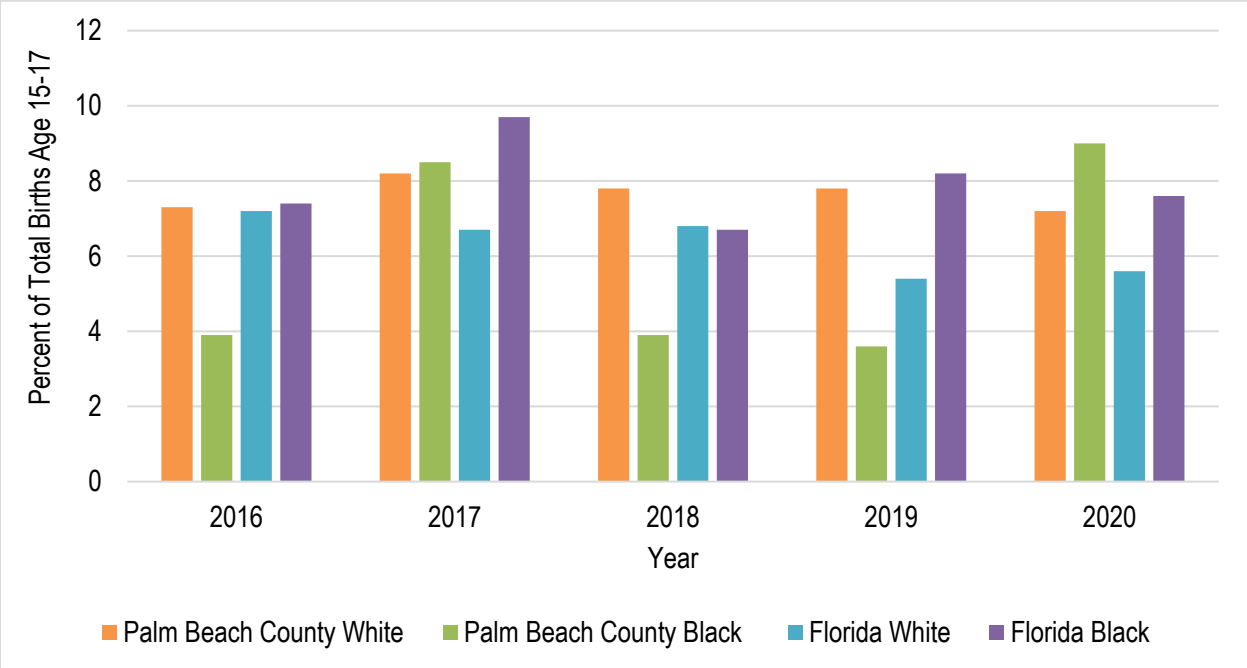
Healthy People 2030 has not set a national target for the percentage rate of repeat births to mothers ages 15 to 17 by race.

Table 100: Repeat Births to Mothers Ages 15-17, By Race, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	White	Black	White	Black
2016	7.3	3.9	7.2	7.4
2017	8.2	8.5	6.7	9.7
2018	7.8	3.9	6.8	6.7
2019	7.8	3.6	5.4	8.2
2020	7.2	9.0	5.6	7.6

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 50: Repeat Births to Mothers Ages 15-17, By Race, Palm Beach County and Florida, 2016-2020



Repeat Births to Mothers Ages 15-17, By Ethnicity

This table and graph below show the percentage rate of repeat births to mothers ages 15 to 17 by ethnicity in Palm Beach County and Florida from 2016 to 2020. In Palm Beach County, Hispanics consistently reported higher rates of repeat births to mothers ages 15 to 17 as compared to Non-Hispanics, with the exception of 2020, a trend that was reflected at the state level. However, disparities between Hispanics and Non-Hispanics was much higher in Palm Beach County as compared to the state.

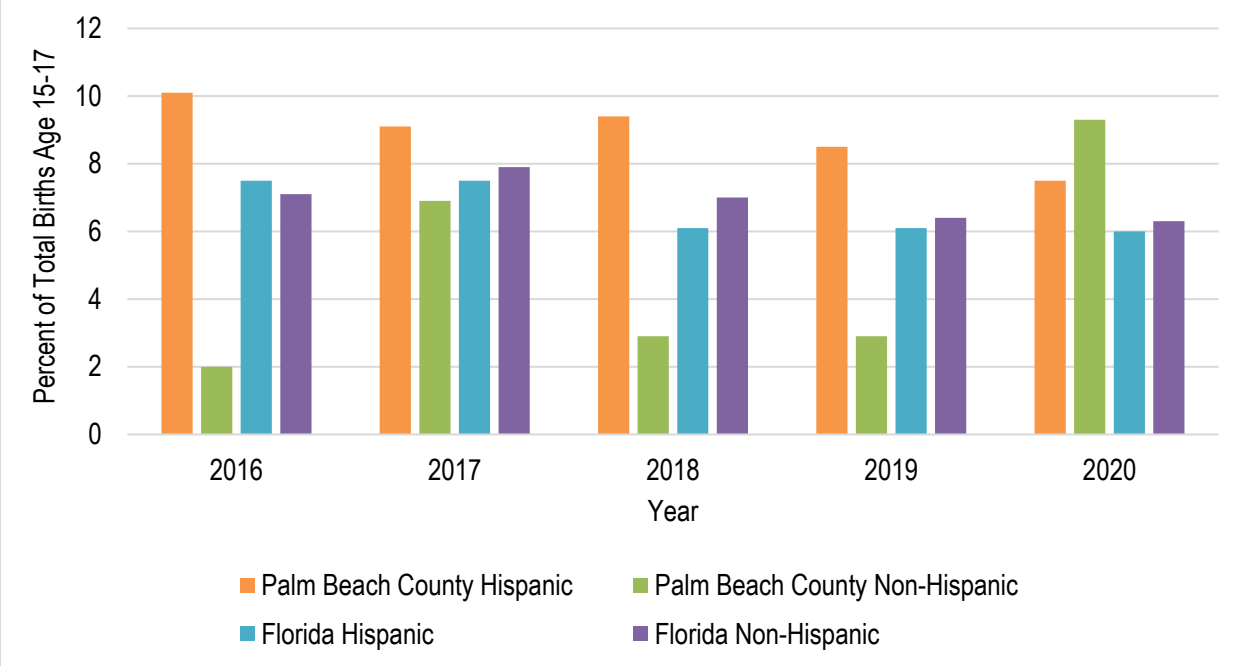
Healthy People 2030 has not set a national target for the percentage rate of repeat births to mothers ages 15 to 17 by ethnicity.

Table 101: Repeat Births to Mothers Ages 15-17, By Ethnicity, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
2016	10.1	2.0	7.5	7.1
2017	9.1	6.9	7.5	7.9
2018	9.4	2.9	6.1	7.0
2019	8.5	2.9	6.1	6.4
2020	7.5	9.3	6.0	6.3

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 51: Repeat Births to Mothers Ages 15-17, By Ethnicity, Palm Beach County and Florida, 2016-2020



Repeat Births to Mothers Ages 18-19

The following table shows the percentage rate of repeat births to mothers ages 18 to 19 in Palm Beach County and Florida from 2016 to 2020. Repeat births to mothers ages 18 to 19 have declined overall in both Palm Beach County and Florida. Peak repeat birth rates among mothers ages 18 to 19 were reported in 2016 for Palm Beach County (20.6%) and Florida (19.0%). The lowest repeat birth rates among mothers ages 18 to 19 were reported in 2020 in Palm Beach County (13.7%) and Florida (15.5%), as well.

Healthy People 2030 has not set a national target for repeat births for mothers ages 18 to 19.

Table 102: Repeat Births to Mothers Ages 18-19, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	89	20.6	1,579	19.0
2017	76	17.0	1,429	17.5
2018	77	17.9	1,321	17.7
2019	67	15.4	1,206	16.3
2020	51	13.7	1,064	15.5

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

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Repeat Births to Mothers Ages 18-19, By Race

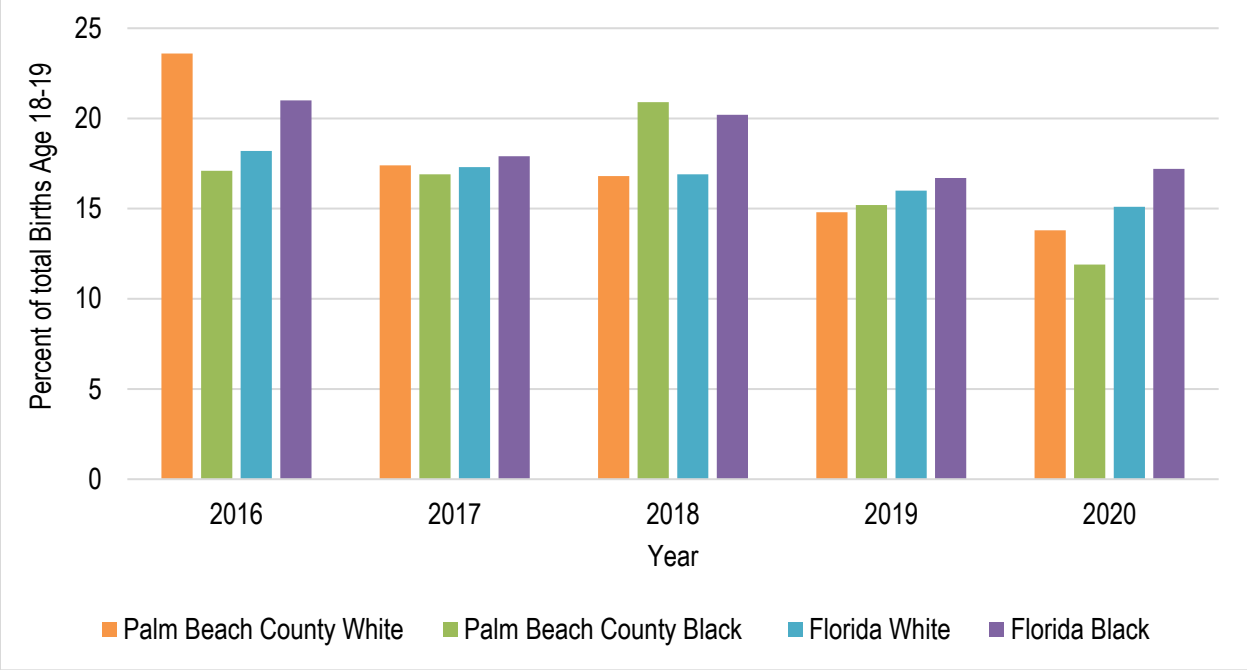
This table and graph below show repeat births to mothers ages 18 to 19 by race in Palm Beach County and Florida from 2016 to 2020. White mothers ages 18 to 19 in Palm Beach County reported higher repeat birth rates as compared to Black mothers in 2015, 2017 and 2020, while Black mothers in Palm Beach County were more likely to have a repeat birth in 2018 and 2019 as compared to White mothers.

Table 103: Repeat Births to Mothers Ages 18-19, By Race, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	White	Black	White	Black
2016	23.6	17.1	18.2	21.0
2017	17.4	16.9	17.3	17.9
2018	16.8	20.9	16.9	20.2
2019	14.8	15.2	16.0	16.7
2020	13.8	11.9	15.1	17.2

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 52: Repeat Births to Mothers Ages 18-19, By Race, Palm Beach County and Florida, 2016-2020



Repeat Births to Mothers Ages 18-19, By Ethnicity

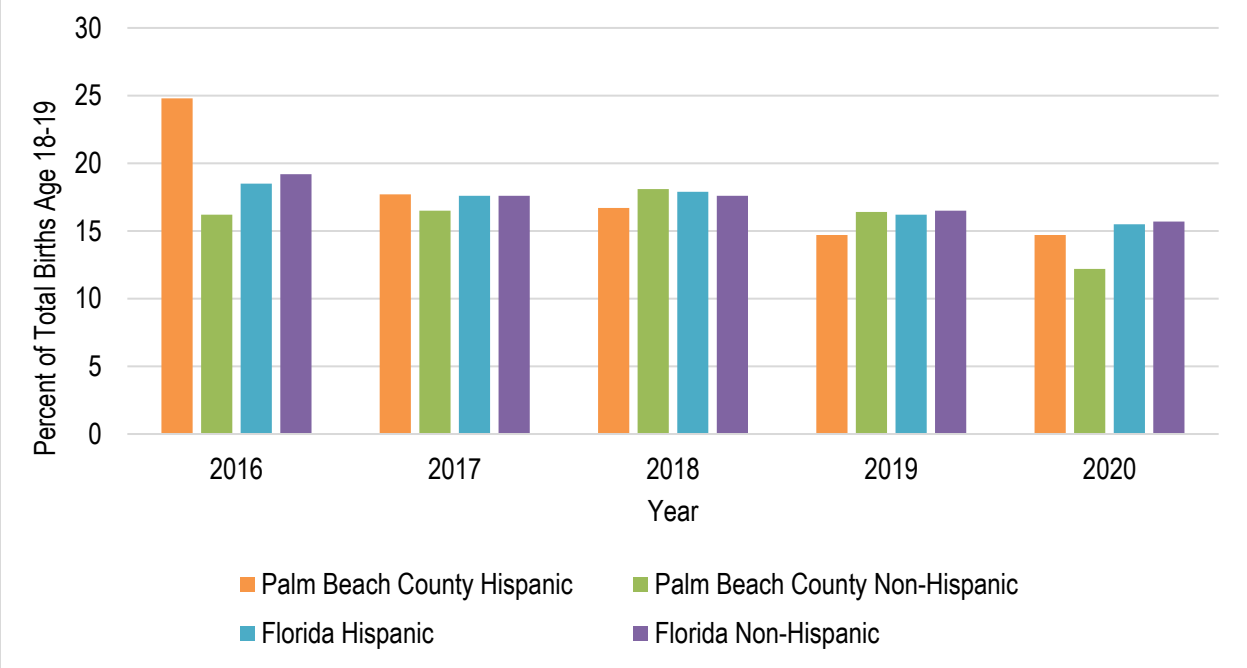
The table and graph below show the repeat births to mothers ages 18 to 19 by ethnicity in Palm Beach County and Florida from 2016 to 2020. With the exception of 2019, Hispanic mothers ages 18 to 19 reported a higher repeat birth rate than Non-Hispanic mothers in Palm Beach County. In 2020, the rate of repeat births to Hispanic mothers ages 18 to 19 was 14.7%, while the rate for Non-Hispanic mothers was 12.2%- rates which were lower than the respective statewide averages during that same year.

Table 104: Repeat Births to Mothers Ages 18-19, By Ethnicity, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
2016	24.8	16.2	18.5	19.2
2017	17.7	16.5	17.6	17.6
2018	16.7	18.1	17.9	17.6
2019	14.7	16.4	16.2	16.5
2020	14.7	12.2	15.5	15.7

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 53: Repeat Births to Mothers Ages 18-19, By Ethnicity, Palm Beach County and Florida, 2015-2019



Birth Weight

Live Births Under 1500 grams (Very Low Birth Weight)

About one percent of babies in the United States are born with very low birth weight.[64] Very low birth weight often coincides with premature birth and various health complications.

The following table shows the rate of live births under 1500 grams, indicating a very low birth weight, in Palm Beach County and Florida from 2015 to 2019. In Palm Beach County, the rate of live births under 1500 grams was under Florida's rate every year, with the exception of 2019. Palm Beach County reported its highest rate of 1.8% in 2019.

Healthy People 2030 has not set a national target for rates of very low birth weight.

Table 105: Live Births Under 1500 Grams (Very Low Birth Weight), Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	214	1.4	3,497	1.6
2016	199	1.3	3,478	1.5
2017	211	1.4	3,485	1.6
2018	206	1.4	3,537	1.6
2019	264	1.8	3,469	1.6

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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[64] Cedars Sinai. Health Library. Very Low Birth Weight. https://www.cedars-sinai.org/health-library/diseases-and-conditions---pediatrics/v/very-low-birth-weight.html

Live Births Under 2500 Grams (Low Birth Weight)

The World Health Organization defines low birth weight (LBW) as a birth weight under 2500 grams, regardless of gestational age.[65] Low birth weight babies are 20 times more likely to develop complications and die in comparison to normal weight babies.[66]

This table below shows the rate of live births under 2500 grams in Palm Beach County and Florida from 2015 to 2019. Each year during this time frame, the rates in Palm Beach County and Florida were similar. Additionally, from 2015 to 2018, the Palm Beach County rate was lower than the Florida rate. In 2019, Palm Beach County reported its highest rate of live births under 2500 grams at 9.0%.

Healthy People 2030 has not set a national target for rates of low birth weight.

Table 106: Live Births Under 2500 Grams (Low Birth Weight), Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	1,259	8.5	224,273	8.6
2016	1,236	8.3	225,018	8.7
2017	1,281	8.5	223,579	8.8
2018	1,297	8.6	221,508	8.7
2019	1,319	9.0	220,010	8.8

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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[65] International Statistical Classification of Diseases and Related Health Problems-10 Disorders related to short gestation and low birth weight, not elsewhere classified: World Health Organization; 2016.
[66] K C, Anil et al. "Low birth weight and its associated risk factors: Health facility-based case-control study." *PloS one* vol. 15,6 e0234907. 22 Jun. 2020, doi:10.1371/journal.pone.0234907

Premature Births

A premature birth is a birth that takes place more than three weeks before a baby's estimated due date or before the start of the 37th week of pregnancy.[67] Premature births are associated with numerous health problems for newborns. Nationally, premature birth rates rose for the fifth straight year in 2019.[68] Additionally, racial and ethnic differences in premature birth rates continue to persist. In 2019, the rate of premature birth among African-American women in the United States was 14.4%, as compared to 9.3% among White women and 10% among Hispanic women.

Premature Births

The table below shows the rate of premature births in Palm Beach County and Florida from 2015 to 2019. During that timeframe, Palm Beach County saw an overall increase from 9.9 to 10.5, while Florida saw an increase of 10.0 to 10.5.

The Healthy People 2030 national target is to reduce the rate of premature births to 9.4.[69] As of 2019, Palm Beach County reported a rate of 10.5% and was not yet meeting this target.

Table 107: Premature Births, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	1,474	9.9	22,396	10.0
2016	1,370	9.2	22,812	10.1
2017	1,410	9.4	22,836	10.2
2018	1,460	9.7	22,680	10.2
2019	1,541	10.5	23,345	10.6

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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[67] Mayo Clinic. Patient Care and Health Information. Diseases and Conditions. Premature Birth. https://www.mayoclinic.org/diseases-conditions/premature-birth/symptoms-causes/syc-20376730
[68] Centers for Diases Control and Prevention. Reproductive Health. Maternal and Infant Health. Preterm Birth. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm
[69] U.S. Department of Health and Human Service. Healthy People 2030. Reduce preterm births — MICH-07. https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-preterm-births-mich-07

Premature Births, By Race

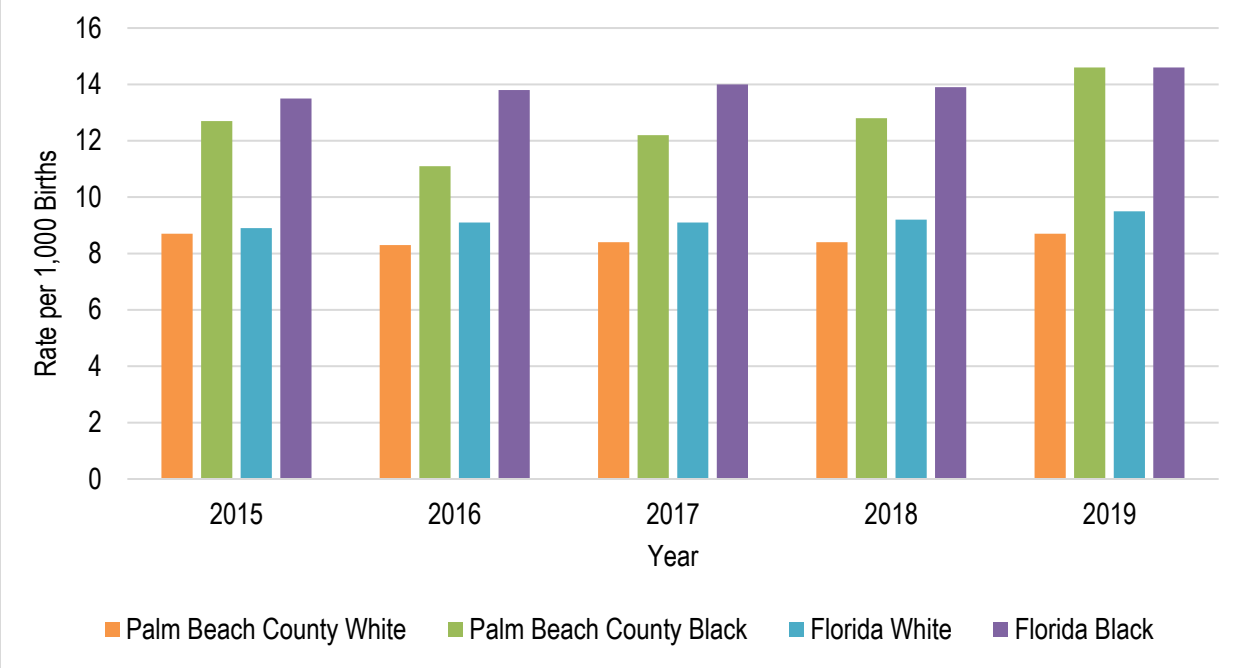
This table and graph below show the rate of premature births by race in Palm Beach County and Florida from 2015 to 2019. In both Palm Beach County and Florida, disparities exist between premature births to White and Black mothers. In Palm Beach County, 8.7% of births to White mothers were premature, whereas 13.7% of births to Black mothers were premature.

Table 108: Premature Births, By Race, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	859	8.7	515	12.7	14,377	8.9	6,612	13.5
2016	805	8.3	465	11.1	14,584	9.1	6,818	13.8
2017	810	8.4	524	12.2	14,400	9.1	6,995	14.0
2018	831	8.4	552	12.8	14,528	9.2	6,771	13.9
2019	825	8.7	623	14.6	14,738	9.5	7,034	14.6

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 54: Premature Births, By Race, Palm Beach County and Florida, 2015-2019



Infant Mortality

Infant Deaths per 1,000 Live Births

Infant mortality is the death of an infant before his or her first birthday.[70] In 2019, the infant mortality rate in the United States was 5.6 deaths per 1,000 live births.

The following table shows the rate of infant deaths per 1,000 live births in Palm Beach County and Florida from 2015 to 2019. For each year between 2015 and 2019, Palm Beach County reported lower infant mortality rates than Florida.

Healthy People 2030 has set a national target of 5.0 deaths per 1,000 live births.[71]

Table 109: Infant Deaths per 1,000 Live Births, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	73	4.9	1,400	6.2
2016	64	4.3	1,380	6.1
2017	67	4.5	1,355	6.1
2018	73	4.8	1,334	6.0
2019	69	4.7	1,328	6.0

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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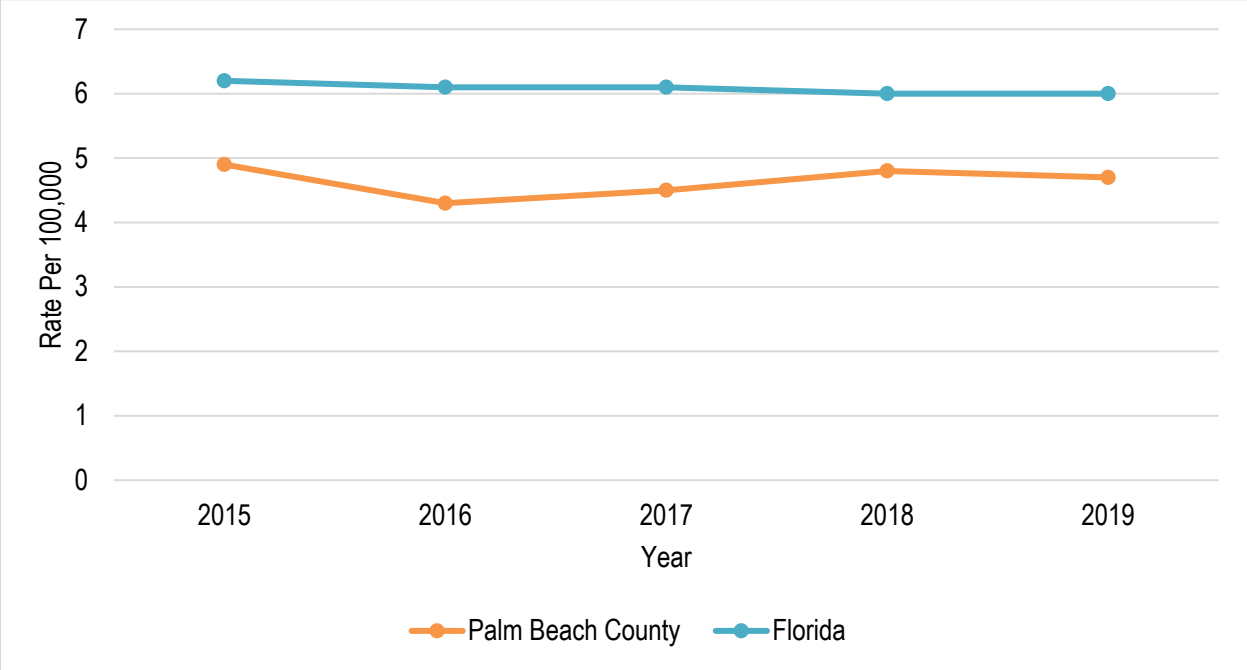
[70] Centers for Disease Control and Prevention. Reproductive Health. Maternal and Infant Health. Infant Mortality. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

[71] U.S. Department of Health and Human Service. Healthy People 2030. Reduce the rate of infant deaths — MICH-02. https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants/reduce-rate-infant-deaths-mich-02

Figure 55: Infant Deaths per 1,000 Live Births, Palm Beach County and Florida, 2015-2019



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Infant Deaths per 1,000 Live Births, By Race

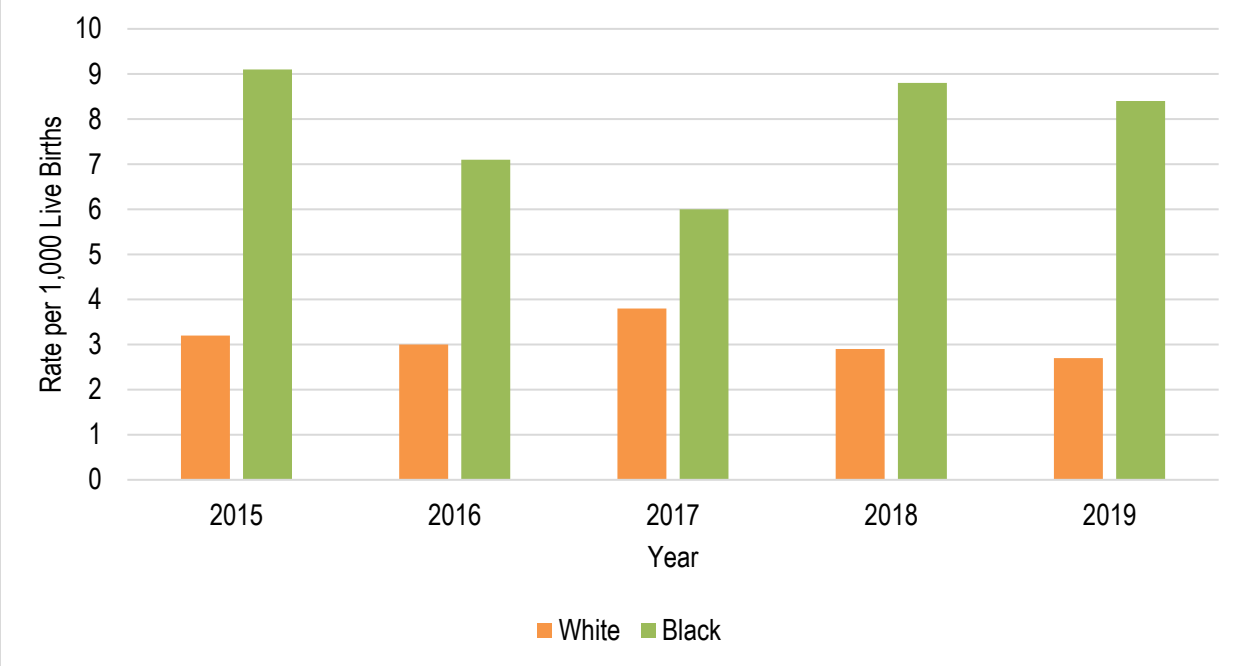
The table and graph below show the rate of infant deaths per 1,000 live births by race in Palm Beach County from 2015 to 2019. Tremendous disparities existed each year during this time frame. In 2019, White mothers in Palm Beach County reported an infant death rate of 2.7 per 1,000 live births, whereas Black mothers reported an infant death rate of 8.4 per 1,000 live births.

Table 110: Infant Deaths per 1,000 Live Births, By Race, Palm Beach County, 2015-2019

Year	White		Black	
	Count	Rate	Count	Rate
2015	32	3.2	37	9.1
2016	29	3.0	30	7.1
2017	37	3.8	26	6.0
2018	29	2.9	38	8.8
2019	26	2.7	36	8.4

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 56: Infant Deaths per 1,000 Live Births, By Race, Palm Beach County, 2015-2019



Infant Deaths per 1,000 Live Births, By Ethnicity

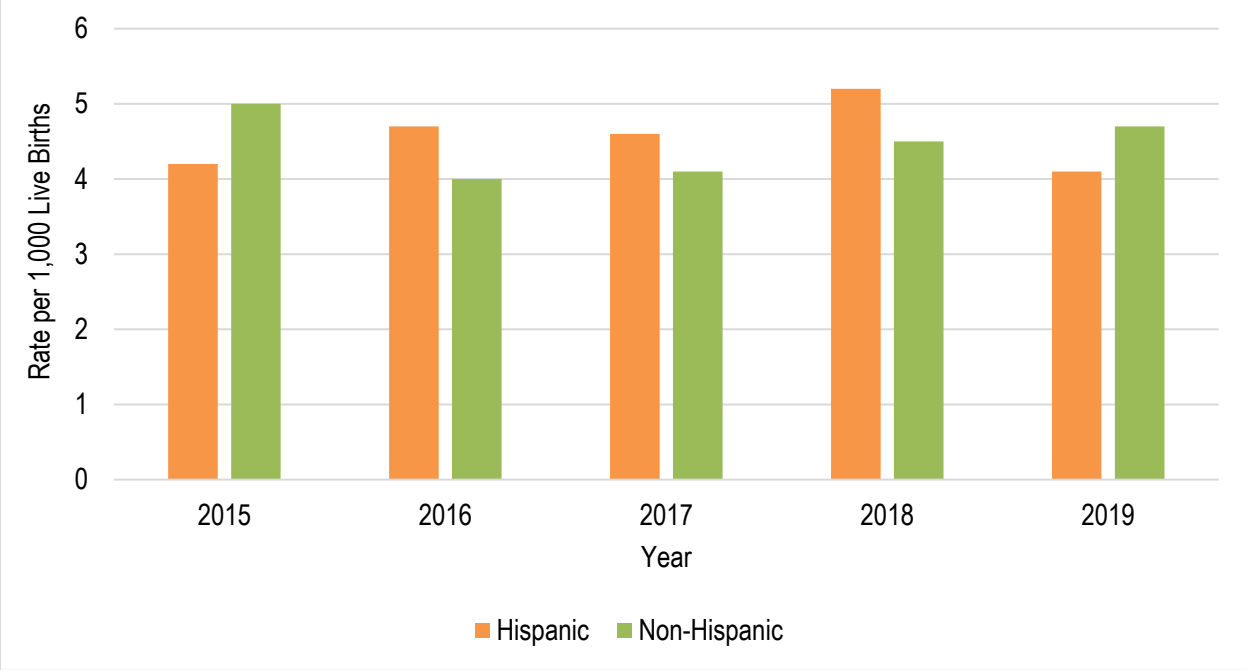
The table and graph below show the rate of infant deaths per 1,000 live births by ethnicity in Palm Beach County from 2015 to 2019. The rate of infant deaths per 1,000 live births for Hispanic mothers was higher than for Non-Hispanic mothers from 2016 to 2018. In 2019, the rate of infant deaths per 1,000 live births was 4.1 for Hispanic mothers and 4.7 for Non-Hispanic mothers.

Table 111: Infant Deaths per 1,000 Live Births, By Ethnicity, Palm Beach County, 2015-2019

Year	Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate
2015	19	4.2	51	5.0
2016	22	4.7	41	4.0
2017	22	4.6	42	4.1
2018	25	5.2	46	4.5
2019	19	4.1	47	4.7

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 57: Infant Deaths per 1,000 Live Births, By Ethnicity, Palm Beach County, 2015-2019



Fetal Deaths per 1,000 Live Births

Fetal death refers to the death of a fetus at any time during pregnancy.[72] Fetal deaths later in pregnancy, at 20 weeks of gestation or more, are sometimes referred to as stillbirths. As of 2017, the United States reported 5.9 fetal deaths at 20 or more weeks of gestation per 1,000 live births and fetal deaths.[73]

The table below shows the rate of fetal deaths per 1,000 live births in Palm Beach County and Florida from 2015 to 2019. Florida rates of fetal death remained between 6.7 and 6.9 during this five-year period, whereas Palm Beach County rates fluctuated. The highest rate reported in Palm Beach County was 7.3 in 2016 and the lowest was 4.4 in 2018.

Healthy People 2030 has set a national target of 5.7 fetal deaths per 1,000 live births and fetal deaths.[74] In 2019, Palm Beach County reported a fetal death rate of 6.5 and is not meeting this target.

Table 112: Fetal Deaths per 1,000 Live Births, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	104	6.9	1,541	6.8
2016	110	7.3	1,548	6.8
2017	96	6.3	1,553	6.9
2018	67	4.4	1,495	6.7
2019	97	6.5	1,515	6.8

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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[72] Centers for Diseases Control and Prevention. National Center for Health Statistics. National Vital Statistics System. Fetal Deaths. https://www.cdc.gov/nchs/nvss/fetal_death.htm

[73] U.S. Department of Health and Human Service. Healthy People 2030. Pregnancy and Childbirth. Fetal Deaths. https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-rate-fetal-deaths-20-or-more-weeks-gestation-mich-01

[74] U.S. Department of Health and Human Service. Healthy People 2030. Reduce the rate of fetal deaths at 20 or more weeks of gestation — MICH-01. https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-rate-fetal-deaths-20-or-more-weeks-gestation-mich-01

Fetal Deaths per 1,000 Live Births, By Race

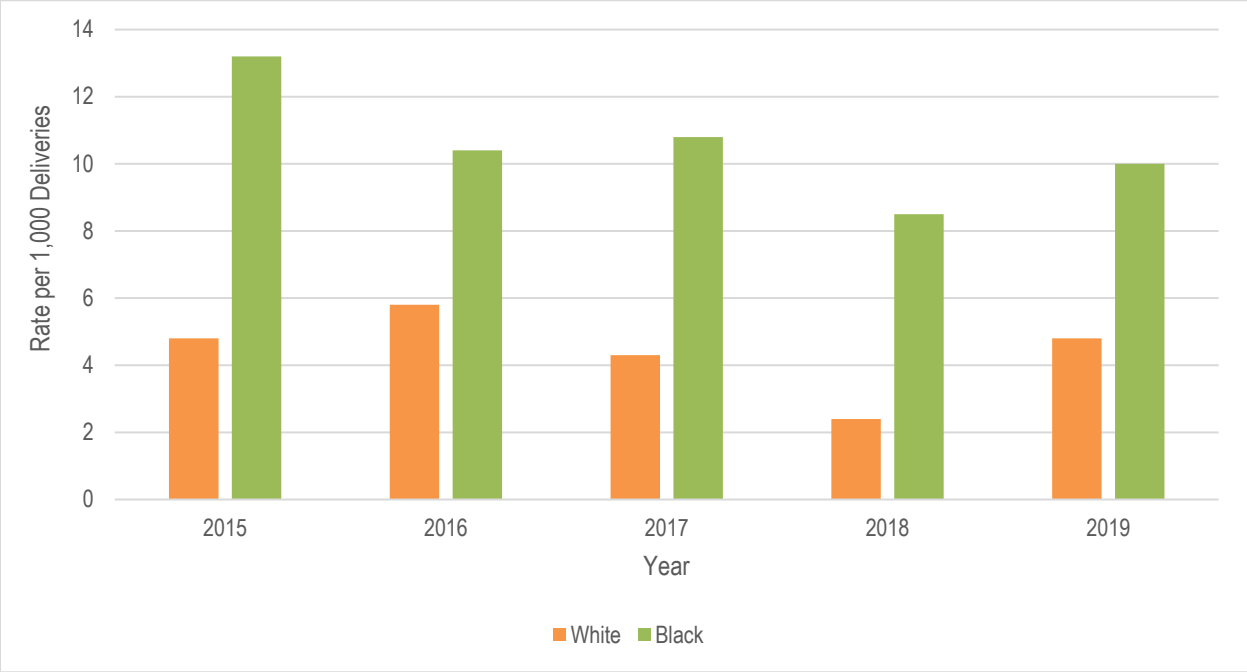
The following table and graph show the fetal death rate per 1,000 live births by race in Palm Beach County from 2015 to 2019. Black mothers in Palm Beach County had much higher rates of fetal death compared to White mothers in Palm Beach County during this five-year period. In 2019, the rate of fetal death per 1,000 deliveries to Black mothers was 10.0, whereas the rate of fetal death to White mothers was 4.8.

Table 113: Fetal Death per 1,000 Live Births, By Race, Palm Beach County, 2015-2019

Year	White		Black	
	Count	Rate	Count	Rate
2015	48	4.8	54	13.2
2016	56	5.8	44	10.4
2017	42	4.3	47	10.8
2018	24	2.4	37	8.5
2019	46	4.8	43	10.0

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 58: Fetal Deaths per 1,000 Live Births, By Race, Palm Beach County, 2015-2019



Fetal Deaths per 1,000 Live Births, By Ethnicity

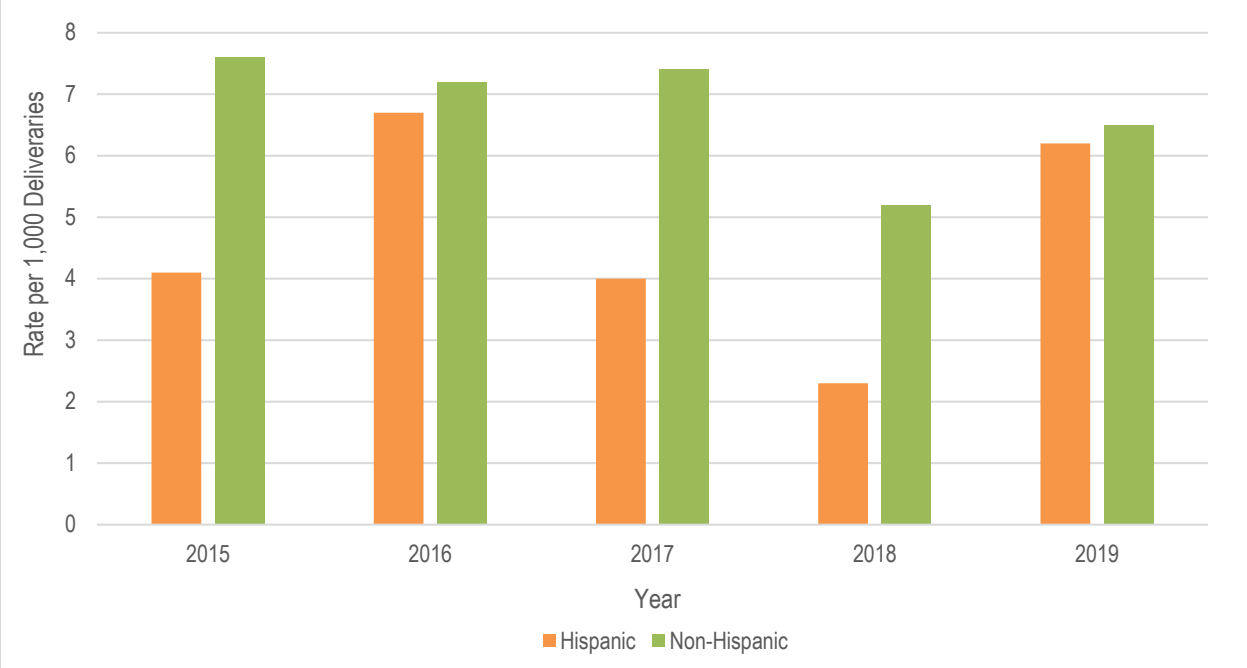
The table and graph below show the fetal death rate per 1,000 live births by ethnicity in Palm Beach County and Florida from 2015 to 2019. Hispanic mothers in Palm Beach County had lower fetal death rates when compared to Non-Hispanic mothers each year during this time period. Most recently in 2019, Hispanic mothers had a fetal death rate of 6.2 per 1,000 deliveries and Non-Hispanic mothers had a rate of 6.5 per 1,000 deliveries.

Table 114: Fetal Deaths per 1,000 Live Births, By Ethnicity, Palm Beach County, 2015-2019

Year	Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate
2015	19	4.1	79	7.6
2016	32	6.7	74	7.2
2017	19	4.0	76	7.4
2018	11	2.3	53	5.2
2019	29	6.2	65	6.5

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 59: Fetal Deaths per 1,000 Live Births, By Ethnicity, Palm Beach County, 2015-2019



Breastfeeding

Breastfeeding newborns and infants has long been shown to have a wealth of health benefits to both mother and newborns/infants. For example, breastfeeding provides an important opportunity to facilitate skin-to-skin contact between mothers and newborns/infants, has been shown to be a protective factor against postpartum depression, and provides nutritional, immune, and cognitive benefits to the newborn/infant.[75]

Mothers Who Initiate Breastfeeding

The table below shows the rate of mothers who initiated breastfeeding in Palm Beach County and Florida from 2015 to 2019. Mothers in Palm Beach County reported higher rates of breastfeeding initiation compared to mothers in Florida for every year during this time frame, except 2019. In 2019, the rate of mothers who initiated breastfeeding in Palm Beach County was 85.5%, while the state of Florida's rate was 86.0%.

Healthy People 2030 has not set a national target for breastfeeding initiation.

Table 115: Mothers Who Initiate Breastfeeding, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	12,981	87.3	191,057	85.2
2016	13,083	87.4	193,508	86.0
2017	13,490	89.7	192,199	86.0
2018	13,340	88.6	190,949	86.2
2019	12,597	85.5	189,255	86.0

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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[75] Leon-Cava, N., Lutter, C., Ross, J., & Martin, L. (2002). Quantifying the benefits of breastfeeding: a summary of the evidence. Pan American Health Organization, Washington DC, 3.

Immunization

Fully Immunized Children, Age Two

Immunizations protect young children from multiple deadly diseases and work to prevent the transfer of such diseases from child to child.[76] Immunizations have largely eradicated diseases such as polio, tetanus, and rubella. The table below shows the rate of fully immunized children age two in Palm Beach County and Florida from 2015 to 2019. From 2017 to 2019, rates of fully immunized children age 2 for Palm Beach County were lower than the Florida rate. In 2019, Palm Beach County reported that 76.0% of children age 2 were fully immunized, whereas 83.5% of children age 2 across the state of Florida were fully immunized.

Healthy People 2030 has not set a national target for full immunization by age 2.

Table 116: Fully Immunized Children, Age Two, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County	Florida
2015	85.4%	85.5%
2016	90.5%	84.1%
2017	83.3%	86.1%
2018	73.8%	83.9%
2019	76.0%	83.5%

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Immunization Levels in Kindergarten

This table and graph below show the rate of immunization levels in Kindergarten for Palm Beach County and Florida from 2016 to 2020. The immunization rate for children in Kindergarten in Palm Beach County was lower than the Florida rate each year from 2015 to 2019. From 2019 to 2020, the immunization rate in Kindergarten fell from 93.5% to 92.1% in Palm Beach County.

Healthy People 2030 has not set a national target for immunizations in Kindergarten.

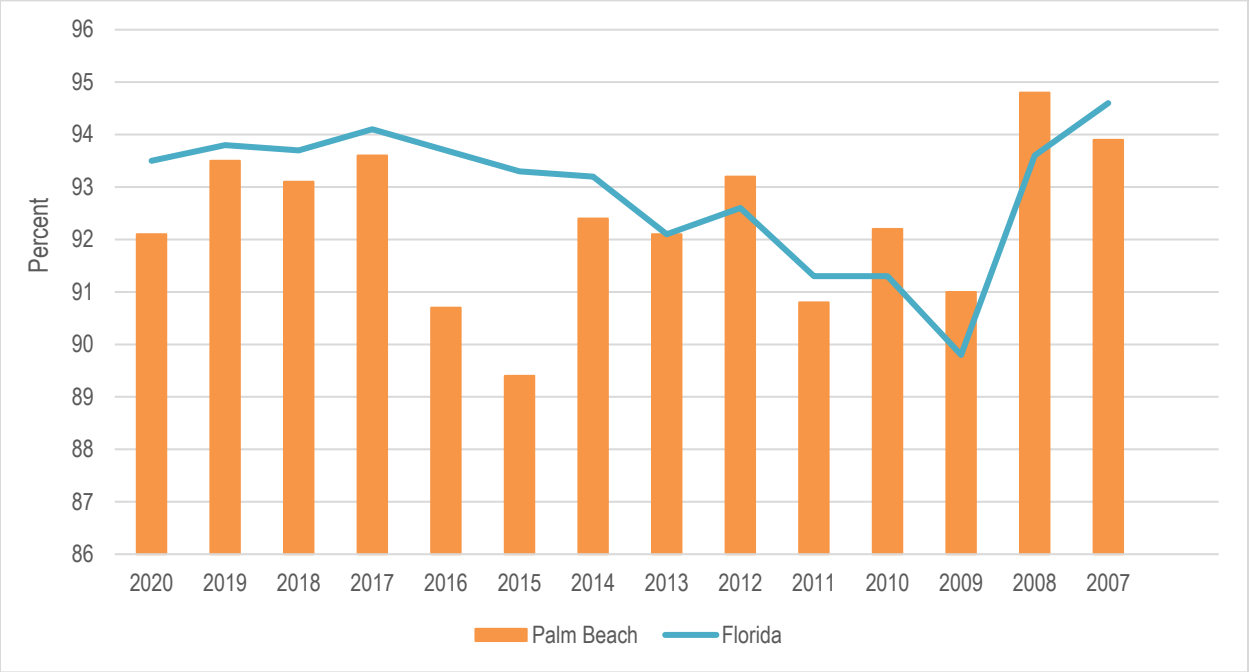
Table 117: Immunization Levels in Kindergarten, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Percent	Count	Percent
2016	13,521	90.7%	210,376	93.7%
2017	14,000	93.6%	211,311	94.1%
2018	14,008	93.1%	208,323	93.7%
2019	14,159	93.5%	210,607	93.8%
2020	14,135	92.1%	213,455	93.5%

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Immunization, 2020
Compiled by: Health Council of Southeast Florida, 2021

[76] Stanford Children's Hospital. Why Immunizations are Important. https://www.stanfordchildrens.org/en/topic/default?id=why-childhood-immunizations-are-important-1-4510

Table 118: Immunization Levels in Kindergarten, Palm Beach County and Florida, 2007-2020



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Oral Health

Preventable Hospitalizations Under 65 From Dental Conditions

Dental conditions that go untreated can lead to negative health outcomes.[77] Tooth decay and periodontal disease, for instance, are associated with a number of life-threatening conditions, including sepsis, diabetes, and heart disease. Many Americans delay or do not receive dental care despite its association with general health outcomes. Individuals without a usual source of dental care may visit hospital emergency departments for treatment. The cost of dental-related visits that are treated in the emergency room exceeded $2 billion nationally in 2017.[78]

The following table shows the rate of preventable hospitalizations from dental conditions for individuals under age 65 per 100,000 population under age 65 in Palm Beach County and Florida from 2015 to 2019. Every year during this time frame, Palm Beach County reported a higher rate than the Florida rate. The lowest rates reported for Palm Beach County (12.4 per 100,000 population) and Florida (11.9 per 100,000 population) were both in 2019.

Healthy People 2030 has not set a national target for preventable hospitalizations from dental conditions for those under 65.

Table 119: Preventable Hospitalizations Under 65 from Dental Conditions, Rate Per 100,000 Population Under 65, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	140	13.1	1,835	11.4
2016	165	15.4	2,239	13.7
2017	143	13.2	1,974	12
2018	142	12.9	2,098	12.5
2019	138	12.4	2,008	11.9

Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA), 2019
Compiled by: Health Council of Southeast Florida, 2021

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[77] Healthcare Cost and Utilization Project. Emergency Department Visits Involving Dental Conditions, 2018. Statistics Brief #280. August 2021. https://hcup-us.ahrq.gov/reports/statbriefs/sb280-Dental-ED-Visits-2018.pdf

[78] American Dental Association Health Policy Institute. Emergency Department Visits for Dental Conditions – A Snapshot. April 2020. www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_0420_1.pdf?la=en.

Vaccine Preventable Diseases

Selected Vaccine Preventable Disease Rate

Vaccines are generally effective at preventing diseases for individuals of all ages.[79] Due to vaccination campaigns, certain diseases, such as polio and diphtheria, are no longer problematic in the United States.[80] Vaccine preventable diseases are monitored to identify gaps in vaccine coverage.

This table shows the selected vaccine preventable disease rate in Palm Beach County and Florida from 2013 to 2017. The selected vaccines here include diphtheria, acute hepatitis B, measles, mumps, pertussis, rubella, tetanus, and polio. Between 2013 and 2016, Palm Beach County reported lower rates of vaccine preventable diseases than the state of Florida. In 2017, the Palm Beach County rate of 6.0 per 100,000 rose higher than Florida's rate of 5.8 100,000.

Healthy People 2030 has not set a national target for a vaccine preventable disease rate for diphtheria, acute hepatitis B, measles, mumps, pertussis, rubella, tetanus, and polio.

Table 120: Selected Vaccine Preventable Disease Rate, Palm Beach County and Florida, 2013-2017

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2013	57	4.2	1,120	5.8
2014	39	2.9	1,130	5.8
2015	34	2.5	877	4.4
2016	59	4.2	1,070	5.3
2017	85	6	1,182	5.8

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Epidemiology, 2017
Compiled by: Health Council of Southeast Florida, 2021

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[79] Florida Health Charts. Florida Department of Health. Selected Vaccine Preventable Disease Rate For All Ages. https://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=0194
[80] Centers for Disease Control and Prevention. Diseases You Almost Forgot About (Thanks To Vaccines). https://www.cdc.gov/vaccines/parents/diseases/forgot-14-diseases.html

Behavioral Health

Mental Health

Adults with Good Mental Health

Mental health status affects the quality of social, work and other relationships, increases the likelihood of substance misuse, and is associated with a variety of negative health outcomes.[81] The absence of good mental health can reduce the ability of individuals to work, maintain relationships, and stay away from addictive substances.

The table below shows the rate of adults with good mental health in Palm Beach County and Florida in 2013, 2016, and 2019. From 2013 to 2016, Palm Beach County reported a 2.1% drop in the percentage of adults with good mental health, followed by a 2.5% increase from 2016 to 2019. In the state of Florida, the percentage increased 1.3% between 2013 and 2016, but decreased 2.4% between 2016 and 2019. Additionally, the percentage of adults with good mental health was higher in Palm Beach County (90.8%) than in Florida (86.2%) in 2019.

Healthy People 2030 has not set a national target for the percentage of adults with good mental health.

Table 121: Adults with Good Mental Health, Palm Beach County and Florida, 2013, 2016, 2019

Year	Palm Beach County	Florida
2013	90.4%	87.3%
2016	88.3%	88.6%
2019	90.8%	86.2%

Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2019
Compiled by: Health Council of Southeast Florida, 2021

Adults Who Had Poor Mental Health On > 14 Of the Past 30 Days

As mentioned above, adults with poor mental health may face difficulties with social and economic opportunities and may encounter worse health outcomes as compared to adults with good mental health. The table below shows the percentage of adults with poor mental health on more than 14 of the past 30 days in Palm Beach County and Florida in 2013, 2016, and 2019. In Palm Beach County, the percentage of adults with poor mental health on more than 14 of the past 30 days increased 2.1% from 2013 to 2016, and decreased 2.5% from 2016 to 2019. Most recently in 2019, the rate of adults with poor mental health on more than 14 of the past 30 days was 9.2% in Palm Beach County, much lower than the Florida rate of 13.8%.

Healthy People 2030 has not set a national target for the percentage of adults with poor mental health on more than 14 of the past 30 days.

Table 122: Adults with Poor Mental Health on > 14 of the Past 30 days, Palm Beach County and Florida, 2013, 2016, 2019

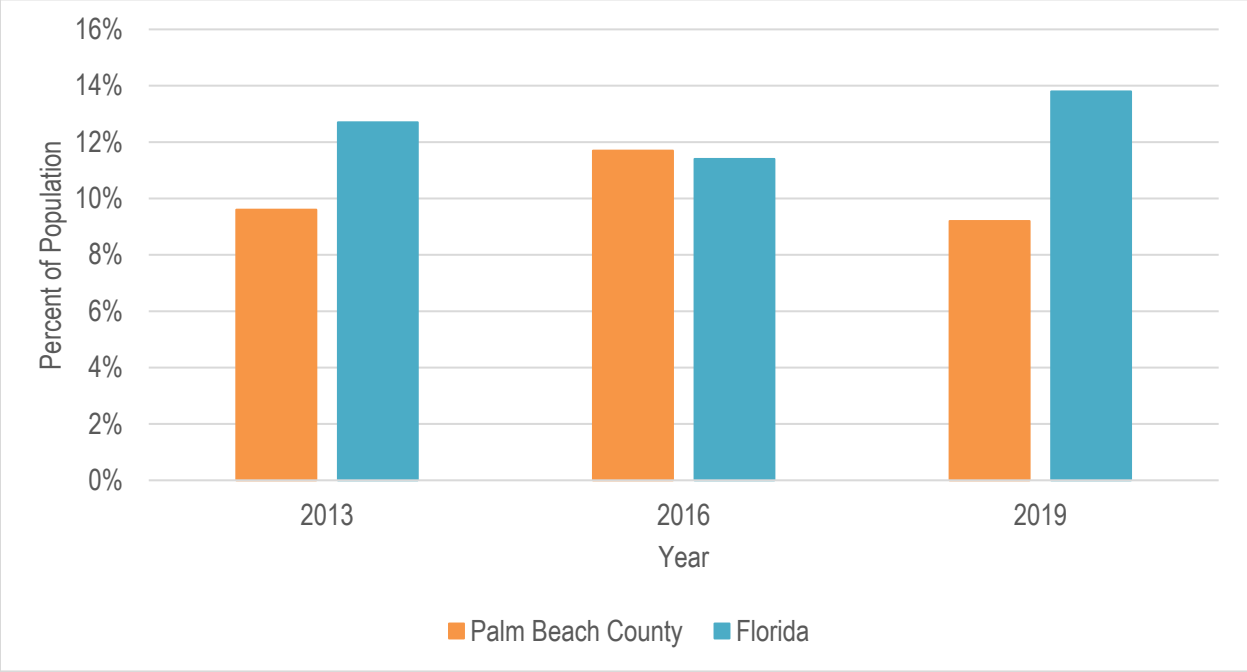
Year	Palm Beach County	Florida

[81] Tulane University School of Public Health And Tropical Medicine. Understanding Mental Health As a Public Health Issue. https://publichealth.tulane.edu/blog/mental-health-public-health/

2013	9.6%	12.7%
2016	11.7%	11.4%
2019	9.2%	13.8%

Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 60: Adults with Poor Mental Health on > 14 of the Past 30 days, Palm Beach County and Florida, 2013, 2016, 2019



Adults Who Have Ever Been Told They Had A Depressive Disorder

For many people with depression, symptoms are often severe enough to cause noticeable problems in daily activities- including work, school, or social relationships.[82] The following table shows the percentage of adults who have ever been told they have a depressive disorder in Palm Beach County and Florida in 2013, 2016, and 2019. In Palm Beach County, this percentage decreased steadily from 13.8% in 2013 to 12.4% in 2019, and was lower than the Florida rate for each year reported. In Florida, the rate dropped from 16.8% in 2013 to 14.2% in 2016, and then rose to 17.7% in 2019.

Healthy People 2030 has not set a national target for the percentage of adults who have ever been told they have a depressive disorder.

[82] Mayo Clinic. Depression (major depressive disorder. https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007

Table 123: Adults Who Have Ever Been Told They Have a Depressive Disorder, Palm Beach County and Florida, 2013, 2016, 2019

Year	Palm Beach County	Florida
2013	13.8%	16.8%
2016	13.2%	14.2%
2019	12.4%	17.7%

Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2019
Compiled by: Health Council of Southeast Florida, 2021

Adults Whose Poor Physical or Mental Health Kept Them from Usual Activities (>14 Of the Past 30 Days)

The table below shows the rate of adults whose poor physical or mental health kept them from usual activities for more than 14 of the past 30 days. In Palm Beach County, there was a sharp 8.3% increase between 2013 (11.4%) and 2016 (19.7%) and a 5.7% decrease between 2016 (19.7%) and 2019 (14.0%). In 2019, the Palm Beach County rate of 14.0% was much lower than the Florida rate of 18.3%.

Healthy People 2030 has not set a national target for the percentage of adults whose poor physical or mental health kept them from usual activities in more than 14 of the past 30 days.

Table 124: Adults Whose Poor Physical or Mental Health Kept Them from Usual Activities (>14 of the past 30 days), Palm Beach County and Florida, 2013, 2016, 2019

Year	Palm Beach County	Florida
2013	11.4%	16.4%
2016	19.7%	18.6%
2019	14.0%	18.3%

Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2019
Compiled by: Health Council of Southeast Florida, 2021

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Alcohol Consumption

Adults Who Engage in Heavy or Binge Drinking

Heavy or binge drinking is associated with numerous health problems, including liver disease, high blood pressure, stroke, heart disease, and cancer. [83] Heavy or binge drinking is also associated with car crashes, suicide, assault, and other violent crimes. Annually, excessive alcohol use is responsible for 95,000 deaths in the United States, including 1 in 10 total deaths among working-age adults.[84]

The table below shows the rate of adults who engage in heavy or binge drinking in Palm Beach County and Florida for the years 2010, 2013, 2016, and 2019. In Palm Beach County, the percentage increased from 2010 (14.8%) to 2016 (17.8%), followed by a drop to 15.9% in 2019. In 2019, the percentage of adults engaging in heavy or binge drinking in Palm Beach County was 2.1% below the Florida percentage of 18.0% (the highest percentage of all years reported).

Healthy People 2030 has set a national target of 25.4% for the percentage of individuals age 21 or older who engages in binge drinking in the past month.[85] While this data indicates adults who engage in heavy or binge drinking overall, any reduction in these numbers is progress towards a healthier community.

Table 125: Adults who Engage in Heavy or Binge Drinking, Palm Beach County and Florida, 2010, 2013, 2016, 2019

Year	Palm Beach County	Florida
2010	14.8%	15.0%
2013	17.0%	17.6%
2016	17.8%	17.5%
2019	15.9%	18.0%

Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 61: Adults who Engage in Heavy or Binge Drinking, Palm Beach County and Florida, 2010, 2013, 2016, 2019

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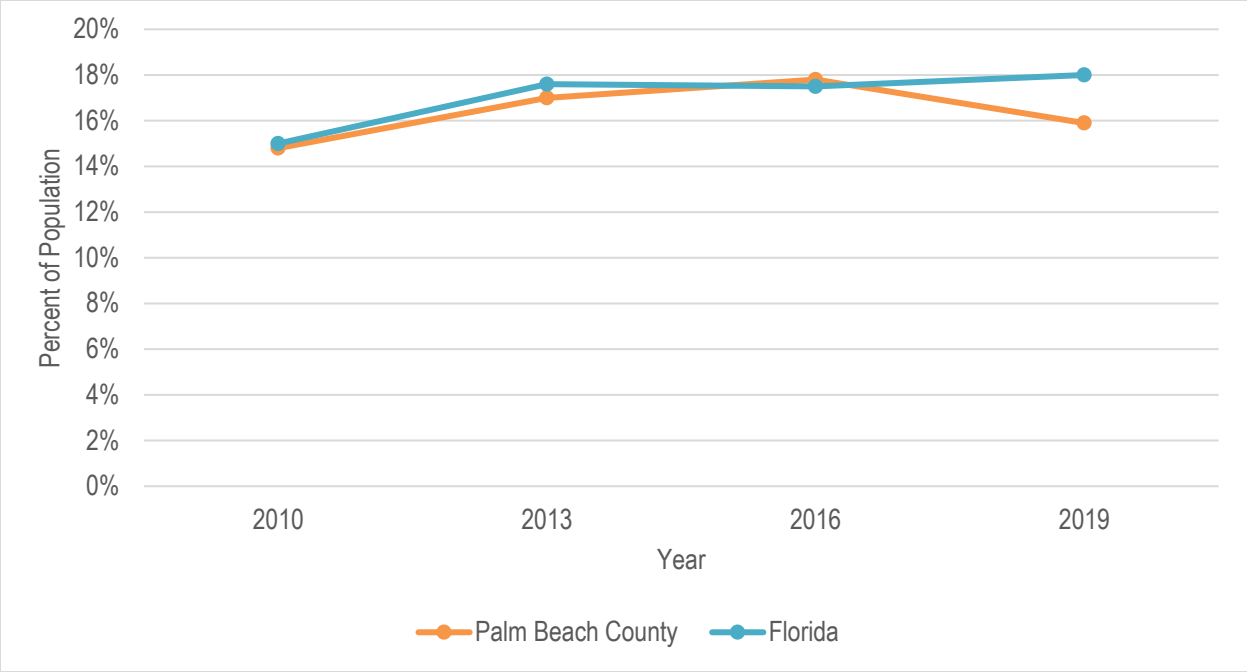
[83] Centers for Disease Control and Prevention. Alcohol and Public Health. Binge Drinking. https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm

[84] Centers for Disease Control. National Center for Chronic Disease Prevention and Health Promotion. Excessive Alcohol Use. https://www.cdc.gov/chronicdisease/resources/publications/factsheets/alcohol.htm

[85] U.S. Department of Health and Human Service. Healthy People 2030. Reduce the proportion of people aged 21 years and over who engaged in binge drinking in the past month — SU-10. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-people-aged-21-years-and-over-who-engaged-binge-drinking-past-month-su-10



Percent of Middle School Students Who Have Used Alcohol in the Past 30 Days

Nationally, 10% of eighth graders have reported using alcohol in the past 30 days, a particularly concerning figure considering that underage drinking is associated with school, social, and legal problems.[86] The following table shows the percentage of middle school students who have used alcohol in the past 30 days in Palm Beach County and Florida in 2010, 2012, 2014, and 2016. From 2010 to 2016, the percentage in Palm Beach County and Florida has steadily decreased. The percentage dropped from 19.1% in 2010 to 9.2% in 2016 in Palm Beach County, and from 16.8% in 2010 to 8.3% in 2016 in Florida. In 2019, the percentage of middle school students who had used alcohol in the past 30 days in Palm Beach County was slightly higher than the percentage statewide.

The Healthy People 2030 national target is to reduce the percentage of adolescents who have used alcohol in the past month to 6.3%.[87]

Table 126: Percent of Middle School Students Who Have Used Alcohol in the Past 30 Days, Palm Beach County and Florida, 2010, 2012, 2014, 2016

Year	Palm Beach County	Florida
2010	19.1%	16.8%
2012	11.9%	12.3%
2014	11.5%	10.1%
2016	9.2%	8.3%

[86] Centers for Disease Control and Prevention. Alcohol and Public Health. Underage Drinking. https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm

[87] U.S. Department of Health and Human Service. Healthy People 2030. Reduce the proportion of adolescents who drank alcohol in the past month — SU-04. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-adolescents-who-drank-alcohol-past-month-su-04

Source: Florida Health CHARTS, Florida Department of Children and Families, 2016
Compiled by: Health Council of Southeast Florida, 2021

Percent of Middle School Students Who Report Binge Drinking

The table below shows the percentage of middle school students who reported binge drinking in the past two weeks in Palm Beach County and Florida in 2010, 2012, 2014, and 2016. Binge drinking is defined as having five or more alcoholic drinks in a row.[88] In Palm Beach County and Florida, rates of binge drinking among middle school students dropped between 2010 and 2016. The rate in Palm Beach County decreased from 6.6% in 2010 to 3.3% in 2016, while the Florida rate decreased from 6.9% in 2010 to 3.2% in 2019.

The Healthy People 2030 national target is to reduce the proportion of people under age 21 who have engaged in binge drinking in the past month to 8.4%.[89] While the data below only indicates the percentage of middle school students who reported binge drinking, any reduction in these numbers is progress towards a healthier community.

Table 127: Percent of Middle School Students Who Report Binge Drinking, Palm Beach County and Florida, 2010, 2012, 2014, 2016

Year	Palm Beach County	Florida
2010	6.6%	6.9%
2012	4.2%	4.7%
2014	4.2%	3.9%
2016	3.3%	3.2%

Source: Florida Health CHARTS, Florida Department of Children and Families, 2016
Compiled by: Health Council of Southeast Florida, 2021

Percent of High School Students Who Have Used Alcohol in the Past 30 Days

High schoolers who drink alcohol are more likely to report higher levels of absenteeism, in addition to social, legal, and health problems.[90] The table below shows the percentage of high school students who have used alcohol in the past 30 days in Palm Beach County and Florida in 2010, 2012, 2014, and 2016. From 2010 to 2016, the rate in Palm Beach County decreased 14.8%, dropping from 41.8% in 2010 to 27.0% in 2016. During the same time period, the rate in Florida decreased 2.5%, dropping from 38.0% in 2010 to 35.5% in 2016. Most recently in 2016, the rate of high school students who reported using alcohol in the past 30 days in Palm Beach County (27.0%) was 8.5% lower than the rate in Florida (35.5%).

Healthy People 2030 has not set a national target for the percentage of high school students who have used alcohol in the past 30 days.

[88] Middle school students reporting binge drinking (n.d.). In FL Health CHARTS. Retrieved from https://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=NonVitalIndRateOnly.Dataviewer&cid=0511
[89] U.S. Department of Health and Human Service. Healthy People 2030. Reduce the proportion of people under 21 years who engaged in binge drinking in the past month — SU-09. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-people-under-21-years-who-engaged-binge-drinking-past-month-su-09
[90] Austin, W. A. (2012). The effects of alcohol use on high school absenteeism. The American Economist, 57(2), 238-252.

Table 128: Percent of High School Students Who Have Used Alcohol in the Past 30 Days, Palm Beach County and Florida, 2010, 2012, 2014, 2016

Year	Palm Beach County	Florida
2010	41.8%	38.0%
2012	38.0%	33.9%
2014	34.1%	28.4%
2016	27.0%	25.5%

Source: Florida Health CHARTS, Florida Department of Children and Families, 2016
Compiled by: Health Council of Southeast Florida, 2021

Percent of High School Students Who Report Binge Drinking

As previously mentioned, binge drinking is a public health issue that is particularly consequential for those under age 21. This table shows the percentage of high school students who reported binge drinking in the past two weeks in Palm Beach County and Florida in 2010, 2012, 2014, and 2016. Binge drinking is defined as having five or more alcoholic drinks in a row.[91] The rate in Palm Beach County decreased by 11.2%, dropping from 21.0% in 2010 to 9.8% in 2016. The rate in Florida decreased by 8.7%, dropping from 19.6% in 2010 to 10.9% in 2016. Most recently in 2016, the percentage of high school students who reported binge drinking in Palm Beach County (9.8%) was 0.8% below the state percentage (10.9%).

The Healthy People 2030 national target is to reduce the proportion of people under age 21 who have engaged in binge drinking in the past month to 8.4%. While the data below indicates only the percentage of high school students who reported binge drinking, any reduction in these numbers is progress towards a healthier community.

Table 129: Percent of High School Students Who Report Binge Drinking, Palm Beach County and Florida, 2010, 2012, 2014, 2016

Year	Palm Beach County	Florida
2010	21.0%	19.6%
2012	18.1%	16.4%
2014	15.9%	13.7%
2016	9.8%	10.9%

Source: Florida Health CHARTS, Florida Department of Children and Families, 2016
Compiled by: Health Council of Southeast Florida, 2021

[91] High school students reporting binge drinking (n.d.). In FL Health CHARTS. Retrieved from https://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=NonVitalIndRateOnly.Dataviewer&cid=0512

Suicide

In 2019, suicide was the tenth leading cause of death in the United States with 47,511 deaths attributed to intentional self-harm.[92] Suicides are often considered preventable through evidence-based, low-cost interventions.[93] Suicide rates have increased over the past two decades.[94]

Age Adjusted Suicide Death Rate

The table below shows the age-adjusted suicide death rate per 100,000 population in Palm Beach County and Florida from 2015 to 2019. The suicide rate in Palm Beach County decreased from 2015 (15.5 per 100,000) to 2017 (12.2 per 100,000), then increased in 2018 (15.4 per 100,000), and decreased in 2019 (13.9 per 100,000). Most recently in 2019, the Palm Beach County rate of 13.9 per 100,000 population was slightly lower than the Florida rate of 14.5 per 100,000 population.

The Healthy People 2030 national target is to reduce the rate of suicide deaths to 12.8 suicide deaths per 100,000 population.[95] As of 2019, Palm Beach County is not meeting this target.

Table 130: Age-Adjusted Suicide Death Rate, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	229	15.5	3,152	14.4
2016	230	15.2	3,122	14.1
2017	199	12.2	3,187	14.1
2018	247	15.4	3,552	15.3
2019	229	13.9	3,427	14.5

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Suicide Death Count

Historically, younger individuals have reported lower suicide rates as compared to middle ages and older individuals, and according to the American Foundation for Suicide Prevention, the highest rates of suicide in the United States are reported among middle-ages White males.[96] When looking at racial differences in suicide rates, the highest age-adjusted suicide rate in the United States was found among White individuals, with Black, Asian and Hispanics reporting the lowest rates.

The table below shows the suicide death count by age in Palm Beach County from 2015 to 2019. When looking at the total number of suicides from 2015 to 2019 for each age group, the highest suicide count was reported among

[92] Centers for Disease Control and Prevention. National Center for Health Statistics. Leading Causes of Death. https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm
[93] World Health Organization. Suicide. Key Facts. https://www.who.int/news-room/fact-sheets/detail/suicide
[94] National Institute of Mental Health. Suicide. https://www.nimh.nih.gov/health/statistics/suicide
[95] U.S. Department of Health and Human Service. Healthy People 2030. Reduce the suicide rate — MHMD-01. https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders/reduce-suicide-rate-mhmd-01
[96] American Foundation for Suicide Prevention. Suicide Statistics. https://afsp.org/suicide-statistics/

those ages 55 to 64 (245), followed by those ages 45 to 54 (211), and those ages 65 to 74 (162). From 2018 to 2019, every age group saw a decrease in total suicide deaths in Palm Beach County, except ages 85 and over.

The Healthy People 2030 national target is to reduce the rate of suicide deaths to 12.8 suicides per 100,000 population. While the data below shows total suicide death counts, any reduction in these numbers is progress towards a healthier community.

Table 131: Suicide Death Count, By Age, Palm Beach County, 2015-2019

Age	Year					
	2015	2016	2017	2018	2019	Total
10-14 Years	--	1	1	2	1	5
15-19 Years	8	6	3	4	9	30
20-24 Years	16	10	4	10	10	50
25-34 Years	30	40	24	31	22	147
35-44 Years	31	29	24	34	29	147
45-54 Years	48	46	33	43	41	211
55-64 Years	46	42	55	53	49	245
65-74 Years	30	26	33	40	33	162
75-84 Years	14	18	15	25	22	94
85 + Years	6	12	7	5	13	43
Total	229	230	199	247	229	1,134

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Suicide Death Count, By Race

The following table shows the suicide death count by race in Palm Beach County from 2015 to 2019. Each year during this time frame, the suicide death count for White individuals far exceeded the count for Black, Other, and Unknown races combined. Additionally, the number of suicide deaths for White individuals fluctuated from 2015 to 2019, but decreased from 226 in 2018 to 204 in 2019.

Table 132: Suicide Death Count, By Race, Palm Beach County, 2015-2019

Year	Palm Beach County				
	White	Black	Other	Unknown	Total
2015	208	17	4	--	229
2016	206	18	5	1	230
2017	181	15	3	--	199
2018	226	18	3	--	247
2019	204	18	7	--	229

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Suicide Death Count, by Ethnicity

The table below shows the suicide death count by ethnicity in Palm Beach County from 2015 to 2019. The Non-Hispanic suicide death count was much higher than the Hispanic count in Palm Beach County each year from 2015

to 2019. Most recently, the suicide death count declined for Non-Hispanics (from 217 in 2018, to 201 in 2019), and for Hispanics (from 27 in 2018, to 24 in 2019).

Table 133: Suicide Death Count, By Ethnicity, Palm Beach County, 2015-2019

Year	Palm Beach County			
	Hispanic	Non-Hispanic	Unknown	Total
2015	27	200	2	229
2016	22	204	4	230
2017	21	177	1	199
2018	27	217	3	247
2019	24	201	4	229

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Crude Suicide Death Rate

The table below shows the crude suicide death rate in Palm Beach County and Florida from 2016 to 2020. The crude suicide death rate in Palm Beach County was higher than the Florida rate in 2015, 2016, and 2018. Palm Beach County reported its lowest rate in 2020 (at 11.6 per 100,000 population), and its highest in 2018 (at 17.1 per 100,000 population). In 2020, the crude suicide death rate in Palm Beach County (11.6 per 100,000) was lower than the statewide rate (14.4 per 100,000).

The Healthy People 2030 national target is to reduce the age-adjusted suicide death rate to 12.8 suicides per 100,000 population. While the data below is reported in the crude rate, any reduction in these numbers is progress towards a healthier community.

Table 134: Crude Suicide Death Rate, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	230	16.5	3,122	15.4
2017	199	14.1	3,187	15.5
2018	247	17.1	3,552	16.9
2019	229	15.7	3,457	16.1
2020	171	11.6	3,113	14.4

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Calls to 211 Related to Suicide

The table below shows the number of calls to 211 related to suicide in Palm Beach County. In 2020, there were 18,208 mental health or substance use related calls to 211 in Palm Beach County- 851 of which were suicide related

calls. Mental health or substance use calls, including suicide calls, comprised 22.1% of all calls to 211 in Palm Beach County in 2020. [97]

Healthy People 2030 has not set a national target for calls to 211 related to suicide.

Table 135: Calls to 211 Related to Suicide, Palm Beach County, 2020

Year	Palm Beach County
2020	851

Note: 2019 and 2021 data for 211 are not full year data. Data collection began June 2019 per https://211palmbeach.211counts.org/ and 2021 data is provisional.
Source: 211 Helpline, 2-1-1 Palm Beach / Treasure Coast
Compiled by: Health Council of Southeast Florida, 2021

Domestic Violence by Offense Type by Victim's Relationship to Offender

Well-known or casual acquaintances account for 32% of all violent victimizations in the United States.[98] The following table shows the number of domestic violence offenses by type and by the victim's relationship to the offender in Palm Beach County in 2019. Simple assault and aggravated assault accounted for a total of 3,255 arrests, or 97.6% of all domestic violence offenses. For both simple assault and aggravated assault, spouses were the most likely offenders, followed by cohabitants. Across all offenses, spouses were the most likely perpetrators of domestic violence offenses.

Healthy People 2030 has not set a national target for domestic violence by offense type to victim's relationship to offender.

Table 136: Domestic Violence by Offense Type by Victim's Relationship to Offender, Palm Beach County, 2019

Offense	Relationship to Victim Offender								Arrests
	Total	Spouse	Parent	Child	Sibling	Other Family	Cohabi-tant	Other	
Murder	10	5	1	1	0	1	1	1	4
Manslaughter	2	0	0	0	0	1	1	0	1
Rape	105	15	4	26	17	22	12	9	27
Fondling	57	0	1	23	15	9	3	6	10
Aggravated Assault	832	188	107	127	78	98	138	96	691
Aggravated Stalking	2	1	0	0	0	1	0	0	4
Simple Assault	3,556	1,007	527	270	389	511	710	142	2,564
Threat/ Intimidation	47	12	11	4	3	4	7	6	20
Simple Stalking	22	15	0	0	0	0	6	1	14
Total Offenses	4,633	1,243	651	451	502	547	878	261	3,335

Source: Florida Department of Law Enforcement, Crime in Florida Abstract, 2019
Compiled by: Health Council of Southeast Florida, 2021

[97] 211 Helpline. Publications and Reports. Snapshot. Palm Beach County. https://211palmbeach.org/publications-reports
[98] US Justice Department. Office of Justice Programs Bureau of Justice Statistics. Special Report. Non-Fatal Domestic Violence, 2003-2012. https://bjs.ojp.gov/content/pub/pdf/ndv0312.pdf

Tobacco

Adults Who Are Current Smokers

Smoking leads to a wide variety of diseases and disabilities and is known to cause harm to nearly every organ in the body.[99] Over 16 million Americans are living with a disease caused by smoking. Importantly, for every person who has died of smoking, at least thirty people live with a smoking-related health complication.

The table below shows the percentage of adults who were current smokers in Palm Beach County and Florida in 2010, 2013, 2016, and 2019. Each year reported, except 2016, Palm Beach County had a lower percentage of adult smokers compared to Florida. From 2016 to 2019, the rate in Palm Beach County decreased from 16.3% to 11.0%. The rate of 11.0% in 2019 for the county was lower than the Florida rate of 14.8%.

The Healthy People 2030 national target is to reduce the percentage of all individuals over 18 years old being current cigarette smokers to 5.0%.[100] Palm Beach County is not yet meeting this target.

Table 137: Adults Who Are Current Smokers, Palm Beach County and Florida, 2010, 2013, 2016, 2019

Year	Palm Beach County	Florida
2010	9.0%	17.1%
2013	9.5%	16.8%
2016	16.3%	15.5%
2019	11.0%	14.8%

Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System, 2019
Compiled by: Health Council of Southeast Florida, 2021

High School Students Smoking Cigarettes in The Past 30 Days

The table below shows the percentage of high school students who smoked cigarettes in the past 30 days in Palm Beach County and Florida in 2014, 2016, 2018, and 2020. From 2014 to 2020, Palm Beach County and Florida both reported sharp declines in high school cigarette smoking rates. In 2020, 4.6% of high school students nationally reported smoking cigarettes in the past 30 days.[101] Palm Beach County (2.0%) and Florida (2.3%) reported their lowest rates that same year. For each year reported, the rate of high school students smoking cigarettes in Palm Beach County was lower than the Florida rate.

The Healthy People 2030 national target is to reduce the proportion of adolescents who had used cigarettes in the past 30 days to 3.4%.[102] While this data only looks at high school students, any reduction in these numbers is progress towards a healthier community.

[99] Centers for Disease Control and Prevention. Smoking and Tobacco. Health Effects. https://www.cdc.gov/tobacco/basic_information/health_effects/index.htm

[100] U.S. Department of Health and Human Service. Healthy People 2030. Reduce current cigarette smoking in adults — TU-02. https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/reduce-current-cigarette-smoking-adults-tu-02

[101] Centers for Disease Control and Prevention. Smoking and Tobacco. Data and Statistics. Youth and Tobacco Use. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

[102] U.S. Department of Health and Human Service. Healthy People 2030. Reduce current cigarette smoking in adolescents — TU-06. https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/reduce-current-cigarette-smoking-adolescents-tu-06

Table 138: High School Students Smoking Cigarettes in The Past 30 Days, Palm Beach County and Florida, 2014, 2016, 2018, 2020

Year	Palm Beach County	Florida
2014	7.2%	7.5%
2016	2.7%	5.2%
2018	2.7%	3.6%
2020	2.0%	2.3%

Source: Florida Health CHARTS, Florida Youth Tobacco Survey (FYTS), 2020
Compiled by: Health Council of Southeast Florida, 2021

Middle School Students Smoking Cigarettes in The Past 30 Days

In 2020, 1.5% of middle schoolers nationally reported smoking cigarettes in the past 30 days.[103] The table below shows the percentage of middle school students who had smoked cigarettes in the past 30 days in Palm Beach County and Florida in 2014, 2016, 2018, and 2020. From 2014 to 2018, the percentage in Palm Beach County declined from 2.5% to 0.6%, then increased from 0.6% in 2018 to 0.9% in 2019. Additionally, the percentage of middle school students who had smoked a cigarette in the past 30 days in Palm Beach County was lower than the Florida percentage every year reported, except 2014.

The Healthy People 2030 national target is to reduce the proportion of adolescents who had used cigarettes in the past 30 days to 3.4%.[104] While this data only looks at middle school students, any reduction in these numbers is progress towards a healthier community.

Table 139: Middle School Students Smoking Cigarettes in The Past 30 Days, Palm Beach County and Florida, 2014, 2016, 2018, 2020

Year	Palm Beach County	Florida
2014	2.5%	2.3%
2016	1.3%	1.7%
2018	0.6%	1.3%
2020	0.9%	1.1%

Source: Florida Health CHARTS, Florida Youth Tobacco Survey (FYTS), 2020
Compiled by: Health Council of Southeast Florida, 2021

Percent of Adults Who Are Current E-Cigarette Users

In 2018, 3.2% of adults in the United States were current e-cigarette users, and 15% of adults had reported using an electronic cigarette, or e-cigarette, at one point.[105] While the long-term health risks of e-cigarettes are not yet fully

[103] Centers for Disease Control and Prevention. Smoking and Tobacco. Data and Statistics. Youth and Tobacco Use. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
[104] U.S. Department of Health and Human Service. Healthy People 2030. Reduce current cigarette smoking in adolescents — TU-06. https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/reduce-current-cigarette-smoking-adolescents-tu-06
[105] Centers for Disease Control. National Center for Health Statistics. Electronic Cigarette Use Among U.S. Adults, 2018. https://www.cdc.gov/nchs/products/databriefs/db365.htm

understood, there is compelling evidence to suggest that e-cigarettes may contribute lung injury. In addition, the high levels of nicotine in e-cigarettes make them incredibly addicting.

The following table shows the percentage of adults who were current e-cigarette users in Palm Beach County and Florida in 2016 and 2019. This percentage decreased for Palm Beach County from 6.4% in 2016 to 5.4% in 2019. Florida, however, reported an increase from 4.7% in 2016 to 7.5% in 2019.

Healthy People 2030 has not set a national target for the percentage of adults who are current e-cigarette users.

Table 140: Percent of Adults Who Are Current E-cigarette Users, Palm Beach County and Florida, 2016 and 2019

Year	Palm Beach County	Florida
2016	6.4%	4.7%
2019	5.4%	7.5%

Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Opioid Use

Opioid Prescriptions, Per 100,000 Population

As of 2016, the Centers for Disease Control and Prevention issued updated guidelines for prescribing opioids for chronic pain in response to the opioid epidemic in years prior. Chronic opioid therapy has affected millions of Americans, sometimes leading to addictive behavior and an increased risk of overdose. As opioids became increasingly available through liberal prescriptions, the United States saw a sharp increase in heroin use and drug overdose deaths, which increased 137% between 2000 and 2014. In the same time period, overdoses involving prescription opioids and heroin increased 200%.[106]

In both Palm Beach County and Florida, prescriptions, unique patients receiving opioid prescriptions, and unique prescribers with opioids dispensed have steadily between 2017 and 2019. In 2019, 54,122 prescriptions were dispensed in Palm Beach County, compared to 64,994 in 2017.

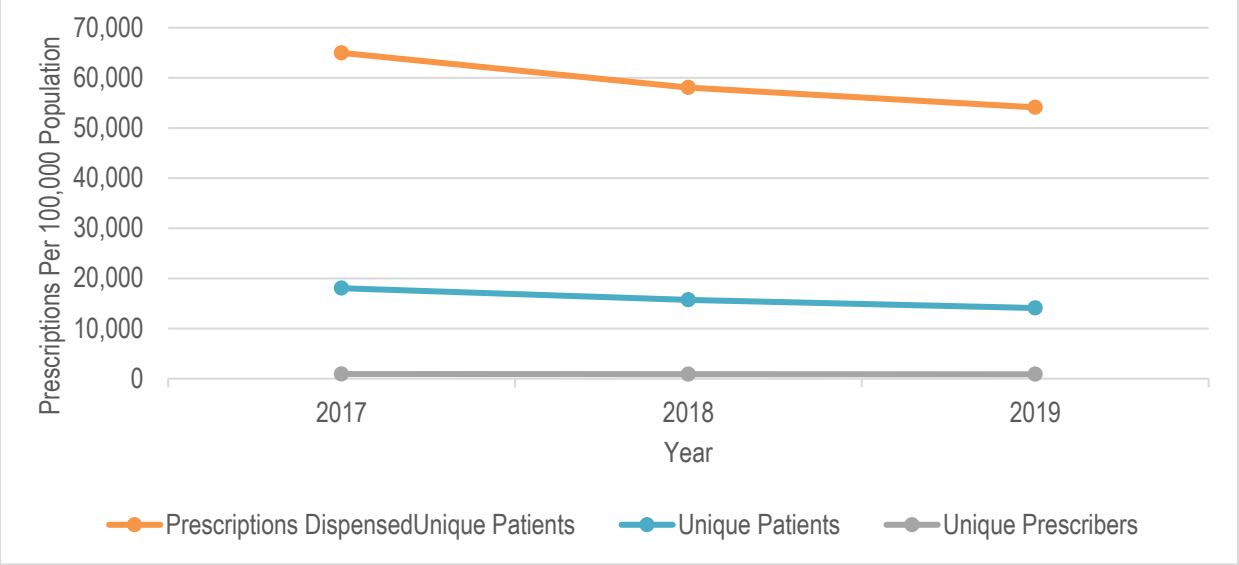
There is no Healthy People 2030 national target directly related to opioid prescriptions dispensed.

Table 141: Opioid Prescriptions, Per 100,000 Population, Palm Beach County and Florida, 2017-2019

	Palm Beach County			Florida		
	2017	2018	2019	2017	2018	2019
Prescription Dispensed	64,994	58,069	54,122	75,214	66,829	59,687
Unique Patients	18,049	15,727	14,096	75,214	16,673	14,649
Unique Prescribers	930.7	890.1	871.5	425.4	421.8	404.3

Source: Florida Health CHARTS, Opioid Dashboard, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 62: Opioid Prescriptions, Per 100,000 Population, Palm Beach County, 2017-2019



[106] Meldrum M. L. (2016). The Ongoing Opioid Prescription Epidemic: Historical Context. *American journal of public health*, *106*(8), 1365–1366. https://doi.org/10.2105/AJPH.2016.303297

Opioid-Related Emergency Department Visits

Studies have shown that frequent emergency department visits for opioid overdose are associated with an increased likelihood of future hospitalizations and near-fatal events from opioid misuse. In one study, 53% of emergency department visits for opioid overdose resulted in hospitalization and 10.0% of emergency department visits for opioid overdose led to a near-fatal event.[107]

In Palm Beach County, opioid-related emergency department visits decreased between 2017 (225.1 per 100,000 population) and 2019 (110.6 per 100,000 population). The state of Florida reported an initial decrease in visits between 2017 (89.4 per 100,000) and 2018 (69.7 per 100,000 population), but rates increased in 2019 to 79.0 visits per 100,000 population.

While there is no current Healthy People 2030 national target directly related to opioid-related emergency department visits for all populations, an objective to reduce the rate of opioid-related emergency department visits is in the developmental stages. This highlights opioid-related emergency department visits as a high-priority public health issue that has evidence-based interventions available. Once baseline data becomes available for this objective on the national level, it will be considered to become a core Healthy People 2030 objective.

Table 142: Opioid-Related Emergency Department Visits, Per 100,000 Population, Palm Beach County and Florida, 2017-2019

Year	Palm Beach County	Florida
2017	225.1	89.4
2018	110.8	69.7
2019	110.6	79.0

Source: Florida Health CHARTS, Opioid Dashboard, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 63: Opioid-Related Emergency Department Visits, Per 100,000 Population, Palm Beach County and Florida, 2017-2019

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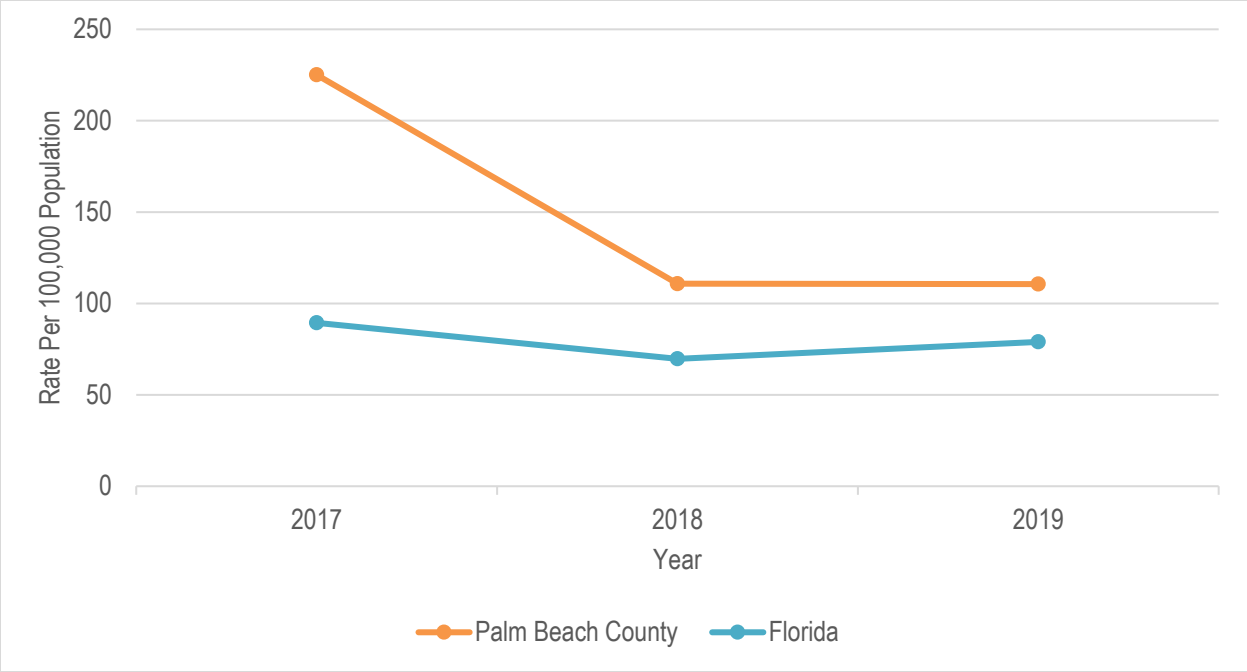
[107] Hasegawa, K., Brown, D. F. M., Tsugawa, Y., & Camargo, C. A. (2014). Epidemiology of Emergency Department Visits for Opioid Overdose: A Population Study. *Mayo clinic proceedings, 89*(4), 462-471. https://doi.org/10.1016/j.mayocp.2013.12.008



Opioid-Related Non-Fatal Hospitalizations

It is estimated that approximately 7,000 people are treated in emergency departments for opioid misuse each day in the United States. According to research, mortality rates among opioid-related hospitalizations have increased more than fourfold in recent years compared to general decreasing mortality rates among all other hospitalizations in the country.[108]

Palm Beach County has reported a decreasing trend in opioid-related non-fatal hospitalizations between 2017 (50.3 hospitalizations per 100,000 population) and 2019 (38.3 hospitalizations per 100,000 population). The state of Florida experienced a similar decreasing trend, reporting 44.3 hospitalizations per 100,000 population in 2017 and 36.3 hospitalizations per 100,000 population in 2019.

There is no Healthy People 2030 national target directly related to opioid-related non-fatal hospitalizations.

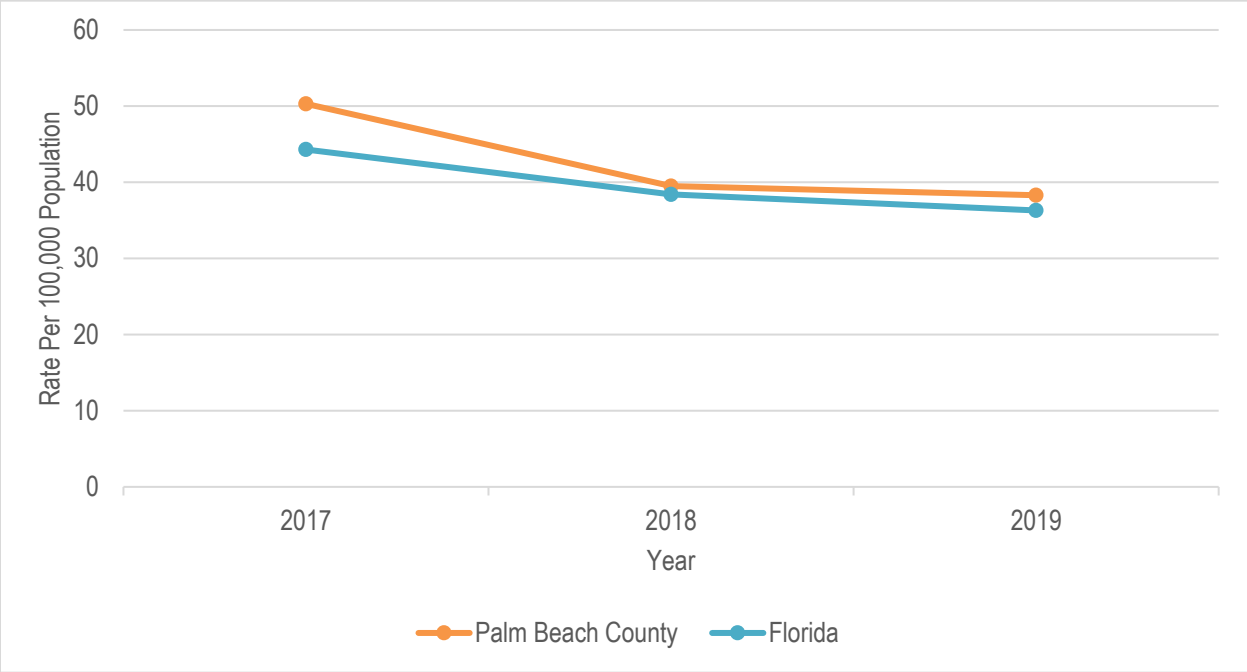
Table 143: Opioid-Related Non-Fatal Hospitalizations, Per 100,000 Population, Palm Beach County and Florida, 2017-2019

Year	Palm Beach County	Florida
2017	50.3	44.3
2018	39.5	38.4
2019	38.3	36.3

Source: Florida Health CHARTS, Opioid Dashboard, 2020
Compiled by: Health Council of Southeast Florida, 2021

[108] Song, Z. (2017). Mortality Quadrupled Among Opioid-Driven Hospitalizations, Notably Within Lower-Income and Disabled White Populations. *Health Affairs. (36)*12. https://doi.org/10.1377/hlthaff.2017.0689

Figure 64: Opioid-Related Non-Fatal Hospitalizations, Palm Beach County and Florida, 2017-2019



Age-Adjusted Opioid Deaths, Per 100,000 Population

According to the Centers for Disease Control and Prevention, the number of drug overdose deahts has quadrupled between 1999 and 2019. The United States reported a nearly 5% increase in drug overdose deaths from 2018 to 2019 alone. In this same time period, opioid-involved death rates increased by over 6% nationally. Prescriptions opioid-involved death rates decreased by nearly 7%. Synthetic opioid-involved death rates (excluding methadone) increased by over 15%. Overall, it is estimated that 136 people die each day from an opioid overdose, including both prescription and illicit opioids.[109]

In Palm Beach County, the rate of age-adjusted opioid deaths decreased from 2017 (51.0 deaths per 100,000 population) to 2018 (30.9 deaths per 100,000 population). A slight increase was subsequently seen between 2018 and 2019 (36.7 deaths per 100,000 population).

The Healthy People 2030 national target is to reduce overdose deaths involving opioids from 14.6 deaths per 100,000 population to 13.1 deaths per 100,000 population.[110] As of 2019, Palm Beach County is not yet meeting this target.

[109] Centers for Disease Control and Prevention (CDC). (2021). *Opioids: Understanding the Epidemic.* Retrieved from https://www.cdc.gov/opioids/basics/epidemic.html

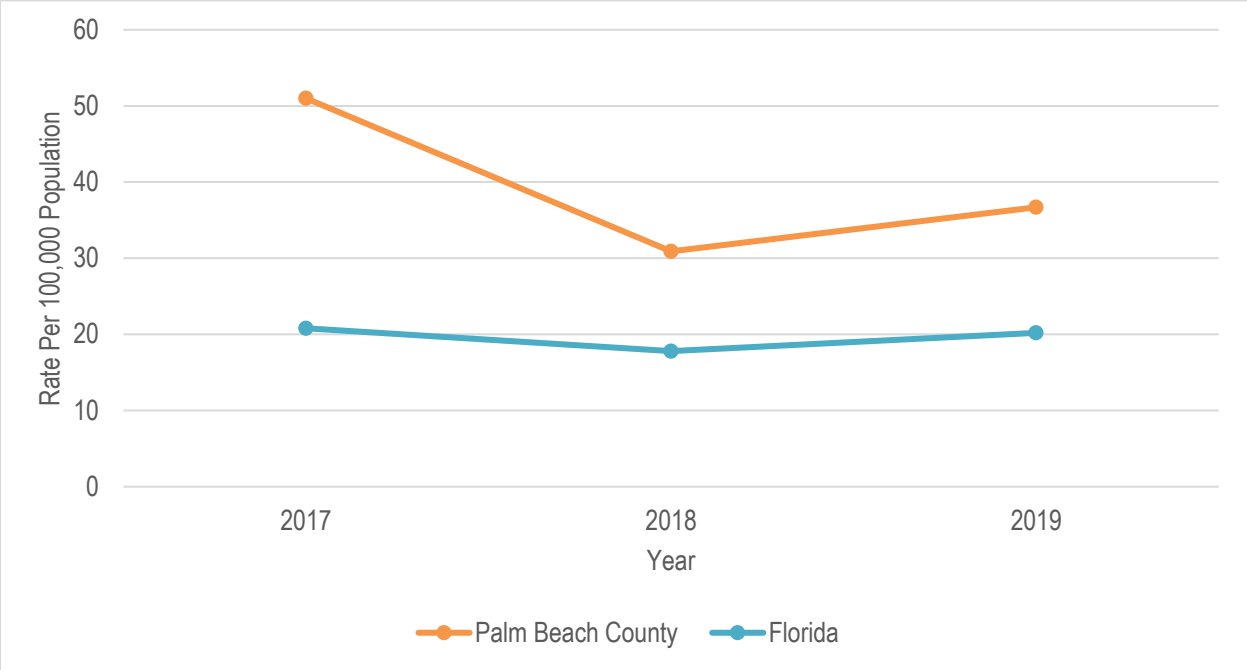
[110] U.S. Department of Health and Human Service. Healthy People 2030. Overdose deaths involving opioids — IVP-20. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-adults-who-use-marijuana-daily-or-almost-daily-su-08

Table 144: Age-Adjusted Opioid Deaths, Per 100,000 Population. Palm Beach County and Florida, 2017-2019

Year	Palm Beach County	Florida
2017	51.0	20.8
2018	30.9	17.8
2019	36.7	20.2

Source: Florida Health CHARTS, Opioid Dashboard, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 65: Age-Adjusted Opioid Deaths, Per 100,000 Population. Palm Beach County and Florida, 2017-2019



Opioid Deaths, By Substance

According to the Centers for Disease Control and Prevention, over 70% of drug overdose deaths in 2019 involved an opioid. Synthetic opioids were involved in 72.9% of all opioid-involved overdose deaths.

Fentanyl was responsible for the most Palm Beach County deaths involving opioids in 2018 (335 deaths) and 2019 (434 deaths). In 2019, fentanyl analogs were involved 337 opioid deaths, followed by Morphine (264 opioid deaths) and heroin (205 deaths) in Palm Beach County. In the state of Florida in 2019, fentanyl was involved in the most opioid deaths (3,655), followed by morphine (1,855) fentanyl analogs (1,418), and Oxycodone (1,181).

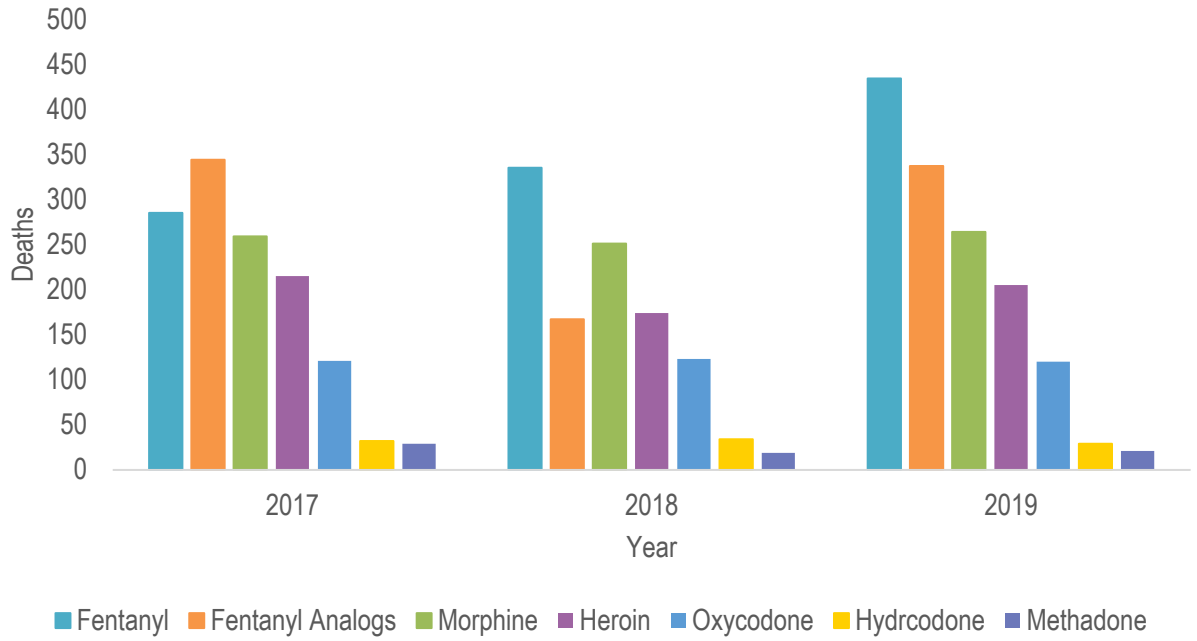
HP2030 - https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention/reduce-overdose-deaths-involving-synthetic-opioids-other-methadone-ivp-22

Table 145: Opioid Deaths, By Substance, Palm Beach County and Florida, 2017-2019

Substance	Palm Beach County			Florida		
	2017	2018	2019	2017	2018	2019
Fentanyl	285	335	434	2,088	2,703	3,655
Fentanyl Analogs	344	167	337	1,685	1,052	1,418
Morphine	259	251	264	1,992	1,863	1,855
Heroin	215	174	205	1,057	940	954
Oxycodone	121	123	120	1,282	1,181	1,181
Hydrocodone	32	34	29	732	593	558
Methadone	29	19	21	420	401	318

Source: Florida Department of Law Enforcement, Medical Examiner's Commission, Drugs Identified in Deceased Persons Annual Report, 2017-2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 66: Opioid Deaths, By Substance, Palm Beach County, 2017-2019



Marijuana

Adults Who Used Marijuana or Hashish During the Past 30 Days

Marijuana is the most commonly used illegal drug in the United States with nearly a fifth of all Americans reporting to have used it at least once.[111] Approximately 30% of marijuana users have marijuana use disorder, or an unhealthy dependence on the substance. Research suggests that marijuana use results in negative impacts on memory, learning, attention, decision-making, coordination, emotion, and reaction time.

The table below shows the percentage of adults who had used marijuana or hashish during the past 30 days in Palm Beach County and Florida in 2016. During this year, the percentage of adults in Palm Beach County who used marijuana or hashish during the past 30 days was 5.7% (which was 1.7% lower than the Florida rate).

The Healthy People 2030 national target is to reduce the percentage of adults who use marijuana daily or almost daily to 3.4%.[112] Palm Beach County is not yet meeting this target.

Table 146: Adults Who Used Marijuana or Hashish During the Past 30 Days, Palm Beach County and Florida, 2016

Year	Palm Beach County	Florida
2016	5.7%	7.4%

Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System, 2016
Compiled by: Health Council of Southeast Florida, 2021

High School Students Who Used Marijuana or Hashish During the Past 30 Days

The risk of developing marijuana use disorder is greater among those under age 18 than among adults.[113] The effects of marijuana use on the brain are especially profound for infants, children, and teens whose brains are still developing.

The table below shows the percentage of high school students who had used marijuana or hashish during the past 30 days in Palm Beach County and Florida in 2010, 2012, 2014, and 2016. Palm Beach County reported a higher rate than Florida every year, except 2016. Both the Palm Beach County rate and the Florida rate dropped from 2014 to 2016. In Palm Beach County, the rate of high school students who used marijuana or hashish during the past 30 days decreased from 22.6% to 15.4% in that time frame.

[111] Centers for Disease Control and Prevention. Marijuana and Public Health. Data and Statistics. Fast Facts. https://www.cdc.gov/marijuana/data-statistics.htm
[112] U.S. Department of Health and Human Service. Healthy People 2030. Reduce the proportion of adults who use marijuana daily or almost daily — SU-08. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-adults-who-use-marijuana-daily-or-almost-daily-su-08
[113] Centers for Disease Control and Prevention. Marijuana and Public Health. Data and Statistics. Fast Facts. https://www.cdc.gov/marijuana/data-statistics.htm

The Healthy People 2030 national target is to reduce the percentage of adolescents who have used marijuana in the past 30 days to 5.8%.[114] While the data below only looks at high school students, any reduction in these numbers is progress towards a healthier community.

Table 147: High School Students Who Used Marijuana or Hashish During the Past 30 Days, Palm Beach County and Florida, 2010, 2012, 2014, 2016

Year	Palm Beach County	Florida
2010	22.7%	18.6%
2012	20.6%	18.5%
2014	22.6%	18.6%
2016	15.4%	17.0%

Source: Florida Health CHARTS, Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS), 2016
Compiled by: Health Council of Southeast Florida, 2021

Middle School Students Who Used Marijuana or Hashish During the Past 30 Days

As mentioned above, the negative health impacts from marijuana use are greater for those under the age of 18. The table below shows the percentage of middle school students who used marijuana or hashish during the past 30 days in Palm Beach County and Florida in 2010, 2012, 2014, and 2016. While the Palm Beach County rate fluctuated from year to year, it decreased from 4.1% in 2014 to 2.4% in 2016. The Florida rate gradually decreased from 5.7% in 2010 to 3.2% in 2016.

The Healthy People 2030 national target is to reduce the percentage of adolescents who have used marijuana in the past 30 days to 5.8%.[115] While the data below only looks at middle school students, any reduction in these numbers is progress towards a healthier community.

Table 148: Middle School Students Who Used Marijuana or Hashish During the Past 30 Days, Palm Beach County and Florida, 2010, 2012, 2014, 2016

Year	Palm Beach County	Florida
2010	6.0%	5.7%
2012	2.7%	4.2%
2014	4.1%	4.2%
2016	2.4%	3.2%

Source: Florida Health CHARTS, Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS), 2016
Compiled by: Health Council of Southeast Florida, 2021

[114] U.S. Department of Health and Human Service. Healthy People 2030. Reduce the proportion of adolescents who used marijuana in the past month — SU-06. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-adolescents-who-used-marijuana-past-month-su-06

[115] U.S. Department of Health and Human Service. Healthy People 2030. Reduce the proportion of adolescents who used marijuana in the past month — SU-06. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-adolescents-who-used-marijuana-past-month-su-06

Self-Inflicted Injuries

Non-Fatal Hospitalizations for Self-Inflicted Injuries Ages 12-18

Young adults are the most likely demographic to suffer from non-fatal hospitalizations due to self-inflicted injuries. [116] Such behaviors are particularly important to monitor as self-inflicted injuries are a risk factor for suicide.

The following table shows the non-fatal hospitalization rate per 100,000 population for self-harm injuries ages 12 to 18 in Palm Beach County and Florida from 2015 to 2019. For each year during this timeframe, the Palm Beach County rate was notably lower than the Florida rate. In both Palm Beach County and Florida, the rate decreased from 2017 to 2019. The lowest rate in Palm Beach County was 40.6 per 100,000 population in 2019.

The Healthy People 2030 national target is to reduce the rate of hospitalizations for non-fatal self-injury for individuals 10 years and older to 144.7 per 100,000 population.[117] While this data only looks at ages 12 to 18, any reduction in these numbers is progress towards a healthier community.

Table 149: Non-Fatal Hospitalizations for Self-Harm Injuries Ages 12-18, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	67	61.1	1,186	73.1
2016	56	51.0	1,141	70.0
2017	67	60.8	1,198	72.9
2018	66	58.8	1,149	68.7
2019	46	40.6	1,063	62.8

Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA), 2019
Compiled by: Health Council of Southeast Florida, 2021

Non-Fatal Hospitalizations for Self-Inflicted Injuries, Ages 19-21

As mentioned above, non-fatal self-injuries among young adults are associated with suicide and suicidal ideation, so it is important to monitor non-fatal self-injury hospitalization rates. The table below shows the non-fatal hospitalization counts and rates for self-harm injuries ages 19 to 21 in Palm Beach County and Florida from 2015 to 2019. During this time frame, the Palm Beach County rate fluctuated, with the lowest rate of 36.3 per 100,000 population reported in 2015 and the highest of 77.3 per 100,000 population reported in 2019. Additionally, the Palm Beach County rate of 64.8 per 100,000 population in 2018 and 77.3 per 100,000 population in 2019 was higher than the Florida rate during each of those years.

[116] Mercado, Melissa C et al. "Trends in Emergency Department Visits for Nonfatal Self-inflicted Injuries Among Youth Ages 10 to 24 Years in the United States, 2001-2015." *JAMA* vol. 318,19 (2017): 1931-1933. doi:10.1001/jama.2017.13317

[117] U.S. Department of Health and Human Service. Healthy People 2030. Reduce emergency department visits for nonfatal intentional self-harm injuries — IVP-19. https://health.gov/healthypeople/objectives-and-data/browse-objectives/violence-prevention/reduce-emergency-department-visits-nonfatal-intentional-self-harm-injuries-ivp-19

The Healthy People 2030 national target is to reduce the rate of hospitalizations for non-fatal self-injury to 144.7 per 100,000 population.[118] While this data only looks at ages 19 to 21, any reduction in these numbers is progress towards a healthier community.

Table 150: Non-Fatal Hospitalizations for Self-Harm Injuries Ages 19-21, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	17	36.3	483	63.7
2016	26	56.2	497	66.1
2017	18	39.3	524	70.4
2018	30	64.8	480	64.3
2019	36	77.3	510	68.7

Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA), 2019
Compiled by: Health Council of Southeast Florida, 2021

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[118] U.S. Department of Health and Human Service. Healthy People 2030. Reduce emergency department visits for nonfatal intentional self-harm injuries — IVP-19. https://health.gov/healthypeople/objectives-and-data/browse-objectives/violence-prevention/reduce-emergency-department-visits-nonfatal-intentional-self-harm-injuries-ivp-19

Eating Disorders

According to the Johns Hopkins All Children's Hospital, thirty million people have an eating disorder in the United States, and 95% of people suffering from eating disorders are between the ages of 12 and 25.[119] The most common eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant restrictive food intake disorder, and other specified feeding or eating disorder.

Non-Fatal Hospitalizations for Eating Disorders Ages 12-18

The following table shows the non-fatal hospitalizations for individuals with eating disorders ages 12 to 18 in Palm Beach County and Florida from 2015 to 2019. During this time frame, rates in Palm Beach County have fluctuated, with a low of 19.2 per 100,000 population in 2015 and a high of 35.5 per 100,000 population in 2016. In 2019, Palm Beach County reported a rate of to 29.1 per 100,000 population, which was an increase from the 2018 rate of 26.7 per 100,000 population. During every year reported, the Palm Beach County rate was lower than the Florida rate. Healthy People 2030 has not identified a national target for non-fatal hospitalizations for eating disorders among those ages 12 to 18.

Table 151: Non-Fatal Hospitalizations for Eating Disorders Ages 12-18, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	21	19.2	503	31.0
2016	39	35.5	613	37.6
2017	28	25.4	643	39.2
2018	30	26.7	574	34.3
2019	33	29.1	609	36.0

Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA), 2019
Compiled by: Health Council of Southeast Florida, 2021

[119] Johns Hopkins All Children's Hospital. Eating Disorder Facts. https://www.hopkinsallchildrens.org/Services/Pediatric-and-Adolescent-Medicine/Adolescent-and-Young-Adult-Specialty-Clinic/Eating-Disorders/Eating-Disorder-Facts

Morbidity

Coronary Heart Disease

Heart disease refers to various conditions that affect the health of the heart. Key risk factors for heart disease include high blood pressure, high cholesterol, excessive alcohol use and smoking, as well as contributing factors such as diet and physical activity. Heart disease cost the United States roughly $219 billion in 2014 and 2015, which included the cost of health care services, medicines, and lost productivity due to death.[120]

Age-Adjusted Hospitalization from or With Coronary Heart Disease

Coronary heart disease is a type of heart disease that develops when the arteries of the heart cannot deliver enough oxygen-rich blood to the heart. Coronary heart disease is the leading cause of death in the United States.[121] The rate of hospitalizations from or with coronary heart disease per 100,000 population in Florida and Palm Beach County from 2015 to 2019 is shown in the table and figure below. In Palm Beach County from 2015 to 2019, the coronary heart disease hospitalization rate decreased from 237.9 per 100,000 to 215.6 per 100,000, respectively. This declining trend for the county mirrors a similar trend at the state level.

There is no Healthy People 2030 national target specific to reducing the coronary heart disease hospitalization rate.

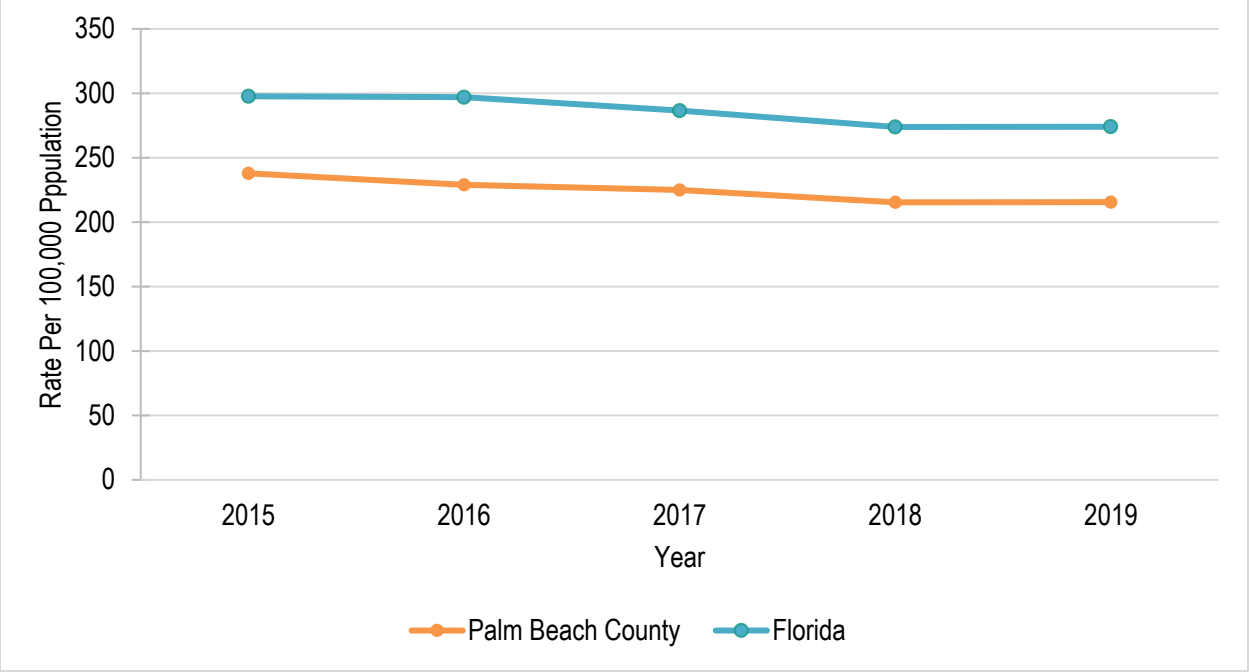
Table 152: Age-Adjusted Hospitalization from or With Coronary Heart Disease, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	5,109	237.9	80,637	297.7
2016	5,013	229.0	82,727	297.0
2017	5,032	225.0	82,047	286.6
2018	4,910	215.4	80,402	273.9
2019	5,044	215.6	82,677	274.1

Data Source: Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

[120] Centers for Disease Control and Prevention (2020, June 22). Heart disease facts. https://www.cdc.gov/heartdisease/facts.htm
[121] National Heart Lung and Blood Institute. (n.d.). *Heart Failure*. https://www.nhlbi.nih.gov/health-topics/heart-failure

Figure 67: Age-Adjusted Hospitalization from or With Coronary Heart Disease, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

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Age-Adjusted Hospitalization from or with Coronary Heart Disease, By Race

Research shows that the incidence of coronary heart disease is declining in the United States. However, the rate of decline for Black Americans has lagged in comparison to White Americans.[122] The table and figure below show the rate of hospitalizations from or with coronary heart disease by race per 100,000 population. The coronary heart disease rates among Black and White residents decreased overall from 2015 to 2019. However, Black residents consistently had a hospitalization rate higher than White residents during this timeframe. In 2019, the rate among Black residents was 230.3 per 100,000 population, while the rate among White residents was 190.4 per 100,000 population.

Table 153: Age-Adjusted Hospitalization from or With Coronary Heart Disease, Rate Per 100,000 Population, By Race, Palm Beach County and Florida, 2015-2019

Year	Palm Beach				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	4,180	221.1	525	234.0	66,183	283.2	8,727	294.0
2016	4,050	209.9	528	227.6	67,698	282.7	9,138	295.1
2017	3,986	203.0	588	243.7	66,606	271.0	9,370	291.0
2018	3,842	192.8	584	226.4	64,577	256.4	9,338	279.9
2019	3,904	190.4	621	230.3	66,107	255.8	9,609	278.4

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

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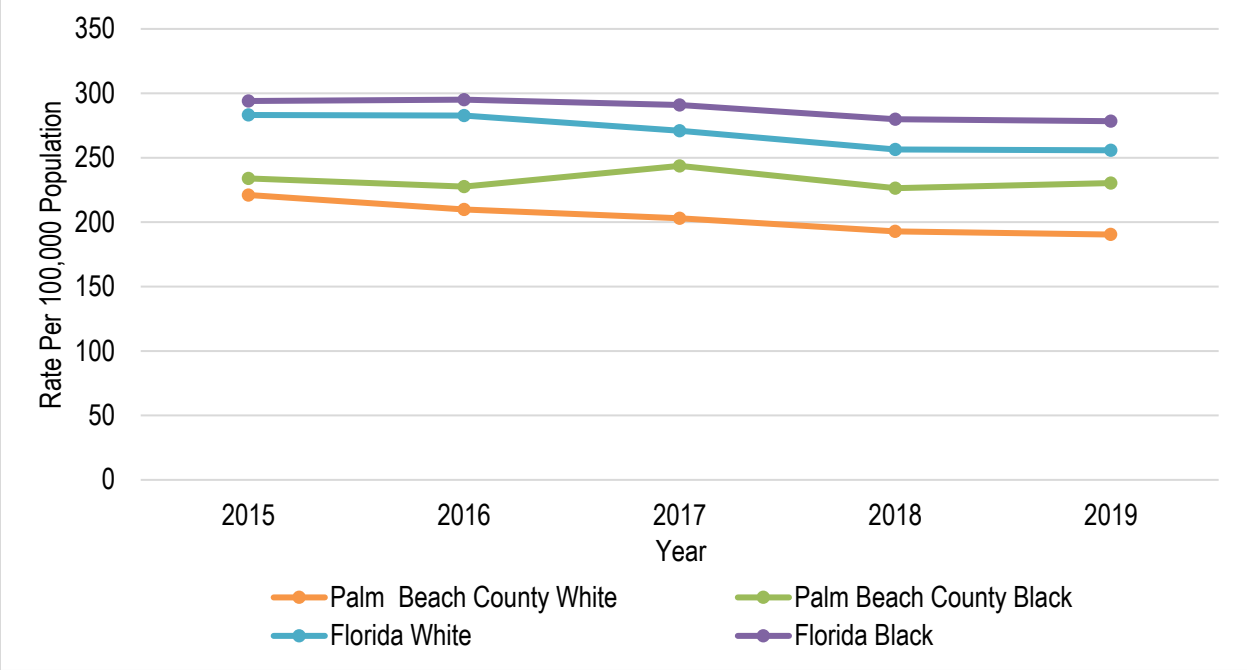
[122] Wilson Nadruz, J., Claggett, B., Henglin, M., Shah, A. M., Skali, H., Rosamond, W. D., Folsom, A. R., Solomon, S. D., & Cheng, S. (2018). Widening Racial Differences in Risks for Coronary Heart Disease. Circulation, 137(11), 1195–1197. https://doi.org/10.1161/CIRCULATIONAHA.117.030564

Figure 68: Age-Adjusted Hospitalization from or With Coronary Heart Disease, Rate Per 100,000 Population, By Race, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Hospitalization from or with Coronary Heart Disease, By Ethnicity

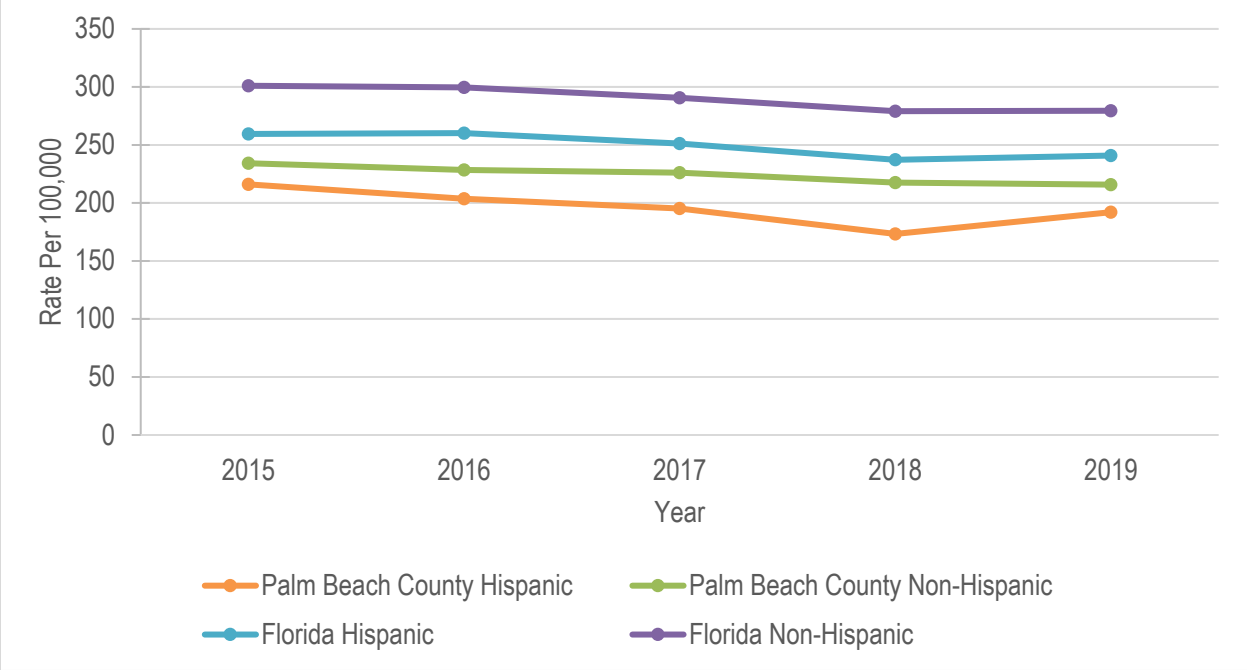
The table and figure below show the rate of hospitalizations from or with coronary heart disease by ethnicity per 100,000 population in Palm Beach County and Florida from 2015 to 2019. During this time frame, the rate of hospitalization decreased overall among Hispanics and non-Hispanics in Palm Beach County and Florida. However, the coronary heart disease rate was higher among non-Hispanics compared to Hispanics every year reported. Most recently in 2019, the hospitalization rate was 215.8 per 100,000 population among non-Hispanics and 192.1 among Hispanics.

Table 154: Age-Adjusted Hospitalization from or With Coronary Heart Disease, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	500	216.0	4,447	234.2	11,735	259.5	67,115	301.0
2016	492	203.6	4,395	228.4	12,422	260.2	68,315	299.6
2017	496	195.2	4,408	226.1	12,635	251.2	67,640	290.7
2018	495	173.3	4,277	217.5	12,810	237.2	65,890	279.1
2019	580	192.1	4,347	215.8	13,639	240.8	67,536	279.5

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 69: Age-Adjusted Hospitalization from or With Coronary Heart Disease, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Adults Who Have Ever Been Told They Had Angina or Coronary Heart Disease

Angina is a type of chest pain caused by reduced blood flow to the heart. The most common cause of reduced blood flow to your heart is coronary heart disease, which occurs when your coronary arteries become narrowed by fatty deposits called plaques.[123]

The table and figure below show the percentage of adults who have ever been told they had angina or coronary heart disease in Palm Beach and Florida in 2013, 2016, and 2019. The percentage of adults who have ever been told they had angina or coronary heart disease declined from 2013 (6.3%) to 2019 (5.0%) in Palm Beach County. However, the percentage of adults in Palm Beach County was higher than Florida each year reported.

There is no Healthy People 2030 national target specific to the percent of adults who have ever been told they had angina or coronary heart disease.

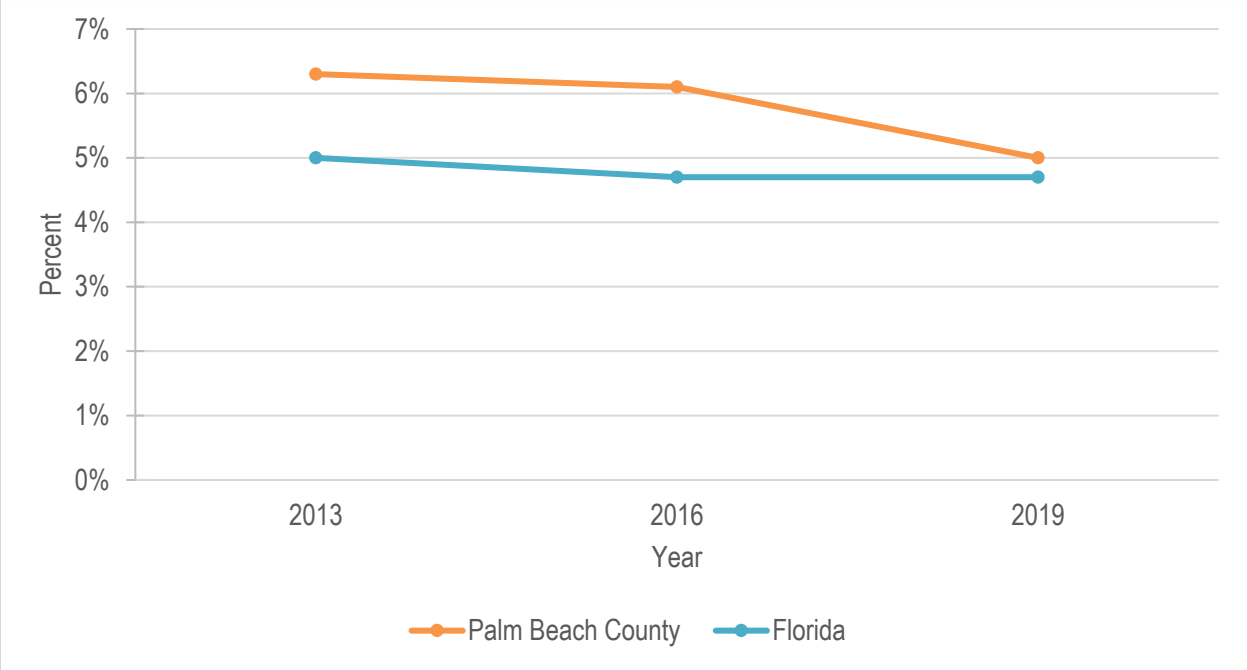
Table 155: Adults Who Have Ever Been Told They Had Angina or Coronary Heart Disease, Palm Beach County and Florida, 2013-2019

Year	Palm Beach County	Florida
2013	6.3%	5.0%
2016	6.1%	4.7%
2019	5.0%	4.7%

[123] Mayo Clinic. (2020, June 12). Angina Symptoms and Causes. https://www.mayoclinic.org/diseases-conditions/angina/symptoms-causes/syc-20369373

Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

Figure 70: Adults Who Have Ever Been Told They Had Angina or Coronary Heart Disease, Palm Beach County and Florida, 2013-2019



Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

Adults Who Have Ever Been Told They Had Angina or Coronary Heart Disease, By Race and Ethnicity

As previously mentioned, it is important to look at coronary heart disease incidence rates by race and ethnicity to identify disparities. The table and figure below show the percent of adults who have ever been told they had angina or coronary heart disease by race and ethnicity in Palm Beach County and Florida in 2013, 2016, and 2019. In Palm Beach County, the percentage of adults ever told that they had angina or coronary heart disease steadily declined from 2013 to 2019 among non-Hispanic Whites. The percentage of non-Hispanic Black adults in Palm Beach County increased from 2013 (3.2%) to 2016 (7.4%), then declined in 2019 (5.2%). The percentage of Hispanic adults in Palm Beach County declined sharply from 2013 (6.7%) to 2016 (0.1%) and increased slightly in 2019 (0.6%). In 2019, this percentage was highest among non-Hispanic Whites (6.9%) compared to non-Hispanic Black (5.2%) and Hispanics (0.6%). This trend for the county was similar to the trend in the state.

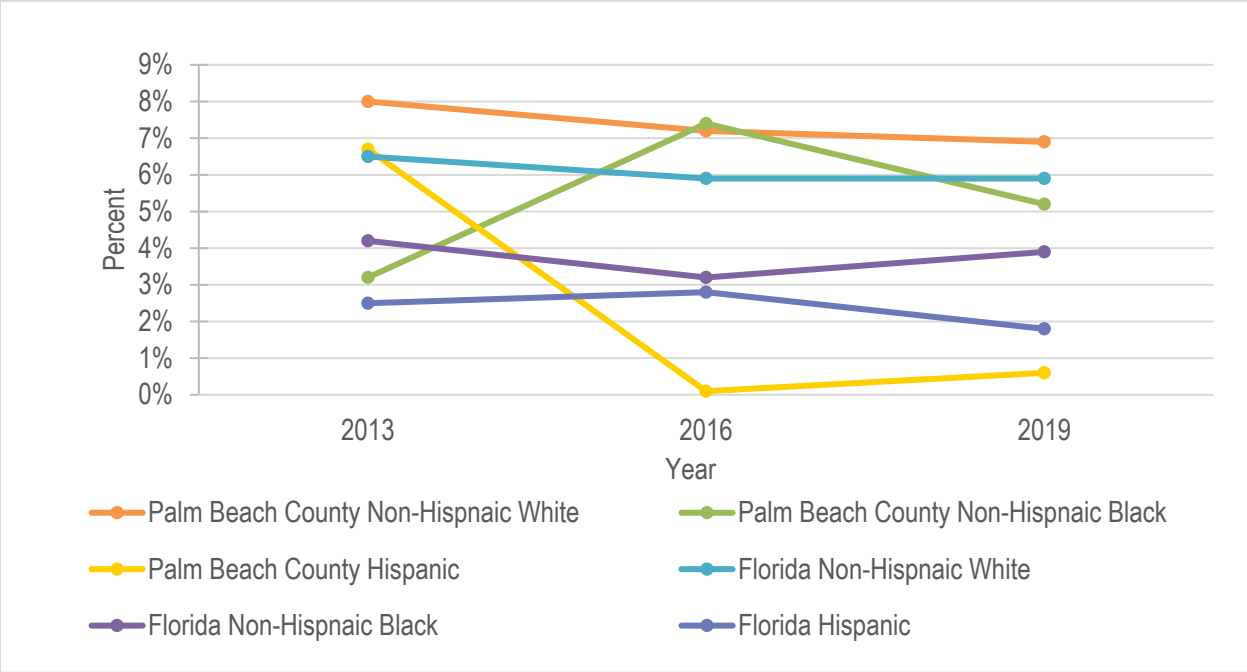
Table 156: Adults Who Have Ever Been Told They Had Angina or Coronary Heart Disease, By Race and Ethnicity, Palm Beach County and Florida, 2013-2019

Year	Palm Beach County			Florida		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2013	8.0%	3.2%	6.7%	6.5%	4.2%	2.5%

2016	7.2%	7.4%	0.1%	5.9%	3.2%	2.8%
2019	6.9%	5.2%	0.6%	5.9%	3.9%	1.8%

Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

Figure 71: Adults Who Have Ever Been Told They Had Angina or Coronary Heart Disease, By Race and Ethnicity, Palm Beach County and Florida, 2013-2019



Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

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Congestive Heart Failure

Age-Adjusted Hospitalizations from Congestive Heart Failure

Heart failure is a condition that develops when the heart doesn't pump enough blood and oxygen to support other organs in the body. This can happen if the heart can't fill up with enough blood. It can also happen when your heart is too weak to pump properly. Heart failure can develop suddenly or over time as your heart gets weaker. Common causes of heart failure include coronary heart disease, high blood pressure, and diabetes.[124, 125]

The table and figure below show the age-adjusted hospitalization rates from congestive heart failure per 100,000 population for Palm Beach County and Florida from 2015 to 2019. During this time frame, the rate increased in Palm Beach County from 832.2 per 100,000 population in 2015 to 960.9 per 100,000 population in 2019. Each year reported, the Palm Beach County rate was lower than the state rate.

The Healthy People 2030 national target is to reduce the hospitalizations from heart failures to 355.2 per 100,000 population. [126] In 2019, congestive heart failure hospitalization rates were nearly three times higher in Palm Beach County (960.9 per 100,000) than the national target.[127]

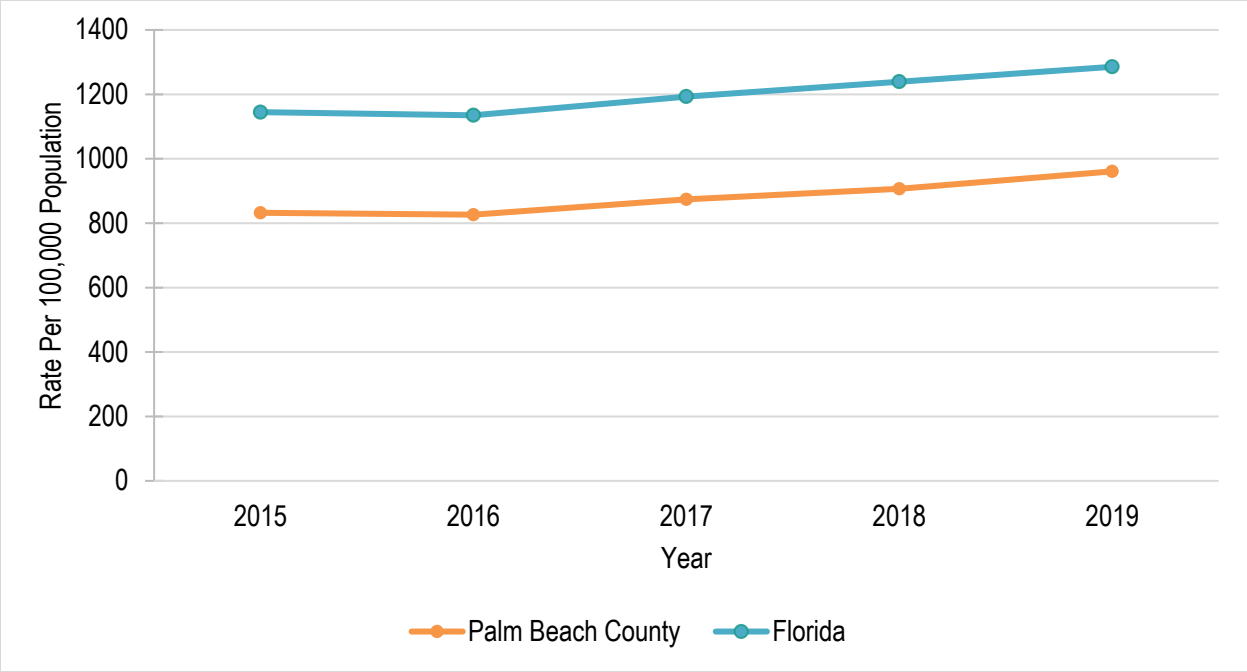
Table 157: Age-Adjusted Hospitalizations from Congestive Heart Failure, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	20,378	832.2	321,177	1,144.7
2016	20,493	826.5	327,131	1,135.0
2017	21,933	874.0	353,154	1,193.0
2018	23,224	906.7	375,660	1,239.3
2019	25,076	960.9	401,153	1,285.6

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 72: Age-Adjusted Hospitalizations from Congestive Heart Failure, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2019

[124] Centers for Disease Control and Prevention (2020, September 18). Heart Failure. https://www.cdc.gov/heartdisease/heart_failure.htm
[125] Medline Plus. (2019, July 22). Congestive Heart Failure. https://medlineplus.gov/heartfailure.html#summary
[126] Office of Disease Prevention and Health Promotion. (n.d.). Heart Disease and Stroke. *Healthy People 2030*. U.S. Department of Health and Human Services. https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke
[127] Office of Disease Prevention and Health Promotion. (n.d.). Reduce heart failure hospitalizations in adults — HDS-09 . Healthy People 2030. U.S. Department of Health and Human Services. https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke/reduce-heart-failure-hospitalizations-adults-hds-09



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Hospitalizations from Congestive Heart Failure, By Race

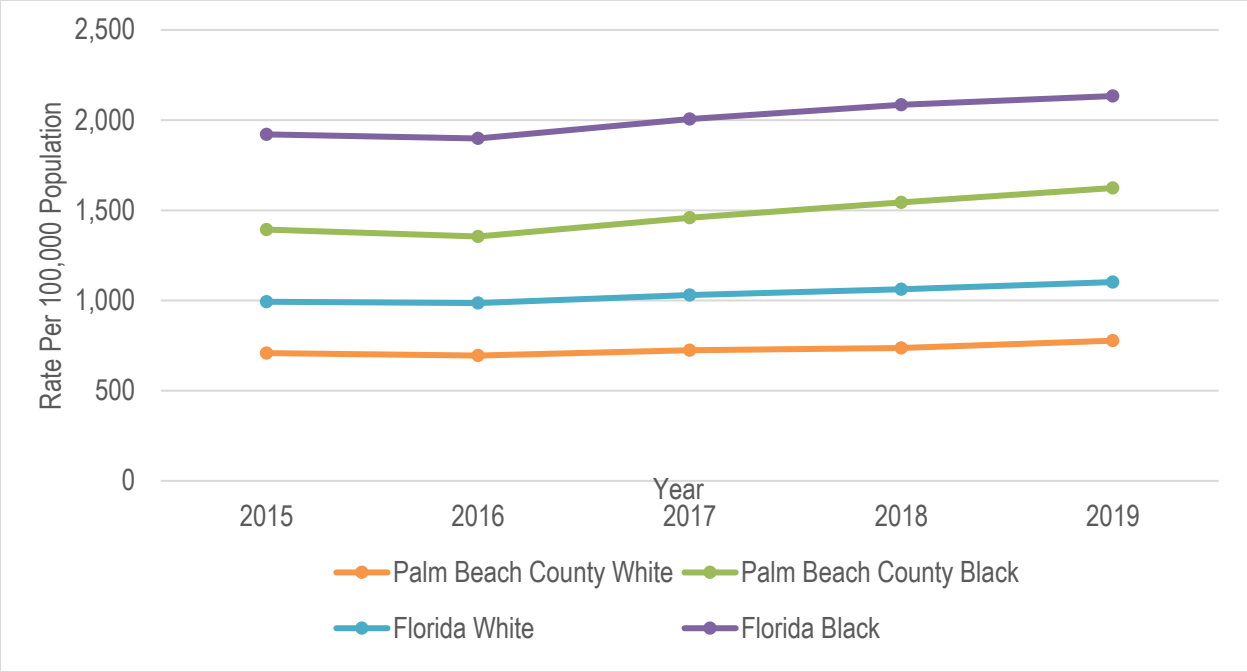
The table and figure below show the congestive heart failure hospitalization rate per 100,000 population by race for Palm Beach County and Florida from 2015 to 2019. From 2016 to 2019, congestive heart failure hospitalization rates steadily increased among Whites and Blacks in Palm Beach County. However, the rate among Blacks was much higher each year during this timeframe. In 2019, the hospitalization rate was more than double among Blacks (1,623.6 per 100,000) compared to Whites (777.3 per 100,000) in Palm Beach County. Additionally, Palm Beach County White and Black rates were lower than the state rates each year reported.

Table 158: Age-Adjusted Hospitalizations from Congestive Heart Failure, Rate Per 100,000 Population, By Race, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	16,427	708.0	3,011	1,393.0	249,166	992.7	55,460	1,920.6
2016	16,226	694.7	3,070	1,354.9	253,051	985.8	57,274	1,898.3
2017	17,134	723.9	3,461	1,458.5	271,181	1,030.1	62,931	2,006.1
2018	17,800	736.5	3,899	1,544.1	285,957	1,062.3	67,776	2,085.1
2019	19,018	777.3	4,298	1,623.6	304,676	1,102.0	71,641	2,133.5

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 73: Age-Adjusted Hospitalizations from Congestive Heart Failure, Rate Per 100,000 Population, By Race, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Hospitalizations from Congestive Heart Failure, By Ethnicity

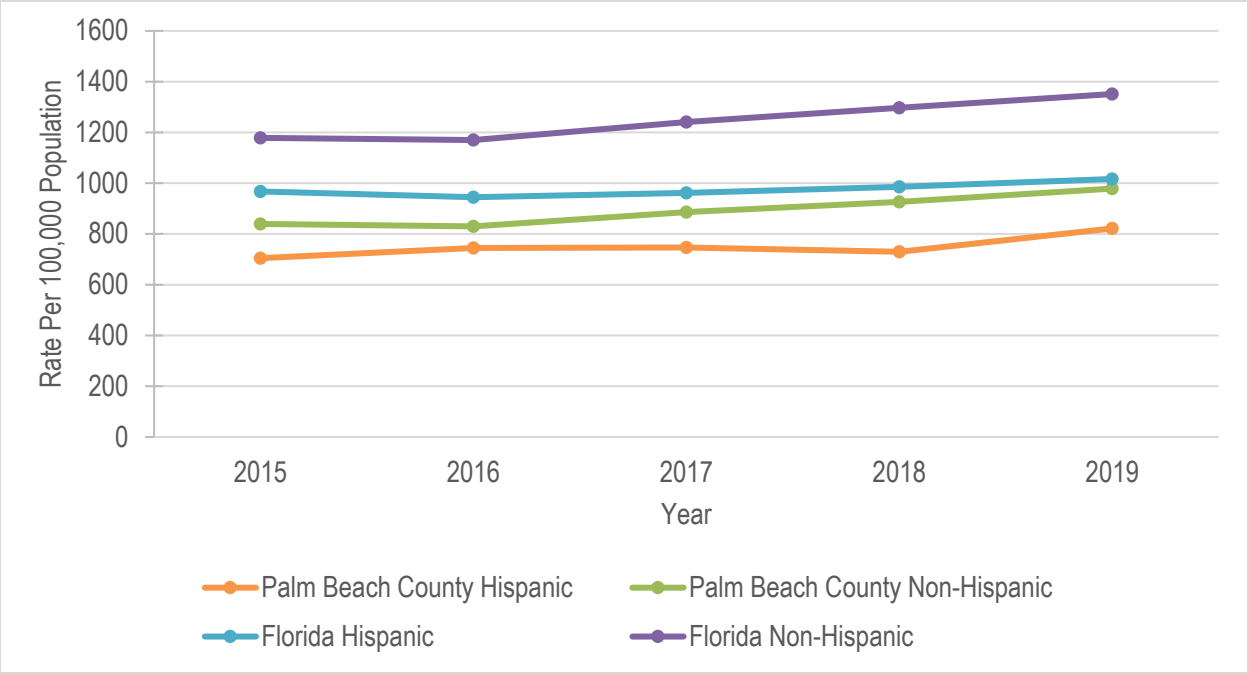
The table and figure below show the age-adjusted hospitalization rate per 100,000 population by ethnicity for Palm Beach County and Florida from 2015 to 2019. The hospitalization rate increased overall among both the Hispanic and non-Hispanic populations in Palm Beach County during this timeframe. However, the rate was higher among the non-Hispanic population every year reported. In 2019 in Palm Beach County, the rate was 978.7 per 100,000 among non-Hispanics and 821.6 per 100,000 among Hispanics.

Table 159: Age-Adjusted Hospitalizations from Congestive Heart Failure, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	1,502	704.6	18,495	839.6	42,050	967.4	275,255	1,178.6
2016	1,677	744.7	18,459	829.8	43,616	944.8	278,718	1,170.1
2017	1,796	746.5	19,763	886.0	46,854	961.8	301,828	1,241.2
2018	1,974	729.7	20,835	926.3	51,772	985.7	319,514	1,296.8
2019	2,381	821.6	22,292	978.7	56,043	1,016.6	341,101	1,351.3

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 74: Age-adjusted Hospitalizations from Congestive Heart Failure, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

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Cancer

Cancer, also called malignant neoplasm, is a class of diseases in which a cell or a group of cells display uncontrolled growth (division beyond the normal limits), invasion (intrusion on and destruction of adjacent tissues), and sometimes metastasis (spread to other locations in the body). Normally, human cells grow and divide to form new cells as the body needs them. When cells grow old or become damages, they die, and new cells take their place.[128] However, when cancer develops this process breaks down. As cells become more abnormal, old, or damages, cells survive when they should die, and new cells form when they are not needed. These extra cells can divide without stopping and may form growths called tumors. Cancerous tumors are malignant, which means they can invade nearby tissues.

Complex and interrelated factors contribute to the risk of developing cancer and to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups. The most obvious factors are a lack of health care coverage and low socioeconomic status.[129] Those who are living in poverty and are medically underserved may exhibit higher rates of behavioral risk factors for cancer, such as tobacco smoking, physical activity, obesity, and excessive alcohol intake, and lower rates of breastfeeding.[130] Moreover, those who live in poverty may experience higher rates of exposure to environmental risk factors such as cancer-causing substances in motor vehicle exhaust in dense urban neighborhoods. In addition, even among people of a higher socioeconomic status, certain racial and ethnic groups may experience cancer disparities. These differences may reflect cultural differences such as distrust in the health care system, fatalistic attitudes about cancer, or apprehension or embarrassment about having certain kinds of medical procedures.

Age-adjusted Cancer Incidence

The table and figure below show the age-adjusted cancer incidence rate per 100,000 population in Palm Beach and Florida from 2014 to 2018. During this timeframe, this rate decreased from 426.1 per 100,000 in 2014 to 404.4 per 100,000 in 2018 in Palm Beach County. In 2018, the cancer incidence rate in Palm Beach County was 404.4 per 100,000 compared to 454.3 per 100,000 for the state overall.

There is no Healthy People 2030 national target specific to reducing cancer incidence rate.

Table 160: Age-adjusted Cancer Incidence, Rate Per 100,000 Population, Palm Beach County and Florida, 2014-2018

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2014	8,727	426.1	110,602	427.2
2015	8,852	421.7	112,503	420.3
2016	9,222	432.5	120,431	436.6
2017	9,054	422.4	125,464	441.9

[128] National Cancer Institute (2015, February 9). *What is cancer?* https://www.cancer.gov/about-cancer/understanding/what-is-cancer#cell-differences

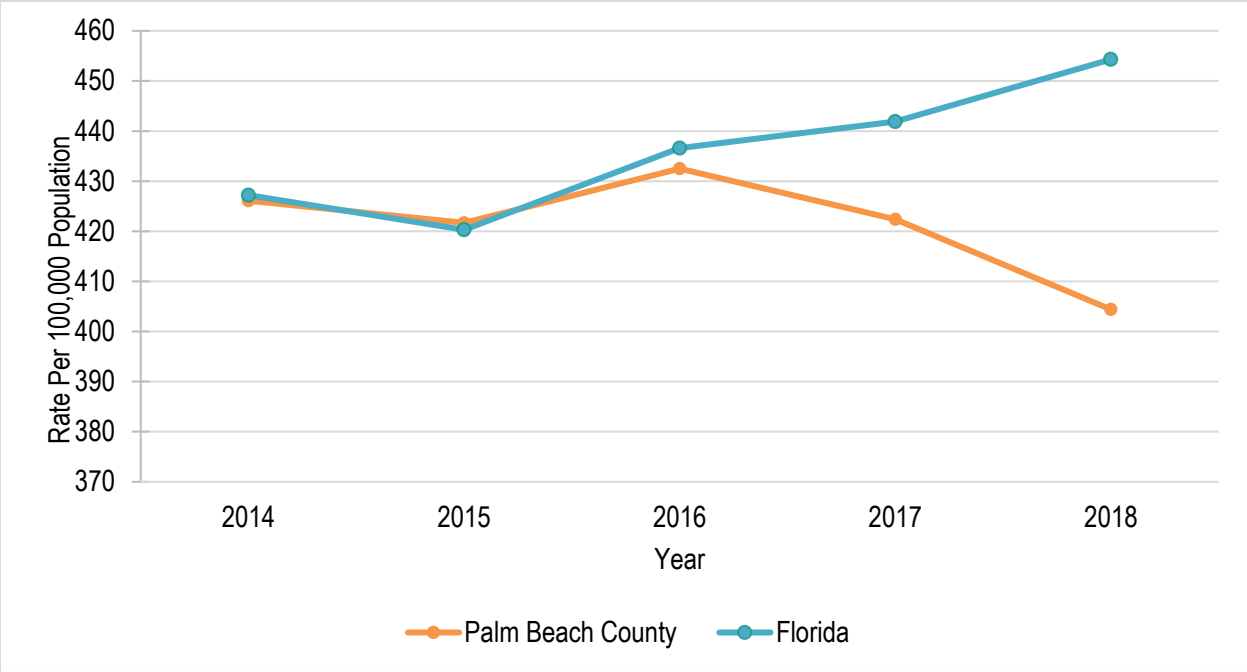
[129] Office of Disease Prevention and Promotion. (n.d.). Cancer| Healthy People 2020. https://www.healthypeople.gov/2020/topics-objectives/topic/cancer

[130] National Cancer Institute (2019, March 11). *Cancer disparities.* https://www.cancer.gov/about-cancer/understanding/disparities

2018	8,943	404.4	132,408	454.3

Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Figure 75: Age-adjusted Cancer Incidence, Rate Per 100,000 Population, Palm Beach County and Florida, 2014-2018



Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Cancer Incidence, By Race

According to the National Cancer Institute, in the United States overall cancer rates have remained higher among Black Americans compared to other racial groups. This disparity largely reflects a combination of multiple interconnected factors including tumor biology, stage at diagnosis, receipt of timely and effective treatment, and systemic discrimination in cancer care delivery. Black Americans and individuals of lower socioeconomic groups in general are also more likely to have a higher exposure to some cancer risk factors, including limited access to healthy food, safe places for physical activity, and evidence-based cancer preventive services. [131]

The table and figure below show the age-adjusted cancer incidence rate per 100,000 population by race for Palm Beach County and Florida from 2014 to 2018. During this timeframe, the cancer incidence rate decreased overall among White and Black residents in the county. However, the rate was higher among White residents than Black residents each year reported. In 2018, the rate was 405.2 per 100,000 among White residents in Palm Beach County and 326.4 per 100,000 among Black residents.

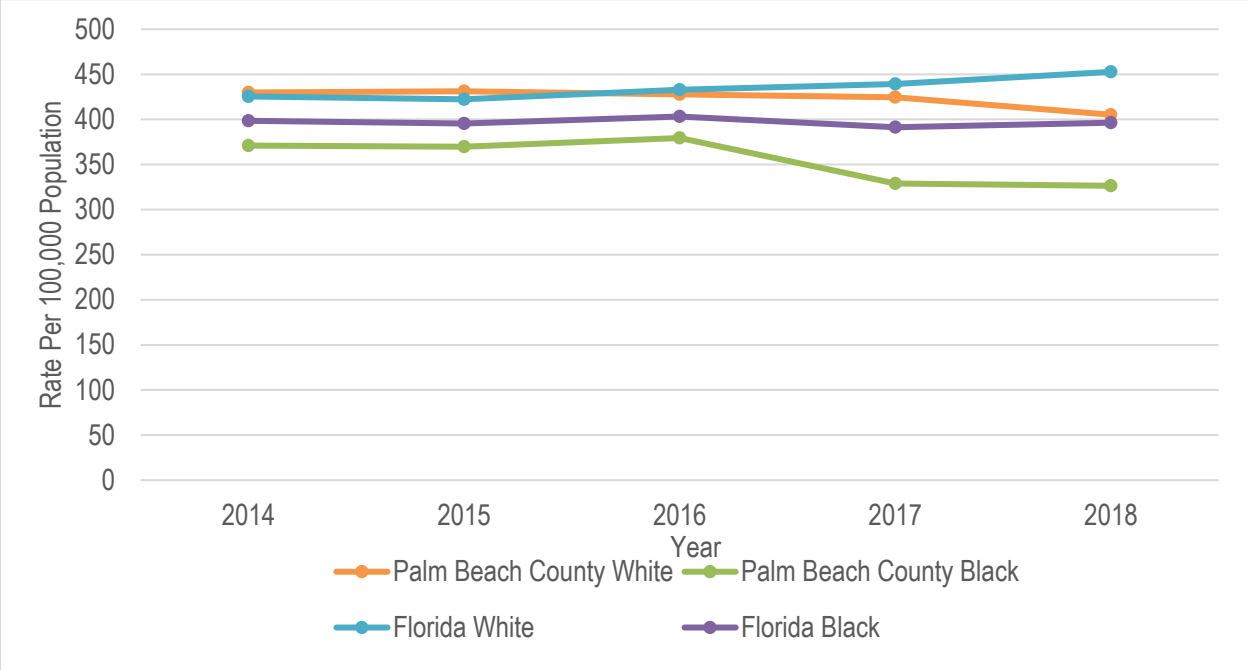
Table 161: Age-Adjusted Cancer Incidence, Rate Per 100,000, By Race, Palm Beach County and Florida, 2014-2018

[131] Islami, F., Ward, E. M., Sung, H., Cronin, K. A., Tangka, F. K. L., Sherman, R. L., Zhao, J., Anderson, R. N., Henley, S. J., Yabroff, K. R., Jemal, A., & Benard, V. B. (2021). Annual Report to the Nation on the Status of Cancer, Part 1: National Cancer Statistics. JNCI: Journal of the National Cancer Institute. https://doi.org/10.1093/JNCI/DJAB131

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2014	7,642	429.8	798	370.9	94,971	425.5	11,514	398.5
2015	7,783	431.2	834	369.8	96,456	422.3	11,897	395.4
2016	7,814	427.7	894	379.4	101,574	432.8	12,628	403.2
2017	7,725	424.6	821	329.0	105,957	439.2	12,712	391.3
2018	7,586	405.2	859	326.4	111,960	452.7	13,379	396.4

Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Figure 76: Age-Adjusted Cancer Incidence, Rate Per 100,000, By Race, Palm Beach County and Florida, 2014-2018



Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Hospitalizations from Congestive Heart Failure, By Ethnicity

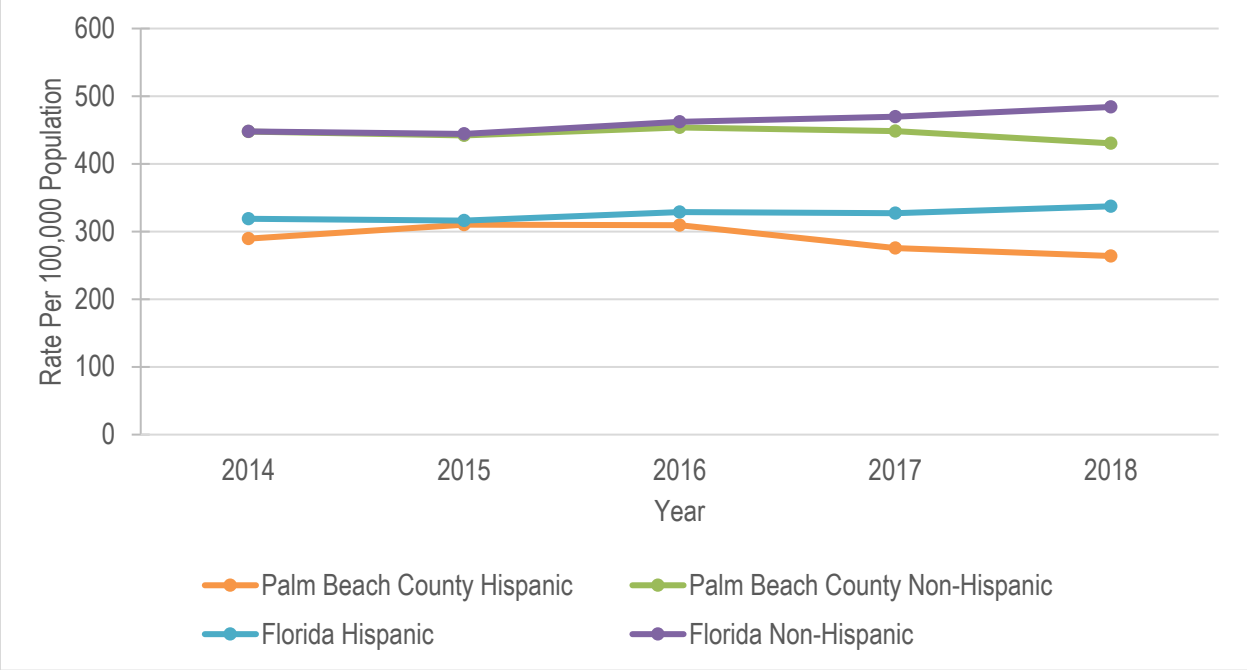
The table and figure below show the age-adjusted cancer incidence rate per 100,000 population by ethnicity in Palm Beach County and Florida from 2014 to 2018. The rate fluctuated among Hispanics and non-Hispanics in Palm Beach County, and ultimately declined from 2016 to 2018 in both groups. The Hispanic and non-Hispanic rate in Palm Beach County was lower than the state rates each year reported. In 2018, the rate in Palm beach County was 263.9 per 100,000 among the Hispanic population compared to 430.4 per 100,000 among the non-Hispanic population.

Table 162: Age-Adjusted Cancer Incidence, Rate Per 100,000, By Ethnicity, Palm Beach County and Florida, 2014-2018

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2014	640	289.5	8,087	447.7	13,779	318.8	96,823	447.9
2015	725	310.2	8,127	442.0	14,399	316.2	98,104	444.3
2016	764	309.4	8,458	453.8	15,785	328.8	104,646	462.1
2017	734	275.5	8,320	448.5	16,498	327.1	108,966	469.7
2018	769	263.9	8,174	430.4	18,175	337.3	114,233	484.1

Data Source: University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Figure 77: Age-adjusted Cancer Incidence, Rate Per 100,000, By Ethnicity, Palm Beach County and Florida, 2014-2018



Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Colorectal Cancer

Colorectal cancer starts in the colon or the rectum. These cancers can be called colon cancer or rectal cancer, depending on where they start. Colon cancer and rectal cancer are often grouped together because they have many common features.

According to the 2020 Colorectal Cancer Statistics, colorectal cancer was the second most common cause of cancer death in the United States. It was estimated that in 2020, approximately 147,950 individuals would be diagnosed with colorectal cancer and 53,200 would die from the disease. This included 17,930 cases and 3,640 deaths among individuals ages younger than 50 years. The incidence rate between 2012 and 2016 ranged from 30 per 100,000 population in Asian/Pacific Islanders to 45.7 in Blacks and 89 in Alaska Natives. [132]

Age-Adjusted Colorectal Cancer Incidence

The table and figure below show the colorectal cancer incidence rate per 100,000 population in Palm Beach County and Florida from 2014 to 2018. During this timeframe, the rate fluctuated but remained lower than the rate in the state. In 2018, the rate was 30.3 per 100,000 population in Palm Beach and 35.1 per 100,000 in the state. Similar to the cancer incidence indicator, there is no Healthy People 2030 national target related to reducing colorectal cancer incidence.

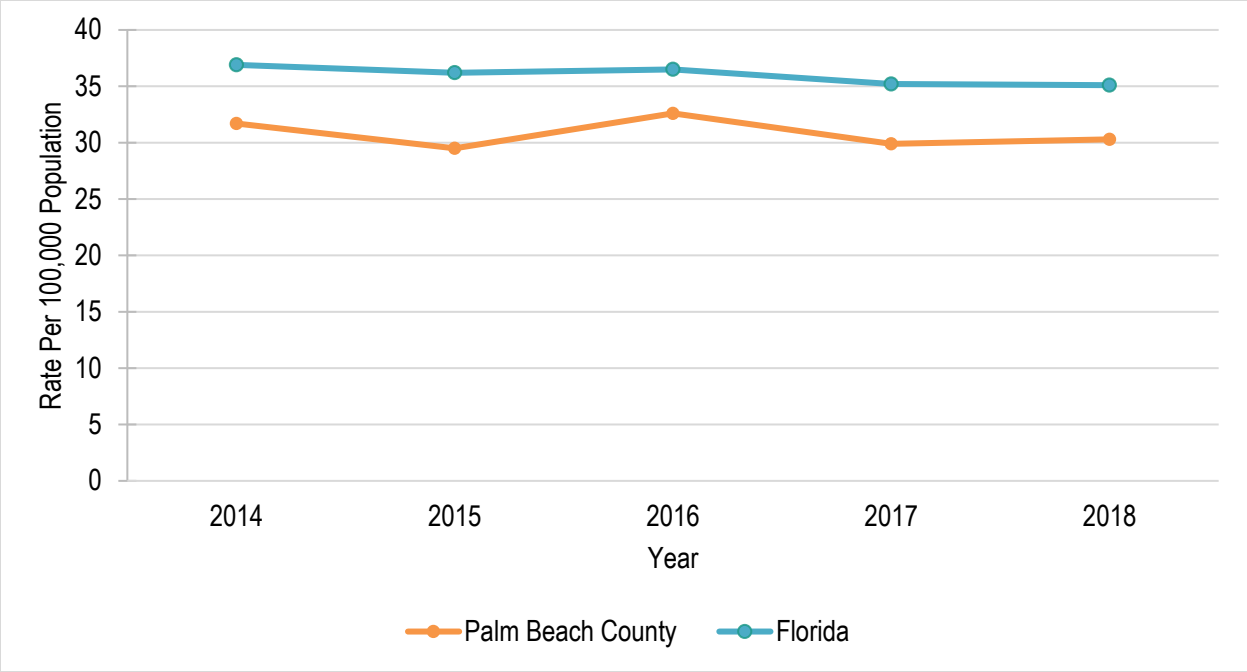
Table 163: Age-Adjusted Colorectal Cancer Incidence, Rate Per 100,000 Population, Palm Beach County and Florida, 2014-2018

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2014	650	31.7	9,638	36.9
2015	642	29.5	9,719	36.2
2016	703	32.6	10,078	36.5
2017	638	29.9	9,908	35.2
2018	675	30.3	10,194	35.1

Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Figure 78:Age-adjusted Colorectal Cancer Incidence, Rate Per 100,000 Population, Palm Beach County and Florida, 2014-2018

[132] Siegel, R. L., Miller, K. D., Goding Sauer, A., Fedewa, S. A., Butterly, L. F., Anderson, J. C., Cercek, A., Smith, R. A., & Jemal, A. (2020). Colorectal cancer statistics, 2020. CA: a cancer journal for clinicians, 70(3), 145–164. https://doi.org/10.3322/caac.21601



Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Colorectal Cancer Incidence, By Race

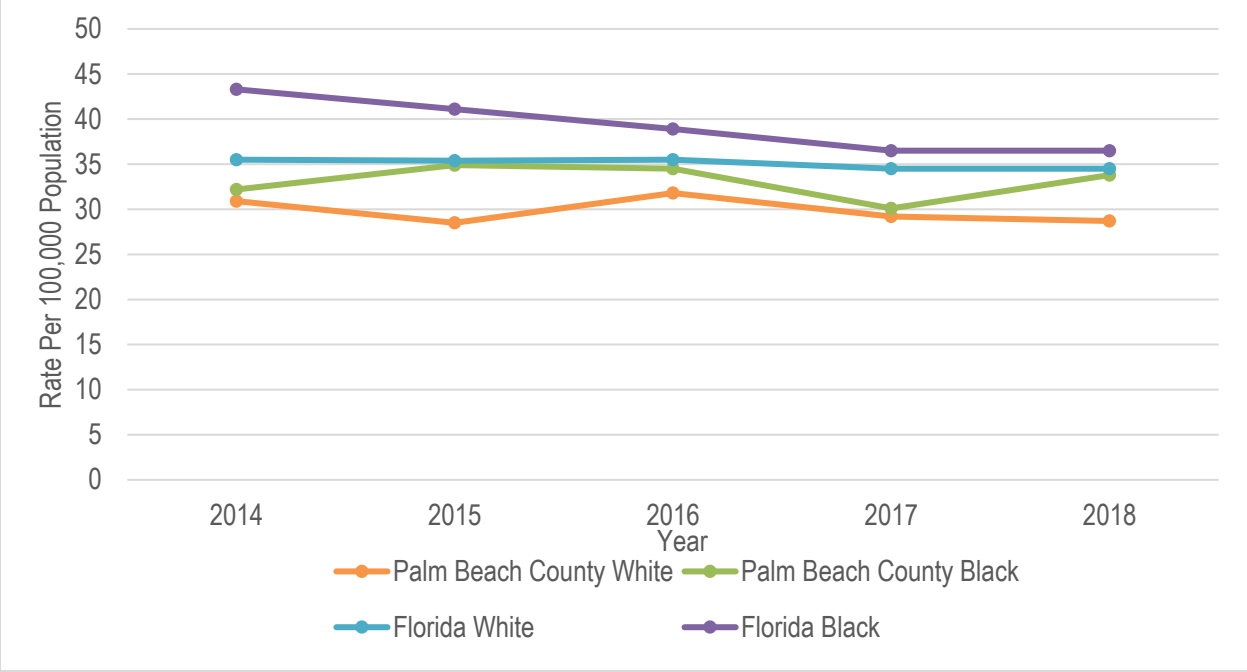
The table and figure below show the colorectal cancer incidence rate per 100,000 population by race in Palm Beach County and Florida from 2014 to 2018. During this time frame, the rate fluctuated among both White and Black residents in Palm Beach County. However, rates were slightly higher among Black residents each year reported. In 2019, the rate among Black residents was 33.8 per 100,000 population compared to 28.7 per 100,000 population among White residents.

Table 164: Age-Adjusted Colorectal Cancer Incidence, By Race, Rate Per 100,000 Population, Palm Beach County and Florida, 2014-2018

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2014	560	30.9	69	32.2	8,045	35.5	1,223	43.3
2015	542	28.5	76	34.9	8,129	35.4	1,210	41.1
2016	589	31.8	82	34.5	8,397	35.5	1,199	38.9
2017	528	29.2	76	30.1	8,285	34.5	1,155	36.5
2018	542	28.7	91	33.8	8,501	34.5	1,224	36.5

Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Figure 79: Age-Adjusted Colorectal Cancer Incidence, By Race, Rate Per 100,000 Population, Palm Beach County and Florida, 2014-2018



Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Colorectal Cancer Incidence, By Ethnicity

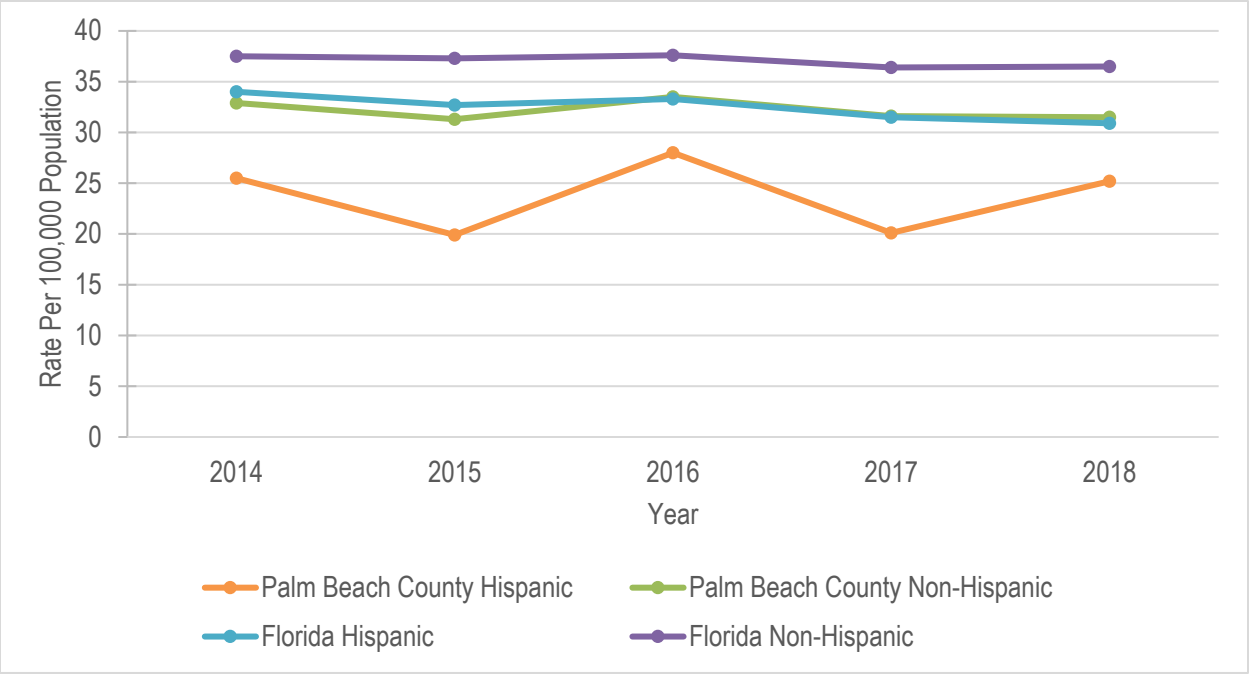
The table and figure below show the colorectal cancer incidence rate per 100,000 population by ethnicity in Palm Beach County and Florida from 2014 to 2018. In Palm Beach County, the rate fluctuated among the Hispanic and non-Hispanic population. However, this rate was higher among the non-Hispanic population each year during this time frame. In 2018, the rate was 25.2 per 100,000 among the Hispanic population compared to 31.5 per 100,000 among the non-Hispanic population.

Table 165: Age-Adjusted Colorectal Cancer Incidence, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2014-2018

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2014	54	25.5	596	32.9	1,452	34.0	8,186	37.5
2015	46	19.9	596	31.3	1,475	32.7	8,244	37.3
2016	69	28.0	634	33.5	1,580	33.3	8,498	37.6
2017	55	20.1	583	31.6	1,578	31.5	8,330	36.4
2018	75	25.2	600	31.5	1,665	30.9	8,529	36.5

Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Figure 80: Age-Adjusted Colorectal Cancer Incidence, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2014-2018



Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

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Breast Cancer

According to the Centers for Disease Control and Prevention, breast cancer is the second most common cancer among women in the United States. Deaths from breast cancer have declined over time. However, breast cancer remains the second leading cause of cancer death among women overall and the leading cause of cancer death among Hispanic women.[133]

Each year in the United States, approximately 255,000 cases of breast cancer are diagnosed in women and approximately 2,300 in men. Additionally, approximately 42,000 women and 500 men in the U.S. die each year from breast cancer. Black women have a higher breast cancer death rate than White women. [134]

Age-Adjusted Breast Cancer Incidence

The table and figure below show the age-adjusted breast cancer incidence rate in Palm Beach County and Florida from 2014 to 2018. During this timeframe the rate fluctuated in Palm Beach County and Florida. However, the county rate was consistently higher than the state rate each year reported.

There is no Healthy People 2030 national target for reducing the breast cancer incidence rate.

Table 166: Age-Adjusted Breast Cancer Incidence, Rate Per 100,000, Palm Beach County and Florida, 2014-2018

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2014	1,271	126.8	15,570	118.0
2015	1,252	121.3	15,860	118.3
2016	1,340	129.2	16,721	121.8
2017	1,271	122.3	16,785	118.4
2018	1,339	127.5	17,923	123.4

Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Figure 81: Age-Adjusted Breast Cancer Incidence, Rate Per 100,000, Palm Beach County and Florida, 2014-2018

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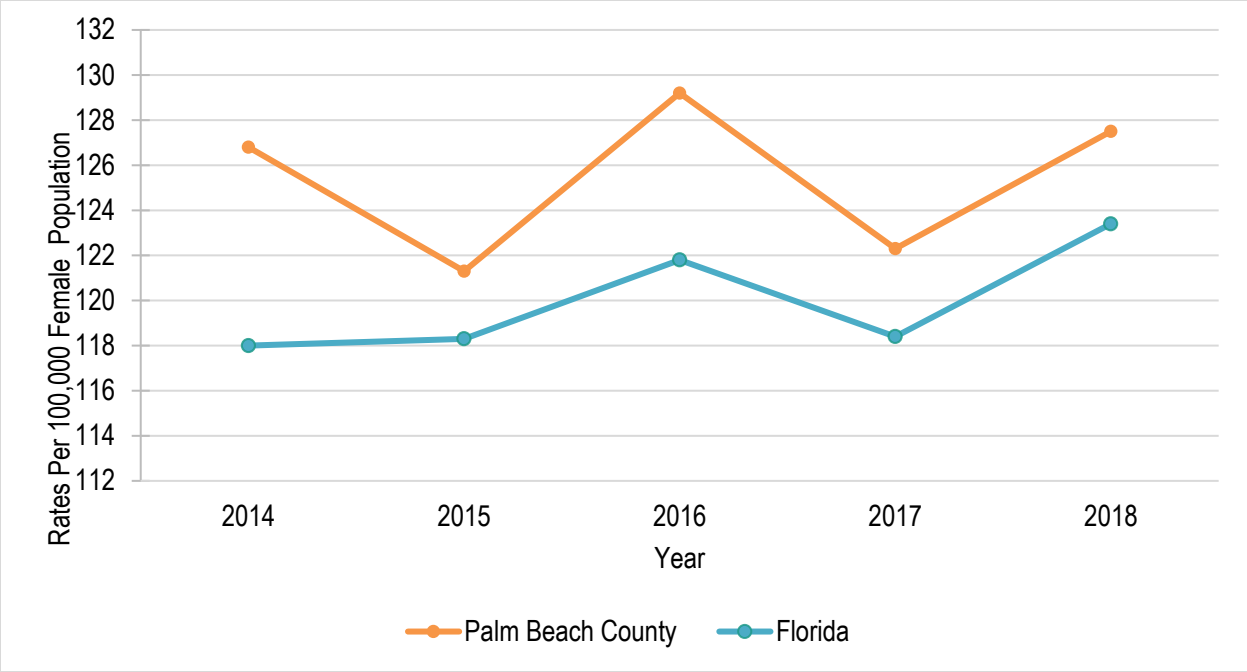
[133] Division of Cancer Prevention and Control. (n.d.) Basic Information About Breast Cancer. Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/breast/basic_info/index.htm
[134] Division of Cancer Prevention and Control. (n.d.) Basic Information About Breast Cancer. Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/breast/basic_info/index.htm



Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Breast Cancer Incidence, By Race

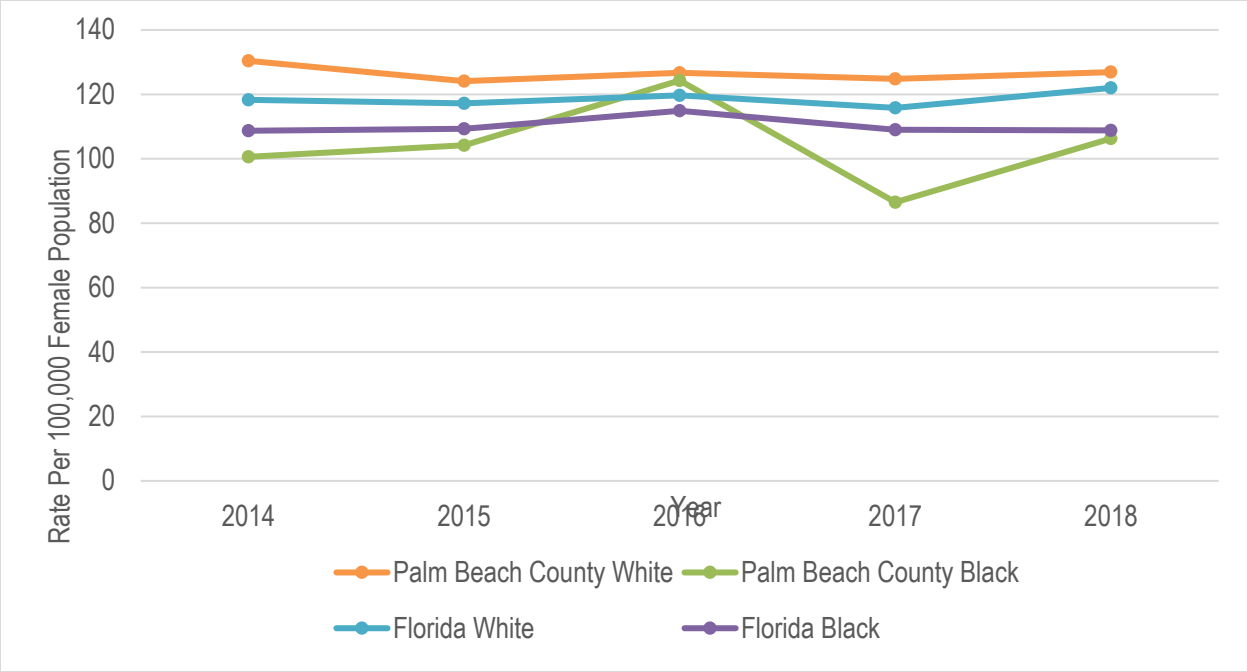
The table and figure below show the age-adjusted breast cancer incidence rate by race in Palm Beach County and Florida from 2014 to 2018. The breast cancer incidence rate was higher among White residents compared to Black residents in Palm Beach County each year during this time frame. In Palm Beach County in 2018, the rate was 126.9 per 100,000 among White residents compared to 106.3 per 100,000 among Black residents. The rate among White Palm Beach County residents was also higher than the rate among White Florida residents each year from 2014 to 2018.

Table 167: Age-Adjusted Breast Cancer Incidence, Rate Per 100,000, By Race, Palm Beach County and Florida, 2014-2018

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2014	1,098	130.4	121	100.6	13,150	118.3	1,763	108.7
2015	1,083	124.1	133	104.2	13,307	117.2	1,843	109.3
2016	1,114	126.7	163	124.3	13,910	119.7	1,991	114.9
2017	1,083	124.8	118	86.5	13,877	115.8	1,954	109.0
2018	1,111	126.9	156	106.3	14,900	122.0	2,040	108.8

Data Source: University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Figure 82: Age-Adjusted Breast Cancer Incidence, Rate Per 100,000, By Race, Palm Beach County and Florida, 2014-2018



Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Breast Cancer Incidence, By Ethnicity

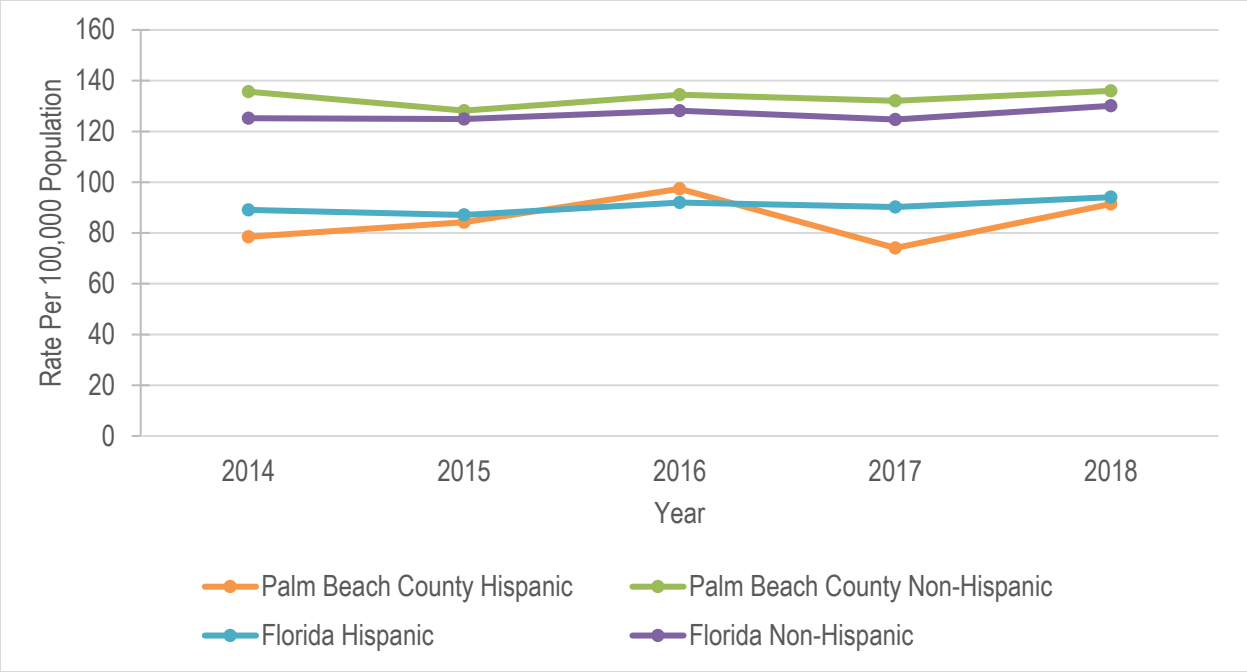
As previously mentioned, breast cancer is the leading cause of death among Hispanic women in the United States. The table and figure below show the age-adjusted breast cancer incidence rate by ethnicity for Palm Beach County and Florida from 2014 to 2018. The rate fluctuated among Hispanic and non-Hispanic residents in Palm Beach County throughout this time period, but ultimately increased from 74.1 per 100,000 in 2017 to 91.4 per 100,000 in 2018 among Hispanic residents and from 132.1 per 100,000 in 2017 to 136.0 per 100,000 in 2018 among non-Hispanic residents. Additionally, the rate was much higher among the non-Hispanic residents each year from 2014 to 2018.

Table 168: Age-Adjusted Breast Cancer Incidence, Rate Per 100,000, By Ethnicity, Palm Beach County and Florida, 2014-2018

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2014	100	78.5	1,171	135.7	2,132	89.1	13,438	125.2
2015	109	84.2	1,143	128.2	2,189	87.1	13,671	124.9
2016	135	97.4	1,205	134.5	2,435	92.0	14,286	128.2
2017	109	74.1	1,162	132.1	2,508	90.2	14,277	124.7
2018	145	91.4	1,194	136.0	2,781	94.1	15,142	130.1

Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Figure 83: Age-Adjusted Breast Cancer Incidence, Rate Per 100,000, By Ethnicity, Palm Beach County and Florida, 2014-2018



Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

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Cervical Cancer

When cancer cells invade the cervix, it is called cervical cancer. All women are at risk for cervical cancer. However, it occurs most often in women over age 30. Cervical cancer used to be the leading cause of cancer death for women in the United States. However, in the past 40 years, the number of cases of cervical cancer and the number of deaths from cervical cancer have decreased significantly. This decline is largely the result of women getting regular Pap tests, which is a screening test that can detect pre-cancerous cells in the cervix.[135] In 2018, the cervical cancer incidence rate among women in the United States was 7.5 per 100,000. When racial and ethnic disparities were examined, the rate was highest among Black women and Hispanic women with rates of 8.3 per 100,000 and 9.3 per 100,000, respectively. [136]

Age-Adjusted Cervical Cancer Incidence

The table and figure below show the cervical cancer incidence rate per 100,000 female population in Palm Beach County and Florida from 2014 to 2018. During this timeframe, the rate in the county fluctuated and ultimately decreased from 8.4 per 100,000 in 2017 to 7.1 per 100,000 in 2018. Additionally, the county rate was lower than the state rate each year from 2014 to 2018. In 2018, the rate in Palm Beach County was 7.1 per 100,000 compared to 8.6 per 100,000 in the state overall.

There is no Healthy People 2030 national target specific to reducing the cervical cancer incidence rate among females.

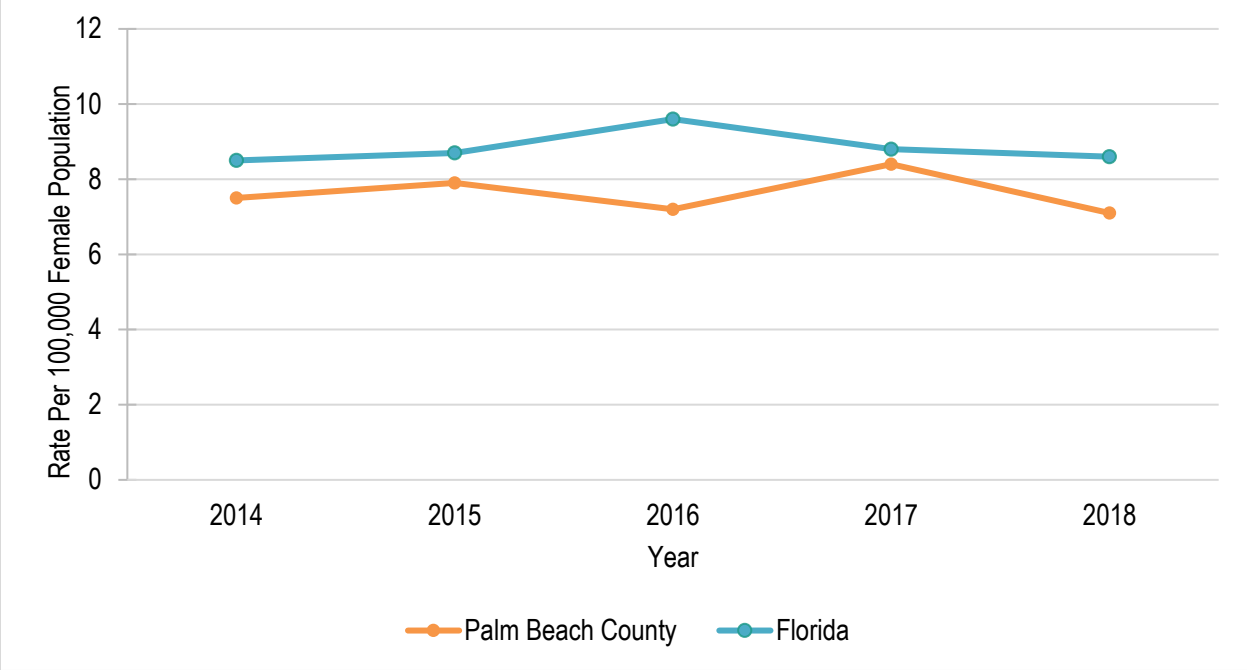
Table 169: Age-Adjusted Cervical Cancer Incidence, Rate Per 100,000 Female Population, Palm Beach County and Florida, 2014-2018

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2014	61	7.5	918	8.5
2015	59	7.9	949	8.7
2016	52	7.2	1,068	9.6
2017	70	8.4	1,025	8.8
2018	63	7.1	998	8.6

Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

[135] Division of Cancer Prevention and Control, Centers for Disease Control and Prevention (2021, January 12). Basic Information About Cervical Cancer. https://www.cdc.gov/cancer/cervical/basic_info/index.htm
[136] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute (2021, June). U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018). www.cdc.gov/cancer/dataviz

Figure 84: Age-Adjusted Cervical Cancer Incidence, Rate Per 100,000 Female Population, Palm Beach County and Florida, 2014-2018



Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Cervical Cancer Incidence, By Race

As mentioned above, the cervical cancer incidence rate has historically been higher among Black women compared to women of other races nationwide, so it is important to look at the incidence rate by race at the county and state level. The table and figure below show the cervical cancer incidence rate per 100,000 female population by race in Palm Beach County and Florida from 2014 to 2018. As seen below, the rate was higher among Black female residents in the county and state each year during this time frame. In 2018, the rate among Black female residents (12.5 per 100,000) in the county was over double the rate among White female residents (6.0 per 100,000).

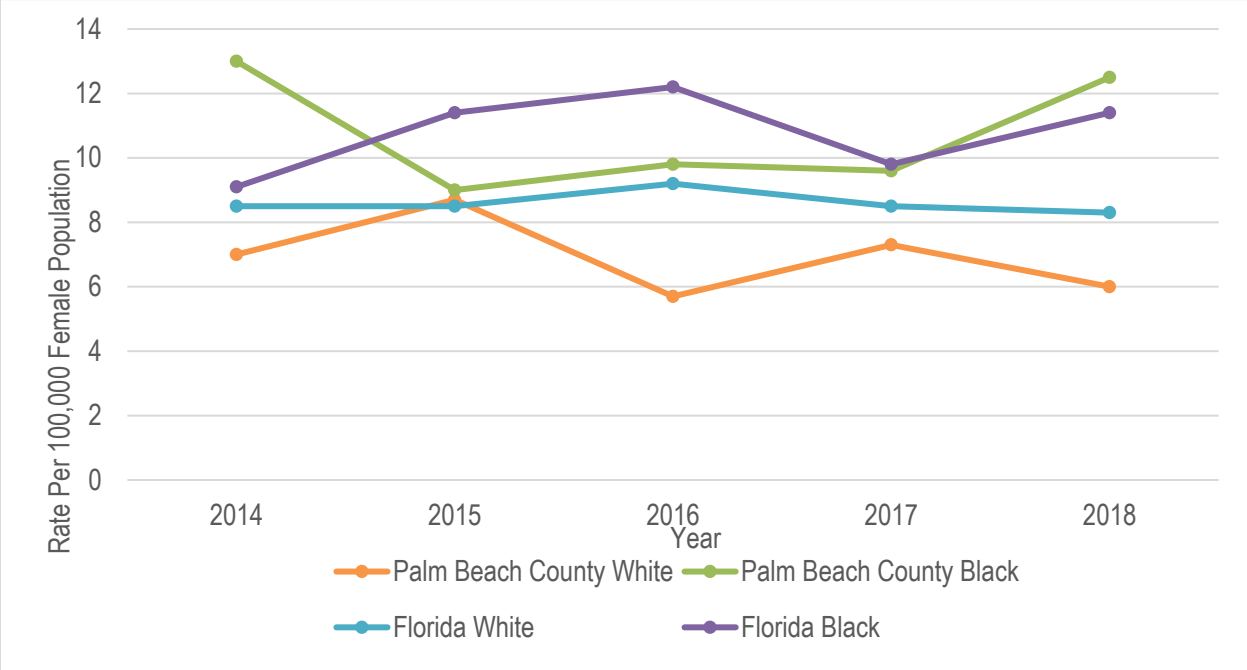
Table 170: Age-Adjusted Cervical Cancer Incidence, Rate Per 100,000 Female Population, By Race, Palm Beach County and Florida, 2014-2018

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2014	44	7.0	17	13.0	732	8.5	146	9.1
2015	47	8.7	11	9.0	720	8.5	188	11.4
2016	33	5.7	14	9.8	799	9.2	207	12.2
2017	49	7.3	13	9.6	774	8.5	178	9.8
2018	41	6.0	17	12.5	731	8.3	209	11.4

Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System

Compiled by: Health Council of Southeast Florida, 2021

Figure 85: Age-Adjusted Cervical Cancer Incidence, Rate Per 100,000 Female Population, By Race, Palm Beach County and Florida, 2014-2018



Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

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Prostate Cancer

Other than skin cancer, prostate cancer is the most common cancer among American men. The most common risk factor for prostate cancer is age. The older a man is, the greater the risk for prostate cancer. In addition, some men are at an increased risk for getting or dying from prostate cancer if they have a family history of prostate cancer or if they are Black American. Compared to other men, Black American men are more likely to get prostate cancer and are twice as likely to die from prostate cancer.[137]

Age-Adjusted Prostate Cancer Incidence

The following table and figure show the prostate cancer incidence rate per 100,000 male population in Palm Beach County and Florida from 2014 to 2018. During this timeframe, the rate in the county and Florida fluctuated. Most recently in Palm Beach County, the incidence rate decreased from 99.6 per 100,000 in 2017 to 76.4 per 100,000 in 2018. While the rate in Palm Beach County was higher than the state rate each year from 2014 to 2017, the county rate in 2018 of 76.4 per 100,000 was lower than the state rate of 89.1 per 100,000.

There is no Healthy People 2030 national target specific to prostate cancer incidence rate in males.

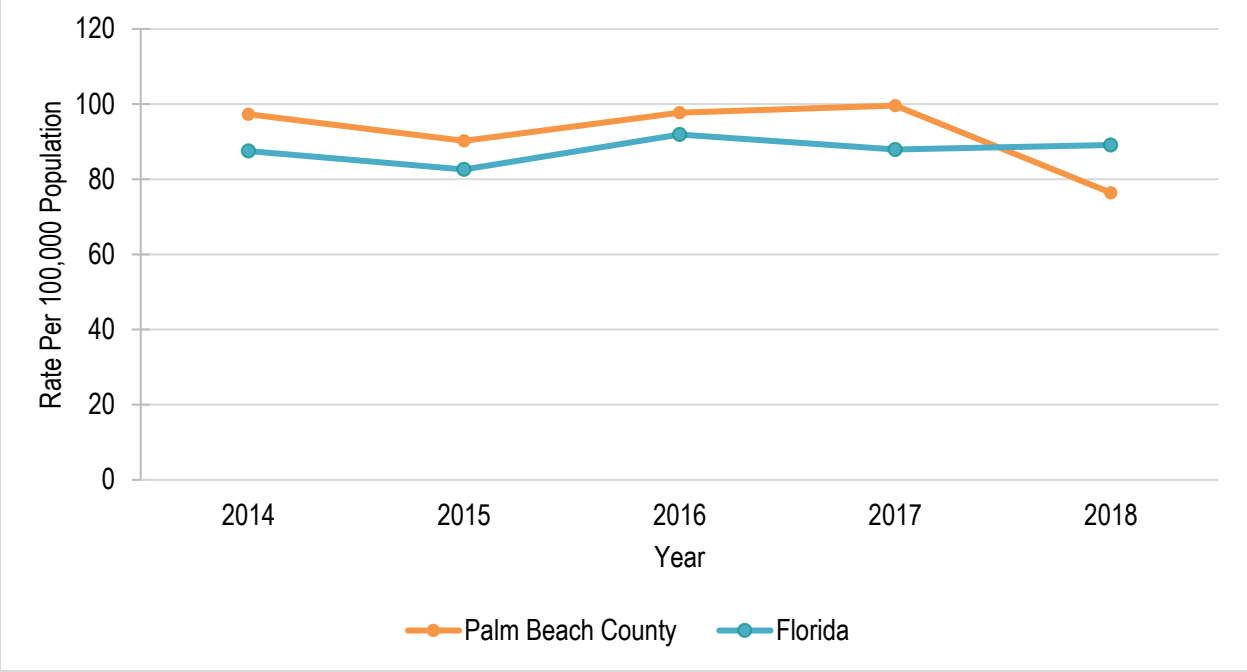
Table 171: Age-Adjusted Prostate Cancer Incidence, Rate Per 100,000 Male Population, Palm Beach County and Florida, 2014-2018

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2014	937	97.3	11,215	87.5
2015	888	90.2	11,003	82.6
2016	997	97.7	12,686	91.9
2017	1,041	99.6	12,540	87.9
2018	813	76.4	13,073	89.1

Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

[137] Division of Cancer Prevention and Control, Centers for Disease Control and Prevention (2021, August 23). Basic Information About Prostate Cancer. https://www.cdc.gov/cancer/prostate/basic_info/risk_factors.htm

Figure 86: Age-Adjusted Prostate Cancer Incidence, Rate Per 100,000 Male Population, Palm Beach County and Florida, 2014-2018



Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Prostate Cancer Incidence, By Race

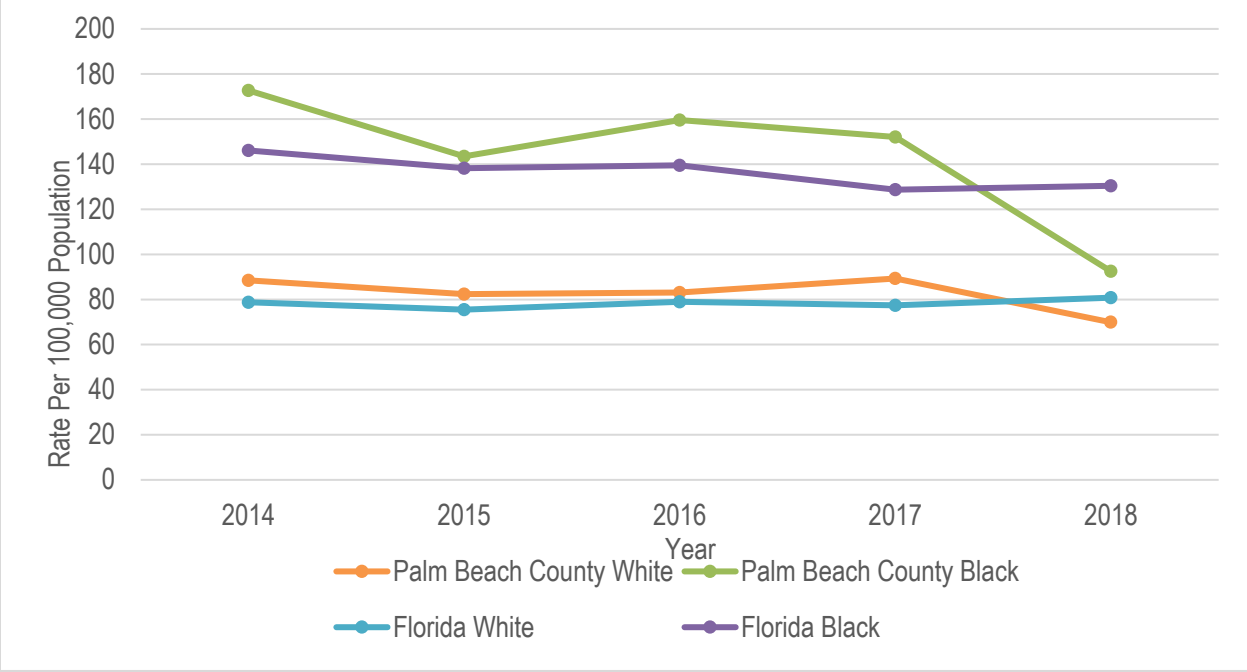
The table and graph below look at the incidence rate of prostate cancer per 100,000 male population by race in Palm Beach County and Florida from 2014 to 2018. The incidence rate was higher among Black residents compared to White residents every year during this timeframe in Palm Beach County and Florida. Prostate cancer incidence rates decreased among White residents from 89.3 per 100,000 in 2017 to 69.9 per 100,000 population in 2018 and among Black residents from 152.1 per 100,000 in 2017 to 92.5 per 100,000 in 2018.

Table 172: Age-Adjusted Prostate Cancer Incidence, Rate Per 100,000 Male Population, By Race, Palm Beach County and Florida, 2014-2018

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2014	741	88.5	165	172.7	8,848	78.8	1,913	146.1
2015	706	82.4	151	143.5	8,751	75.5	1,908	138.2
2016	728	83.1	168	159.6	9,492	79.0	2,002	139.5
2017	804	89.3	169	152.1	9,586	77.4	1,935	128.7
2018	640	69.9	113	92.5	10,270	80.8	2,014	130.4

Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Figure 87: Age-Adjusted Prostate Cancer Incidence, Rate Per 100,000 Male Population, By Race, Palm Beach County and Florida, 2014-2018



Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Prostate Cancer Incidence, By Ethnicity

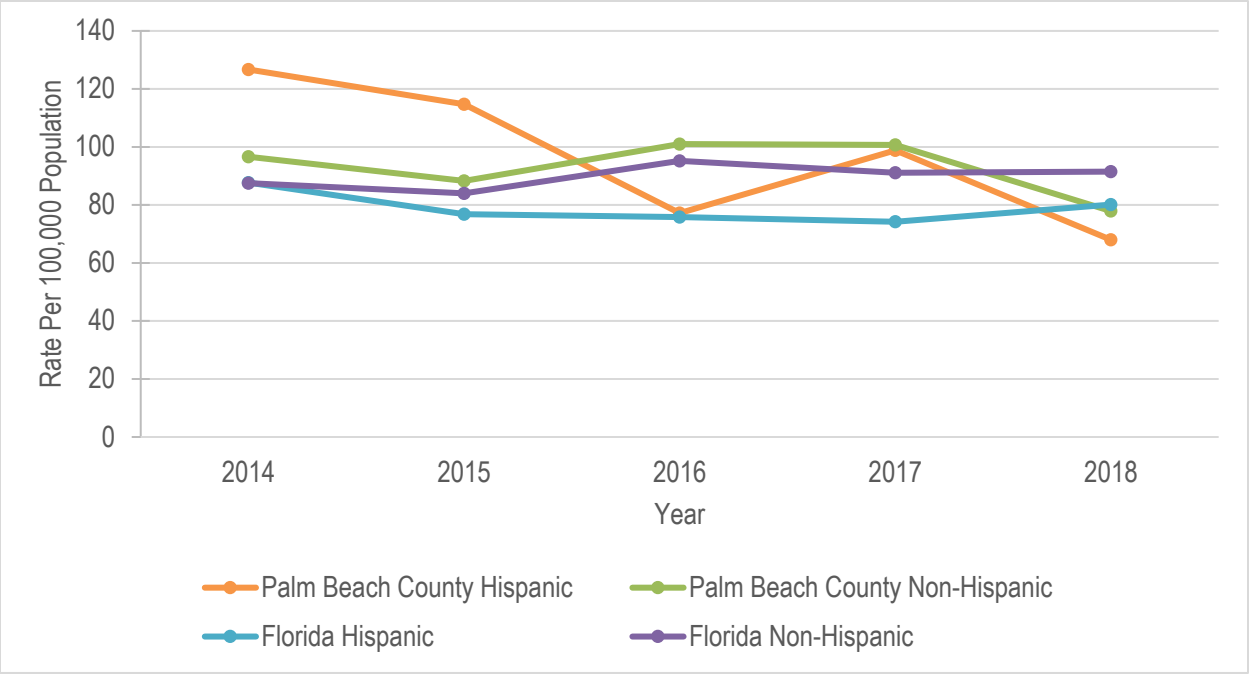
This table and figure look at the prostate cancer incidence rate per 100,000 male population by ethnicity in Palm Beach County and Florida from 2014 to 2018. In Palm Beach County, the prostate cancer incidence rate decreased among the Hispanic population overall from 126.7 per 100,000 in 2014 to 68.0 per 100,000 in 2018. The rate among the non-Hispanic population fluctuated during this time frame, but ultimately decreased from 101.0 per 100,000 population in 2016 to 77.9 per 100,000 in 2018. Additionally, the rate among the Hispanic population was higher in 2014 and 2015, while the rate among the non-Hispanic Population was higher from 2016 to 2018.

Table 173: Age-Adjusted Prostate Cancer Incidence, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2014-2018

Year	Palm Beach				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2014	113	126.7	824	96.6	1,649	87.7	9,566	87.5
2015	113	114.7	775	88.3	1,542	76.8	9,461	84.0
2016	81	77.2	916	101.0	1,594	75.8	11,092	95.2
2017	111	98.8	930	100.7	1,635	74.2	10,905	91.1
2018	88	68.0	725	77.9	1,906	80.1	11,167	91.5

Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

Figure 88: Age-Adjusted Prostate Cancer Incidence, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2014-2018



Data Source: Florida Health CHARTS, University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2021

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Enteric Disease

Enteric bacteria, including E. coli and Salmonella, are often acquired via contaminated food or water sources.[138] Common symptoms include diarrhea, nausea, and vomiting. The prevalence of enteric diseases is observed in order to prevent future outbreaks.

This table below shows the enteric disease rate in Palm Beach County and Florida from 2015 to 2019. The rate of enteric disease in Palm Beach County was similar to the Florida rate every year from 2015 to 2019. Moreover, the rate in Palm Beach County and Florida increased from 2017 to 2019. The most recent rate of enteric disease reported in Palm Beach County was 77.6 per 100,00 population.

Healthy People 2030 has not set a national target for enteric diseases.

Table 174: Enteric Disease, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	789	57.1	11,125	55.9
2016	675	48.4	9,745	48.2
2017	877	62.2	12,454	60.6
2018	960	66.6	14,011	66.9
2019	1,132	77.6	16,436	77.3

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Epidemiology, 2019
Compiled by: Health Council of Southeast Florida, 2019

[138] FL Health Charts. Total Enteric Diseases. https://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=0192

Overweight and Obesity

According to the World Health Organization, being overweight or obese is defined as having abnormal or excessive fat accumulation that impairs health. Both are complex, chronic health issues that are largely preventable through lifestyle modifications and are impacted by a number of behavioral, social, environmental, and even genetic factors. Body mass index (BMI) is a screening tool used to classify overweight and obesity status by using a person's weight and height. For adults, a BMI of 25 to 29 is categorized as overweight and 30 or higher is obese.[139]

Being overweight or obese is a risk factor for other serious mental and physical health issues, including COVID-19.[140] Overweight or obese individuals also have an economic burden on our society through direct medical costs and indirect costs, such as absenteeism and low productivity.[141]

Childhood overweight and obesity is also a significant issue today, particularly because children who are overweight or obese are more likely to be overweight or obese as adults and have symptoms as adults that are more severe. These symptoms include, but are not limited to, high blood pressure, high cholesterol, insulin resistance, breathing problems, joint problems, anxiety, and depression.[142] According to the Centers for Disease Control and Prevention, 1 in 5 children and adolescents have obesity nationwide.[143]

The Healthy People 2030 national target specific to adults is to reduce the proportion of adults with obesity ages 20 and over to 36.0%.[144] The Healthy People 2030 national target specific to children is to reduce the proportion of children and adolescents ages 2 to 19 years old with obesity to 15.5%.[145]

Percent of Middle School Students with BMI at or Above 95th Percentile

The table below shows the percent of middle school students with a BMI at or above the 95th percentile in Palm Beach County and Florida for 2012, 2014, 2016, 2018, and 2020. In Palm Beach County, there was a steady increase from 2016 (11.3%) to 2020 (13.0%).

Table 175: Percent of Middle School Students with BMI at or Above 95th Percentile, Palm Beach County and Florida, 2012, 2014, 2016, 2018, 2020

Year	Palm Beach County	Florida
2012	11.7%	11.7%

[139] Obesity and overweight (2021, June 9). In *World Health Organization*. Retrieved from https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight
[140] Overweight & Obesity, Obesity and COVID-19 (2021, September 15). In *Centers for Disease Control and Prevention*. Retrieved from https://www.cdc.gov/obesity/data/obesity-and-covid-19.html
[141] Obesity Prevention Source, Economic Costs (n.d.). In *Harvard T.H. Chan School of Public Health*. Retrieved from https://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/economic/#references
[142] Overweight & Obesity, Childhood Obesity Causes & Consequences (2021, March 19). In *Centers for Disease Control and Prevention*. Retrieved from https://www.cdc.gov/obesity/childhood/causes.html
[143] Overweight & Obesity, Childhood Overweight & Obesity (2021, August 30). In *Centers for Disease Control and Prevention*. Retrieved from https://www.cdc.gov/obesity/childhood/index.html
[144] Reduce the proportion of adults with obesity — NWS-03 (n.d.). In Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/reduce-proportion-adults-obesity-nws-03
[145] Reduce the proportion of children and adolescents with obesity — NWS-04 (n.d.). In Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/reduce-proportion-children-and-adolescents-obesity-nws-04

2014	12.3%	12.2%
2016	11.3%	12.6%
2018	12.4%	13.2%
2020	13.0%	13.1%

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS)
Compiled by: Health Council of Southeast Florida, 2021

Percent of High School Students with BMI at or Above 95th Percentile

The following table shows the percent of high school students with a BMI at or above the 95th percentile in Palm Beach County and Florida in 2012, 2014, 2016, 2018, and 2020. In Palm Beach County, the percentage declined from 2014 (12.0%) to 2016 (9.5%), then increased in 2018 (12.4%) and 2020 (12.8%). Additionally, the percentage of Palm Beach County high school students with a BMI at or above the 95th percentile was lower than percentage of Florida high school students overall each year reported.

Table 176: Percent of High School Students with BMI at or Above 95th Percentile, Palm Beach County and Florida, 2012, 2014, 2016, 2018, 2020

Year	Palm Beach County	Florida
2012	10.5%	11.3%
2014	12.0%	12.1%
2016	9.5%	13.3%
2018	12.4%	14.3%
2020	12.8%	15.4%

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS)
Compiled by: Health Council of Southeast Florida, 2021

Percent of Middle and High School Students with BMI at or Above 95th Percentile, By Race

The table and graph below show the percentage of middle and high school students with a BMI at or above the 95th percentile by race in 2012, 2014, 2016, 2018, and 2020. For each year reported, Non-Hispanic Black and Hispanic students had much higher rates than Non-Hispanic Whites in Palm Beach County and Florida. The rates for Non-Hispanic White and Non-Hispanic Black students increased in 2016, 2018, and 2020. The highest rate for the county was found among Non-Hispanic Black students in 2020 at 17.2%.

Regarding the Healthy People 2030 national target of reducing the proportion of children and adolescents with obesity to 15.5%, Palm Beach County is meeting this goal for middle and high school students.[146] However, looking at the rate of middle and high school students who are obese broken down by race, in both 2018 (16.3%) and 2020 (17.2%) the rate for Non-Hispanic Black students in Palm Beach County exceeded this target.

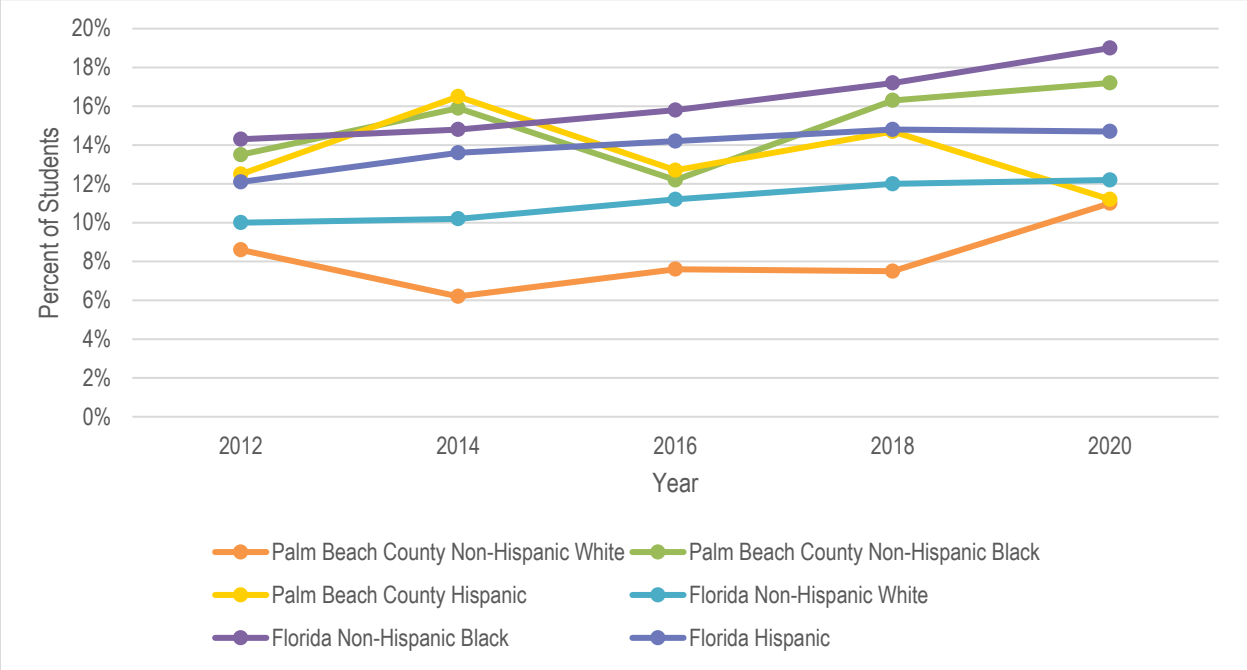
[146] Reduce the proportion of children and adolescents with obesity — NWS-04 (n.d.). In Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/reduce-proportion-children-and-adolescents-obesity-nws-04

Table 177: Percent of Middle and High School Students with BMI at or Above 95th Percentile, By Race, Palm Beach County and Florida, 2010, 2012, 2014,2016, 2018, 2020

Year	Palm Beach County			Florida		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2012	8.6%	13.5%	12.5%	10.0%	14.3%	12.1%
2014	6.2%	15.9%	16.5%	10.2%	14.8%	13.6%
2016	7.6%	12.2%	12.7%	11.2%	15.8%	14.2%
2018	7.5%	16.3%	14.7%	12.0%	17.2%	14.8%
2020	11.0%	17.2%	11.2%	12.2%	19.0%	14.7%

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS)
Compiled by: Health Council of Southeast Florida, 2021

Figure 89: Percent of Middle and High School Students with BMI at or Above 95th Percentile, By Race, Palm Beach County and Florida, 2012-2020



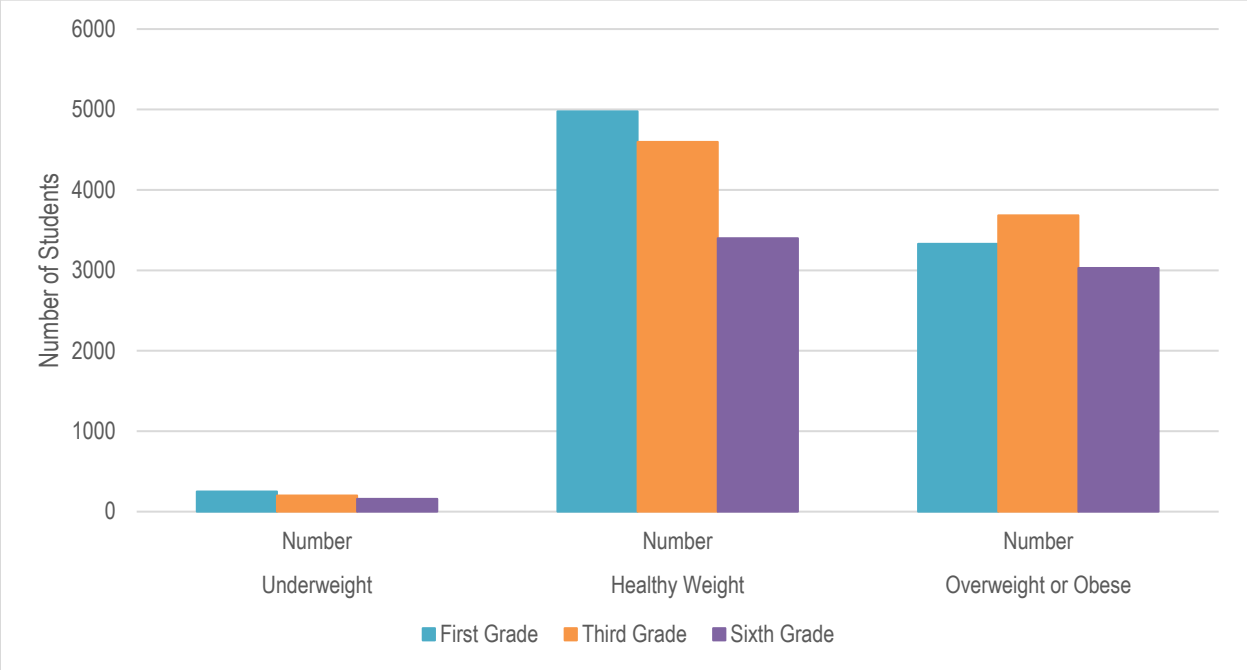
Underweight, Healthy Weight, Overweight, and Obese Students in First, Third, and Sixth Grades
This table and graph show Palm Beach County students in first, third, and sixth grades that were underweight, a healthy weight, and overweight or obese during the 2020 – 2021 school year. As the grade increased, the percentage of overweight or obese students increased and the percentage of healthy weight students decreased. Most notably, the percentage of sixth graders who were overweight or obese was close to half of the entire grade at 45.98%.

Table 178: Underweight, Healthy Weight, and Overweight or Obese students in First, Third, and Sixth Grades, Palm Beach County, School Year 2020-2021

Grade	Underweight		Healthy Weight		Overweight or Obese	
	Number	Percent	Number	Percent	Number	Percent
First Grade	250	2.9%	4,976	58.2%	3,330	38.9%
Third Grade	201	2.4%	4,597	54.2%	3,683	43.4%
Sixth Grade	159	2.4%	3,399	51.6%	3,029	46.0%

Source: Florida Department of Health Palm Beach County, 2021
Compiled by: Health Council of Southeast Florida, 2021

Figure 90: Students Who Are Underweight, Healthy Weight, and Overweight or Obese in Palm Beach County During the 2020 - 2021 School Year, Palm Beach County, School Year 2020-2021



Overweight or Obese First and Third Graders in Palm Beach County, By School

The table below shows the number of overweight or obese students in first, third and sixth grades in Palm Beach County during the 2021 – 2021 school year. The full list by school can be found in Appendix C (first through third grade) and Appendix D (sixth grade). As a note, many students were not screened during the 2020 – 2021 school year due to the COVID-19 pandemic which resulted in a virtual learning environment. Some schools listed below offered virtual students the opportunity to be screened on campus, but screenings were voluntary. Additionally, this data was collected from the Health Care District of Palm Beach County.

Table 179: Overweight or Obese First and Third Graders in Palm Beach County, By School, Palm Beach County, School Year 2020-2021

Grade	Overweight or Obese
	Number
First Grade	121
Third Grade	250
Sixth Grade	52

Source: Health Care District of Palm Beach County, 2021
Compiled by: Health Council of Southeast Florida, 2021

Percent of Adults who are Overweight

The following table shows the percentage of adults who were overweight in Palm Beach County and Florida in 2007, 2010, 2013, 2016 and 2019. While the percentage of overweight adults in Palm Beach County declined each year reported from 2007 to 2016, there was an increase from 2016 (32.1%) to 2019 (35.2%).

Table 180: Percent of Adults Who Are Overweight, Palm Beach County and Florida, 2007, 2010, 2013, 2016, 2019

Year	Palm Beach County	Florida
2007	43.1%	38.0%
2010	41.8%	37.8%
2013	40.2%	36.4%
2016	32.1%	35.8%
2019	35.2%	37.6%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.
Compiled by: Health Council of Southeast Florida, 2021

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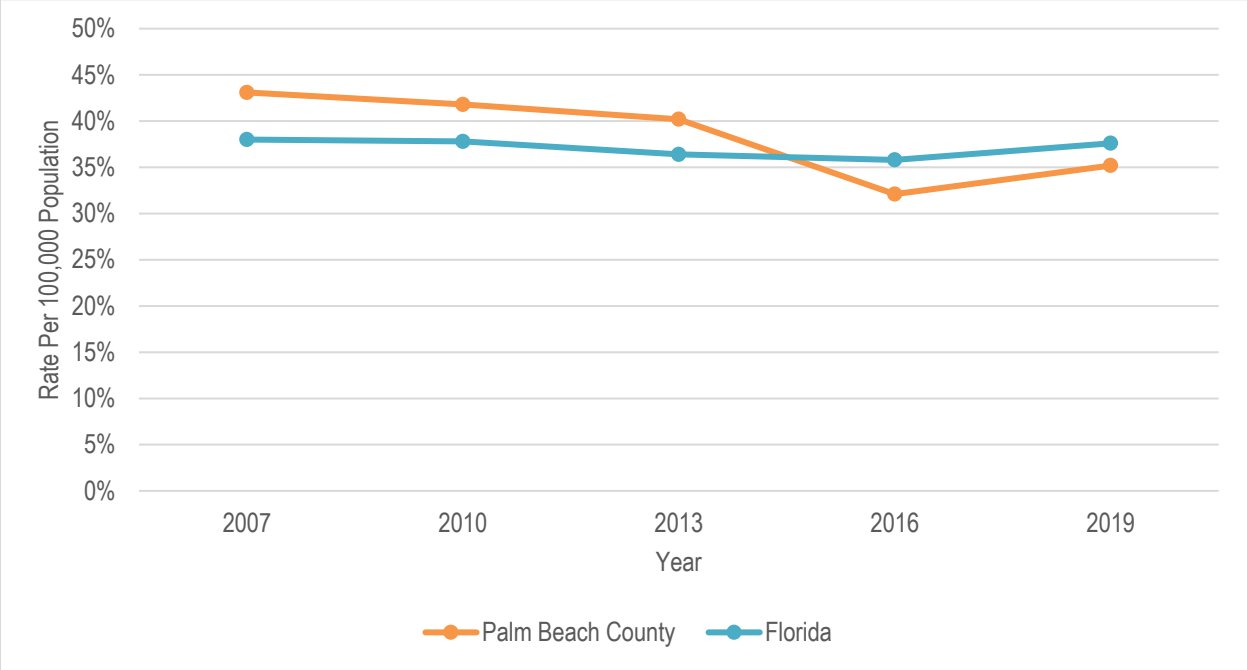
Figure 91: Percent of Adults Who Are Overweight, Palm Beach County and Florida, 2007, 2010, 2013, 2016, 2019



Percent of Adults who are Overweight, By Race and Ethnicity

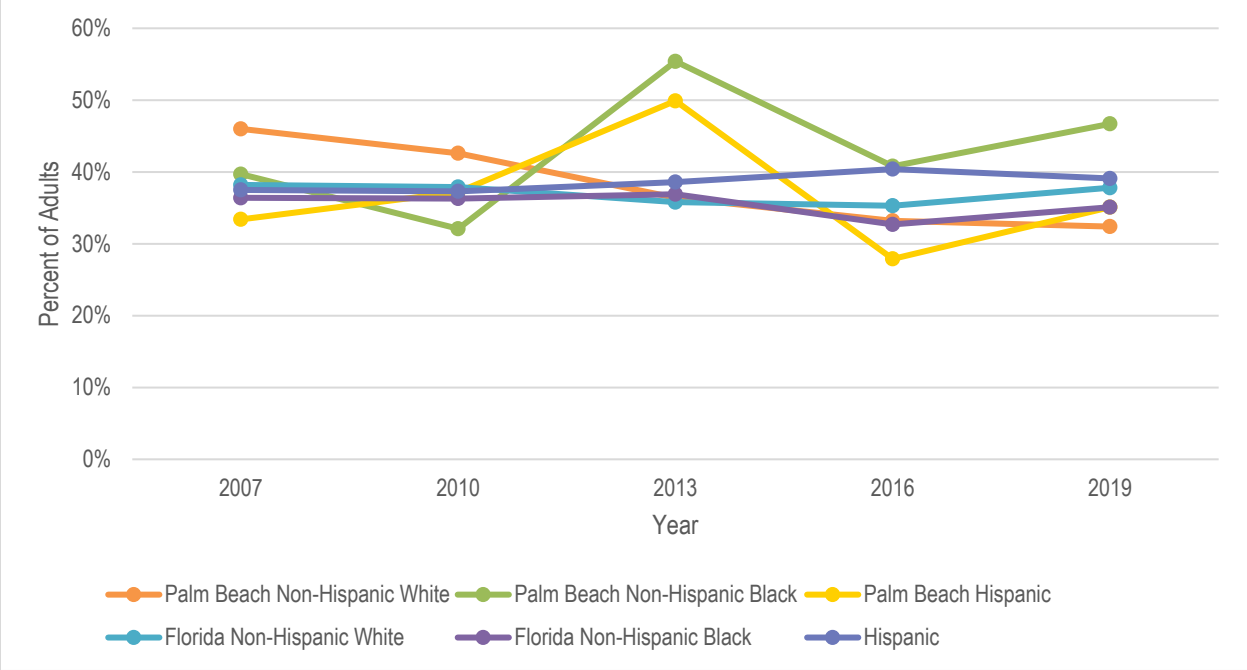
This table and graph show the percentage of adults who were overweight by race and ethnicity in Palm Beach County and Florida in 2007, 2010, 2013, 2016 and 2019. The percentage of adults of all races in Palm Beach County and Florida fluctuated from 2007 to 2019. In 2019, Non-Hispanic Black adults had the highest rate in Palm Beach County at 46.7%, which was much higher than the Florida rate of 35.1%.

Table 181: Percent of Adults Who Are Overweight, By Race and Ethnicity, Palm Beach County and Florida, 2007, 2010, 2013, 2016, 2019

Year	Palm Beach County			Florida		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2007	46.0%	39.7%	33.4%	38.2%	36.4%	37.5%
2010	42.6%	32.1%	37.2%	37.9%	36.3%	37.3%
2013	36.4%	55.4%	49.9%	35.8%	36.9%	38.6%
2016	33.2%	40.8%	27.9%	35.3%	32.7%	40.4%
2019	32.4%	46.7%	35.1%	37.8%	35.1%	39.1%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.
Compiled by: Health Council of Southeast Florida, 2021

Figure 92: Percent of Adults Who Are Overweight, By Race and Ethnicity, Palm Beach County and Florida, 2007, 2021, 2013, 2019, 2019



Percent of Adults who are Obese

The table below shows the percentage of adults who were obese in Palm Beach County and Florida in 2007, 2010, 2013, and 2016. The percentage of Palm Beach County adults increased steadily from 2007 to 2019. In 2019, almost a quarter (24.3%) of all reported adults were obese in Palm Beach County. This was slightly below the state rate of 27.0%.

As previously mentioned, the Healthy People 2030 national target is to reduce the proportion of adults ages 20 and over with obesity to 36.0%.[147] This table below shows the percentage of obese adults ages 18 and over. Palm Beach County reported rates that were below the 36.0% threshold each year reported.

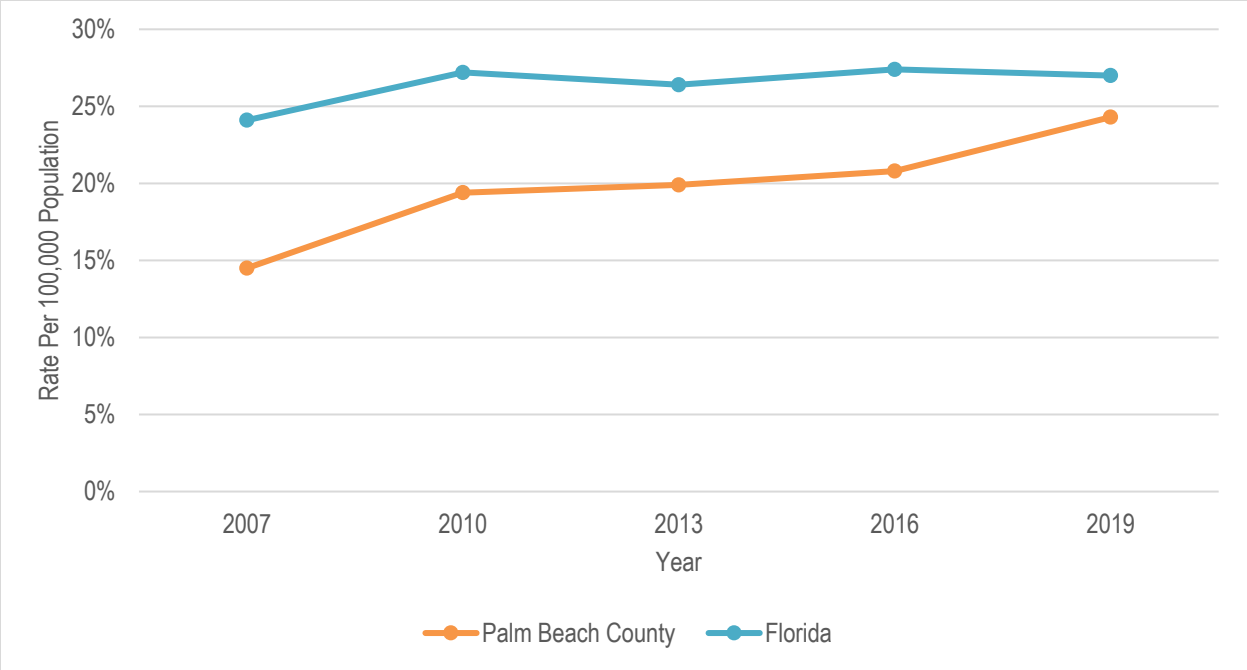
Table 182: Percent of Adults Who Are Obese, Palm Beach County and Florida, 2007, 2010, 2013, 2016, 2019

Year	Palm Beach County	Florida
2007	14.5%	24.1%
2010	19.4%	27.2%
2013	19.9%	26.4%
2016	20.8%	27.4%
2019	24.3%	27.0%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.
Compiled by: Health Council of Southeast Florida, 2021

[147] Reduce the proportion of adults with obesity — NWS-03 (n.d.). In Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/reduce-proportion-adults-obesity-nws-03

Figure 93: Percent of Adults Who Are Obese, Palm Beach County and Florida, 2007, 2010, 2013, 2016, 2019



Percent of Adults who are Obese, By Race and Ethnicity

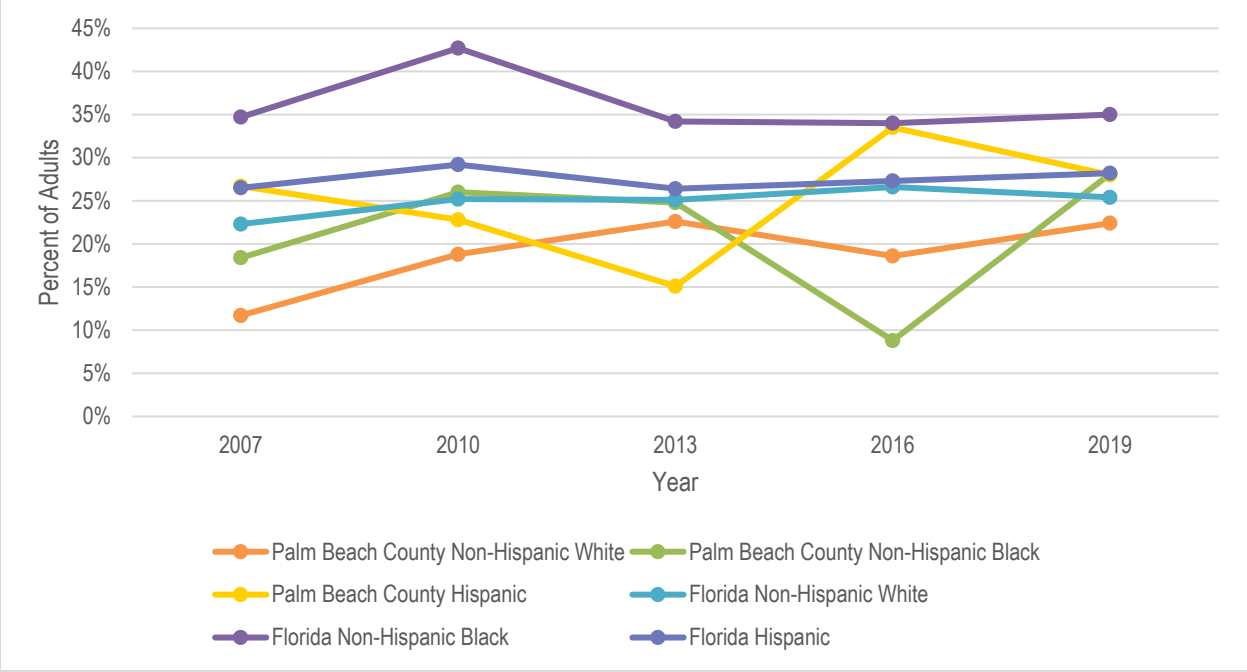
The following table and graph show the percentage of adults who were obese in 2007, 2010, 2013, 2016, and 2019 in Palm Beach County and Florida by race and ethnicity. Rates fluctuated for all races in Palm Beach County across all years. In 2019, Non-Hispanic Black adults (28.1%) and Hispanic adults (28.0%) had much higher rates of obesity than Non-Hispanic White adults (22.4%) in Palm Beach County. However, the Palm Beach County rates were slightly lower than the Florida rates for all races in 2019.

Table 183: Percent of Adults Who Are Obese, By Race and Ethnicity, Palm Beach County and Florida, 2007, 2010, 2013, 2016, 2019

Year	Palm Beach County			Florida		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2007	11.7%	18.4%	26.7%	22.3%	34.7%	26.5%
2010	18.8%	26.0%	22.8%	25.2%	42.7%	29.2%
2013	22.6%	24.8%	15.1%	25.1%	34.2%	26.4%
2016	18.6%	8.8%	33.5%	26.6%	34.0%	27.3%
2019	22.4%	28.1%	28.0%	25.4%	35.0%	28.2%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.
Compiled by: Health Council of Southeast Florida, 2021

Figure 94: Percent of Adults Who Are Obese, By Race and Ethnicity, Palm Beach County and Florida, 2007, 2010, 2013, 2016, 2019



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Infectious Disease

Infectious diseases are illnesses caused by viruses, bacteria, fungi, or parasites and can spread from person-to-person through direct physical contact, droplets in the air, or insects or ticks. There are a wide range of infectious diseases, and signs, symptoms, and treatment are dependent upon the disease.[148]

Tuberculosis

The table below shows the rate of tuberculosis cases per 100,000 population in Palm Beach County and Florida from 2016 to 2020. While the rate in Palm Beach County declined from 2016 (3.8 per 100,000) to 2018 (2.4 per 100,000), there was a slight increase in 2019 (2.9 per 100,000). In 2020, the Palm Beach County rate decreased to 2.2 per 100,000 population, which was slightly higher than the Florida rate of 1.9 per 100,000 population.

The Healthy People 2030 national target is to reduce the rate of new tuberculosis cases to 1.4 per 100,000 population.[149] As demonstrated in the table below, both Palm Beach County and Florida rates are not yet meeting that target.

Table 184: Tuberculosis Cases, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	53	3.8	639	3.2
2017	44	3.1	549	2.7
2018	35	2.4	591	2.8
2019	42	2.9	558	2.6
2020	33	2.2	412	1.9

Source: Florida Department of Health, Division of Disease Control and Health Protection, Tuberculosis Section, 2020
Compiled by: Health Council of Southeast Florida, 2021

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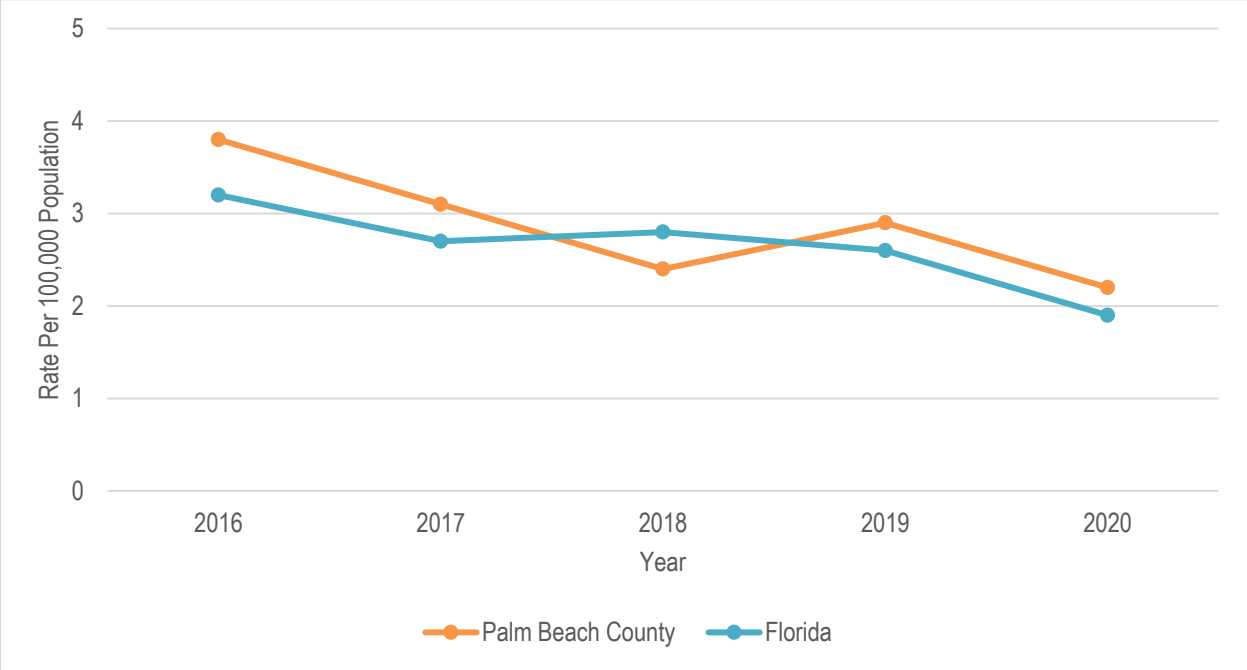
[148] Infectious Diseases (2018, February 27). In *Cleveland Clinic*. Retrieved from https://my.clevelandclinic.org/health/diseases/17724-infectious-diseases
[149] Reduce tuberculosis cases - IID-17 (n.d.). In *Healthy People 2030*. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/infectious-disease/reduce-tuberculosis-cases-iid-17

Figure 95: Tuberculosis Cases, Palm Beach County and Florida, 2016-2020



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Total Reportable Disease Cases

The following table shows the rate of reportable disease cases per 100,000 population in Palm Beach County and Florida from 2016 to 2020. In Palm Beach County, the rate fluctuated but decreased overall from 2017 (285.7 per 100,000 population) to 2020 (188.3 per 100,000 population).

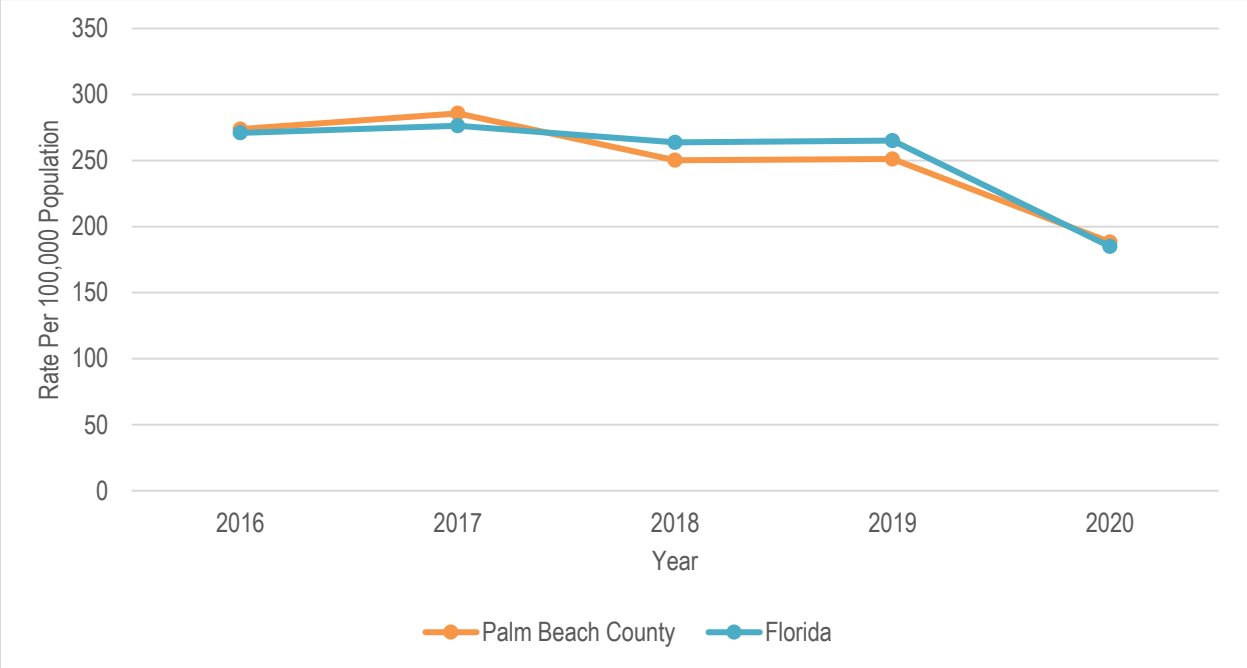
There is no Healthy People 2030 national target specific to this health indicator.

Table 185: Total Reportable Disease Cases, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	3,820	273.8	54,829	271.0
2017	4,032	285.7	56,811	276.4
2018	3,610	250.3	55,281	263.8
2019	3,664	251.2	56,391	265.1
2020	2,768	188.3	40,025	185.0

Note: Data presented here are from Merlin, Florida's web-based reportable disease surveillance system. Data in this report are aggregated by the date the case was reported to the Bureau of Epidemiology, Florida Department of Health. Cases are assigned to Florida counties based on the county of residence at the time of the disease identification, regardless of where they became ill or were hospitalized, diagnosed, or exposed. Disease reporting is an ongoing process. Numbers displayed are preliminary and will fluctuate up or down over time as case reports undergo further investigation and validation. Counts include confirmed and probable cases. Summaries of reportable disease data are produced weekly, monthly, and annually and are located on the Bureau of Epidemiology's Data and Publication page. More detailed information on interpreting data can be found in the Introduction Section of the Annual Morbidity Statistics Reports (AMSR) and final disease counts are found in the AMSR. For questions, please contact the Bureau of Epidemiology at (850) 245-4401.
Source: Florida Department of Health, Bureau of Community Health Assessment, 2021
Compiled by: Health Council of Southeast Florida, 2021

Figure 96: Total Reportable Disease Cases, Palm Beach County and Florida, 2016-2020



HIV

HIV Diagnoses

The following table shows the rate of HIV diagnoses per 100,000 population in Palm Beach County and Florida from 2015 to 2019. From 2017 to 2019, the rate declined in both Palm Beach County and the state. In 2019, the rate of HIV diagnoses was 16.9 per 100,000 in Palm Beach County and 21.4 per 100,000 population in the state.

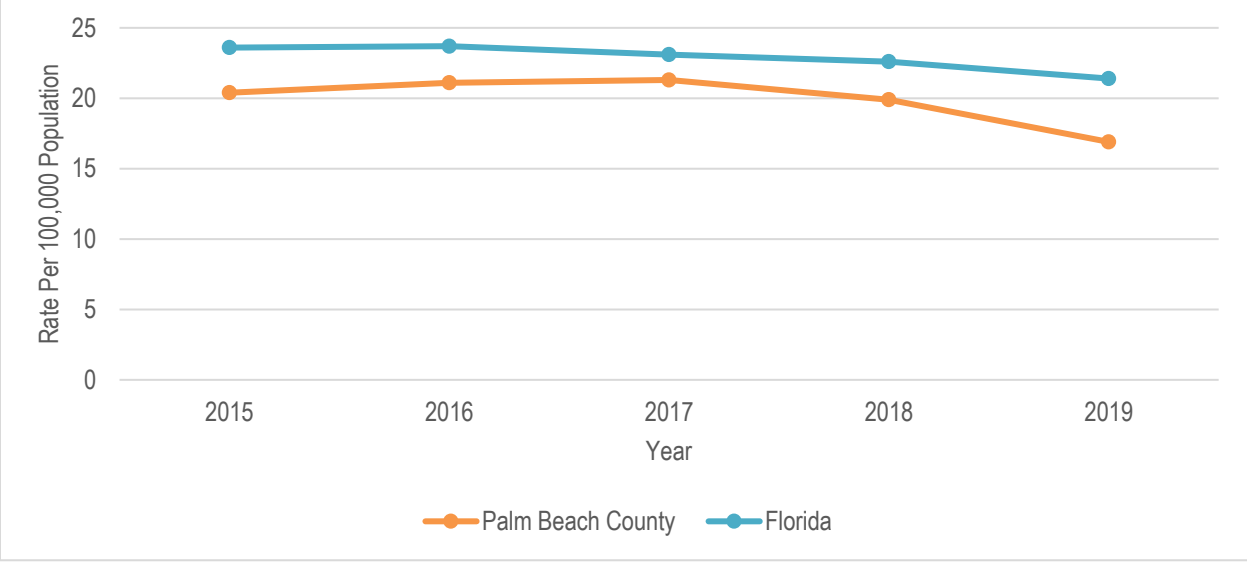
The Healthy People 2030 national target is to reduce the number of new HIV diagnoses among persons ages 13 years and over to 3,835.[150] While the data presented below shows the number of new HIV diagnoses for all ages, any reduction in new diagnoses is progress towards a healthier community.

Table 186: HIV Diagnoses, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	282	20.4	4,690	23.6
2016	295	21.1	4,802	23.7
2017	300	21.3	4,746	23.1
2018	287	19.9	4,740	22.6
2019	247	16.9	4,558	21.4

Source: Florida Department of Health, Bureau of Communicable Diseases, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 97: HIV Diagnoses, Palm Beach County and Florida, 2015-2019



[150] Reduce the number of new HIV diagnoses — HIV-03 (n.d.). In *Healthy People 2030*. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections/reduce-number-new-hiv-diagnoses-hiv-03

HIV Diagnoses, By Race

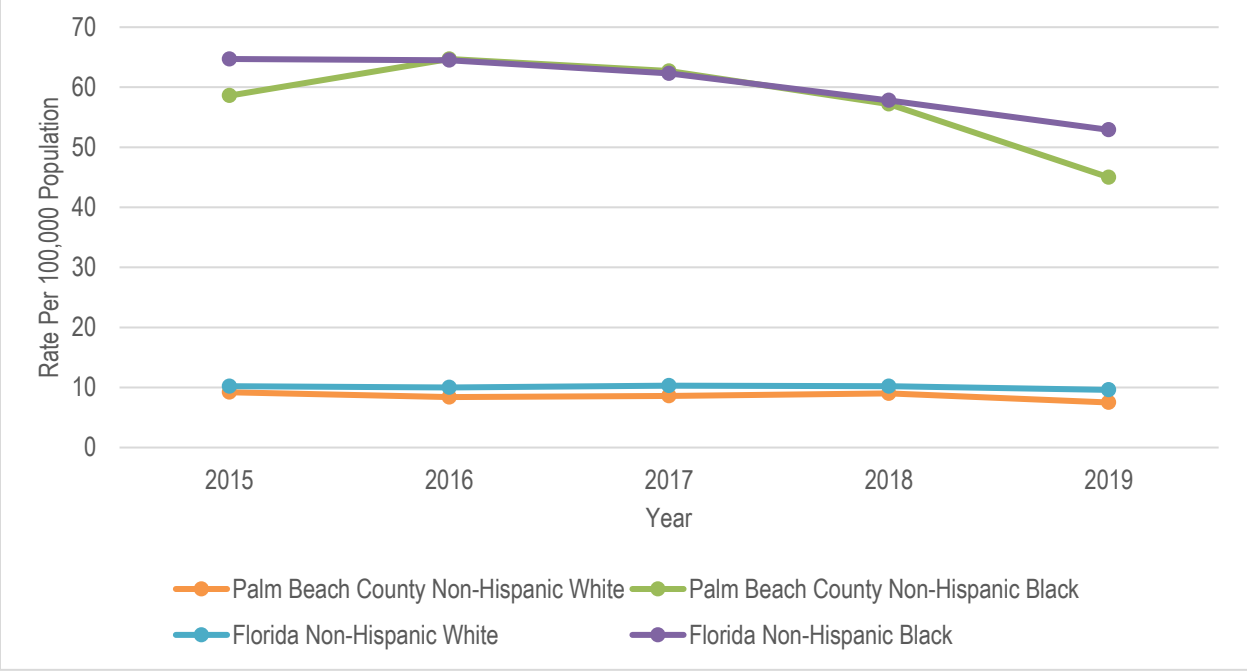
The table and graph below show the rate of HIV diagnoses per 100,000 population by race in Palm Beach County and Florida from 2015 to 2019. As displayed in the graph, there is a major disparity between the Non-Hispanic White rate and Non-Hispanic Black rate in Palm Beach County and Florida each year reported. In Palm Beach County, the Non-Hispanic White rate increased from 2016 (8.4 per 100,000) to 2018 (9.0 per 100,000), then declined in 2019 (7.5 per 100,000). The Non-Hispanic Black rate in Palm Beach County declined steadily from 64.7 per 100,000 population in 2016 to 45.0 per 100,000 population in 2019. In 2019, the Palm Beach County Non-Hispanic White and Non-Hispanic Black rate were both lower than the state rates.

Table 187: HIV Diagnoses, By Race, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	Non-Hispanic White		Non-Hispanic Black		Non-Hispanic White		Non-Hispanic Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	73	9.2	146	58.6	1,132	10.2	2,007	64.7
2016	66	8.4	164	64.7	1,119	10.0	2,034	64.5
2017	68	8.6	162	62.7	1,160	10.3	1,998	62.3
2018	71	9.0	153	57.2	1,153	10.2	1,890	57.8
2019	59	7.5	122	45.0	1,092	9.6	1,752	52.9

Source: Florida Department of Health, Bureau of Communicable Diseases, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 98: HIV Diagnoses, By Race, Palm Beach County and Florida, 2015-2019



HIV Diagnoses, By Ethnicity

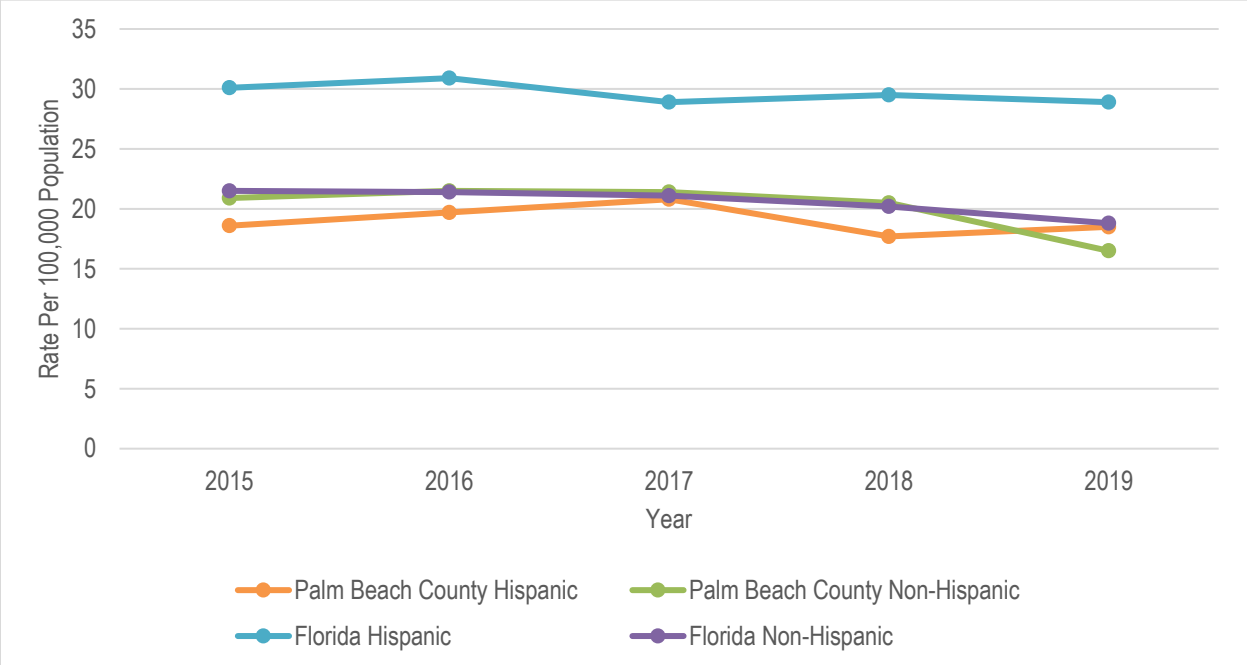
This table shows the rate of new HIV diagnoses per 100,000 population by ethnicity in Palm Beach County and Florida from 2015 to 2019. The rate among non-Hispanic residents in Palm Beach County declined from 2016 (21.5 per 100,000) to 2019 (16.5 per 100,000). The rate among Hispanic residents in Palm Beach County fluctuated, with an increase most recently from 17.7 per 100,000 population in 2018 to 18.5 per 100,000 population in 2019. Additionally, in 2019, the Palm Beach County Hispanic (18.5 per 100,000) and non-Hispanic (16.5 per 100,000) rates among residents were both lower than the state rates among Hispanic (28.9 per 100,000) and non-Hispanic (18.8 per 100,000) residents.

Table 188: HIV Diagnoses, By Ethnicity, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	53	18.6	229	20.9	1,441	30.1	3,249	21.5
2016	58	19.7	237	21.5	1,536	30.9	3,266	21.4
2017	63	20.8	237	21.4	1,486	28.9	3,260	21.1
2018	57	17.7	230	20.5	1,593	29.5	3,147	20.2
2019	62	18.5	185	16.5	1,616	28.9	2,942	18.8

Source: Florida Department of Health, Bureau of Communicable Diseases, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 99: HIV Diagnoses, By Ethnicity, Palm Beach County and Florida, 2015-2019



HIV Testing

HIV testing is important because it can lead to early diagnosis and treatment. Crucially, people that don't know they have the disease are more likely to spread it.

Adults Less than 65 Years of Age who Have Ever Been Tested for HIV

The following table shows the percentage of adults under 65 years of age who have ever been tested for HIV in Palm Beach County and Florida in 2007, 2010, 2013, 2016, and 2019. In the county and state, the rate increased in 2013, 2016, and 2019. However, the Palm Beach County rate was lower than the Florida rate each year reported except 2007.

There is no Healthy People 2030 national target associated with this health indicator.

Table 189: Adults Less Than 65 Years of Age Who Have Ever Been Tested for HIV, Palm Beach County and Florida, 2007, 2010, 2013, 2016, 2019

Year	Palm Beach County	Florida
2007	52.2%	49.1%
2010	45.5%	48.4%
2013	42.8%	50.6%
2016	54.1%	55.3%
2019	54.5%	60.7%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.
Compiled by: Health Council of Southeast Florida, 2021

Adults Less than 65 Years of Age Who Have Ever Been Tested for HIV, By Race and Ethnicity

The table below shows the percentage of adults under 65 years of age who have ever been tested for HIV in Palm Beach County and Florida in 2007, 2010, 2013, 2016, and 2019 by race and ethnicity. From 2016 to 2019 in Palm Beach County, the rate among non-Hispanic White residents increased from 47.9% to 49.0% and the rate among non-Hispanic Black residents also increased from 45.4% to 75.0%. During this same time period, the Hispanic rate decreased from 71.7% to 52.7%. Notably, in 2019, the non-Hispanic Black rate of 75.0% was higher than the state rate of 73.5%.

Table 190: Adults Less Than 65 Years of Age Who Have Ever Been Tested for HIV, By Race and Ethnicity, Palm Beach County and Florida, 2007, 2010, 2013, 2016, 2019

Year	Palm Beach County			Florida		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2007	51.1%	73.7%	38.5%	45.3%	68.4%	50.7%
2010	34.5%	61.8%	-	42.4%	67.0%	56.2%
2013	37.2%	-	-	44.0%	71.0%	52.6%
2016	47.9%	45.4%	71.7%	49.6%	70.9%	60.3%
2019	49.0%	75.0%	52.7%	54.1%	73.5%	67.1%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.

Compiled by: Health Council of Southeast Florida, 2021

Adults Less than 65 Years of Age Who Had and HIV Test in the Past 12 Months

This table shows the percentage of adults under 65 years of age who had an HIV test in the past 12 months in Palm Beach County and Florida in 2007, 2010, 2013, and 2016. In the years reported since 2010, the percentage increased steadily in both Palm Beach County and Florida. Most recently in 2016, the percentage of adults less than 65 years of age who had an HIV test in the past 12 months was 21.0% in Palm Beach County and 19.7% in the state.

Table 191: Adults Less Than 65 Years of Age Who Had an HIV Test in the Past 12 Months, Palm Beach County and Florida, 2007, 2010, 2013, 2016

Year	Palm Beach County	Florida
2007	24.4%	21.0%
2010	4.6%	7.0%
2013	13.1%	15.6%
2016	21.0%	19.7%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.
Compiled by: Health Council of Southeast Florida, 2021

Adults Less Than 65 Years of Age Who Had an HIV Test in the Past 12 Months, By Race and Ethnicity

This table shows the percentage of adults under 65 years of age who had an HIV test in the past 12 months in Palm Beach County and Florida in 2007, 2010, 2013, and 2016 by race and ethnicity. In 2016, the percentages for non-Hispanic Black (26.7%) and Hispanic (23.6%) residents were the highest among all demographic groups in Palm Beach County. However, both percentages were lower than the percentages among Florida non-Hispanic Black (36.1%) and Hispanic (24.1%) residents.

Table 192: Adults Less Than 65 Years of Age Who Had an HIV Test in the Past 12 Months, By Race and Ethnicity Palm Beach County and Florida, 2007, 2010, 2013, 2016

Year	Palm Beach County			Florida		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2007	23.1%	-	17.9%	16.5%	41.2%	23.5%
2010	4.4%	-	-	5.4%	12.2%	10.6%
2013	11.8%	-	-	10.8%	31.2%	16.1%
2016	16.7%	26.7%	23.6%	13.9%	36.1%	24.1%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.
Compiled by: Health Council of Southeast Florida, 2021

Acquired Immunodeficiency Syndrome (AIDS)

AIDS Diagnoses

The following table shows the rate of new AIDS diagnoses per 100,000 population in Palm Beach County and Florida from 2015 to 2019. The rate in Palm Beach County fluctuated from 2015 to 2019. The rates among Palm Beach County residents in 2018 (6.7 per 100,000) and 2019 (7.6 per 100,000) were lower than the rates among Florida residents in 2018 (9.1 per 100,000) and 2019 (8.9 per 100,000) overall.

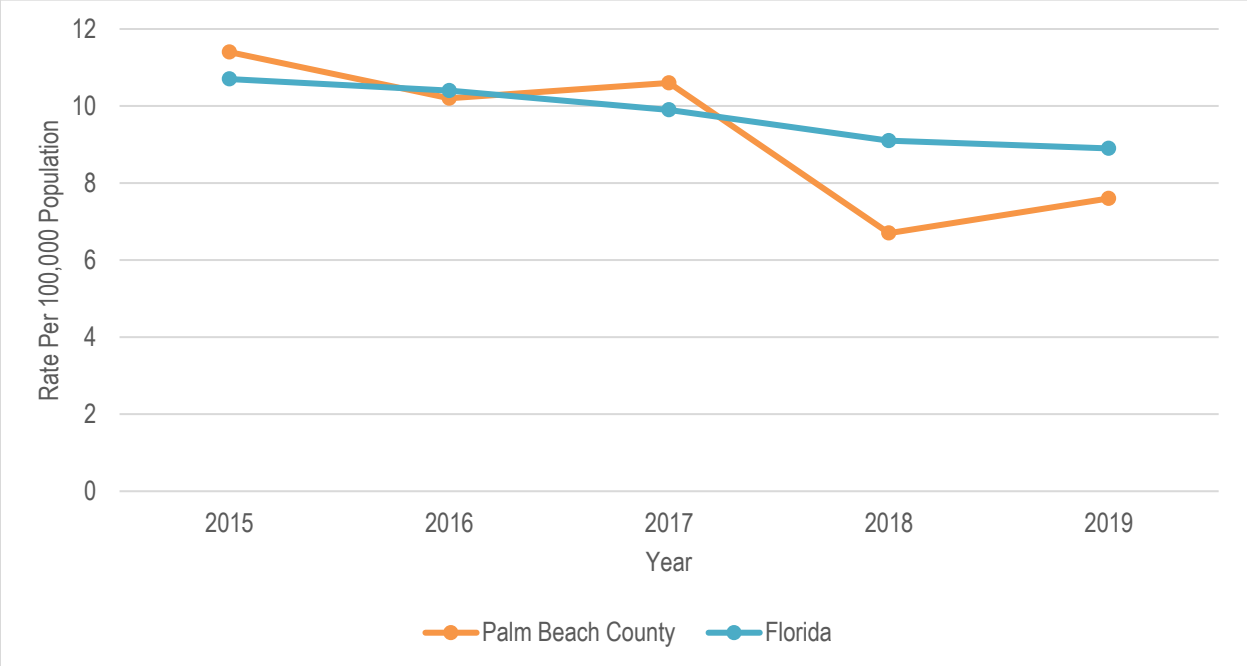
There is no Healthy People 2030 national target associated with this health indicator.

Table 193: AIDS Diagnoses, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	157	11.4	2,134	10.7
2016	142	10.2	2,111	10.4
2017	149	10.6	2,043	9.9
2018	96	6.7	1,914	9.1
2019	111	7.6	1,883	8.9

Source: Florida Department of Health, HIV/AIDS Section, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 100: AIDS Diagnoses, Palm Beach County and Florida, 2015-2019



AIDS Diagnoses, By Race

The following table and graph show the rate of new AIDS diagnoses per 100,000 population in Palm Beach County and Florida from 2015 to 2019 by race. While the non-Hispanic White and non-Hispanic Black rates both fluctuated in

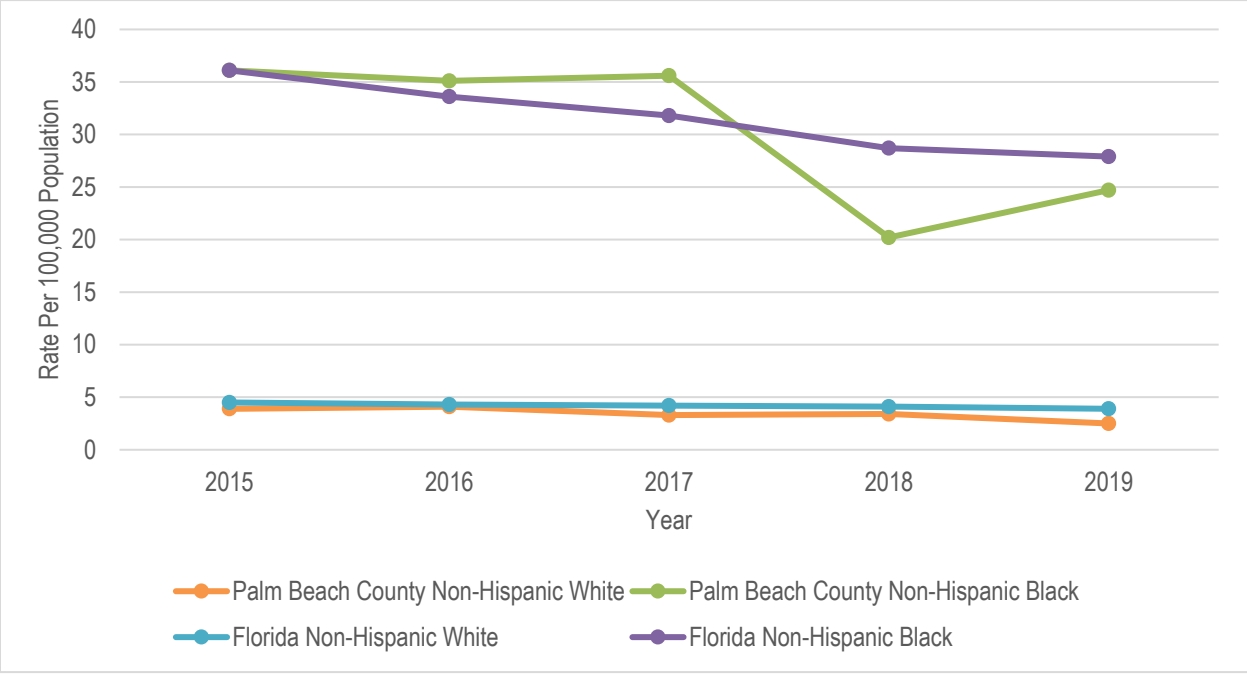
Palm Beach County during this timeframe, the graph shows a general downward trend for all races listed at the county and state level. Additionally, there was a large disparity between the non-Hispanic White and non-Hispanic Black rate each year in Palm Beach County and Florida. For example, in 2019, the rate of AIDS diagnoses among non-Hispanic White residents in Palm Beach County was 2.5 per 100,000 population and the rate of AIDS diagnoses among non-Hispanic Black residents was 24.7 per 100,000 population.

Table 194: AIDS Diagnoses, By Race, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	Non-Hispanic White		Non-Hispanic Black		Non-Hispanic White		Non-Hispanic Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	31	3.9	90	36.1	498	4.5	1,121	36.1
2016	32	4.1	89	35.1	479	4.3	1,059	33.6
2017	26	3.3	92	35.6	476	4.2	1,020	31.8
2018	27	3.4	54	20.2	459	4.1	940	28.7
2019	20	2.5	67	24.7	441	3.9	923	27.9

Source: Florida Department of Health, HIV/AIDS Section, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 101: AIDS Diagnoses, By Race, Palm Beach County and Florida, 2015-2019



AIDS Diagnoses, By Ethnicity

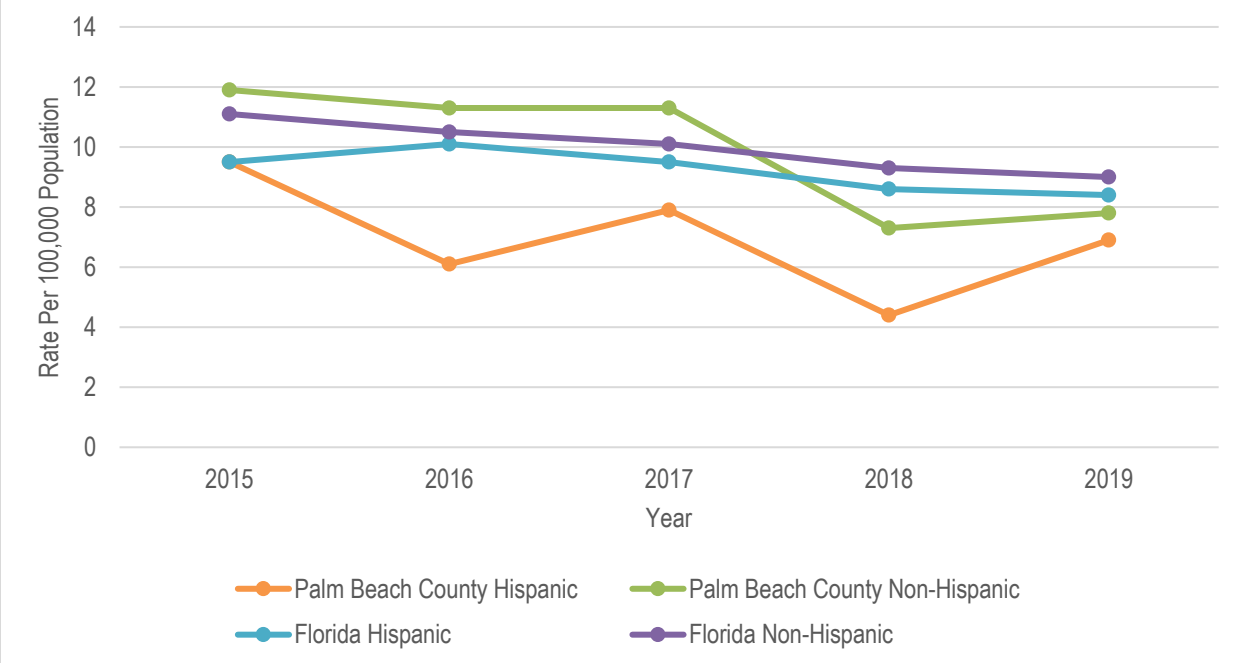
The table and graph below show the rate of AIDS diagnoses in Palm Beach County and Florida from 2015 to 2019 by ethnicity. The rate among Palm Beach County non-Hispanic residents declined from 2015 (11.9 per 100,00) to 2018 (7.3 per 100,000), then slightly increased in 2019 (7.8 per 100,000). The rate among Palm Beach County Hispanic residents fluctuated during this time frame, with an increase most recently from 4.4 per 100,000 population in 2018 to 6.9 per 100,000 population in 2019.

Table 195: AIDS Diagnoses, By Ethnicity, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	27	9.5	130	11.9	456	9.5	1,678	11.1
2016	18	6.1	124	11.3	502	10.1	1,609	10.5
2017	24	7.9	125	11.3	486	9.5	1,557	10.1
2018	14	4.4	82	7.3	462	8.6	1,452	9.3
2019	23	6.9	88	7.8	472	8.4	1,411	9.0

Source: Florida Department of Health, HIV/AIDS Section, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 102: AIDS Diagnoses, By Ethnicity, Palm Beach County and Florida, 2015-2019



Sexually Transmitted Diseases/Infections

Gonorrhea, Chlamydia, and Infectious Syphilis Cases

The following table shows the rate of gonorrhea, chlamydia, and infectious syphilis cases in Palm Beach County and Florida from 2015 to 2019. In both Palm Beach County and Florida, the rate increased over this time period. The Palm Beach County rate was lower than the Florida rate for every year from 2015 to 2019. For example, the rate in 2019 among Palm Beach County residents was 182.6 per 100,000 population and the rate among Florida residents overall was 238.5 per 100,000.

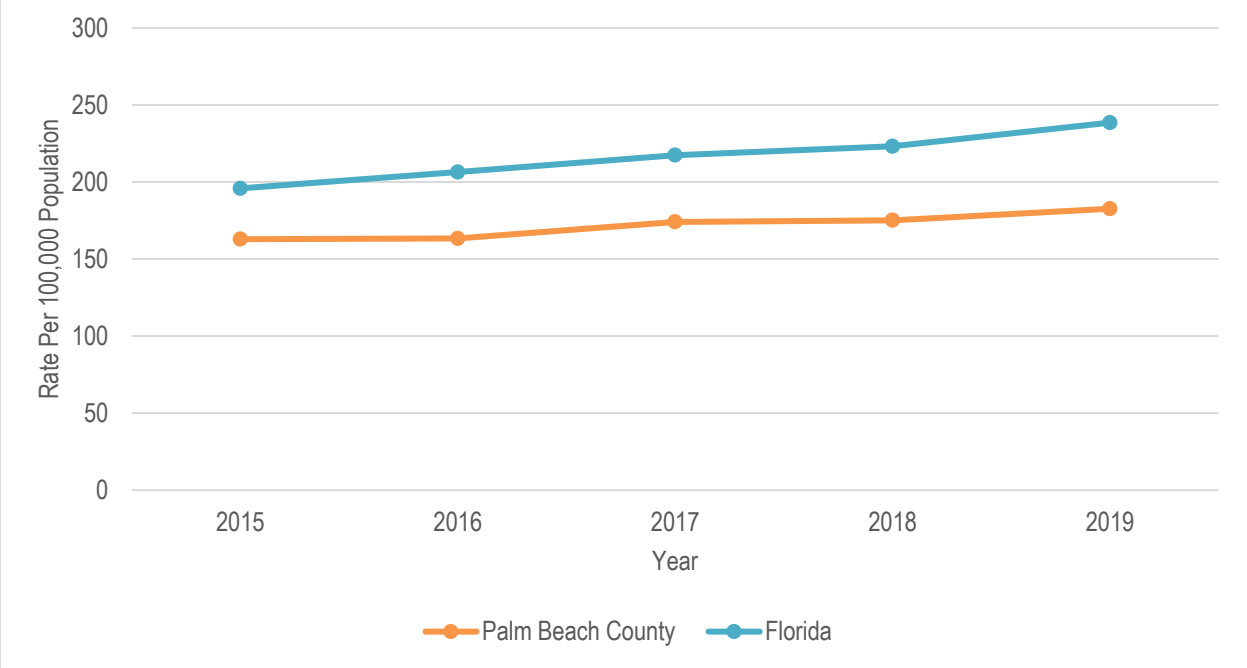
There is no Healthy People 2030 national target associated with this health indicator.

Table 196: Gonorrhea, Chlamydia, and Infectious Syphilis Cases, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	6,753	162.9	116,909	195.8
2016	6,836	163.3	125,279	206.4
2017	7,369	174.1	134,070	217.4
2018	7,578	175.1	140,308	223.2
2019	7,991	182.6	152,183	238.5

Source: Florida Department of Health, Bureau of Communicable Diseases, 2019
Compiled by: Health Council of Southeast Florida

Figure 103: Gonorrhea, Chlamydia, and Infectious Syphilis Cases, Palm Beach County and Florida, 2015-2019



DRAFT

Asthma

Asthma is a chronic lung disease that inflames and narrows the airways causing recurring attacks of symptoms, such as wheezing and coughing. Inflammation makes the airways sensitive to various allergens and irritants in the environment, including mold, dust mites, animal dander, pollen, diesel emissions, and tobacco smoke. This disease affects people of all ages but is one of the most common chronic diseases among children.[151]

Age-Adjusted Emergency Room Visits Due to Asthma

The table below shows the rate of emergency room visits due to asthma per 100,000 population for Palm Beach County and Florida from 2015 to 2019. During this timeframe, this rate decreased from 560.0 per 100,000 in 2015 to 411.4 per 100,000 in 2019 in Palm Beach County. The Palm Beach County rate was lower than the state rate each year reported.

The Healthy People 2030 national target is to reduce the rate of emergency room visits due to asthma to 44 per 10,000 persons ages five and older living with asthma.[152]

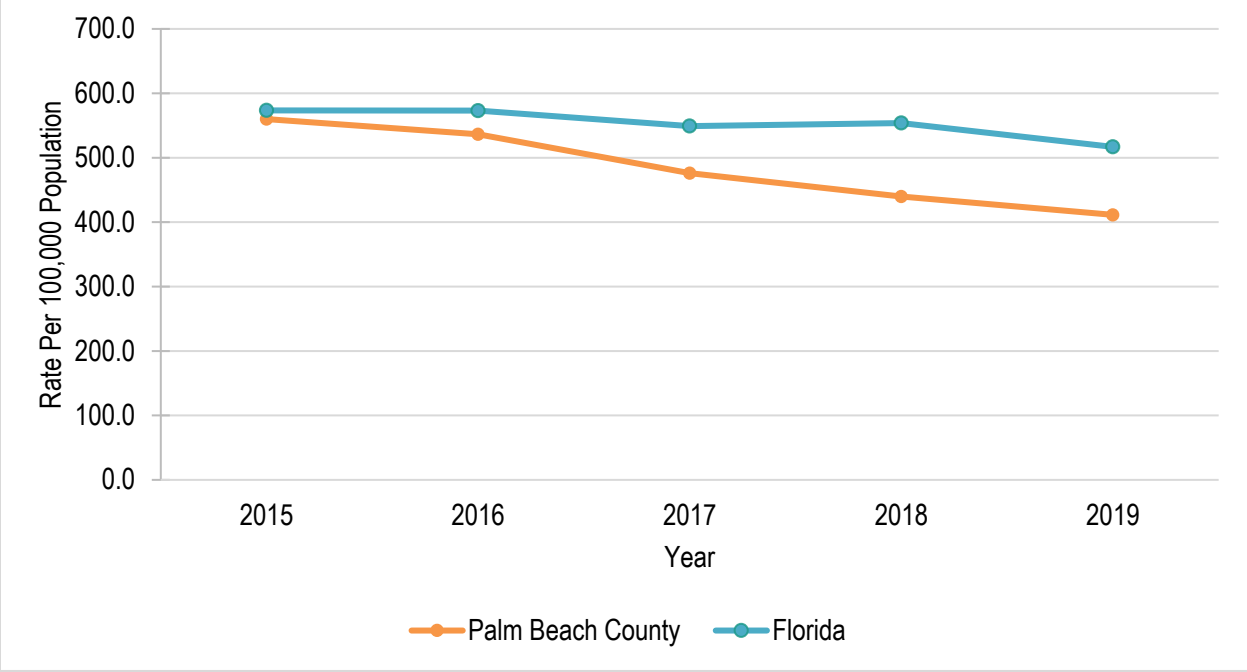
Table 197: Age-Adjusted Emergency Room Visits Due to Asthma, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	6,546	560.0	100,480	573.5
2016	6,254	536.4	100,878	573.2
2017	5,627	476.1	98,246	549.2
2018	5,298	439.8	100,890	553.9
2019	5,028	411.4	95,839	516.9

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

[151] National Center for Environmental Health (2021, July 1). Learn How to Control Asthma.
[152] Office of Disease Prevention and Health Promotion. (n.d.). Respiratory Diseases. *Healthy People 2030*. U.S. Department of Health and Human Services. https://health.gov/healthypeople/objectives-and-data/browse-objectives/respiratory-disease

Figure 104: Age-Adjusted Emergency Room Visits Due to Asthma, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Emergency Room Visits Due to Asthma, By Race

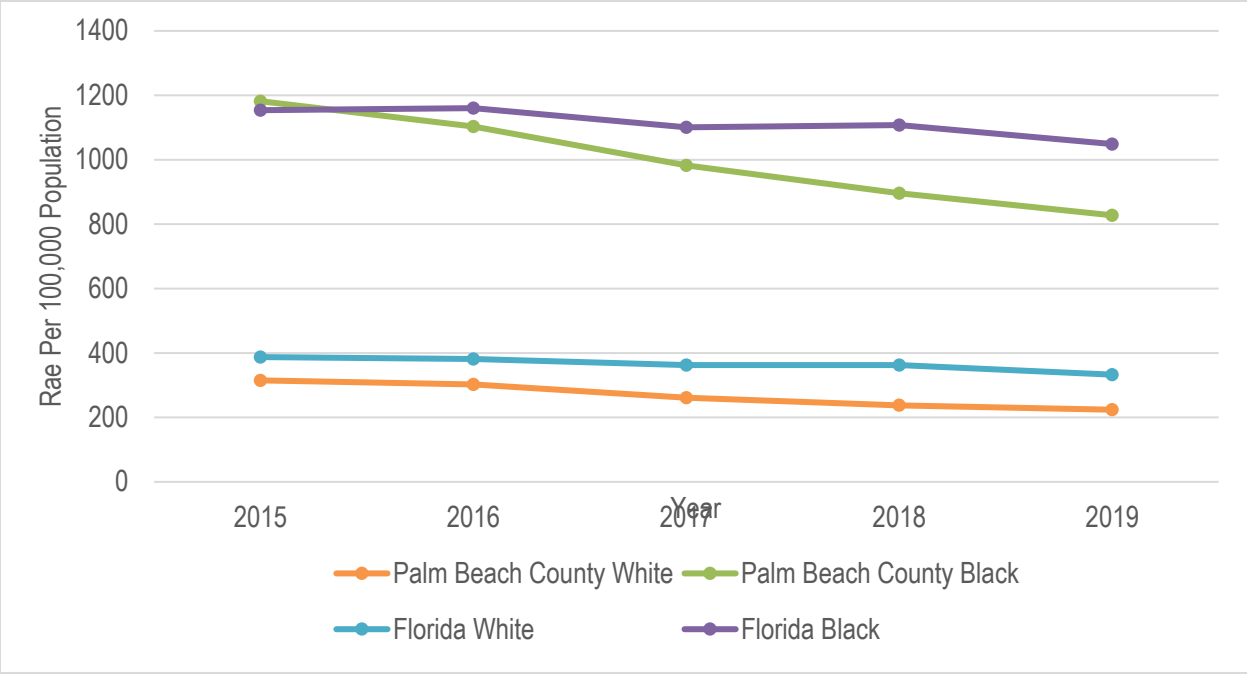
The following table and graph show the rate of emergency room visits due to asthma per 100,000 population for Palm Beach County and Florida by race. Each year from 2015 to 2019, the rate of emergency room visits due to asthma among Black residents was at least three times higher than the rate among White residents in Palm Beach County. In 2019, the rate among Black residents was 827.6 per 100,000 compared to 224.0 per 100,000 among White residents.

Table 198: Age-Adjusted Emergency Room Visits Due to Asthma, Rate Per 100,000 Population, By Race, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	2,634	315.1	3,310	1181.8	50,494	387.4	39,982	1153.7
2016	2,489	302.6	3,099	1103.1	49,572	381.3	40,768	1160.3
2017	2,210	261.1	2,785	982.6	48,063	362.7	39,002	1100.8
2018	2,038	237.5	2,605	896.2	48,866	362.4	39,997	1107.8
2019	1,978	224.0	2,404	827.6	45,876	332.9	38,171	1048.8

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 105: Age-Adjusted Emergency Room Visits Due to Asthma, Rate Per 100,000 Population, By Race, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Emergency Room Visits Due to Asthma, By Ethnicity

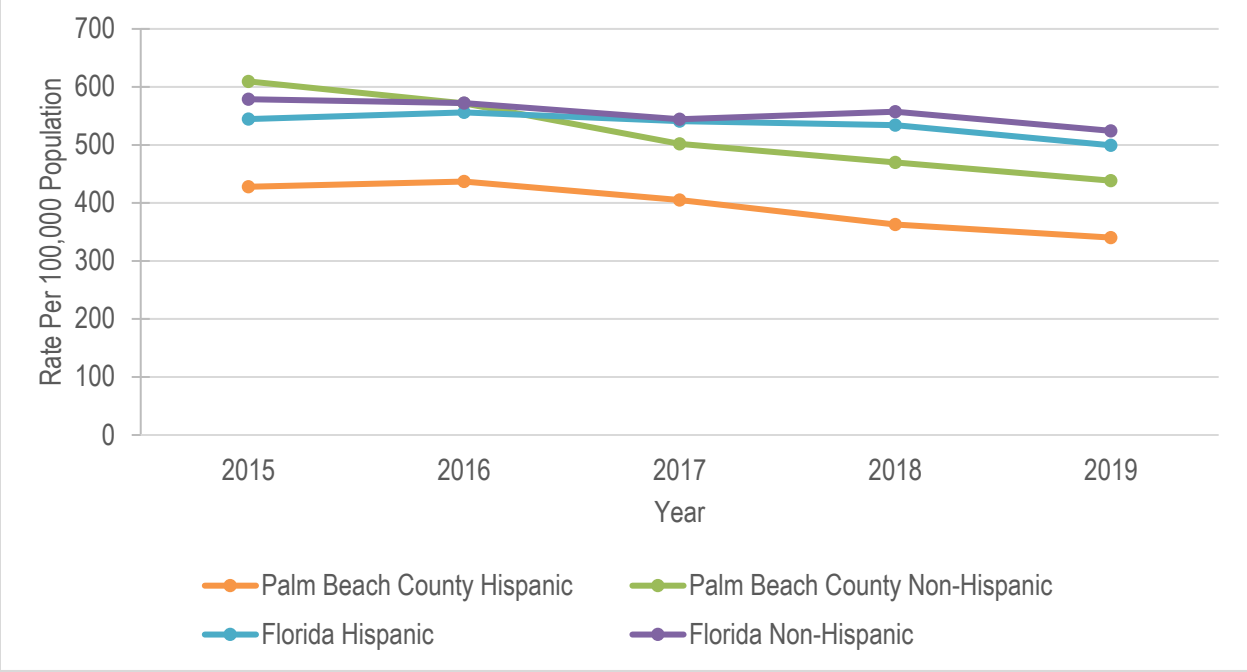
The table below shows the rate of emergency room visits due to asthma per 100,000 population for Palm Beach County and Florida by ethnicity from 2015 to 2019. During this timeframe, the rate decreased overall among both Hispanic and non-Hispanic residents in Palm Beach County. Most recently in 2019, the rate among Hispanic residents was 340.3 per 100,000 and the rate among non-Hispanic residents was 438.4 per 100,000.

Table 199: Age-Adjusted Emergency Room Visits Due to Asthma, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	1276	427.9	5,199	609.5	26,060	544.5	72,961	578.8
2016	1342	436.9	4,848	571.5	27,460	556.1	71,800	572.1
2017	1270	405.1	4,296	501.9	27,526	540.9	69,052	544.3
2018	1197	362.9	4,032	469.8	28,419	534.0	71,135	557.4
2019	1167	340.3	3,791	438.4	27,495	499.4	67,564	524.3

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 106: Age-Adjusted Emergency Room Visits Due to Asthma, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Asthma Hospitalizations

The table and figure below show the age-adjusted rate of hospitalizations due to asthma per 100,000 population in Palm Beach County and Florida from 2015 to 2019. Over this time period, the rate steadily declined from 135.4 per 100,000 in 2015 to 74.4 per 100,000 in 2019 in Palm Beach County. However, the Palm Beach County rate was higher than the state rate each year reported.

There is no Healthy People 2030 national target specific to reducing the asthma hospitalization rate due to lack of baseline data. However, there is a Healthy People 2030 national objective to reduce hospitalizations due to asthma in people ages 5 to 64 years in general.[153]

Table 200: Age-Adjusted Asthma Hospitalizations, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2019

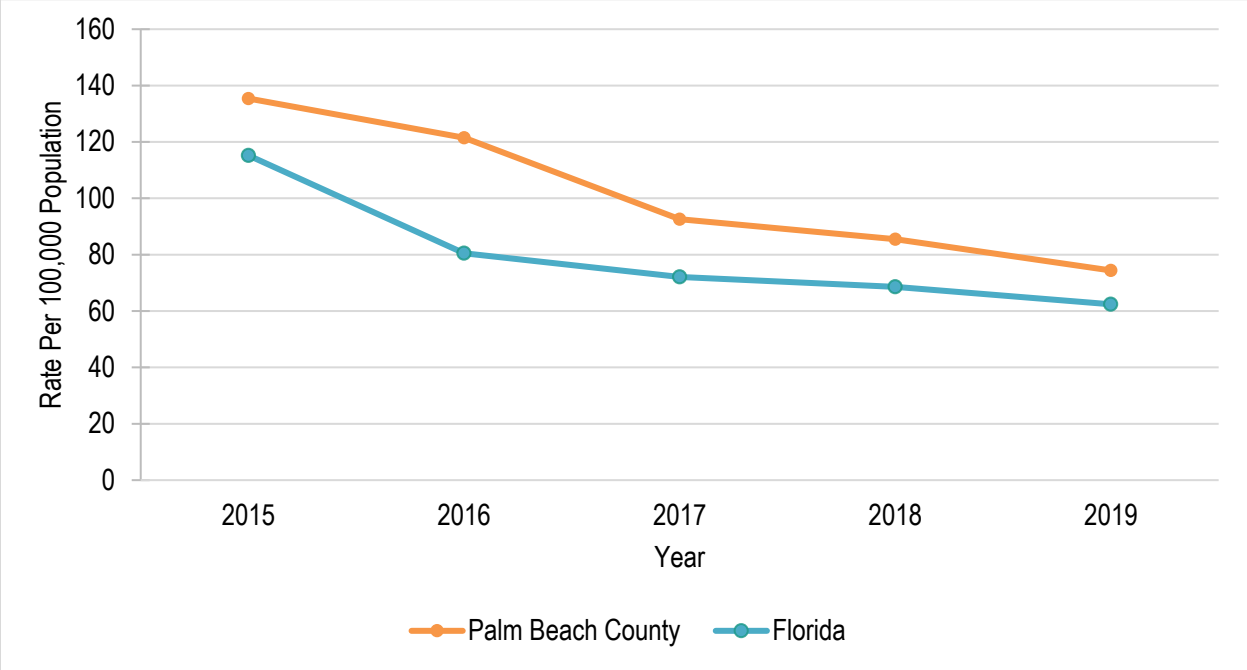
Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	2,018	135.4	24,094	115.2
2016	1,596	121.5	15,408	80.5
2017	1,249	92.6	14,157	72.1

[153] Office of Disease Prevention and Health Promotion. (n.d.). Respiratory Diseases. *Healthy People 2030*. U.S. Department of Health and Human Services. https://health.gov/healthypeople/objectives-and-data/browse-objectives/respiratory-disease/reduce-hospitalizations-asthma-people-ages-5-64-years-rd-d02

2018	1,168	85.5	13,812	68.6
2019	1,054	74.4	13,035	62.4

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 107: Age-Adjusted Asthma Hospitalizations, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Asthma Hospitalizations, By Race

The table and figure below show the asthma hospitalization rate per 100,000 for Palm Beach County and Florida by race from 2015 to 2019. The rate declined among White residents from 94.8 per 100,000 in 2015 to 40.3 per 100,000 in 2019 and among Black residents from 239.6 per 100,000 in 2015 to 150.0 per 100,000 in 2019. Every year from 2015 to 2019, the rate among Black residents in the county was higher rate than the rate among Black residents in the state. The hospitalization rate among Black residents in Palm Beach County was also much higher than the rate among White residents in the county each year reported. In 2019, the rate among Black residents (150.0 per 100,000) in the county was over three times higher than the rate among White residents (40.3 per 100,000).

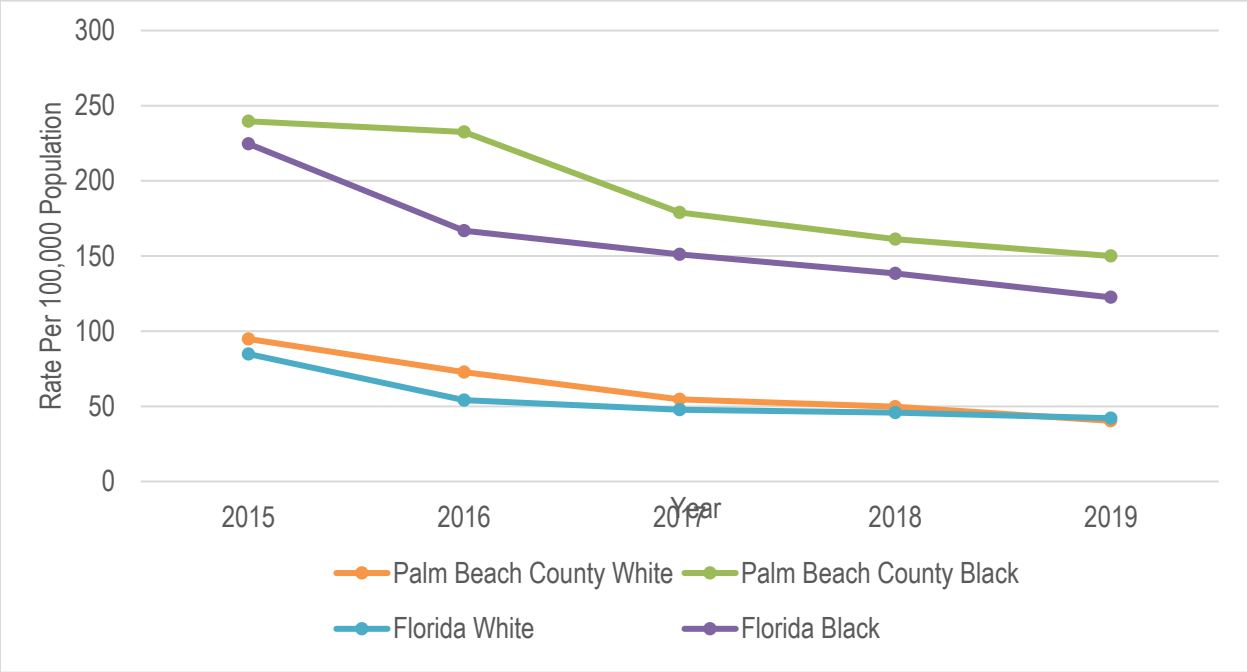
Table 201: Age-Adjusted Asthma Hospitalizations, Rate Per 100,000 Population, By Race, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	1,196	94.8	632	239.6	14,620	84.8	7,372	224.6
2016	749	72.7	642	232.5	8,065	54.1	5,678	166.8

2017	617	54.6	496	179.0	7,367	47.7	5,219	151.1
2018	533	49.7	465	161.2	7,206	45.8	4,899	138.4
2019	469	40.3	430	150.0	6,986	42.1	4,369	122.5

Data Source: Florida Health CHARTS Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 108: Age-Adjusted Asthma Hospitalizations, Rate Per 100,000 Population, By Race, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Asthma Hospitalizations, By Ethnicity

The table and figure below show the rate of asthma hospitalizations per 100,000 population for Palm Beach County and Florida by ethnicity from 2015 to 2019. Over this time period, the rate declined steadily among both Hispanic and non-Hispanic residents in the county. In 2019, the rate in Palm Beach County was 69.8 per 100,000 among Hispanic residents compared to 79.3 per 100,000 among non-Hispanic residents. Additionally, the Palm Beach County rate for both groups was higher compared to the state rate every year from 2015 to 2019.

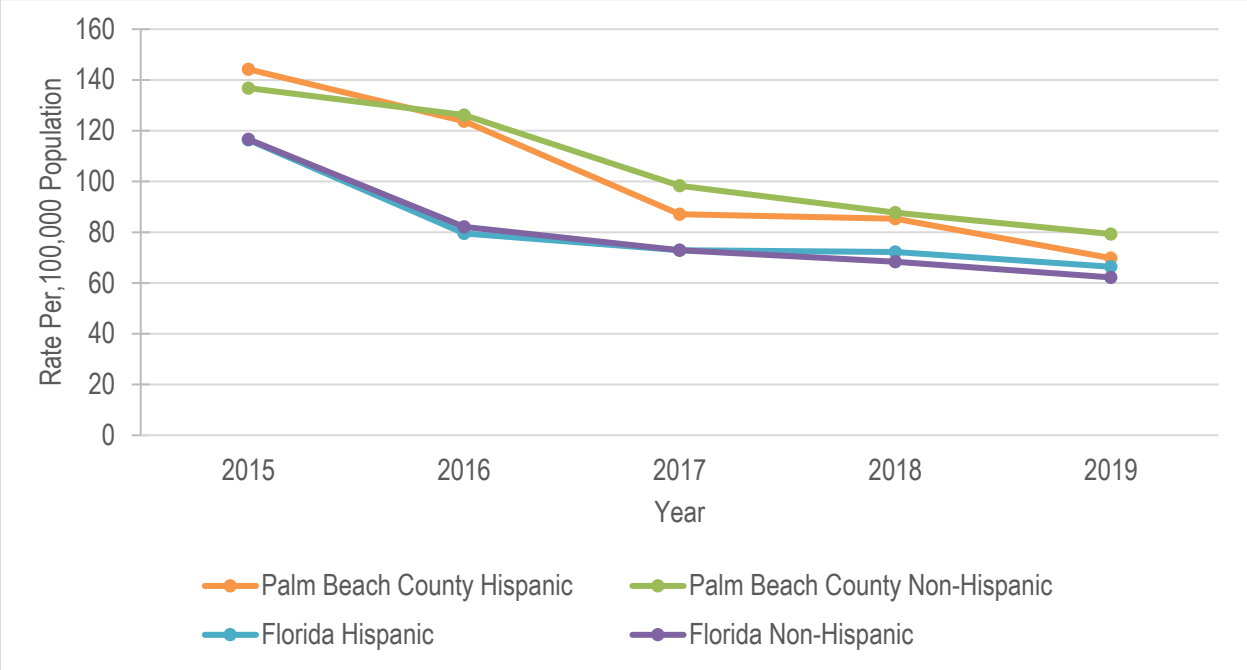
Table 202: Age-Adjusted Asthma Hospitalizations, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	382	144.2	1,611	136.8	5,427	116.4	18,376	116.6
2016	359	123.7	1,222	126.2	3,916	79.5	11,277	82.1
2017	262	87.1	978	98.3	3,710	72.9	10,228	72.9

2018	272	85.3	885	87.7	3,868	72.2	9,781	68.4
2019	231	69.8	814	79.3	3,710	66.4	9,201	62.2

Data Source: Florida Health CHARTS Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 109: Age-Adjusted Asthma Hospitalizations, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Preventable Hospitalizations Among Population Under 65 from Asthma

The table below shows the rate of preventable hospitalizations due to asthma per 100,000 population under 65 years old in Palm Beach County and Florida from 2015 to 2019. During this timeframe, the rate decreased steadily in the county and the state overall. In 2019, this rate was 74.4 per 100,000 in Palm Beach County and 62.4 per 100,000 in Florida.

There is no Healthy People 2030 national target specific to preventable hospitalizations from asthma among populations under 65.

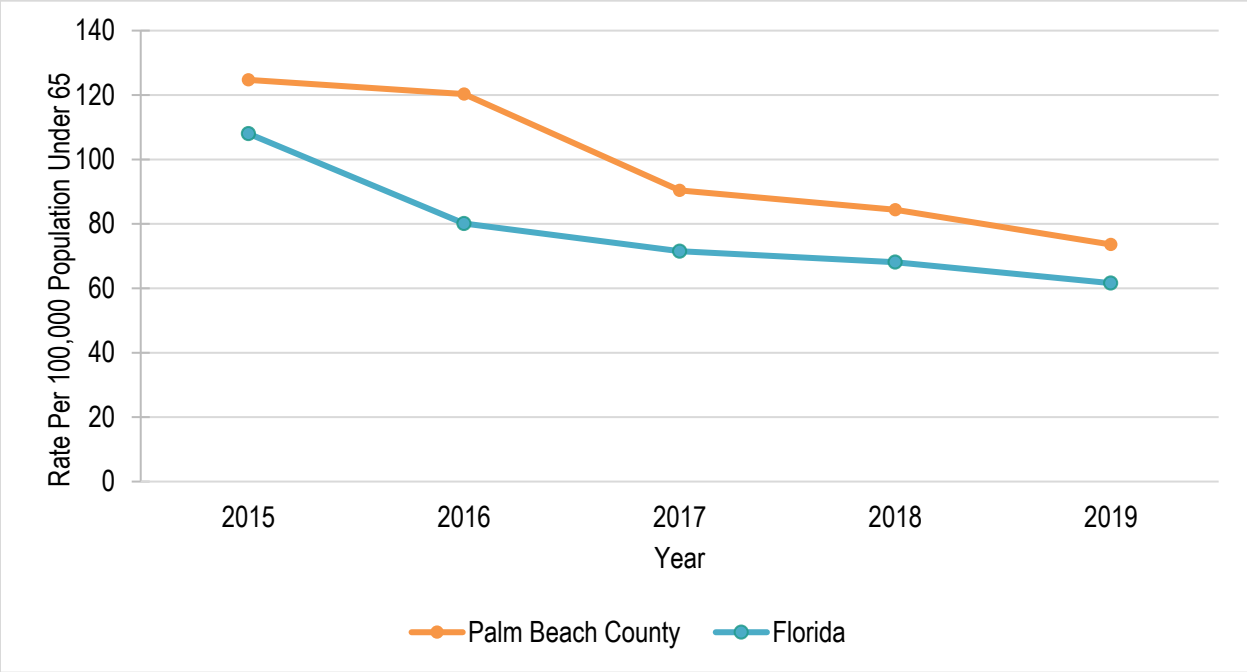
Table 203: Preventable Hospitalizations Among Population Under 65 from Asthma, Rate Per 100,000 Population Under 65, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	2,018	135.4	24,094	115.2
2016	1,596	121.5	15,408	80.5

2017	1,249	92.6	14,157	72.1
2018	1,168	85.5	13,812	68.6
2019	1,054	74.4	13,035	62.4

Data Source: Florida Health CHARTS Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 110: Preventable Hospitalizations Among Population Under 65 from Asthma, Rate Per 100,000 Population Under 65, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Stroke

There are two main types of strokes, ischemic and hemorrhagic. Ischemic strokes are caused by the blockage of a blood vessel. Hemorrhagic strokes are caused by a sudden bleeding in the brain. Both types of strokes can cause lasting brain damage, long-term disability, or death.

According to the Centers for Disease Control and Prevention, stroke is a leading cause of death for Americans, but the risk of having a stroke varies by race and ethnicity. Among Black Americans, the risk of having a first stroke is nearly twice as high as White Americans. Black Americans also have the highest rate of death due to stroke. Additionally, although death rates for stroke have declined for decades among all races and ethnicities, Hispanics have seen an increase in death rates since 2013.[154]

Age-Adjusted Hospitalizations from Stroke

The table and figure below show the age-adjusted rate of hospitalization from stroke per 100,000 population for Palm Beach County and Florida from 2015 to 2019. Each year during this timeframe the hospitalization rate was lower in Palm Beach County than in the state. In 2019, the rate was 189.7 per 100,000 in Palm Beach County compared to 236.9 per 100,000 in the state overall. From 2018 to 2019, the rate of hospitalizations from stroke in Palm Beach County increased slightly from 184.5 per 100,000 to 189.7 per 100,000, respectively.

There is no Healthy People 2030 national target specific to hospitalizations from stroke.

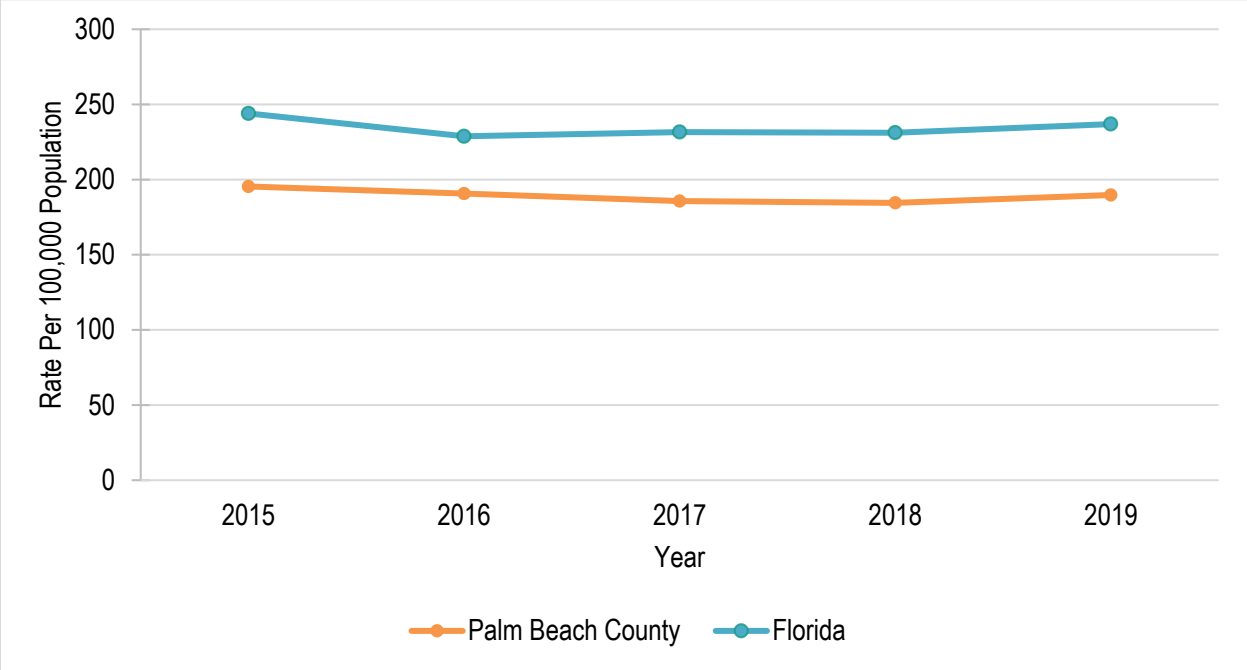
Table 204: Age-Adjusted Hospitalizations from Stroke, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	4,396	195.4	67,046	244.0
2016	4,347	190.7	64,740	228.8
2017	4,287	185.7	67,273	231.6
2018	4,417	184.5	68,864	231.2
2019	4,630	189.7	72,450	236.9

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

[154] National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention (2021, May 25). Stroke Facts. https://www.cdc.gov/stroke/facts.htm

Figure 111: Age-Adjusted Hospitalizations from Stroke, Palm Beach and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Hospitalizations from Stroke, By Race

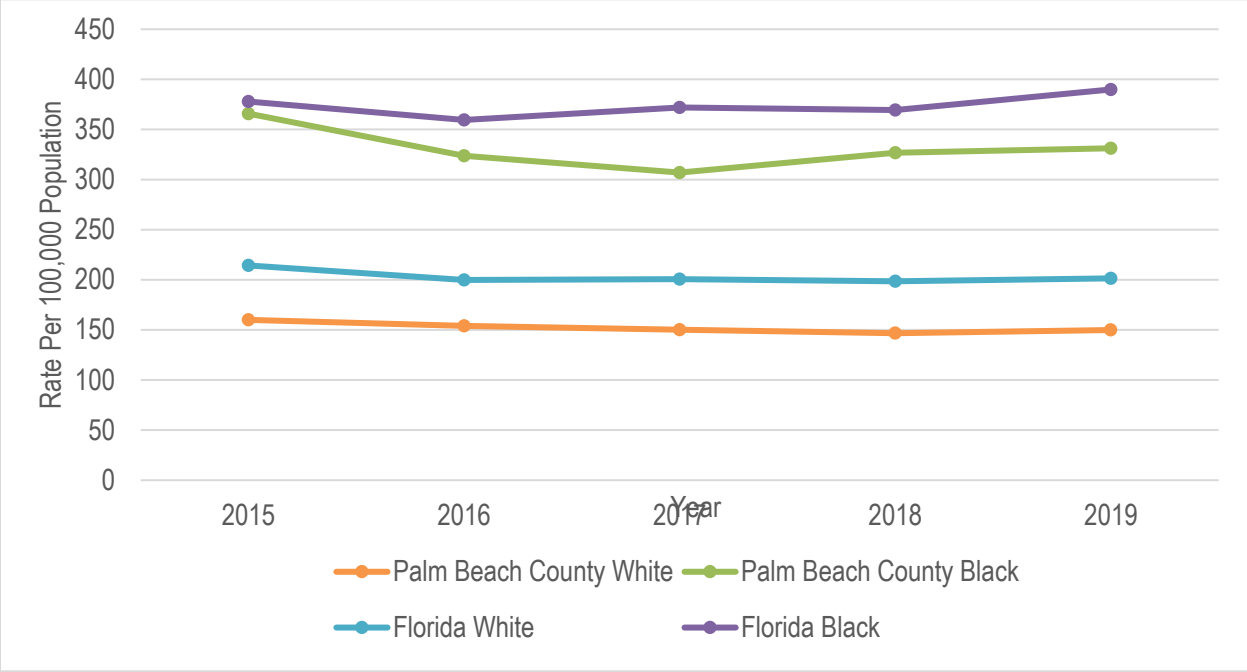
The table and figure below show the age-adjusted hospitalization rate from stroke per 100,000 population by race for Palm Beach County and Florida from 2015 to 2019. In Palm Beach County, the rate among Black residents was over double the rate among White residents in the county each year during this timeframe. The rate among White residents in the county decreased from 2015 (160.0 per 100,000) to 2018 (146.7 per 100,000), then slightly increased in 2019 (149.9 per 100,000). The rate among Black residents in the county also increased in recent years from 307.0 per 100,000 population in 2017 to 331.2 per 100,000 in 2019.

Table 205: Age-Adjusted Hospitalizations from Stroke, By Race, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	3,293	160.0	794	365.8	51,809	214.3	11,063	377.8
2016	3,202	154.0	769	323.8	49,629	199.9	10,971	359.5
2017	3,170	150.2	757	307.0	50,978	200.6	11,836	372.0
2018	3,184	146.7	833	326.7	51,663	198.5	12,161	369.4
2019	3,303	149.9	895	331.2	53,691	201.4	13,228	389.9

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 112: Age-Adjusted Hospitalizations from Stroke, By Race, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Hospitalizations from Stroke, By Ethnicity

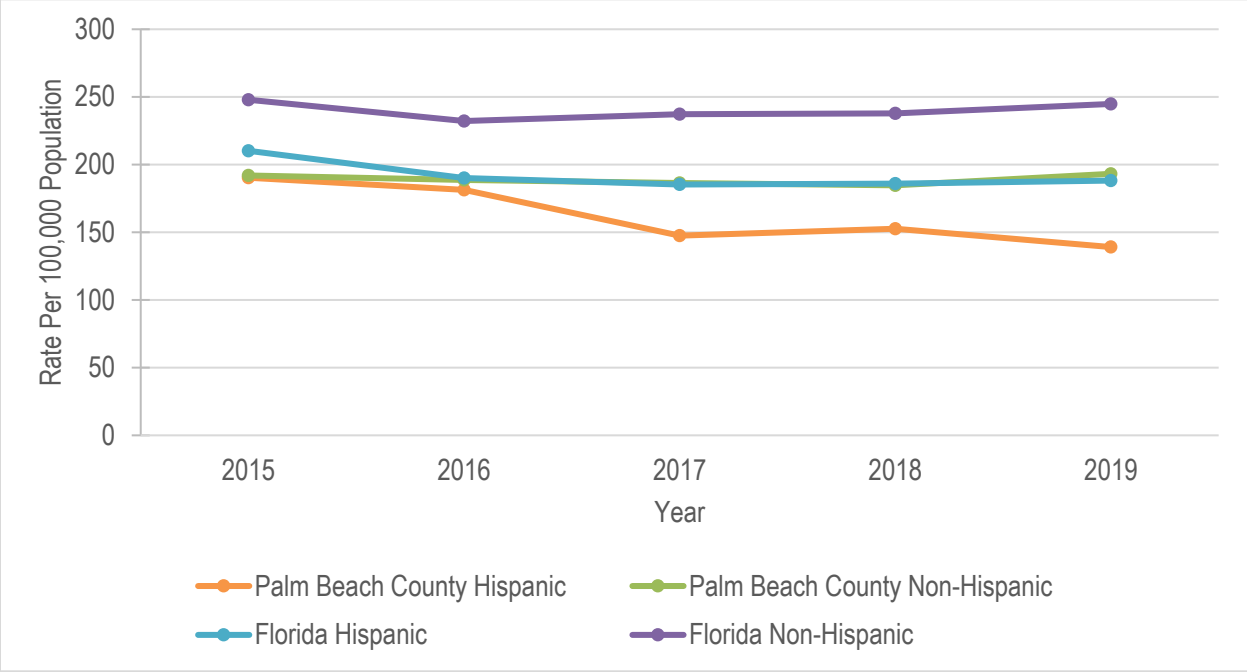
The table and figure below show the age-adjusted hospitalization rate from stroke per 100,000 population by ethnicity in Palm Beach County and Florida from 2015 to 2019. In both the county and state, the rate was highest among the non-Hispanic population each year reported. From 2018 to 2019, the rate among the Hispanic population in Palm Beach County decreased from 152.6 per 100,000 to 139.1 per 100,000 population, respectively. Alternatively, the rate among the non-Hispanic population increased from 184.7 per 100,000 in 2018 to 193.2 per 100,000 population in 2019.

Table 206: Age-Adjusted Hospitalizations from Stroke, By Ethnicity, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	431	190.3	3,849	192.0	9,303	210.2	56,442	247.9
2016	419	181.3	3,787	188.7	8,885	190.1	54,160	232.2
2017	375	147.5	3,785	186.4	9,166	185.3	56,476	237.2
2018	427	152.6	3,870	184.7	9,860	185.9	57,531	237.9
2019	415	139.1	4,093	193.2	10,466	188.2	60,446	244.8

Source: **Florida Health CHARTS,** Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 113: Age-Adjusted Hospitalizations from Stroke, By Ethnicity, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Adults Who Have Ever Been Told They Had A Stroke

This table and figure show the percentage of adults who had ever been told they had a stroke in Palm Beach County and Florida in 2013, 2016, and 2019. The percentage of adults in Palm Beach County who had ever been told they had a stroked slightly increased from 2013 (2.2%) to 2019 (3.2%). This percentage was slightly lower than the state each year reported.

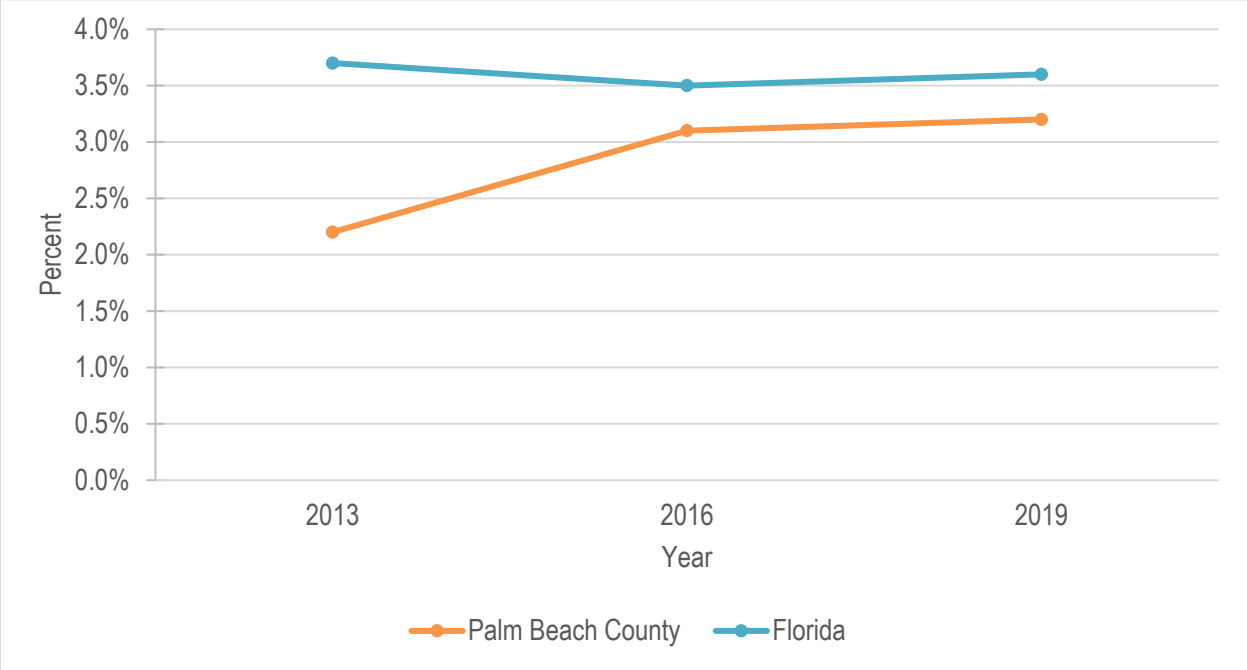
There is no Healthy People 2030 national target specific to reducing the percentage of adults who have ever been told they had a stroke.

Table 207: Adults Who Have Ever Been Told They Had A Stroke, Palm Beach County and Florida, 2013-2019

Year	Palm Beach County	Florida
2013	2.2%	3.7%
2016	3.1%	3.5%
2019	3.2%	3.6%

Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

Figure 114: Adults Who Have Ever Been Told They Had A Stroke, Palm Beach County and Florida, 2013-2019



Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

Adults Who Have Ever Been Told They Had a Stroke, By Race and Ethnicity

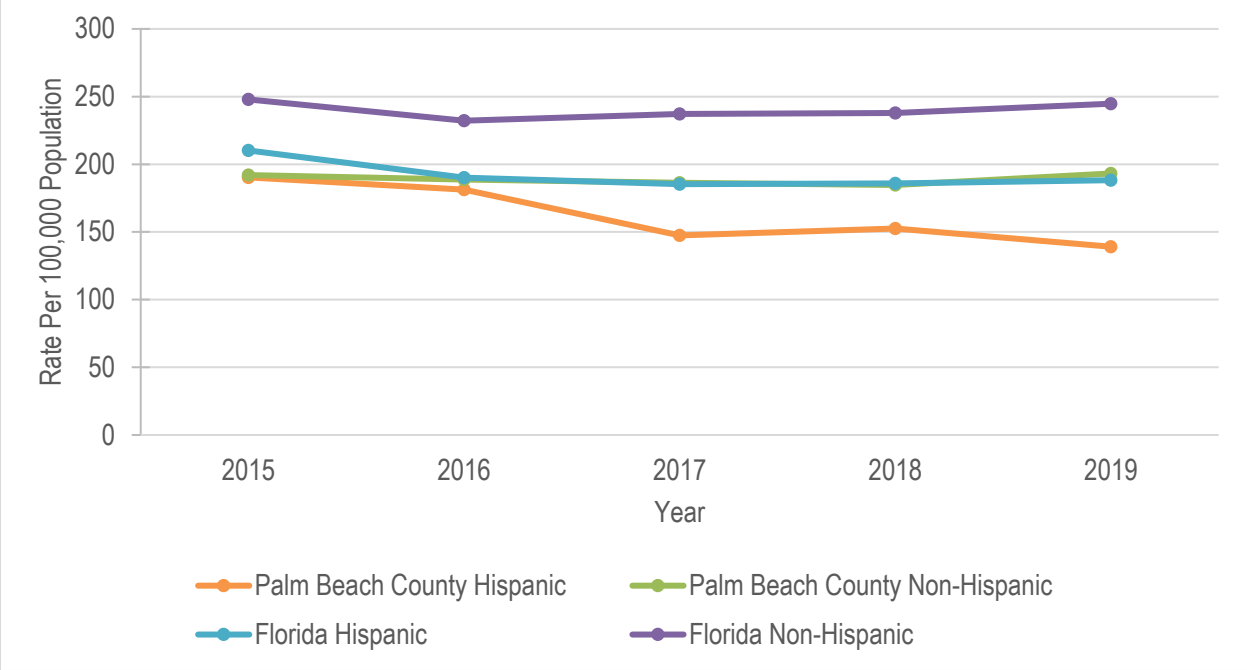
The table and figure below show the percentage of adults who have ever been told they had a stroke for Palm Beach County and Florida by race and ethnicity in 2013, 2016, and 2019. During this timeframe, the percentage of adults in Palm Beach County fluctuated for the non-Hispanic White and Hispanic populations and increased for the non-Hispanic Black population. Each year reported, the county rate was lower than the state rate. Most recently in 2019 in Palm Beach County, the percentage was highest among non-Hispanic Black residents (4.3%), compared to non-Hispanic White (3.8%) and Hispanic (1.2%) residents.

Table 208: Adults Who Have Ever Been Told They Had A Stroke, By Race and Ethnicity, Palm Beach County and Florida, 2013-2019

Year	Palm Beach County			Florida		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2013	3.1%	0.1%	2.3%	4.3%	4.6%	2.0%
2016	4.1%	1.4%	0.3%	4.2%	3.9%	1.8%
2019	3.8%	4.3%	1.2%	4.1%	4.7%	2.3%

Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

Figure 115: Adults Who Have Ever Been Told They Had A Stroke, By Race and Ethnicity, Palm Beach County and Florida, 2013-2019



Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

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Hospitalizations for Firearm Injuries

Firearm injury is defined as a gunshot wound or penetrating injury from a weapon that uses a powder charge to fire a projectile. This definition includes gunshot injuries from handguns, rifles, and shotguns. This does not include injuries from air- and gas-powered guns, such as pellet guns. [155]

In 2019, there were 39,707 firearm-related deaths in the United States. That same year, six out of every ten fire-arm related deaths were suicides, and more than three out of every ten were homicides. Among medically treated injuries in 2019, seven out of every ten were from firearm-related assaults, and two out of every ten were unintentional firearm injuries.[156]

Hospitalizations for Non-Fatal Firearm Injuries

The table and figure below show the hospitalization rates from non-fatal firearm injuries per 100,000 population for Palm Beach County and Florida from 2015 to 2019. Each year during this timeframe, this Palm Beach County rate was higher than the Florida rate. Most recently in 2019, the Palm Beach County rate decreased from 12.9 per 100,000 in 2018 to 9.3 per 100,000 in 2019.

The Healthy People 2030 national target is to reduce the rate of non-fatal firearm injuries to 10.1 per 100,000. [157] As of 2019, Palm Beach County is meeting the Healthy People 2030 target for this indicator.

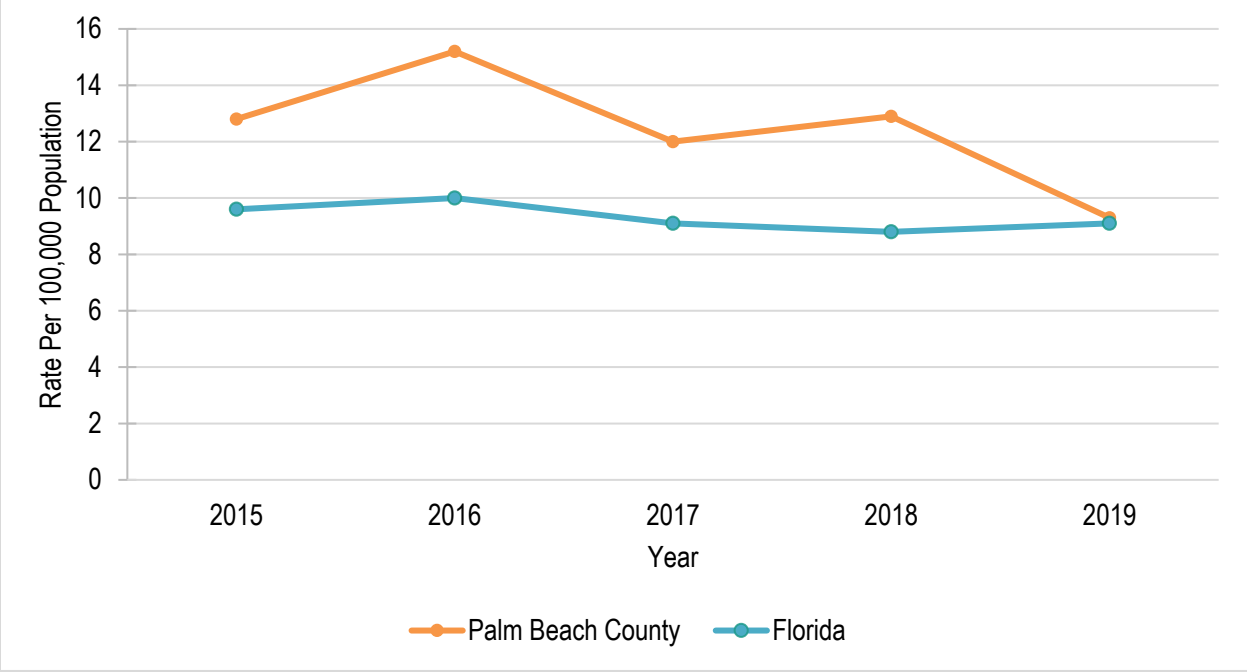
Table 209: Hospitalizations for Non-Fatal Firearm Injuries, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	177	12.8	1,902	9.6
2016	212	15.2	2,014	10.0
2017	169	12.0	1,874	9.1
2018	186	12.9	1,841	8.8
2019	135	9.3	1,929	9.1

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

[155] National Center for Injury Prevention and Control, Division of Violence Prevention (2021, May 4). Firearm Violence Prevention. https://www.cdc.gov/violenceprevention/firearms/fastfact.html
[156] National Center for Injury Prevention and Control, Division of Violence Prevention (2021, May 4). Firearm Violence Prevention. https://www.cdc.gov/violenceprevention/firearms/fastfact.html
[157] Office of Disease Prevention and Health Promotion. (n.d.). Injury Prevention. *Healthy People 2030*. U.S. Department of Health and Human Services. https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention

Figure 116: Hospitalizations for Non-Fatal Firearm Injuries, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Hospitalizations for Non-fatal Firearm Injuries, By Race

According to the Centers for Disease Control and Prevention, some groups have a higher rate of firearm injury based on age, race, ethnicity, and gender. Regarding gender, males account for 86% of all firearm death victims and 87% of non-fatal firearm injuries. Regarding age, firearm homicide rates are highest among teens and young adults ages 15 to 34 years. Additionally, rates are highest among Black and American Indian/Alaskan Native when comparing races and among Hispanic populations when comparing ethnicities.[158]

The table and figure below show the hospitalization rates from non-fatal firearm injuries per 100,000 population by race in Palm Beach County and Florida from 2015 to 2019. In Palm Beach County, the rate decreased overall for Black residents during this timeframe but remained much higher compared to White residents every year reported. For example, in 2019, the rate among Black residents (29.9 per 100,000) was nearly eight times higher than the rate among White residents (3.8 per 100,000).

The Healthy People 2030 national target is to reduce the rate of non-fatal firearm injuries to 10.1 per 100,000.[159] While Palm Beach County as a whole was meeting the Healthy People 2030 target for this indicator as of 2019, when looking at the data by race the rate among Black residents exceeds the national target by nearly 3 times.

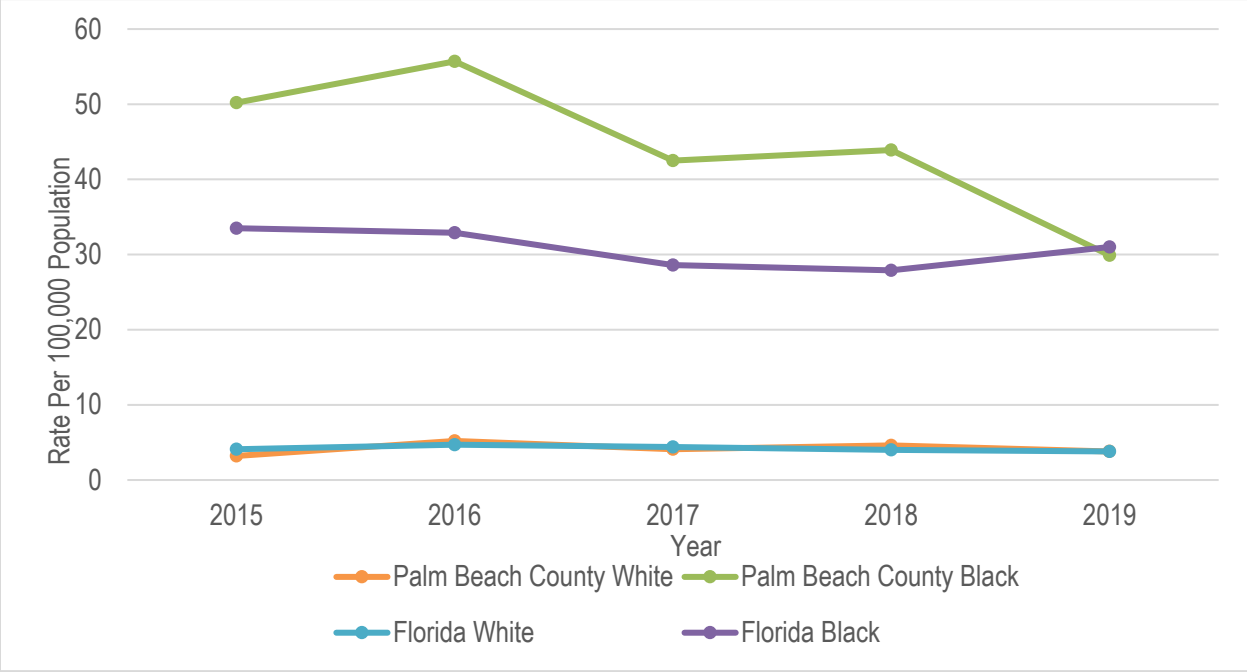
[158] National Center for Injury Prevention and Control, Division of Violence Prevention (2021, May 4). Firearm Violence Prevention. https://www.cdc.gov/violenceprevention/firearms/fastfact.html
[159] Office of Disease Prevention and Health Promotion. (n.d.). Injury Prevention. *Healthy People 2030*. U.S. Department of Health and Human Services. https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention

Table 210: Hospitalizations for Non-Fatal Firearm Injuries, Rate Per 100,000 Population, By Race, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	34	3.2	132	50.2	641	4.1	1,119	33.5
2016	55	5.2	149	55.7	738	4.7	1,123	32.9
2017	44	4.1	116	42.5	705	4.4	992	28.6
2018	50	4.6	124	43.9	645	4.0	989	27.9
2019	41	3.8	86	29.9	632	3.8	1,116	31.0

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 117: Hospitalizations for Non-Fatal Firearm Injuries, Rate Per 100,000 Population, By Race, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Hospitalizations for Non-Fatal Firearm Injuries, By Ethnicity

This table and figure show the hospitalization rate from non-fatal firearm injuries per 100,000 population for Palm Beach County and Florida by ethnicity from 2015 to 2019. In Palm Beach County, the rate among the Hispanic and non-Hispanic populations fluctuated but decreased overall. With the exception of 2018, Palm Beach County Hispanic residents had a higher rate than Hispanics in the entire state. Additionally, the non-Hispanic rate in Palm Beach County was higher than the non-Hispanic rate in the state. Non-Hispanic residents in Palm Beach County were much more likely to be hospitalized for non-fatal firearm injuries compared to Hispanic residents every year reported. Most

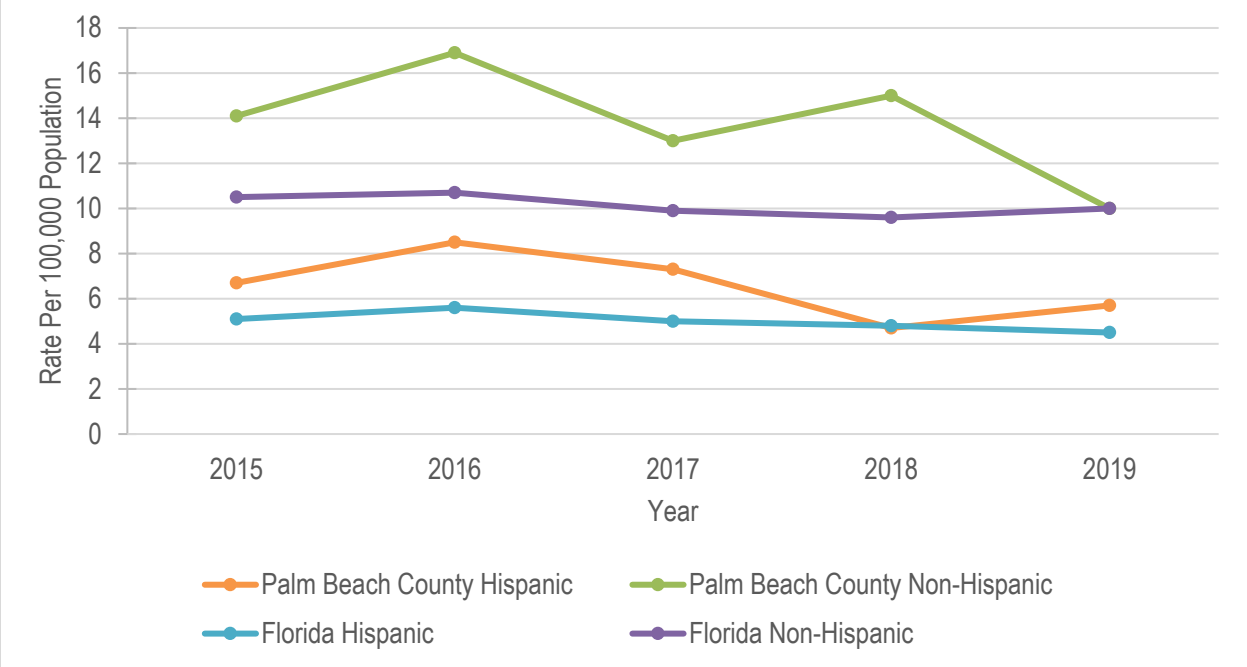
recently in 2019, the non-fatal firearm injury hospitalization rate was 5.7 per 100,000 among Hispanic residents in Palm Beach County compared to 10.0 per 100,000 among non-Hispanics residents.

Table 211: Hospitalizations for Non-Fatal Firearm Injuries, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	19	6.7	155	14.1	245	5.1	1,579	10.5
2016	25	8.5	186	16.9	278	5.6	1,639	10.7
2017	22	7.3	144	13.0	259	5.0	1,521	9.9
2018	15	4.7	168	15.0	259	4.8	1,487	9.6
2019	19	5.7	112	10.0	251	4.5	1,573	10.0

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 118: Hospitalizations for Non-Fatal Firearm Injuries, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Hospitalizations for Unintentional Falls

According to the Florida Department of Health, unintentional falls are the leading cause of fatal and non-fatal injuries among Florida residents ages 65 years and older. In addition to deaths and injuries, and the costs associated with them, falls can have many negative consequences for older adults including the fear of falling again, forced relocation from the home, loss of independence, and stress in the family. By reducing their chances of falling, older adults can stay independent and maintain a high level of quality of life.[160]

Hospitalizations for Unintentional Falls

The table and graph below show the unintentional falls hospitalization rate per 100,000 population for Palm Beach and Florida from 2015 to 2019. During this timeframe, the Palm Beach County rate was consistently higher than the state rate. The Palm Beach County rate increased from 425.4 per 100,000 in 2018 to 443.5 per 100,000 in 2019, which was much higher than the 2019 Florida rate of 353.8 per 100,000.

There is no Healthy People 2030 national target specific to reducing the hospitalization rate from unintentional falls.

Table 212: Hospitalizations for Unintentional Falls, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	5,996	433.8	68,791	345.7
2016	5,982	428.8	69,174	341.9
2017	6,052	428.9	70,032	340.7
2018	6,135	425.4	72,946	348.1
2019	6,469	443.5	75,251	353.8

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

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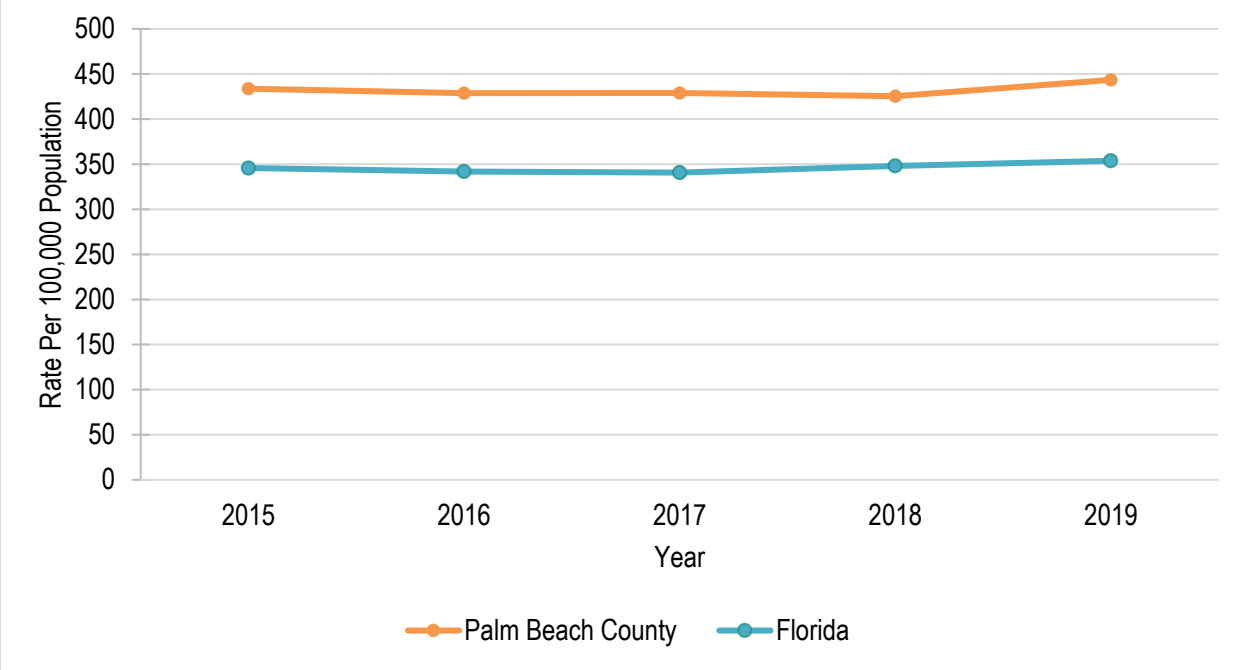
[160] Florida Department of Health (2020, December 10). Older Adult Falls Prevention. http://www.floridahealth.gov/programs-and-services/prevention/older-adult-falls-prevention/index.html

Figure 119: Hospitalizations for Unintentional Falls, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Hospitalizations for Unintentional Falls, By Race

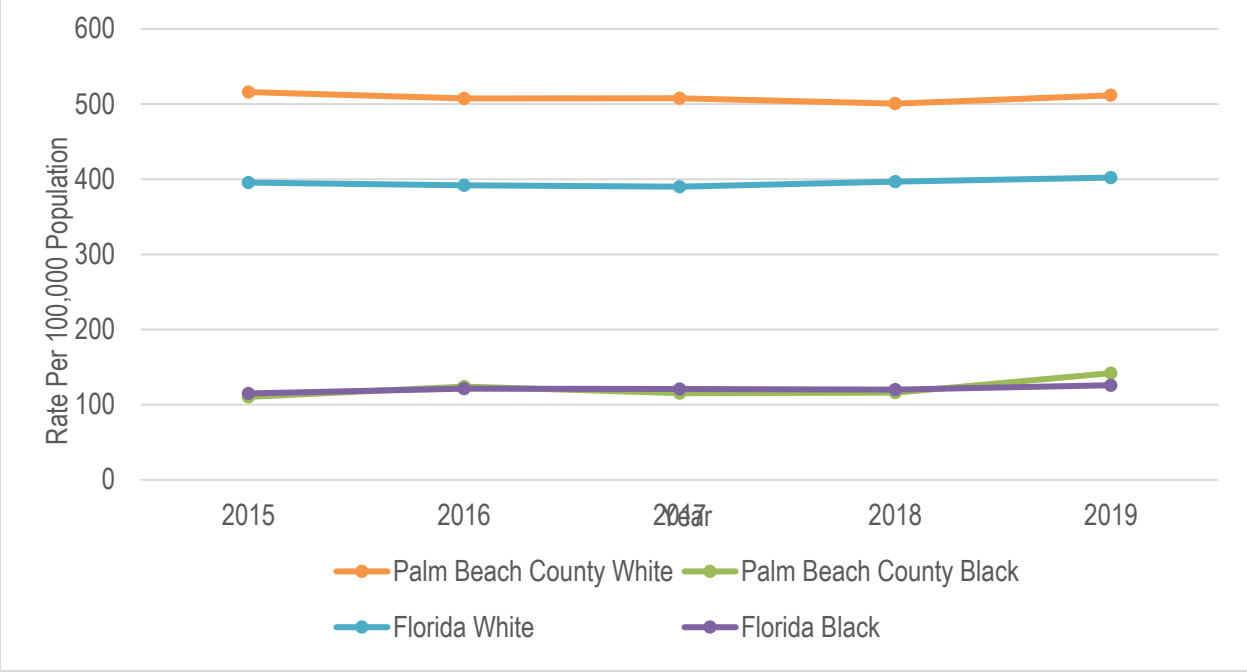
The table and figure below show hospitalization rate from unintentional falls per 100,000 population by race for Palm Beach County and Florida from 2015 to 2019. Each year during this timeframe, the hospitalization rate among White residents was much higher than the rate among Black residents in both the county and the state. From 2018 to 2019, the rate increased among White residents from 500.6 per 100,000 to 511.6 per 100,000 and among Black residents from 116.0 per 100,000 to 142.0 per 100,000. The hospitalization rate for unintentional falls among White and Black residents in Palm Beach County was higher than their respective state rate in 2019.

Table 213: Hospitalizations for Unintentional Falls, Rate Per 100,000 Population, By Race, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	5,416	516.0	290	110.4	61,277	395.5	3,848	115.0
2016	5,359	507.6	332	124.0	61,614	391.9	4,138	121.4
2017	5,401	507.7	315	115.3	62,199	390.1	4,198	121.0
2018	5,418	500.6	328	116.0	64,371	396.9	4,259	120.0
2019	5,585	511.6	408	142.0	66,127	402.2	4,538	125.9

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 120: Hospitalizations for Unintentional Falls, Rate Per 100,000 Population, By Race, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Hospitalizations for Unintentional Falls, By Ethnicity

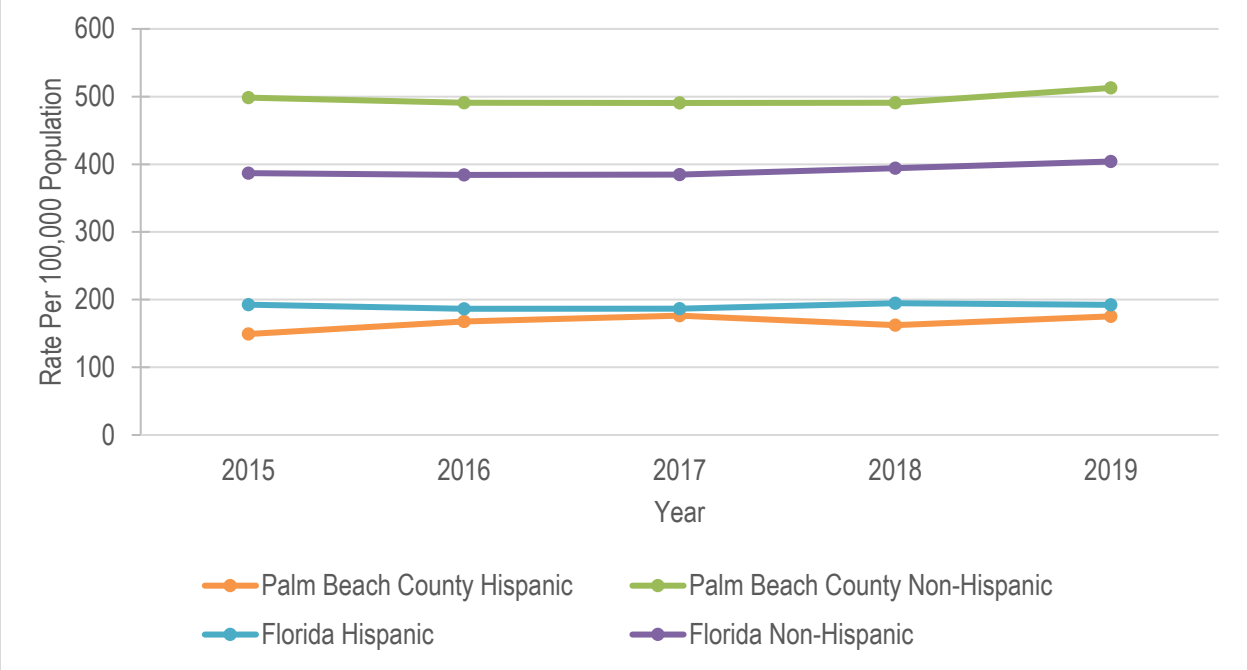
The table and figure below show the hospitalization rate from unintentional falls per 100,000 population by ethnicity in Palm Beach County and Florida from 2015 to 2019. The hospitalization rate increased overall among both Hispanic and non-Hispanic residents during this timeframe. In addition, the rate among non-Hispanic residents in the county was higher than the state each year reported. In 2019, Hispanic residents (175.3 per 100,000) had a lower hospitalization rate than non-Hispanic residents (512.8 per 100,000) in Palm Beach County.

Table 214: Hospitalizations for Unintentional Falls, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	426	149.2	5,467	498.5	9,224	192.5	58,454	386.9
2016	493	167.7	5,407	491.0	9,258	186.5	58,675	384.3
2017	534	176.3	5,436	490.6	9,583	186.6	59,341	384.8
2018	522	162.2	5,500	490.8	10,500	194.7	61,349	394.2
2019	586	175.3	5,765	512.8	10,740	192.3	63,369	404.1

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 121: Hospitalizations for Unintentional Falls, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

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Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) is a lung disease that makes it difficult to breathe. Most people with CLRD have both emphysema and chronic bronchitis. According to the Centers for Disease Control and Prevention, CLRD, specifically chronic obstructive pulmonary disease (COPD), was the fourth leading cause of death in the United States in 2018. Based on 2013 data, it was found that the following groups were most likely to be diagnosed with COPD: women, adults ages 65 and older, American Indians/Alaska Natives, multiracial non-Hispanics, current or former smokers, and people with a history of asthma.[161]

Age-Adjusted Hospitalizations from Chronic Lower Respiratory Disease (including asthma)

The following table and figure show the age-adjusted hospitalization rate from CLRD for Palm Beach County and Florida from 2015 to 2019. The Palm Beach County hospitalization rate was lower than the state rate each year aside from 2016. In 2019, the Palm Beach County rate was 234.9 per 100,000 in Palm Beach County compared to the Florida rate of 257.6 per 100,000. In addition, the county rate declined from 2016 (361.1 per 100,000) to 2019 (234.9 per 100,000).

There is no Healthy People 2030 national target specific to reducing the rate of hospitalization from CLRD.

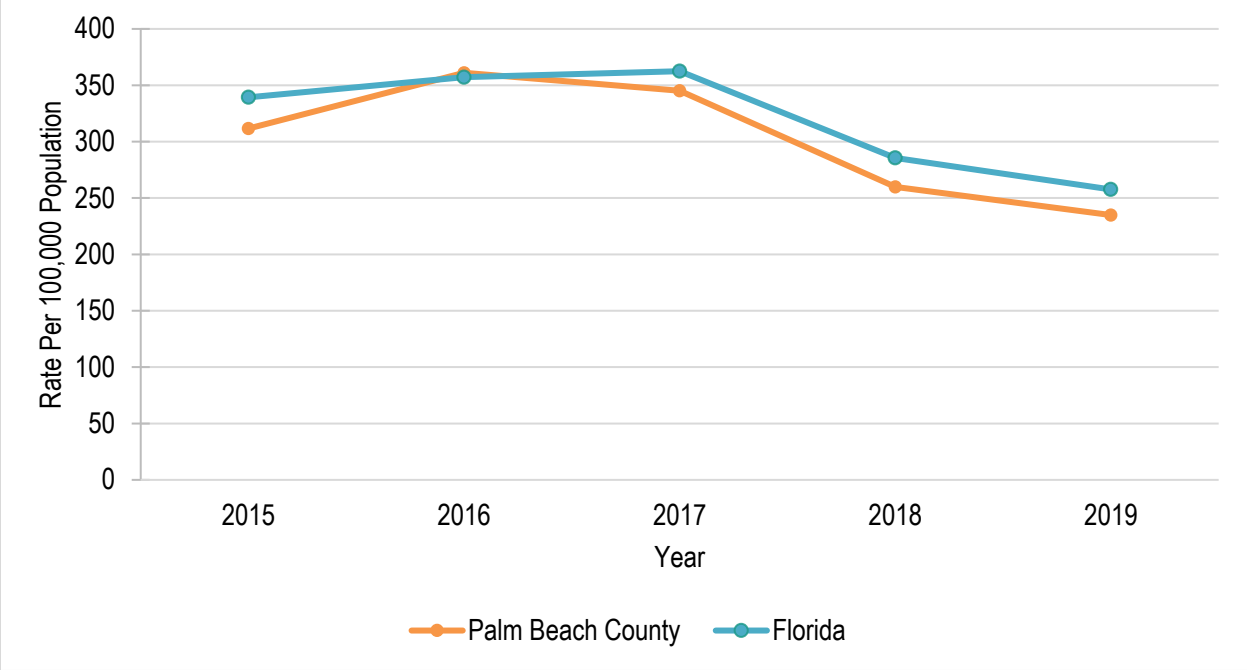
Table 215: Age-Adjusted Hospitalizations from Chronic Lower Respiratory Disease (Including Asthma), Per 100,000 Population, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	5,625	311.7	84,277	339.4
2016	6,381	361.1	89,715	357.2
2017	6,549	345.1	95,136	362.5
2018	4,737	259.8	74,568	285.6
2019	4,435	234.9	69,227	257.6

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

[161] National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health (n.d.) Basics About COPD. https://www.cdc.gov/copd/basics-about.html

Figure 122: Age-Adjusted Hospitalizations from Chronic Lower Respiratory Disease (Including Asthma), Per 100,000 Population, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Hospitalizations from Chronic Lower Respiratory Disease (Including Asthma), By Race

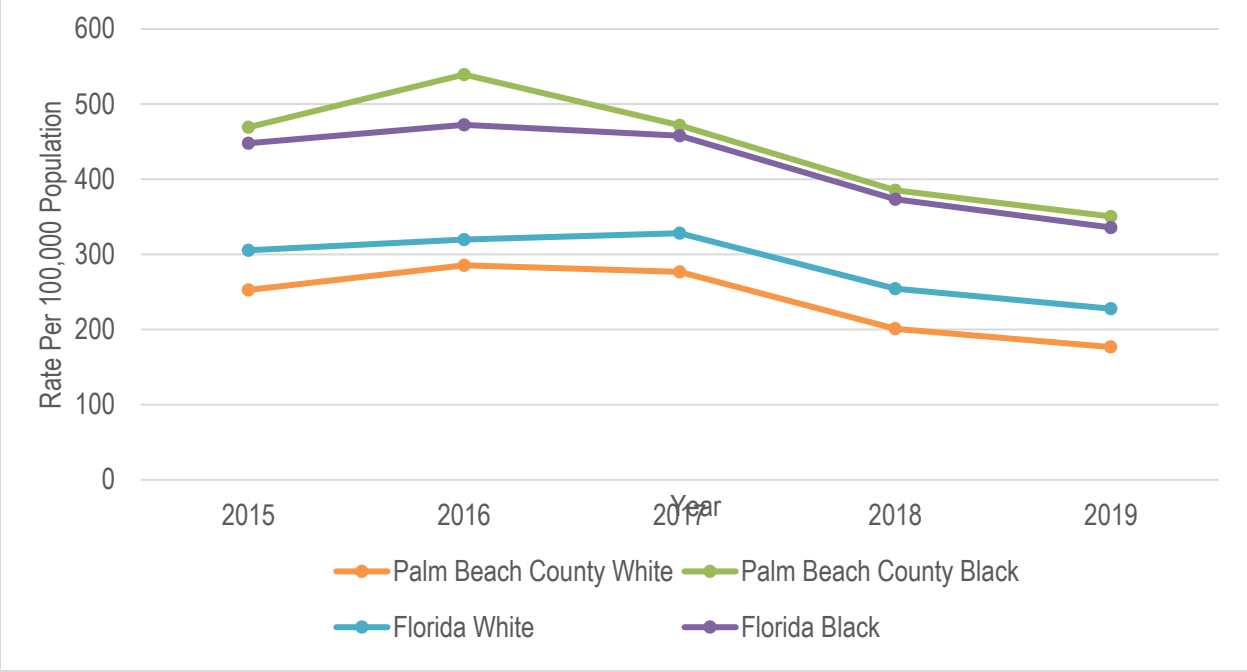
The following table and figure show the age-adjusted hospitalization rate from CLRD for Palm Beach County and Florida by race from 2015 to 2019. From 2015 to 2016, the rate increased among both White and Black residents in Palm Beach County followed by a decline from 2016 to 2019. In 2019, White Palm Beach County residents (176.7 per 100,000) had a lower hospitalization rate than White Florida residents (227.7 per 100,000). This same year, Black Palm Beach County residents (350.5 per 100,000) alternatively had a higher hospitalized rate from CLRD than Black Florida residents (335.8 per 100,000).

Table 216: Age-Adjusted Hospitalizations from C.L.R.D. (Including Asthma), Per 100,000 Population, By Race, Palm Beach County and Florida, 2015 - 2019

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	4,101	252.6	1,179	469.2	65,738	305.5	14,179	447.8
2016	4,473	285.5	1,408	539.3	69,197	319.8	15,477	472.4
2017	4,786	276.8	1,273	471.7	74,537	328.2	15,352	457.9
2018	3,257	201.0	1,077	385.4	56,996	254.3	12,926	373.4
2019	3,024	176.7	998	350.5	52,589	227.7	11,864	335.8

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 123: Age-Adjusted Hospitalizations from C.L.R.D. (Including Asthma), Per 100,000 Population, By Race, Palm Beach County and Florida, 2015 - 2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Hospitalizations from Chronic Lower Respiratory Disease (Including Asthma), By Ethnicity

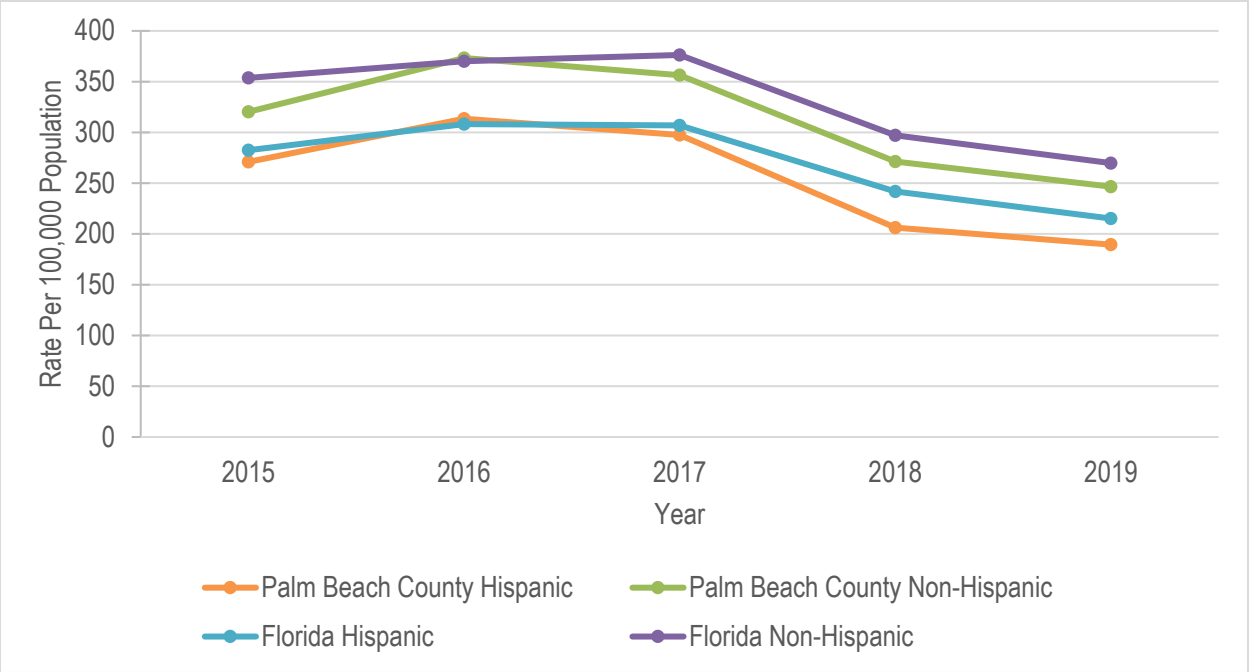
The following table and figure show the age-adjusted hospitalization rate for CLRD by ethnicity for Palm Beach County and Florida from 2015 to 2019. From 2016 to 2019, the hospitalization rate decreased among both non-Hispanic and Hispanic residents in the county. In 2019, the rate among Hispanic residents was 189.5 per 100,000, while the rate among non-Hispanic residents was 246.6 per 100,000.

Table 217: Age-Adjusted Hospitalizations from C.L.R.D. (Including Asthma), Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	691	271.0	4,877	320.3	12,760	282.5	70,740	353.8
2016	853	313.5	5,454	373.3	14,610	308.2	74,124	370.1
2017	830	297.5	5,650	356.4	15,210	307.0	78,914	376.3
2018	635	206.3	4,046	271.3	12,744	241.9	61,097	297.2
2019	600	189.5	3,787	246.6	11,865	215.2	56,807	269.8

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 124: Age-Adjusted Hospitalizations from C.L.R.D. (including asthma), Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

DRAFT

Chronic Obstructive Pulmonary Disease, Emphysema, and Chronic Bronchitis

Adults Who Have Ever Been Told They Had Chronic Obstructive Pulmonary Disease, Emphysema, Or Chronic Bronchitis

This table and graph show the percentage of adults in Palm Beach County and Florida who have ever been told they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis in 2013, 2016, and 2019. During this timeframe, this percentage increased from 5.5% in 2013 to 6.9 % in 2019 in Palm Beach County. The Palm Beach County rate was lower than the state rate each year reported.

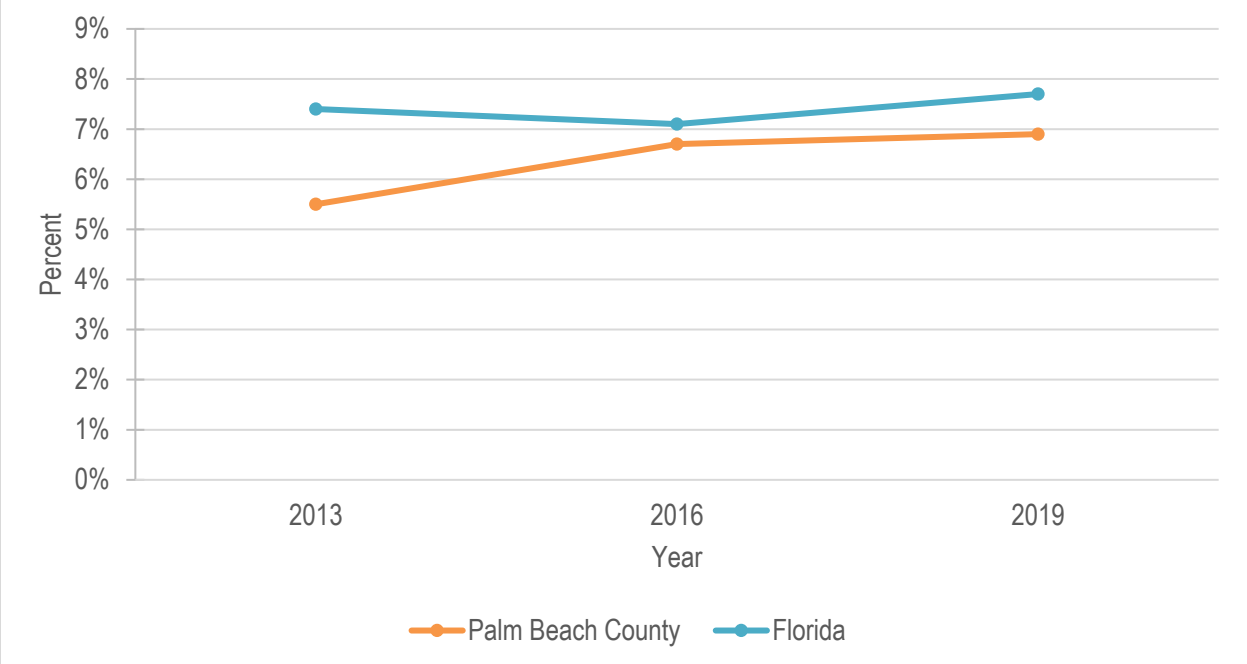
There is no Healthy People 2030 national target specific to reducing the percentage of adults who have ever been told they had chronic obstructive pulmonary disease, emphysema, or chronic bronchitis.

Table 218: Adults Who Have Ever Been Told They Had Chronic Obstructive Pulmonary Disease, Emphysema, Or Chronic Bronchitis, Palm Beach County and Florida, 2013-2019

Year	Palm Beach County	Florida
2013	5.5%	7.4%
2016	6.7%	7.1%
2019	6.9%	7.7%

Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

Figure 125: Adults Who Have Ever Been Told They Had Chronic Obstructive Pulmonary Disease, Emphysema, Or Chronic Bronchitis, Palm Beach County and Florida, 2013-2019



Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

Adults Who Have Ever Been Told They Had Chronic Obstructive Pulmonary Disease, Emphysema, Or Chronic Bronchitis, By Race and Ethnicity

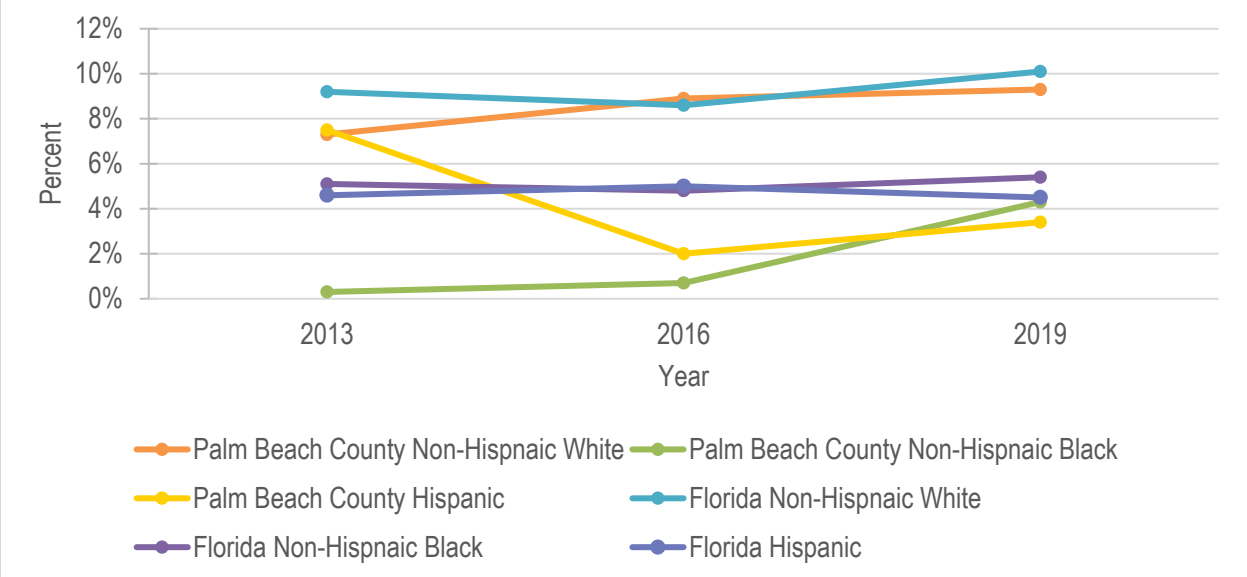
The following table and graph show the percentage of adults in Palm Beach County and Florida who have ever been told they have COPD, emphysema, or chronic bronchitis by race and ethnicity in 2013, 2016, and 2019. In Palm Beach County the percentage increased among non-Hispanic White residents and non-Hispanic Black residents each year reported. The percentage of Hispanic residents in Palm Beach County decreased from 2013 (7.5%) to 2016 (2.0%), then increased in 2019 (3.4%). In 2019 in Palm Beach County, the percentage of adults that were ever told they had COPD, emphysema, or chronic bronchitis was 9.3% among non-Hispanic White residents compared to 4.3% among non-Hispanic Black and 3.4 % of Hispanic residents.

Table 219: Adults Who Have Ever Been Told They Had Chronic Obstructive Pulmonary Disease, Emphysema, Or Chronic Bronchitis, By Race and Ethnicity, Palm Beach County and Florida, 2013-2019

Year	Palm Beach County			Florida		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2013	7.3%	0.3%	7.5%	9.2%	5.1%	4.6%
2016	8.9%	0.7%	2.0%	8.6%	4.8%	5.0%
2019	9.3%	4.3%	3.4%	10.1%	5.4%	4.5%

Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

Figure 126: Adults Who Have Ever Been Told They Had Chronic Obstructive Pulmonary Disease, Emphysema, Or Chronic Bronchitis, By Race and Ethnicity, Palm Beach and Florida, 2013-2019



Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

DRAFT

Alzheimer's

Alzheimer's disease is the most common type of dementia. Dementia is a general term for the impaired ability to remember, think, or make decisions that interferes with performing daily activities. Dementia mostly affects older adults but is not a part of normal aging. According to the Centers for Disease Control and Prevention, 5.8 million Americans were living with Alzheimer's disease in 2020. Age is the best-known risk factor for Alzheimer's disease. Symptoms of this disease can first appear after age 60 and increase in frequency with increasing age. [162]

Probable Alzheimer's Cases Among Adults Age 65+

The table and figure below show the rate per 100,000 population of probable Alzheimer's cases among adults 65 and older for Palm Beach County and Florida from 2016 to 2020. The percentage of probable cases among adults 65 and older declined slightly in Palm Beach County from 2017 (15.5%) to 2020 (14.7%). However, the percentage in Palm Beach County was higher than the percentage in the state every year during the reported timeframe. In 2019, the percent of probable cases was 14.7% in Palm Beach County compared to 12.7% in the state overall.

Healthy People 2030 does not have a national target specific to reducing the percent of probable Alzheimer's cases. However, Healthy People 2030 has set a national goal to improve health and quality of life for people with dementia, including Alzheimer's.

Table 220: Probable Alzheimer's Cases Among Adults Age 65+, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2020

Year	Palm Beach County			Florida		
	Probable Cases	Population 65+	% of Population 65+	Probable Cases	Population 65+	% of Population 65+
2016	47,890	320,711	14.9%	507,862	3,933,492	12.9%
2017	50,925	328,815	15.5%	541,446	4,073,855	13.3%
2018	52,092	339,885	15.3%	553,734	4,197,331	13.2%
2019	51,873	348,728	14.9%	556,997	4,341,615	12.8%
2020	52,479	358,002	14.7%	572,997	4,515,021	12.7%

Data Source: Florida Health CHARTS, Department of Elder Affairs
Compiled by: Health Council of Southeast Florida, 2021

[162] Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion (2020, October 26). Alzheimer's Disease and Related Dementias. https://www.cdc.gov/aging/aginginfo/alzheimers.htm

Diabetes

Diabetes is a disease that occurs when a person's blood glucose, also called blood sugar, is too high. The most common type of diabetes is type 2 diabetes. Risk factors that put an individual at a higher risk for developing type 2 diabetes include being physically active less than 3 times per week, overweight, 45 years or older, or having a close relative with diabetes.[163] Individuals with diabetes are twice as likely to have heart disease or suffer a stroke compared to someone who does not have diabetes.[164] Additionally, those with diabetes are more likely to have these outcomes at a younger age. Moreover, Black Americans, Hispanics, and American Indians or Alaska Natives are at a higher risk for developing diabetes than other races. [165]

Age-Adjusted Hospitalizations from Or with Diabetes

The following table and figure show the age-adjusted diabetes hospitalization rate per 100,000 population for Palm Beach County and Florida from 2015 to 2019. From 2015 to 2019, the rate in the county fluctuated, with a recent increase from 1,813.9 per 100,000 in 2018 to 1,845.8 per 100,000 in 2019. This rate was much lower than the Florida rate in 2019 of 2,314.2 per 100,000.

The Healthy People 2030 national target to reduce hospital admissions for diabetes to 264 per 100,000 adults ages 65 years and over. [166] While the data below shows the hospitalization rate for all ages, any reduction in these numbers is progress towards a healthier community.

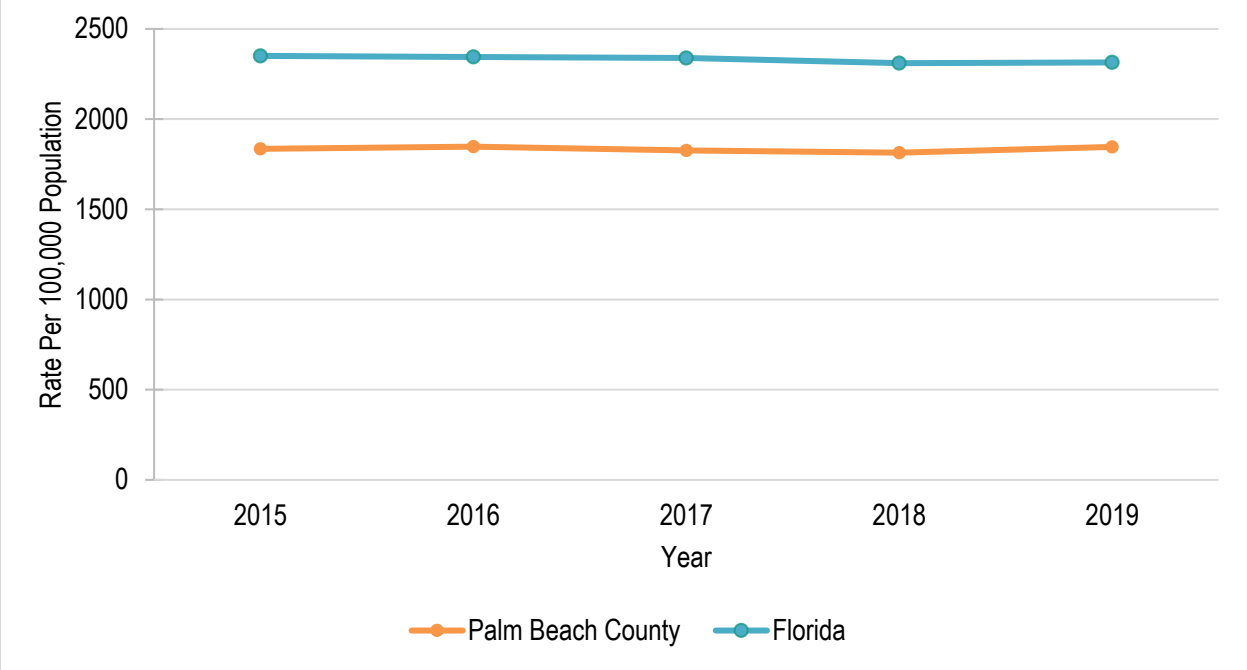
Table 221: Age-Adjusted Hospitalizations from Or with Diabetes, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	37,574	1,835.0	617,606	2,350.4
2016	38,330	1,847.3	632,161	2,344.5
2017	38,679	1,826.6	648,827	2,338.9
2018	39,282	1,813.9	658,129	2,310.2
2019	40,943	1,845.8	677,859	2,314.2

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

[163] Centers for Disease Control and Prevention. (2021, April 23). *Diabetes risk factors.* https://www.cdc.gov/diabetes/basics/risk-factors.html
[164] Centers for Disease Control and Prevention (2021, May 7). *Diabetes and your heart.* https://www.cdc.gov/diabetes/library/features/diabetes-and-heart.html
[165] Centers for Disease Control and Prevention. (2021, April 23). *Diabetes risk factors.* https://www.cdc.gov/diabetes/basics/risk-factors.html
[166] Office of Disease Prevention and Health Promotion. (n.d.). Diabetes. *Healthy People 2030*. U.S. Department of Health and Human Services.https://health.gov/healthypeople/objectives-and-data/browse-objectives/diabetes

Figure 127: Age-Adjusted Hospitalizations from Or with Diabetes, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Hospitalizations from Or with Diabetes, By Race

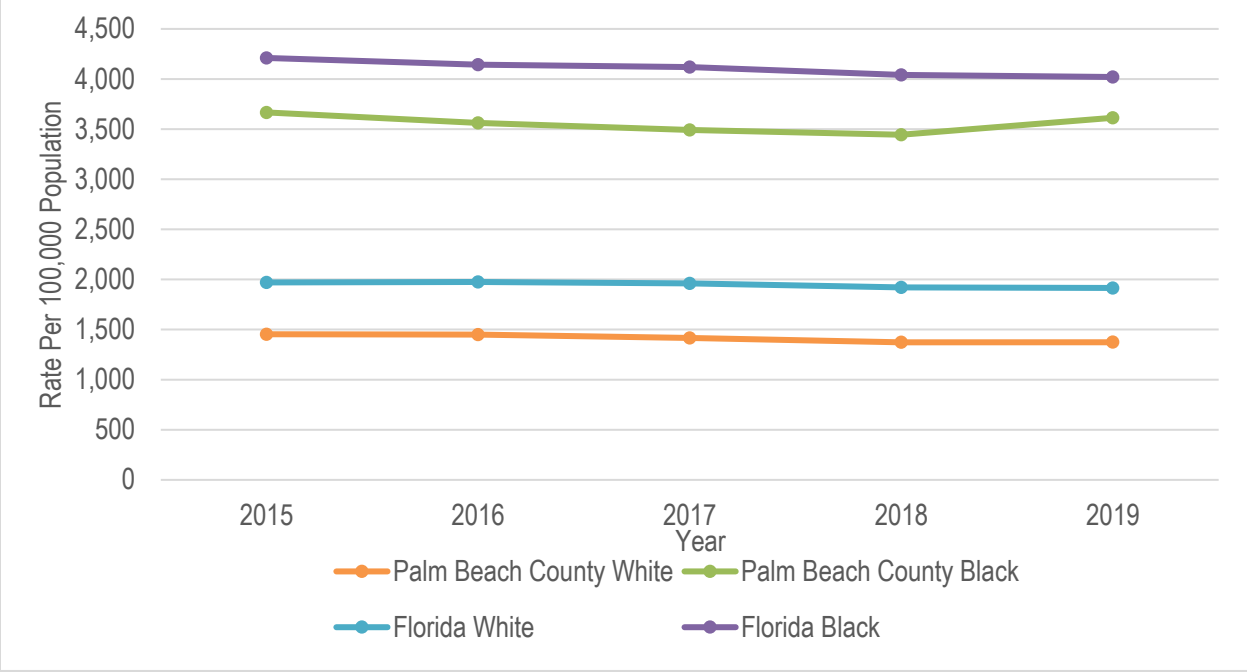
The table and figure below show the age-adjusted diabetes hospitalization rate per 100,000 population for Palm Beach County and Florida by race from 2015 to 2019. Each year in Palm Beach County, the rate among Black residents was over double the rate among White residents. In 2019, the rate was 3,613.3 per 100,000 among Black residents and 1,373.1 per 100,00 among White residents in the county.

Table 222: Age-Adjusted Hospitalizations from Or with Diabetes, Rate Per 100,000 Population, By Race, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	26,574	1,453.1	8,191	3,666.5	448,118	1,969.4	125,002	4,210.2
2016	26,727	1,450.4	8,316	3,562.3	459,431	1,974.8	128,038	4,143.1
2017	26,659	1,416.9	8,551	3,492.2	468,807	1,960.6	132,055	4,119.2
2018	26,421	1,372.4	8,966	3,444.2	471,270	1,920.4	133,977	4,041.6
2019	27,105	1,373.1	9,751	3,613.3	482,854	1,915.1	137,354	4,020.3

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 128: Age-adjusted Hospitalizations from Or with Diabetes, Rate Per 100,000 Population, By Race, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Hospitalizations from Or with Diabetes, By Ethnicity

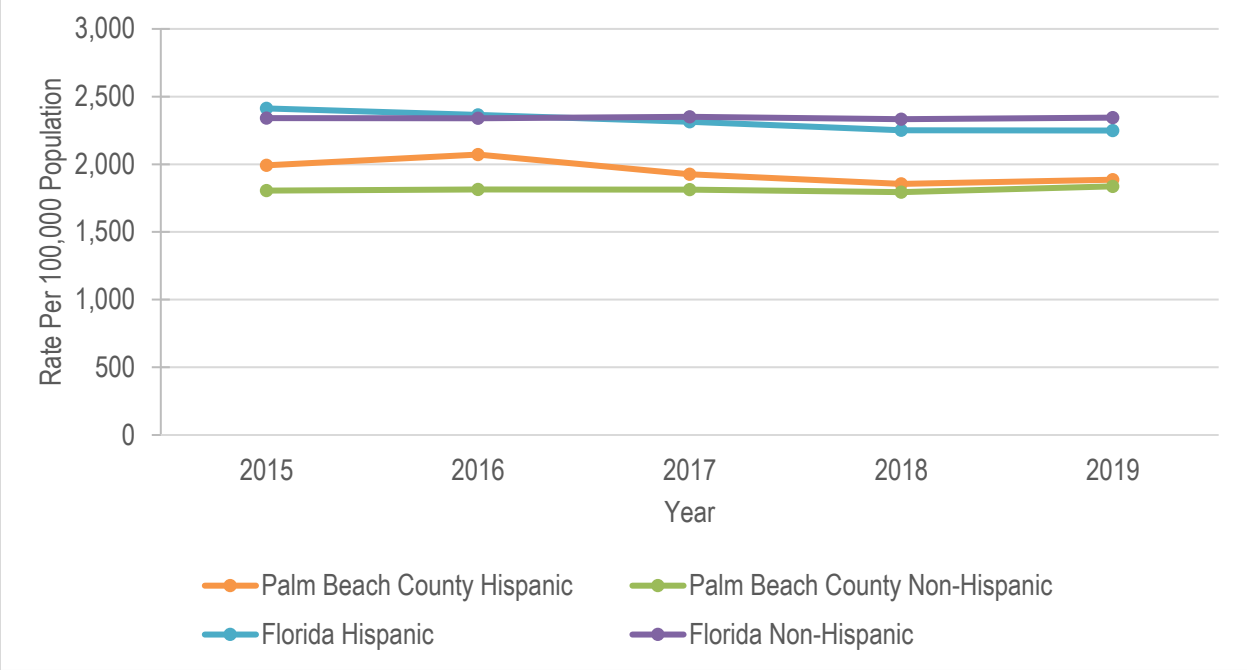
The table and figure below show the age-adjusted diabetes hospitalization rate per 100,000 population by ethnicity Palm Beach County and Florida from 2015 to 2019. Each year during this timeframe, the rate was higher among the Hispanic population than the non-Hispanic population in the county. The rate among both the Hispanic and non-Hispanic populations declined from 2016 to 2018 then increased to 2019. In 2019, the rate was 1,885.6 per 100,000 among Hispanic residents compared to 1,836.8 per 100,000 among non-Hispanic residents in the county. Among both groups, the rate in the county was consistently lower than the rate among Hispanics and non-Hispanics in the state overall.

Table 223: Age-adjusted Hospitalizations from Or with Diabetes, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	4,624	1,992.4	32,256	1,805.0	108,102	2,412.6	500,829	2,341.5
2016	5,042	2,071.7	32,621	1,813.7	111,900	2,365.2	510,175	2,339.6
2017	4,983	1,926.7	32,984	1,812.5	115,209	2,313.4	524,309	2,350.6
2018	5,342	1,855.0	33,158	1,794.2	120,161	2,251.1	529,396	2,333.2
2019	5,750	1,885.6	34,468	1,836.8	125,959	2,249.3	544,089	2,344.7

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 129: Age-adjusted Hospitalizations from Or with Diabetes, Rate Per 100,000 Population, By Ethnicity, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Emergency Room Visits Due to Diabetes

The table and figure below show the age-adjusted rate of emergency department visits due to diabetes in Palm Beach County and Florida from 2015 to 2019. Over this time period, the rate in Palm Beach County and Florida fluctuated but ultimately increased overall. In 2019, the rate was lower in Palm Beach County (199.6 per 100,00) compared to the state (243.6 per 100,000).

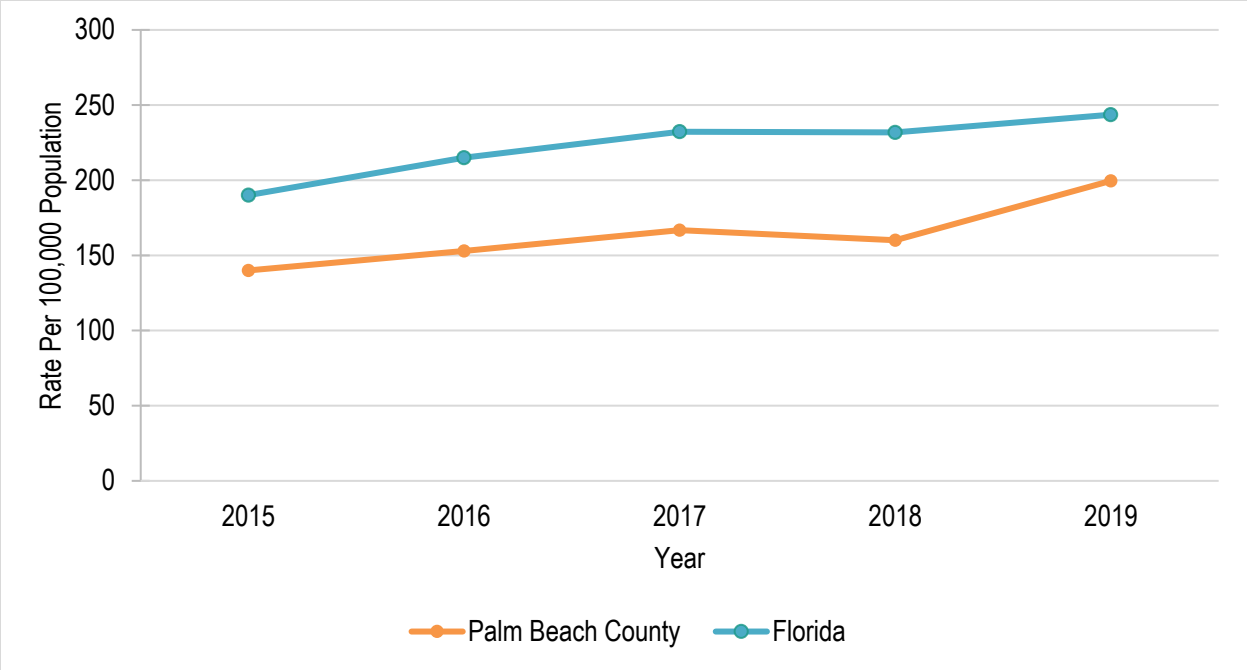
There is no Healthy People 2030 national target specific to reducing the rate of emergency room visits due to diabetes.

Table 224: Age-Adjusted Emergency Room Visits Due to Diabetes, Rate Per 100,000 Population, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	2,189	140.0	41,335	190.1
2016	2,382	153.0	47,404	215.0
2017	2,699	166.8	52,462	232.3
2018	2,650	160.1	53,697	231.8
2019	3,314	199.6	57,785	243.6

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 130: Age-Adjusted Emergency Room Visits Due to Diabetes, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Emergency Room Visits Due to Diabetes, By Race

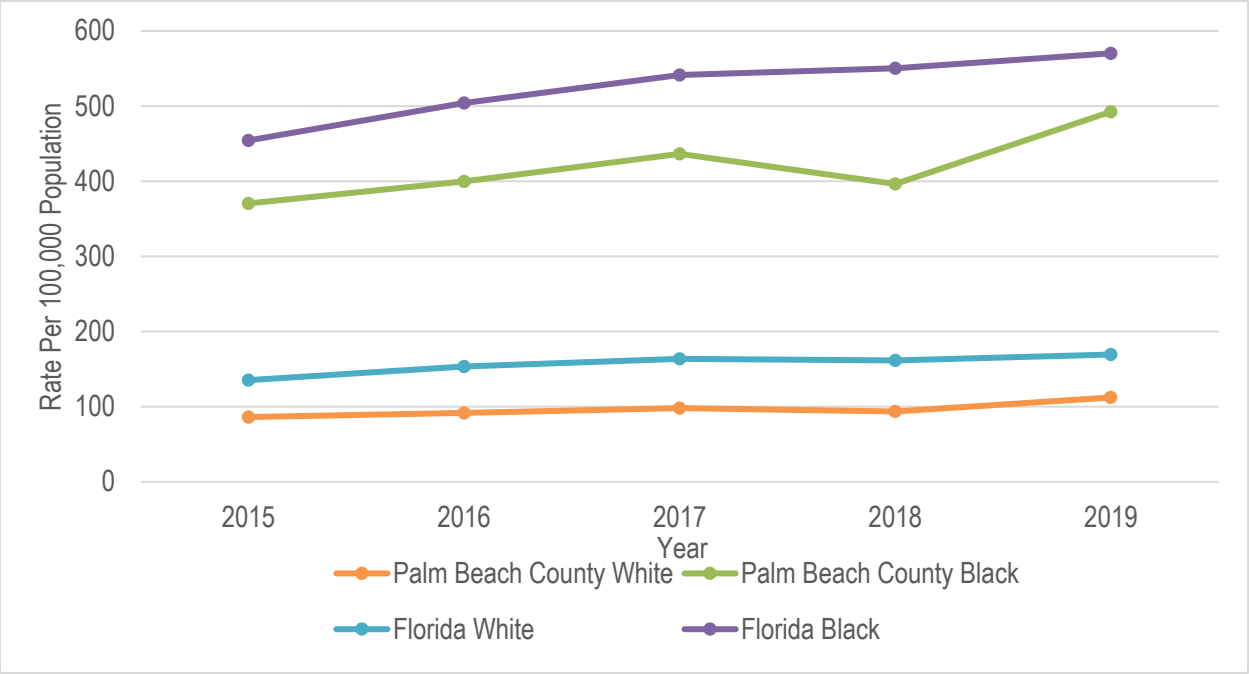
The table and figure below show the rate of emergency department visits due to diabetes by race in Palm Beach County and Florida from 2015 to 2019. In Palm Beach County, the rate among Black residents was over four times higher than the rate among White residents each year reported. The rate among Black residents in 2019 was 492.5 per 100,000 compared to 112.3 per 100,000 among White residents in the county.

Table 225: Age-Adjusted Emergency Room Visits Due to Diabetes, By Race, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	1,096	86.3	910	370.5	23,822	135.4	14,426	454.3
2016	1,158	91.8	1,022	399.8	27,332	153.4	16,409	504.1
2017	1,282	98.2	1,126	436.5	29,916	163.7	18,074	541.4
2018	1,257	93.6	1,095	396.4	30,185	161.5	18,969	550.2
2019	1,483	112.3	1,395	492.5	32,484	169.4	20,097	570.2

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 131: Age-Adjusted Emergency Room Visits Due to Diabetes, By Race, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Age-Adjusted Emergency Room Visits Due to Diabetes, By Ethnicity

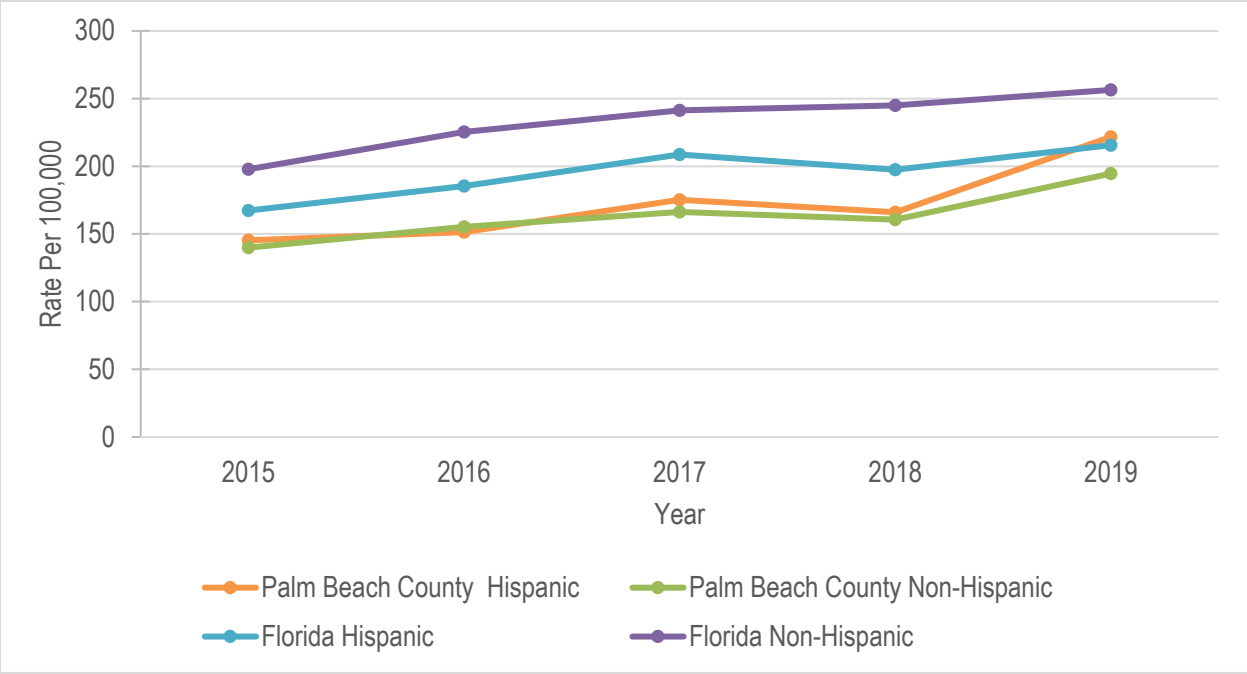
The table and figure below show the age-adjusted rate of emergency department visits due to diabetes by ethnicity in Palm Beach County and Florida from 2015 to 2019. Each year, aside from 2016, the rate was higher among the Hispanic population than the non-Hispanic population. Additionally, the rate among both the Hispanic and non-Hispanic populations increased greatly from 2018 to 2019. In 2019, the rate was 221.7 per 100,000 population among the Hispanic population compared to 194.6 per 100,000 among the non-Hispanic population in the county, and the rate among Hispanic residents in the county was higher than the rate among Hispanic residents in the state overall.

Table 226: Age-Adjusted Emergency Room Visits Due to Diabetes, By Ethnicity, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	380	145.3	1,766	139.9	7,912	167.3	32,808	197.8
2016	421	151.4	1,937	155.3	9,167	185.4	37,591	225.4
2017	504	175.2	2,155	166.2	10,747	208.7	40,936	241.3
2018	516	166.0	2,101	160.6	10,807	197.5	42,309	245.0
2019	714	221.7	2,563	194.6	12,286	215.6	45,053	256.4

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 132: Age-Adjusted Emergency Room Visits Due to Diabetes, By Ethnicity, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Adults Who Have Ever Been Told They Had Diabetes

The following table and figure show the percentage of adults who had ever been told they had diabetes for Palm Beach County and Florida from 2013 to 2019. During this timeframe in Palm Beach County, the percentage of adults declined slightly and remained lower than the state percentage each year. In 2019, 10.5% of adults had ever told they had diabetes in the county compared to 11.7% in the state overall.

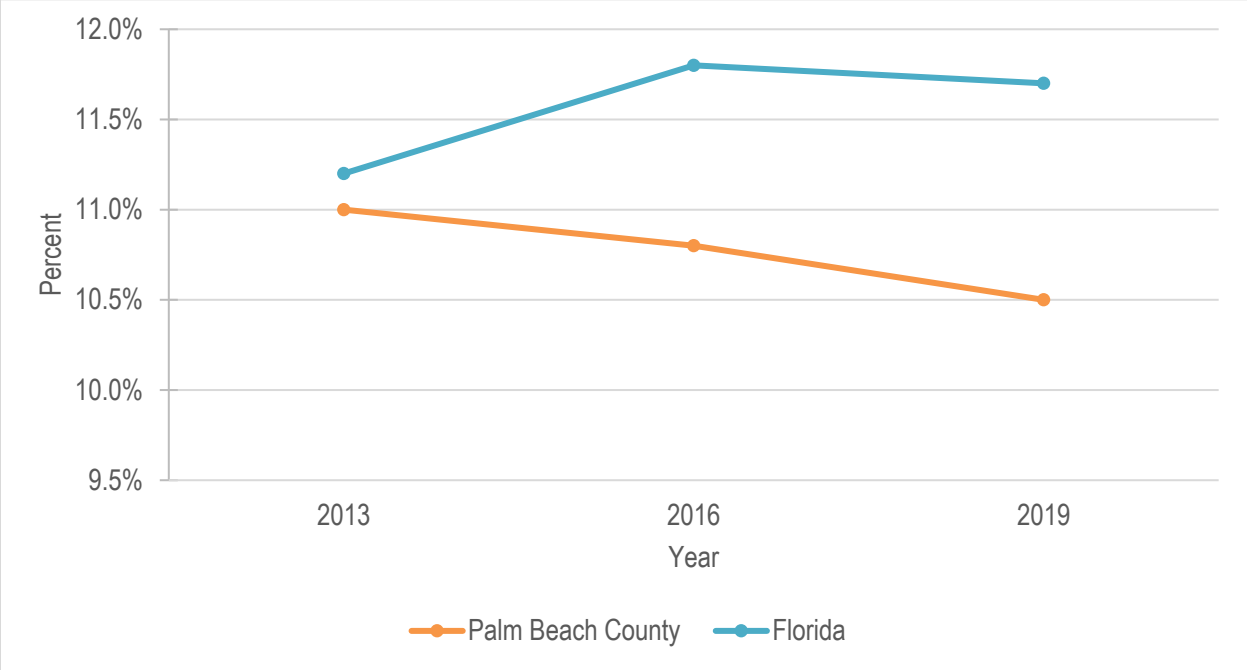
There is no Healthy People 2030 national target specific to reducing the of percentage of adults who have ever been told they had diabetes.

Table 227: Adults Who Have Ever Been Told They Had Diabetes, Palm Beach County and Florida, 2013-2019

Year	Palm Beach County	Florida
2013	11.0%	11.2%
2016	10.8%	11.8%
2019	10.5%	11.7%

Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

Figure 133: Adults Who Have Ever Been Told They Had Diabetes, Palm Beach and Florida, 2013-2019



Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

Adults Who Have Ever Been Told They Had Diabetes, By Race and Ethnicity

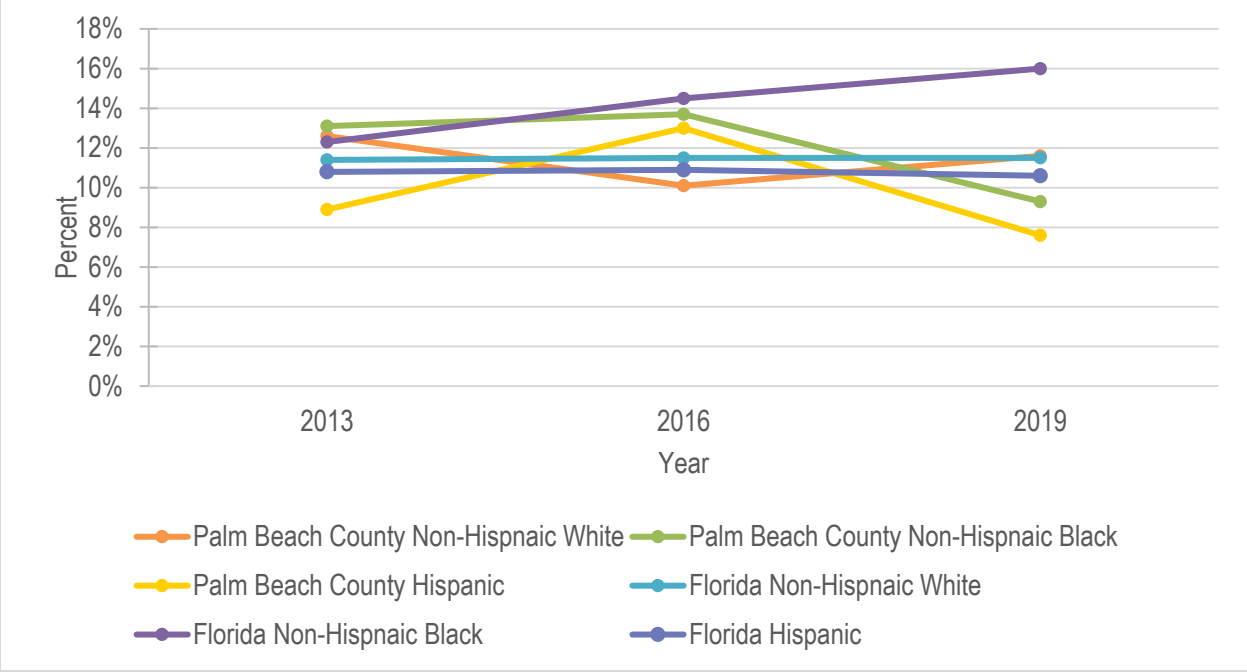
The table and figure below show the percentage of adults who had ever been told they had diabetes by race and ethnicity for Palm Beach County and Florida in 2013, 2016, and 2019. The percentage of adults fluctuated among all racial and ethnic groups in the county over each year reported. Most recently from 2016 to 2019, the non-Hispanic White rate increased, while the non-Hispanic Black and Hispanic rate decreased. In 2019, this percentage was highest among non-Hispanic Whites (11.6%) compared to non-Hispanic Blacks (9.3%) and Hispanics (7.6%).

Table 228: Adults Who Have Ever Been Told They Had Diabetes, By Race and Ethnicity, Palm Beach County and Florida, 2013-2019

Year	Palm Beach County			Florida		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2013	12.6%	13.1%	8.9%	11.4%	12.3%	10.8%
2016	10.1%	13.7%	13.0%	11.5%	14.5%	10.9%
2019	11.6%	9.3%	7.6%	11.5%	16.0%	10.6%

Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

Figure 134: Adults Who Have Ever Been Told They Had Diabetes, By Race and Ethnicity, Palm Beach County and Florida, 2013-2019



Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

DRAFT

Hypertension

Hypertension is defined by the American College of Cardiology and the American Heart Association as a blood pressure that is at or above 130 over 60 millimeters of mercury (mm Hg). Having hypertension puts individuals at risk for heart disease and stroke, which is the leading cause of death in the United States.[167]

Certain factors can put an individual at an increased risk of hypertension, including certain health conditions, lifestyle behaviors, and family history of hypertension. The risk of hypertension also increases with age, because blood pressure tends to rise as an individual gets older. In addition to age, other risk factors include sex, race, and ethnicity. When looking at different groups that are most at risk for hypertension, women are more likely to develop hypertension than men. Black individuals develop hypertension earlier in life than White individuals, and Black individuals are more likely to develop hypertension than other racial groups, as well as Hispanic individuals.[168]

Preventable Hospitalizations Under 65 from Hypertension

The table and figure below show the rate of preventable hospitalizations due to hypertension per 100,000 population for Palm Beach County and Florida from 2015 to 2019. During this timeframe, this rate significantly decreased in Palm Beach County and the state overall. However, it is important to note that increases or decreases starting in 2015 may not be caused by changes in disease trends but rather due to changes in coding following the transition from the ICD 9th Revision Clinical Modification to the ICD 10th Revision Clinical Modification.

There is no Healthy People 2030 national target specific to reducing the rate of preventable hospitalizations due to hypertension.

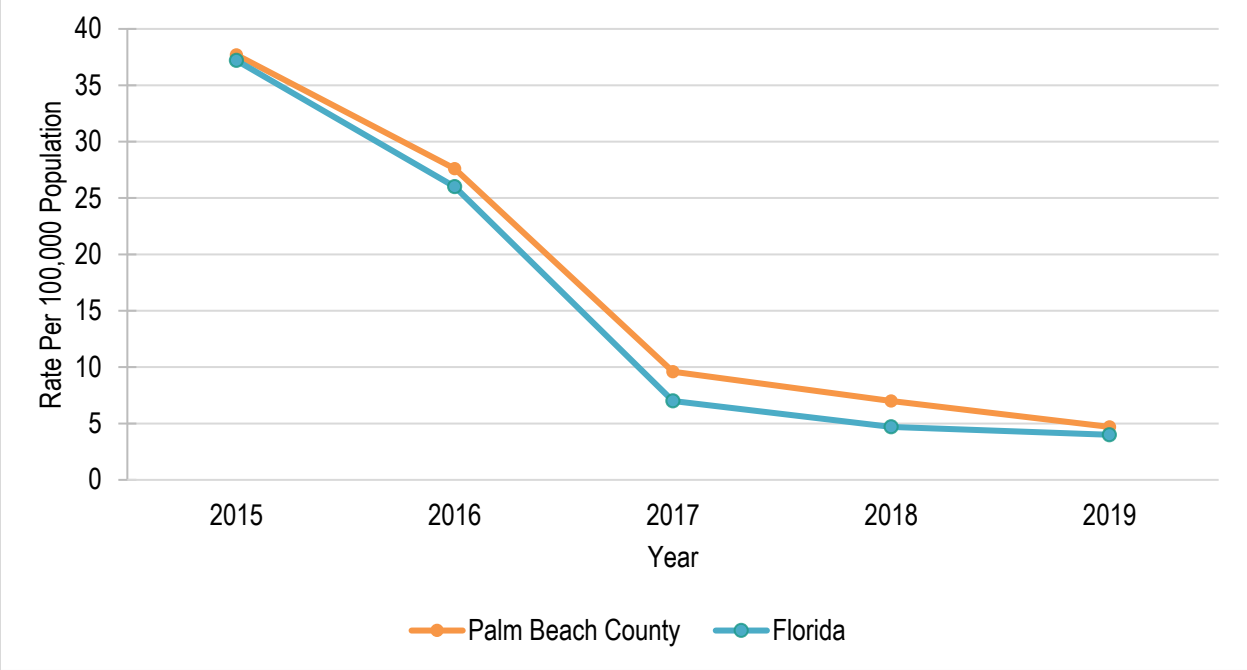
Table 229: Preventable Hospitalizations Under 65 from Hypertension, Rate Per 100,000 Population Under 65, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	403	37.7	5,989	37.2
2016	296	27.6	4,237	26.0
2017	104	9.6	1,156	7.0
2018	77	7.0	784	4.7
2019	52	4.7	676	4.0

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

[167] National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention (2020, February 24). Facts About Hypertension. https://www.cdc.gov/bloodpressure/facts.htm
[168] National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention (2020, February 24). Blood Pressure Risk. https://www.cdc.gov/bloodpressure/risk_factors.htm

Figure 135: Preventable Hospitalizations Under 65 from Hypertension, Rate Per 100,000 Population Under 65, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Adults Who Have Ever Been Told They Had Hypertension

The table and figure below show the percentage of adults who had ever been told they had hypertension in Palm Beach County and Florida in 2010, 2013, and 2019. In Palm Beach County and the state overall, the percentage increased from 2010 to 2013, then decreased slightly to 2019. In 2019, the percentage of adults who had ever been told they had hypertension was 33.8% in Palm Beach County and 33.5% in Florida.

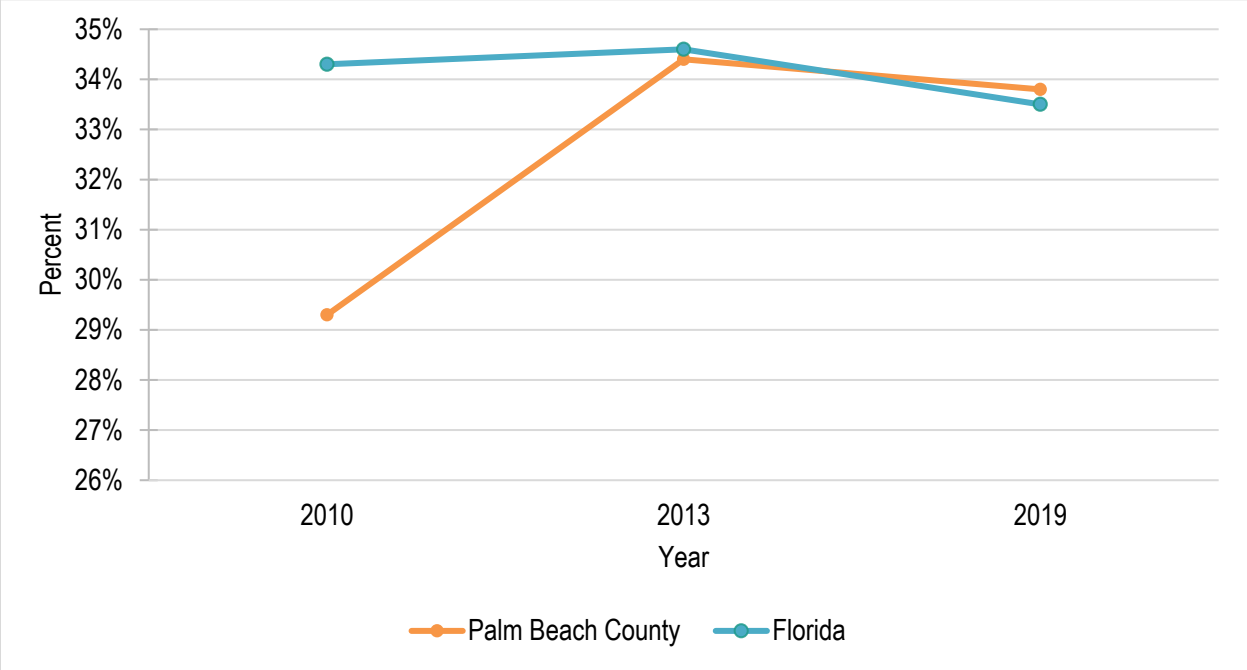
There is no Healthy People 2030 national target specific to the percentage of adults who have ever been told they had hypertension.

Table 230: Adults Who Have Ever Been Told They Had Hypertension, Palm Beach County and Florida, 2010-2019

Year	Palm Beach	Florida
2010	29.3%	34.3%
2013	34.4%	34.6%
2019	33.8%	33.5%

Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

Figure 136: Adults Who Have Ever Been Told They Had Hypertension, Palm Beach County and Florida, 2010-2019



Data Source: Florida Health CHARTS, Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2021

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Preventable Hospitalizations

Ambulatory care sensitive conditions are conditions where timely and effective ambulatory or outpatient care can decrease hospitalization by preventing the onset of an illness or condition, by controlling an acute episode of an illness or by managing a chronic disease or condition.[169] High rates of ambulatory care sensitive hospitalizations in a community may be an indicator of poor prevention efforts, a primary care resource shortage, poor performance of primary care delivery systems, or other factors that create barriers to obtaining timely and effective care.

Preventable Hospitalizations Under 65 from All Conditions

Preventable Hospitalizations Under 65 from All Conditions
The table and figure below show the rate per 100,000 population of preventable hospitalizations from all conditions among adults ages 65 and under for Palm Beach County and Florida from 2015 to 2019. During this timeframe, this rate decreased overall in Palm Beach County and at the state level. In 2019, the rate was 875.4 per 100,000 in the county and 928.6 per 100,000 in the state.

There is no Healthy People 2030 national target specific to reducing the rate of preventable hospitalizations from all conditions among adults ages 65 and under.

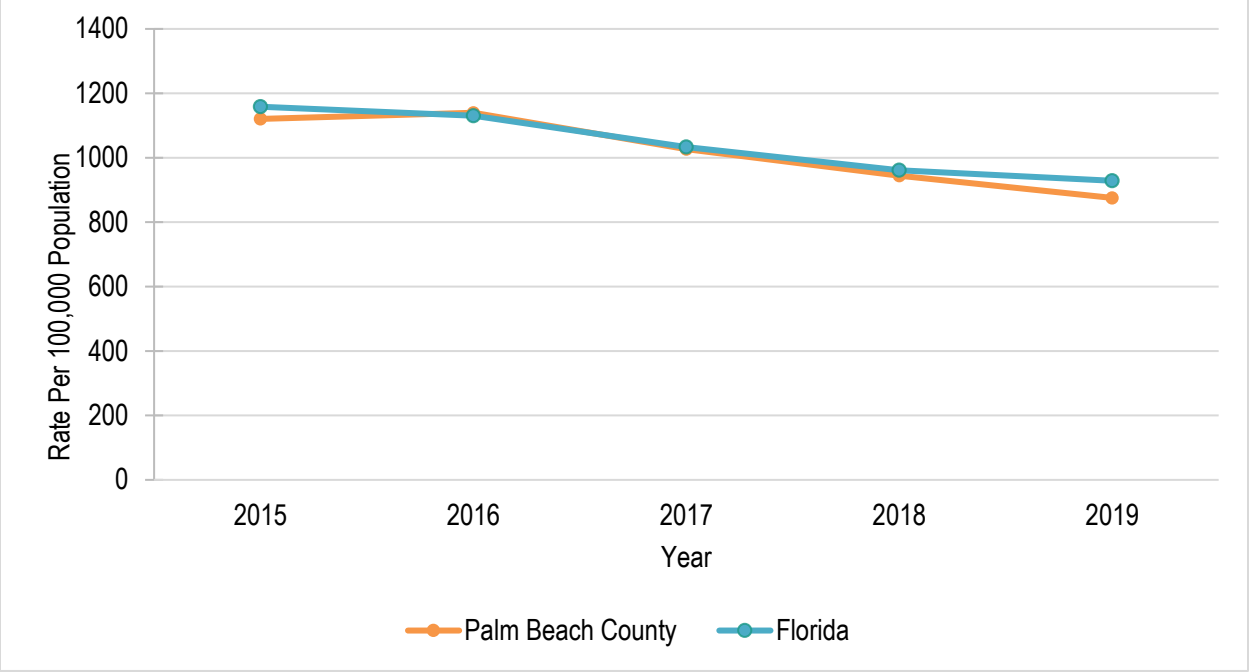
Table 231: Preventable Hospitalizations Under 65 from All Conditions, Rate Per 100,000 Population Under 65, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	11,965	1120.6	186,540	1158.4
2016	12,245	1139.7	184,205	1130.3
2017	11,114	1026.9	170,312	1033.3
2018	10,411	944.4	161,107	961.2
2019	9,716	875.4	157,190	928.6

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

[169] Florida Department of Health, Division of Public Health Statistics & Performance Management. Preventable hospitalizations under 65 from all conditions. http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=8598

Figure 137: Preventable Hospitalizations Under 65 from All Conditions, Rate Per 100,000 Population Under 65, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

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Preventable Hospitalizations Under 65 from Ear, Nose & Throat Infections

Preventable Hospitalizations Under 65 from Severe Ear, Nose, & Throat Infections

This table and figure show the rate of preventable ear, nose, and throat infection hospitalizations per 100,000 population ages 65 years and under in Palm Beach County and Florida from 2015 to 2019. From 2016 to 2019, the rate decreased in Palm Beach County and the state overall. In 2019, the rate was higher at the county level (18.2 per 100,000) compared to the state level (15.8 per 100,000).

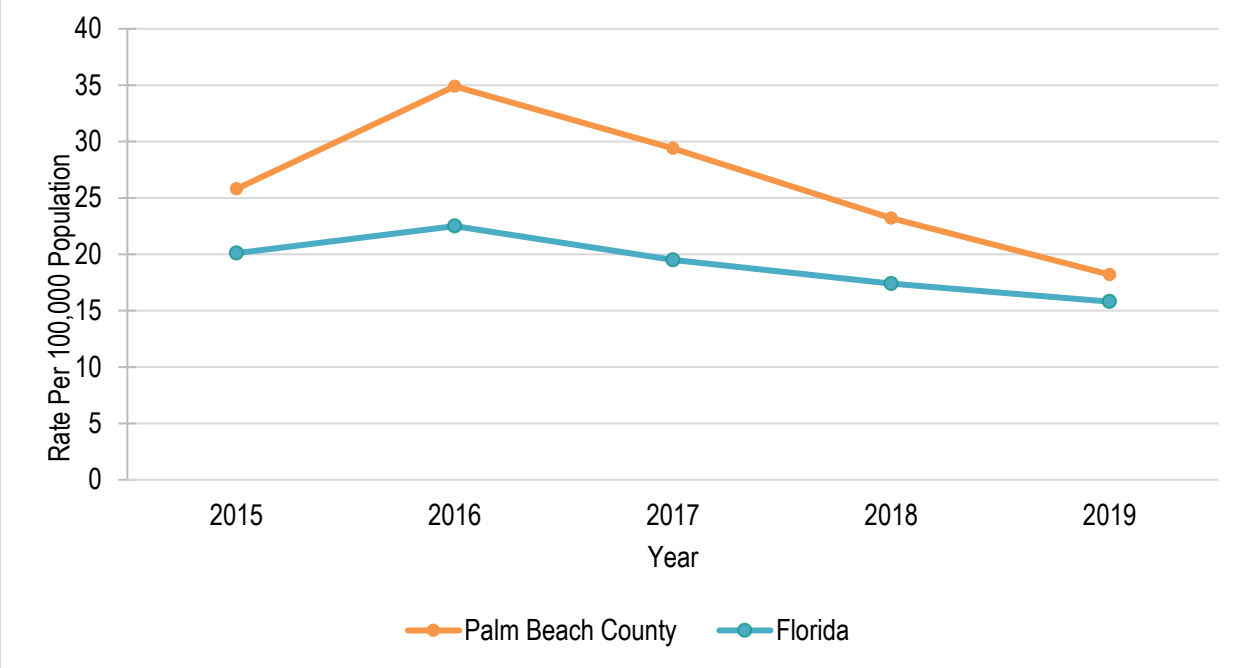
There is no Healthy People 2030 national target specific to reducing the rate of preventable hospitalizations from ear, nose and throat infections among adults ages 65 and under.

Table 232: Preventable Hospitalizations Under 65 from Severe Ear, Nose, & Throat Infections, Rate Per 100,000 Population Under 65, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	276	25.8	3,243	20.1
2016	375	34.9	3,661	22.5
2017	318	29.4	3,210	19.5
2018	256	23.2	2,915	17.4
2019	202	18.2	2,668	15.8

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 138 Preventable Hospitalizations Under 65 from Severe Ear, Nose, & Throat Infections, Rate Per 100,000 Population Under 65, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

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Preventable Hospitalizations Under 65 from Kidney and Urinary Tract Infections

Preventable Hospitalizations Under 65 from Kidney/Urinary Infection

The table and figure below show the rate of hospitalizations due to preventable kidney and urinary infection per 100,000 population under 65 years old in Palm Beach County and Florida from 2015 to 2019. During this timeframe, this rate decreased in Palm Beach County and the state overall. However, there was a slight increase in the rate in Palm Beach County from 2018 (30.9 per 100,000) to 2019 (31.9 per 100,000) In 2019, the rate was higher at the county level (31.9 per 100,000) compared to the state level (25.3 per 100,000).

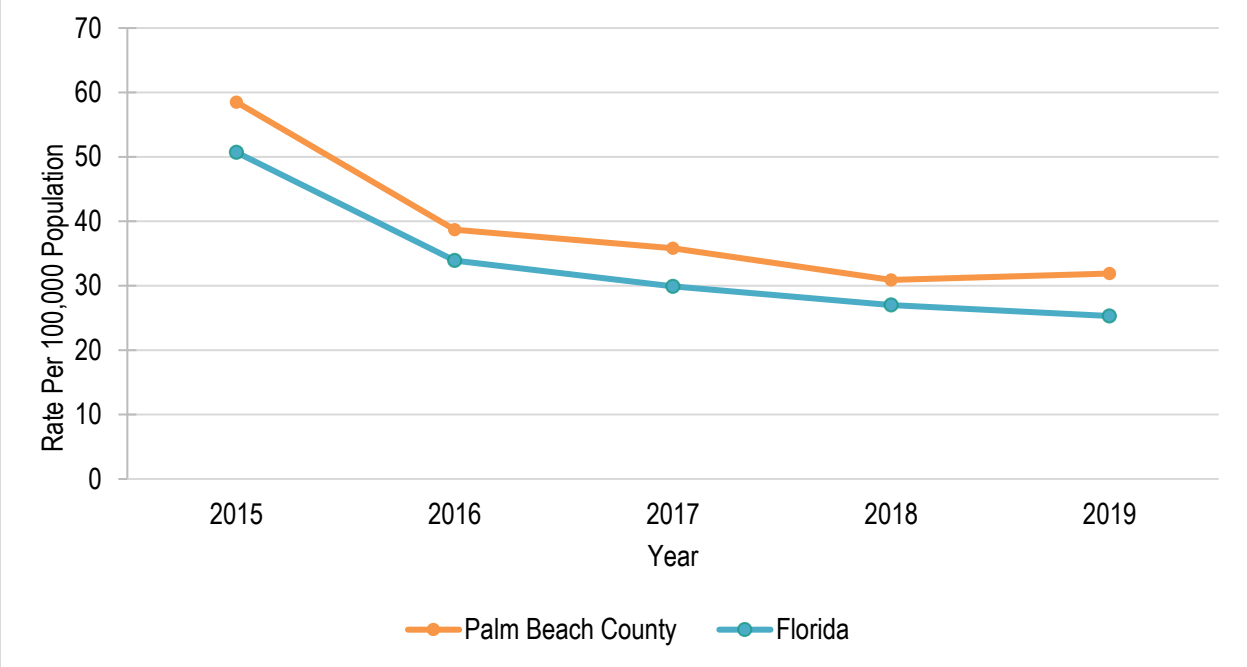
There is no Healthy People 2030 national target specific to reducing the rate of preventable hospitalizations from kidney and urinary tract infections among adults ages 65 and under.

Table 233: Preventable Hospitalizations Under 65 from Kidney/Urinary Infection, Rate Per 100,000 Population Under 65, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	625	58.5	8,170	50.7
2016	416	38.7	5,528	33.9
2017	387	35.8	4,920	29.9
2018	341	30.9	4,527	27.0
2019	354	31.9	4,281	25.3

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 139: Preventable Hospitalizations Under 65 from Kidney/Urinary Infection, Rate Per 100,000 Population Under 65, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

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Preventable Hospitalizations Under 65 from Dehydration

Preventable Hospitalizations Under 65 from Dehydration - Volume Depletion

This table and figure show the rate of preventable dehydration hospitalizations per 100,000 population under 65 years old in Palm Beach County and Florida from 2015 to 2019. During this timeframe, the rate decreased steadily in Palm Beach County and the state. In 2019, the rate was higher in the county (76.9 per 100,000) compared to the state (62.2 per 100,000).

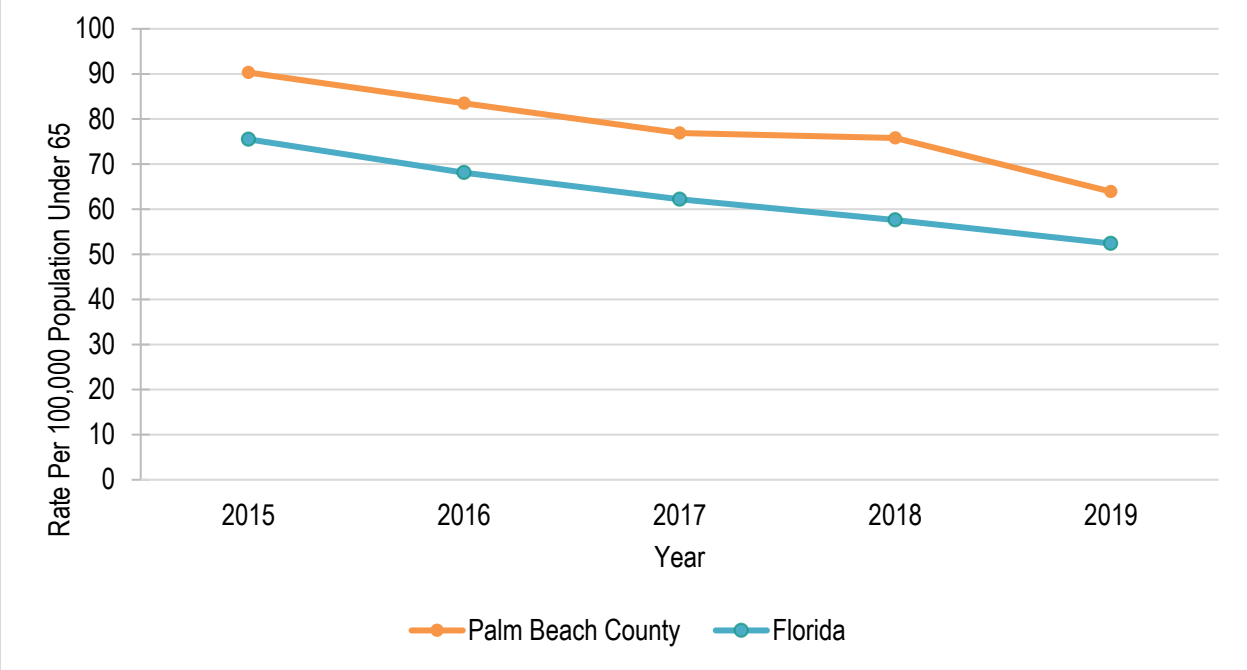
There is no Healthy People 2030 national target specific to reducing the rate of preventable hospitalizations from dehydration among adults ages 65 and under.

Table 234: Preventable Hospitalizations Under 65 from Dehydration - Volume Depletion, Rate Per 100,000 Population Under 65, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	964	90.3	12,152	75.5
2016	897	83.5	11,105	68.1
2017	832	76.9	10,248	62.2
2018	836	75.8	9,658	57.6
2019	709	63.9	8,877	52.4

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 140: Preventable Hospitalizations Under 65 from Dehydration - Volume Depletion, Rate Per 100,000 Population Under 65, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

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Preventable Hospitalizations Under 65 from Gastroenteritis

Preventable Hospitalizations Under 65 from Gastroenteritis

The following table and figure show the rate of preventable gastroenteritis hospitalizations per 100,000 population under 65 years old in Palm Beach County and Florida from 2015 to 2019. From 2016 to 2019, the rate decreased in Palm Beach County and the state. In 2019, the rate was higher in the county (41.3 per 100,000) compared to the state (42.2 per 100,000).

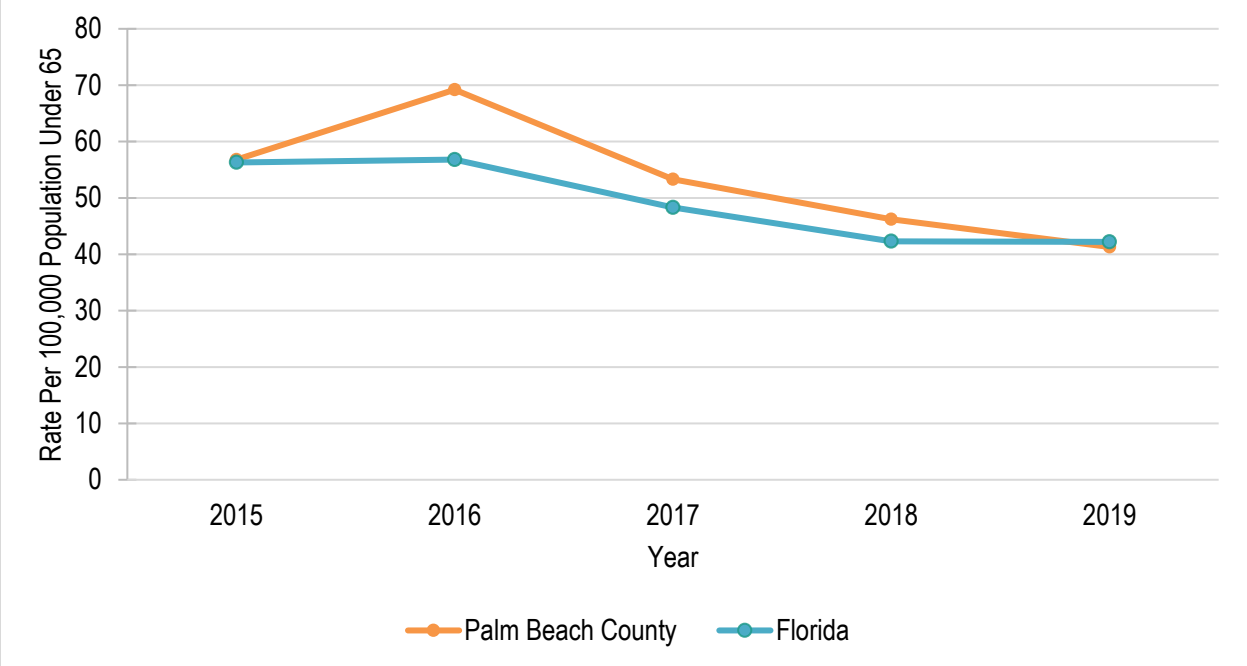
There is no Healthy People 2030 national target specific to reducing the rate of preventable hospitalizations from gastroenteritis among adults ages 65 and under.

Table 235: Preventable Hospitalizations Under 65 from Gastroenteritis, Rate Per 100,000 Population Under 65, Palm Beach County and Florida, 2015-2019

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	607	56.8	9,068	56.3
2016	744	69.2	9,250	56.8
2017	577	53.3	7,958	48.3
2018	509	46.2	7,090	42.3
2019	458	41.3	7,137	42.2

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

Figure 141: Preventable Hospitalizations Under 65 from Gastroenteritis, Rate Per 100,000 Population Under 65, Palm Beach County and Florida, 2015-2019



Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

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Mortality

Leading Causes of Death

Leading Causes of Death

In 2020, the leading cause of death in the United States was heart disease, followed by cancer, COVID-19, accidents, stroke, chronic lower respiratory diseases, Alzheimer's disease, diabetes, influenza and pneumonia, and nephritis.[170] Crucially, heart disease and cancer both account for roughly 600,000 deaths or more every year, while no other leading cause of death passes 351,000.

The table below shows the leading causes of death in Palm Beach County in 2020. Heart disease and cancer were the leading causes of death, together accounting for 42.5% of all deaths in the county in 2020. COVID-19, Stroke, unintentional injury, and chronic lower respiratory disease followed, collectively accounting for 27.1% of all deaths in the county.

Healthy People 2030 has not set a national target for leading causes of death overall.

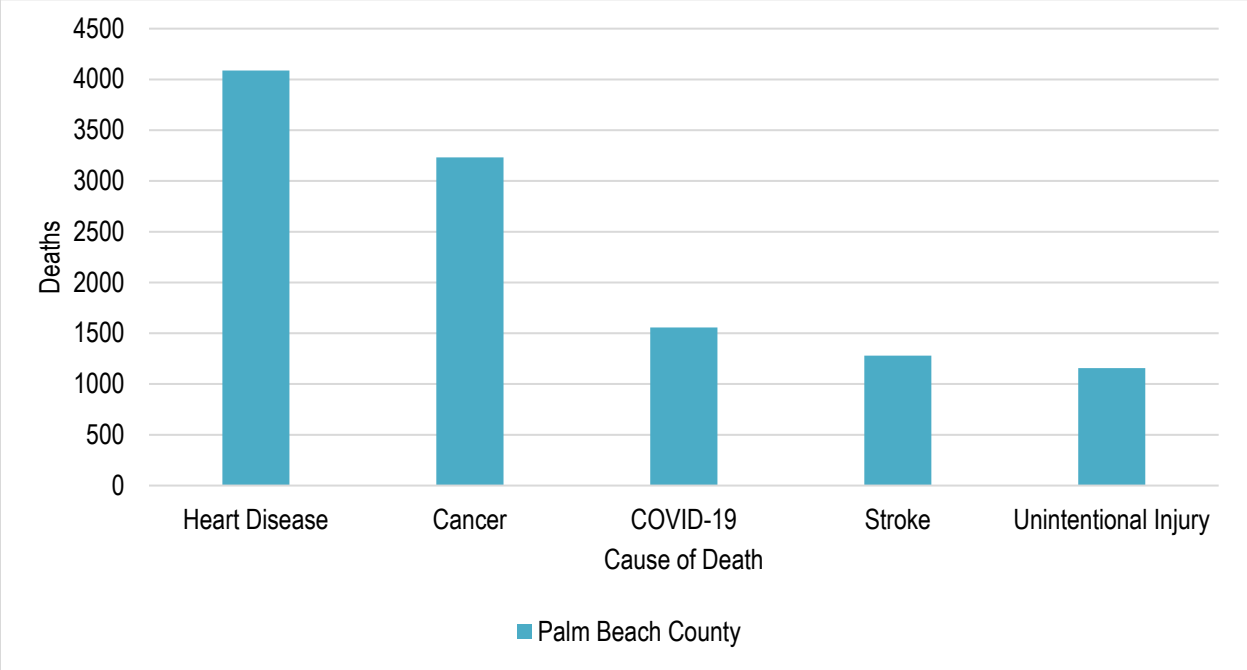
Table 236: Leading Causes of Death, Palm Beach County, 2020

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
All Causes	17,223	100.0%	1,171.7	646.1	8,048.9
Heart Disease	4,087	23.7%	278.0	132.8	889.4
Cancer	3,232	18.8%	219.9	122.0	1,290.4
COVID-19	1,557	9.0%	105.9	56.7	551.8
Stroke	1,279	7.4%	87.0	40.6	215.4
Unintentional Injury	1,157	6.7%	78.7	72.4	2,213.9
Chronic Lower Reparatory Disease	669	3.9%	45.5	22.3	143.4
Diabetes	370	2.2%	25.2	15.0	200.2
Alzheimer's Disease	330	1.9%	22.5	9.4	14.1
Parkinson's Disease	287	1.7%	19.5	8.9	20.4
Nephritis, Nephrotic Syndrome, & Nephrosis	231	1.3%	15.7	8.5	85.4

Source: Florida Health CHARTS, Florida Department of Health, Office of Health Statistics and Assessment, 2020
Compiled by: Health Council of Southeast Florida, 2021

[170] National Center for Health Statistics, National Vital Statistics System, Mortality. 2020. https://www.cdc.gov/nchs/data/databriefs/db427-tables.pdf#4

Figure 142: Leading Causes of Death, Palm Beach County, 2020



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Age-Adjusted Death Rate

Age-Adjusted Death Rate

The national age-adjusted death rate declined in the past decade, from 749.6 per 100,000 population in 2009 to 723.6 in 2018.[171] The table below shows the age-adjusted death rate in Palm Beach County and Florida from 2016 to 2020. During this time frame, both the Palm Beach County and the state age-adjusted death rate stayed relatively stable between 2016 and 2017, followed by notable decreases in both 2018 and 2019. In 2020, however, a major spike in the age-adjusted death rates for both Palm Beach County and Florida was reported. Across all years, the Palm Beach County rate was much lower than the Florida rate.

Healthy People 2030 has not set a national target for age-adjusted death rate.

Table 237: Age-Adjusted Death Rate, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	14,646	597.9	197,236	686.2
2017	14,944	596.8	203,353	688.3
2018	14,730	569.5	205,461	679.4
2019	14,839	561.5	206,975	665.6
2020	17,223	646.1	239,975	748.4

Source: Florida Health CHARTS, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

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[171] Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. *QuickStats:* Age-Adjusted Death Rates for Males, Females, and Both Sexes — United States, 2009–2018. https://www.cdc.gov/mmwr/volumes/69/wr/mm6931a5.htm

Heart Disease Deaths

Heart disease encompasses many types of heart conditions and is the leading cause of death in the United States. Symptoms of heart disease often go unnoticed until someone has a cardiac event, such as a heart attack or heart failure. Heart disease is largely preventable through diet and lifestyle habits. High blood pressure, also known as hypertension, high cholesterol, and smoking status are significant risk factors for heart disease. [172]

Deaths from Major Cardiovascular Diseases

Major cardiovascular diseases include all diseases that affect the cardiovascular system.

Age-Adjusted Deaths from Major Cardiovascular Diseases
The table below shows the age-adjusted death rate per 100,000 from major cardiovascular diseases in Palm Beach County and Florida from 2016 to 2020. The rate among Palm Beach County residents declined from 2017 (177.3 per 100,00) to 2019 (173.6 per 100,000), then increased most recently in 2020 (184.2 per 100,000). Additionally, the rate among Palm Beach County residents was lower than the rate among Florida residents overall each year reported.

There is no Healthy People 2030 national target directly associated with this health indicator.

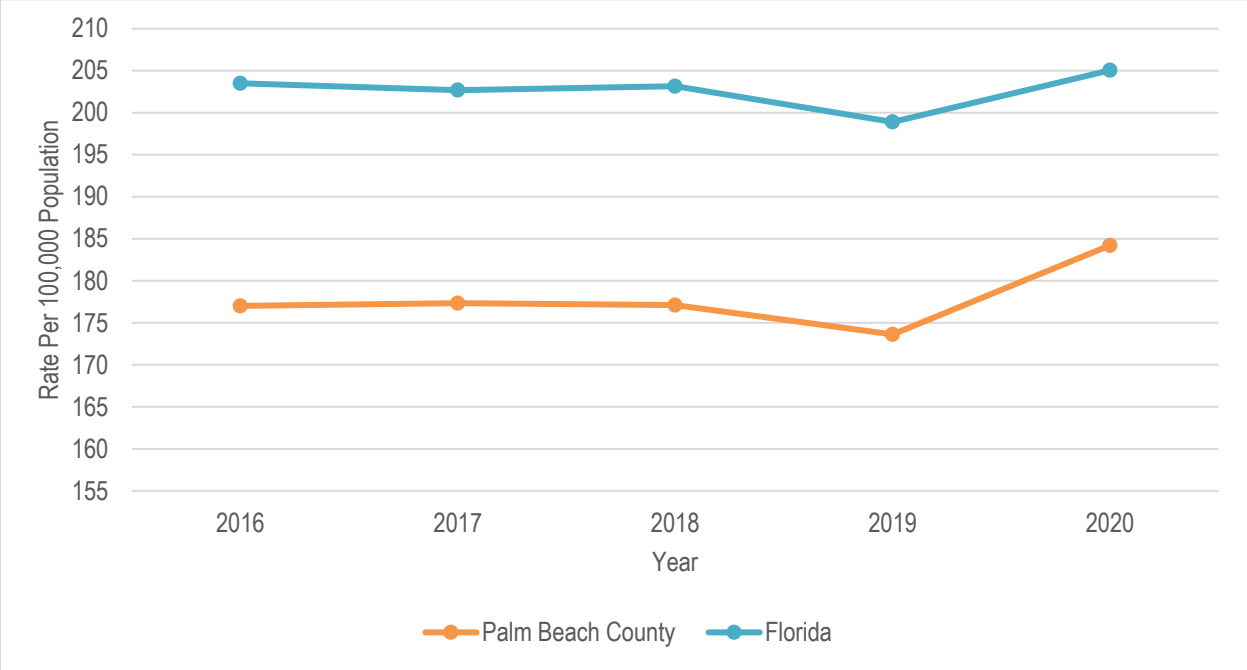
Table 238: Age-Adjusted Deaths from Major Cardiovascular Diseases, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	5,025	177.0	61,790	203.5
2017	5,135	177.3	63,236	202.7
2018	5,244	177.1	64,737	203.1
2019	5,316	173.6	65,468	198.9
2020	5,676	184.2	69,532	205.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

[172] About Heart Disease (2021, September 7). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/heartdisease/index.htm

Figure 143: Age-Adjusted Deaths from Major Cardiovascular Diseases, Palm Beach County and Florida, 2016-2020



Age-Adjusted Deaths from Major Cardiovascular Diseases, By Race

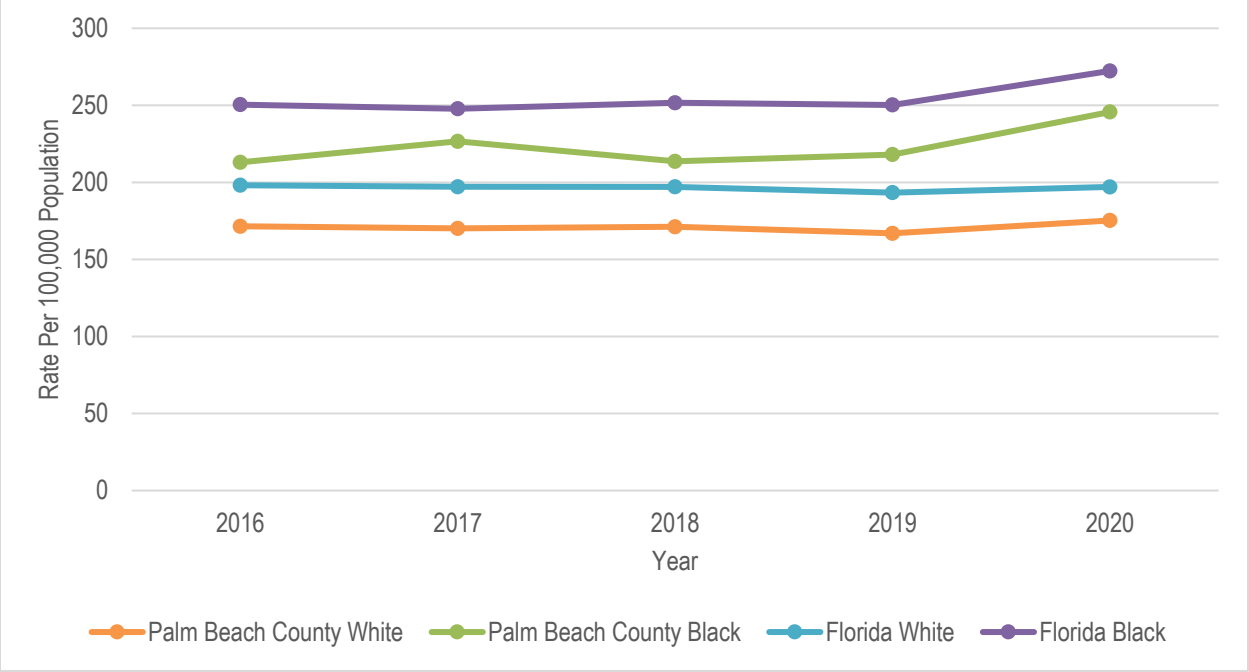
This table and graph below show the age-adjusted death rate per 100,000 population from major cardiovascular diseases by race in Palm Beach County and Florida from 2016 to 2020. In Palm Beach County and Florida, the rate among White and Black residents fluctuated. However, most recently, the rate among White Palm Beach county residents increased from 166.9 per 100,000 in 2019 to 175.3 per 100,000 in 2020. Similarly, the rate among Black Palm Beach County residents also increased from 218.1 per 100,000 in 2019 to 254.7 per 100,000 in 2020 Each year from 2016 to 2020, the rate among Palm Beach County White and Black residents was lower than the rate among White and Black residents in Florida overall.

Table 239: Age-Adjusted Deaths from Major Cardiovascular Diseases, By Race, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	4,513	171.5	439	213.0	53,628	198.1	6,953	250.5
2017	4,551	170.2	493	226.7	54,644	197.1	7,218	247.8
2018	4,675	171.2	485	213.6	55,757	197.1	7,517	251.7
2019	4,704	166.9	522	218.1	56,354	193.3	7,740	250.3
2020	4,947	175.3	616	245.7	58,997	197.0	8,885	272.3

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 144: Age-Adjusted Deaths from Major Cardiovascular Diseases, By Race, Palm Beach County and Florida, 2016-2020



Age-Adjusted Deaths from Major Cardiovascular Diseases, By Ethnicity

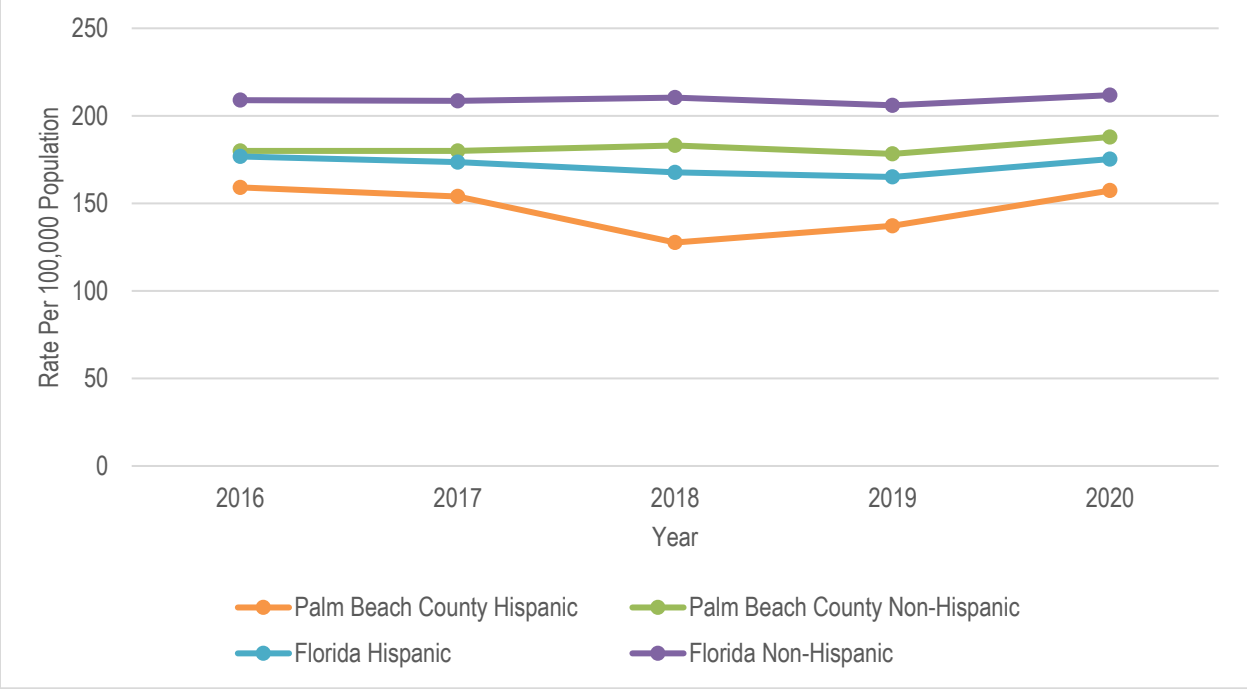
The following table and graph show the age-adjusted death rate per 100,000 population from major cardiovascular diseases in Palm Beach County and Florida from 2016 to 2020 by ethnicity. The rate among non-Hispanic residents in Palm Beach County was higher than the rate among Hispanic residents each year during this time frame. The highest rate reported in Palm Beach County was 187.9 per 100,000 among the non-Hispanic resident population in 2020. Additionally, the rate among Hispanic and non-Hispanic residents in Palm Beach County was lower than the rate among Hispanic and Non-Hispanic residents each year from 2016 to 2020.

Table 240: Age-Adjusted Deaths from Major Cardiovascular Diseases, By Ethnicity, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	346	159.1	4,669	179.9	8,103	176.8	53,327	209.0
2017	357	154.0	4,760	179.9	8,425	173.5	54,386	208.6
2018	336	127.6	4,880	183.1	8,793	167.7	55,480	210.4
2019	385	137.2	4,911	178.3	9,082	165.1	55,896	206.0
2020	470	157.3	5,181	187.9	10,132	175.3	58,870	211.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 145: Age-Adjusted Deaths from Major Cardiovascular Diseases, By Ethnicity, Palm Beach County and Florida, 2016-2020



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Deaths from Hypertension

According to the American Heart Association, hypertension, or high blood pressure, is when the force of blood flowing through your blood vessels is consistently too high resulting in long term damage to your circulatory system when left untreated. High blood pressure is a significant contributing factor to heart attack, stroke, diabetes, and other major health issues. Nearly half of Americans have high blood pressure, many of whom are unaware.[173]

Age-Adjusted Deaths from Hypertension

The table below shows the age-adjusted hypertension death rate per 100,000 population in Palm Beach County and Florida from 2016 to 2020. The rate among residents in Palm Beach County declined from 2017 (6.0 per 100,000) to 2019 (5.0 per 100,000), then increased in 2020 (6.4 per 100,000). Additionally, the rate among Palm Beach County residents was lower than the rate among Florida residents overall each year during this timeframe.

There is no Healthy People 2030 national target directly associated with this health indicator.

Table 241: Age-Adjusted Deaths from Hypertension, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	138	5.3	2,454	8.2
2017	158	6.0	2,618	8.5
2018	160	5.8	2,773	8.7
2019	137	5.0	2,737	8.4
2020	183	6.4	3,185	9.5

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

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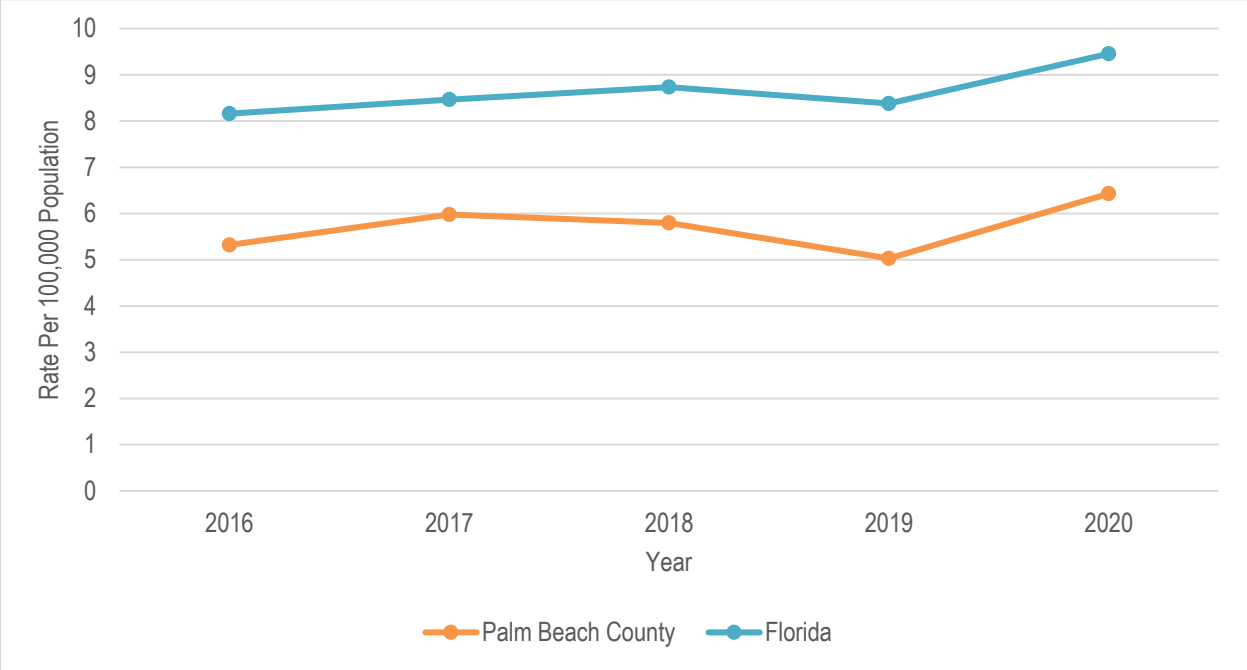
[173] The Facts About High Blood Pressure (2017, November 30). In American Heart Association. Retrieved from https://www.heart.org/en/health-topics/high-blood-pressure/the-facts-about-high-blood-pressure

Figure 146: Age-Adjusted Deaths from Hypertension, Palm Beach County and Florida, 2016-2020



Age-Adjusted Deaths from Hypertension, By Race

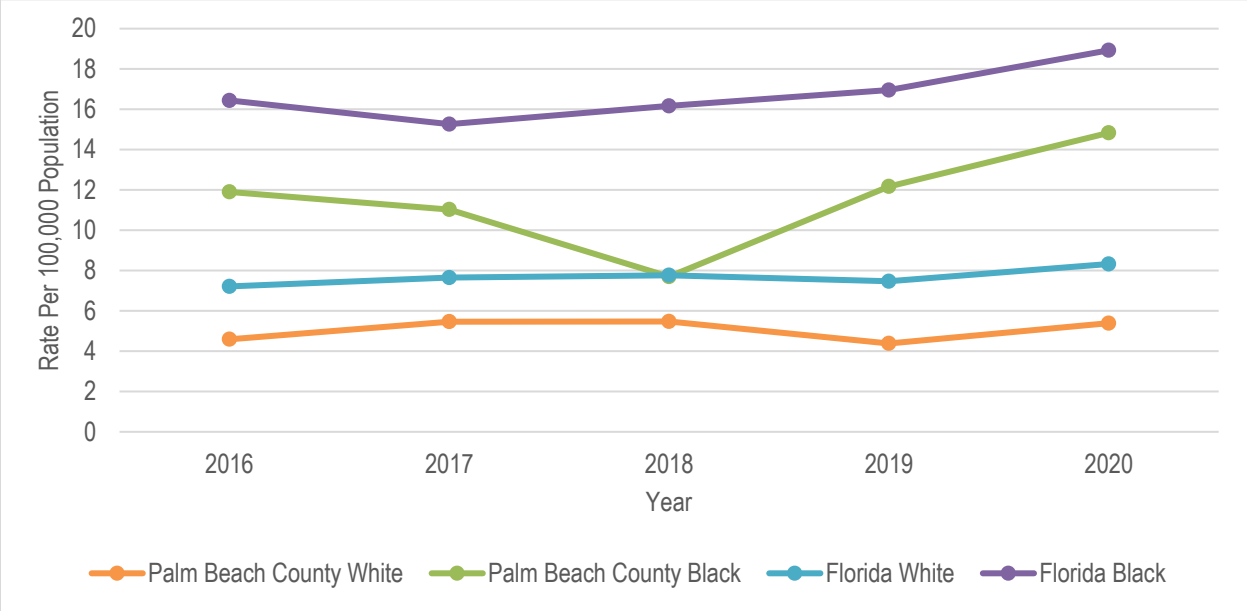
This table and graph show the age-adjusted hypertension death rate per 100,000 population by race in Palm Beach County and Florida from 2016 to 2020. The rate among Palm Beach County Black residents declined from 2015 (14.2 per 100,000) to 2018 (7.7 per 100,000), then increased in 2019 (12.2 per 100,000) and 2020 (14.8 per 100,000). The rate among Palm Beach County White residents fluctuated during this time frame, increasing most recently from 4.4 per 100,000 in 2019 to 5.4 per 100,000 in 2020. The death rate among Palm Beach County Black residents was at least double the rate among White residents each year during this time frame, except 2018.

Table 242: Age-Adjusted Deaths from Hypertension, By Race, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	109	4.6	26	11.9	1,942	7.2	457	16.4
2017	131	5.5	24	11.0	2,101	7.7	448	15.3
2018	138	5.5	19	7.7	2,206	7.8	493	16.2
2019	108	4.4	29	12.2	2,164	7.5	520	17.0
2020	141	5.4	39	14.8	2,478	8.3	626	18.9

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 147: Age-Adjusted Deaths from Hypertension, By Race, Palm Beach County and Florida, 2016-2020



Age-Adjusted Deaths from Hypertension, By Ethnicity

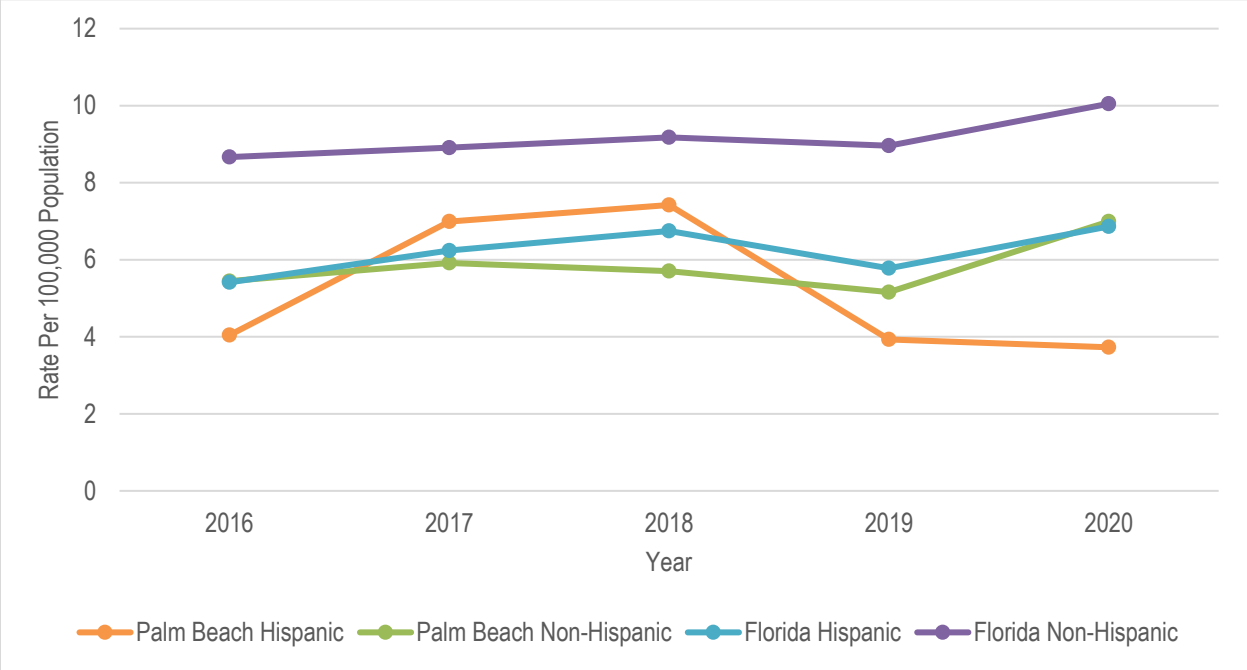
The table and graph below show the age-adjusted hypertension death rate per 100,000 population by ethnicity in Palm Beach County and Florida from 2016 to 2020. Most notably, the rate among Palm Beach County non-Hispanic residents decreased from 2017 (5.9 per 100,000) to 2019 (5.2 per 100,000), then increased in 2020 (7.0 per 100,000). The rate among Hispanic Palm Beach County residents was 3.7 per 100,000 in 2020. Additionally, the rate among Palm Beach County non-Hispanic residents was higher than the rate among Hispanic residents in 2019 and 2020.

Table 243: Age-Adjusted Deaths from Hypertension, By Ethnicity, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	10	4.0	128	5.4	248	5.4	2,183	8.7
2017	16	7.0	142	5.9	304	6.2	2,296	8.9
2018	20	7.4	139	5.7	354	6.7	2,395	9.2
2019	11	3.9	126	5.2	317	5.8	2,400	9.0
2020	11	3.7	171	7.0	397	6.9	2,750	10.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 148: Age-Adjusted Deaths from Hypertension, By Ethnicity, Palm Beach County and Florida, 2016-2020



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Deaths from Coronary Heart Disease

The National Heart, Lung, and Blood Institute of the National Institutes of Health defines coronary heart disease as a type of heart disease that develops when the arteries of the heart cannot deliver enough oxygen-rich blood to the heart. Many people do not know that they have this disease, and lifestyle and behaviors are important factors for prevention. [174]

Age-Adjusted Deaths from Coronary Heart Disease, By Sex

The table and graph below show the age-adjusted coronary heart disease death rate per 100,000 population in Palm Beach County and Florida from 2016 to 2020 by sex. There was a significant disparity between the male and female rate each year during this time frame for both Palm Beach County and Florida, with the rate among male residents much higher than the rate among females. In Palm Beach County, the rate among male residents decreased each year from 2017 (120.1 per 100,000) to 2019 (112.3 per 100,000), then increased in 2020 (122.4 per 100,000). The rate among female Palm Beach County residents increased from 2017 (60.7 per 100,000) to 2020 (69.2 per 100,000). In 2020, the rate among Palm Beach County male (122.4 per 100,000) and female (69.2 per 100,000) residents was higher than the rate among Florida male (121.9 per 100,000) and female (64.3 per 100,000) residents. The Healthy People 2030 national target is to reduce the age-adjusted rate of coronary heart disease deaths to 71.1 per 100,000 population.[175] In Palm Beach County, as of 2020, the male rate was much higher than this target and the female rate was slightly lower.

Table 244: Age-Adjusted Deaths from Coronary Heart Disease, By Sex, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	Male		Female		Male		Female	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	1,389	115.9	1,185	68.7	16,812	128.0	12,325	68.8
2017	1,450	120.1	1,091	60.7	16,926	125.0	12,149	66.2
2018	1,438	113.9	1,119	63.4	17,402	124.4	12,054	64.9
2019	1,469	112.3	1,164	63.5	17,307	119.5	12,052	62.9
2020	1,637	122.4	1,305	69.2	18,260	121.9	12,701	64.3

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

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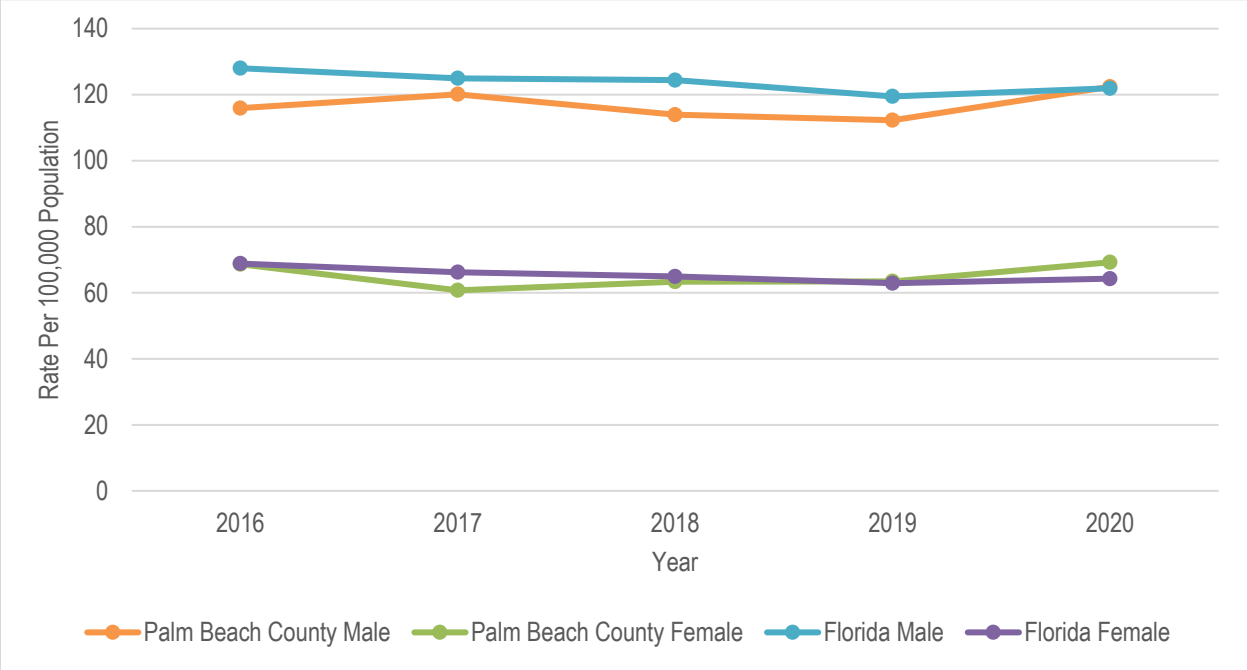
[174] Coronary Heart Disease (n.d.). In NIH National Heart, Lung, and Blood Institute. Retrieved from https://www.nhlbi.nih.gov/health-topics/coronary-heart-disease
[175] Reduce coronary heart disease deaths — HDS-02 (n.d.). In Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke/reduce-coronary-heart-disease-deaths-hds-02

Figure 149: Age-Adjusted Deaths from Coronary Heart Disease, By Sex, Palm Beach County and Florida, 2016-2020



Age-Adjusted Deaths from Coronary Heart Disease, By Race

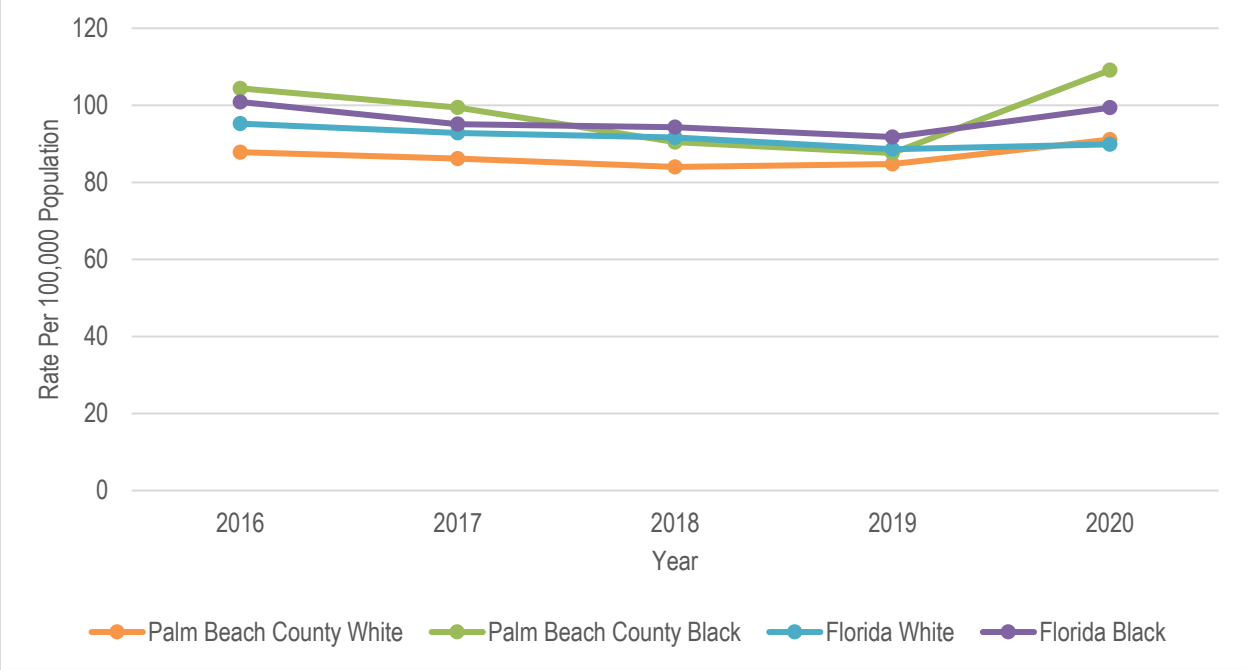
This table and graph show the age-adjusted coronary heart disease death rate per 100,000 population by race in Palm Beach County and Florida from 2016 to 2020. Notably, the rate among Palm Beach County Black residents declined from 2016 (104.4 per 100,000) to 2019 (87.6 per 100,000), then increased dramatically in 2020 (109.1 per 100,000). Additionally, the rate among Palm Beach County Black residents was higher than the rate among White residents each year from 2016 to 2020. In 2020, rate among Palm Beach County White residents was 91.1 per 100,000.

Table 245: Age-Adjusted Deaths from Coronary Heart Disease, By Race, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	2,324	87.8	208	104.4	25,791	95.3	2,801	100.9
2017	2,286	86.2	212	99.4	25,724	92.8	2,775	95.1
2018	2,299	84.0	208	90.4	25,974	91.6	2,830	94.3
2019	2,381	84.8	205	87.6	25,898	88.6	2,862	91.8
2020	2,616	91.1	269	109.1	26,968	89.9	3,261	99.4

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 150: Age-Adjusted Deaths from Coronary Heart Disease, By Race, Palm Beach County and Florida, 2016-2020



Age-Adjusted Deaths from Coronary Heart Disease, By Ethnicity

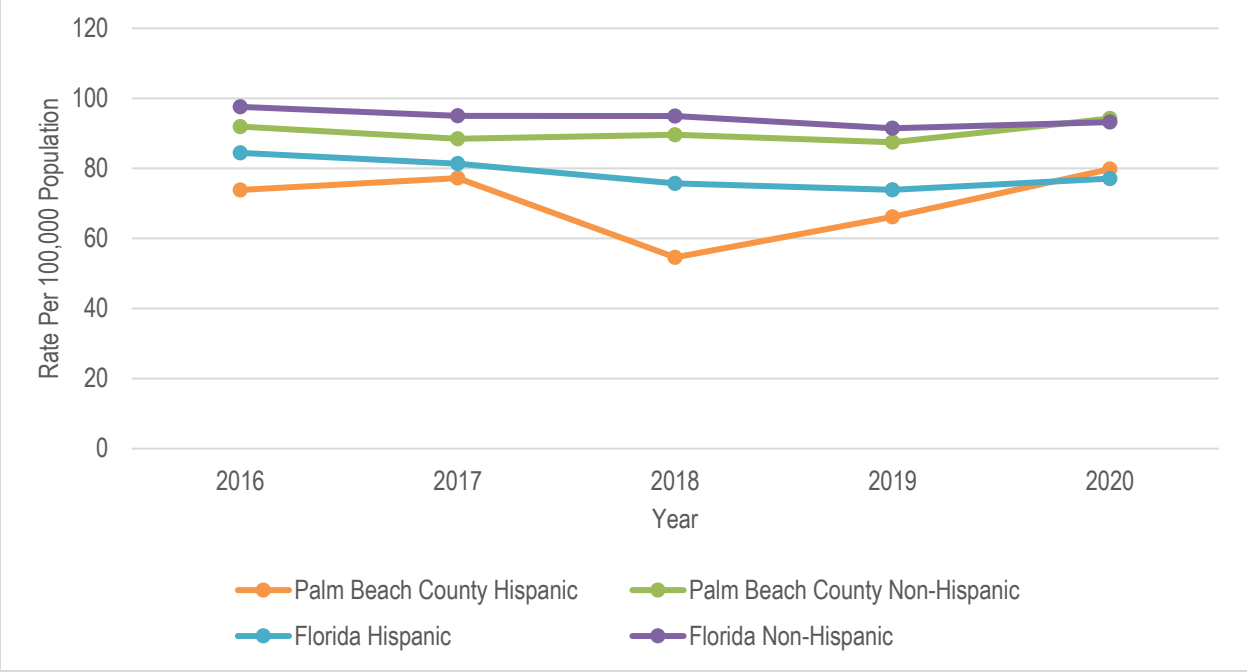
The table and graph below show the age-adjusted coronary heart disease death rate per 100,000 population by ethnicity in Palm Beach County and Florida from 2016 to 2020. While the rate among both the Palm Beach County Hispanic and non-Hispanic residents fluctuated during this time frame, both increased most recently in 2020. In 2020, the rate among Palm Beach County Hispanic residents was 79.8 per 100,000, while the rate among Non-Hispanic residents was 94.3 per 100,000. Additionally, the rates among Palm Beach County Hispanic and non-Hispanic residents were lower than their respective Florida rates each year, except in 2020.

Table 246: Age-Adjusted Deaths from Coronary Heart Disease, By Ethnicity, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	159	73.8	2,410	91.9	3,871	84.4	25,087	97.6
2017	179	77.3	2,350	88.5	3,943	81.3	24,898	95.0
2018	143	54.6	2,400	89.6	3,963	75.7	25,249	94.9
2019	186	66.2	2,437	87.5	4,061	73.9	25,038	91.5
2020	240	79.8	2,687	94.3	4,467	77.1	26,222	93.2

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 151: Age-Adjusted Deaths from Coronary Heart Disease, By Ethnicity, Palm Beach County and Florida, 2016-2020



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Stroke Deaths

According to the American Stroke Association, stroke is the fifth leading cause of death and the leading cause of disability nationwide. Strokes occur when either a clot obstructs the blood flow to the brain or a blood vessel bursts preventing blood flow to the brain, and thus can cause damage to the brain in varying degrees. Because of this, having a stroke can cause parts of the body to not work, impacting long-term quality of life and in some cases causing death. [176] Similar to heart disease, strokes are largely preventable through lifestyle and behavior modifications and medication adherence.

Age-Adjusted Deaths from Stroke

This table and graph below show the age-adjusted stroke death rate per 100,000 population in Palm Beach County and Florida from 2016 to 2019. In Palm Beach County, the rate increased from 36.4 per 100,000 in 2018 to 40.6 per 100,000 in 2020. For each year from 2016 to 2020, the rate among Palm Beach County residents was lower than the rate among Florida residents overall.

The Healthy People 2030 national target is to reduce stroke deaths per 100,000 population to 33.4 per 100,000 population.[177] As of 2020, Palm Beach County was not yet meeting this target.

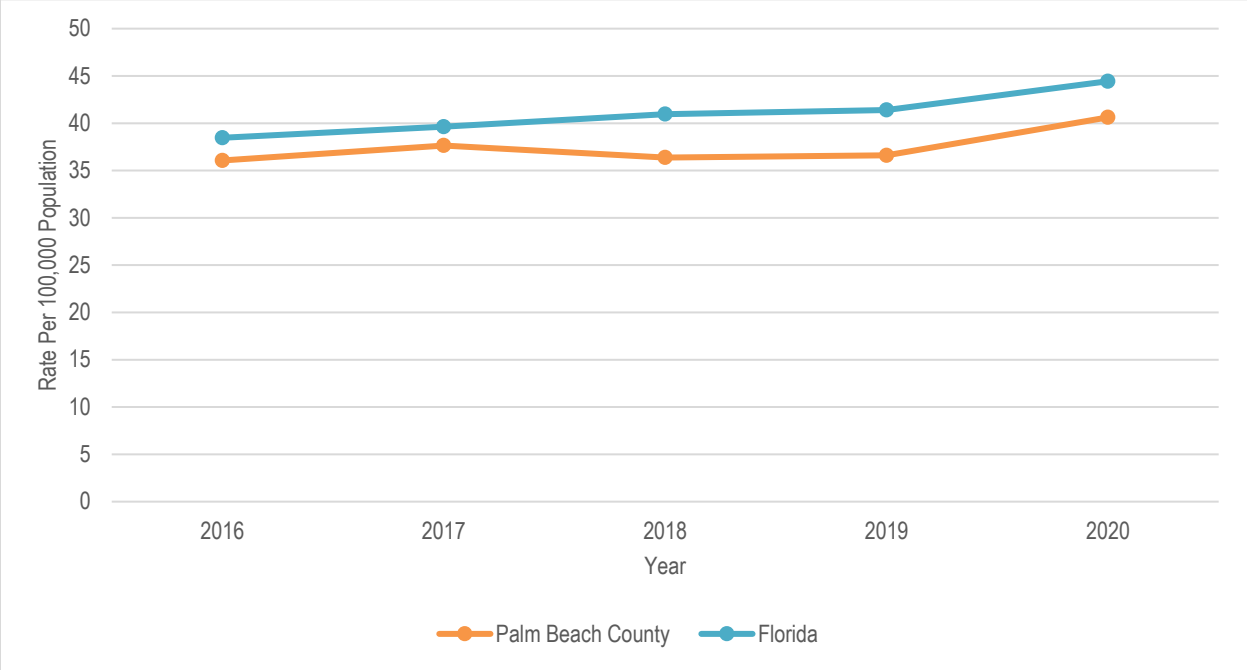
Table 247: Age-Adjusted Deaths from Stroke, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	1,045	36.1	11,843	38.5
2017	1,134	37.7	12,557	39.6
2018	1,130	36.4	13,238	41.0
2019	1,172	36.6	13,868	41.4
2020	1,279	40.6	15,356	44.4

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

[176] About Stroke (n.d.). In American Stroke Association. Retrieved from https://www.stroke.org/en/about-stroke
[177] Reduce stroke deaths — HDS-03 (n.d.). In *Healthy People 2030*. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke/reduce-stroke-deaths-hds-03

Figure 152: Age-Adjusted Deaths from Stroke, Palm Beach County and Florida, 2016-2020



Age-Adjusted Deaths from Stroke, By Race

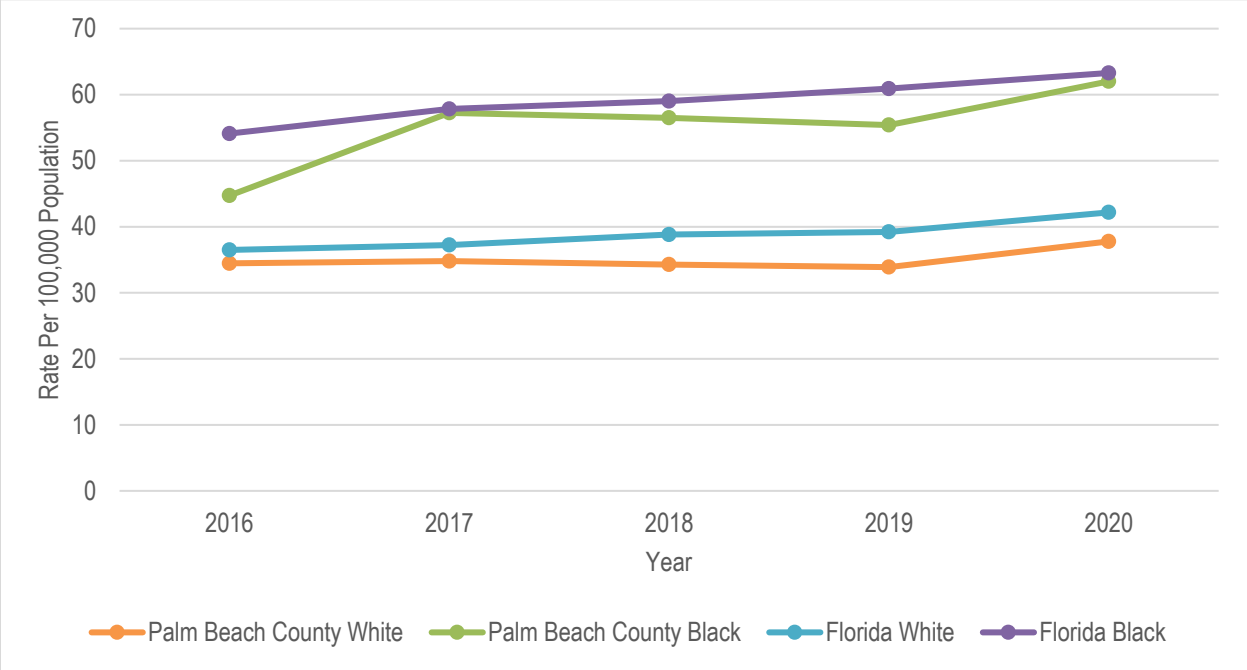
This table and graph show the age-adjusted stroke death rate per 100,000 population by race in Palm Beach County and Florida from 2016 to 2020. In Palm Beach County, the rate among Black residents was higher than the rate among White residents each year during this timeframe Most recently in 2020, the rate among Black residents in Palm Beach County was 62.0 per 100,000, while the rate among White residents was 37.8 per 100,000. The death rate among White and Black Palm Beach County residents increased from 2019 to 2020.

Table 248: Age-Adjusted Deaths from Stroke, By Race, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	934	34.5	93	44.7	10,085	36.5	1,454	54.1
2017	989	34.8	122	57.2	10,587	37.2	1,626	57.8
2018	994	34.3	120	56.5	11,236	38.8	1,681	59.0
2019	1,020	33.9	133	55.4	11,719	39.2	1,818	60.9
2020	1,099	37.8	150	62.0	12,972	42.2	1,981	63.3

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 153: Age-Adjusted Deaths from Stroke, By Race, Palm Beach County and Florida, 2016-2020



Age-Adjusted Deaths from Stroke, By Ethnicity

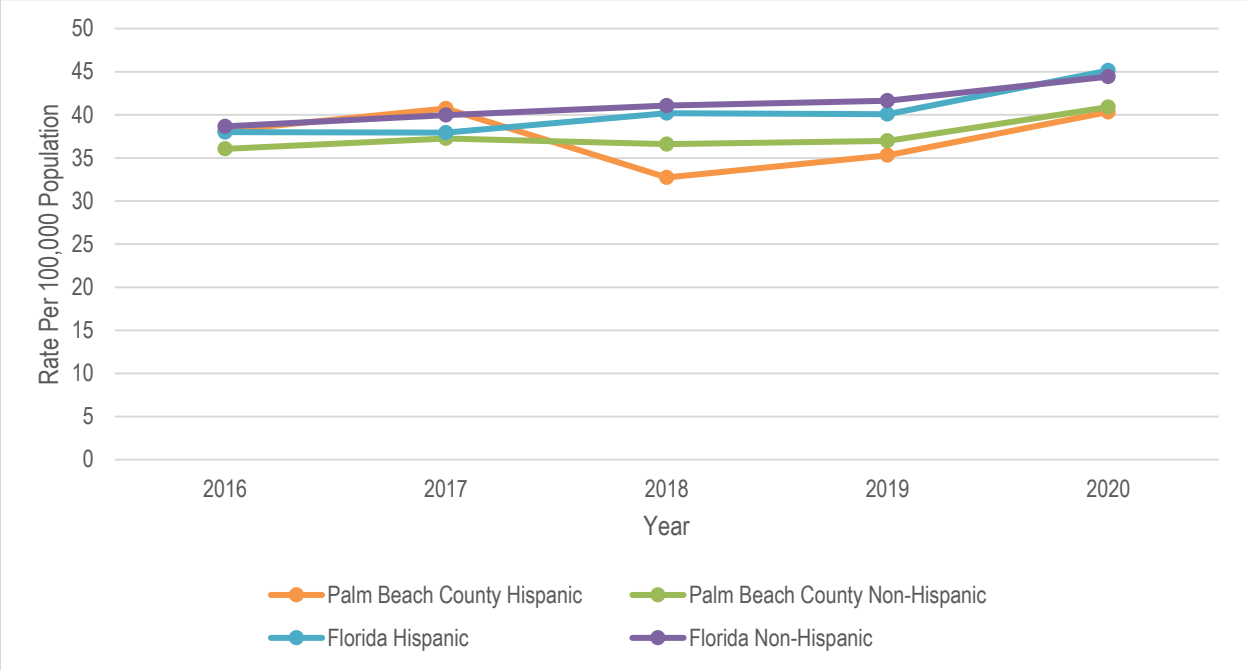
The table and graph below show the age-adjusted stroke death rate per 100,000 population by ethnicity in Palm Beach County and Florida from 2016 to 2020. In recent years, the rate among Hispanic residents rose from 32.7 per 100,000 in 2018 to 40.3 per 100,000 in 2020, and the rate among non-Hispanic residents rose from 36.6 per 100,000 in 2018 to 40.9 per 100,000 in 2019. Additionally, both county rates in 2020 were lower than their respective state rates that same year.

Table 249: Age-Adjusted Deaths from Stroke, By Ethnicity, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	82	38.2	961	36.1	1,730	38.0	10,066	38.7
2017	94	40.7	1,039	37.3	1,839	37.9	10,665	40.0
2018	85	32.7	1,040	36.6	2,103	40.2	11,065	41.1
2019	97	35.3	1,072	37.0	2,200	40.1	11,605	41.6
2020	119	40.3	1,159	40.9	2,597	45.1	12,699	44.4

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 154: Age-Adjusted Deaths from Stroke, By Ethnicity, Palm Beach County and Florida, 2016-2020



DRAFT

Cancer Deaths

Cancer is a disease that can start almost anywhere in the body and spreads to other parts of the body via abnormal or damages cells growing uncontrollably. These abnormal or damages cells form tumors that can be cancerous.[178] Cancer is complex and includes a number of diseases that have their own risk factors, some controllable and some uncontrollable. For instance, controllable risk factors for cancer include, but are not limited to, tobacco use, sun exposure, drinking alcohol, and diet.[179]

According to the American Cancer Society, one in three people will be diagnosed with cancer during their lifetime, and early screening and detection increases the likelihood of being cured.[180] Additionally, certain population groups experience cancer disparities due to barriers in accessing quality primary and specialty health care.[181]

Age-Adjusted Cancer Deaths

The table below shows the age-adjusted cancer death rate per 100,000 population in Palm Beach County and Florida from 2016 to 2020. The rate among Palm Beach County and Florida residents declined each year from 2016 to 2020. The rate among Palm Beach County residents in 2020 was 122.0 per 100,000, which was lower than the state rate of 138.7 per 100,000 that same year.

The Healthy People 2030 national target is to reduce the overall cancer death rate to 122.7 per 100,000 population.[182] As of 2020, Palm Beach County is meeting that target with a cancer death rate of 122.0 per 100,000 population.

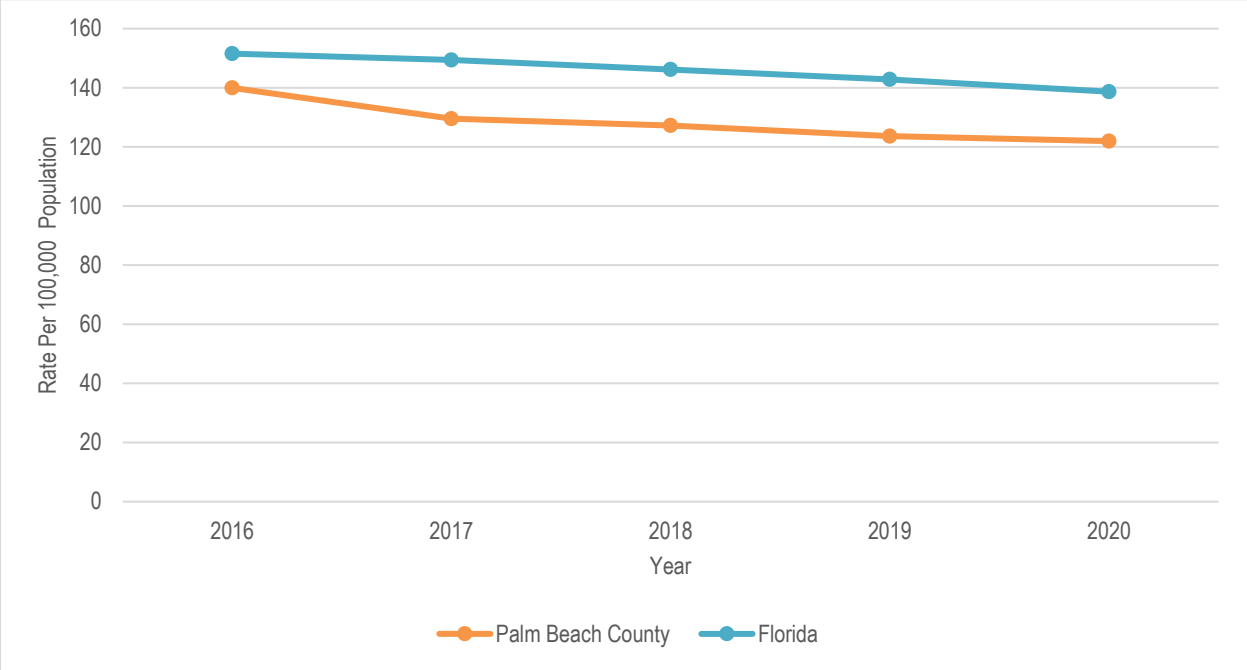
Table 250: Age-Adjusted Cancer Deaths, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	3,368	140.0	44,237	151.5
2017	3,182	129.5	44,862	149.4
2018	3,237	127.2	45,199	146.2
2019	3,211	123.6	45,562	142.8
2020	3,232	122.0	45,723	138.7

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

[178] What is cancer? (2021, May 5). In National Cancer Institute at the National Institute of Health. Retrieved from https://www.cancer.gov/about-cancer/understanding/what-is-cancer
[179] Common Questions About Causes of Cancer (2020, November 3). In American Cancer Society. Retrieved from https://www.cancer.org/cancer/cancer-causes/questions.html
[180] What Is Cancer? (2020, November 6). In *American Cancer Society*. Retrieved from https://www.cancer.org/treatment/understanding-your-diagnosis/what-is-cancer.html
[181] Cancer Disparities (2020, November 17). In National Cancer Institute at the National Institute of Health. Retrieved from https://www.cancer.gov/about-cancer/understanding/disparities
[182] Reduce the overall cancer death rate — C-01 (n.d.). In Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer/reduce-overall-cancer-death-rate-c-01

Figure 155: Age-Adjusted Cancer Deaths, Palm Beach County and Florida, 2016-2020



Age-Adjusted Cancer Deaths, By Race

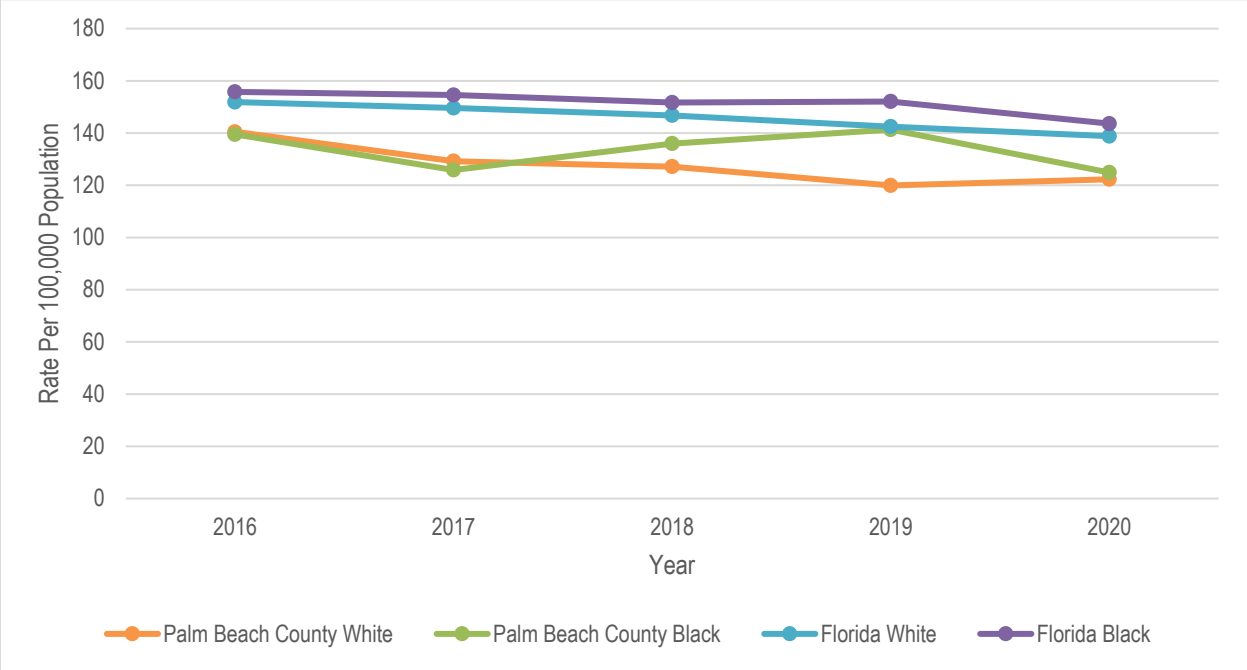
This table and graph below show the age-adjusted cancer death rate per 100,000 population by race in Palm Beach County and Florida from 2016 to 2020. The rate among Palm Beach County White residents declined from 2016 (129.2 per 100,000) to 2019 (119.9 per 100,000), then increased slightly in 2020 (122.3 per 100,000). The rate among Palm Beach County Black residents increased from 2017 (125.9 per 100,000) to 2019 (141.3 per 100,000), then decreased in 2020 (124.9 per 100,000). The rate among Palm Beach County White and Black residents was lower than the respective Florida rate ever year 2016 to 2020.

Table 251: Age-Adjusted Cancer Deaths, By Race, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	2,993	140.5	302	139.5	38,614	151.9	4,603	155.8
2017	2,820	129.2	299	125.9	39,036	149.6	4,781	154.6
2018	2,843	127.1	328	136.0	39,307	146.8	4,828	151.7
2019	2,766	119.9	368	141.3	39,378	142.5	5,052	152.1
2020	2,833	122.3	335	124.9	39,517	138.8	4,988	143.6

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 156: Age-Adjusted Cancer Deaths, By Race, Palm Beach County and Florida, 2016-2020



Age-Adjusted Cancer Deaths, By Ethnicity

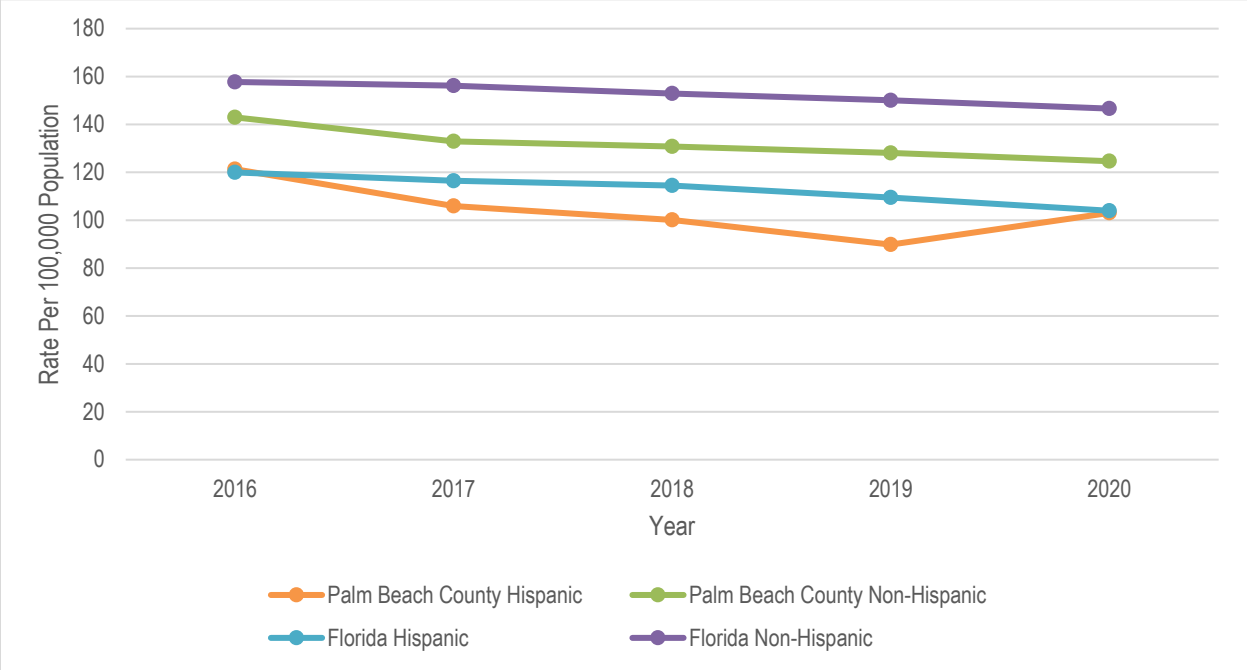
The table and graph below show the age-adjusted cancer death rate per 100,000 population by ethnicity in Palm Beach County and Florida from 2016 to 2020. The rate among Palm Beach County Hispanic residents declined from 2016 (121.3 per 100,000) to 2019 (89.8 per 100,000), then increased in 2020 (103.1 per 100,000). The rate among Palm Beach County non-Hispanic residents declined each year from 2016 (142.9 per 100,000) to 2020 (124.6 per 100,000). However, the rate among non-Hispanic residents remained much higher than the rate among Hispanic residents each year at the county level.

Table 252: Age-Adjusted Cancer Deaths, By Ethnicity, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	277	121.3	3,084	142.9	5,579	120.0	38,514	157.7
2017	256	105.9	2,919	132.9	5,705	116.4	38,995	156.2
2018	275	100.1	2,957	130.8	6,026	114.5	39,001	152.9
2019	264	89.8	2,932	128.1	6,075	109.5	39,292	150.1
2020	321	103.1	2,898	124.6	6,070	103.9	39,478	146.6

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 157: Age-Adjusted Cancer Deaths, By Ethnicity, Palm Beach County and Florida, 2016-2020



DRAFT

Tobacco-Related Cancer Deaths

Tobacco-Related Cancer Deaths to Persons 35 and Over

The table below shows the tobacco-related cancer death rate per 100,000 population for persons ages 35 and over in Palm Beach County and Florida from 2016 to 2020. The Palm Beach County and Florida rate declined year over year during this timeframe. Each year, aside from 2016, the cancer death rate among county residents was lower than the death rate among Florida residents as a whole.

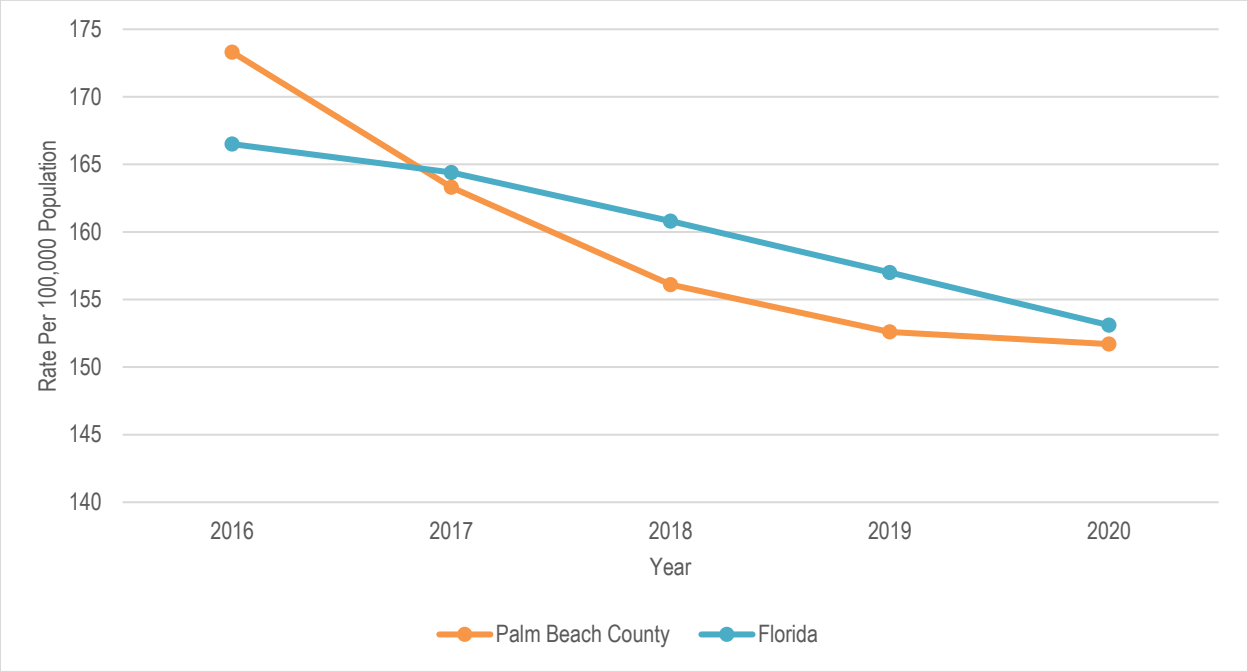
There is no Healthy People 2030 national target directly related to this health indicator.

Table 253: Tobacco-Related Cancer Deaths to Persons 35 And Over, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	1,473	173.3	19,583	166.5
2017	1,407	163.3	19,733	164.4
2018	1,379	156.1	19,731	160.8
2019	1,368	152.6	19,626	157.0
2020	1,376	151.7	19,586	153.1

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 158: Tobacco-Related Cancer Deaths to Persons 35 And Over, Palm Beach County and Florida, 2016-2020



Tobacco-Related Cancer Deaths to Persons 35 and Over, By Race

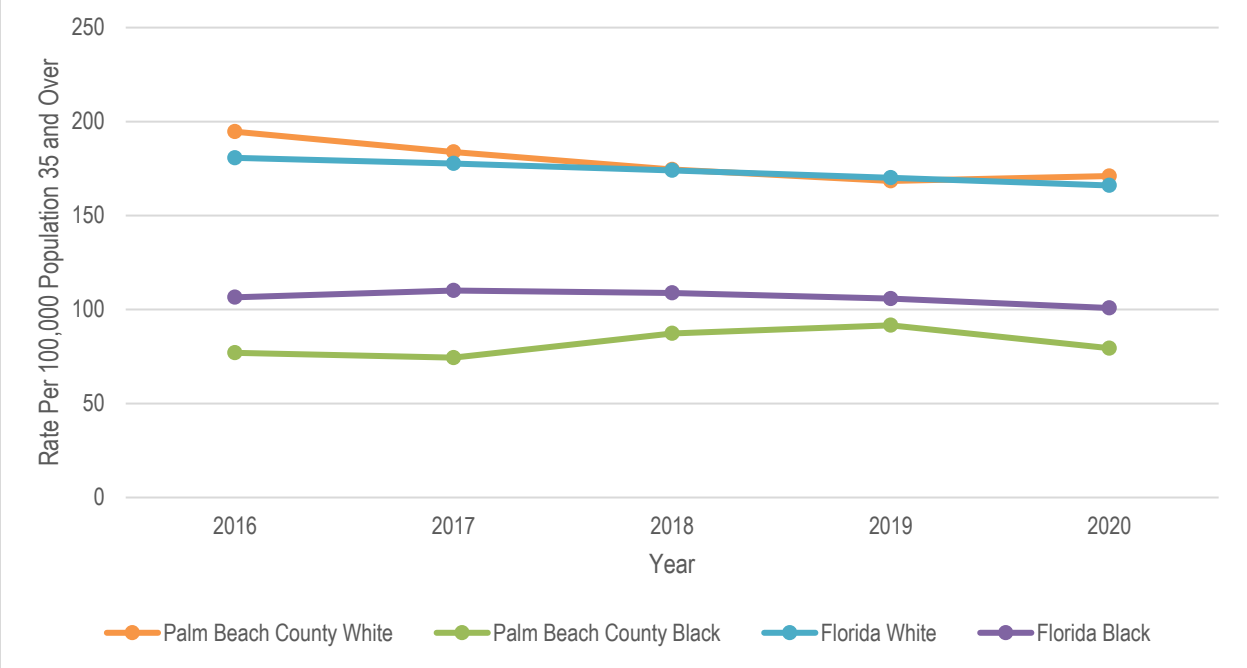
This table and graph below show the tobacco-related cancer death rate per 100,000 by race for persons ages 35 and over in Palm Beach County and Florida from 2016 to 2020. Each year from 2016 to 2020, except 2019, the death rate among White residents was more than double the rate among Black residents. For example, in 2020 the rate among White Palm Beach County residents of 171.0 per 100,000 population while the rate among Black residents was 79.4 per 100,000. Additionally, the rate among statewide White residents in 2020 was 166.0 per 100,000, lower than the respective county rate that same year.

Table 254: Tobacco-Related Cancer Deaths to Persons 35 And Over, By Race, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	1,347	194.6	95	77.0	17,517	180.7	1,680	106.5
2017	1,284	183.8	95	74.4	17,531	177.7	1,786	110.1
2018	1,242	174.5	117	87.3	17,491	174	1,822	108.8
2019	1,212	168.4	126	91.6	17,392	170.1	1,813	105.8
2020	1,241	171.0	112	79.4	17,324	166.0	1,780	100.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 159: Tobacco-Related Cancer Deaths to Persons 35 and Over, By Race, Palm Beach County and Florida, 2016-2020



Tobacco-Related Cancer Deaths to Persons 35 and Over, By Ethnicity

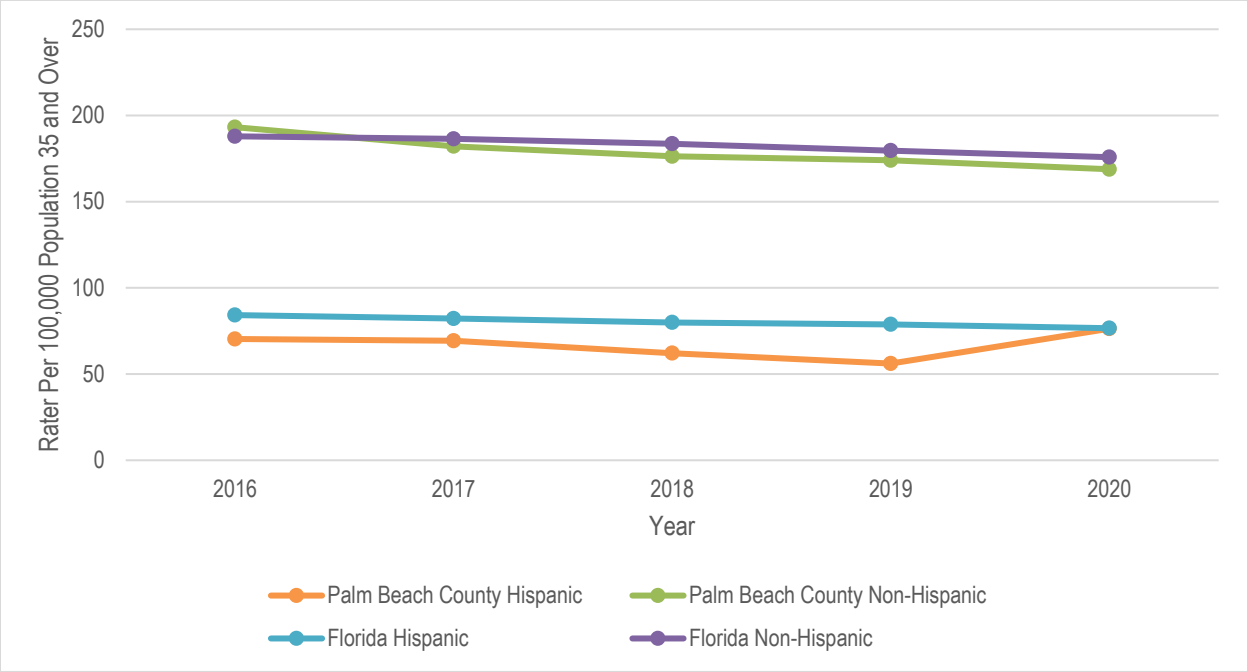
The following table and graph show the tobacco-related cancer death rate per 100,000 population by ethnicity to persons ages 35 and over in Palm Beach County and Florida from 2016 to 2020. The rate among Palm Beach County non-Hispanic residents declined year to year from 2016 (193.2 per 100,000) to 2020 (168.8 per 100,000). The rate among Palm Beach County Hispanic residents declined from 2016 (70.3 per 100,000) to 2019 (56.1 per 100,000), then increased in 2020 (76.3 per 100,000).

Table 255: Tobacco-Related Cancer Deaths to Persons 35 And Over, By Ethnicity, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	98	70.3	1,373	193.2	2,098	84.2	17,424	187.9
2017	101	69.3	1,304	182.1	2,140	82.2	17,521	186.4
2018	98	62.1	1,279	176.3	2,210	79.9	17,451	183.6
2019	93	56.1	1,271	17.04	2,271	78.8	17,272	179.6
2020	132	76.3	1,239	168.8	2,306	76.6	17,194	175.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 160: Tobacco-Related Cancer Deaths to Persons 35 and Over, By Ethnicity, Palm Beach County and Florida, 2016-2020



DRAFT

HIV/AIDS Deaths

Human immunodeficiency virus, also known as HIV, is a virus that attacks the body's immune system and leads to acquired immunodeficiency syndrome, or AIDS, if left untreated. HIV is spread by having unprotected sex or sharing needles, syringes, or other equipment used to inject drugs.[183] With proper medical care and effective HIV treatment, people with HIV can live healthy lives. There are multiple phases of HIV, the worst of which is AIDS. AIDS severely damages the immune system, causing risk for other severe illnesses. People diagnosed with AIDS typically survive about three years.[184]

Age-Adjusted Deaths from HIV/AIDS

This table below shows the age-adjusted death rate per 100,000 population from HIV/AIDS in Palm Beach County and Florida from 2016 to 2020. The death rate among residents in Palm Beach County fluctuated over this timeframe, ultimately increasing slightly from 2.8 per 100,000 to 2.9 per 100,000 in 2020. In 2020, the rate among Palm Beach County residents (2.9 per 100,000) was higher than the rate among Florida residents (2.7 per 100,000) overall.

There is no Healthy People 2030 national target directly associated with this health indicator.

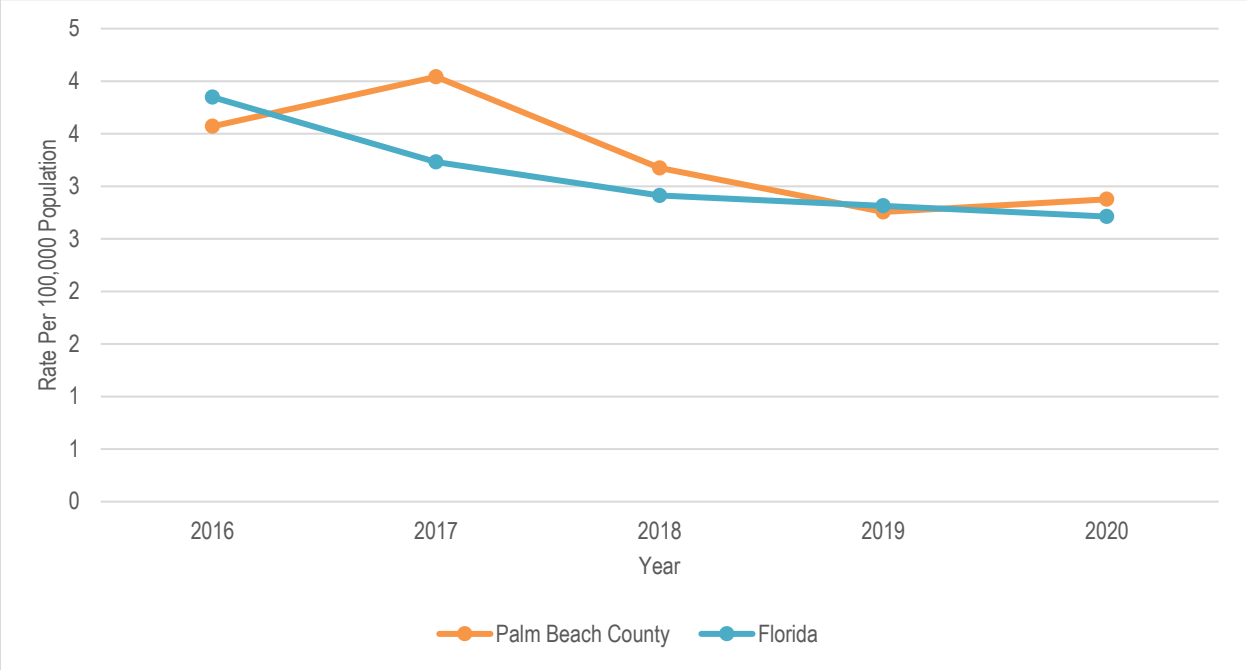
Table 256: Age-Adjusted Deaths from HIV/AIDS, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	54	3.6	864	3.8
2017	62	4.0	749	3.2
2018	53	3.2	692	2.9
2019	45	2.8	692	2.8
2020	48	2.9	672	2.7

Source: Florida Department of Health, Bureau of Communicable Diseases, 2020
Compiled by: Health Council of Southeast Florida, 2021

[183] HIV Risk and Prevention (2020, December 7). In *Centers for Disease Control and Prevention*. Retrieved from https://www.cdc.gov/hiv/risk/drugs/index.html
[184] About HIV (2021, June 1). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/hiv/basics/whatishiv.html

Figure 161: Age-Adjusted Deaths from HIV/AIDS, Palm Beach County and Florida, 2016-2020



Age-Adjusted Deaths from HIV/AIDS, By Race

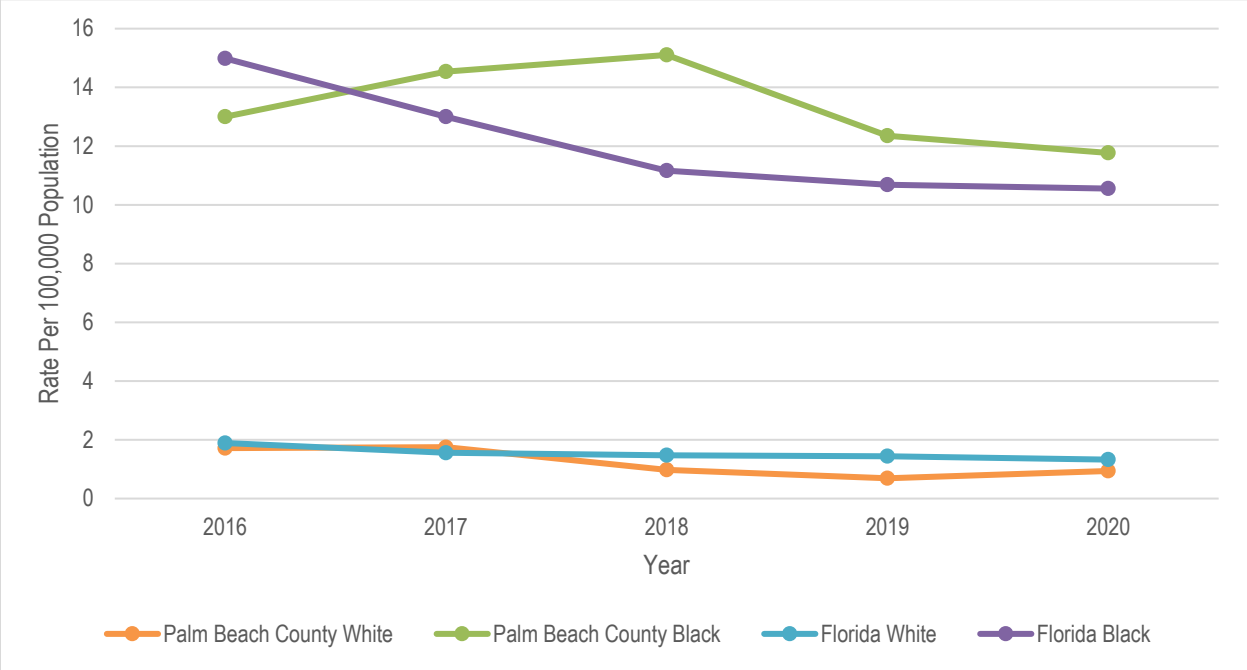
The table and graph below show the age-adjusted death rate per 100,000 population from HIV/AIDS in Palm Beach County and Florida from 2016 to 2020 by race. Across all years, the rate among Palm Beach County Black residents was much higher than the rate among White residents. Additionally, the rate among Palm Beach County Black residents was higher than the rate among Black residents in Florida overall each year, except 2016. In 2020, the rate among Palm Beach County White residents was 0.9 per 100,000 and the rate among Black residents was 11.8 per 100,000.

Table 257: Age-Adjusted Deaths from HIV/AIDS, By Race, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	20	1.7	33	13.0	356	1.9	495	15.0
2017	22	1.8	39	14.5	296	1.6	443	13.0
2018	12	1.0	40	15.1	288	1.5	389	11.2
2019	9	0.7	35	12.4	293	1.4	384	10.7
2020	14	0.9	34	11.8	278	1.3	382	10.6

Source: Florida Department of Health, Bureau of Communicable Diseases, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 162: Age-Adjusted Deaths from HIV/AIDS, By Race, Palm Beach County and Florida, 2016 - 2020



Age-Adjusted Deaths from HIV/AIDS, By Ethnicity

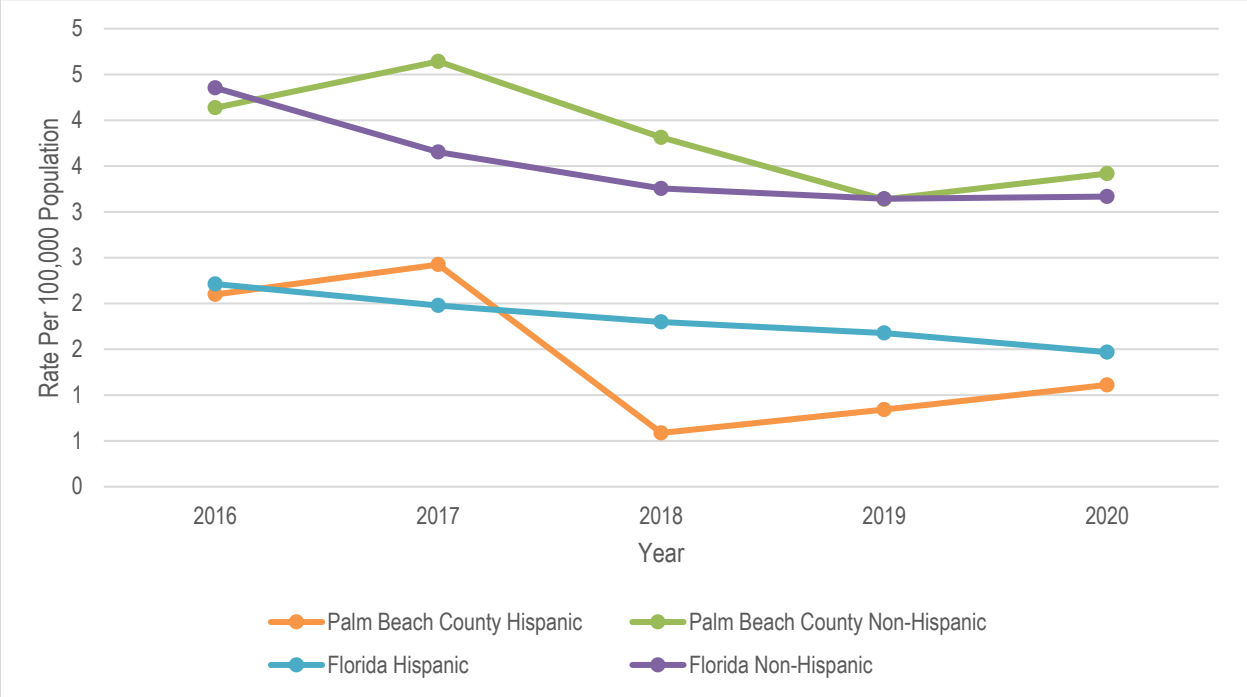
The following table and graph below show the age-adjusted death rate per 100,000 population from HIV/AIDS in Palm Beach County and Florida from 2015 to 2019 by ethnicity. From 2015 to 2019, the rate among Palm Beach County Hispanic and non-Hispanic residents fluctuated but generally declined, as depicted in the graph. Notably, the rate among Palm Beach County non-Hispanic residents was higher than the rate among Hispanic residents each year. In 2019, for example, the death rate among non-Hispanics was 3.1 per 100,000 and the rate among Hispanics was 0.8 per 100,000 in Palm Beach County.

Table 258: Age-Adjusted Deaths from HIV/AIDS, By Ethnicity, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	6	2.1	48	4.1	112	2.2	735	4.4
2017	7	2.4	55	4.6	105	2.0	633	3.7
2018	2	0.6	50	3.8	99	1.8	578	3.3
2019	3	0.8	40	3.1	100	1.7	575	3.1
2020	4	1.1	44	3.4	90	1.5	567	3.2

Source: Florida Department of Health, Bureau of Communicable Diseases, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 163: Age-Adjusted Deaths from HIV/AIDS, By Ethnicity, Palm Beach County and Florida, 2016-2020



DRAFT

Unintentional Injury Deaths

Unintentional injuries are injuries that were unplanned and could have been prevented. Unintentional injuries are the leading cause of death for individuals under 45 years of age nationwide, and prevention efforts are critical to keeping people safe.[185]

Unintentional injuries include, but are not limited to, motor vehicle crashes, other land transport accidents, water/air/space transport accidents, falls, firearms discharge, drowning, smoke, fire and flame exposure, and poisoning and noxious substance exposure.[186]

Age-Adjusted Deaths from Unintentional Injury

The table below shows the age-adjusted unintentional injury death rate per 100,000 population in Palm Beach County and Florida from 2016 to 2020. Each year over this time period, the rate among Palm Beach County residents was higher than the rate among Florida residents overall. Most recently, the rate among Palm Beach County residents increased from 55.6 per 100,000 population in 2018 to 72.4 per 100,000 population in 2020.

The Healthy People 2030 national target is to reduce the unintentional injury death rate to 43.2 per 100,000 population.[187] As shown in the table below, Palm Beach County was not yet meeting this target as of 2020.

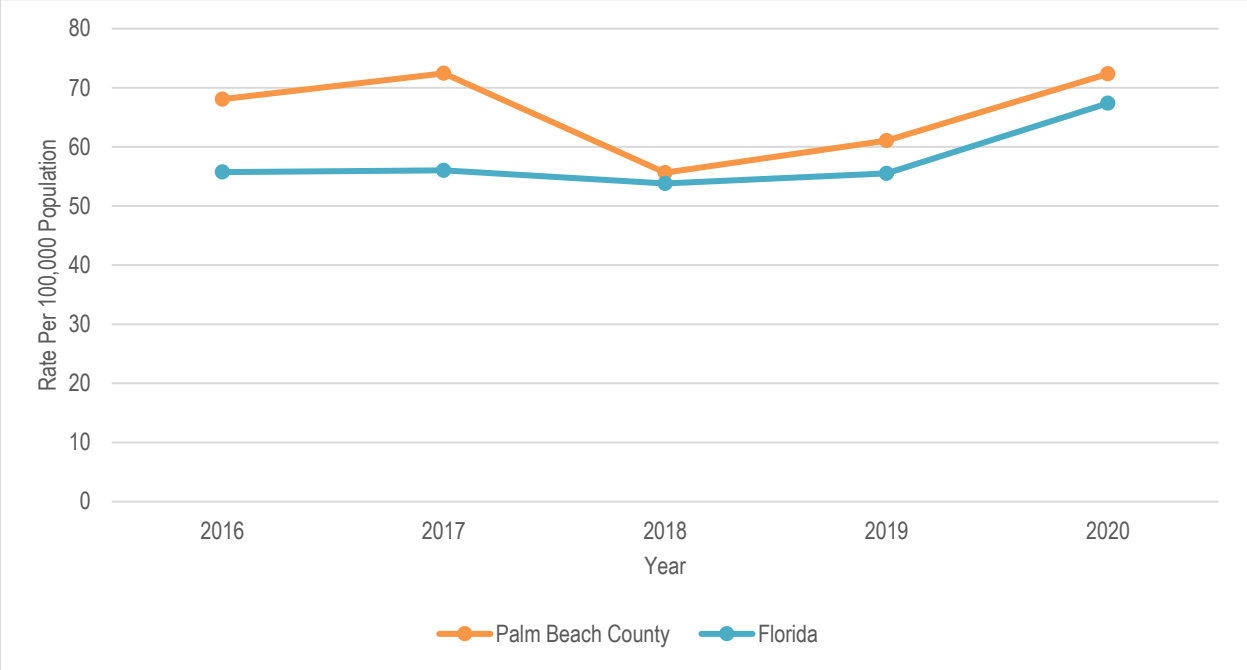
Table 259: Age-Adjusted Deaths from Unintentional Injury, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	998	68.1	12,522	55.7
2017	1,098	72.4	12,812	56.0
2018	913	55.6	12,616	53.8
2019	1,013	61.1	13,213	55.5
2020	1,157	72.4	15,987	67.4

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

[185] Injury Prevention (n.d.). In *Healthy People 2030*. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention
[186] Data Dictionary (2021, June 4). In *FlHealthCHARTS.com*. Retrieved from https://www.flhealthcharts.com/FLQUERY_New/Documents/DeathQ_Data_Dictionary.pdf
[187] Reduce unintentional injury deaths — IVP-03 (n.d.). In Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention/reduce-unintentional-injury-deaths-ivp-03

Figure 164: Age-Adjusted Deaths from Unintentional Injury, Palm Beach County and Florida, 2016-2020



Age-Adjusted Deaths from Unintentional Injury, By Race

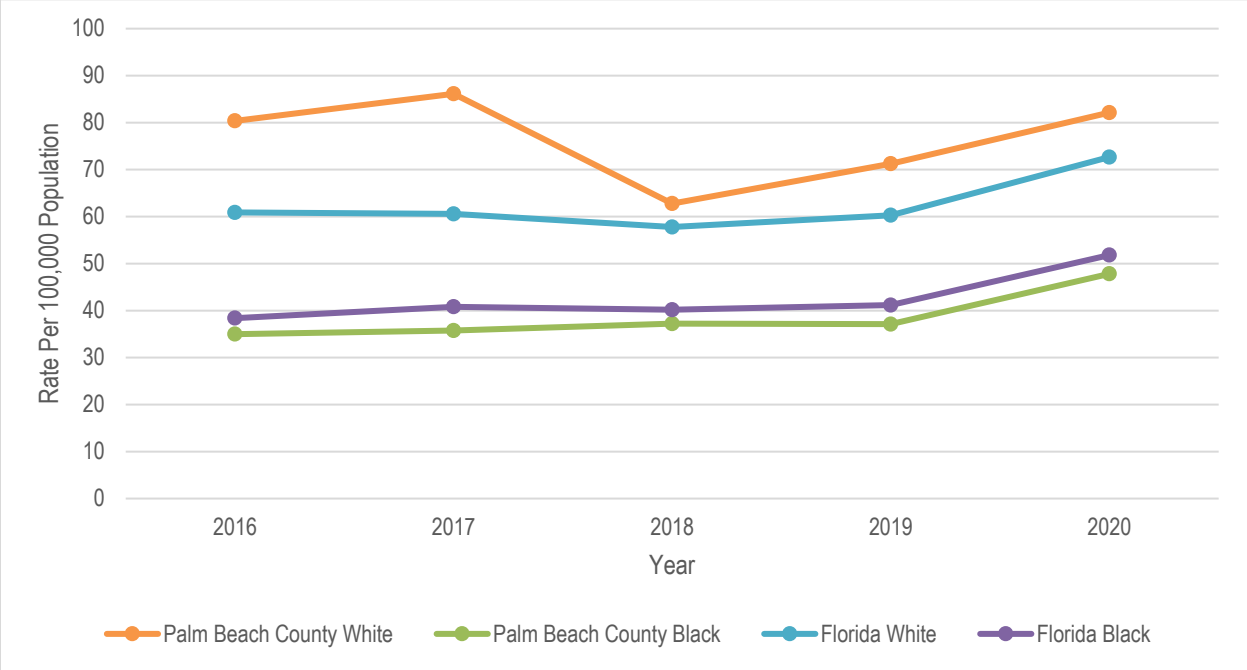
This table and graph below show the age-adjusted unintentional injury death rate per 100,000 population in Palm Beach County and Florida from 2016 to 2020 by race. Each year during this timeframe, the death rate among Palm Beach County White residents was higher than the rate among Palm Beach County Black residents. In 2020, the rate among Palm Beach county White residents was 82.1 per 100,000, while the rate among Black residents was 47.8 per 100,000.

Table 260: Age-Adjusted Deaths from Unintentional Injury, By Race, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	881	80.4	91	35.0	10,949	60.9	1,259	38.4
2017	977	86.1	95	35.8	11,086	60.6	1,382	40.8
2018	786	62.8	105	37.2	10,868	57.8	1,402	40.2
2019	895	71.2	101	37.1	11,426	60.3	1,436	41.2
2020	992	82.1	134	47.8	13,671	72.7	1,873	51.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 165: Age-Adjusted Deaths from Unintentional Injury, By Race, Palm Beach County and Florida, 2016-2020



Age-Adjusted Deaths from Unintentional Injury, By Ethnicity

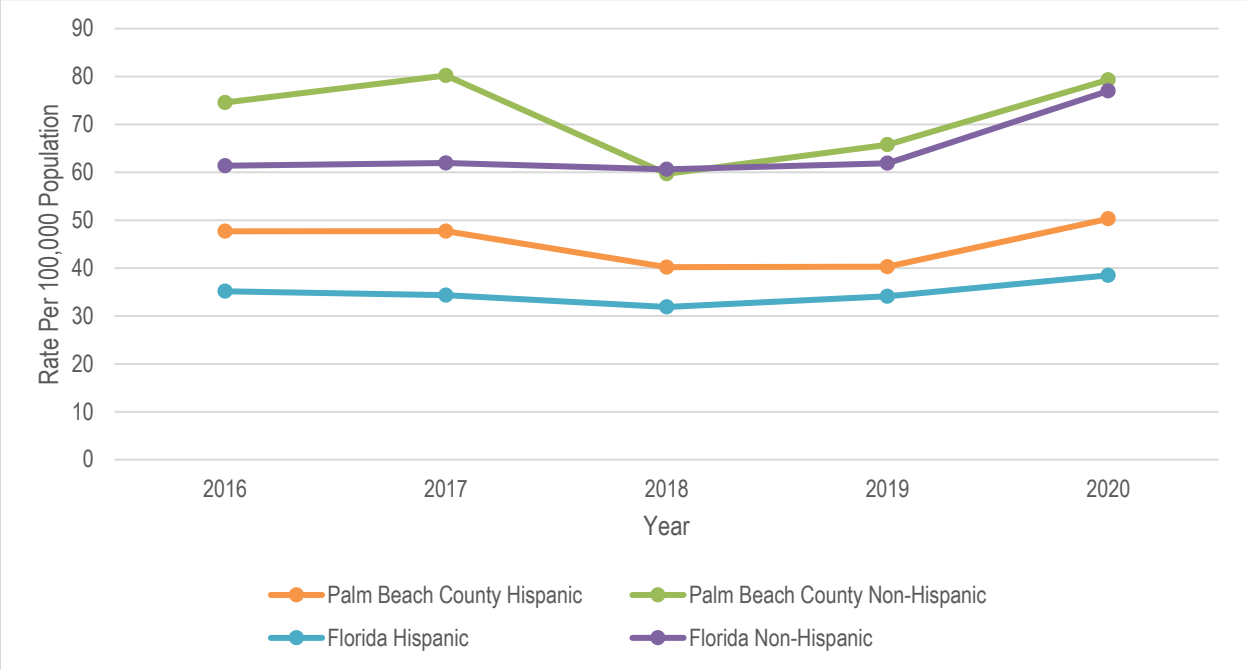
The table and graph below show the age-adjusted unintentional injury death rate per 100,000 population by ethnicity in Palm Beach County and Florida from 2016 to 2020. In Palm Beach County, the rate among Hispanic residents rose from 40.3 per 100,000 in 2019 to 50.3 per 100,000 in 2020, and the rate among non-Hispanic residents rose from 65.8 per 100,000 in 2019 to 79.3 per 100,000 in 2020. The rate among Palm Beach County non-Hispanic residents was higher than the rate among every other ethnicity at the county and state level each year from 2016 to 2020.

Table 261: Age-Adjusted Deaths from Unintentional Injury, By Ethnicity, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	136	47.7	855	74.6	1,742	35.2	10,633	61.4
2017	144	47.7	945	80.2	1,770	34.3	10,836	61.9
2018	127	40.2	783	59.7	1,736	31.9	10,729	60.6
2019	133	40.3	860	65.8	1,922	34.1	11,089	61.9
2020	168	50.3	980	79.3	2,246	38.5	13,488	77.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 166: Age-Adjusted Deaths from Unintentional Injury, By Ethnicity, Palm Beach County and Florida, 2016-2020



DRAFT

Deaths from Firearms Discharge

Age-Adjusted Deaths from Firearms Discharge

The table below shows the age-adjusted firearm discharge death rate per 100,000 in Palm Beach County and Florida from 2016 to 2020. The death rate among Palm Beach County residents increased from 2017 (12.0 per 100,000) to 2019 (13.6 per 100,000), then decreased in 2020 (12.2 per 100,000). The rate among Florida residents overall in 2020 was 13.7 per 100,000, slightly above the county rate that same year.

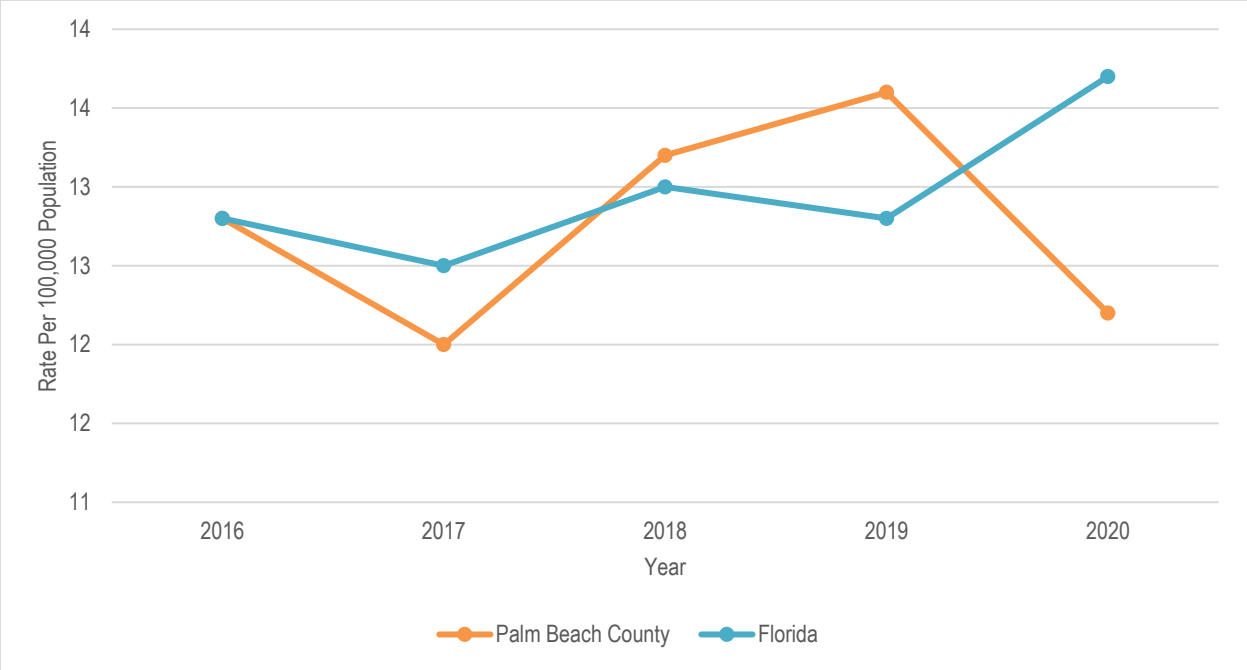
There is no Healthy People 2030 national target directly associated with this health indicator.

Table 262: Age-Adjusted Deaths from Firearms Discharge, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	177	12.8	2,696	12.8
2017	165	12.0	2,707	12.5
2018	191	13.2	2,899	13.0
2019	200	13.6	2,868	12.8
2020	174	12.2	3,036	13.7

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 167: Age-Adjusted Deaths from Firearms Discharge, Palm Beach County and Florida, 2016-2020



Age-Adjusted Deaths from Firearms Discharge, By Race

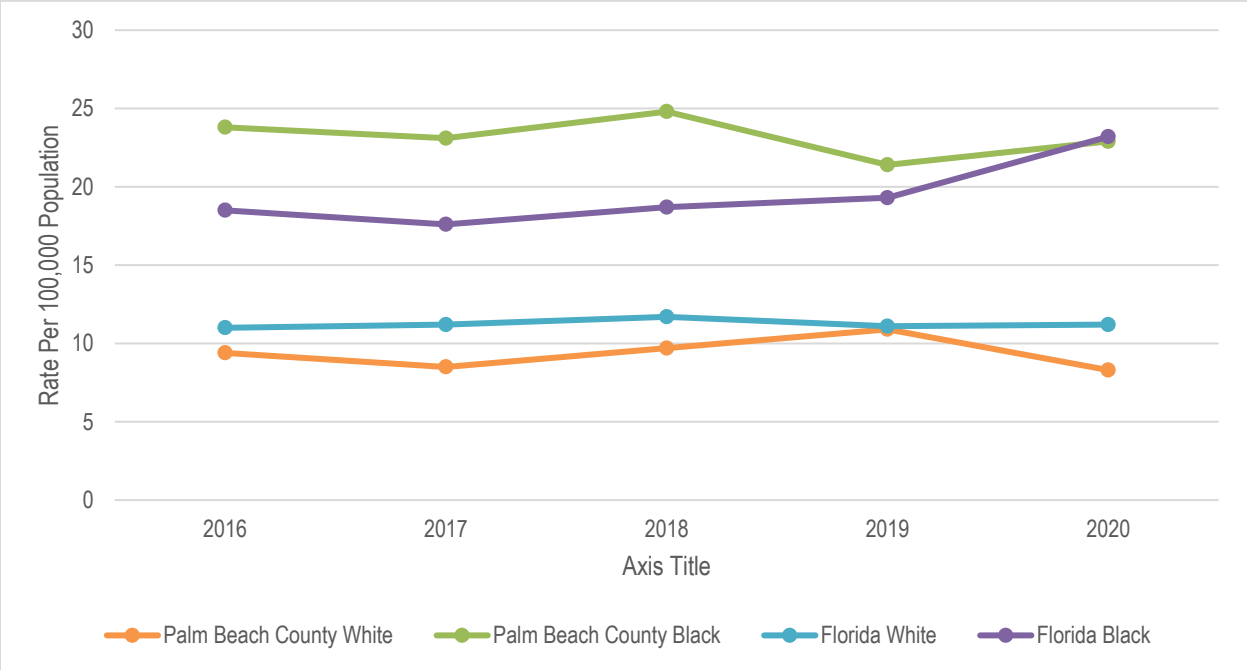
This table and graph show the age-adjusted death rate per 100,000 population from firearms discharge in Palm Beach County and Florida from 2016 to 2019 by race. The rate among Palm Beach County White residents declined from 2019 (10.9 per 100,000) to 2020 (8.3 per 100,000), while the rate among Palm Beach County Black residents rose from 2019 (21.4 per 100,000) to 2020 (22.9 per 100,000). The rate among Palm Beach County Black residents was at least double the rate among White residents each year from 2016 to 2020, except 2019. Additionally, the rate among Palm Beach County Black residents was higher than rate among Florida Black residents overall each year, except most recently in 2020 when the rate among Florida Black residents was 23.2 per 100,000.

Table 263: Age-Adjusted Deaths from Firearms Discharge, By Race, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	110	9.4	65	23.8	1,970	11	660	18.5
2017	101	8.5	64	23.1	2,007	11.2	641	17.6
2018	119	9.7	70	24.8	2,166	11.7	685	18.7
2019	132	10.9	63	21.4	2,073	11.1	720	19.3
2020	101	8.3	67	22.9	2,069	11.2	879	23.2

Source: Florida Department of Health, Bureau of Communicable Diseases, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 168: Age-Adjusted Deaths from Firearms Discharge, By Race, Palm Beach County and Florida, 2016-2020



DRAFT

Homicide Deaths

Age-Adjusted Homicide Deaths

The table below shows the age-adjusted homicide death rate per 100,000 population in Palm Beach County and Florida from 2016 TO 2020. The rate among Palm Beach County residents fluctuated during this time frame and ultimately decreased from 7.6 per 100,000 in 2019 to 7.4 per 100,000 in 2020. Each year from 2016 to 2019, the rate among Palm Beach County residents was higher than the rate among Florida residents overall. However, in 2020, the rate among Palm Beach County residents (7.4 per 100,000) was lower than Florida residents (7.7 per 100,000) overall.

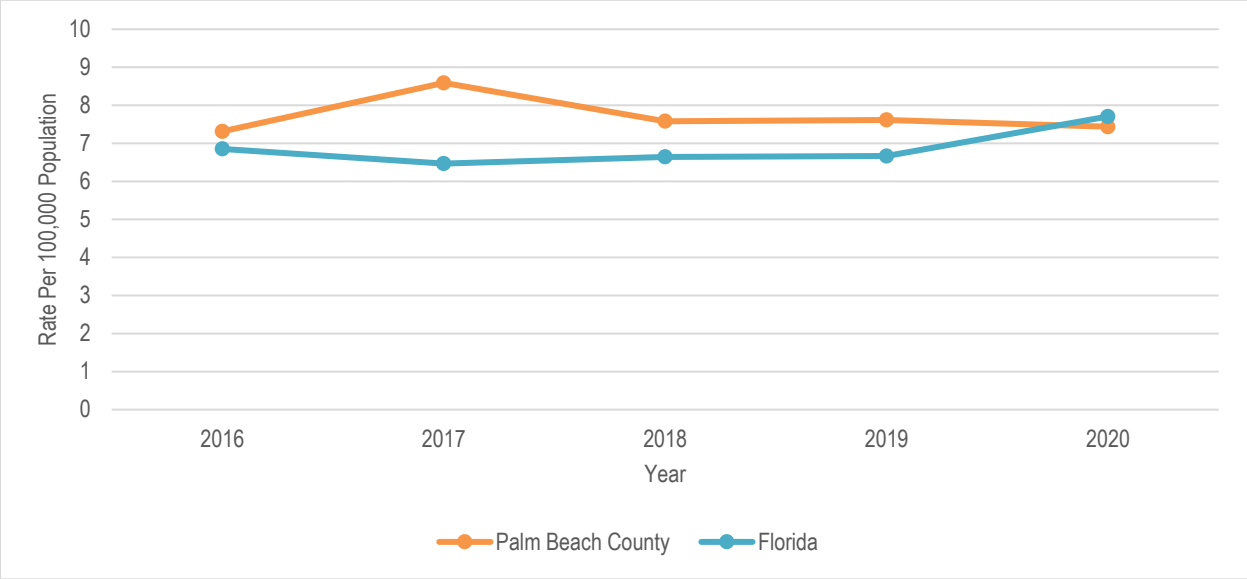
The Healthy People 2030 national target is to reduce homicides to 5.5 per 100,000.[188] As of 2020, Palm Beach County was not yet meeting this target.

Table 264: Age-Adjusted Homicide Deaths, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	89	7.3	1,292	6.9
2017	102	8.6	1,250	6.5
2018	95	7.6	1,311	6.6
2019	98	7.6	1,331	6.7
2020	90	7.4	1,524	7.7

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 169: Age-Adjusted Homicide Deaths, Palm Beach County and Florida, 2016-2020



[188] Reduce homicides — IVP-09 (n.d.). In Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/violence-prevention/reduce-homicides-ivp-09

Age-Adjusted Homicide Deaths, By Race

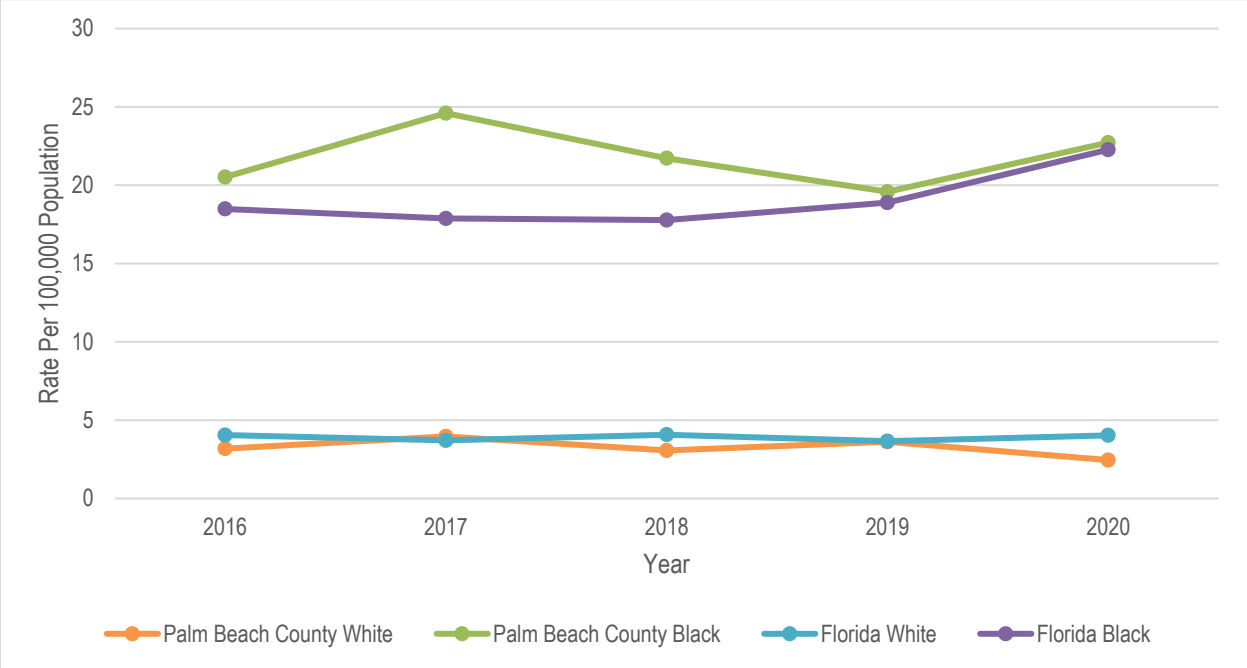
The following table and graph show the age-adjusted homicide death rate per 100,000 population by race in Palm Beach County and Florida from 2016 to 2020. Each year, there was a large disparity between the rate among Palm Beach County White and Black residents, with the rate among Black residents being at least five times higher than the rate among White residents. Most recently in 2020, the rate among Black residents in Palm Beach County was 22.7 per 100,000, while the rate among White residents was 2.5 per 100,000. Additionally, the rate among Black Palm Beach County residents was higher than the rate among Black Florida residents every year during this timeframe.

Table 265: Age-Adjusted Homicide Deaths, By Race, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	28	3.2	59	20.5	604	4.0	653	18.5
2017	34	4.0	67	24.6	567	3.7	646	17.9
2018	30	3.1	63	21.7	630	4.1	654	17.8
2019	35	3.6	58	19.6	574	3.7	709	18.9
2020	22	2.5	66	22.7	624	4.0	841	22.3

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 170: Age-Adjusted Homicide Deaths, By Race, Palm Beach County and Florida, 2016-2020



Age-Adjusted Homicide Deaths, By Ethnicity

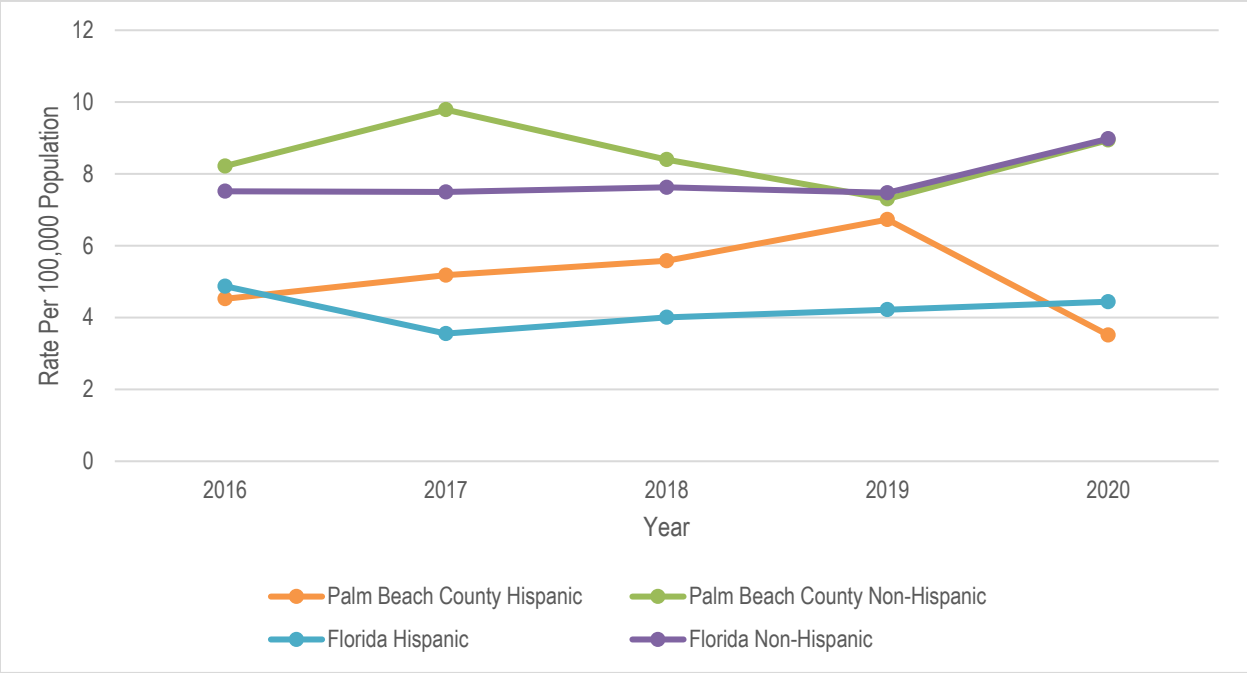
This table and graph below show the age-adjusted homicide death rate by ethnicity in Palm Beach County and Florida from 2016 to 2020. In Palm Beach County, the death rate among non-Hispanic residents was higher than the rate among Hispanic residents every year during this timeframe. The rate among Palm Beach County Hispanic residents increased from 2016 (4.5 per 100,000) to 2019 (6.7 per 100,000), then decreased in 2020 (3.5 per 100,000). Alternatively, rate among Palm Beach County non-Hispanic residents decreased from 2017 (9.8 per 100,000) to 2019 (7.3 per 100,000), then increased in 2020 (8.9 per 100,000).

Table 266: Age-Adjusted Homicide Deaths, By Ethnicity, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	14	4.5	74	8.2	248	4.9	1,027	7.5
2017	16	5.2	86	9.8	185	3.6	1,046	7.5
2018	18	5.6	77	8.4	218	4.0	1,078	7.6
2019	23	6.7	67	7.3	240	4.2	1,055	7.5
2020	12	3.5	77	8.9	256	4.4	1,247	9.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 171: Age-Adjusted Homicide Deaths, By Ethnicity, Palm Beach County and Florida, 2016-2020



Drug-Poisoning Deaths

Age-Adjusted Drug Poisoning Deaths

The table below shows the age-adjusted drug poisoning death rate per 100,000 population in Palm Beach County and Florida from 2016 to 2020. According to the Florida Department of Health, drug poisoning deaths include the intentional or unintentional overdose of a drug, being given the wrong drug, taking a drug inadvertently, or taking a drug in error.[189] The drug poisoning death rate among Palm Beach County residents increased from 30.5 per 100,000 in 2018 to 43.0 per 100,000 in 2020. The Palm Beach County rate was higher than the Florida rate each year during this timeframe.

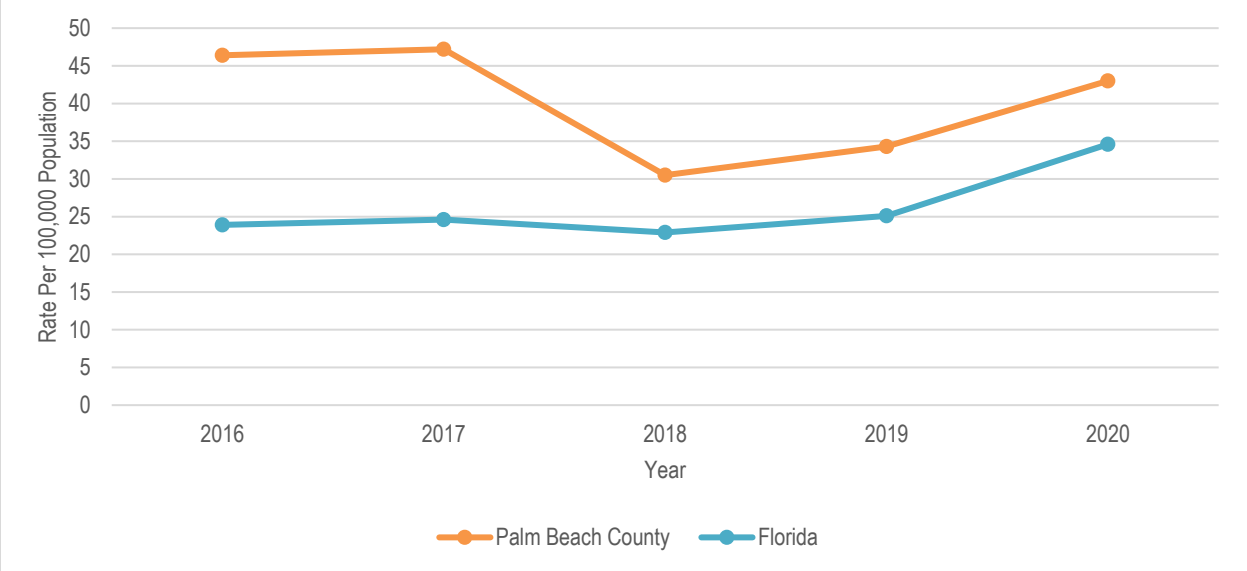
There is no Healthy People 2030 national target directly associated with this health indicator.

Table 267: Age-Adjusted Drug Poisoning Deaths, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	583	46.4	4692	23.9
2017	610	47.2	4908	24.6
2018	407	30.5	4669	22.9
2019	453	34.3	5147	25.1
2020	564	43.0	7132	34.6

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 172: Age-Adjusted Drug Poisoning Deaths, Palm Beach County and Florida, 2016-2020



[189] Drug Poisoning Deaths (2021). In *FLHealthCHARTS*. Retrieved from https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=NonVitalInd.Dataviewer

Age-Adjusted Drug Poisoning Deaths, By Race

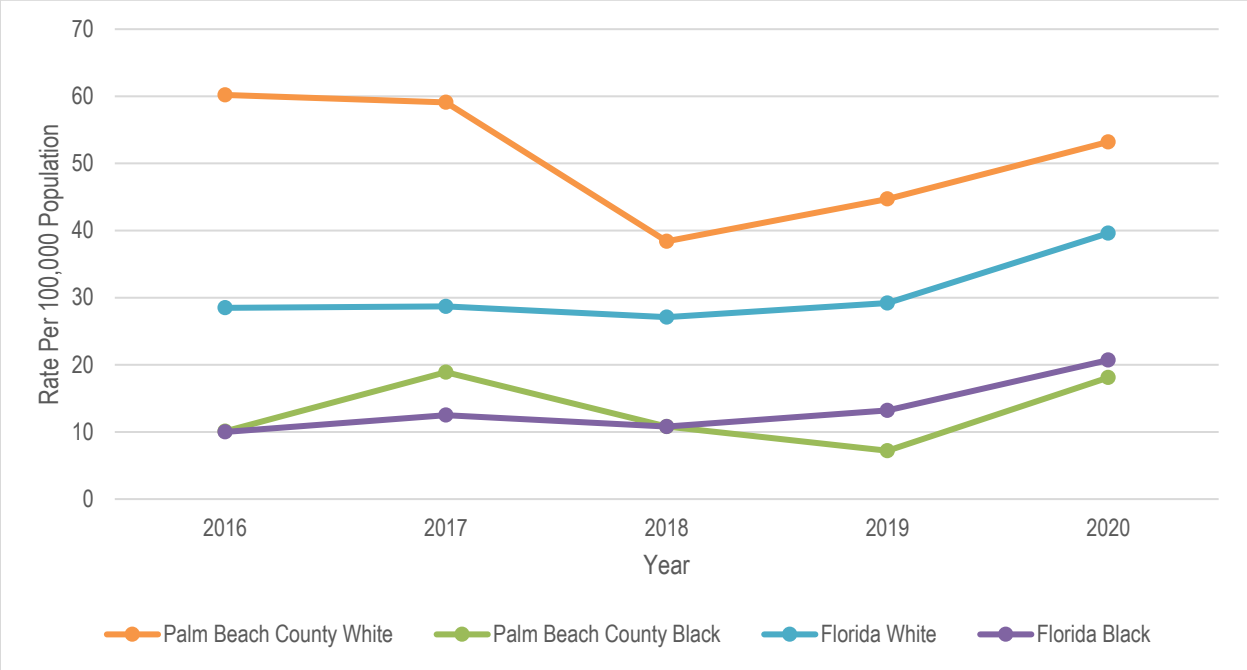
This table and graph show the age-adjusted drug poisoning death rate per 100,000 population by race in Palm Beach County and Florida from 2016 to 2020. Each year from 2016 to 2020, the rate among Palm Beach County White residents was higher than the rate among Palm Beach County Black and Florida White and Black residents. Most recently, the death rate among White Palm Beach County residents increased from 44.7 per 100,000 I 2019 to 53.2 per 100,000 in 2020, while the rate among Black Palm Beach County residents increased from 7.2 per 100,000 in 2019 to 18.1 per 100,000 in 2020.

Table 268: Age-Adjusted Drug Poisoning Deaths, By Race, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	543	60.2	27	10.1	4267	28.5	335	10
2017	550	59.1	51	18.9	4361	28.7	432	12.5
2018	369	38.4	30	10.8	4195	27.1	383	10.8
2019	423	44.7	20	7.2	4564	29.2	474	13.2
2020	497	53.2	52	18.1	6194	39.6	754	20.7

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 173: Age-Adjusted Drug Poisoning Deaths, By Race, Palm Beach County and Florida, 2016-2020



Age-Adjusted Drug Poisoning Deaths, By Ethnicity

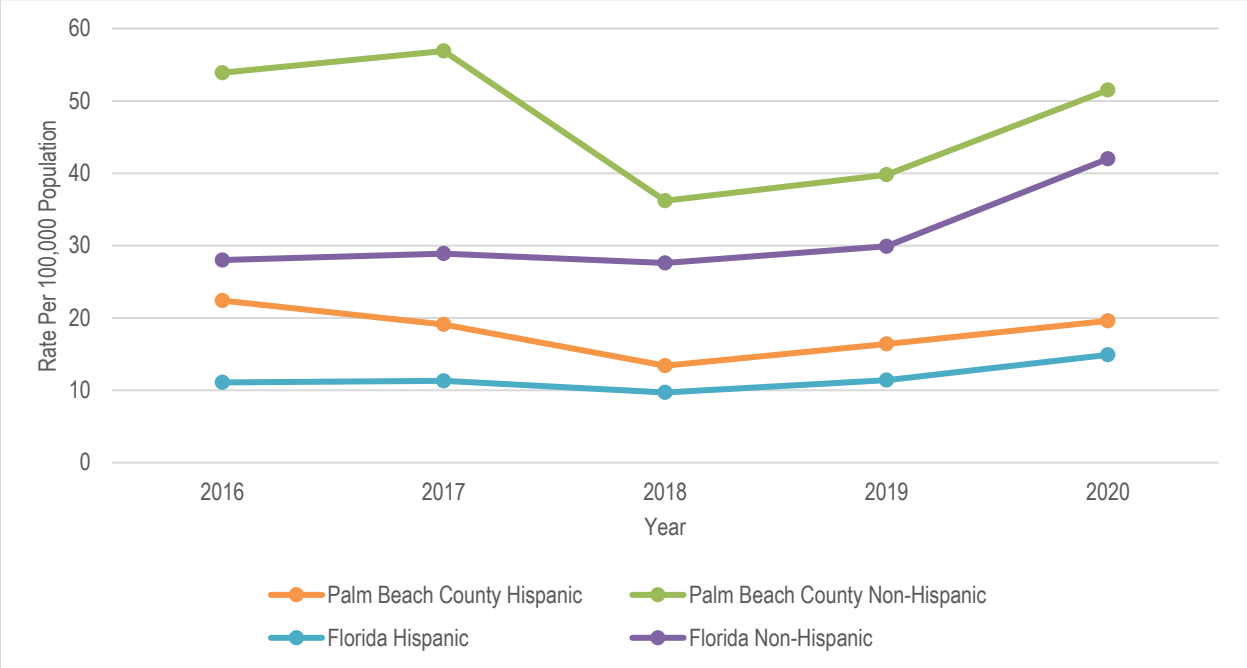
The following table and graph show the age-adjusted drug poisoning death rate per 100,000 population by ethnicity in Palm Beach County and Florida from 2016 to 2020. The rate among Palm Beach County non-Hispanic residents was higher than the rate among Palm Beach County Hispanic residents each year from 2016 to 2020. Additionally, the rate among Palm Beach County residents for each ethnicity was higher than the respective Florida rate each year during this timeframe. Most recently, the rate among non-Hispanic Palm Beach County residents increased steadily from 36.2 per 100,000 in 2018 to 51.5 per 100,000 in 2020, and the rate among Hispanic residents increased from 36.2 per 100,000 in 2018 to 19.6 per 100,000 in 2020.

Table 269: Age-Adjusted Drug Poisoning Deaths, By Ethnicity, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	68	22.4	508	53.9	566	11.1	4029	28
2017	59	19.1	545	56.9	597	11.3	4192	28.9
2018	45	13.4	358	36.2	541	9.7	4034	27.6
2019	56	16.4	384	39.8	656	11.4	4360	29.9
2020	68	19.6	489	51.5	882	14.9	6080	42.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 174: Age-Adjusted Drug Poisoning Deaths, By Ethnicity, Palm Beach County and Florida, 2016-2020



Deaths from Unintentional Falls

Age-Adjusted Deaths from Unintentional Falls

The following table shows the age-adjusted death rate per 100,000 population from unintentional falls in Palm Beach County and Florida from 2015 to 2019. During this timeframe, the rate fluctuated overall but increased most recently from 7.9 per 100,000 in 2018 to 9.5 per 100,000 in 2019. Additionally, the death rate among Palm Beach County residents was lower than the death rate among Florida residents overall every year from 2015 to 2019.

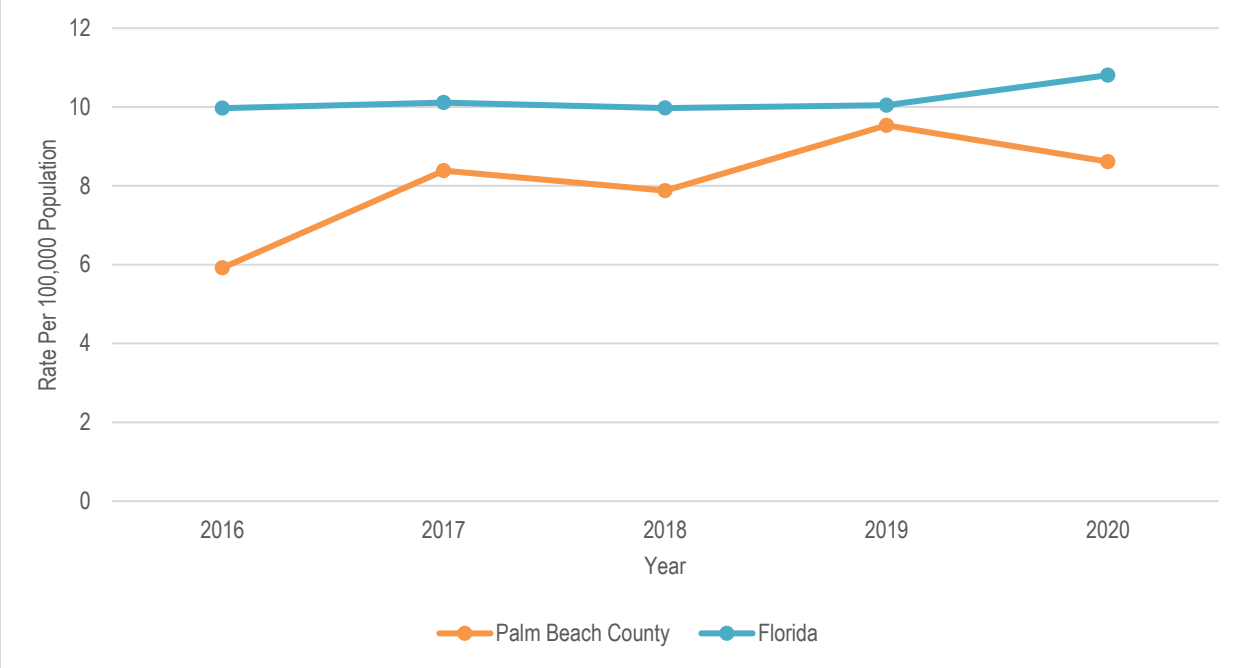
The Healthy People 2030 national target is to reduce the fall-related death rate among older adults ages 65 and over to 63.4 per 100,000 population. While the data below shows the age-adjusted death rate from unintentional falls for all ages, any decrease is progress towards a healthier community.

Table 270: Age-Adjusted Deaths from Unintentional Falls, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	176	5.9	3,082	10.0
2017	238	8.4	3,183	10.1
2018	239	7.9	3,217	10.0
2019	284	9.5	3,351	10.0
2020	274	8.6	3,728	10.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 175: Age-Adjusted Deaths from Unintentional Falls, Palm Beach County and Florida, 2016-2020



Age-Adjusted Deaths from Unintentional Falls, By Race

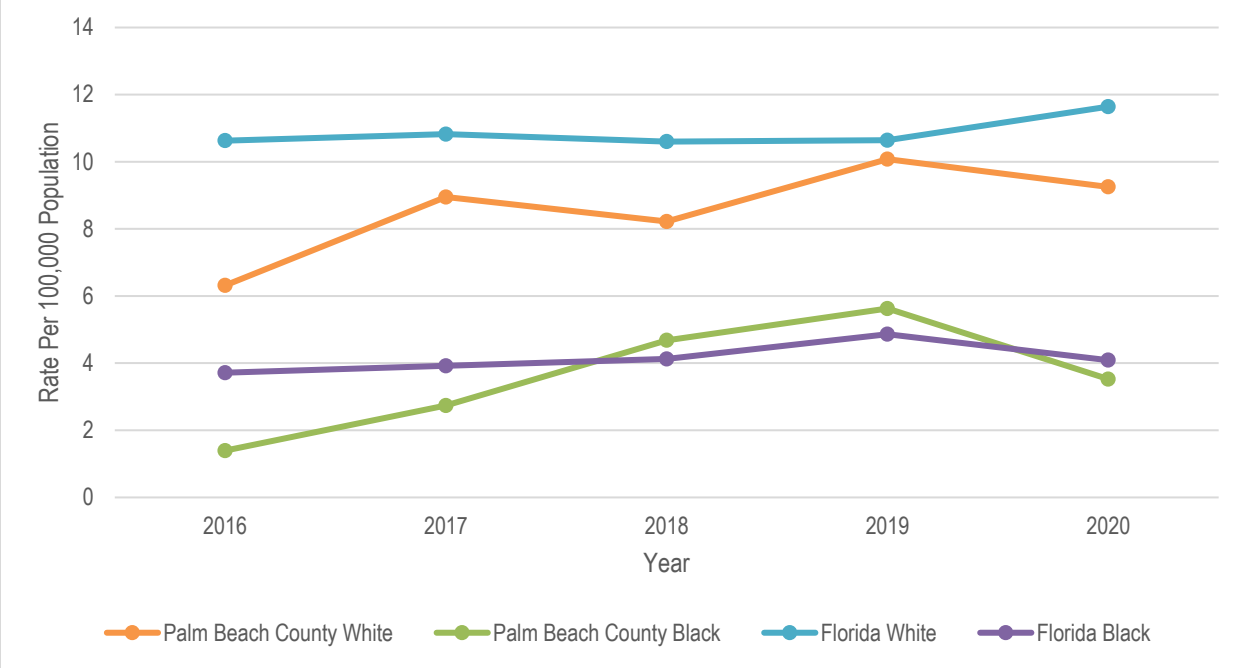
This table and graph below show the age-adjusted death rate per 100,000 population from unintentional falls by ethnicity in Palm Beach County and Florida from 2016 to 2020. While the rate among Palm Beach County White and Black residents fluctuated slightly over this time period, both decreased from 2019 to 2020. The rate among Palm Beach County White residents decreased from 10.1 per 100,000 in 2019 to 9.3 per 100,000 in 2020, while the rate among Black residents decreased from 5.6 per 100,000 in 2019 to 3.5 per 100,000 in 2020.

Table 271: Age-Adjusted Deaths from Unintentional Falls, By Race, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	171	6.3	3	1.4	2,928	10.6	102	3.7
2017	227	8.9	7	2.7	3,016	10.8	112	3.9
2018	225	8.2	11	4.7	3,035	10.6	122	4.1
2019	268	10.1	14	5.6	3,140	10.6	147	4.9
2020	264	9.3	9	3.5	3,538	11.6	125	4.1

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 176: Age-Adjusted Deaths from Unintentional Falls, By Race, Palm Beach County and Florida, 2016-2020



Age-Adjusted Deaths from Unintentional Falls, By Ethnicity

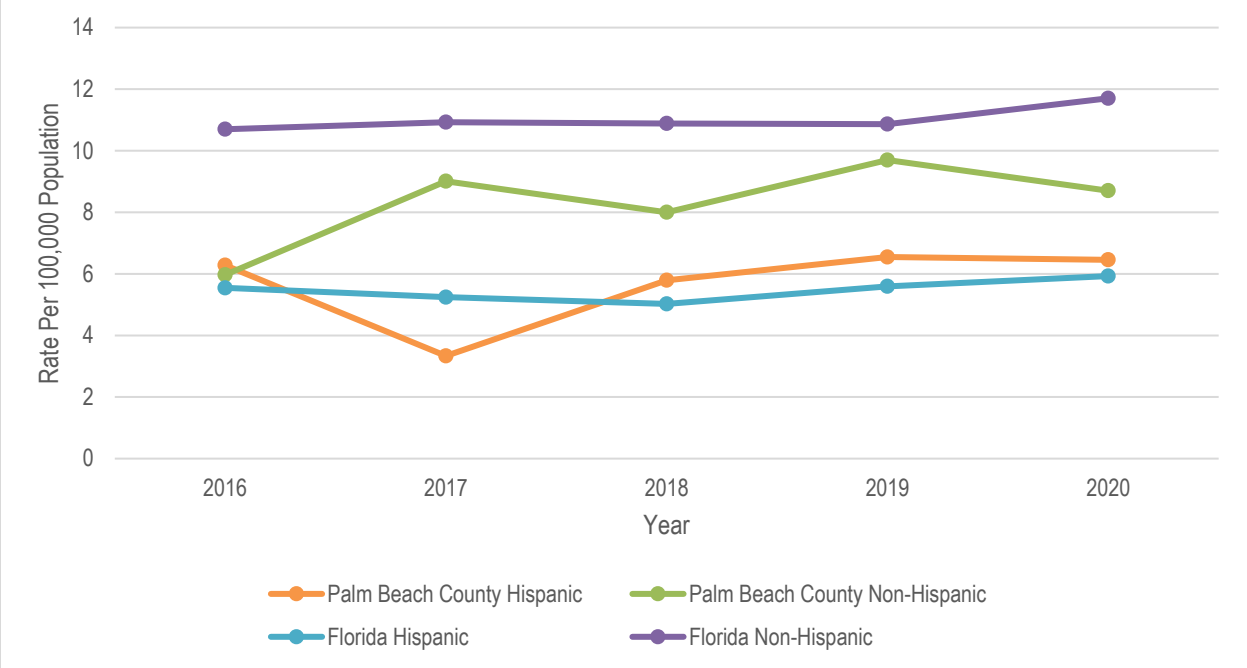
The following table and graph show the age-adjusted death rate per 100,000 population from unintentional falls by ethnicity in Palm Beach County and Florida from 2016 to 2020. The death rate among Palm Beach County non-Hispanic residents was higher than the rate among Hispanic residents each year during this timeframe, except 2016. Most recently in 2020, the rate among Palm Beach County Hispanic residents was 6.5 per 100,000 per population, and the rate among Palm Beach County non-Hispanic residents was 8.7 per 100,000 population in 2019.

Table 272: Age-Adjusted Total Deaths from Unintentional Falls, By Ethnicity, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	13	6.3	163	6.0	257	5.5	2,812	10.7
2017	8	3.3	230	9.0	255	5.2	2,912	10.9
2018	15	5.8	224	8.0	265	5.0	2,938	10.9
2019	19	6.5	265	9.7	309	5.6	3,032	10.9
2020	19	6.5	255	8.7	339	5.9	3,368	11.7

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 177: Age-Adjusted Total Deaths from Unintentional Falls, By Ethnicity, Palm Beach County and Florida, 2016-2020



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Health Resource Availability and Access

The ability to access to timely, quality health care services is considered a social determinant of health and indicator of wellbeing in communities. Unfortunately, many people do not get the services they need due to availability or lack thereof of health care resources in a certain area.

According to the United States Census, approximately 1 in 10 individuals did not have health insurance coverage in 2020.[190] People without health insurance are less likely to have a primary care provider, resulting in delayed care, less preventative health screenings, and, ultimately, worse health outcomes. Specialty healthcare services may be inaccessible due to lack of transportation and necessary medication critical for treatment be unaffordable, further exacerbating issues.[191] These situations can lead people to utilize the emergency department as a primary source of care, driving up healthcare costs and unnecessarily filling beds.

This section explores the availability of health resources and associated factors in Palm Beach County to assess residents' ability to access healthcare and identify any gaps or barriers that exist. Inequities in healthcare access can lead to disparities in health outcomes, so it is important to understand these factors related to Palm Beach County residents specifically. Data on Florida overall has been included for context. Included in this section is data on the following indicators: hospital utilization, health care provider supply, Federal Health Professional Shortage Areas (HPSAs), Federal Medically Underserved Areas/Populations (MUA/Ps), and health insurance.

Hospital Utilization

Utilization By Principal Diagnosis Groupings

Top Ten Principal Diagnosis Groupings for Inpatient Discharges

According to the Organisation for Economic Co-operation and Development, an inpatient discharge is the release of a patient who was formally admitted into a hospital for treatment and/or care and stayed for a minimum of one night.[192] Generally, health complications treated in inpatient settings are often more complex and serious than health complications that are treated in outpatient settings.

The following table shows the top ten principal diagnosis groupings for inpatient discharges in Palm Beach County facilities in 2019. For Palm Beach County facilities, "Liveborn Infants, In Hospital" (4.9%) was the most common principal diagnosis grouping for an inpatient discharge, with "Sepsis, Unspecified Organism" (4.1%), "COVID-19" (3.4%), and "Liveborn Infant, Outside of Hospital" (2.9%) following in that order. Collectively, these top four principal diagnosis groupings accounted for 15.3% of all principal diagnoses in Palm Beach County facilities in 2019.

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[190] Health Insurance Coverage in the United States: 2020 (2021, September). In *United States Census Bureau*. Retrieved from https://www.census.gov/content/dam/Census/library/publications/2021/demo/p60-274.pdf

[191] Health Care Access and Quality (n.d.). In *Healthy People 2030*. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality

[192] OECD Health Statistics 2021 Definitions, Sources and Methods Hospital discharges by diagnostic categories. file:///C:/Users/erego/Downloads/HEALTH_PROC_5_1_Hospital%20discharges%20by%20diagnostic%20categories%20(1).pdf

Table 273: Top Ten Principal Diagnosis Groupings for Inpatient Discharges, Palm Beach County Facilities, 2019

Principal Diagnosis Group	Discharges	
	Count	Percent
Liveborn Infants, In Hospital	8,491	4.9%
Sepsis, Unspecified Organism	7,198	4.1%
COVID-19	5,932	3.4%
Liveborn Infant, Outside of Hospital	5,043	2.9%
Pneumonia, Unspecified Organism	2,583	1.5%
Acute kidney failure, unspecified	2,281	1.3%
Hypertensive Heart Disease	2,230	1.3%
Hypertensive Heart and Chronic Kidney Disease	2,147	1.2%
Maternal Care for Low Transverse Scar from Previous C-Section	1,813	1.0%
Non-ST Elevation Myocardial Infarction	1,710	1.0%
All Other Diagnoses	134,844	77.4%
Total- All Principal Diagnoses	174,272	100%

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2021

Top Ten Principal Diagnosis Groupings for Inpatient Discharges for Mental Health

The table below shows the top ten principal diagnosis groupings for inpatient discharges for mental health in Palm Beach County facilities in 2019. "Major depressive disorder, recurrent severe without psychotic features" (12.1%) was the most common principal diagnosis grouping, followed by "Bipolar disorder, unspecified" (6.1%), "Schizophrenia, unspecified" (4.5%), and "Schizoaffective disorder, bipolar type" (4.3%). Collectively, these top four diagnosis groupings accounted for 27.0% of all mental health-related inpatient discharge principal diagnoses in Palm Beach County facilities.

Healthy People 2030 has not set a national target for inpatient utilization top ten principal diagnoses.

Table 274: Top Ten Principal Diagnosis Groupings for Inpatient Discharges for Mental Health, Palm Beach County Facilities, 2019

Principal Diagnosis Group	Discharges	
	Count	Percent
Major depressive disorder, recurrent severe without psychotic features	1,562	12.1%
Bipolar disorder, unspecified	781	6.1%
Schizophrenia, unspecified	583	4.5%
Schizoaffective disorder, bipolar type	557	4.3%
Alcohol dependence with withdrawal, unspecified	549	4.3%
Paranoid schizophrenia	536	4.2%
Major depressive disorder, single episode, unspecified	507	3.9%
Alcohol dependence with intoxication, unspecified	474	3.7%
Brief psychotic disorder	444	3.4%
Disruptive mood dysregulation disorder	439	3.4%
All Other Diagnoses	6,448	50.1%
Total- All Principal Diagnoses	12,880	100%

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2021

Emergency Department Top Ten Principal Diagnosis Groupings

There were 130 million emergency department visits in the United States in 2018, with 12.4% of those visits (16.2 million) requiring hospital admission.[193] Of those visits, 16.2 million required hospital admission, and 2.3 million required critical care.

The table below shows the emergency department top ten principal diagnosis groupings in Palm Beach County facilities in 2019. In Palm Beach County, there were a total of 370,728 emergency department discharges reported. Among those, "Other Chest Pain" (2.8%), "Acute Respiratory Infection" (2.4%), and "COVID-19" 2.2% were the top three principal diagnosis groupings reported. Perhaps reflecting the wide range of unique diagnosis groupings available in emergency department settings, the top three principal diagnosis groupings for emergency departments in Palm Beach County accounted for only 7.4% of all principal diagnoses at discharge.

Table 275: Emergency Department Top Ten Principal Diagnosis Groupings, Palm Beach County Facilities, 2019

Principal Diagnosis Group	Discharges	
	Count	Percent
Other Chest Pain	10,354	2.8%
Acute Respiratory Infection	8,830	2.4%
COVID-19	8,309	2.2%
Other Disorders of the Urinary System	6,808	1.8%
Chest Pain, Unspecified	5,006	1.5%
Syncope and Collapse	4,590	1.2%
Hypertensive Chronic Kidney Disease	4,195	1.1%
Headache	4,012	1.1%
Unspecified Injury of Head	3,962	1.1%
Primary Hypertension	3,703	1.0%
All Other Diagnoses	310,959	83.9%
Total- All Principal Diagnoses	370,728	100%

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2021

Emergency Department Top Ten Principal Diagnosis Groupings for Mental Health

The table below shows the emergency department top ten principal diagnosis groupings for mental health in Palm Beach County facilities in 2019. "Anxiety disorder, unspecified" (18.15%), "Alcohol abuse with intoxication, unspecified" (14.3%), and "Major depressive disorder, single episode, unspecified" (7.2%) were the three most common diagnosis groupings, accounting for 39.65% of all mental health related principal diagnoses.

Healthy People 2030 has not identified a national target for emergency department top ten principal diagnoses.

[193] Centers for Disease Control and Prevention. National Center for Health Statistics. Emergency Department Visits. https://www.cdc.gov/nchs/fastats/emergency-department.htm

Table 276: Emergency Department Top Ten Principal Diagnosis Groupings for Mental Health, Palm Beach County Facilities, 2019

Principal Diagnosis Group	Discharges	
	Count	Percent
Anxiety disorder, unspecified	2,387	18.15%
Alcohol abuse with intoxication, unspecified	1,881	14.3%
Major depressive disorder, single episode, unspecified	953	7.2%
Alcohol dependence with intoxication	845	6.4%
Brief psychotic disorder	530	4.0%
Panic disorder [Episodic Paroxysmal Anxiety]	528	4.0%
Alcohol use, unspecified with intoxication, unspecified	508	3.7%
Opioid abuse, uncomplicated	452	3.4%
Other psychoactive substance abuse, uncomplicated	438	3.3%
Generalized anxiety disorder	432	3.3%
All Other Diagnoses	4,197	31.9%
Total- All Principal Diagnoses	13,151	100%

Source: Florida Health Finder, Agency for Healthcare Administration, 2019

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Hospital Emergency Department Utilization

Patients may elect to receive care in an emergency department setting because of the severity of a medical problem, or because of a lack of other viable options for care- often due to a lack of insurance, or because other sources of medical care are unavailable. Previous research has indicated that as high as 80% of patients in an emergency department setting have resorted to the emergency room for medical care due to a lack of access to other sources of care.[194]

Hospital Emergency Department Utilization

The following table shows the hospital emergency department utilization in Palm Beach County from January to December 2020. As shown below, there were a total of 488,851 total emergency department visits in Palm Beach County in 2020. The most utilized hospital emergency department in the county was JFK Medical Center with 74,462 visits (15.2%), followed by Delray Medical Center with 47,522 visits (9.7%). No other center received more than 46,000 emergency department visits in 2020. Additionally, the lowest utilized hospital emergency departments were Bethesda Hospital West with 13,330 visits (2.7%) and Lakeside Medical Center with 16,721 visits (3.4%).

Healthy People 2030 has not identified a national target for emergency department utilization for all causes.

Table 277: Hospital Emergency Department Utilization, Palm Beach County, January-December 2020

Facility Name	Visits	% of Total
Bethesda Hospital East	33,008	6.8
Bethesda Hospital West	13,330	2.7
Boca Raton Regional Hospital	43,631	8.9
Delray Medical Center	47,522	9.7
Good Samaritan Medical Center	32,833	6.7
JFK Medical Center	74,462	15.2
JFK Medical Center North Campus	24,693	5.1
Jupiter Medical Center	26,520	5.4
Lakeside Medical Center	16,721	3.4
Palm Beach Gardens Medical Center	26,824	5.5
Palms West Hospital	35,459	7.3
Saint Mary's Medical Center	41,480	8.5
Wellington Regional Medical Center	45,454	9.3
West Boca Medical Center	26,914	5.5
Total	488,851	100%

Source: Florida Health Finder, Agency for Healthcare Administration, 2020
Compiled by: Health Council of Southeast Florida, 2021

[194] Gindi, Renee M., Robin A. Cohen, and Whitney K. Kirzinger. "Emergency room use among adults aged 18–64: early release of estimates from the National Health Interview Survey, January–June 2011." *National Center for Health Statistics* (2012). https://www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf

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Adult Psychiatric Inpatient Utilization

As recent as 2015, staying overnight in a hospital or other inpatient setting was the least common type of mental health service that adults utilized. In 2015, 34.2 million adults aged 18 or older received mental health care during the past 12 months. Only 2.2 million adults, however, utilized inpatient services that same year. Approximately 1.4% of adults aged 18 to 26, 0.9% of adults aged 26 to 49, and 0.8% of adults aged 50 and older received inpatient mental health services in 2015. Increased access to mental health services in communities may reduce the need for inpatient mental health utilization.[195]

The table below shows the adult psychiatric inpatient utilization in Palm Beach County by facility from January to December 2020. During this timeframe, 268 beds were available for adult psychiatric inpatient use across all facilities in Palm Beach County. The facility with the highest total admissions was JFK Medical Center North Campus, which reported 3,948- accounting for 30% of all adult psychiatric inpatient admissions in Palm Beach County in 2020.

Patient days refers to the total number of days a patient is treated in an inpatient setting. The facilities with the highest total number of patient days were JFK Medical Center North Campus (20,228) and Delray Medical Center (12,743). Those two centers also reported the highest occupancy rates in Palm Beach County, with 90.6% at JFK Medical Center North Campus and 87.4% at Delray Medical Center. The lowest occupancy rate was reported by Coral Shores Behavioral Health (36.5%). When looking at the average length of adult psychiatric inpatient stay across Palm Beach County, Delray Medical Center reported the highest average length of stay at 12.4 days, while the lowest was reported by Saint Lucie Medical Center at 3.6 days.

Healthy People 2030 has not set a national target for adult psychiatric inpatient utilization.

Table 278: Adult Psychiatric Inpatient Utilization, Palm Beach County, January-December 2020

Facility Name	Beds Licensed	Occupancy Rate	Admissions	Patient Days	Avg Length of Stay
Cleveland Clinic Indian River Hospital	34	57.9%	1,690	7,211	4.3
Coral Shores Behavioral Health	56	36.5%	1,305	7,486	5.7
Delray Medical Center	4	87.4%	1,028	12,743	12.4
JFK Medical Center	31	58.8%	1,286	6,445	5
JFK Medical Center North Campus	61	90.6%	3,948	20,228	5.1
Lawnwood Regional Medical Center & Heart	24	79.3%	1,035	6,965	6.7
Saint Lucie Medical Center	18	60.9%	1,102	4,015	3.6
Saint Mary's Medical Center	40	63.3%	1,735	9,273	5.3
Total	268	75.8%	13,129	74,366	13.9

Source: Health Council of Southeast Florida Hospital Utilization Reports, 2020
Compiled by: Health Council of Southeast Florida, 2021

[195] Substance Abuse and Mental Health Services Administration. Executive Order Saving Lives Through Increased Support for Mental and Behavioral Health Needs Report. (2020). https://www.samhsa.gov/sites/default/files/saving-lives-mental-behavioral-health-needs.pdf

Mental Health Hospital Utilization

According to the Substance Abuse and Mental Health Services Administration, in the United States, overall mental health service utilization was highest among White adults (18.3%), followed by adults reporting two or more races (17.6%), American Indian or Alaska Native (14.4%), Black (8.9%), Hispanic (8.7%), Native Hawaiian or Pacific Islander (6.9%), and Asian (5.9%) adults.[196] Regarding outpatient mental health services, the highest utilization rates were reported among adults reporting two or more races (10.2%), followed by White (9.0%), American Indian or Alaska Native (7.6%), Black (5.0%), and Asian (3.8%) adults. Additionally, females were more likely than males to utilize mental health outpatient services. White males utilized mental health services more than males of all other races, and White females also reported higher mental health service utilization than females of all other races. For every age group, White adults were more likely to use mental health services than adults of all other races. Socioeconomic and environmental factors, including access to insurance and available transportation, contribute to these disparities.

Mental Disorder Emergency Department Utilization, By Race

The table below shows the total number of mental disorder emergency department diagnoses by race in Palm Beach County in 2019. Of all races, White patients attributed to 38,141 (66.6%) total mental disorder diagnoses in 2019, followed by Black or African American patients with 13,014 (22.7%) diagnoses.

Healthy People 2030 has not set a national target for mental disorder emergency department utilization.

Table 279: Mental Disorder Emergency Department Utilization, By Race, Palm Beach County, 2019

Race	Principal Diagnosis	Other Diagnosis 1-3	Total	% of Total
American Indian or Alaska Native	6	20	26	0.05
Asian	70	175	245	0.43
Black or African American	2,730	10,284	13,014	22.7
Native Hawaiian or Other Pacific Islander	6	9	15	0.03
Other	1,202	3,672	4,874	8.5
Unknown	328	609	937	1.6
White	8,809	29,332	38,141	66.6
Total	13,151	44,101	57,252	--

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2021

Mental Disorder Emergency Department Utilization, By Ethnicity

The table below shows the total number of mental disorder emergency department diagnoses by ethnicity in Palm Beach County in 2019. Non-Hispanic patients accounted for 82.7% of all mental disorder diagnoses in 2019, while

[196] Substance Abuse and Mental Health Services Administration. Racial/Ethnic Differences in Mental Health Service Use among Adults and Adolescents (2015-2019). https://www.samhsa.gov/data/sites/default/files/reports/rpt35324/2021NSDUHMHChartbook102221B.pdf

Hispanic or Latino patients accounted for 15.1%. Additionally, patients of an unknown race accounted for 2.2% of mental disorder diagnoses.

Table 280: Mental Disorder Emergency Department Utilization, By Ethnicity, Palm Beach County, 2019

Ethnicity	Principal Diagnosis	Other Diagnosis 1-3	Total	% of Total
Hispanic or Latino	1,981	6,652	8,633	15.1
Non-Hispanic	10,756	36,567	47,323	82.7
Unknown	414	882	1,296	2.3
Total	13,151	44,101	57,252	--

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2021

Mental Disorder Emergency Department Utilization, By Sex

The table below shows the total number of mental disorder emergency department diagnoses by sex in Palm Beach County in 2019. Male patients (54.9%) were more likely than Female patients (45.1%) to receive a mental disorder diagnosis in the emergency department in Palm Beach County in 2019.

Table 281: Mental Disorder Emergency Department Utilization, By Sex, Palm Beach County, 2019

Sex	Principal Diagnosis	Other Diagnosis 1-3	Total	% of Total
Female	5,564	20,233	25,797	45.1
Male	7,587	23,868	31,455	54.9
Total	13,151	44,101	57,252	--

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Mental Disorder Emergency Department Utilization, By Age

The following table shows the total number of mental disorder emergency department diagnoses by age in Palm Beach County in 2019. Patients ages 31 to 40 had the highest total number of mental disorder diagnoses with 13,837 (24.2%), followed by those ages 41 to 50 with 9,909 diagnoses (17.3%) and ages 51 to 60 with 9,209 diagnoses (16.1%).

Table 282: Mental Disorder Emergency Department Utilization, By Age, Palm Beach County, 2019

Age	Principal Diagnosis	Other Diagnosis 1-3	Total	% of Total
0-10 Years	79	157	236	0.41
11-20 Years	1,063	2,544	3,607	6.3
21-30 Years	2,776	9,585	12,361	21.6
31-40 Years	3,193	10,644	13,837	24.2
41-50 Years	2,253	7,656	9,909	17.3
51-60 Years	1,981	7,228	9,209	16.1
61-70 Years	1,157	3,787	4,944	8.6
71-80 Years	430	1,657	2,087	3.6
81-90 Years	184	669	853	1.5
91+Years	33	174	207	0.36
Unknown	2	--	2	0.004
Total	13,151	44,101	57,252	--

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Mental Disorder Inpatient Utilization, By Race

Nationally, inpatient mental health utilization was higher among Black adults (1.5%) than among White (0.8%), and Asian (0.6%) adults.[197] Differences in insurance coverage or type of insurance contribute to these disparities. For example, Medicaid use is associated with higher inpatient service use, and a lack of insurance may contribute to delays in receiving mental health care services until the severity of the condition necessitates inpatient services.

The table below shows the total number of mental disorder inpatient diagnoses by race in Palm Beach County in 2019. During that year, White patients (67.2%) received the highest number of inpatient mental disorder diagnoses, followed by Black or African American patients (22.6%).

Table 283: Mental Disorder Inpatient Utilization, By Race, Palm Beach County, 2019

Race	Principal Diagnosis	Other Diagnosis 1-3	Total	% of Total
American Indian or Alaska Native	16	17	33	0.09
Asian	87	126	213	0.56
Black or African American	3,317	5,311	8,628	22.6
Native Hawaiian or Other Pacific Islander	0	4	4	0.01
Other	944	1,719	2,663	6.98
Unknown	398	576	974	2.6
White	8,118	17,495	25,613	67.2
Total	12,880	25,251	38,131	--

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2021

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[197] Substance Abuse and Mental Health Services Administration. Racial/Ethnic Differences in Mental Health Service Use among Adults and Adolescents (2015-2019). https://www.samhsa.gov/data/sites/default/files/reports/rpt35324/2021NSDUHMHChartbook102221B.pdf

Mental Disorder Inpatient Utilization, By Ethnicity

Nationally, inpatient mental health utilization was 1.0% among Hispanic adults.[198] The table below shows the total number of mental disorder inpatient diagnoses by ethnicity in Palm Beach County in 2019. During that year, Non-Hispanic patients accounted for 83.8% of all mental disorder inpatient diagnoses in Palm Beach County, while Hispanic or Latino patients accounted for 12.1%, and patients of an unknown race accounted for 4.1%.

Table 284: Mental Disorder Inpatient Utilization, By Ethnicity, Palm Beach County, 2019

Ethnicity	Principal Diagnosis	Other Diagnosis 1-3	Total	% of Total
Hispanic or Latino	1,587	3,008	4,595	12.1
Non-Hispanic	10,689	21,266	31,955	83.8
Unknown	604	977	1,581	4.2
Total	12,880	25,251	38,131	--

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2021

Mental Disorder Inpatient Utilization, By Sex

Nationally, females were more likely than males to utilize mental health inpatient services.[199] The following table shows the total number of mental disorder inpatient diagnoses by sex in Palm Beach County in 2019. Males accounted for 54.3% of all mental disorder diagnoses in an inpatient setting in 2019, while females accounted for 45.7%.

Table 285: Mental Disorder Inpatient Utilization, By Sex, Palm Beach County, 2019

Sex	Principal Diagnosis	Other Diagnosis 1-3	Total	% of Total
Female	5,629	11,797	17,426	45.7
Male	7,251	13,454	20,705	54.3
Total	12,880	25,251	38,131	--

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2021

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[198] Substance Abuse and Mental Health Services Administration. Racial/Ethnic Differences in Mental Health Service Use among Adults and Adolescents (2015-2019). https://www.samhsa.gov/data/sites/default/files/reports/rpt35324/2021NSDUHMHChartbook102221B.pdf

[199] Substance Abuse and Mental Health Services Administration. Racial/Ethnic Differences in Mental Health Service Use among Adults and Adolescents (2015-2019). https://www.samhsa.gov/data/sites/default/files/reports/rpt35324/2021NSDUHMHChartbook102221B.pdf

Mental Disorder Inpatient Utilization, By Age

The table below shows the total number of mental disorder inpatient diagnoses by age in Palm Beach County in 2019. Patients ages 11 to 20 had the highest total number of inpatient mental disorder diagnoses with 5,721 (15.0%) diagnoses, followed by patients ages 31 to 40 with 6,972 (18.3%) diagnoses, and ages 21 to 30 with 6,312 (16.6%) diagnoses.

Table 286: Mental Disorder Inpatient Utilization, By Age, Palm Beach County, 2019

Age	Principal Diagnosis	Other Diagnosis 1-3	Total	% of Total
0-10 Years	139	229	368	0.97
11-20 Years	2,470	3,251	5,721	15.0
21-30 Years	2,162	4,150	6,312	16.6
31-40 Years	2,334	4,638	6,972	18.3
41-50 Years	1,932	3,667	5,599	14.7
51-60 Years	2,041	4,125	6,166	16.2
61-70 Years	1,165	2,804	3,969	10.4
71-80 Years	453	1,622	2,075	5.4
81-90 Years	166	626	792	2.1
91-99+ Years	18	139	157	0.4
Total	12,880	25,251	38,131	--

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Health Care Facility Capacity

Hospital Beds

According to the Florida Department of Health, the number of hospital beds indicates the number of people who may potentially receive care in the hospital on an in-patient basis.[200] Looking at numbers of professionals or facilities within a geographic area helps to focus on the availability of health care and its quality.

Total Hospital Beds

The table below show the rate per 100,000 population of hospital beds for Palm Beach County and Florida. This rate has gradually decreased in the county and in the state overall. In 2016, the rate in Palm Beach County was 298.9 per 100,000 population and it decreased to 295.0 per 100,000 population in 2020.

Table 287: Total Hospital Beds, Rate Per 100,000 Population, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	4,170	298.9	63,209	312.4
2017	4,223	299.3	64,197	312.3
2018	4,223	292.8	64,585	308.2
2019	4,332	297.0	66,195	311.2
2020	4,336	295.0	66,558	307.6

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

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[200] Division of Public Health Statistics & Performance Management. (n.d.). Total Hospital Beds. *Florida Health CHARTS*. Florida Department of Health. https://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=0313

Nursing Home Beds

According to the Florida Department of Health, the number of nursing home beds indicates the number of people who may potentially receive residential nursing home care.[201] With a large population of individuals 65 and older in Palm Beach County this is an essential indicator to understand the county's capacity to provide quality care to a growing population of older individuals.

Total Nursing Home Beds

The table below shows the rate of nursing home beds per 100,000 in Palm Beach County and Florida from 2015 to 2019. The rate gradually decreased from 458.5 beds per 100,000 in 2015 to 433.9 beds per 100,000 population in 2020. This trend is similar to the trend seen at the state level during this period.

Table 288: Total Nursing Home Beds, Rate Per 100,000 Population, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2015	6,337	458.5	83,613	420.2
2016	6,355	455.5	83,611	413.3
2017	6,349	449.9	83,782	407.6
2018	6,349	440.2	83,779	399.8
2019	6,329	433.9	85,470	401.9

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

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[201] Division of Public Health Statistics & Performance Management. (n.d.). Total Nursing Home Beds. *Florida Health CHARTS*. Florida Department of Health. https://flhealthcharts.com/charts/LoadPage.aspx?l=rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=0325

Adult Psychiatric Beds

When people in psychiatric distress are uninsured, charged with crimes, or meet the state criteria for civil commitment because they are violent or dangerous to themselves or others, psychiatric beds are where they are admitted for treatment. According to the Florida Department of Health, the number of psychiatric beds indicates the number of people who may potentially receive adult (age 18 and over) psychiatric care on an in-patient basis.[202]

Adult Psychiatric Beds

The table below shows the rate of adult psychiatric beds per 100,000 population for Palm Beach County and Florida from 2016 to 2020. The rate of adult psychiatric beds in Palm Beach County decreased each year from 2017 (16.8 per 100,000) to 2020 (15.6 per 100,00). Additionally, the rates at the county level were lower than the rates at the state level every year reported during this timeframe.

Table 289:Adult Psychiatric Beds, Rate Per 100,000 Population, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	224	16.1	4,208	20.8
2017	237	16.8	4,279	20.8
2018	237	16.4	4,377	20.9
2019	237	16.2	4,475	21.0
2020	229	15.6	4,467	20.6

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

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[202] Division of Public Health Statistics & Performance Management. (n.d.). Adult Psychiatric Beds. *Florida Health CHARTS*. Florida Department of Health. https://flhealthcharts.com/charts/LoadPage.aspx?l=rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=0318

Child & Adolescent Psychiatric Beds

According to the Florida Department of Health, the number of child or adolescent beds indicates the number of people who may potentially receive child or adolescent (age less than 18) psychiatric care on an in-patient basis.[203]

Child and Adolescent Psychiatric Beds

The table below shows the number of child and adolescent psychiatric beds per 100,000 population for Palm Beach County and Florida from 2016 to 2020. During this timeframe, the rate of child and adolescent psychiatric beds in Palm Beach County remained consistent from 2016 to 2019 (1.9 per 100,000), then increased in 2020 (2.7 per 100,000). Each year, the rate at the county level was lower than the rate at the state level.

Table 290: Child and Adolescent Psychiatric Beds, Rate Per 100,000 Population, Palm Beach County and Florida, 2016-2020

Year	Palm Beach		Florida	
	Count	Rate	Count	Rate
2016	27	1.9	545	2.7
2017	27	1.9	516	2.5
2018	27	1.9	644	3.1
2019	27	1.9	646	3.0
2020	39	2.7	658	3.0

Data Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

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[203] Division of Public Health Statistics & Performance Management. (n.d.). Child and Adolescent Psychiatric Beds. *Florida Health CHARTS*. Florida Department of Health. https://flhealthcharts.com/charts/LoadPage.aspx?l=rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=0319

Adult Substance Use Beds

According to the Florida Department of Health, the number of adult substance abuse beds indicates the number of adults (age 18 and over) who may receive substance abuse treatment on an in-patient basis.[204]

Adult Substance Abuse Beds

The following table shows the rate of adult substance abuse beds per 100,000 population in Palm Beach County and Florida from 2016 to 2019. In Palm Beach County, the rate was 0.4 beds per 100,000 population in 2016 and 2017, then declined to 0.3 per 100,000 population in 2018 where it remained in 2019 and 2020. The rate in Palm Beach County was lower than the rate in Florida each year during this timeframe. This indicates that, although the population has increased, the number of substance abuse beds had not increased to meet this need.

Table 291: Adult Substance Abuse Beds, Rate Per 100,000 Population, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	5	0.4	305	1.5
2017	5	0.4	352	1.7
2018	5	0.3	376	1.8
2019	5	0.3	366	1.7
2020	5	0.3	366	1.7

Data Source: Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2021

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[204] Division of Public Health Statistics & Performance Management. (n.d.). Substance Abuse Beds. *Florida Health CHARTS*. Florida Department of Health. https://flhealthcharts.com/charts/LoadPage.aspx?l=rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=0321

Healthcare Provider Supply

Hospitals

Licensed Hospitals

The following table shows the licensed hospitals in Palm Beach County as of October 2021. There were 16 total licensed hospitals in the county, with three in West Palm Beach, two in Boca Raton, two in Boynton Beach, and one in Atlantis, Belle Glade, Delray Beach, Jupiter, Lake Worth, Loxahatchee, Palm Beach Gardens, Riviera Beach, and Wellington.

Table 292: Licensed Hospitals, Palm Beach County, As of October 2021

Name	Street Address	Street City	Licensed Beds	Profit Status	Web Address
Bethesda Hospital East	2815 S Seacrest Blvd	Boynton Beach	401	Not-For-Profit	www.baptisthealth.net/en/pages/home.aspx
Bethesda Hospital West	9655 W Boynton Beach Blvd	Boynton Beach	80	Not-For-Profit	www.bethesdawest.org
Boca Raton Regional Hospital	800 Meadows Rd	Boca Raton	400	Not-For-Profit	www.baptisthealth.net/locations/hospitals/boca-raton-regional-hospital
Delray Medical Center	5352 Linton Blvd	Delray Beach	536	For-Profit	www.delraymedicalctr.com
Good Samaritan Medical Center	1309 N Flagler Dr	West Palm Beach	333	For-Profit	www.goodsamaritanmc.com
JFK Medical Center	5301 S Congress Ave	Atlantis	527	For-Profit	www.jfkmc.com
JFK Medical Center North Campus	2201 45th St	West Palm Beach	280	For-Profit	www.jfknorth.com
Jupiter Medical Center	1210 S Old Dixie Hwy	Jupiter	248	Not-For-Profit	www.jupitermed.com
Kindred Hospital The Palm Beaches	5555 W Blue Heron Blvd	Riviera Beach	70	For-Profit	www.khthepalmbeaches.com
Lakeside Medical Center	39200 Hooker Hwy	Belle Glade	70	Not-For-Profit	www.lakesidemedical.org
Palm Beach Gardens Medical Center	3360 Burns Rd	Palm Beach Gardens	199	For-Profit	www.pbgmc.com
Palms West Hospital	13001 Southern Blvd	Loxahatchee	204	For-Profit	www.palmswesthospital.com
Select Specialty Hospital- Palm Beach	3060 Melaleuca Lane	Lake Worth	60	For-Profit	www.palmbeach.selectspecialtyhospitals.com

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St Mary's Medical Center	901 45th St	West Palm Beach	460	For-Profit	www.stmarysmc.com
Wellington Regional Medical Center	10101 Forest Hill Blvd	Wellington	235	For-Profit	www.wellingtonregional.com
West Boca Medical Center	21644 State Rd 7	Boca Raton	195	For-Profit	www.westbocamedctr.com

Source: Florida Health Finder, Agency for Healthcare Administration, 2021
Compiled by: Health Council of Southeast Florida, 2021

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Nursing Homes

Licensed Nursing Homes

The table below shows the licensed nursing homes in Palm Beach County as of October 2021. There was a total of 65 throughout Palm Beach County. The highest concentration of nursing homes was found in Boca Raton (11) and West Palm Beach (11), and the lowest concentration was found in Greenacres (1), Juno Beach (1), Lake Park (1), Pahokee (1), Riviera Beach (1), Royal Palm Beach (1), and Wellington (1).

Table 293: Licensed Nursing Homes, Palm Beach County, As of October 2021

Name	Street Address	Street City	Licensed Beds	Profit Status	Web Address
Abbey Delray	2105 SW 11th Court	Delray Beach	100	Not-For-Profit	www.lifespacecommunities.com/senior-living-delray-beach/ad
Abbey Delray South	1717 Homewood Blvd	Delray Beach	90	Not-For-Profit	www.lifespacecommunities.com
Avante At Boca Raton, Inc.	1130 NW 15th Street	Boca Raton	144	For-Profit	www.avantecenters.com
Avante At Lake Worth, Inc.	2501 N A St	Lake Worth	138	For-Profit	www.avantecenters.com
Barrington Terrace of Boynton Beach	1425 S Congress Ave	Boynton Beach	29	For-Profit	www.barringtonterrace-bb.com
Boca Raton Rehabilitation Center	755 Meadows Road	Boca Raton	120	Not-For-Profit	www.bocaratonhealthandrehab.com
Boulevard Rehabilitation Center	2839 S Seacrest Blvd	Boynton Beach	167	For-Profit	www.boulevardrehab.com
Boynton Beach Rehabilitation Center	9600 Lawrence Rd	Boynton Beach	168	For-Profit	www.boyntonbeachrehab.com
Chatsworth At PGA National LLC	347 Hiatt Drive	Palm Beach Gardens	76	For-Profit	www.chatsworthpga.com
Consulate Health Care of West Palm Beach	1626 Davis Rd	West Palm Beach	120	For-Profit	www.consulatehealthcare.com
Coral Bay Healthcare and Rehabilitation	2939 S Haverhill Rd	West Palm Beach	120	For-Profit	www.consulatehealthcare.com
The Crossings	4445 Pine Forest Dr	Lake Worth	60	For-Profit	
Darcy Hall Of Life Care	2170 Palm Beach Lakes Blvd	West Palm Beach	220	For-Profit	www.lcca.com
Edward J Healey Rehabilitation and Nursing Center	5101 West Blue Heron Blvd	Riviera Beach	120	Not-For-Profit	www.hcdpbc.org/healeycenter
The Encore at Boca Raton Rehabilitation and Nursing Center LLC	7300 Del Prado Circle South	Boca Raton	154	For-Profit	www.theencoreatboca.com
Finnish-American Village	1800 South Drive	Lake Worth	45	Not-For-Profit	www.farh.org
The Gardens Court	3803 PGA Boulevard	Palm Beach Gardens	120	For-Profit	www.lcca.com
Glades Health Care Center	230 South Barfield Highway	Pahokee	120	Not-For-Profit	www.floridacare.net
Hamlin Place of Boynton Beach	2180 Hypoluxo Road	Lantana	120	Not-For-Profit	www.hamlinplace.com

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Harbour's Edge	401 E Linton Blvd	Delray Beach	54	Not-For-Profit	www.harboursedge.com
Health Center at Sinai Residences	21044 95th Avenue South	Boca Raton	60	Not-For-Profit	www.sinairesidences.com
Heartland Health Care and Rehabilitation Center of Boca Raton	7225 Boca Del Mar Drive	Boca Raton	120	Not-For-Profit	www.hcr-manorcare.com
Heartland Health Care Center - Boynton Beach	3600 Old Boynton Road	Boynton Beach	120	Not-For-Profit	www.hcr-manorcare.com
Heartland Health Care Center - Prosperity Oaks	11375 Prosperity Farms Road	Palm Beach Gardens	120	Not-For-Profit	www.hcr-manorcare.com
The Joseph L. Morse Health Center, Inc.	4847 David S Mack Dr	West Palm Beach	160	Not-For-Profit	www.morselife.org
Jupiter Medical Center Pavilion, Inc.	1230 South Old Dixie Hwy	Jupiter	90	Not-For-Profit	www.jupitermed.com
Jupiter Rehabilitation and Healthcare Center	17781 Thelma Ave	Jupiter	120	For-Profit	www.jupiterrehab.com
Lake View Care Center at Delray	5430 Linton Blvd	Delray Beach	120	For-Profit	www.lakeviewcarecenter.net
Lakeside Health Center	2501 N Australian Avenue	West Palm Beach	107	For-Profit	www.lcca.com
Lourdes-Noreen Mckeen Residence for Geriatric Care, Inc.	315 S Flagler Dr	West Palm Beach	132	Not-For-Profit	www.lnmr.org
The Luxe at Jupiter Rehabilitation Center	674 Pioneer Road	Jupiter	129	For-Profit	
The Luxe at Wellington Rehabilitation Center	10330 Nuvista Avenue	Wellington	120	For-Profit	www.nvliving.com
Manorcare Health Services	16200 Jog Road	Delray Beach	120	Not-For-Profit	www.hcr-manorcare.com
Manorcare Health Services	375 NW 51st Street	Boca Raton	180	Not-For-Profit	www.hcr-manorcare.com
Manorcare Health Services - Boynton Beach	3001 South Congress Avenue	Boynton Beach	180	Not-For-Profit	www.hcr-manorcare.com
Manorcare Health Services West Palm Beach	2300 Village Blvd	West Palm Beach	120	Not-For-Profit	www.hcr-manorcare.com
Medicana Nursing and Rehab Center	1710 Lake Worth Road	Lake Worth	117	For-Profit	www.medicanarehab.com
Menorah House	9945 Central Park Blvd N	Boca Raton	120	For-Profit	menorahsnf.net
North Lake Care Center	750 Bayberry Drive	Lake Park	85	For-Profit	www.northlakecarecenter.com
Nursing Center at La Posada	3600 Masterpiece Way	Palm Beach Gardens	40	For-Profit	kiscoseniorliving.com
Oasis Health and Rehabilitation Center	1201 12th Avenue South	Lake Worth	120	For-Profit	oasisrehabcare.net
Palm Garden of West Palm Beach	300 Executive Center Drive	West Palm Beach	176	For-Profit	www.palmgarden.com
Regents Park Nursing & Rehabilitation Center	6363 Verde Trail	Boca Raton	180	For-Profit	www.regentsparkbocaraton.com
The Rehabilitation Center of The Palm Beaches	301 Northpointe Parkway	West Palm Beach	109	Not-For-Profit	www.rehabilitationcenteroftthepalmbeaches.com
Renaissance Health and Rehabilitation	5065 Wallis Road	West Palm Beach	120	For-Profit	www.consulatehealthcare.com

Royal Palm Beach Health and Rehabilitation Center	600 Business Park Way	Royal Palm Beach	120	For-Profit	
Savannah Cove of The Palm Beaches	2090 N Congress Ave	West Palm Beach	30	For-Profit	www.savannahcourtpalmbeaches.com
Signature Healthcare of Palm Beach	4405 Lakewood Road	Lake Worth	120	For-Profit	www.ltcrevolution.com
Stratford Court of Boca Raton	6343 Via De Sonrisa Del Sur	Boca Raton	60	For-Profit	www.sunriseseniorliving.com
Terraces of Lake Worth Care Center	1711 6th Avenue South	Lake Worth	99	For-Profit	www.terracescc.com
Ventura Health and Rehabilitation Center	7900 Venture Center Way	Boynton Beach	99	For-Profit	
Vi at Lakeside Village	2792 Donnelly Drive	Lantana	60	For-Profit	www.lantana.viliving.com
The Waterford	601 Universe Blvd	Juno Beach	60	Not-For-Profit	thewaterford.com
Willowbrooke Court at St Andrews Estates	6152 N Verde Trail	Boca Raton	89	Not-For-Profit	www.actsretirement.org
Willowbrooke Court Skilled Care Center- Edgewater at Boca Pointe	23305 Blue Water Circle	Boca Raton	101	Not-For-Profit	www.actsretirement.org
Wood Lake Health and Rehabilitation Center	6414 13th Rd S	Greenacres	120	For-Profit	www.consulatehealthcare.com

Source: Florida Health Finder, Agency for Healthcare Administration, 2021
Compiled by: Health Council of Southeast Florida, 2021

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Physicians

Total Licensed Florida Physicians

The table below shows the count and rate of licensed physicians in Palm Beach County and Florida from FY 2016 – 2017 to FY 2020 – 2021. The rate of licensed physicians in Palm Beach County dipped slightly in FY 2018 – 2019 but increased every other fiscal year reported. The rate of licensed physicians in Palm Beach County was higher than the rate in Florida overall each year. Most recently in Palm Beach County, the rate of licensed physicians was 388.7 per 100,000 population in FY 2020 – 2021.

Table 294: Total Licensed Florida Physicians, Palm Beach County and Florida, 2016-2021

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
FY 16-17	4,195	300.7	49,456	244.5
FY 17-18	5,341	378.5	63,825	310.5
FY 18-19	5,396	374.1	63,849	304.7
FY 19-20	5,546	380.2	65,937	310.0
FY 20-21	5,713	388.7	67,958	314.0

Source: Florida Department of Health, Division of Medical Quality Assurance, 2021
Compiled by: Health Council of Southeast Florida, 2021

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Dentists

Total Licensed Florida Dentists

This table below shows the count and rate of licensed dentists in Palm Beach County and Florida from FY 2016 – 2017 to FY 2020 – 2021. The rate of licensed dentists in Palm Beach County fluctuated during this time frame but was consistently higher than the rate in Florida overall. The most recent Palm Beach County rate was 79.3 per 100,000 population in FY 2020 – 2021, whereas the Florida rate was 56.7 per 100,000 population that same year.

Table 295: Total Licensed Florida Dentists, Palm Beach County and Florida, 2016-2021

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
FY 16-17	1,080	77.4	10,986	54.3
FY 17-18	1,131	80.2	11,641	56.6
FY 18-19	1,116	77.4	11,475	54.8
FY 19-20	1,164	79.8	12,066	56.7
FY 20-21	1,165	79.3	12,264	56.7

Source: Florida Department of Health, Division of Medical Quality Assurance, 2021
Compiled by: Health Council of Southeast Florida, 2021

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Nurses

Student-Nurse Ratio in Schools Grades PreK - 12

The following table shows the student to nurse ratio in schools from Pre-K to 12th grade in Palm Beach County and Florida from 2016 to 2020. This ratio indicates how many Pre-K to 12th grade students school each nurse is responsible for in Florida. The Palm Beach County ratio increased from 2016 (854.5) to 2019 (906.6), then declined in 2020 (886.9 per 100,000).

Table 296: Student-Nurse Ratio in Schools Grades PreK - 12, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County	Florida
	Ratio	Ratio
2016	854.5	2,410.0
2017	885.3	2,381.5
2018	872.6	2,392.7
2019	906.6	2,449.3
2020	886.9	2,475.9

Source: Florida Department of Health, School Health Services Program, 2020
Compiled by: Health Council of Southeast Florida, 2021

Advanced Registered Nurse Practitioners (ARNPs)

This table shows the rate per 100,000 of Advanced Registered Nurse Practitioners, or ARNPs, in Palm Beach County and Florida from 2016 to 2020. The rate of ARNPs in Palm Beach County increased steadily from 2016 (95.5 per 100,000) to 2020 (193.3 per 100,000). However, the Palm Beach County rate was lower than the Florida rate each year reported.

Table 297: Advanced Registered Nurse Practitioners, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	1333	95.5	20310	100.4
2017	1755	124.4	27030	131.5
2018	2087	144.7	32835	156.7
2019	2460	168.7	38729	182.1
2020	2841	193.3	44428	205.3

Source: Florida Department of Health, Division of Medical Quality Assurance, 2020
Compiled by: Health Council of Southeast Florida, 2021

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Clinical Nurse Specialists

The table below shows the rate per 100,000 of Clinical Nurse Specialists in Palm Beach County and Florida from 2016 to 2020. The rate in Palm Beach County remained steady from 2016 to 2018 at 1.3 per 100,000, then increased in 2019 to 1.1 per 100,000 where it remained in 2020. The rate of Clinical Nurse Specialists in Palm Beach County was lower than the rate in Florida during each year from 2016 to 2020.

Table 298: Clinical Nurse Specialists, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	4	0.3	140	0.7
2017	4	0.3	144	0.7
2018	4	0.3	140	0.7
2019	16	1.1	268	1.3
2020	16	1.1	286	1.3

Source: Florida Department of Health, Division of Medical Quality Assurance, 2020
Compiled by: Health Council of Southeast Florida, 2021

Licensed Practical Nurses (LPNs)

The table below shows the rate per 100,000 of licensed practical nurses, or LPNs, in Palm Beach County and Florida from 2016 to 2020. Most recently, the rate declined in Palm Beach County from 246.7 per 100,000 population in 2019 to 224.7 per 100,000 population in 2020. The rate of LPNs in Palm Beach County was lower than the rate in Florida each year during this timeframe.

Table 299: Licensed Practical Nurses, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	3,832	274.7	66,216	327.3
2017	3,832	271.6	66,216	322.1
2018	3,441	238.6	61,566	293.8
2019	3,598	246.7	65,091	306.0
2020	3,303	224.7	60,523	279.7

Source: Florida Department of Health, Division of Medical Quality Assurance, 2020
Compiled by: Health Council of Southeast Florida, 2021

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Registered Nurses (RNs)

This table below shows the rate of registered nurses, or RNs, in Palm Beach County and Florida from 2016 to 2020. The rate of RNs in Palm Beach County increased steadily from 2017 (1,073.7 per 100,000) to 2020 (1,261.5 per 100,000). The Palm Beach County rate was lower than the Florida rate each year reported.

Table 300: Registered Nurses, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	15,052	1,078.9	227,568	1,124.8
2017	15,151	1,073.7	229,900	1,118.4
2018	16,010	1,110.0	245,126	1,169.6
2019	17,725	1,215.2	274,477	1,290.5
2020	18,543	1,261.5	288,806	1,334.5

Source: Florida Department of Health, Division of Medical Quality Assurance, 2020
Compiled by: Health Council of Southeast Florida, 2021

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Behavioral and Mental Health Providers

Licensed Clinical Social Workers (LCSWs)

The table below shows the rate per 100,000 of Licensed Clinical Social Workers, or LCSWs, in Palm Beach County and Florida from 2016 to 2020. The Palm Beach County rate of LCSWs increased each year from 2017 (69.3 per 100,000) to 2020 (81.9 per 100,000). Additionally, the rate in Palm Beach County far exceeded the rate in Florida each year during the reported timeframe.

Table 301: Licensed Clinical Social Workers, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	974	69.8	8,581	42.4
2017	978	69.3	8,897	43.3
2018	1,073	74.4	9,574	45.7
2019	1,123	77.0	9,951	46.8
2020	1,204	81.9	10,762	49.7

Source: Florida Department of Health, Division of Medical Quality Assurance, 2020
Compiled by: Health Council of Southeast Florida, 2021

Licensed Mental Health Counselors (LMHCs)

The following table shows the rate per 100,000 of licensed mental health counselors, or LMHCs, in Palm Beach County and Florida from 2016 to 2020. The rate of LMHCs in Palm Beach County increased steadily each year from 2016 (59.1 per 100,000) to 2020 (77.1 per 100,000) and was higher than the state rate each year during that timeframe.

Table 302: Licensed Mental Health Counselors, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	825	59.1	9,689	47.9
2017	879	62.3	10,135	49.3
2018	955	66.2	10,835	51.7
2019	1,033	70.8	11,421	53.7
2020	1,133	77.1	12,397	57.3

Source: Florida Department of Health, Division of Medical Quality Assurance, 2020
Compiled by: Health Council of Southeast Florida, 2021

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Licensed Psychologists

The table below shows the rate per 100,000 of licensed psychologists in Palm Beach County and Florida from 2016 to 2020. The rate fluctuated in Palm Beach County during this time frame, with an increase most recently from 35.7 per 100,000 in 2019 to 36.9 per 100,000 in 2020. The rate of licensed psychologists in Palm Beach County was higher than the rate in Florida each year from 2016 to 2020.

Table 303: Licensed Psychologists, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	482	34.5	4,422	21.9
2017	505	35.8	4,676	22.7
2018	494	34.3	4,623	22.1
2019	520	35.7	4,886	23.0
2020	542	36.9	5,056	23.4

Source: Florida Department of Health, Division of Medical Quality Assurance, 2020
Compiled by: Health Council of Southeast Florida, 2021

Licensed Marriage and Family Therapists (LMFTs)

The following table shows the rate of Licensed Marriage and Family Therapists (LMFTs) in Palm Beach County and Florida from 2016 to 2020. The rate of LMFTs in Palm Beach County fluctuated during this timeframe, increasing most recently from 15.0 per 100,000 in 2019 to in 15.6 per 100,000 population in 2020. Additionally, the Palm Beach County rate was higher than the state rate each year from 2016 to 2020.

Table 304: Licensed Marriage and Family Therapists, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	195	14.0	1,766	8.7
2017	201	14.2	1,845	9.0
2018	223	15.5	1,978	9.4
2019	219	15.0	2,031	9.5
2020	229	15.6	2,181	10.1

Source: Florida Department of Health, Division of Medical Quality Assurance, 2020
Compiled by: Health Council of Southeast Florida, 2021

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Federal Health Professional Shortage Area (HPSA)

Health Professional Shortage Areas, or HPSAs, are geographic areas, populations, or facilities that have a shortage of primary, dental, or mental health care providers. HPSAs are designated by the Health Resources Services Administration (HRSA) and are eligible to receive certain federal resources with the aim of improving access to health care services in under-resourced communities.[205]

Each HPSA receives a score based on certain common criteria, including the population-to-provider ratio, percent of population below 100% of the Federal Poverty Level (FPL), and travel time to the nearest source of care outside of the HPSA designation area. Additional criteria are used for HPSA scoring for each of the primary care, dental, and mental health areas. Scores can range from 0 to 25 for Primary Care and Mental Health and from 0 to 26 for Dental Health. The greater the score, the greater the need.[206]

Looking at the tables, the HPSA FTE Short refers to the number of full-time equivalent (FTE) practitioners needed to achieve the population to practitioner target ratio in that HPSA.[207]

Primary Care Health

Primary Care Health Professional Shortage Areas

The table below shows the Primary Care Health Professional Shortage Areas in Palm Beach County as of October 2021. There were 9 total Primary Care HPSA designations in Palm Beach County. As previously mentioned, Primary Care areas can receive a score between 0 and 25. This figure below shows the Primary Care HPSA scoring process.

Figure 178: Primary Care HPSA Scoring

Source: Health Resources and Services Administration, Scoring Shortage Designations, 2021

With HPSA scores of 21 each, the highest need areas included Genesis Community Health, Inc. and the Health Care District of Palm Beach County, which are both Federally Qualified Health Center facilities. Additionally, Florida Community Health Centers, Inc. and Foundcare, Inc. both had HPSA scores of 19, and the Low Income Population HPSA of Lantana/Lake Worth had a HPSA score of 18.

[205] Shortage Areas (2021, November 4). In data.HRSA.gov. Retrieved from https://data.hrsa.gov/topics/health-workforce/shortage-areas

[206] Scoring Shortage Designations (2020, December). In data.HRSA.gov. Retrieved from https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring

[207] HPSA Find (n.d.). In data.HRSA.gov. Retrieved from https://data.hrsa.gov/tools/shortage-area/hpsa-find

Table 305: Primary Care Health Professional Shortage Areas, Palm Beach County, As of October 2021

HPSA Name	Designation Type	HPSA FTE Short	HPSA Score	Rural Status
Boca Raton	Low Income Population HPSA	0.77	13	Non-Rural
Belle Glade/Pahokee	Low Income Migrant Farmworker Population HPSA	4.942	15	Rural
West Palm Beach	Low Income Population HPSA	25.382	15	Non-Rural
Lantana/Lake Worth	Low Income Population HPSA	11.61	18	Non-Rural
Florida Community Health Centers, Inc.	Federally Qualified Health Center	n/a	19	Non-Rural
Foundcare, Inc.	Federally Qualified Health Center	n/a	19	Non-Rural
Genesis Community Health, Inc.	Federally Qualified Health Center	n/a	21	Non-Rural
Health Care District of Palm Beach County	Federally Qualified Health Center	n/a	21	Non-Rural
Florida Atlantic University	Federally Qualified Health Center Look-alike	n/a	14	Non-Rural

Source: U.S. Department of Health and Human Services, Health Resources and Service Administration, 2021
Compiled by: Health Council of Southeast Florida, 2021

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Dental Health Professional Shortage Areas

The table below shows the Dental Health Professional Shortage Areas in Palm Beach County as of October 2021. There were 7 total designated areas in Palm Beach County. As previously noted, Dental HPSAs can receive a HPSA score between 0 and 26. The following table shows the Dental HPSA scoring process.

Figure 179: Dental HPSA Scoring

Source: Health Resources and Services Administration, Scoring Shortage Designations, 2021

The highest need areas included Florida Community Health Centers, Inc (HPSA Score 26), Foundcare, Inc. (HPSA Score 25), Genesis Community Health, Inc. (HPSA Score 25), and the Health Care District of Palm Beach County (HPSA Score 25), all of which were Federal Qualified Health Center facilities. The Low Income Population HPSA rural area of Belle Glade was not far behind with a score of 23. Five of the seven areas had HPSA scores over 20.

Table 306: Dental Health Professional Shortage Areas, Palm Beach County, As of October 2021

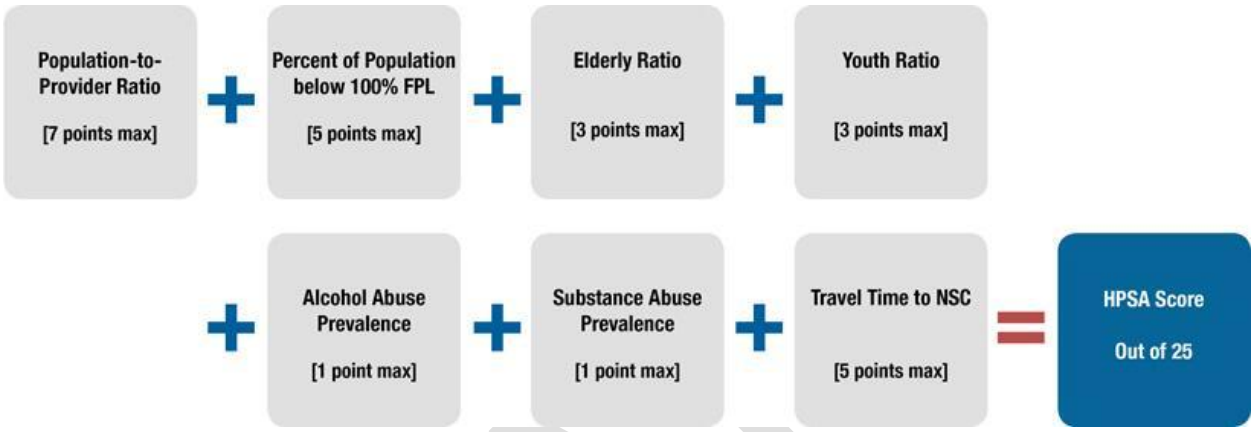
HPSA Name	Designation Type	HPSA FTE Short	HPSA Score	Rural Status
Boynton Beach	Low Income Population HPSA	25.382	15	Non-Rural
Belle Glade	Low Income Population HPSA	4.11	23	Rural
Florida Community Health Centers, Inc.	Federally Qualified Health Center	n/a	26	Non-Rural
Foundcare, Inc.	Federally Qualified Health Center	n/a	25	Non-Rural
Genesis Community Health, Inc.	Federally Qualified Health Center	n/a	25	Non-Rural
Health Care District of Palm Beach County	Federally Qualified Health Center	n/a	25	Non-Rural
Florida Atlantic University	Federally Qualified Health Center Look-alike	n/a	15	Non-Rural

Source: U.S. Department of Health and Human Services, Health Resources and Service Administration, 2021
Compiled by: Health Council of Southeast Florida, 2021

Mental Health Professional Shortage Areas

The table below shows the Mental Health Professional Shortage Areas in Palm Beach County as of October 2021. There were 6 total designated areas in Palm Beach County. As previously mentioned, Mental HPSAs can have a score between 0 and 25. Below is a figure showing the score process for Mental HPSAs.

Figure 180: Mental HPSA Scoring



Source: Health Resources and Services Administration, Scoring Shortage Designations, 2021

Foundcare, Inc., a Federally Qualified Health Center, had the highest HPSA score of 23. Florida Community Health Centers, Inc. had a score of 22 and Genesis Community Health, Inc. had a score of 20, both of which are also Federally Qualified Health Center facilities.

Table 307: Mental Health Professional Shortage Areas, Palm Beach County, As of October 2021

HPSA Name	Designation Type	HPSA FTE Short	HPSA Score	Rural Status
Belle Glade/Pahokee	High Needs Geographic HPSA	2.15	18	Partially Rural
Florida Community Health Centers, Inc.	Federally Qualified Health Center	n/a	22	Non-Rural
Foundcare, Inc.	Federally Qualified Health Center	n/a	23	Non-Rural
Genesis Community Health, Inc.	Federally Qualified Health Center	n/a	20	Non-Rural
Health Care District of Palm Beach County	Federally Qualified Health Center	n/a	19	Non-Rural
Florida Atlantic University	Federally Qualified Health Center Look-alike	n/a	16	Non-Rural

Source: U.S. Department of Health and Human Services, Health Resources and Service Administration, 2021
Compiled by: Health Council of Southeast Florida, 2021

Federal Medically Underserved Areas/Populations

Federal Medically Underserved Areas/Populations (MUA/P) designate areas and populations with a lack of access to primary care services and help establish health maintenance organizations or community health centers. MUAs have a shortage of primary care services within a geographic area, such as a county, group of counties, or an urban census tract. MUPs have a specific population subset facing barriers to health care within a geographic area, such as people who are experiencing homelessness or migrant farm workers.[208] HPSAs are designated by the Health Resources Services Administration (HRSA) and are therefore eligible to receive certain federal resources with the goal of improving access to health care services in under-resourced communities.[209]

Each MUA/P receives an Index of Medical Underservice (IMU) score calculated for the designated area or population. An area or population with an IMU score of 62.0 or below qualifies that area or population as a MUA/P, and scores can be between 0 and 100. The following figure shows the score process for MUA/Ps.

Figure 181: MUA/P Scoring

Source: Health Resources and Services Administration, Scoring Shortage Designations, 2021

Federal Medically Underserved Populations and Areas

The following table shows the Federal Medically Underserved Populations and Areas in Palm Beach County as of October 2021. There were 8 total designated populations and areas throughout the county. The two lowest IMU scores were given to Low Inc - Delray Beach with a score of 46.7 and Low Inc – Greenacres with a score of 47.5.

Table 308: Federal Medically Underserved Populations and Areas, Palm Beach County, As of October 2021

Service Area Name	MUA/P ID	Index of Medical Underservice Score	Rural Status	Designation Date
Low Inc - Boca Raton	07246	57.8	Non-Rural	07/26/2002
Low Inc - Boynton Beach	00570	56.2	Non-Rural	09/04/2002
Low Inc - Delray Beach	07279	46.7	Non-Rural	08/28/2002
Low Inc - Greenacres	07245	47.5	Non-Rural	07/25/2002
Low Inc - Lantana/ Lake Worth	07280	58.9	Non-Rural	08/28/2002
Low Inc - West Palm Beach	07064	59.9	Non-Rural	06/22/2001
Low Inc/ M F W - Belle Glade/ Pahokee	07531	53.6	Rural	05/11/1994
Low Income - Jupiter	07817	61.2	Non-Rural	04/15/2011

Source: U.S. Department of Health and Human Services, Health Resources and Service Administration, 2021

[208] What is Shortage Designation? (2021, February). In HRSA Health Workforce. Retrieved from https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation

[209] Shortage Areas (2021, November 4). In data.HRSA.gov. Retrieved from https://data.hrsa.gov/topics/health-workforce/shortage-areas

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Health Insurance

Previous research suggests that having health insurance is a key determinant of being able to access routine, preventative, and comprehensive healthcare, which ultimately impacts health outcomes and risk of mortality.[210] A number of the leading causes of disability and disease can be prevented through early detection, which makes increasing health insurance coverage very important. While health insurance is only one factor mediating access to healthcare, it is crucial to improving the quality of life and achieving health equity in under-resourced communities.

Insured

Adults with Any Type of Health Care Insurance Coverage

The following table shows the percentage of adults with any type of health care insurance coverage in Palm Beach County and Florida in 2007, 2010, 2013, 2016, and 2019. While the percentage in Palm Beach County fluctuated during those years, it was higher than the overall state percentage each year. In 2019, 85.5% of Palm Beach County residents had any type of health insurance coverage compared to 84.2% of Florida residents.

Table 309: Adults with Any Type of Health Care Insurance Coverage, Palm Beach County and Florida, 2007, 2010, 2013, 2016, 2019

Year	Palm Beach County	Florida
2007	83.4%	81.4%
2010	89.7%	83.0%
2013	79.7%	77.1%
2016	85.8%	83.7%
2019	85.5%	84.2%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion.
Compiled by: Health Council of Southeast Florida, 2021

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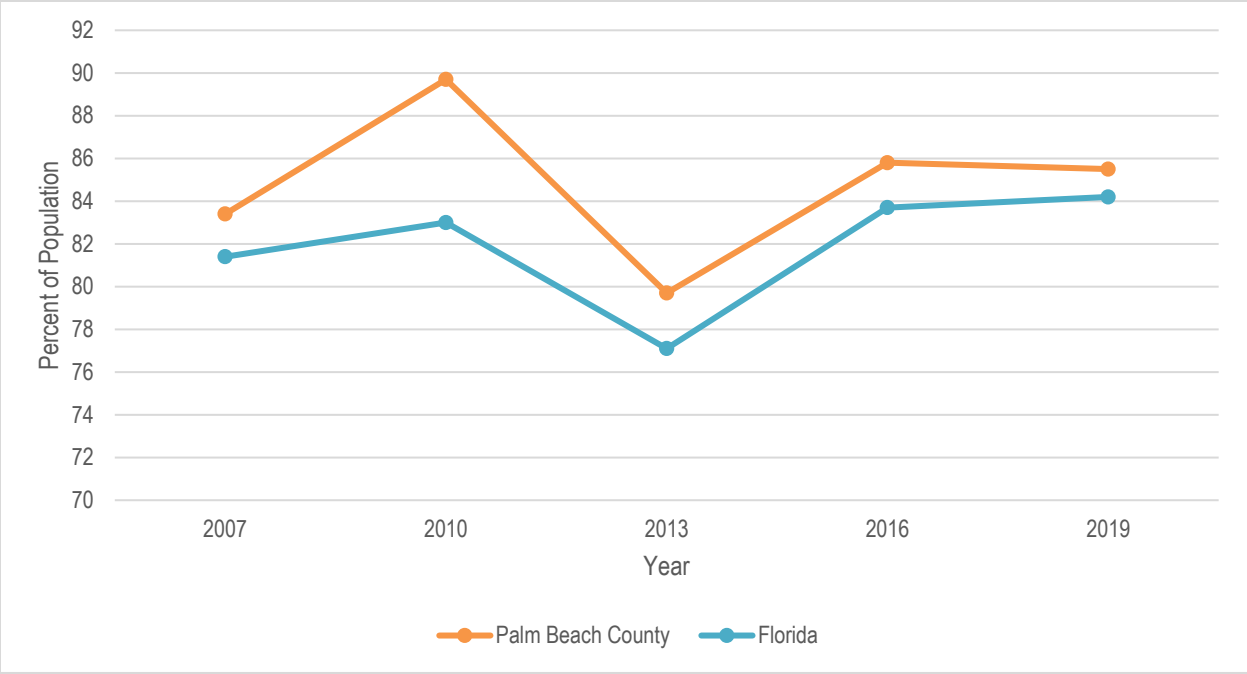
[210] Institute of Medicine (US) Committee on the Consequences of Uninsurance. Care Without Coverage: Too Little, Too Late. Washington (DC): National Academies Press (US); 2002. 3, Effects of Health Insurance on Health. Available from: https://www.ncbi.nlm.nih.gov/books/NBK220636/

Figure 182: Adults with Any Type of Health Care Insurance Coverage, Palm Beach County and Florida, 2007, 2010, 2013, 2016, 2019



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Health Insurance Coverage for Individuals with Disabilities, By Age

The table below shows the percentage of individuals with disabilities who have health insurance coverage by age in Palm Beach County and Florida in 2019. In Palm Beach County, 30.5% of individuals ages 65 and older had a disability, which was the largest proportion of any age group reported. Of those individuals, 99.0% had health insurance coverage. The largest population of disabled individuals without health insurance coverage were those ages 19 to 64, with 15.9% reporting having no health insurance coverage in 2019. This was higher than the state percentage of 14.9% of disabled individuals with no health insurance coverage ages 19 to 64 in 2019.

Table 310: Health Insurance Coverage for Individuals with Disabilities, By Age, Palm Beach County and Florida, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Total Civilian Noninstitutionalized Population	1,451,973	100.0%	20,588,432	100.0%
Under 19 years	298,678	20.6%	4,424,249	21.5%
With a disability	10,080	3.4%	197,562	4.5%
With health insurance coverage	9,439	93.6%	187,271	94.8%
No health insurance coverage	641	6.4%	10,291	5.2%
19 to 64 years	812,011	55.9%	12,027,442	58.4%
With a disability	64,149	7.9%	1,213,320	10.1%
With health insurance coverage	53,923	84.1%	1,032,962	85.1%
No health insurance coverage	10,226	15.9%	180,358	14.9%
65 years and over	341,284	23.5%	4,136,741	20.1%
With a disability	104,077	30.5%	1,357,273	32.8%
With health insurance coverage	103,022	99.0%	1,346,073	99.2%
No health insurance coverage	1,055	1.0%	11,200	0.8%

Source: U.S. Census Bureau, American Community Survey (ACS), 2019
Compiled by: Health Council of Southeast Florida, 2021

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Uninsured

Uninsured Individuals, By Age and Gender

This table shows the percentage of uninsured individuals by age and gender in Palm Beach County in 2019. Those ages 19 to 25 had the highest uninsured percentage (23.7%), and those ages 64 and older had the lowest percentage (1.3%). Males (14.6%) were more likely be uninsured than females (11.6%).

Table 311: Uninsured Individuals, By Age and Gender, Palm Beach County, 2019

	Total	Number Uninsured	Percent Uninsured
Civilian noninstitutionalized population	1,451,973	189,280	13.0%
Age			
Under 19 years	298,678	24,527	8.2%
19 to 25 years	113,286	26,845	23.7%
19 to 64 years	812,011	160,172	19.7%
65 years and older	341,284	4,581	1.3%
Sex			
Male	701,016	102,323	14.6%
Female	750,957	86,957	11.6%

Note: Beginning in 2017, selected variable categories were updated, including age-categories, income-to-poverty ratio (IPR) categories, and the age universe for certain employment and education variables.
Source: U.S. Census Bureau, American Community Survey (ACS), 2019
Compiled by: Health Council of Southeast Florida, 2021

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Uninsured individuals, By Race and Ethnicity

The table below shows the percentage of uninsured individuals by race and ethnicity in Palm Beach County in 2019. The groups with the highest percentage of uninsured individuals in 2019 were 'Native Hawaiian and Other Pacific Islander alone' (52.4%), 'American Indian and Alaska Native alone' (41.0%), and 'Some other race alone' (32.5%). 'White alone, not Hispanic or Latino' had the lowest percentage of uninsured individuals with 7.1% uninsured.

Table 312: Uninsured Individuals, By Race and Ethnicity, Palm Beach County, 2019

	Total	Number Uninsured	Percent Uninsured
Civilian noninstitutionalized population	1,451,973	189,280	13.0%
Race			
White alone	1,069,522	120,559	11.3%
Black or African American alone	268,756	46,173	17.2%
American Indian and Alaska Native alone	3,039	1,245	41.0%
Asian alone	39,371	4,711	12.0%
Native Hawaiian and Other Pacific Islander alone	527	276	52.4%
Some other race alone	37,407	12,147	32.5%
Two or more races	33,351	4,169	12.5%
Ethnicity			
Hispanic or Latino (of any race)	325,889	78,677	24.1%
White alone, not Hispanic or Latino	793,335	56,232	7.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 2019
Compiled by: Health Council of Southeast Florida, 2021

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Uninsured Individuals, By Census County Division (CCD)

The following table shows the percentage of uninsured individuals in Palm Beach County by Census County Division (CCD) in 2019. The CCD with the largest percentage of uninsured individuals was the Lake Worth CCD with 23.6% of the total population uninsured. Of the individuals in the Lake Worth CCD, 60.0% ages 19 to 64 and 24.2% under 19 years of age were uninsured. The Belle Glade-Pahokee CCD also had the second largest percentage of uninsured individuals (21.9%). Of the individuals in the Belle Glade-Pahokee CCD, 57.2% ages 19 to 64 and 30.1% under 19 years of age were uninsured. The highest percentage of those 65 years and older that were uninsured was found in the Boca Raton CCD (31.4%) and Boynton Beach-Delray Beach CCD (31.4%).

Table 313: Uninsured Individuals, By Census County Division, Palm Beach County, 2019

	Percent of Total Population Uninsured			
	Total civilian noninstitutionalized population	Under 19 years	19 to 64 years	65 years and older
Palm Beach County	13.0%	20.6%	55.9%	23.5%
Belle Glade-Pahokee CCD	21.9%	30.1%	57.2%	12.7%
Boca Raton CCD	6.8%	17.4%	51.2%	31.4%
Boynton Beach-Delray Beach CCD	11.2%	15.9%	52.7%	31.4%
Glades CCD	-	-	-	-
Jupiter CCD	9.3%	20.3%	56.6%	23.2%
Lake Worth CCD	23.6%	24.2%	60.0%	15.9%
Riviera Beach CCD	11.7%	20.0%	57.4%	22.6%
Royal Palm Beach-West Jupiter CCD	8.9%	21.1%	57.8%	21.2%
Sunshine Parkway CCD	8.2%	23.5%	53.8%	22.8%
Western Community CCD	-	-	-	-
West Palm Beach CCD	18.5%	22.1%	59.8%	18.0%

Source: U.S. Census Bureau, American Community Survey (ACS), 2019
Compiled by: Health Council of Southeast Florida, 2021

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Medicaid

Median Monthly Medicaid Enrollment

This table below shows the median monthly Medicaid enrollment rate per 100,000 population in Palm Beach County and Florida from 2016 to 2020. For each year reported, the rate among Palm Beach County residents was lower than the rate among state residents overall. Notably, rate among Palm Beach County residents increased most recently from 2019 (14,618.5 per 100,000) to 2020 (16,845.3 per 100,000). However, this rate was much lower than the rate of 19,940.0 per 100,000 among Florida residents overall in 2020.

Table 314: Median Monthly Medicaid Enrollment, Palm Beach and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2016	227,748	16,324.7	3,979,899	19,672.2
2017	235,972	16,723.1	4,030,447	19,607.4
2018	218,511	15,150.4	3,846,917	18,355.6
2019	213,222	14,618.5	3,766,453	17,709.0
2020	247,609	16,845.3	4,315,244	19,940.4

Source: Florida Health CHARTS, Agency for Health Care Administration, 2020
Compiled by: Health Council of Southeast Florida, 2021

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Children's Health Insurance Program (CHIP)

The Children's Health Insurance Program (CHIP) was established by the federal government in 1997 with the goal of providing health insurance coverage to uninsured children who are low-income and are not eligible for Medicaid. According to the Kaiser Family Foundation, children enrolled in state CHIPs have experienced increased access to care, utilization, and financial protection during economic downturns. Additionally, evidence suggests that children with Medicaid and CHIP have improved health, leading to better performance in school, which ultimately has positive implications for the overall economy.[211]

The CHIP provides federal funding to states for designing and regulating their state's CHIP program for low-income families. In Florida, *Florida Healthy Kids, MediKids, and Children's Medical Services (CMS)* make up the state's CHIP program.[212]

Children's Health Insurance Programs

Children's Health Insurance Program Total Enrollment by Program
The following table shows the total enrollment numbers for the Children's Health Insurance Program (CHIP) in Palm Beach County as of August 2021.

Table 315: Children's Health Insurance Program Total Enrollment by Program, As of August 2021

Program	Palm Beach County
	Count
MediKids (Ages 1 - 4)	1,501
Healthy Kids (Ages 5 - 18)	11,142
Children's Medical Services (CMS) (Ages 1 - 18)	645
Total	13,288

Source: Florida Healthy Kids Corporation, 2021
Compiled by: Health Council of Southeast Florida, 2021

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[211] The Impact of the Children's Health Insurance Program (CHIP): What Does the Research Tell Us? (2014, July 17). In *Kaiser Family Foundation*. Retrieved from https://www.kff.org/report-section/the-impact-of-the-childrens-health-insurance-program-chip-issue-brief/
[212] Frequently Asked Questions (2021). In *Healthy Kids*. Retrieved from https://www.healthykids.org/healthykids/faq/

Healthy Kids

Florida Healthy Kids Medical Plan Enrollment by Plan

This following table shows the total medical plan enrollment by plan for Florida Healthy Kids in Palm Beach County and Florida as of August 2021. The three available plans include Aetna, Community Cares Plan (CCP), and Simply. Aetna has the most children enrolled (6,779) compared to CCP (2,082) and Simply (2,281).

Table 316: Florida Healthy Kids Medical Plan Enrollment by Plan, Palm Beach County and Florida, As of August 2021

Medical Plan	Palm Beach County	Florida
Aetna	6,779	68,975
Community Cares Plan (CCP)	2,082	10,171
Simply	2,281	66,101

Source: Florida Healthy Kids Corporation as of August 2021
Compiled by: Health Council of Southeast Florida, 2021

Health Kids Dental Plan Enrollment by Plan

The table below shows the total dental plan enrollment by plan for Florida Health Kids in Palm Beach County and Florida as of August 2021. The three available plans include ARGUS, DentaQuest, and MCNA. DentaQuest (5,083) had the most children enrolled compared to ARGUS (2,319) and MCNA (3,459).

Table 317: Healthy Kids Dental Plan Enrollment by Plan, Palm Beach County and Florida, As of August 2021

Dental Plan	Palm Beach County	Florida
ARGUS	2,319	31,850
DentaQuest	5,083	59,488
MCNA	3,459	50,953

Source: Florida Healthy KidsCorporation as of August 2021
Compiled by: Health Council of Southeast Florida, 2021

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Medikids

Children Under Five Covered by MediKids

The table below shows the percentage of children under 5 years of age covered by MediKids in Palm Beach County and Florida from 2016 to 2020. During this timeframe the percentage of children in Florida under age 5 covered by MediKids was higher than the Florida percentage, except for in 2019. Most recently, 3.2% of children under 5 years of age in Palm Beach County were covered, while 2.7% were covered in Florida overall.

Table 318: Children Under 5 Covered by Medikids, Palm Beach County and Florida, 2016-2020

Year	Palm Beach County		Florida	
	Count	Percent	Count	Percent
2016	2,105	2.9%	29,757	2.7%
2017	2,313	3.2%	31,496	2.8%
2018	2,843	3.8%	37,238	3.3%
2019	21	0.0%	40,294	3.5%
2020	2,411	3.2%	30,557	2.7%

Source: Florida Health CHARTS, Agency for Health Care Administration, 2020
Compiled by: Health Council of Southeast Florida, 2021

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Federally Qualified Health Centers (FQHC)

Federally Qualified Health Centers are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay, and must operate under a governing board that includes patients.[213]

Federally Qualified Health Centers

The table below shows the Federally Qualified Health Centers in Palm Beach County as of 2021. There are five federally qualified health centers that serve the county.

Table 319: Federally Qualified Health Centers, Palm Beach County, 2021

Health Center Name	Street Address	City	ZIP Code
C. L. Brumback Primary Care Clinic - Mobile Clinic	1150 45th St	West Palm Beach	33407-2361
C. L. Brumback Primary Care Clinic - Mangonia Park	2151 45th St Ste 204	West Palm Beach	33407-2009
C. L. Brumback Primary Care Clinic - Mobile 2 Clinic	1150 45th St	West Palm Beach	33407-2361
C. L. Brumback Primary Care Clinic - Mobile 3 Clinic	1150 45th St	West Palm Beach	33407-2361
C.L. Brumback Primary Care Clinic-Belle Glade	39200 Hooker Hwy Ste 101	Belle Glade	33430-5368
C.L. Brumback Primary Care Clinic-Delray	225 S Congress Ave	Delray Beach	33445-4616
C.L. Brumback Primary Care Clinic-Jupiter	411 W Indiantown Rd	Jupiter	33458-3538
C.L. Brumback Primary Care Clinic-Lake Worth	7408 Lake Worth Rd	Lake Worth	33467-2502
C.L. Brumback Primary Care Clinic-Lantana	1250 Southwinds Dr	Lantana	33462-1459
C.L. Brumback Primary Care Clinic-West Palm Beach	1150 45th St	West Palm Beach	33407-2361
C.L. Brumback Primary Care Clinic - Boca Raton	23123 State Road 7 Ste 108	Boca Raton	33428-5489
C.L. Brumback Primary Care Clinic-Lewis Center	1000 45th St	West Palm Beach	33407-2416
FAU/NCHA U.B. Kinsey Community Health Center	720 8th St	West Palm Beach	33401-3606
FAU/NCHA Westgate Community Health Center	1650 Osceola Dr	West Palm Beach	33409-5038
Florida Community Health Centers, Inc.	5827 Corporate Way	West Palm Beach	33407-2000

[213] Health Resource & Service Administration. (n.d.). Federally Qualified Health Centers. https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc/index.html

Florida Community Health Centers, Inc. - Pahokee	170 S Barfield Hwy Ste 103	Pahokee	33476-1868
FoundCare - Corporate Way	5730 Corporate Way Ste 100	West Palm Beach	33407-2032
FoundCare - North Palm Beach	840 Us Highway 1 STE 120	North Palm Beach	33408-3858
FoundCare - Okeechobee	5867 Okeechobee Blvd	West Palm Beach	33417-4344
FoundCare Belle Glade	1500 NW Avenue L	Belle Glade	33430-1729
FoundCare Boynton Beach	1901 S Congress Ave Ste 100	Boynton Beach	33426-6556
FoundCare Health Center	2330 S Congress Ave	West Palm Beach	33406-7608
FoundCare West Palm Beach	5205 Greenwood Ave Ste 150	West Palm Beach	33407-2406
GCH Dental Center- Boca Raton	181 Crawford Blvd	Boca Raton	33432-3743
Genesis Community Health- Boca Medical	600 S Dixie Hwy Ste 103	Boca Raton	33432-6034
Genesis Community Health- Boynton Dental Clinic	2623 S Seacrest Blvd Ste 112	Boynton Beach	33435-7531
Genesis Community Health-Boynton Medical	709 S Federal Hwy Ste 3	Boynton Beach	33435-5610

Source: Health Resources & Services Administration, 2021
Compiled by: Health Council of Southeast Florida, 2021

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Food Access

Low food access is defined as being far from a supermarket, supercenter, or large grocery store. A census tract has low access status if there are at least 500 people or 33 percent of the population within the tract with low access. Low-income census tracts are defined as where the tract's poverty rate is greater than 20 percent, or where the tract's median family income (MFI) is less than or equal to 80 percent of the statewide MFI, or where the tract is in a metropolitan area and has an MFI less than or equal to 80 percent of the metropolitan area's MFI.

Low Income, Low Food Access Census Tracts
The figure below shows the low income, low food access census tracts in Palm Beach County based on 2019 data. In 2019, 23% (77) of census tracts were low income and low foods access census tracts.

To view an interactive map of Low Food Access and Low-Income Census tracts, visit:
https://public.tableau.com/views/LowIncomeLowFoodAccess/LIandLFADash?:language=en-US&:display_count=n&:origin=viz_share_link

Figure 183: Low Income, Low Food Access Census Tracts, Palm Beach County, 2019

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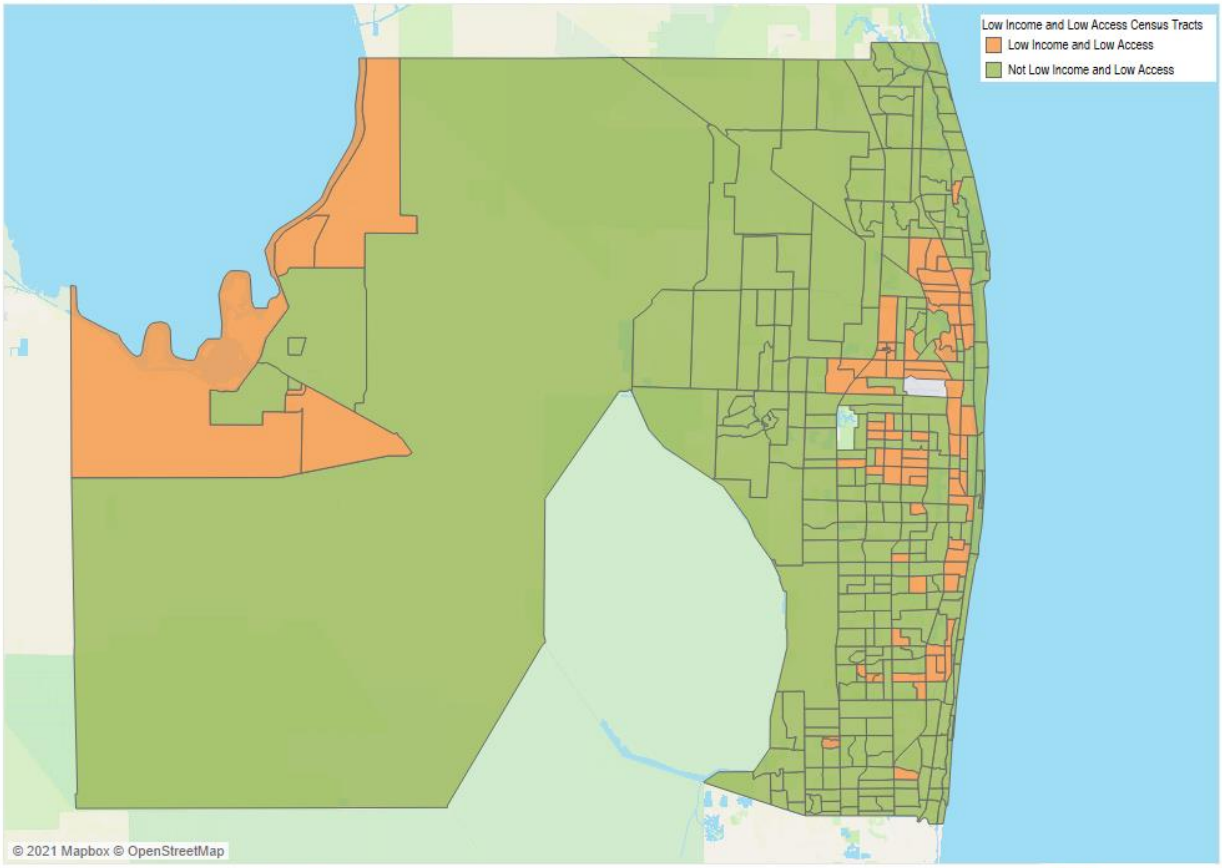
Low Income, Low Food Access Census Tracts, Palm Beach County, 2019



Source: Policy Map, United States Department of Agriculture, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Community Needs Index

The Community Needs Index (CNI) aggregates five factors associated with health needs: income, culture/language, education, housing status, and insurance coverage. A score of 1.0 indicates a ZIP Code with the lowest socioeconomic barriers (low need), while a score of 5.0 represents a ZIP Code with the most socioeconomic barriers (high need). The CNI captures multiple social determinants of health and highlights geographic areas that have significant disparities regarding access to healthcare services. Catholic Healthcare West found that residents of communities with the highest CNI scores were twice as likely to be hospitalized for conditions that can be managed in the primary or specialty care setting compared to communities with the lowest CNI scores.[214] Some of these conditions include asthma, pneumonia, or congestive heart failure.

Community Needs Index

The figure below shows the CNI by ZIP code in Palm Beach County in 2020. In 2020, 38% (20) census tracts were high need ZIP codes with a CNI score of 4.0 of higher.

To view an interactive map of the Community Needs Index, visit:
https://public.tableau.com/views/CommunityNeedsIndex/CNIDash?:language=en-US&:display_count=n&:origin=viz_share_link

Figure 184: Community Needs Index, By ZIP Code, Palm Beach County, 2020

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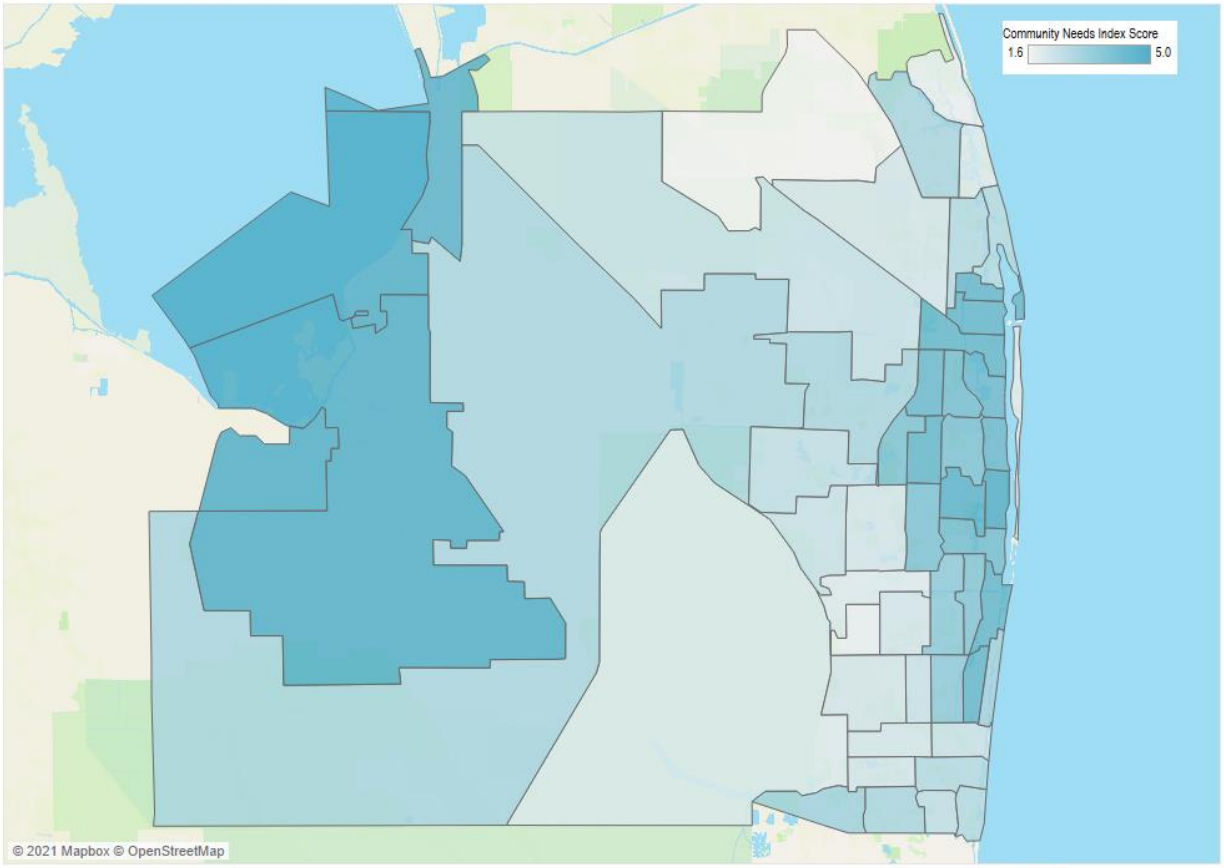
[214] Dignity Health (2011, February 16). Nationwide map guides community health planning. https://www.dignityhealth.org/about-us/press-center/press-releases/national-health-need-maps-guide-public-health-planning

Community Needs Index, by ZIP Code, Palm Beach, 2020



Source: Diginity Health, 2020
Compiled by: Health Council of Southeast Florida, 2021

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Child Opportunity Index

The Child Opportunity Index (COI) measures and maps the quality of resources and conditions that affect whether children grow up healthy in the neighborhoods where they live. This index combines data from 29 neighborhood-level indicators into a single composite measure.[215] Child Opportunity Scores are on a scale from 1 (lowest) to 100 (highest). Scores are then grouped into 'very low,' 'low,' 'moderate,' 'high', and 'very high'.

Child Opportunity Index
The figure below shows the COI in Palm Beach County from 2015 to 2020. The majority of Palm Beach County Zip codes scored high or very high. However, 28% of ZIP codes scored Low or Very Low. These ZIP codes were primarily located in the Glades Region of Palm Beach County, Lake Worth, and West Palm Beach.

To view an interactive map of the Child Opportunity Index, visit:
https://public.tableau.com/views/ChildOpporunityIndex/COIDash?:language=en-US&:display_count=n&:origin=viz_share_link

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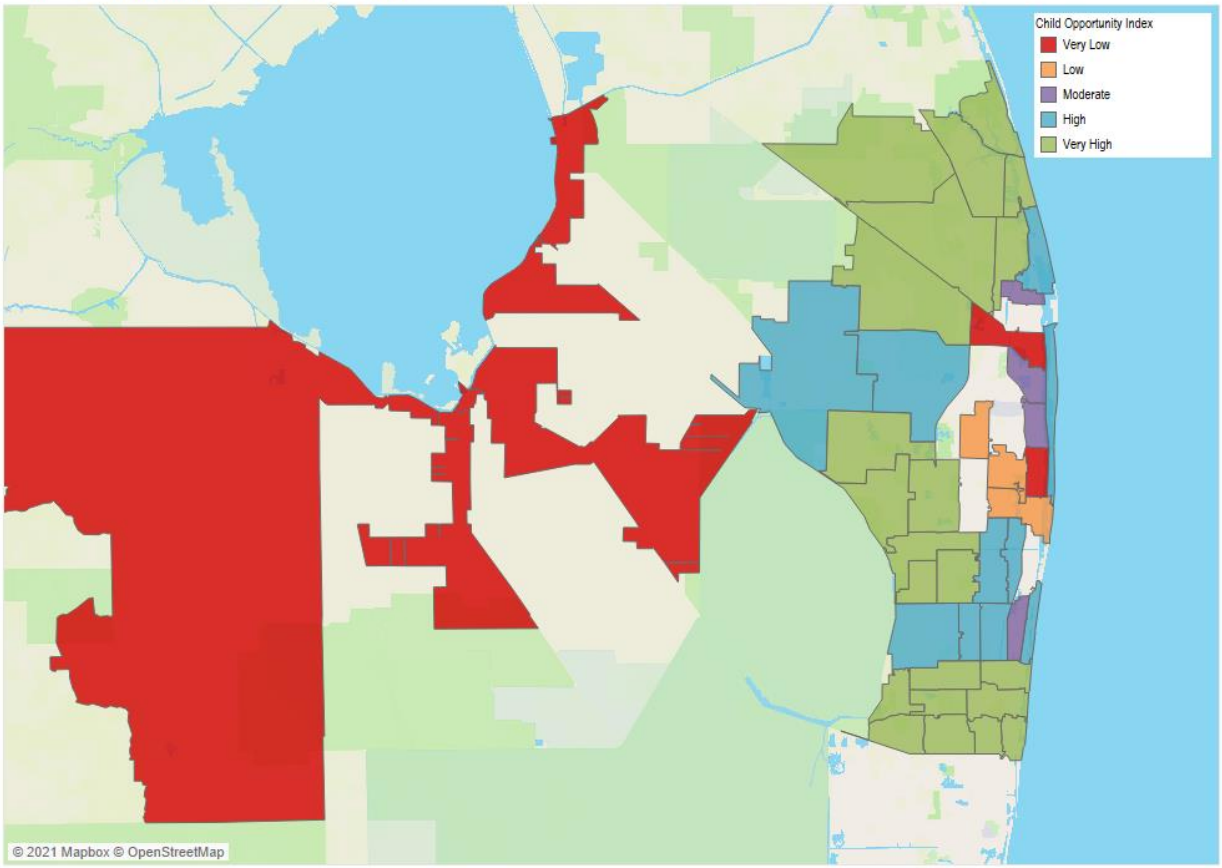
[215] The Institute for Child, Youth and Family Policy at the Heller School for Social Policy and Management at Brandeis University (2020). *Child Opportunity Index.* http://www.diversitydatakids.org/child-opportunity-index

Figure 185: Child Opportunity Index, Palm Beach County, 2015-2020

Child Opportunity Index, Palm Beach County, 2015-2020



Source: Diversity Data Kids, 2020
Compiled by: Health Council of Southeast Florida, 2021

Social Vulnerability Index

Social vulnerability refers to populations that are particularly vulnerable to disruption and health problems as a result of natural disasters, human-made disasters, climate change, and extreme weather. The social vulnerability index (SVI) was designed to help identify areas where residents are in greatest need of support and recovery assistance in the case of a disaster or extreme weather event. The index is comprised of four categories of vulnerability—socioeconomic status, household composition and disability, minority status and language, and housing and transportation. The four social vulnerability levels—Low, Low to Moderate, Moderate to High, and High—are defined by dividing all tracts or counties in the country into quantiles based on the SVI.[216]

Social Vulnerability Index

The following figure shows the SVI by census tract in Palm Beach County in 2018. In 2018, nearly a quarter (80) census tracts had a high SVI, followed by 19% (64) that had a moderate social vulnerability index. Census tracts with a moderate or high SVI were concentrated in the Glades Region, West Palm Beach, and Lake Worth.

To view an interactive map of the Social Vulnerability Index, visit:
https://public.tableau.com/views/SocialVulnerabilityIndex_16367561389920/SVIDash?:language=en-US&:display_count=n&:origin=viz_share_link

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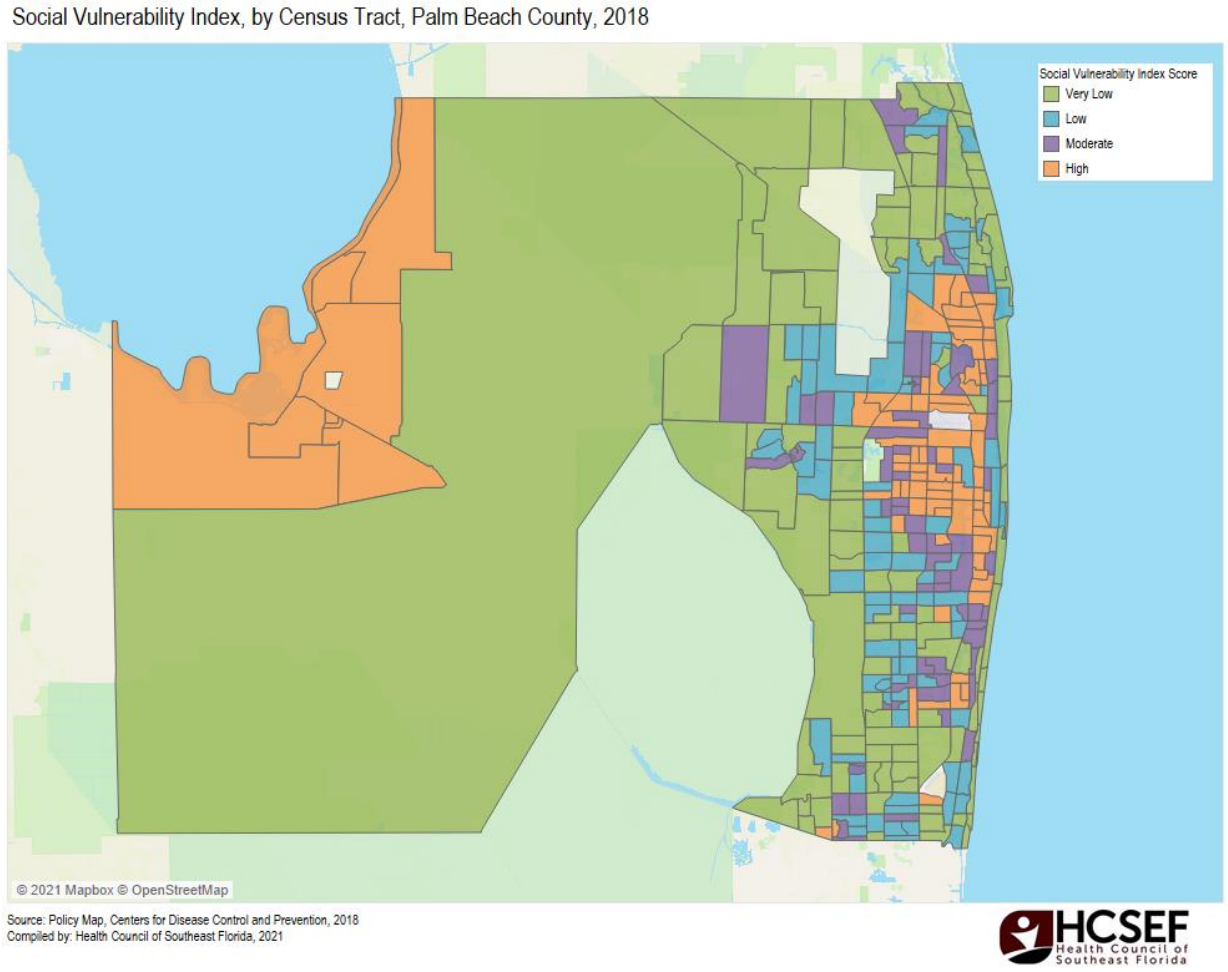
[216]Agency for Toxic Substances and Disease Registry (n.d.) CDC/ATSDR Social Vulnerability Index. Centers for Disease Control and Prevention. https://www.atsdr.cdc.gov/placeandhealth/svi/index.html

Figure 186: Social Vulnerability Index, By Census Tract, Palm Beach County, 2018



Appendices

Appendix A

Figure 187: School Grades By Year (All Schools), Palm Beach County, 2015-2019

School Name	2015	2016	2017	2018	2019
Academy For Positive Learning	A	B	A	B	B
Acreage Pines Elementary School	A	A	B	B	B
Addison Mizner Elementary School	A	A	A	A	A
Alexander W Dreyfoos Junior School Of The Arts	A	A	A	A	A
Allamanda Elementary School	A	B	A	A	A
Atlantic High School	A	B	B	B	C
Bak Middle School Of The Arts	A	A	A	A	A
Banyan Creek Elementary School	A	B	A	A	A
Barton Elementary School	D	C	D	C	C
Beacon Cove Intermediate School	A	A	A	A	A
Bear Lakes Middle School	C	C	C	C	C
Belle Glade Elementary School	F	C	C	D	C
Belvedere Elementary School	C	C	C	B	C
Ben Gamla-Palm Beach	A	A	B	A	B
Benoist Farms Elementary School	C	C	C	C	C
Berkshire Elementary School	B	B	C	B	B
Binks Forest Elementary School	A	A	A	A	A
Boca Raton Community High School	A	A	A	A	A
Boca Raton Community Middle School	A	B	A	A	A
Boca Raton Elementary School	C	A	B	B	A
Boynton Beach Community High	C	D	C	C	C
Bridgeprep Academy Of Palm Beach	--	--	--	B	B
Bright Futures Academy	C	D	C	D	C
Calusa Elementary School	A	A	A	A	A
Carver Middle School	C	D	C	C	C
Cholee Lake Elementary School	C	C	C	C	C
Christa Mcauliffe Middle School	A	A	A	A	A
Citrus Cove Elementary School	A	A	A	B	B
Clifford O Taylor/Kirklane Elementary	D	C	B	C	B
Congress Community Middle School	C	C	C	C	C
Conniston Middle School	C	C	C	B	C
Coral Reef Elementary School	A	A	A	A	A
Coral Sunset Elementary School	B	C	B	B	A
Crestwood Community Middle	B	B	B	B	B
Crosspointe Elementary School	C	A	B	C	B

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Crystal Lakes Elementary School	A	A	B	A	A
Cypress Trails Elementary School	B	A	A	A	A
Del Prado Elementary School	A	A	A	A	A
Diamond View Elementary School	C	C	C	B	B
Discovery Key Elementary School	A	A	A	A	A
Don Estridge High Tech Middle School	A	A	A	A	A
Dr. Mary Mcleod Bethune Elementary	F	D	C	C	C
Dwight D. Eisenhower Elementary School	A	B	B	B	A
Eagles Landing Middle School	A	A	A	A	A
Egret Lake Elementary School	D	C	B	C	B
Elbridge Gale Elementary School	A	A	A	A	A
Emerald Cove Middle School	A	A	A	A	A
Equestrian Trails Elementary	A	A	A	A	A
Everglades Elementary	A	A	A	A	A
Forest Hill Community High School	C	C	C	C	C
Forest Hill Elementary School	C	C	B	A	B
Forest Park Elementary School	D	C	C	B	B
Franklin Academy - Boynton Beach	A	B	B	B	A
Franklin Academy- Palm Beach Gardens	A	C	A	A	A
Freedom Shores Elementary School	B	B	B	C	B
Frontier Elementary School	A	A	A	A	A
Galaxy Elementary School	D	C	C	C	C
Gardens School Of Technology Arts Inc	A	C	A	A	B
Glade View Elementary School	D	C	C	F	C
Glades Academy, Inc	--	F	C	C	D
Glades Central High School	C	C	C	C	C
Golden Grove Elementary School	A	A	A	A	A
Gove Elementary School	D	D	D	C	C
Grassy Waters Elementary School	C	C	B	C	B
Greenacres Elementary School	C	B	B	A	B
Grove Park Elementary School	D	F	C	C	B
G-Star School Of The Arts	A	B	B	A	A
H. L. Johnson Elementary School	A	B	B	A	A
Hagen Road Elementary School	B	B	B	B	B
Hammock Pointe Elementary School	B	B	A	A	A
Heritage Elementary School	D	C	C	B	B
Hidden Oaks K-8	B	C	C	C	C
Highland Elementary School	D	C	C	C	C
Hope-Centennial Elementary School	C	C	C	C	C
Howell L. Watkins Middle School	C	C	C	C	C
Imagine Schools Chancellor Campus	C	A	B	A	A
Independence Middle School	A	A	A	A	A
Indian Pines Elementary School	C	C	B	C	D
Inlet Grove Community High School	A	B	B	A	A

J. C. Mitchell Elementary School	A	B	B	B	A
Jeaga Middle School	C	C	C	C	C
Jerry Thomas Elementary School	A	B	A	A	A
John I. Leonard High School	B	C	C	B	B
Jupiter Elementary School	C	C	B	C	A
Jupiter Farms Elementary School	A	A	A	A	A
Jupiter High School	A	A	A	A	A
Jupiter Middle School	A	A	A	A	A
K. E. Cunningham/Canal Point Elementary	F	C	C	C	B
L C Swain Middle School	C	C	C	C	C
Lake Park Elementary School	D	C	B	B	A
Lake Shore Middle School	F	C	D	D	C
Lake Worth Community Middle	C	C	C	C	C
Lake Worth High School	C	C	D	C	C
Lantana Elementary School	C	C	C	C	C
Lantana Middle School	B	C	C	B	B
Liberty Park Elementary School	C	D	B	C	C
Limestone Creek Elementary School	A	A	A	A	A
Lincoln Elementary School	F	D	C	C	C
Loggers' Run Community Middle School	A	A	A	A	A
Loxahatchee Groves Elementary	B	B	B	B	A
Manatee Elementary School	A	A	A	A	A
Marsh Pointe Elementary	A	A	A	A	A
Meadow Park Elementary School	B	B	A	A	A
Melaleuca Elementary School	C	C	C	B	C
Montessori Academyof Early Enrichment, Inc	B	B	B	C	A
Morikami Park Elementary School	A	A	A	A	A
New Horizons Elementary School	A	A	B	A	A
North Grade Elementary School	C	C	B	C	B
Northboro Elementary School	C	B	C	B	A
Northmore Elementary School	F	C	D	C	B
Okeeheelee Middle School	C	C	C	C	C
Olympic Heights Community High	A	B	A	A	A
Olympus International Academy	--	--	--	--	--
Omni Middle School	A	A	A	A	A
Orchard View Elementary School	D	D	C	B	B
Osceola Creek Middle School	A	A	A	A	A
Pahokee Elementary School	D	C	C	C	C
Pahokee Middle-Senior High	C	C	C	C	C
Palm Beach Central High School	A	B	B	A	A
Palm Beach Gardens Elementary School	A	A	B	A	A
Palm Beach Gardens High School	B	C	C	C	C
Palm Beach Lakes High School	C	D	D	C	C
Palm Beach Maritime Academy	C	C	C	C	C

Palm Beach Maritime Academy High School	B	C	C	C	C
Palm Beach Public School	A	B	A	A	A
Palm Beach Virtual Franchise	A	A	A	A	A
Palm Springs Elementary School	C	B	C	C	C
Palm Springs Middle School	C	B	C	B	B
Palmetto Elementary School	C	C	C	C	C
Panther Run Elementary School	A	A	A	A	A
Park Vista Community High School	A	A	A	A	A
Pierce Hammock Elementary School	A	A	A	A	A
Pine Grove Elementary School	C	C	C	C	C
Pine Jog Elementary School	A	B	C	A	B
Pioneer Park Elementary School	D	C	C	C	B
Pleasant City Elementary School	D	C	C	C	B
Plumosa School Of The Arts	C	C	C	B	C
Poinciana Stem Elementary Magnet School	B	B	A	B	B
Polo Park Middle School	A	A	A	A	A
Renaissance Charter School At Central Palm	D	C	C	C	B
Renaissance Charter School At Cypress	C	D	C	C	C
Renaissance Charter School At Palms West	B	C	A	B	B
Renaissance Charter School At Summit	C	C	C	B	B
Renaissance Charter School At Wellington	C	C	B	B	A
Renaissance Charter School At West Palm Beach	C	B	B	A	A
Rolling Green Elementary School	D	C	C	D	C
Roosevelt Elementary School	F	C	C	B	C
Roosevelt Middle School	C	C	C	C	C
Rosenwald Elementary School	D	B	C	C	C
Royal Palm Beach Elementary School	A	A	A	A	A
Royal Palm Beach High School	B	C	C	C	B
S. D. Spady Elementary School	B	B	B	B	C
Sandpiper Shores Elementary School	A	B	A	A	A
Santaluces Community High	B	B	B	B	B
Seminole Ridge Community High School	A	B	B	B	B
Seminole Trails Elementary School	C	C	C	C	C
Slam Academy High School Palm Beach	--	--	--	--	--
Slam Boca	--	--	--	--	B
Somerset Academy Boca East	A	A	A	A	A
Somerset Academy Boca Middle School	A	A	A	A	A
Somerset Academy Canyons High School	A	B	B	B	A
Somerset Academy Canyons Middle School	A	B	A	A	B
Somerset Academy Jfk Charter School	B	B	C	C	B
Somerset Academy Lakes	--	--	C	D	B
Somerset Academy Of The Arts	--	--	--	--	--
South Grade Elementary School	D	C	D	C	C

South Olive Elementary School	A	B	B	B	B
South Tech Academy	A	B	B	A	A
South Tech Preparatory Academy	C	D	C	C	C
Spanish River Community High School	A	A	A	A	A
Sports Leadership And Management (Slam) Middle School Palm Beach	--	--	B	C	B
Starlight Cove Elementary School	D	C	C	C	C
Suncoast Community High School	A	A	A	A	A
Sunrise Park Elementary School	A	A	A	A	A
Sunset Palms Elementary School	A	A	A	A	A
The Conservatory School At North Palm Beach	B	B	A	A	A
Timber Trace Elementary School	A	A	A	A	A
Tradewinds Middle School	C	C	B	B	C
U. B. Kinsey/Palmview Elementary	C	C	C	B	B
University Preparatory Academy Palm Beach	--	--	F	C	C
Verde K-8	A	A	A	A	A
Village Academy On The Art & Sara Jo Kobacker Campus	C	C	C	C	C
Washington Elementary Magnet School	D	F	B	C	D
Waters Edge Elementary School	A	A	A	A	A
Watson B. Duncan Middle School	A	A	A	A	A
Wellington Elementary School	A	B	B	A	A
Wellington High School	A	A	A	A	A
Wellington Landings Middle	A	A	A	A	A
West Boca Raton High School	A	A	A	A	A
West Gate Elementary School	C	B	C	B	C
West Riviera Elementary School	F	D	D	B	C
Western Academy Charter School	A	A	A	A	A
Western Pines Community Middle	A	A	A	A	A
Westward Elementary School	D	C	C	C	C
Whispering Pines Elementary School	A	A	A	A	A
William T. Dwyer High School	A	B	B	B	B
Woodlands Middle School	A	B	A	A	A
Wynnebrook Elementary School	A	A	A	A	A

Note: Pursuant to FDOE Emergency Order No. 2021-EO-02, only schools for which an opt in request was submitted by the school district superintendent or charter school governing board have a letter grade assigned for the 2020-21 school year. More information can be found at https://www.fldoe.org/core/fileparse.php/19861/urlt/2021-EO-02.pdf.

Source: Florida Department of Education, 2021

Compiled by: Health Council of Southeast Florida, 2021

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Appendix B

Table 320: Students Qualifying for Free and Reduced Lunch, By School, Palm Beach County, School Year 2020-2021

School Name	Total Students	Percent Eligible	# of Free Lunch Students	# of Reduced-Price Lunch Students	# of Provision 2 Students	# of Direct Certificat-ion CEP Students
All Palm Beach County Schools	187,341	65.1%	110,872	10,793	350	0
Hidden Oaks K-8	772	68.8%	467	64	0	0
Hope-Centennial Elementary School	751	93.5%	665	37	0	0
L C Swain Middle School	1,414	94.3%	1,267	67	0	0
Waters Edge Elementary School	762	22.2%	147	22	0	0
Pine Jog Elementary School	880	78.9%	633	61	0	0
Everglades Elementary	891	46.7%	353	63	0	0
Jupiter Elementary School	904	83.6%	735	21	0	0
Jupiter High School	3,007	35.8%	952	126	0	0
Allamanda Elementary School	652	57.5%	330	45	0	0
Palm Beach Gardens Elementary School	612	56.4%	307	38	0	0
Howell L. Watkins Middle School	863	90.3%	742	37	0	0
The Conservatory School At North Palm Beach	899	63.3%	525	44	0	0
Lake Park Elementary School	353	97.5%	334	10	0	0
Suncoast Community High School	1,558	38.6%	484	118	0	0
Washington Elementary Magnet School	187	70.1%	124	7	0	0
John F. Kennedy Middle School	812	95.3%	739	35	0	0
Lincoln Elementary School	393	93.6%	362	6	0	0
Northmore Elementary School	613	94.8%	569	12	0	0
Sunset Palms Elementary School	970	18.5%	156	23	0	0
Northboro Elementary School	787	85.5%	634	39	0	0
Roosevelt Middle School	1,011	93.5%	898	47	0	0
Roosevelt Elementary School	366	97.0%	349	6	0	0
Westward Elementary School	521	93.5%	452	35	0	0
U. B. Kinsey/Palmview Elementary	623	89.9%	515	45	0	0
Alexander W Dreyfoos Junior School Of The Arts	1,357	24.0%	265	61	0	0
Palm Beach Public School	381	47.8%	169	13	0	0
West Gate Elementary School	743	96.2%	698	17	0	0
Belvedere Elementary School	495	96.0%	454	21	0	0
Conniston Middle School	1,163	88.3%	954	73	0	0
Palmetto Elementary School	554	92.6%	484	29	0	0

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South Olive Elementary School	479	61.6%	264	31	0	0
Forest Hill Community High School	2,515	82.7%	1,896	184	0	0
Meadow Park Elementary School	756	77.4%	516	69	0	0
Berkshire Elementary School	1,059	87.3%	850	75	0	0
Palm Springs Middle School	1,519	90.8%	1,279	101	0	0
Forest Hill Elementary School	810	93.6%	711	47	0	0
Greenacres Elementary School	743	94.6%	676	27	0	0
Palm Springs Elementary School	1,001	92.3%	878	46	0	0
Marsh Pointe Elementary	833	21.4%	147	31	0	0
Academy For Positive Learning	87	96.6%	78	6	0	0
Highland Elementary School	1,026	97.2%	975	22	0	0
North Grade Elementary School	718	82.0%	568	21	0	0
Lake Worth High School	2,398	91.6%	2,112	84	0	0
Barton Elementary School	1,075	97.7%	1,035	15	0	0
Lantana Elementary School	499	92.4%	437	24	0	0
Lantana Middle School	801	93.3%	723	24	0	0
Starlight Cove Elementary School	687	95.3%	620	35	0	0
Rolling Green Elementary School	730	98.2%	703	14	0	0
Poinciana Stem Elementary Magnet School	493	76.3%	335	41	0	0
Galaxy Elementary School	590	94.7%	545	14	0	0
Forest Park Elementary School	511	93.5%	459	19	0	0
Turning Points Academy	41	90.2%	36	1	0	0
Atlantic High School	2,084	76.6%	1,432	164	0	0
Plumosa School Of The Arts	570	80.0%	426	30	0	0
S. D. Spady Elementary School	440	66.1%	264	27	0	0
Pine Grove Elementary School	395	97.0%	368	15	0	0
J. C. Mitchell Elementary School	872	62.0%	479	62	0	0
Boca Raton Elementary School	344	80.8%	249	29	0	0
Boca Raton Community High School	3,079	40.5%	1,055	193	0	0
Pahokee Elementary School	380	96.6%	349	18	0	0
Lake Shore Middle School	723	97.8%	696	11	0	0
Gove Elementary School	673	95.4%	617	25	0	0
Glade View Elementary School	300	99.3%	293	5	0	0
Rosenwald Elementary School	322	95.3%	302	5	0	0
John I. Leonard High School	3,461	87.3%	2,776	247	0	0
Palm Beach Gardens High School	2,627	75.9%	1,836	158	0	0
Wynnebrook Elementary School	790	91.1%	674	46	0	0
West Riviera Elementary School	590	96.4%	564	5	0	0
Grove Park Elementary School	537	90.9%	462	26	0	0
Hagen Road Elementary School	735	53.3%	346	46	0	0
Melaleuca Elementary School	622	89.2%	527	28	0	0
Addison Mizner Elementary School	806	29.2%	195	40	0	0
Inlet Grove Community High School	791	89.9%	644	67	0	0

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Boca Raton Community Middle School	1,382	51.4%	629	81	0	0
Clifford O Taylor/Kirklane Elementary	1,199	92.5%	1,064	45	0	0
Dwight D. Eisenhower Elementary School	541	70.1%	335	44	0	0
Congress Community Middle School	1,162	90.1%	999	48	0	0
Santaluces Community High	2,520	83.3%	1,910	190	0	0
Jerry Thomas Elementary School	732	52.0%	346	35	0	0
Verde K-8	1,126	40.8%	392	67	0	0
Wellington Elementary School	863	47.7%	360	52	0	0
Spanish River Community High School	2,403	31.3%	630	122	0	0
Crestwood Community Middle	786	70.4%	474	79	0	0
Wellington Landings Middle	1,274	39.0%	429	68	0	0
Seminole Trails Elementary School	635	87.2%	507	47	0	0
Jupiter Middle School	1,434	47.1%	612	63	0	0
Del Prado Elementary School	843	35.3%	236	62	0	0
Loggers' Run Community Middle School	1,151	47.5%	452	95	0	0
H. L. Johnson Elementary School	772	50.1%	339	48	0	0
Pahokee Middle-Senior High	796	97.5%	748	28	0	0
Whispering Pines Elementary School	946	36.4%	289	55	0	0
Royal Palm School	345	100.0%	0	0	345	0
Coral Sunset Elementary School	769	73.1%	483	79	0	0
Christa Mcauliffe Middle School	1,463	43.5%	539	98	0	0
K. E. Cunningham/Canal Point Elementary	276	99.6%	269	6	0	0
Palm Beach Lakes High School	2,422	88.9%	2,034	119	0	0
Indian Pines Elementary School	603	94.7%	546	25	0	0
Liberty Park Elementary School	907	88.4%	750	52	0	0
Banyan Creek Elementary School	910	59.8%	493	51	0	0
Loxahatchee Groves Elementary	550	63.8%	327	24	0	0
Calusa Elementary School	1,189	19.2%	198	30	0	0
Woodlands Middle School	1,521	53.9%	722	98	0	0
Lighthouse Elementary School	620	19.4%	101	19	0	0
Cypress Trails Elementary School	437	70.3%	244	63	0	0
Morikami Park Elementary School	778	21.3%	138	28	0	0
Sandpiper Shores Elementary School	826	45.6%	324	53	0	0
Watson B. Duncan Middle School	1,221	48.5%	515	77	0	0
Bear Lakes Middle School	808	92.1%	707	37	0	0
Omni Middle School	1,496	42.9%	522	120	0	0
Park Vista Community High School	3,091	40.8%	1,083	179	0	0
Timber Trace Elementary School	853	47.6%	352	54	0	0

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Limestone Creek Elementary School	955	27.4%	230	32	0	0
Carver Middle School	914	90.8%	786	44	0	0
New Horizons Elementary School	716	57.0%	343	65	0	0
Citrus Cove Elementary School	995	66.1%	595	63	0	0
Hammock Pointe Elementary School	886	66.3%	495	92	0	0
Jupiter Farms Elementary School	571	25.9%	128	20	0	0
Egret Lake Elementary School	578	91.0%	490	36	0	0
Crystal Lakes Elementary School	800	48.5%	326	62	0	0
Lake Worth Community Middle	1,214	94.3%	1,100	45	0	0
Acreage Pines Elementary School	525	53.9%	241	42	0	0
Okeeheelee Middle School	1,456	87.7%	1,173	104	0	0
Panther Run Elementary School	831	26.2%	178	40	0	0
Olympic Heights Community High	2,289	43.3%	821	171	0	0
Wellington High School	2,525	43.4%	906	191	0	0
William T. Dwyer High School	2,158	48.8%	929	125	0	0
Manatee Elementary School	1,185	36.6%	360	74	0	0
Glades Central High School	930	95.7%	859	31	0	0
Royal Palm Beach High School	2,353	76.1%	1,555	235	0	0
Orchard View Elementary School	553	91.0%	468	35	0	0
Boynton Beach Community High	1,480	86.8%	1,221	63	0	0
Pioneer Park Elementary School	355	98.0%	346	2	0	0
Belle Glade Elementary School	701	97.7%	670	15	0	0
Indian Ridge School	109	91.7%	95	5	0	0
Golden Grove Elementary School	645	52.2%	288	49	0	0
South Grade Elementary School	670	99.0%	657	6	0	0
Western Pines Community Middle	1,072	56.3%	514	89	0	0
Eagles Landing Middle School	1,560	42.3%	561	99	0	0
Dr. Mary Mcleod Bethune Elementary	599	93.8%	558	4	0	0
Bak Middle School Of The Arts	1,355	29.2%	311	84	0	0
Ed Venture Charter School	70	77.1%	53	1	0	0
Potentials Charter School	31	74.2%	21	2	0	0
Beacon Cove Intermediate School	598	18.6%	98	13	0	0
Frontier Elementary School	584	46.9%	241	33	0	0
Binks Forest Elementary School	904	26.0%	205	30	0	0
Heritage Elementary School	784	91.8%	672	48	0	0
Coral Reef Elementary School	976	46.7%	392	64	0	0
Pleasant City Elementary School	300	96.3%	288	1	0	0
Polo Park Middle School	1,291	45.5%	509	79	0	0
Independence Middle School	1,293	32.9%	380	46	0	0
Palm Beach Central High School	2,868	55.3%	1,364	222	0	0
Freedom Shores Elementary School	705	81.1%	536	36	0	0
Sunrise Park Elementary School	959	29.2%	233	47	0	0
Jeaga Middle School	928	93.6%	834	35	0	0

Don Estridge High Tech Middle School	1,267	35.0%	363	81	0	0
Discovery Key Elementary School	928	43.9%	341	66	0	0
Crosspointe Elementary School	636	90.1%	534	39	0	0
Royal Palm Beach Elementary School	658	56.2%	325	45	0	0
Benoist Farms Elementary School	460	92.6%	406	20	0	0
Cholee Lake Elementary School	973	91.5%	864	26	0	0
Tradewinds Middle School	1,002	89.7%	850	49	0	0
The Learning Center At The Els Center Of Excellence	132	8.3%	9	2	0	0
Palm Beach Maritime Academy	894	90.6%	770	40	0	0
Village Academy On The Art & Sara Jo Kobacker Campus	723	97.8%	687	20	0	0
Osceola Creek Middle School	733	55.3%	337	68	0	0
Pierce Hammock Elementary School	417	47.5%	162	36	0	0
Western Academy Charter School	499	43.7%	180	38	0	0
Palm Beach School For Autism	380	57.1%	192	25	0	0
Palm Beach County Jail	17	88.2%	15	0	0	0
Palm Beach Regional Detention Center	32	65.6%	21	0	0	0
Pace Center For Girls	67	74.6%	49	1	0	0
Highridge Family Center	18	77.8%	14	0	0	0
Alternative Program Central	14	35.7%	5	0	0	0
South Area Secondary Intensive Transition Program	43	95.3%	40	1	0	0
The Learning Academy At The Els Center Of Excellence	117	8.5%	4	3	3	0
Educational Services Program-West	*	*	*	*	*	*
Teen Parent Program - Pk	11	0.0%	0	0	0	0
Crossroads Academy	141	98.6%	136	3	0	0
West Boca Raton High School	2,242	40.0%	699	198	0	0
Diamond View Elementary School	815	85.0%	636	57	0	0
Equestrian Trails Elementary	841	28.2%	199	38	0	0
Gulfstream L.I.F.E. Academy	65	81.5%	52	1	0	0
Grassy Waters Elementary School	752	79.4%	532	65	0	0
Palm Beach Juvenile Correctional Facility	41	7.3%	3	0	0	0
Riviera Beach Preparatory & Achievement Academy	123	88.6%	106	3	0	0
Elbridge Gale Elementary School	991	55.0%	491	54	0	0
Emerald Cove Middle School	1,288	49.1%	526	106	0	0
Imagine Schools Chancellor Campus	1,048	65.9%	603	88	0	0
Glades Academy, Inc	242	98.3%	227	11	0	0
Bright Futures Academy	186	89.2%	158	8	0	0

Toussaint L'ouverture High	28	57.1%	15	1	0	0
Seagull Academy	38	86.8%	30	3	0	0
Montessori Academyof Early Enrichment, Inc	176	85.8%	143	8	0	0
Somerset Academy Jfk Charter School	510	86.5%	402	39	0	0
G-Star School Of The Arts	773	52.8%	362	46	0	0
Everglades Preparatory Academy	123	97.6%	118	2	0	0
Believers Academy	116	85.3%	91	8	0	0
Quantum High School	365	47.9%	157	18	0	0
Somerset Academy Boca East	351	26.8%	77	17	0	0
Worthington High School	352	58.8%	197	10	0	0
Renaissance Charter School At West Palm Beach	1,015	86.0%	794	79	0	0
Seminole Ridge Community High School	2,150	48.9%	867	185	0	0
Palm Beach Maritime Academy High School	207	80.7%	158	9	0	0
Ben Gamla-Palm Beach	250	42.4%	92	14	0	0
Gardens School Of Technology Arts Inc	324	67.6%	193	26	0	0
Palm Beach Preparatory Charter Academy	330	86.1%	279	5	0	0
Renaissance Charter School At Palms West	460	54.8%	221	31	0	0
Renaissance Charter School At Wellington	561	72.7%	371	37	0	0
Renaissance Charter School At Summit	1,104	84.7%	860	75	0	0
Somerset Academy Canyons Middle School	700	50.9%	314	42	0	0
Somerset Academy Canyons High School	965	46.5%	387	62	0	0
Franklin Academy - Boynton Beach	1,326	59.9%	701	93	0	0
Olympus International Academy	229	41.9%	81	15	0	0
Somerset Academy Of The Arts	229	52.0%	108	11	0	0
Somerset Academy Boca Middle School	91	38.5%	30	5	0	0
Renaissance Charter School At Cypress	744	70.8%	495	32	0	0
Renaissance Charter School At Central Palm	741	88.0%	574	78	0	0
Franklin Academy- Palm Beach Gardens	992	48.7%	427	56	0	0
University Preparatory Academy Palm Beach	342	94.4%	315	8	0	0
Florida Futures Academy North Campus	152	68.4%	96	8	0	0

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Sports Leadership And Management (Slam) Middle School Palm Beach	265	85.7%	207	20	0	0
Somerset Academy Lakes	339	89.7%	273	31	0	0
Connections Education Center Of The Palm Beaches	78	79.5%	50	12	0	0
Bridgeprep Academy Of Palm Beach	270	56.3%	132	20	0	0
Slam Boca	647	48.1%	255	56	0	0
Slam Academy High School Palm Beach	150	79.3%	107	12	0	0
Palm Beach Virtual Instruction Program	113	26.5%	30	0	0	0
Palm Beach Virtual Franchise	111	26.1%	23	6	0	0
Ese Other Teaching Services	100	17.0%	15	0	2	0

Note: *To provide meaningful results and to protect the privacy of individual students, data are displayed only when the total number of students in a group is at least 10 and when the performance of individuals would not be disclosed. Data for groups less than 10 are displayed with an asterisk (*).
Source: Florida Department of Education, 2021
Compiled by: Health Council of Southeast Florida, 2021

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Appendix C

Figure 188: Overweight or Obese First and Third Graders in Palm Beach County, By School, Palm Beach County, School Year 2020-2021

School	Palm Beach County	
	Grade 1	Grade 3
Acreage Pines Elementary	1	1
Addison Mizner Elementary	1	1
Allamanda Elementary	-	1
Banyan Creek Elementary	-	2
Barton Elementary	3	8
Beacon Cove Intermediate	-	2
Belle Glade Elementary	1	2
Belvedere Elementary	-	2
Benoist Farms Elementary	1	1
Berkshire Elementary	-	1
Binks Forest Elementary	1	1
Boca Raton Elementary	-	-
C O Taylor/Kirklane Elementary	-	2
Calusa Elementary	-	1
Cholee Lake Elementary	-	4
Citrus Cove Elementary	1	2
Coral Reef Elementary	1	1
Coral Sunset Elementary	-	4
Crosspointe Elementary	5	4
Cypress Trails Elementary	-	-
Del Prado Elementary	-	2
Diamond View Elementary	2	9
Discovery Key Elementary	3	2
Dr. Mary Mcleod Bethune Elem	1	6
Dwight D Eisenhower Elementary	-	2
Egret Lake Comm. Elementary	-	5
Elbridge Gale Elementary	2	1
Equestrian Trails Elementary	-	-
Everglades Elementary	-	1
Forest Hill Elementary	1	1
Forest Park Elementary	-	4

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Freedom Shores Elementary	-	-
Frontier Elementary	1	3
Galaxy E3 Elementary	-	1
Gardens School Of Technology Arts, Inc.	-	-
Glade View Elementary	-	-
Glades Academy Incorporated	1	n/a
Golden Grove Elementary	1	3
Gove Elementary	1	2
Grassy Waters Elementary	-	-
Greenacres Elementary	-	-
Grove Park Elementary	-	-
H. L. Johnson Elementary	1	2
Hagen Road Elementary	-	2
Hammock Pointe Elementary	2	1
Heritage Elementary School	-	6
Hidden Oaks K-8	1	2
Highland Elementary	2	11
Hope Centennial Elementary	1	5
Indian Pines Elementary	2	3
J.C. Mitchell Elementary	-	3
Jerry Thomas Elementary	-	3
Jupiter Elementary	2	10
Jupiter Farms Elementary	3	-
K E Cunningham/Canal Pt. Elem	-	2
Lake Park Elementary	-	-
Lantana Elementary	1	-
Liberty Park Elementary	1	5
Lighthouse Elementary	3	-
Limestone Creek Elem.	-	1
Lincoln Elementary	-	4
Loxahatchee Groves Elem.	-	1
Manatee Community Elementary	1	2
Marsh Pointe Elementary	1	-
Meadow Park Elementary	32	3
Melaleuca Elementary	-	1
Montessori Academy Of Early Enrichment, Inc.	-	-
Morikami Park Elementary	-	2
New Horizons Elementary	2	1

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North Grade Elementary	-	6
Northboro Elementary	2	1
Northmore Elementary	-	4
Olympus International Academy	2	2
Orchard View Community Elem.	3	2
Pahokee Elementary	-	-
Palm Beach Gardens Elem.	4	4
Palm Beach Public Elementary	-	n/a
Palm Springs Elementary	-	8
Palmetto Elementary	1	2
Panther Run Elementary	-	1
Pierce Hammock Elementary	-	-
Pine Grove Elementary	2	2
Pine Jog Elementary	-	3
Pioneer Park Elementary	-	-
Pleasant City Community Elem	-	3
Plumosa Elementary	1	1
Poinciana Elementary	-	-
Renaissance Charter School At Central Palm	-	5
Renaissance Charter School At Cypress	1	2
Renaissance Charter School At Wellington	3	-
Renaissance Charter School At West Palm Beach	4	-
Rolling Green Elementary	-	10
Roosevelt Elementary	1	2
Rosenwald Elementary	-	-
Royal Palm Beach Elem	-	2
S. D. Spady Elementary	1	-
Sandpiper Shores Elem.	3	1
Seminole Trails Elementary	-	3
Somerset Academy Jfk Charter School	3	1
South Grade Elementary	2	7
Starlight Cove Elementary	1	6
Sunrise Park Elementary	1	-
Sunset Palms Elementary	-	2
The Conservatory School At North Palm Beach	-	-
Timber Trace Elementary	1	1
U B Kinsey/Palmview Elem	-	1
University Preparatory Academy	-	2

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Verde Elementary	-	-
Village Academy Center	-	3
Washington Elementary	-	-
Waters' Edge Community Elem.	-	-
Wellington Elementary	1	1
West Gate Elementary	-	2
West Riviera Elementary	-	3
Westward Elementary	1	-
Whispering Pines Elem.	-	2
Wynnebrook Elementary	-	3

Source: Health Care District of Palm Beach County, 2021
Compiled by: Health Council of Southeast Florida, 2021

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Appendix D

Figure 189: Overweight or Obese Sixth Graders in Palm Beach County, By School, Palm Beach County, School Year 2020-2021

School	Palm Beach County
	Grade 6
Bak Middle School Of The Arts	1
Bear Lakes Middle	1
Boca Raton Middle	3
Carver Middle School	1
Christa Mcauliffe Middle	2
Congress Middle	-
Conniston Middle	1
Crestwood Middle	4
Crossroads Academy	-
Don Estridge High Tech Middle	-
Eagles Landing Middle	2
Emerald Cove Middle School	1
Gardens School Of Technology Arts, Inc.	-
Glades Academy Incorporated	1
Howell L. Watkins Middle	1
Independence Middle	1
Jeaga Middle School	-
John F. Kennedy Middle	-
Jupiter Middle School	-
L C Swain Middle School	1
Lake Shore Middle	2
Lake Worth Comm Middle	4
Lantana Middle	1
Loggers Run Middle	2
Okeeheelee Middle School	-
Olympus International Academy	-
Omni Middle School	3
Orchard View Community Elem.	-
Osceola Creek Middle	-
Pahokee Middle	5
Palm Springs Middle School	1

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Polo Park Middle School	1
Renaissance Charter School At Central Palm	-
Renaissance Charter School At Cypress	3
Renaissance Charter School At Wellington	-
Renaissance Charter School At West Palm Beach	3
Roosevelt Middle	-
Royal Palm Beach Elem	-
Somerset Academy Canyons Middle School (6-8)	-
Somerset Academy Jfk Charter School	1
South Intensive Transition	-
The Conservatory School At North Palm Beach	-
Tradewinds Middle School	2
Turning Points Academy	-
University Preparatory Academy	2
Verde Elementary	-
Village Academy Center	1
Watson B. Duncan Middle	-
Wellington Landings Middle	1
Western Pines Middle	-
Woodlands Middle	-

Source: Health Care District of Palm Beach County, 2021
Compiled by: Health Council of Southeast Florida, 2021

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COMMUNITY HEALTH ASSESSMENT DRAFT

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Acknowledgements

The Health Council of Southeast Florida would like to thank the Florida Department of Health in Palm Beach County and the Health Care District of Palm Beach County for their partnership and support for this Community Health Assessment. The leadership, guidance, and commitment displayed by both of these agencies makes efforts like this impactful and fruitful for partnering agencies, community members, and public health efforts across the county.

We would also like to express our sincerest thanks to the Glades region residents and community partners who shared their experiences and opinions throughout this process. These residents and partners gave a voice to their community throughout this process and will inspire change for the future of the Glades region and Palm Beach County.

"There is no power for change greater than a community discovering what it cares about."

-Margaret J. Wheatley

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Methodology

In 2021, the Health Care District of Palm Beach County and the Florida Department of Health in Palm Beach County engaged the Health Council of Southeast Florida (HCSEF) to facilitate a comprehensive community health assessment for both Palm Beach County and the Glades Region. The following report will focus on the information specific to the Glades region in an effort to identify health indicators within the community that present areas of concern, gaps in care, or services and opportunities for improvement.

The Glades Region Health Assessment includes information on the following areas:

- Demographics characteristics
- Socioeconomic characteristics
- COVID-19
- Maternal and child health
- Behavioral health
- Death, illness, and injury
- Infectious disease
- Health resource availability and access

This report includes quantitative secondary data from national, state and local database systems and primary qualitative data. Quantitative data were obtained from secondary sources, including but not limited to the: U.S. Census Bureau, Florida Agency for Health Care Administration (AHCA), Florida Department of Health (FDOH), Florida Department of Children and Families (DCF), Centers for Disease Control and Prevention (CDC), Florida's Bureau of Vital Statistics, Florida Department of Juvenile Justice and Florida Department of Education. Quantitative data tables and figures in this report are formatted to facilitate review, examination and utilization by the community. In many cases, the data, as it was gathered from the source, contained confidence intervals or margins of error, which are statistical calculations that refer to the potential variation in the numbers shown when the data is gathered from a subset of the population. These have been omitted from this assessment in an effort to make the data more approachable to the community. Some sources are only available for certain years based on data collection timelines therefore, results from those sources may be presented in varying years or multi-year estimates. Where available, five-year estimates from the US. Census Bureau were used to capture the most complete data for the report. In addition, the most recent full-year data sets were used for indicators throughout the report. Data is presented throughout the report in as much detail as possible, including data disaggregated by race, ethnicity, sex, age, or Census County Division (CCD).

The qualitative data are a result of primary data collection efforts through local public health system assessments, focus groups and key informant interviews. Data was collected, analyzed and compiled for this assessment to enable and guide Palm Beach County service providers, educators, planners, funders and community leaders in identifying areas within the community that should be addressed to improve the health and wellbeing of Glades region residents.

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Demographic and Socioeconomic Profile

The geographic region commonly referred to as “The Glades” (also referred in this assessment as the “Glades Region”) is in the western part of Palm Beach County and along the southeastern rim of Lake Okeechobee. Four communities make up this vast and mostly agricultural region: South Bay, Belle Glade, Canal Point and Pahokee.

The City of South Bay is settled at the crossroads of East-West State Road 80 and North-South U.S. 27 intersect. The city is a haven for agriculture and recreation, with its rich black soil and vast lake waters. Although the population in Palm Beach County has increased significantly in the last decade, South Bay has remained smaller with an estimated 5,532 residents within its city limits.

Belle Glade is the largest city within the 2,862,000-acre subtropical Everglades in the heart of Florida. The city was incorporated in 1928 with a population of less than 500 at the time. That population has grown to over 23,000. From its incorporation to present day, agriculture has played a significant role in the area’s development.

Canal Point was founded in 1914 and is located on the Southeast shore of Lake Okeechobee in Northwest Unincorporated Palm Beach County. It a census-designated place (CDP) with a population of 367 residents.

The City of Pahokee was founded in the early 1900’s and was named after the Seminole word “Pahokee” meaning “grassy waters.” In 1992, Pahokee was incorporated as a city by the Municipal Government. That population has grown to over 8,000. It is a relatively small city with a total area of 5.4 square miles, with residents referring to it as Palm Beach County’s “Other” coast due to its proximity to Lake Okeechobee.

As of 2019, these four communities have a combined population of 37,584, which makes up 3% of the Palm Beach County population. Forty-seven percent of the population in Glades Region identify as African American and over a quarter identify as Hispanic or Latino, which is higher than the county. With such diversity it is imperative to understand the context for the disenfranchisement and marginalization of the population and subpopulations that currently exist in the Glades region and, in fact have persisted for many years. This region is also federally designated as a rural community, which have unique barriers compared to urban areas.

Demographics include factors such as race and ethnicity, age, English language proficiency, household type, population density, etc., all of which influence health outcomes. The aim of the demographic and socioeconomic profile is to provide context for the remaining sections by providing an overview of the demographic and socioeconomic characteristics of the residents of South Bay, Belle Glade, Canal Point and Pahokee.

To aid in the identification of barriers and gaps, regional data is presented alongside county data when applicable. The selected indicators provide background context for specific health needs in the community and provide information imperative to the identification of barriers and gaps in the health care system. It is important to note that although the county is not designated rural by federal entities, the Glades region has been denoted as a state-designated priority rural area. South Bay, Belle Glade, and Pahokee are also designated rural areas of critical economic concern by the state.

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Demographic Characteristics

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Population

Total Population

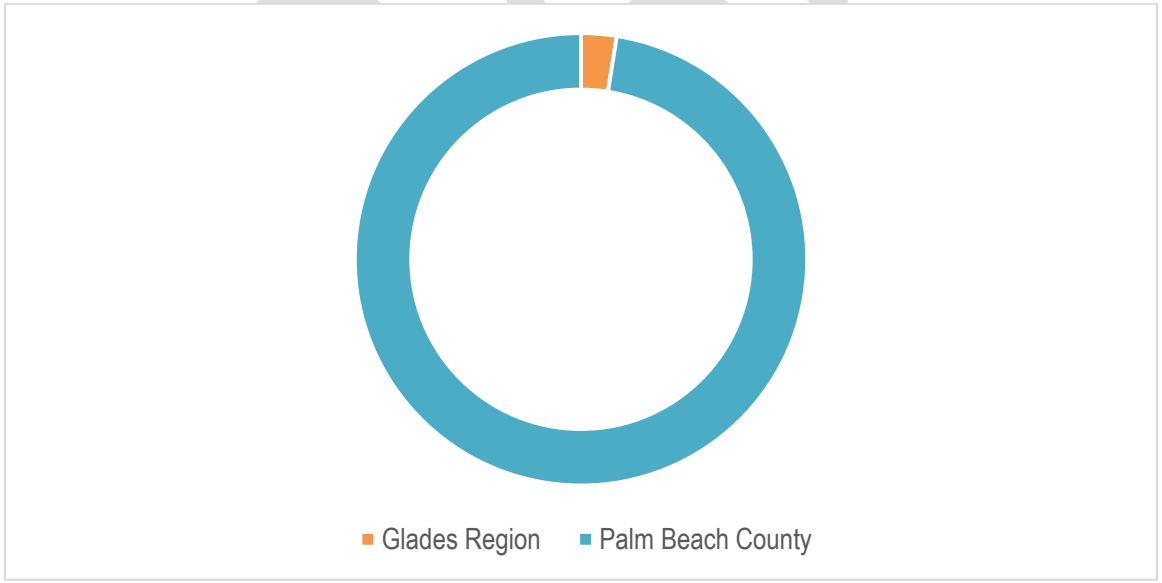
The table below shows the total population in the Glades region of Palm Beach County in 2019. According to the 2019 American Community Survey conducted by the U.S. Census Bureau, the Glades region made up 2.6% of Palm Beach County's population. Overall, the Glades region had 37,584 residents residing in ZIP codes 33430, 33438, 33476, and 33493.

Table 1:Total Population, Glades Region and Palm Beach County, 5-Year Estimate, 2019

Palm Beach County	Glades Region (33430, 33438, 33476, 33493)	
Population	Population	% of Palm Beach County's Population
1,465,027	37,584	2.6%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 1: Total Population, Glades Region and Palm Beach County, 2019



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Population by ZIP Code

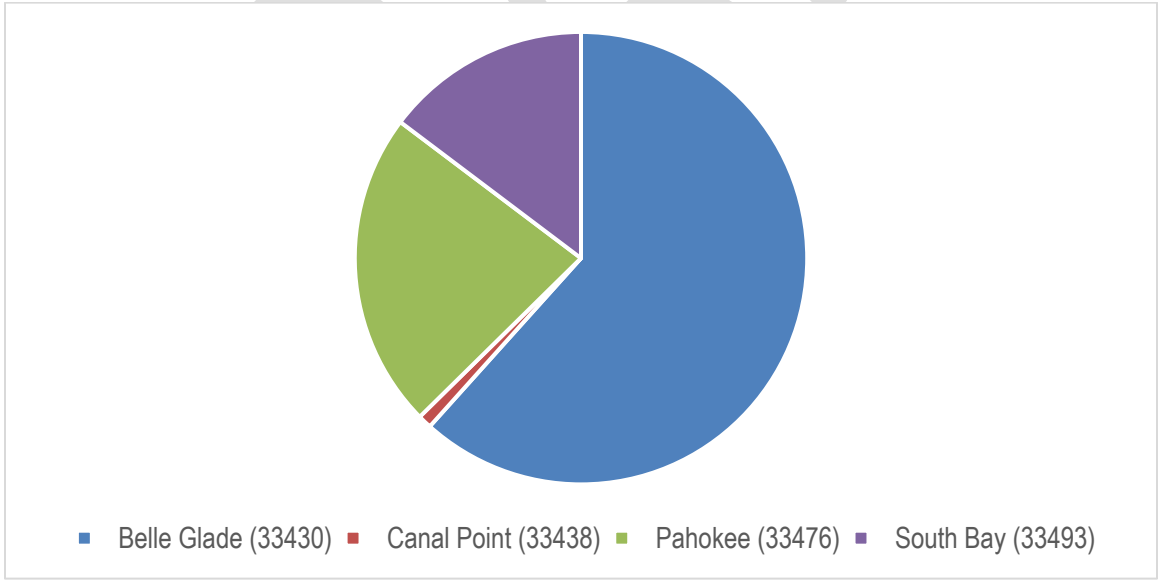
This table depicts the Glades ZIP codes and their respective populations in 2019. Among the Glades region ZIP codes, Belle Glade (33430) made up the largest portion of the Glades region population in 2019, with 23,172 residents or 61.7% of the Glades region population. The ZIP code with the smallest population was Canal Point, with 367 residents or 1.0% of the Glades region population.

Table 2: Population by ZIP Code, Glades Region, 5-Year Estimate, 2019

Area	Count	Percent
Glades Region	37,584	100%
Belle Glade (33430)	23,172	61.7%
Canal Point (33438)	367	1.0%
Pahokee (33476)	8,513	22.7%
South Bay (33493)	5,532	14.7%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 2: Total Population by ZIP Code, Glades Region, 2019



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Population by Age

By 2030, one out of every six people will be aged sixty years or older.[1] The table below shows the population by age in the Glades region of Palm Beach County in 2019. Among the Glades region ZIP codes, Canal Point (33438) had the oldest median age of 48.7 years, exceeding the county's median age by nearly four years. The Pahokee ZIP Code (33476) had the youngest median age among Glades region ZIP codes, with a median age of 31.2 years. The median age in Palm Beach County was 44.8 years.

Table 3: Population by Age, Glades Region and Palm Beach County, 5-Year Estimate, 2019

Age	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Count	%	Count	%	Count	%	Count	%	Count	%
Total population	1,465,027	100%	23,172	100%	367	100%	8,513	100%	5,532	100%
Under 5 years	75,202	5.1%	2,045	8.8%	0	0.0%	766	9.0%	108	2.0%
5 to 9 years	77,203	5.3%	2,073	8.9%	10	2.7%	448	5.3%	139	2.5%
10 to 14 years	79,435	5.4%	1,575	6.8%	10	2.7%	680	8.0%	134	2.4%
15 to 19 years	81,596	5.6%	1,439	6.2%	9	2.5%	539	6.3%	112	2.0%
20 to 24 years	79,597	5.4%	1,708	7.4%	56	15.3%	837	9.8%	338	6.1%
25 to 34 years	174,466	11.9%	3,853	16.6%	26	7.1%	1,360	16.0%	1,202	21.7%
35 to 44 years	168,510	11.5%	2,203	9.5%	66	18.0%	999	11.7%	1,344	24.3%
45 to 54 years	190,924	13.0%	2,853	12.3%	28	7.6%	872	10.2%	1,032	18.7%
55 to 59 years	98,675	6.7%	1,238	5.3%	9	2.5%	415	4.9%	472	8.5%
60 to 64 years	93,375	6.4%	1,232	5.3%	56	15.3%	679	8.0%	283	5.1%
65 to 74 years	168,626	11.5%	1,934	8.3%	77	21.0%	466	5.5%	247	4.5%
75 to 84 years	118,401	8.1%	736	3.2%	20	5.4%	306	3.6%	99	1.8%
85 years and over	59,017	4.0%	283	1.2%	0	0.0%	146	1.7%	22	0.4%
Median age (years)	--	44.8	31.8	--	48.7	--	31.2	--	40.5	--

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[1] World Health Organization. (2021). Ageing and health. Retrieved from https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

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Population by Race and Ethnicity

Health disparities exist among certain racial and ethnic populations, including poorer health outcomes, disproportionate access to care, and overall inequities related to the diagnosis and treatment of health conditions. To that end, certain racial and ethnic populations suffer from higher rates of chronic disease and premature death as compared to their White counterparts.[2] For these reasons, it is important to understand the racial and ethnic makeup of a community's population as a whole.

The following table shows the population by race and ethnicity in the Glades region of Palm Beach County in 2019. Among the Glades region ZIP codes, over half of the population was Black or African American in Belle Glade (57.5%), Pahokee (66.4%), and South Bay (52.9%). Over half of the residents in Canal Point were of Hispanic or Latino (54.8%) origin.

Table 4: Population by Race and Ethnicity, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County	Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total population	1,465,027	23,172	100%	367	100%	8,513	100%	5,532	100%
Race									
White	73.5%	8,723	37.6%	275	74.9%	2,336	27.4%	2,279	41.2%
Black or African American	18.7%	13,330	57.5%	39	10.6%	5,654	66.4%	2,926	52.9%
American Indian and Alaska Native	0.2%	0	0.0%	0	0.0%	0	0.0%	17	0.3%
Asian	2.7%	110	0.5%	0	0.0%	0	0.0%	52	0.9%
Native Hawaiian and Other Pacific Islander	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Two or more races	2.3%	354	1.5%	44	12.0%	39	0.5%	124	2.2%
Ethnicity									
Hispanic or Latino (of any race)	22.4%	7,789	33.6%	201	54.8%	1,925	22.6%	1,291	23.3%
Not Hispanic or Latino	77.6%	15,383	66.4%	166	45.2%	6,588	77.4%	4,241	76.7%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[2] Baciu A, Negussie Y, Geller A, et al. Communities in Action: Pathways to Health Equity. (2017) Washington (DC): National Academies Press (US); The State of Health Disparities in the United States. Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK425844/

Figure 3: Population by Race, Glades Region and Palm Beach County, 2019

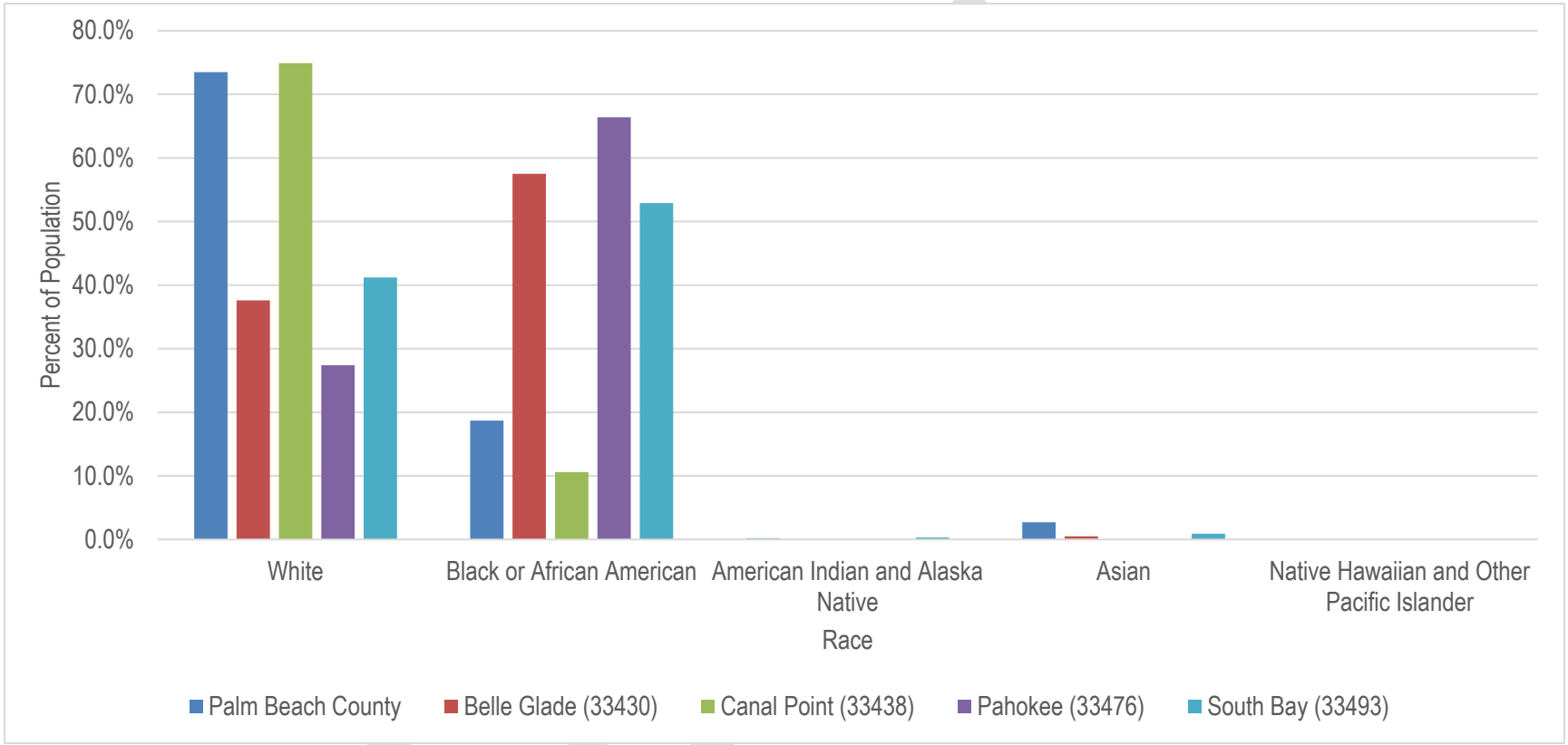
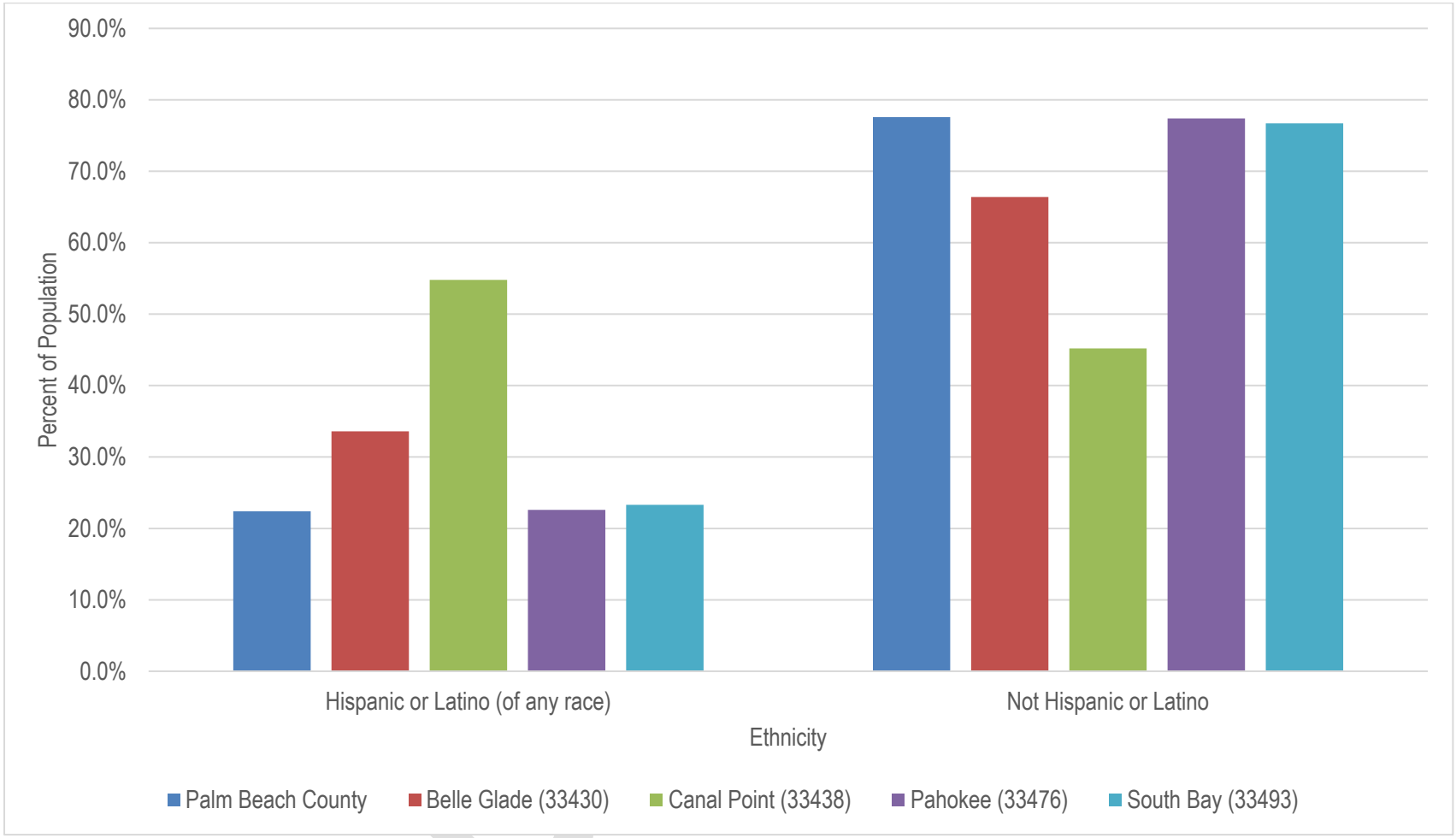


Figure 4: Population by Ethnicity, Glades Region and Palm Beach County, 2019



Population by Sex

Sex is an important characteristic to consider when planning and implementing health interventions and programs in the community, because it is shown to be a significant determinant of health outcomes. Males and females can have varying responses to pain, and different sexes may be more or less susceptible to disease. For example, about 80% of those affected by autoimmune diseases are female, but autoimmune conditions in males are typically more severe.[3]

The table below depicts the Palm Beach County and Glades region populations by sex in 2019. The percentage of males and females in Palm Beach County is fairly evenly divided (48.5% and 51.5%, respectively). Among the Glades region ZIP codes, South Bay reported the largest differences, with 84.9% of the population reporting as male and 15.1% reporting as female in 2019.

Table 5: Population by Sex, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total population	1,465,027	100%	23,172	100%	367	100%	8,513	100%	5,532	100%
Male	710,241	48.5%	11,607	50.1%	185	50.4%	4,843	56.9%	4,698	84.9%
Female	754,786	51.5%	11,565	49.9%	182	49.6%	3,670	43.1%	834	15.1%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[3] National Institute of Health. (2016). Sex and gender: how being male or female can affect your health. Retrieved from https://newsinhealth.nih.gov/2016/05/sex-gender

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Population by Census County Division (CCD)

A Census County Division (CCD) is an established area set by the U.S. Census Bureau and state and local governments. CCDs offer a way to group smaller sub-sections of the county, which can be beneficial in understanding the health of certain regions. There are eleven CCDs in Palm Beach County.

The following table shows the population by CCD in Palm Beach County in 2019. The Glades CCD is the smallest, with 309 residents, followed by the Belle Glade-Pahokee CCD with 37,326 residents and the Western Community CCD with 30,844 residents.

Table 6: Population by Census County Division (CCD), Palm Beach County CCDs, 5-Year Estimate, 2019

Census County Division	Count	Percent
Total Population	1,465,027	100%
Belle Glade-Pahokee CCD	37,326	2.5%
Boca Raton CCD	138,198	9.4%
Boynton Beach-Delray Beach CCD	336,806	23.0%
Glades CCD	309	0.0%
Jupiter CCD	95,352	6.5%
Lake Worth CCD	231,897	15.8%
Riviera Beach CCD	109,559	7.5%
Royal Palm Beach-West Jupiter CCD	110,537	7.5%
Sunshine Parkway CCD	213,091	14.5%
Western Community CCD	30,844	2.1%
West Palm Beach CCD	161,108	11.0%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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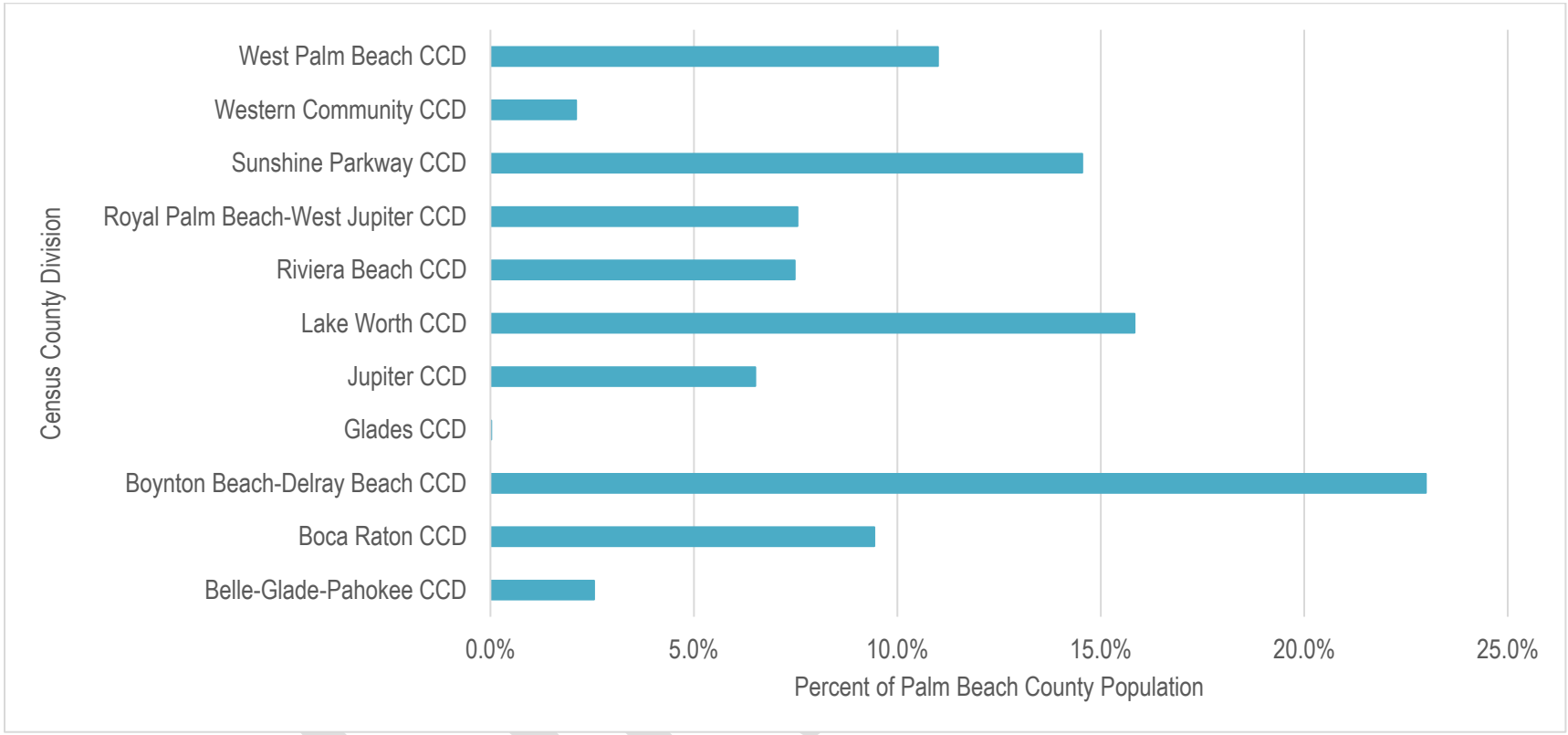
Figure 5: Population by Census County Division, Palm Beach County CCDs, 2019



Population by Place of Birth

A person's place of birth can influence cultural preferences and language, and culture itself can influence health decisions, making it an important consideration when analyzing the health of a community. The table below shows the population by place of birth in the Glades region of Palm Beach County in 2019. The first table depicts the foreign-born population by place of birth globally, while the second table focuses on those born in the Americas. Among the Glades region ZIP codes, Belle Glade had the highest count of foreign-born residents with 6,990, while Canal Point had the lowest with 58. Most foreign-born residents in the Glades region ZIP codes were born in the Americas, specifically Latin America (9161).

Table 7: Population by Place of Birth, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)
Total Foreign-Born Residents	371,893	6,990	58	1,400	1,041
Europe	41,527	7	0	14	6
Northern Europe	9,197	0	0	0	0
Western Europe	8,919	0	0	0	6
Eastern Europe	15,918	0	0	0	0
Asia	35,129	157	0	0	52
Eastern Asia	6,993	0	0	0	0
South Central Asia	10,373	87	0	0	52
South Eastern Asia	10,475	0	0	0	0
Western Asia	7,145	31	0	0	0
Africa	7,544	0	0	49	19
Eastern Africa	1,219	0	0	0	0
Middle Africa	228	0	0	0	0
Southern Africa	2,462	0	0	19	19
Western Africa	1,279	0	0	0	0
Oceania	762	0	0	0	0

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Table 8: Population by Place of Birth - Americas, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)
Total Foreign-Born Residents	371,893	6,990	58	1,400	1,041
Americas	286,931	6,826	58	1,337	964
Latin America	275,522	6,826	58	1,337	940
Caribbean	143,371	4,145	0	353	538
Bahamas	1,478	5	0	0	30
Barbados	850	69	0	0	7
Cuba	36,112	924	0	0	215
Dominica	745	35	0	0	0
Dominican Republic	8,218	161	0	0	31
Grenada	408	0	0	0	0
Haiti	62,953	2,390	0	5	101
Jamaica	26,891	502	0	298	129
St. Vincent and the Grenadines	99	0	0	0	3
Trinidad and Tobago	3,964	0	0	10	11
West Indies	385	0	0	0	0
Other Caribbean	1,268	59	0	40	11
Central America	64,511	2,614	49	969	308
Belize	199	0	0	0	0
Costa Rica	1,013	22	0	0	0
El Salvador	6,491	134	0	0	0
Guatemala	19,389	160	0	0	31
Honduras	8,489	45	41	55	32
Mexico	24,123	2,079	8	867	233
Nicaragua	4,037	174	0	47	12
Panama	770	0	0	0	0
Other Central America	0	0	0	0	0
South America	67,640	67	9	15	94
Argentina	4,889	0	0	5	12
Bolivia	1,024	0	0	0	0

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Brazil	12,514	8	0	0	5
Chile	1,554	22	9	0	0
Colombia	23,550	7	0	0	65
Ecuador	4,153	0	0	0	0
Guyana	2,100	0	0	0	0
Peru	7,722	0	0	0	0
Uruguay	2,061	18	0	0	0
Venezuela	7,689	12	0	10	12
Other South America	384	0	0	0	0
Northern America	11,409	0	0	0	24
Canada	11,250	0	0	0	24
Other Northern America	159	0	0	0	0

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Population by Language Spoken at Home

Language is an important consideration when designing, implementing, and improving health interventions, marketing campaigns, and programs. For those who do not speak English, language can be a barrier to accessing and receiving quality medical care. It is important to consider languages spoken at home when evaluating and understanding health in the community.

The following table shows languages spoken at home among residents in the Glades region of Palm Beach County in 2019. Among Glades region residents who spoke a language other than English, Spanish was the most popular language spoken at home; 31.2% in Belle Glade, 49.6% in Canal Point, 19.5% in Pahokee, and 21.9% in South Bay.

Table 9: Languages Spoken at Home, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Population 5 years and over	1,389,825	--	21,127	--	367	--	7,747	--	5,424	--
English only	943,164	67.9%	10,949	51.8%	185	50.4%	5,993	77.4%	4,024	74.2%
Language other than English	446,661	32.1%	10,178	48.2%	182	49.6%	1,754	22.6%	1,400	25.8%
Speak English less than "very well"	185,518	13.3%	6,362	30.1%	67	18.3%	997	12.9%	763	14.1%
Spanish	264,670	19.0%	6,585	31.2%	182	49.6%	1,514	19.5%	1,189	21.9%
Speak English less than "very well"	116,157	8.4%	4,077	19.3%	67	18.3%	850	11.0%	653	12.0%
Other Indo-European languages	145,936	10.5%	3,355	15.9%	0	0.0%	143	1.8%	199	3.7%
Speak English less than "very well"	56,161	4.0%	2,172	10.3%	0	0.0%	102	1.3%	103	1.9%
Asian and Pacific Islander languages	20,826	1.5%	0	0.0%	0	0.0%	0	0.0%	5	0.1%
Speak English less than "very well"	9,441	0.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other languages	15,229	1.1%	238	1.1%	0	0.0%	97	1.3%	7	0.1%
Speak English less than "very well"	3,759	0.3%	113	0.5%	0	0.0%	45	0.6%	7	0.1%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Households

Housing is a critical component affecting the health and well-being of a community. Research shows that community-wide efforts to stabilize housing improve health outcomes and decrease health care costs for residents.[4] Furthermore, additional studies show that renting a home may increase the association between unaffordable housing and self-rated health as compared to owning a home. Studies have shown that those who live in unaffordable housing have increased odds of poor self-rated health. [5] Understanding the influences of housing on health can help policy makers and public health leaders address this social determinant of health.

The chart below depicts the housing characteristics in Palm Beach County and the Glades region in 2019. While Palm Beach County had a large majority of owner-occupied units (68.9%) compared to renter-occupied units (31.1%), Belle-Glade and Pahokee report an opposite trend, with 69.9% of units in Belle Glade occupied by renters and 65.4% of units in Pahokee occupied by renters. Across Palm Beach County (8.2), Belle Glade (6.9), Canal Point (64), Pahokee (2.1), and South Bay (12.7), rental vacancy rates greatly exceeded the rates among homeowners. Among these areas, the average household size of owner-occupied units was typically higher than that of renter-occupied units.

Table 10: Households, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total housing units	686,410	100%	8,675	100%	121	100%	3,019	100%	724	100%
Occupied housing units	554,095	80.7%	7,498	86.4%	105	86.8%	2,665	88.3%	483	66.7%
Vacant housing units	132,315	19.3%	1,177	13.6%	16	13.2%	354	11.7%	241	33.3%
Homeowner vacancy rate	1.9	--	0	--	0	--	1.7	--	3.4	--
Rental vacancy rate	8.2	--	6.9	--	64	--	2.1	--	12.7	--
Owner-occupied	381,611	68.9%	2,259	30.1%	96	91.4%	921	34.6%	255	52.8%
Renter-occupied	172,484	31.1%	5,239	69.9%	9	8.6%	1,744	65.4%	228	47.2%
Average household size of owner-occupied unit	2.53	--	3.39	--	3.64	--	3.35	--	3.44	--

[4] Taylor, L. (2018). Housing and health: an overview of the literature. *Health Affairs*. https:// 10.1377/hpb20180313.396577

[5] Pollack, C. E., Griffin, B. A., Lynch, J. (2010). Housing affordability and health among homeowners and renters. *American Journal of Prevention Medicine (39)*6. 515-521. https://doi.org/10.1016/j.amepre.2010.08.002.

Average household size of renter-occupied unit	2.78	--	2.81	--	2	--	2.82	--	3.46	--

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Population Living with a Disability

Residents living with a disability face increased challenges based on the type of limitation and condition underlying the disability. These challenges cause health and socioeconomic disparities, creating complex needs and situations for residents. Research shows that adults with disabilities are four times more likely to report their health as either fair or poor compared to people with no disabilities.[6] It is important to understand the challenges facing these residents to plan and implement appropriate health interventions and programs.

The following table depicts the percent of the population living with a disability in Palm Beach County and each of the eleven Census County Divisions (CCD). The Boynton Beach-Delray Beach CCD had the highest percentage of the population with a disability (14.9%), exceeding the county's overall percentage of the population with a disability (12.3%). The Glades CCD had the lowest percentage of the population with a disability (6.1%).

Table 11: Population Living with a Disability, by Census County Division, Palm Beach County CCDs, 5-Year Estimate, 2019

Geographic Area	Population with a Disability	Percent of Population with a Disability
Palm Beach County, Florida	178,306	12.3%
Belle Glade-Pahokee CCD	4,427	13.7%
Boca Raton CCD	15,655	11.4%
Boynton Beach-Delray Beach CCD	50,027	14.9%
Glades CCD	19	6.1%
Jupiter CCD	9,099	9.6%
Lake Worth CCD	27,755	12.1%
Riviera Beach CCD	13,288	12.2%
Royal Palm Beach-West Jupiter CCD	11,966	10.9%
Sunshine Parkway CCD	23,121	10.9%
Western Community CCD	3,269	10.6%
West Palm Beach CCD	19,680	12.3%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[6] Krahn, G. L., Walker, D. K., & Correa-De-Araujo, R. (2015). Persons with disabilities as an unrecognized health disparity population. American journal of public health, 105 Suppl 2(Suppl 2), S198–S206. https://doi.org/10.2105/AJPH.2014.302182

Population Living with a Disability, By Age and Type

The table below depicts the percent of the population living with a disability in 2019 by age and type for Palm Beach County and the Glades region. Across all age groups in the Glades region ZIP codes, those ages 65 years and older had a larger percentage of the population with a disability as compared to other age groups, with 12.1% in Belle Glade, 0.0% in Canal Point, 14.5% in Pahokee, and 6.5% in South Bay with a disability. Overall, ambulatory difficulties affected the most individuals with a disability in Palm Beach County (7.0%), Belle Glade (7.1%), and South Bay (6.5%), while cognitive difficulty affected the most in Pahokee (9.1%). This was more than double the percentage affected by cognitive difficulty in Palm Beach County (4.2%), South Bay (3.6%), and Canal Point (0.0%) and exceeded the percentage in Belle Glade (5.2%).

Table 12: Population with a Disability, By Age and Type, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Total	Percent with a disability	Total	Percent with a disability	Total	Percent with a disability	Total	Percent with a disability	Total	Percent with a disability
Total civilian noninstitutionalized population	1,451,973	12.3%	22,536	13.1%	367	10.6%	8,079	16.0%	1,673	9.1%
With a hearing difficulty	--	3.8%	--	2.6%	--	0.0%	--	2.2%	--	1.3%
Population under 18 years	281,307	0.4%	6,430	0.7%	29	0.0%	2,156	0.0%	443	0.0%
Population 18 to 64 years	829,382	1.4%	13,166	1.5%	241	0.0%	5,076	1.0%	1,000	0.6%
Population 65 years and over	341,284	12.6%	2,940	12.1%	97	0.0%	847	14.5%	230	6.5%
With a vision difficulty	--	2.3%	--	4.9%	--	2.5%	--	5.1%	--	3.2%
Population under 18 years	281,307	0.6%	6,430	1.0%	29	0.0%	2,156	0.0%	443	0.7%
Population 18 to 64 years	829,382	1.7%	13,166	5.0%	241	3.7%	5,076	5.0%	1,000	2.0%
Population 65 years and over	341,284	5.1%	2,940	13.2%	97	0.0%	847	18.9%	230	13.5%
With a cognitive difficulty	--	4.2%	--	5.2%	--	0.0%	--	9.1%	--	3.6%

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Population under 18 years	206,105	2.9%	4,385	1.4%	29	0.0%	1,390	7.3%	335	0.0%
Population 18 to 64 years	829,382	3.3%	13,166	4.1%	241	0.0%	5,076	7.6%	1,000	2.4%
Population 65 years and over	341,284	7.3%	2,940	15.9%	97	0.0%	847	21.3%	230	14.3%
With an ambulatory difficulty	--	7.0%	--	7.1%	--	3.0%	--	7.8%	--	6.5%
Population under 18 years	206,105	0.4%	4,385	0.4%	29	0.0%	1,390	0.0%	335	0.0%
Population 18 to 64 years	829,382	3.6%	13,166	5.6%	241	4.6%	5,076	7.0%	1,000	4.6%
Population 65 years and over	341,284	19.3%	2,940	23.9%	97	0.0%	847	25.3%	230	23.9%
With a self-care difficulty	--	2.5%	--	2.1%	--	3.0%	--	4.0%	--	2.5%
Population under 18 years	206,105	0.7%	4,385	1.3%	29	0.0%	1,390	0.0%	335	0.0%
Population 18 to 64 years	829,382	1.2%	13,166	1.4%	241	4.6%	5,076	3.0%	1,000	2.6%
Population 65 years and over	341,284	6.8%	2,940	6.5%	97	0.0%	847	16.5%	230	5.7%
With an independent living difficulty	--	5.3%	--	4.3%	--	8.9%	--	7.5%	--	5.4%
Population 18 to 64 years	829,382	2.6%	13,166	2.5%	241	12.4%	5,076	4.3%	1,000	3.1%
Population 65 years and over	341,284	11.8%	2,940	12.3%	97	0.0%	847	26.9%	230	15.7%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Socioeconomic Characteristics

Poverty

Poverty Status in the Past 12 Months, By Age and Sex

Poverty status is an indicator of need in a community. Those in poverty experience increased challenges that affect healthcare access and utilization.[7] Nationally, poverty rates among women remain higher than their male counterparts.[8]

The table below shows poverty status by age and sex in the Glades region and Palm Beach County in 2019. In Palm Beach County, 13.2% of females were living below the poverty level compared to 11.1% of males, while 46.4% of females in Belle Glade were living below the poverty level and 34.3% of females in South Bay were living in poverty. Overall, the Pahokee had the highest percentage of residents living below the poverty level (43.0%) followed by Belle Glade (41.8%).

The Healthy People 2030 national target is to reduce the proportion of people living in poverty to 8.0%. The most recent national data shows 11.8% of the population was living below the poverty threshold in 2018. As of 2019, Palm Beach County's percent of the population below the poverty level (12.2%) is not yet meeting this target. Among the Glades region ZIP codes, Canal Point (4.6%) met the target in 2019, but Belle Glade (41.8%), Pahokee (43.0%), and South Bay (30.5%) greatly exceeded the target.

Table 13: Poverty Status in the Past 12 Months, By Age and Sex, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Total	Percent below poverty level	Total	Percent below poverty level	Total	Percent below poverty level	Total	Percent below poverty level	Total	Percent below poverty level
Population for whom poverty status is determined	1,444,645	12.2%	22,424	41.8%	367	4.6%	8,074	43.0%	1,673	30.5%
Age										
Under 18 years	277,916	18.1%	6,339	54.4%	29	0.0%	2,151	55.8%	443	37.9%
18 to 64 years	825,445	11.4%	13,145	36.1%	241	7.1%	5,076	39.2%	1,000	28.2%

[7] U.S. Census Bureau. (2020). Poverty rates for blacks and Hispanics reached historic lows in 2019. Retrieved from https://www.census.gov/library/stories/2020/09/poverty-rates-for-blacks-and-hispanics-reached-historic-lows-in-2019.html

[8] U.S. Census Bureau. (2019). Payday, poverty, and women. Retrieved from https://www.census.gov/library/stories/2019/09/payday-poverty-and-women.html

65 years and over	341,284	9.2%	2,940	40.0%	97	0.0%	847	33.1%	230	26.1%
Sex										
Male	697,566	11.1%	10,921	36.9%	185	9.2%	4,445	45.4%	839	26.7%
Female	747,079	13.2%	11,503	46.4%	182	0.0%	3,629	40.1%	834	34.3%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Poverty Status in the Past 12 Months, By Race and Ethnicity

Black and Hispanic populations are more likely to live in poverty compared to other populations. The U.S. Census reports that in 2019, Black residents made up 13.2% of the United States population but accounted for 23.8% of the population in poverty. Similarly, Hispanic residents made up 18.7% of the total United States population in 2019 but accounted for 28.1% of the population in poverty.[9] It is important to consider the complex intersection of race, ethnicity, poverty, and the increased health risks that each of these groups experience.

The table and graphs below show poverty status by race and ethnicity in the Glades region and Palm Beach County in 2019. In 2019, nearly half of the Black or African American population was living in poverty in Belle Glade (47.7%) and Pahokee (49.0%). Of all areas in the Glades region, Belle Glade (37.0%) and Pahokee (32.8%) had the highest percentage of Hispanic or Latino residents living in poverty.

Table 14: Poverty Status in the Past 12 Months, By Race and Ethnicity, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Total	Percent below poverty level	Total	Percent below poverty level	Total	Percent below poverty level	Total	Percent below poverty level	Total	Percent below poverty level
Population for whom poverty status is determined	1,444,645	12.2%	22,424	41.8%	367	4.6%	8,074	43.0%	1,673	30.5%
Race										
White alone	1,065,026	10.1%	8,418	36.8%	275	0.0%	2,146	27.7%	453	11.9%
Black or African American alone	266,609	19.4%	12,919	47.7%	39	0.0%	5,405	49.0%	1,120	36.5%
American Indian and Alaska Native alone	2,963	7.2%	0	--	0	--	0	--	0	--
Asian alone	39,181	10.0%	110	12.7%	0	--	0	--	47	100.0%
Native Hawaiian and Other Pacific Islander alone	517	6.4%	0	--	0	--	0	--	0	--

[9] U.S. Census Bureau. (2020). Poverty rates for blacks and Hispanics reached historic lows in 2019. Retrieved from https://www.census.gov/library/stories/2020/09/poverty-rates-for-blacks-and-hispanics-reached-historic-lows-in-2019.html

Some other race alone	37,283	20.2%	655	14.2%	9	0.0%	484	47.3%	49	0.0%
Two or more races	33,066	13.4%	322	0.0%	44	38.6%	39	5.1%	4	0.0%
Ethnicity										
Hispanic or Latino origin (of any race)	324,251	17.6%	7,646	37.0%	201	0.0%	1,833	32.8%	448	8.0%
White alone, not Hispanic or Latino	790,119	7.7%	1,678	26.5%	110	0.0%	852	29.3%	52	34.6%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

Figure 6: Poverty Status in the Past 12 Months By Race, Glades Region and Palm Beach County, 2019

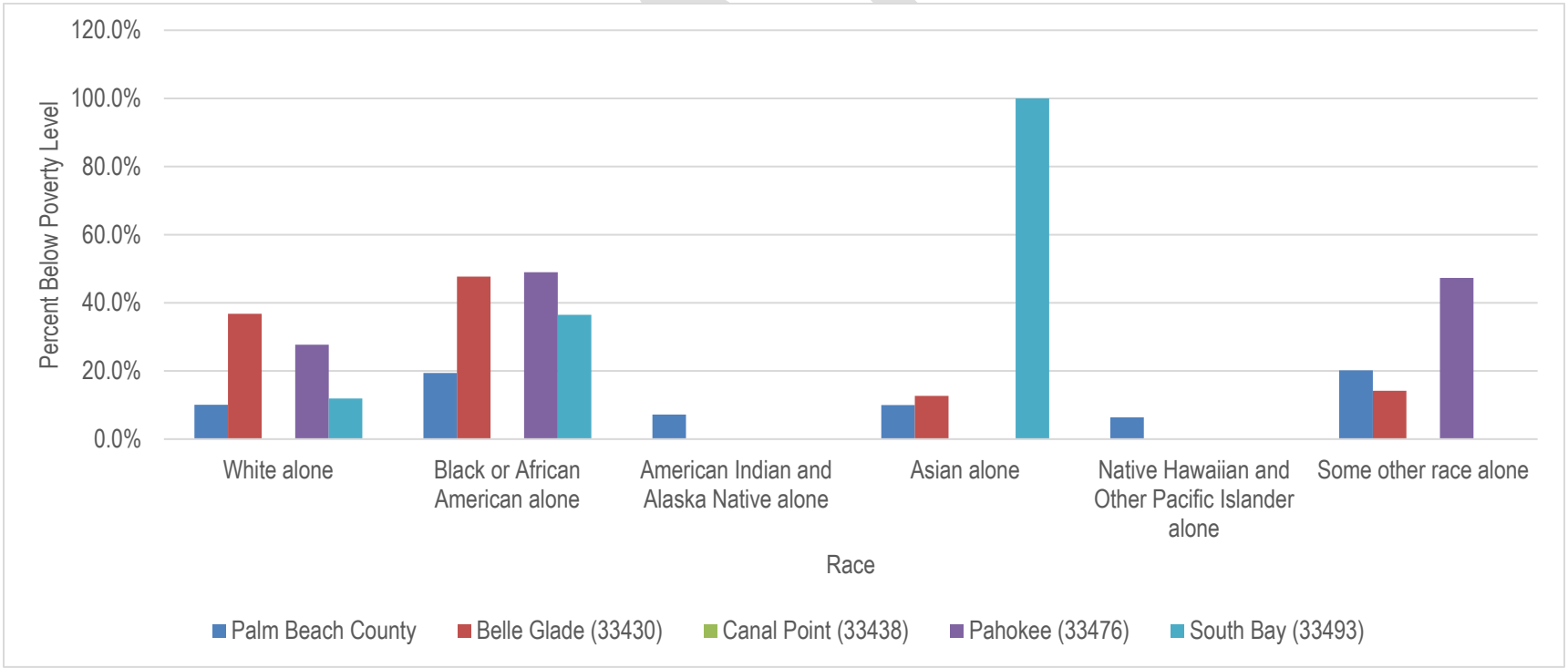
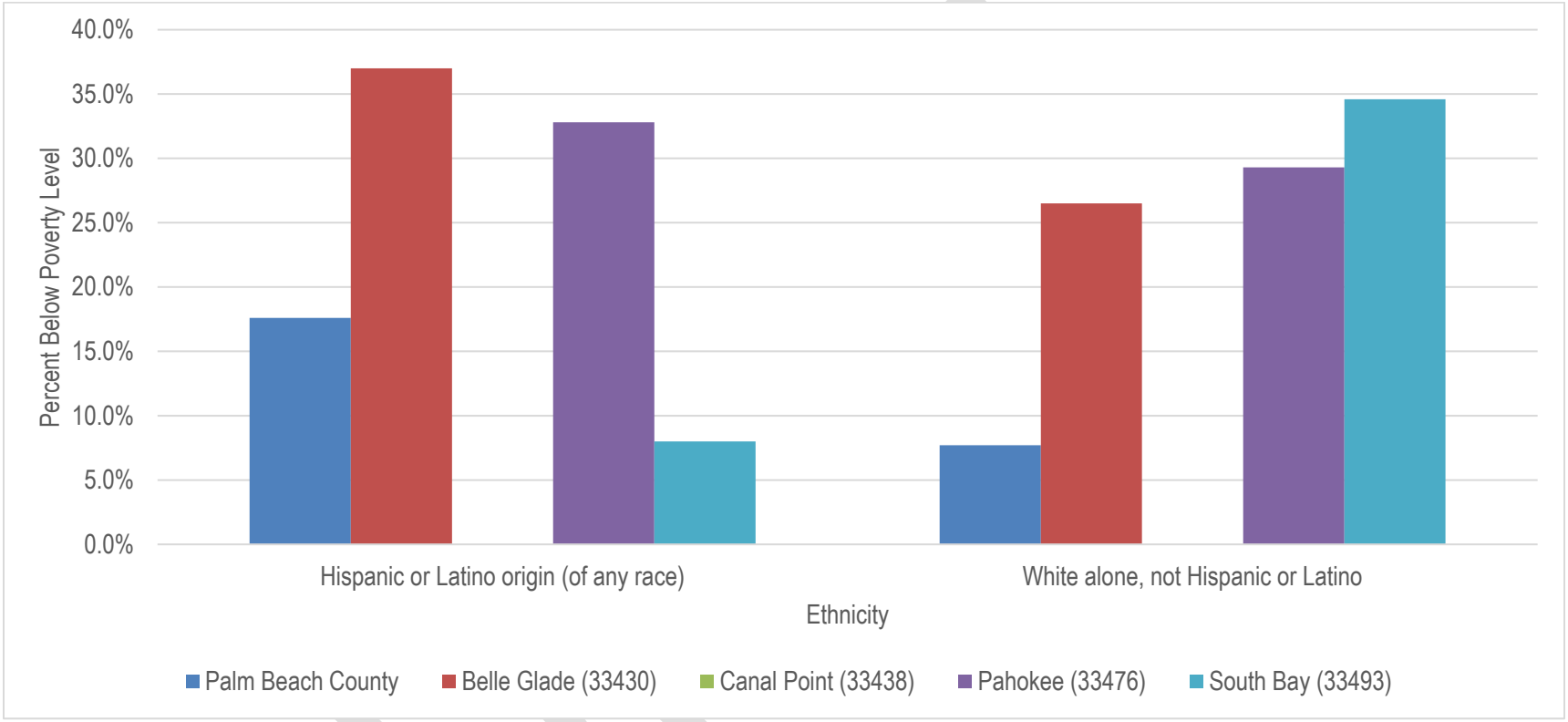


Figure 7: Poverty Status i the Past 12 Months by Ethnicity, Glades Region and Palm Beach County



Family Poverty Status in the Past 12 Months

Families in poverty experience unique needs and challenges. Families in poverty may experience barriers to accessing transportation and needed services due to financial hardship. These families are also at an increased risk of living in unsafe or inadequate housing conditions, creating a further strain. Additionally, the stigma and stressors related to living in poverty can affect both parents and children individually, as well as the general family dynamic.[10]

The following table shows the family poverty status in the Glades region and Palm Beach County in 2019. In Pahokee, 54.1% of families with a child under 18 years of age were living in poverty in 2019. Belle Glade and South Bay had similar percentages, with 47.4% of families with a child under the age of eighteen years living in poverty in Belle Glade and 37.2% in South Bay. These figures are significantly higher than the percentage for Palm Beach County as a whole (14.1%).

Table 15: Family Poverty Status i the Past 12 Months, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Total Population	Percent below poverty level	Total Population	Percent below poverty level	Total Population	Percent below poverty level	Total Population	Percent below poverty level	Total Population	Percent below poverty level
Families	345,298	8.4%	4,354	35.1%	96	0.0%	1,656	36.8%	349	28.4%
With related children of householder under 18 years	138,385	14.1%	2,659	47.4%	17	0.0%	916	54.1%	188	37.2%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[10] Quint, J., Griffin, K. M., Kaufman, J., and Landers, P. (2018). Experiences of parents and children living in poverty. Retrieved from https://www.mdrc.org/publication/experiences-parents-and-children-living-poverty

Income

Per Capita Income and Earnings

Residents with higher income and earnings are typically able to afford adequate health insurance, obtain timely and quality healthcare services, and take part in routine medical appointments and medication regimens. As a result, higher-income individuals tend to see improved health outcomes as compared to their lower-income counterparts. Income inequality is a growing issue in the United States, resulting in increased health disparities among various populations.[11]

The following table depicts per capita income and earnings in Palm Beach County and the Glades region in 2019. Overall, Palm Beach County had a significantly higher per capita income ($39,933.00) compared to all of the Glades region ZIP codes. Belle Glade reported a per capita income of $13,564.00, Canal Point reported a per capita income of $22,936.00, Pahokee reported a per capita income of $12,888.00, and South Bay reported the lowest per capita income of $6,625.00 in 2019.

Table 16: Per Capita Income and Earnings, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)
Per capita income	$39,933.00	$13,564.00	$22,936.00	$12,888.00	$6,625.00
Nonfamily households	208,797	3,144	9	1,009	134
Median nonfamily income	$40,985.00	$12,307.00	--	$15,570.00	$19,063.00
Mean nonfamily income	$66,323.00	$21,586.00	--	$21,629.00	$23,537.00
Median earnings for workers	$32,308.00	$21,917.00	$23,333.00	$19,311.00	$19,439.00
Median earnings for male full-time, year-round workers	$49,093.00	$32,467.00	--	$28,239.00	$35,365.00
Median earnings for female full-time, year-round workers	$41,982.00	$26,812.00	$31,250.00	$28,829.00	$30,000.00

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[11] Khullar, D. & Chokshi, D. A. (2018). Health, income, and poverty: where we are and what could help. *Health Affairs.* https://doi.org/10.1377/hpb20180817.901935

Household Income and Benefits

Household income also serves as a socioeconomic indicator for healthcare access and affordability. Those with a lower household income face increased challenges in obtaining the timely medical care that they need.

The table below depicts household income and benefits in the Glades Region and Palm Beach County in 2019. The median household incomes for Belle Glade ($24,625.00), Canal Point ($58,750.00), Pahokee ($22,919.00), and South Bay ($31,850.00) were each less than that of Palm Beach County ($63,299.00). Additionally, while 9.8% of Palm Beach County residents used SNAP assistance in the last twelve months in 2019, these percentages were greater in Belle Glade (39.1%), Canal Point (10.5%), Pahokee (44.0%), and South Bay (39.8%). This indicates a significant increase in need in these areas as compared to the county.

Table 17: Household Income and Benefits, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total households	554,095	100%	7,498	100%	105	100%	2,665	100%	483	100%
Less than $10,000	31,880	5.8%	1,891	25.2%	0	0.0%	635	23.8%	78	16.1%
$10,000 to $14,999	21,123	3.8%	790	10.5%	0	0.0%	167	6.3%	10	2.1%
$15,000 to $24,999	49,296	8.9%	1,100	14.7%	0	0.0%	618	23.2%	97	20.1%
$25,000 to $34,999	50,601	9.1%	993	13.2%	0	0.0%	426	16.0%	76	15.7%
$35,000 to $49,999	69,965	12.6%	915	12.2%	0	0.0%	323	12.1%	46	9.5%
$50,000 to $74,999	94,223	17.0%	1,009	13.5%	65	61.9%	216	8.1%	57	11.8%
$75,000 to $99,999	65,593	11.8%	293	3.9%	11	10.5%	114	4.3%	52	10.8%
$100,000 to $149,999	80,135	14.5%	325	4.3%	29	27.6%	101	3.8%	51	10.6%
$150,000 to $199,999	37,568	6.8%	143	1.9%	0	0.0%	0	0.0%	10	2.1%
$200,000 or more	53,711	9.7%	39	0.5%	0	0.0%	65	2.4%	6	1.2%
Median household income	$63,299	--	$24,6150	--	$58,750	--	$22,199	--	$31,850	--
Mean household income	$99,1730	--	$36,235	--	$77,640	--	$35,312	--	$60,222	--
With earnings	390,390	70.5%	5,270	70.3%	85	81.0%	1,890	70.9%	370	76.6%
Mean earnings	$95,176	--	$41,565	--	$55,575	--	$38,802	--	$66,778	--
With Social Security	223,761	40.4%	2,234	29.8%	59	56.2%	691	25.9%	162	33.5%
Mean Social Security income	$21,907	--	$12,655	--	$29,331	--	$14,125	--	$13,240	--

With retirement income	111,672	20.2%	584	7.8%	11	10.5%	194	7.3%	76	15.7%
Mean retirement income	$32,793	--	$13,136	--	--	--	$16,775	--	$20,286	--
With Supplemental Security Income	20,417	3.7%	892	11.9%	11	10.5%	463	17.4%	61	12.6%
Mean Supplemental Security Income	$10,764	--	$8,918	--	--	--	$8,187	--	$8,310	--
With cash public assistance income	11,573	2.1%	1,341	17.9%	0	0.0%	327	12.3%	70	14.5%
Mean cash public assistance income	$2,612	--	$931	--	--	--	$729	--	$1,8070	--
With Food Stamp/SNAP benefits in the past 12 months	54,457	9.8%	2,929	39.1%	11	10.5%	1,172	44.0%	192	39.8%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Family Income and Benefits

Family income is another socioeconomic determinant of health. Both income and income inequality affect health outcomes, especially for those in lower socioeconomic classes. Income inequality research has shown that median family income is negatively correlated with birth outcomes, including preterm births, low infant birth weight, very low infant birth weight, and infant mortality, making this an important indicator of health.[12] Similar to other income indicators, Belle Glade ($32,392.00), Canal Point ($56,250.00), Pahokee ($30,458.00), and South Bay (41.518.00) had a much lower median family income than Palm Beach County ($78,370.00) as a whole.

Table 18: Family Income and Benefits, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Families	345,298	100%	4,354	100%	96	100%	1,656	100%	349	100%
Less than $10,000	11,088	3.2%	651	15.0%	0	0.0%	244	14.7%	43	12.3%
$10,000 to $14,999	7,339	2.1%	443	10.2%	0	0.0%	82	5.0%	10	2.9%
$15,000 to $24,999	20,482	5.9%	569	13.1%	0	0.0%	312	18.8%	48	13.8%
$25,000 to $34,999	27,490	8.0%	614	14.1%	0	0.0%	369	22.3%	51	14.6%
$35,000 to $49,999	40,522	11.7%	586	13.5%	0	0.0%	248	15.0%	51	14.6%
$50,000 to $74,999	58,382	16.9%	777	17.8%	56	58.3%	178	10.7%	45	12.9%
$75,000 to $99,999	45,592	13.2%	294	6.8%	11	11.5%	91	5.5%	40	11.5%
$100,000 to $149,999	60,431	17.5%	283	6.5%	29	30.2%	67	4.0%	45	12.9%
$150,000 to $199,999	30,937	9.0%	131	3.0%	0	0.0%	7	0.4%	10	2.9%
$200,000 or more	43,035	12.5%	6	0.1%	0	0.0%	58	3.5%	6	1.7%
Median family income	$78,370	--	$32,392	--	$56,250	--	$30,458	--	$41,518	--
Mean family income	$117,097	--	$45,013	--	$79,501	--	$43,373	--	$71,758	--

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[12] Olson, M. E., Diekema, D. Elliott, B. A., & Renier, C. M. (2010). Impact of income and income inequality on infant health outcomes in the United States. *Pediatrics. 126*(6), 1165-1173. https://doi.org/10.1542/peds.2009-3378

Gini Index

The Gini Index is a measurement of income distribution throughout areas within the county. A Gini Index value will vary between 0 and 1 based on resident income in the defined area. A value of 0 indicates perfect income equality, where there is an equal distribution of income among the residents. A value of 1 indicates perfect inequality, where one household possesses all of the income and other households do not have any income.

The below chart depicts the Gini Index for Palm Beach County and the Glades region in 2019. Among the Glades region ZIP codes, Canal Point (0.223) had the most equal income distribution based on the Gini Index.

Table 19: Gini Index, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)
Gini Index	0.5219	0.5042	0.223	0.519	0.5666

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Business and Employment

Employment Status

Well-paying and stable jobs increase an individual's ability to live in a safe neighborhood, obtain education for their children, secure childcare services, and purchase healthy foods. Compared to their employed counterparts, unemployed Americans are more likely to be diagnosed with depression and have poorer health outcomes, including an increased risk of developing a stress-related condition such as stroke, heart attack, heart disease, or arthritis.[13] Moreover, additional research shows that quality, stable employment is shown to reduce these health concerns, and mortality rates and rates of chronic disease are lower among employed individuals compared to unemployed individuals.[14]

The table below depicts employment status in the Glades region and Palm Beach County in 2019. The unemployment rate was higher in all four Glades region ZIP codes, Belle Glade (14.5%), Canal Point (30.0%), Pahokee (24.7%), and South Bay (11.4%), compared to Palm Beach County (5.9%).

Table 20: Employment Status, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Population 16 years and over	1,216,589	100%	17,271	100%	347	100%	6,479	100%	5,131	100%
In labor force	727,184	59.8%	9,289	53.8%	233	67.1%	3,622	55.9%	756	14.7%
Civilian labor force	726,766	59.7%	9,289	53.8%	233	67.1%	3,622	55.9%	756	14.7%
Employed	684,112	56.2%	7,945	46.0%	163	47.0%	2,728	42.1%	670	13.1%
Unemployed	42,654	3.5%	1,344	7.8%	70	20.2%	894	13.8%	86	1.7%
Armed Forces	418	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Not in labor force	489,405	40.2%	7,982	46.2%	114	32.9%	2,857	44.1%	4,375	85.3%
Civilian labor force		726,766		9,289		233		3,622		756
Unemployment Rate		5.9%		14.5%		30.0%		24.7%		11.4%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[13] Robert Wood Johnson Foundation. (2013). How does employment, or unemployment, affect health? Retrieved from https://www.rwjf.org/en/library/research/2012/12/how-does-employment--or-unemployment--affect-health-.html

[14] Adams, J. E. (2018). Improving individual and community health through better employment opportunities. *Health affairs.* https://doi.org/10.1377/hblog20180507.274276

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Employment by Industry

Different industries are associated with varying health risks, work hours, and socioeconomic statuses of employees. Understanding a population's employment by industry can give valuable insight into the needs, relevant services, and lifestyles of residents to better target health interventions, marketing, and programs. Jobs that are typically categorized as "blue-collar" are indicative of increased physical demands and low flexibility of work hours. Alternatively, "white-collar" jobs are more likely to experience high time pressure, regular overtime, and frequent interruptions or poor work-life balance. Additionally, evidence shows that morbidity and mortality increase as social or socioeconomic status decrease. Despite this, studies have shown that social support at work and job security are not clearly related to occupational class or to socioeconomic or educational status.[15]

This table shows employment by industry in the Glades region and Palm Beach County in 2019. Most employed residents in Palm Beach County (20.9%), Belle Glade (19.9%), Pahokee (17.6%), and South Bay (28.1%) worked in educational services, healthcare, or social services compared to any other industry in those areas.

Table 21: Employment by Industry, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Civilian employed population 16 years and over	684,112	--	7,945	--	163	--	2,728	--	670	--
Agriculture, forestry, fishing and hunting, and mining	6,865	1.0%	1,449	18.2%	9	5.5%	314	11.5%	80	11.9%
Construction	53,723	7.9%	341	4.3%	0	0.0%	248	9.1%	33	4.9%
Manufacturing	28,962	4.2%	568	7.1%	8	4.9%	165	6.0%	68	10.1%
Wholesale trade	17,423	2.5%	283	3.6%	0	0.0%	14	0.5%	9	1.3%
Retail trade	86,793	12.7%	960	12.1%	14	8.6%	395	14.5%	93	13.9%
Transportation and warehousing, and utilities	31,147	4.6%	385	4.8%	0	0.0%	86	3.2%	28	4.2%
Information	13,130	1.9%	56	0.7%	0	0.0%	42	1.5%	0	0.0%
Finance and insurance, and real estate and rental and leasing	54,331	7.9%	325	4.1%	0	0.0%	71	2.6%	0	0.0%

[15] Hämmig, O., Bauer, G.F. (2013). The social gradient in work and health: a cross-sectional study exploring the relationship between working conditions and health inequalities. *BMC Public Health (13)*,1170. https://doi.org/10.1186/1471-2458-13-1170

Professional, scientific, and management, and administrative and waste management services	105,813	15.5%	552	6.9%	65	39.9%	251	9.2%	44	6.6%
Educational services, and health care and social assistance	143,260	20.9%	1,578	19.9%	20	12.3%	479	17.6%	188	28.1%
Arts, entertainment, and recreation, and accommodation and food services	80,117	11.7%	765	9.6%	38	23.3%	364	13.3%	17	2.5%
Other services, except public administration	40,546	5.9%	242	3.0%	9	5.5%	145	5.3%	33	4.9%
Public administration	22,002	3.2%	441	5.6%	0	0.0%	154	5.6%	77	11.5%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Employment by Occupation

Similar to employment by industry, employment by occupation is an important factor to consider to understand the potential needs of a community. Studies show that workers with lower educational and occupational status are more likely to report poor self-rated health, limited physical functioning, and absences due to sickness.[16]

The table below shows the employment by occupation in the Glades region and Palm Beach County in 2019. In Belle Glade (24.6%), Pahokee (30.4%), and South Bay (26.4%), service occupations made up the largest percentage of occupations for employed residents over age 16. In Canal Point, over half (59.5%) of employed residents over age 16 worked in management, business, science, or arts occupations.

Table 22: Employment by Occupation, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Civilian employed population 16 years and over	684,112	100%	7,945	100%	163	100%	2,728	100%	670	100%
Management, business, science, and arts occupations	255,373	37.3%	1,508	19.0%	97	59.5%	426	15.6%	141	21.0%
Service occupations	149,365	21.8%	1,955	24.6%	39	23.9%	830	30.4%	177	26.4%
Sales and office occupations	160,832	23.5%	1,468	18.5%	18	11.0%	420	15.4%	118	17.6%
Natural resources, construction, and maintenance occupations	60,634	8.9%	1,599	20.1%	9	5.5%	559	20.5%	137	20.4%
Production, transportation, and material moving occupations	57,908	8.5%	1,415	17.8%	0	0%	493	18.1%	97	14.5%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[16] Hämmig, O., Bauer, G.F. (2013). The social gradient in work and health: a cross-sectional study exploring the relationship between working conditions and health inequalities. *BMC Public Health (13)*,1170. https://doi.org/10.1186/1471-2458-13-1170

Class of Worker

Worker class can be an indicator of health insurance availability through the workplace and can give providers and health organizations insight on the potential needs of residents.

The table below depicts the class of worker for all residents employed over the age of 16 in the Glades region and Palm Beach County in 2019. Across all areas, a majority of employed residents are private wage and salary workers, with 80.0% in Belle Glade, 81.6% in Canal Point, 77.4% in Pahokee, 78.5% in South Bay, and 83.1% in Palm Beach County overall.

Table 23: Class of Worker, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Civilian employed population 16+ years	684,112	100%	7,945	100%	163	100%	2,728	100%	670	100%
Private wage and salary workers	568,541	83.1%	6,357	80.0%	133	81.6%	2,112	77.4%	526	78.5%
Government workers	69,050	10.1%	1,329	16.7%	0	0.0%	519	19.0%	123	18.4%
Self-employed in own not incorporated business workers	45,155	6.6%	242	3.0%	30	18.4%	97	3.6%	21	3.1%
Unpaid family workers	1,366	0.2%	17	0.2%	0	0.0%	0	0.0%	0	0.0%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Education

Public School Enrollment

Education and health have an established, positive association.[17] Educational programs and early learning programs are critical to childhood social and emotional development, and these experiences serve as a catalyst for children to develop skills, relationships, and interests that shape their future. Research shows that early learning educational programs lead to enhanced literacy, language, math, and self-regulation skills. For children who are dual language learners or from lower income households, these positive results were greater when early learning programs were attended.[18] School enrollment is also an indication of population growth and can inform service delivery planning and implementation.

The following table depicts public school enrollment in the Glades region and Palm Beach County in 2019. Elementary school students comprised the largest percentage of students enrolled in school in Belle Glade (43.0%) and Pahokee (40.3%). South Bay had the largest percentage of its students enrolled in high school, with 56.6% enrolled, and Canal Point had the largest percentage enrolled in college or graduate school (54.7%).

Table 24: Public School Enrollment, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Population 3+ years enrolled in school	324,367	100%	6,311	100%	64	100%	2,308	100%	1,430	100%
Nursery school, preschool	23,287	7.2%	737	11.7%	0	0.0%	261	11.3%	55	3.8%
Kindergarten	14,981	4.6%	548	8.7%	0	0.0%	50	2.2%	48	3.4%
Elementary school (grades 1-8)	125,619	38.7%	2,714	43.0%	20	31.3%	929	40.3%	239	16.7%
High school (grades 9-12)	70,472	21.7%	1,329	21.1%	9	14.1%	588	25.5%	810	56.6%
College or graduate school	90,008	27.7%	983	15.6%	35	54.7%	480	20.8%	278	19.4%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[17] Ross, C. E., Mirowsky, J. (2011). The interaction of personal and parental education on health. Social science and medicine. (72)4. 591-599. https://doi.org/10.1016/j.socscimed.2010.11.028.

[18] Ansari, A., Pianta, R. C., Whittaker, J. E., Vitiello, V., & Ruzek, E. (2021). Enrollment in public-prekindergarten and school readiness skills at kindergarten entry: Differential associations by home language, income, and program characteristics. Early Childhood Research Quarterly, 54, 60–71. https://doi.org/10.1016/j.ecresq.2020.07.011

Educational Attainment

Educational attainment is positively correlated with life expectancy. Research shows that increased education can lead to more stable jobs, increased pay and benefits, and the provision of health insurance provided by an employer. These elements can increase an individual's access to care, leading to positive health outcomes.[19]

The table below depicts educational attainment in the Glades region and Palm Beach County in 2019. It is significant to note that the percentage of residents aged 25 years and over who reported obtaining less than a ninth-grade education was 21.5% in Belle Glade, 7.1% in Canal Point, 17.4% in Pahokee, and 10.6% in South Bay, all much higher than the 5.8% reported in Palm Beach County.

Table 25: Educational Attainment, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Population 25 years & over	1,071,994	100%	14,332	100%	282	100%	5,243	100%	4,701	100%
Less than 9th grade	61,660	5.8%	3,086	21.5%	20	7.1%	914	17.4%	500	10.6%
9th to 12th grade, no diploma	61,734	5.8%	2,584	18.0%	9	3.2%	994	19.0%	1,630	34.7%
High school graduate (includes equivalency)	257,316	24.0%	4,528	31.6%	121	42.9%	1,656	31.6%	1,675	35.6%
Some college, no degree	201,641	18.8%	2,089	14.6%	47	16.7%	998	19.0%	494	10.5%
Associate's degree	96,303	9.0%	967	6.7%	26	9.2%	198	3.8%	164	3.5%
Bachelor's degree	242,569	22.6%	889	6.2%	38	13.5%	357	6.8%	175	3.7%
Graduate or professional degree	150,771	14.1%	189	1.3%	21	7.4%	126	2.4%	63	1.3%
High school graduate or higher	948,600	88.5%	8,662	60.4%	253	89.7%	3,335	63.6%	2,571	54.7%
Bachelor's degree or higher	393,340	36.7%	1,078	7.5%	59	20.9%	483	9.2%	238	5.1%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[19] American Academy of Family Physicians. (2015). Learning matters: how education affects health. Retrieved from https://www.aafp.org/news/blogs/leadervoices/entry/learning_matters_how_education_affects.html

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Graduation Rates

High school graduation rates have been referred to as a "barometer" of health due to the association between education and health and progress in a community.[20]

The table and graph below show graduation rates in the Glades region and Palm Beach County from the 2016 – 2017 school year through the 2019 – 2020 school year. Glades region graduation rates increased from 58.9% in the 2017 – 2018 school year to 80.5% in the 2019 – 2020 school year. Despite the increase, the Glades region average was still still below the Palm Beach County rate of 90.2% in the 2019 – 2020 school year.

The Healthy People 2030 national target is to increase the proportion of high school students who graduate in four years after starting ninth-grade to 90.7%. The most recent national data shows that 85.8% of students graduated with a regular diploma in the 2018 – 2019 school year four years after starting ninth-grade. While Palm Beach County does not specify graduation within four years of starting ninth-grade, the data does show that Palm Beach County is close to reaching a target graduation rate, with rates reaching 90.2% in the 2019 – 2020 school year. The Glades region is farther off target, with a graduation rate of 80.5% in the 2019 – 2020 school year.

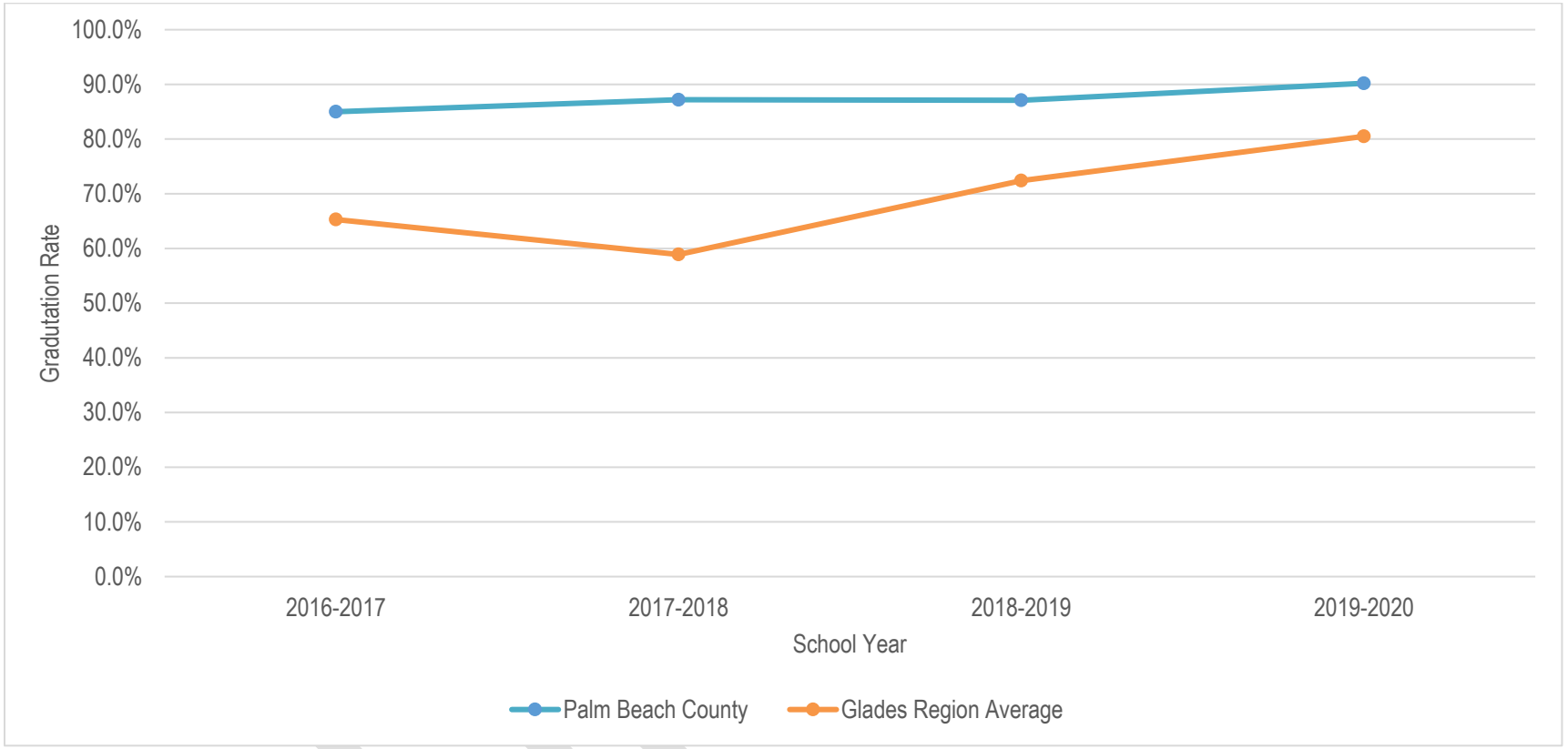
Figure 8: Graduation Rates, Glades Region and Palm Beach County, School Year 2016 – 2017 through 2019 – 2020

	2016-2017	2017-2018	2018-2019	2019-2020
Palm Beach County	85.0%	87.2%	87.1%	90.2%
Glades Region Average	65.3%	58.9%	72.4%	80.5%

Source: Florida Department of Education, 2021
Compiled by: Health Council of Southeast Florida, 2021

[20] Heckman, J., & LaFontaine, P. (2008). The declining American high school graduation rate: evidence, sources, and consequences. Retrieved from https://www.nber.org/reporter/2008number1/declining-american-high-school-graduation-rate-evidence-sources-and-consequences

Figure 9: Graduation Rates, Glades Region and Palm Beach County, School Year 2016 – 2017 through 2019 – 2020



School Grades by Year

School grades, assigned by the Florida Department of Education, are an indicator of individual school performance throughout the county and serve as a way for the Department to communicate how well each school is serving its students. It is important to note that on March 23, 2020 the Florida Department of Education Emergency Order No. 2020-EO-1 was issued and subsequently cancelled all spring K-12 statewide assessment tests. As such, accountability measures for the 2019 – 2020 school year that used statewide assessment data were not fully calculated. Additionally, on April 9, 2021, Florida Department of Education Emergency Order No. 2021-EO-02 made 2020 – 2021 school grades optional and gave schools the ability to choose to opt-in to this measure.[21]

This table shows the school grades by year in the Glades region from 2015 to 2019. During this timeframe, 0% of schools received an A rating from the Florida Department of Education in the Glades region. From 2016 to 2019, a majority of schools received a C rating each year, an improvement from the 45.5% of schools that received a D rating in 2015. Additionally, the percentage of schools receiving a B grade increased incrementally from 2017 (0%) to 2019 (16.7%). The schools included in the data were: Belle Glade Elementary School, Belvedere Elementary School, Glade View Elementary School, Glades Academy, Inc., Glades Central High School, Gove Elementary School, K. E. Cunningham/Canal Point Elementary, Lake Shore Middle School, Pahokee Elementary School, Pahokee Middle-Senior High, Pioneer Park Elementary School, and Rosenwald Elementary School.

Table 26: School Grades by Year, Glades Region, 2015-2019

School Grade	2015		2016		2017		2018		2019	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
A	0	0%	0	0%	0	0%	0	0%	0	0%
B	0	0%	1	8.3%	0	0%	1	8.3%	2	16.7%
C	3	27.3%	9	75.0%	10	83.3%	8	66.7%	9	75.0%
D	5	45.5%	1	8.3%	2	16.7%	2	16.7%	1	8.3%
F	3	27.3%	1	8.3%	0	0%	1	8.3%	0	0%
Total	11*	--	12	--	12	--	12	--	12	--

Note: *In 2015, only 11 out of the 12 reporting Glades region schools received a letter grade. Glades Academy, Inc. did not receive a letter grade in 2015.
Note: Pursuant to FDOE Emergency Order No. 2021-EO-02, only schools for which an opt in request was submitted by the school district superintendent or charter school governing board have a letter grade assigned for the 2020-21 school year. More information can be found at https://www.fldoe.org/core/fileparse.php/19861/urlt/2021-EO-02.pdf.
Source: Florida Department of Education, 2021
Compiled by: Health Council of Southeast Florida, 2021

[21] Florida Department of Education. (2021). 2020-21 guide to calculating school grades and district grades. Retrieved from https://www.fldoe.org/core/fileparse.php/18534/urlt/SchoolGradesCalcGuide21.pdf

Public Assistance Benefits

Students Qualifying for Free and Reduced Lunch

Free and reduced-price lunches are proven to reduce food insecurity, obesity rates, and poor health among students. School lunches offer an opportunity for children to have a nutritious meal at school that follows the standards of the National School Lunch program.[22] In the Glades region, an average of 97.1% of students were eligible for the school lunch program in the 2020 – 2021 school year. This is significantly higher than in Palm Beach County as a whole, where 65.1% of students were eligible that same school year.

Table 27: Students Qualifying for Free and Reduced Lunch, Glades Region and Palm Beach County, School Year 2020 – 2021

	Total Students	Percent Eligible	# of Free Lunch Students	# of Reduced-Price Lunch Students	# of Provision 2 Students	# of Direct Certification CEP Students
Palm Beach County	187,340	65.1%	110,871	10,793	350	0
Glades Region	6,457	97.1%	6,084	183	0	0

Note: *To provide meaningful results and to protect the privacy of individual students, data are displayed only when the total number of students in a group is at least 10 and when the performance of individuals would not be disclosed. Data for groups less than 10 are displayed with an asterisk (*).
Source: Florida Department of Education, 2021
Compiled by: Health Council of Southeast Florida, 2021

Table 28: Students Qualifying for Free and Reduced Lunch, By School, Glades Region and Palm Beach County, School Year 2020 – 2021

School Name	Total # of Students	Percent Eligible	# of Free Lunch Students (Codes D&F)	# of Reduced-Price Lunch Students (Codes 3&E)	# of Provision 2 Students (Code 4)	# of Direct Certification CEP Students (Codes C&R)
All Palm Beach County Schools	187,340	65.1%	110,871	10,793	350	0
BELLE GLADE ELEMENTARY SCHOOL	701	97.7%	15	15	0	0
CROSSROADS ACADEMY	141	98.6%	3	3	0	0
EVERGLADES PREPARATORY ACADEMY	123	97.6%	2	2	0	0
GLADE VIEW ELEMENTARY SCHOOL	300	99.3%	5	5	0	0
GLADES ACADEMY, INC	242	98.3%	11	11	0	0

[22] Food Research & Action Center. (2021). Benefits of school lunch. Retrieved from: https://frac.org/programs/national-school-lunch-program/benefits-school-lunch#:~:text=Research%20shows%20that%20receiving%20free,especially%20for%20fruits%20and%20vegetables.

GLADES CENTRAL HIGH SCHOOL	930	95.7%	31	31	0	0
GOVE ELEMENTARY SCHOOL	673	95.4%	25	25	0	0
K. E. CUNNINGHAM/CANAL POINT ELEMENTARY	276	99.6%	6	6	0	0
LAKE SHORE MIDDLE SCHOOL	723	97.8%	11	11	0	0
PAHOKEE ELEMENTARY SCHOOL	380	96.6%	18	18	0	0
PAHOKEE MIDDLE-SENIOR HIGH	796	97.5%	28	28	0	0
PIONEER PARK ELEMENTARY SCHOOL	355	98.0%	2	2	0	0
ROSENWALD ELEMENTARY SCHOOL	322	95.3%	5	5	0	0

Note: *To provide meaningful results and to protect the privacy of individual students, data are displayed only when the total number of students in a group is at least 10 and when the performance of individuals would not be disclosed. Data for groups less than 10 are displayed with an asterisk (*).
Source: Florida Department of Education, 2021
Compiled by: Health Council of Southeast Florida, 2021

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SNAP Participation

The United States' anti-hunger program, The Supplemental Nutrition Assistance Program (SNAP), has been proven to improve health outcomes and lower healthcare costs for participants. This program also serves as an indication of need in an area. Overall, food insecurity is shown to increase the risk of adverse health outcomes and is linked with higher health care costs. Food insecurity can also complicate an individual's ability to manage illness, further complicating health issues. Research has shown that food insecurity is strongly correlated with chronic health conditions among children, working-age adults, and seniors. SNAP works to increase food security and offers benefits that enable families to purchase healthier foods while saving money that can be used towards other health-promoting activities and medical care. Studies show that SNAP participants are more likely to report excellent or very good health compared to low-income non-SNAP participants.[23]

The table below depicts SNAP participation by ZIP code among age groups in the Glades region as of September 2021. Notably, approximately half of Glades region residents were SNAP recipients in September 2021 Among the Glades region ZIP codes, Canal Point had the highest percentage of the population utilizing SNAP (56.7%) and South Bay had the smallest (48.6%).

There is no Healthy People 2030 national target directly related to SNAP participation.

Table 29: SNAP Participation, Glades Region, September 2021

ZIP Code		Population Estimate*	Age 17 & Under Receiving SNAP	Age 18-59 Receiving SNAP	Age 60 & Above Receiving SNAP	Total SNAP Recipients	Percentage of the Population SNAP
33430	Belle Glade	23,172	6,696	3,396	1,362	11,454	49.4%
33438	Canal Point	367	111	76	21	208	56.7%
33476	Pahokee	8,513	2,758	1,441	478	4,677	54.9%
33493	South Bay	5,532	1798	766	123	2687	48.6%

*Note: Population estimates are based on the most recent 5-year estimates available from the U.S. Census Bureau (2019).
Source: U.S Census Bureau, American Community Survey, 2019
Source: Florida Department of Children and Families, Southeast Region, Office of Economic Self-Sufficiency, 2021
Compiled by: Health Council of Southeast Florida, 2021

[23] Carlson, S. & Keith-Jennings, B. (2018). SNAP is linked with improved nutritional outcomes and lower health care costs. *Center on Budget and Policy Priorities.* Retrieved from https://championprovider.ucsf.edu/sites/champion.ucsf.edu/files/CBPP%20SNAP%20linked%20with%20nutritional%20outcomes%20and%20health%20care%20costs.pdf

Housing

Householder Living Alone

Social isolation can have a significant impact on health and is shown to increase an individual's risk of premature death from all causes. Social isolation is also associated with a 50% increase in the risk of dementia. Loneliness, a common factor related to social isolation, is associated with higher rates of depression, anxiety, and suicide. Older adults are at an increased risk for this isolation as they are more likely to live alone compared to other age groups.[24]

This table depicts householders living alone and householders ages 65 years and older living alone in the Glades region and Palm Beach County in 2019. Belle Glade (37.7%), Pahokee (29.2%), and South Bay (24.4%) had similar rates of householders living alone as Palm Beach County (31.0%). Pahokee (6.9%), South Bay (9.9%), and Canal Point (0.0%) had lower percentages of householders living alone over the age of 65 years compared to Palm Beach County (16.8%) and Belle Glade (16.2%).

Table 30: Householder Living Alone, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)
Occupied housing units	554,095	7,498	105	2,665	483
Householder living alone	31.0%	37.7%	0%	29.2%	24.4%
Householder 65 years and over	16.8%	16.2%	0%	6.9%	9.9%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[24] Centers for Disease Control and Prevention. (2021). Loneliness and social isolation linked to serious health conditions. Retrieved from https://www.cdc.gov/aging/publications/features/lonely-older-adults.html

Housing Value

As noted, housing that is stable, affordable, safe, and well-maintained is vital for community health and development.[25] Housing value is an indicator of the cost of living and economic stability.

The table and graph below depict the distribution of housing values in Palm Beach County and the Glades region in 2019. The median housing values in the Glades region ZIP codes, $111,500.00 in Belle Glade, $107,800.00 in Canal Point, $98,200.00 in Pahokee, and $82,200.00 in South Bay, were much lower than that of $283,600.00 in Palm Beach County in 2019.

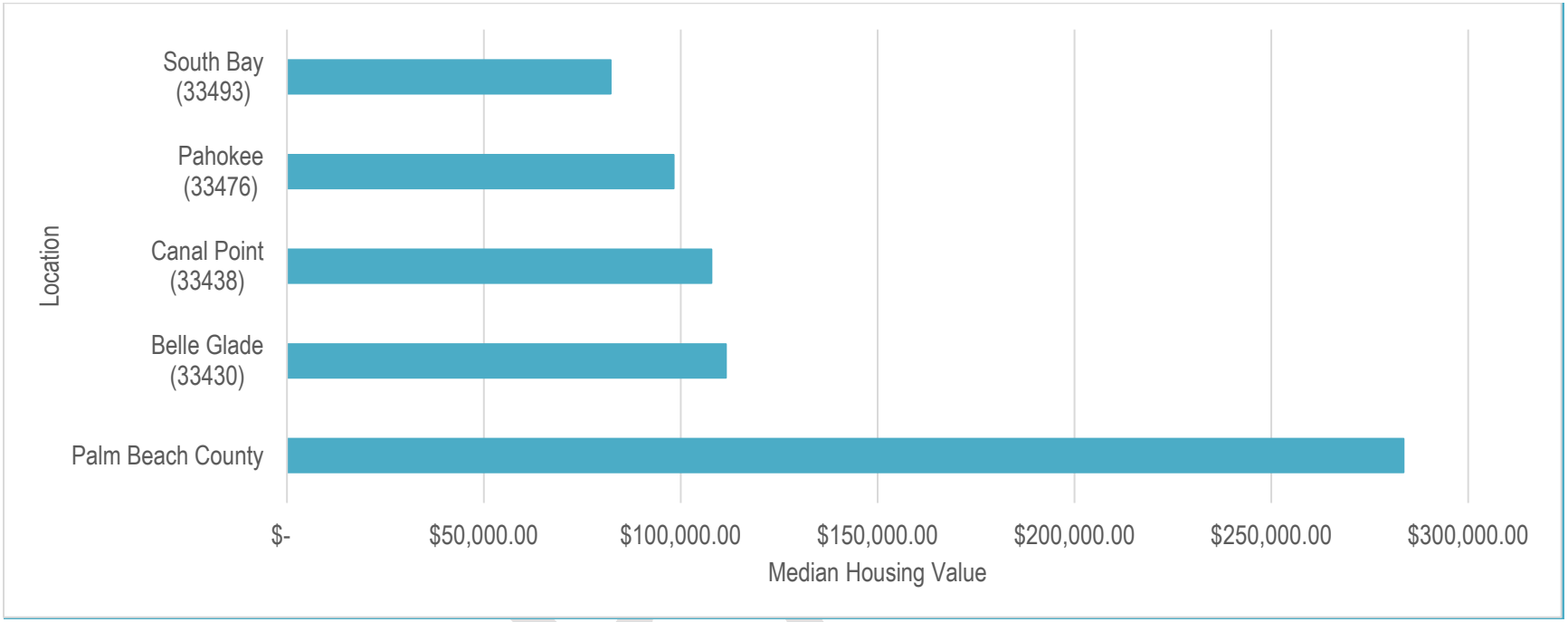
Table 31: Housing Value, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Owner-occupied units	381,611	100%	2,259	100%	96	100%	921	100%	255	100%
Less than $50,000	17,648	4.6%	335	14.8%	0	0%	178	19.3%	51	20.0%
$50,000 to $99,999	30,212	7.9%	675	29.9%	39	40.6%	299	32.5%	120	47.1%
$100,000 to $149,999	33,880	8.9%	369	16.3%	37	38.5%	93	10.1%	51	20.0%
$150,000 to $199,999	41,062	10.8%	422	18.7%	20	20.8%	127	13.8%	12	4.7%
$200,000 to $299,999	81,401	21.3%	330	14.6%	0	0%	156	16.9%	12	4.7%
$300,000 to $499,999	106,164	27.8%	105	4.6%	0	0%	56	6.1%	0	0%
$500,000 to $999,999	51,737	13.6%	23	1.0%	0	0%	0	0%	9	3.5%
$1,000,000 or more	19,507	5.1%	0	0%	0	0%	12	1.3%	0	0%
Median	$283,600	--	$111,500	--	$107,800	--	$98,200	--	$82,200	--

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[25] Taylor, L. (2018). Housing and health: an overview of the literature. *Health Affairs.* https:// 10.1377/hpb20180313.396577

Figure 10: Housing Value, Glades Region and Palm Beach County, 2019



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Gross Rent

Average rent is an important economic indicator in regards to understanding the health status of a community. Residents who face disproportionate rent costs compared to their income often face increased economic challenges, which can further impact the ability to access healthcare services.

This table shows the gross rent in the Glades region and Palm Beach County in 2019. The median cost of rent in the Glades region ZIP codes, $601.00 in Belle Glade, $581.00 in Pahokee, and $803.00 in South Bay, was significantly less than that of $1,398.00 in Palm Beach County in 2019. Data for median cost of rent was unreported for Canal Point.

Table 32: Gross Rent, Glades Region and Palm Beach County, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Occupied units paying rent	165,753	100%	5,081	100%	9	100%	1,725	100%	223	100%
Less than $500	6,235	3.8%	1,516	29.8%	0	0%	612	35.5%	16	7.2%
$500 to $999	27,730	16.7%	2,978	58.6%	0	0%	844	48.9%	146	65.5%
$1,000 to $1,499	61,655	37.2%	538	10.6%	9	100%	237	13.7%	36	16.1%
$1,500 to $1,999	43,242	26.1%	36	0.7%	0	0%	32	1.9%	25	11.2%
$2,000 to $2,499	16,083	9.7%	13	0.3%	0	0%	0	0%	0	0%
$2,500 to $2,999	6,319	3.8%	0	0%	0	0%	0	0%	0	0%
$3,000 or more	4,489	2.7%	0	0%	0	0%	0	0%	0	0%
Median	$1,398.00	--	$601.00	--	--	--	$581.00	--	$803.00	--
No rent paid	6,731	--	158	--	0	--	19	--	5	--

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Transportation

Vehicles Available by Household

Transportation is frequently cited as a barrier to accessing healthcare services, resulting in missed appointments or delayed care by residents who do not have the ability to physically attend medical appointments or pharmacies. Residents with transportation barriers tend to miss medical care appointments, leading these residents to experience poorer health outcomes.[26]

The following table depicts vehicles available by household, which is an important indicator when understanding transportation in the community, in the Glades region and Palm Beach County in 2019. In Belle Glade (25.3%) and Pahokee (23.6%), nearly one-quarter of the residents have no vehicles available, much higher than the 6.1% of Palm Beach County residents without a vehicle available.

Table 33: Vehicles Available by Household, Glades Region and Palm Beach County, 5-Year Estimate, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Occupied housing units	554,095	100%	7,498	100%	105	100%	2,665	100%	483	100%
No vehicles available	33,701	6.1%	1,896	25.3%	0	0.0%	630	23.6%	31	6.4%
1 vehicle available	228,678	41.3%	2,856	38.1%	31	29.5%	923	34.6%	227	47.0%
2 vehicles available	214,812	38.8%	1,858	24.8%	65	61.9%	763	28.6%	141	29.2%
3 or more vehicles available	76,904	13.9%	888	11.8%	9	8.6%	349	13.1%	84	17.4%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2021

[26] Syed, S.T., Gerber, B.S. & Sharp, L.K. (2013). Traveling Towards Disease: Transportation Barriers to Health Care Access. *J Community Health.* 38, 976–993. https://doi.org/10.1007/s10900-013-9681-1

Crime

Total Arrests

According to the Centers for Disease Control and Prevention, violence is now widely recognized as a public health issue.[27] Individuals may experience negative physical, mental, and emotional impacts as a direct victim or witness to violence. Research shows that exposure to violence in childhood can lead to an increased risk for substance abuse, risky sexual behavior, and unsafe driving behavior in adulthood. Violence can also impact a community at-large. When people feel unsafe, they have a decreased sense of community and are less likely to engage in outdoor physical activity or wellness activities. As a result, violence has a negative impact on all community members. Arrests are one indicator of crime and violence in a community.

The following table depicts the total arrests by law enforcement agencies serving the Glades region and Palm Beach County in 2019. The South Bay Police Department had the lowest arrest rate of 891.8 per 100,00 population, while the Palm Beach County Sheriff's Office had the highest rate of 2,496.9 per 100,000 population.

Table 34: Total Arrests, Glades Region and Palm Beach County, 2019

Agency/County	Population	Total Arrests	Arrest Rate per 100,000	Total Adult Arrests	Total Juvenile Arrests
Palm Beach County	1,447,857	40,492	2,796.7	37,272	3,220
Palm Beach County Sheriff's Office	632,793	15,800	2,496.9	14,492	1,308
Belle Glade Police Department	17,979	423	2,352.7	401	22
Pahokee Police Department	5,907	131	2,217.7	128	3
South Bay Police Department	5,270	47	891.8	41	6

Source: Florida Department of Law Enforcement (FDLE), 2019
Compiled by: Health Council of Southeast Florida, 2021

[27] Centers for Disease Control and Prevention. (2009). The history of violence as a public health issue. Retrieved from https://stacks.cdc.gov/view/cdc/24078

Arrests by Charge, Index Arrests

Further analysis of arrests in the Glades region shows the types of Index Arrests made by each law enforcement agency serving the Glades region and Palm Beach County in 2019. The Belle Glade Police Department (71) and Pahokee Police Department (23) made the most Index Arrests for aggravated assault in 2019. South Bay Police Department had the most Index Arrests for larceny (8) and aggravated assault (7). Additionally, Palm Beach County Sheriff's Office had the most Index Arrests for larceny (933) in 2019.

Table 35: Arrests by Charge, Index Arrests, Glades Region and Palm Beach County, 2019

Agency/County	Murder	Rape	Robbery	Aggravated Assault	Burglary	Larceny	Motor Vehicle Theft
Palm Beach County	63	90	483	1,640	758	4,250	523
Palm Beach County Sheriff's Office	28	21	127	539	188	933	109
Belle Glade Police Department	5	1	7	71	23	45	1
Pahokee Police Department	0	1	0	23	8	13	0
South Bay Police Department	1	0	1	7	0	8	4

Source: Florida Department of Law Enforcement (FDLE), 2019
Compiled by: Health Council of Southeast Florida, 2021

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Arrests by Charge, Part II Arrests

Part II arrests are those arrests that include manslaughter, kidnap/abduction, arson, simple assault, drug arrests, bribery, embezzlement, fraud, counterfeit/forgery, extortion/blackmail, intimidation, prostitution, non-forcible sex offenses, stolen property, DUI, destruction/vandalism, gambling, weapons violations, liquor law violations, and other miscellaneous offenses.[28]

The table below shows the arrests by part II arrest charges in the Glades region and Palm Beach County in 2019. The most Part II arrests made by the Belle Glades Police Department were drug arrests (119). The Pahokee Police Department had the highest Part II arrest counts for drug arrests (29) and simple assault (29) in 2019. The South Bay Police Department had 13 Part II arrests related to Simple Assault, the highest arrest count category for that area.

Table 36: Arrests by Charge, Part II Arrests, Glades Region and Palm Beach County, 2019

Part II Arrest	Palm Beach County	Palm Beach County Sheriff's Office	Belle Glade Police Department	Pahokee Police Department	South Bay Police Department
Manslaughter	2	0	0	0	0
Kidnap/Abduction	36	17	2	0	0
Arson	16	5	0	0	1
Simple Assault	3,849	1,010	91	29	13
Drug Arrest	5,633	1,353	119	29	8
Bribery	0	0	0	0	0
Embezzlement	76	7	0	1	0
Fraud	417	63	4	1	0
Counterfeit/ Forgery	100	30	0	0	0
Extortion/ Blackmail	10	7	1	0	0
Intimidation	100	38	4	2	0
Prostitution	174	8	0	0	0
Non-Forcible Sex Offenses	119	38	2	0	0
Stolen Property	53	28	1	0	0
DUI	2,214	624	10	1	2
Destruction/ Vandalism	363	95	11	5	0
Gambling	16	1	1	0	0

[28] Florida Department of Law Enforcement. (n.d.). UCR arrest data. Retrieved from https://www.fdle.state.fl.us/FSAC/Data-Statistics/UCR-Arrest-Data

Weapons Violations	488	153	16	7	2
Liquor Law Violations	806	149	8	11	0
Misc.	18,213	10,229	0	0	0

Source: Florida Department of Law Enforcement (FDLE), 2019
Compiled by: Health Council of Southeast Florida, 2021

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Health Status Profile

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Maternal and Child Health

Prenatal Care

Births to Mothers with 1st Trimester Prenatal Care

Early prenatal care provides benefits to both mothers and their babies.[29] Receiving care during the first trimester, defined as the first 12 weeks of pregnancy, is especially crucial.[30] Receiving early medical attention can ensure that any medical conditions or potential complications are detected and addressed before they arise or worsen.[31] In rural areas, women face particular barriers to receiving prenatal care, including hospital closures, shortages of obstetricians and gynecologists, and lengthy distances to maternal health providers.[32]

The following table shows the total number of births to mothers who received first trimester prenatal care in the Glades Region from 2016 to 2019. The number of births to mothers with first trimester prenatal care in Belle Glade decreased from 2016 (168) to 2017 (153), and then increased in 2019 (191). In Pahokee, the number of births remained fairly stable from 2016 (65) to 2018 (64), then notably increased from 64 births in 2018 to 73 births in 2019. In South Bay, the number of births remained steady from 2016 (26) to 2019 (24). Additionally, the number of births in Canal Point declined from 7 in 2017 to 2 in 2019.

The Healthy People 2030 national target is to increase the proportion of women who receive early and adequate prenatal care to 80.5%.[33] While the data below shows the total number of births, any increase in these numbers is progress towards a healthier community.

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[29] Florida Health Charts. Florida Department of Health. Births to Mothers With 1st Trimester Prenatal Care. https://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=Birth.DataViewer&cid=16

[30] U.S. Department of Health & Human Services. Office On Women's Health. States of Pregnancy. https://www.womenshealth.gov/pregnancy/youre-pregnant-now-what/stages-pregnancy

[31] U.S. Department of Health & Human Services. National Institutes of Health. What is Prenatal Care and Why Is It Important? https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care

[32] Center for Medicare and Medicaid Services. Improving Access to Maternal Health Care in Rural Communities. Issue Brief. https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf

[33] U.S. Department of Health and Human Service. Healthy People 2030. Increase the proportion of pregnant women who receive early and adequate prenatal care — MICH-08 https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-pregnant-women-who-receive-early-and-adequate-prenatal-care-mich-08

Table 37: Births to Mothers with 1st Trimester Prenatal Care, Glades Region Zip Codes, 2015-2019

Year	Glades Region Zip Codes			
	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)
2015	175	3	68	32
2016	168	3	65	26
2017	153	7	63	24
2018	178	3	64	24
2019	191	2	73	24

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Births to Mothers with 3rd Trimester Prenatal Care

The third trimester of pregnancy begins during the 28th week of gestation and ends with delivery.[34] The risks of receiving late or no prenatal care are significant. Babies born to mothers who receive no prenatal care are three times more likely to have a low birth weight and five times more likely to die as compared to those born to mothers who do receive prenatal care.[35] Under 50% of all rural women have access to perinatal services within a 30-minute drive of their home, and over 10% of rural mothers are forced to drive at least 100 miles for such services.[36]

The table below shows the births to mothers with third trimester prenatal care in the Glades Region from 2016 to 2019. Births to mothers receiving third trimester prenatal care in Belle Glade increased from 2016 (9) to 2018 (17), then decreased slightly in 2019 (14). Canal Point reported no births to mothers with third trimester prenatal care in all years. In Pahokee, the number of births to mothers with third trimester prenatal care was highest in 2018 (6) and lowest in 2019 (3). South Bay reported no births to mothers with third trimester prenatal care in 2016 and 2017, and reported 3 births to mothers with third trimester prenatal care in both 2018 and 2019.

Healthy People 2030 has not identified a national target for births to mothers with third trimester or no prenatal care.

Table 38: Births to Mothers with 3rd Trimester Prenatal Care, Glades Region Zip Codes, 2015-2019

Year	Glades Region Zip Codes			
	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)
2015	14	0	2	1
2016	9	0	4	0
2017	11	0	2	0
2018	17	0	6	3
2019	14	0	3	3

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

[34] Mayo Clinic. Pregnancy Week by Week. https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/fetal-development/art-20045997
[35] U.S. Department of Health & Human Services. Office On Women's Health. Prenatal Care. https://www.womenshealth.gov/a-z-topics/prenatal-care#:~:text=Babies%20of%20mothers%20who%20do,doctors%20to%20treat%20them%20early
[36] Center for Medicare and Medicaid Services. Improving Access to Maternal Health Care in Rural Communities. Issue Brief. https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf

Births to Mothers with No Prenatal Care

As previously mentioned, a failure to receive prenatal care is associated with a higher likelihood of negative health outcomes for both babies and their mothers, and a failure to receive prenatal care has significant consequences for rural women in particular. As recently as 2015, there were 29.4 maternal deaths per 100,000 population in the most rural areas versus 18.2 per 100,000 population in urban areas. Research suggests that difficulty accessing prenatal care in rural areas may be causing this disparity.[37]

This table shows the total number of births to mothers with no prenatal care in the Glades Region from 2016 to 2019. Births to mothers with no prenatal care decreased from 2016 to 2019 for Belle Glade and Pahokee. Canal Point reported no births during this time frame. The total number of births to mothers with no prenatal care in South Bay was lowest in 2017 with 0 births, and highest in 2019 with 6 births.

Healthy People 2030 has not identified a national target for births to mothers with third trimester or no prenatal care.

Table 39: Births to Mothers with No Prenatal Care, Glades Region Zip Codes, 2015-2019

Year	Glades Region Zip Codes			
	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)
2015	13	0	3	3
2016	15	0	4	2
2017	12	0	2	0
2018	8	0	3	2
2019	7	0	1	6

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

[37] Center for Medicare and Medicaid Services. Improving Access to Maternal Health Care in Rural Communities. Issue Brief. https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf

Births by Kotelchuck Prenatal Care Index by Mother's Education

The Kotelchuck Index, also referred to as the Adequacy of Prenatal Care Utilization (APNCU) Index, uses elements obtained from birth certificate data, including when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services). These elements are used to determine the adequacy of prenatal care received.[38] A ratio of observed to expected visits is calculated and grouped into four categories: Inadequate (received less than 50% of expected visits), Intermediate (received 50%-79% of expected visits), Adequate (received 80%-109% of expected visits), Adequate Plus (received 110% or more of expected visits).[39] The Kotelchuck Index is recommended for use among low-risk pregnancies because high-risk pregnancies tend to require many more visits than would normally be expected. Mothers in rural areas are more likely to report inadequate prenatal care.[40]

The following four tables show the total number of births by the Kotelchuck Prenatal Care Index by mother's education in each of the Glades Region ZIP codes in 2019. While the majority of mothers received Adequate Plus prenatal care in three of the four (33430, 33476, 33493) Glades Region ZIP codes, the number of mothers who received Inadequate prenatal care was similar to the number who received Adequate prenatal care in all ZIP codes. Additionally, mothers with lower educational attainment were more likely to receive Inadequate prenatal care, and mothers with at least a high school degree were more likely to receive Adequate or Adequate Plus prenatal care.

Healthy People 2030 has not identified a national target for the number of births by the Kotelchuck Prenatal Care Index by mother's education.

Table 40: Births by Kotelchuck Prenatal Care Index by Mother's Education, Glades Region Zip Code 33430, 2019

Mother's Education	Inadequate Prenatal Care	Intermediate Prenatal Care	Adequate Prenatal Care	Adequate Plus Prenatal Care	Unknown
8th grade or less	4	0	2	9	3
9th-12th grade, no diploma	12	2	7	15	11
HS Graduate or GED	15	7	30	74	40
Some college but no degree	5	2	6	14	7
Associate's Degree	3	2	7	10	8
Bachelor's Degree	0	0	2	9	3
Master's Degree	0	0	3	0	0
Doctorate Degree	0	0	0	0	0
Unknown	7	1	4	3	13
Total	46	14	52	134	85

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

[38] New Jersey State Health Assessment Data. Public Health Data Resource. Kotelchuck Index. https://www-doh.state.nj.us/doh-shad/query/Kotelchuck.html
[39] Florida Health Charts. Florida Department of Health. Kotelechuck Index. https://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=Birth.DataViewer&cid=615
[40] Daniel, Lauren. "Factors Contributing to Low Adequate Prenatal Care Rates in Orange County, Florida" (2019). ***Electronic Theses and Dissertations***. 6275. https://stars.library.ucf.edu/cgi/viewcontent.cgi?article=7275&context=etd

Table 41: Births by Kotelchuck Prenatal Care Index by Mother's Education, Glades Region Zip Code 33438, 2019

Mother's Education	Inadequate Prenatal Care	Intermediate Prenatal Care	Adequate Prenatal Care	Adequate Plus Prenatal Care	Unknown
8th grade or less	0	0	0	0	0
9th-12th grade, no diploma	1	0	0	0	0
HS Graduate or GED	0	0	1	0	0
Some college but no degree	0	0	0	1	0
Associate's Degree	0	0	0	0	0
Bachelor's Degree	0	0	0	0	0
Master's Degree	0	0	0	0	0
Doctorate Degree	0	0	0	0	0
Unknown	0	0	0	0	0
Total	1	0	1	1	0

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

Table 42: Births by Kotelchuck Prenatal Care Index by Mother's Education, Glades Region Zip Code 33476, 2019

Mother's Education	Inadequate Prenatal Care	Intermediate Prenatal Care	Adequate Prenatal Care	Adequate Plus Prenatal Care	Unknown
8th grade or less	0	0	0	0	0
9th-12th grade, no diploma	5	0	2	6	7
HS Graduate or GED	6	4	9	44	9
Some college but no degree	0	0	1	4	4
Associate's Degree	1	0	3	2	0
Bachelor's Degree	0	0	3	0	0
Master's Degree	0	0	1	0	0
Doctorate Degree	0	0	0	0	0
Unknown	0	0	0	0	2
Total	12	4	19	56	0

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019

Compiled by: Health Council of Southeast Florida, 2021

Table 43: Births by Kotelchuck Prenatal Care Index by Mother's Education, Glades Region Zip Code 33493, 2019

Mother's Education	Inadequate Prenatal Care	Intermediate Prenatal Care	Adequate Prenatal Care	Adequate Plus Prenatal Care	Unknown
8th grade or less	2	0	0	0	1
9th-12th grade, no diploma	4	0	1	1	1
HS Graduate or GED	5	0	4	9	54
Some college but no degree	0	1	0	3	12
Associate's Degree	0	1	0	1	8
Bachelor's Degree	0	0	1	1	3
Master's Degree	0	0	1	0	0
Doctorate Degree	0	0	0	0	0
Unknown	1	0	0	0	15
Total	12	2	7	15	94

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Overweight & Obesity

Births to Overweight Mothers at the Time Pregnancy Occurred

From 2016 to 2019, pre-pregnancy obesity increased among women of all ages in the United States.[41] Pre-pregnancy BMI is associated with various adverse health outcomes for mothers and newborns, including gestational diabetes, hypertension, preeclampsia, cesarean delivery, preterm delivery, large size for gestational age, and infant death.[42] Previous research suggests that rural mothers are more likely to have unhealthy pre-pregnancy body mass index (BMI) levels as compared to their urban counterparts.[43]

This table shows the total number of births to overweight mothers at the time pregnancy occurred in the Glades Region from 2016 to 2019. The total number of births increased Belle Glade from 71 in 2016 to 88 in 2019. The number of births decreased from 35 in 2017 to 26 in 2019 in Pahokee and decreased from 19 in 2017 to 11 in 2018 but increased again slightly to 14 in 2019 in South Bay. The number in Canal Point fluctuated during this time period, but ultimately decreased from 3 in 2018 to 1 in 2019.

Healthy People 2030 has not set a national target for births to overweight mothers at the time of pregnancy.

Table 44: Births to Overweight Mothers at the Time Pregnancy Occurred, Glades Region Zip Codes, 2015-2019

Year	Glades Region Zip Codes			
	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)
2015	80	4	27	13
2016	71	2	29	17
2017	71	1	35	19
2018	81	3	29	11
2019	88	1	26	14

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida, 2021

[41] Centers for Disease Control and Prevention. NCHS Data Brief. Increases in Prepregnancy Obesity: United States, https://www.cdc.gov/nchs/data/databriefs/db392-H.pdf
[42] Gaillard R, Durmuş B, Hofman A, Mackenbach JP, Steegers EAP, Jaddoe VWV. Risk factors and outcomes of maternal obesity and excessive weight gain during pregnancy. Obesity 21(5):1046–55. 2013.
[43] Kozhimannil, Katy Backes, et al. "Rural-urban differences in severe maternal morbidity and mortality in the US, 2007–15." *Health affairs* 38.12 (2019): 2077-2085.

Births to Obese Mothers at the Time Pregnancy Occurred

The table below shows the births to obese mothers at the time pregnancy occurred in the Glades Region from 2016 to 2019. In Belle Glade, the number of births to obese mothers decreased between 2016 (102) and 2017 (97), then increased from 2018 (114) to 2019 (126). In Pahokee, the lowest number of births to obese mothers was reported in 2017 (35) and the highest was reported in 2018 (58). The number of births to obese mothers in South Bay decreased from 2016 (25) to 2017 (20), increased in 2018 (23), and remained steady in 2019 (23).

Healthy People 2030 has not set a national target for the number of births to obese mothers at the time of pregnancy.

Table 45: Births to Obese Mothers at the Time Pregnancy Occurred, Glades Region Zip Codes, 2015-2019

Year	Glades Region Zip Codes			
	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)
2015	95	0	51	23
2016	102	1	41	25
2017	97	3	35	20
2018	114	0	58	23
2019	126	2	51	23

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2021

Compiled by: Health Council of Southeast Florida, 2021

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WIC

Births by Mothers Participating in WIC

The Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal nutrition program that serves low-income pregnant and postpartum women, infants, and children nationwide.[44] Prenatal WIC participation by low-income women is associated with fewer premature deaths, lower incidence of very low and low birth weight, reduced infant mortality, and an increased likelihood of receiving prenatal care.[45] Despite this, WIC is particularly underutilized in rural areas.

The table below shows the total number of births to mothers participating in WIC in the Glades Region from 2016 to 2019. In Belle Glade, the number of births to mothers participating in WIC increased from 261 in 2016 to 284 in 2019. The number of births in Pahokee increased from 2016 (92) to 2018 (118) and decreased in 2019 (98). In South Bay, the number of births to mothers participating in WIC decreased from 2016 (46) to 2019 (34). Additionally, the number of births in Canal Point has remained fairly steady.

Healthy People 2030 has not set a national target for births to mothers participating in WIC.

Table 46: Births to Mothers Participating in WIC, Glades Region Zip Codes, 2015-2019

Year	Glades Region Zip Codes			
	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)
2015	259	5	97	31
2016	261	2	92	46
2017	276	3	97	37
2018	279	2	118	36
2019	284	3	98	34

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida, 2021

[44] Isaacs, Sydeena E., et al. "Qualitative Analysis of Maternal Barriers and Perceptions to Participation in a Federal Supplemental Nutrition Program in Rural Appalachian North Carolina." *Journal of Appalachian Health*, vol. 2 no. 4, 2020, p. 37-52. *Project MUSE* muse.jhu.edu/article/774857.

[45] U.S. Department of Agriculture. Food and Nutrition Service. About WIC: How WIC Helps. https://www.fns.usda.gov/wic/about-wic-how-wic-helps

Birth Rates

Total Resident Live Births

Live births rates are often used to determine sociological changes, including population changes, and to provide context to maternal health outcomes.[46] Nationally, rural areas have consistently reported higher fertility rates than non-rural areas.[47]

This table shows the total number of resident live births in the Glades Region from 2016 to 2019. In Belle Glades, the total number of resident live births increased each year between 2016 (317) and 2019 (340). The number of live births in Pahokee increased from 2016 (114) to 2018 (139), followed by a sharp decline in 2019 (113), while the number in South Bay decreased each year between 2016 (56) and 2019 (45).

Healthy People 2030 has not set a national target for total resident live births.

Table 47: Total Resident Live Births, Glades Region Zip Codes, 2015-2019

Year	Glades Region Zip Codes			
	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)
2015	313	6	121	50
2016	317	5	114	56
2017	330	7	123	51
2018	339	5	139	47
2019	340	3	113	45

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida, 2021

[46] Columbia University Mailman School of Public Health. The Harriet and Robert Heilbrunn Department of Population and Family Health. Measure of Total Population Structure and Size. http://www.columbia.edu/itc/hs/pubhealth/modules/demography/populationRates.html

[47] Centers for Disease Control and Prevention. National Center for Health Statistics. Trends in Fertility and Mother's Age at First Birth Among Rural and Metropolitan Counties: United States, 2007–2017. https://www.cdc.gov/nchs/products/databriefs/db323.htm

Repeat Births to Mothers Ages 15-19

Births to teenage mothers can have negative health, social, and economic impacts on mothers and their children. Teen births and repeat teen births can prevent mothers from pursuing educational and workforce opportunities, and repeat teen births are more likely to be preterm or of low birthweight than first teen births.[48] Nationally, the birth rate for females ages 15 to 19 fell 4% between 2018 and 2019.[49] Despite overall decreases in teenage pregnancy rates nationally, rural areas consistently report higher levels of teen pregnancy than other areas.[50]

The following table shows the total number of repeat births to teen mothers in the Glades Region from 2016 to 2019. Belle Glade reported the highest number of repeat births to teen mothers in 2017 (9) compared to all other years and ZIP codes. Most recently in 2019, Belle Glade reported 4 repeat births to teen mothers, Pahokee reported 2 repeat births, and Canal Point and South Bay both reported no repeat births.

Healthy People 2030 has not set a national target for repeat births for mothers ages 15 to 19.

Table 48: Repeat Births to Teen Mothers, Glades Region Zip Codes, 2015-2021

Year	Glades Region Zip Codes			
	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)
2015	4	0	2	0
2016	2	0	1	0
2017	9	0	0	2
2018	2	0	2	0
2019	4	0	2	0

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida, 2021

[48] Dee DL, Pazol K, Cox S, Smith RA, Bower K, Kapaya M, Fasula A, Harrison A, Kroelinger CD, D'Angelo D, Harrison L, Koumans EH, Mayes N, Barfield WD, Warner L. Trends in Repeat Births and Use of Postpartum Contraception Among Teens - United States, 2004-2015.
[49] Centers for Disease Control and Prevention. National Vital Statistics Report. Births: Final Data for 2019. Volume 70 Number 2. https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf
[50] National Conference of State Legislatures. Addressing Pregnancy Among Rural Teens. https://www.ncsl.org/research/health/addressing-pregnancy-among-rural-teens.aspx

Newborn Discharges, By ZIP Code

The table below shows the total number of newborns delivered by mothers in the Glades region in 2020. A total of 473 newborns were delivered, 308 in the 33430 ZIP code of Belle Glade, 119 in the 33476 ZIP code of Pahokee, 39 in the 33493 ZIP code of South Bay, and 7 in the 33438 ZIP code of Canal Point.

Table 49: Newborn Discharges, by ZIP Code, Glades Region, 2020

	2020	
	Count	Percent
33430 - Belle Glade	308	65.1%
33438 - Canal Point	7	1.5%
33476 - Pahokee	119	25.2%
33493 - South Bay	39	8.2%
Total	473	100.0%

Data Source: Florida Agency for Health Care Administration
Compiled by: Health Council of Southeast Florida, 2021
Data Note: ICD-10 Code Z38.00-Z38.8, and V30.0-V38.00

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Birth Weight

Live Births Under 1500 Grams (Very Low Birth Weight)

About one percent of babies in the United States are born with very low birth weight.[51] Very low birth weight often coincides with premature birth and various health complications. While urban and rural areas report equal rates of low birth weights nationally, significant rural-urban disparities continue to exist within particular regions.[52]

This table shows the total number of live births under 1500 grams, or very low birth weight, in the Glades Region from 2016 to 2019. In Belle Glade, the number of live births under 1500 grams more than doubled from 2016 (4) to 2017 (9), stayed constant from 2017 (9) to 2018 (9), and increased slightly in 2019 (10). Most recently in 2019, Pahokee reported 3 live births under 1500 grams, South Bay reported 2, and Canal point reported 0.

Healthy People 2030 has not set a national target for the number of live births under 1500 grams.

Table 50: Live Births Under 1500 Grams (Very Low Birth Weight), Glades Region Zip Codes, 2015-2019

Year	Glades Region Zip Codes			
	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)
2015	11	0	4	0
2016	4	0	4	0
2017	9	0	3	3
2018	9	0	2	2
2019	10	0	3	2

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida, 2021

[51] Cedars Sinai. Health Library. Very Low Birth Weight. https://www.cedars-sinai.org/health-library/diseases-and-conditions---pediatrics/v/very-low-birth-weight.html
[52] Child Trends. Health Care Access for Infants and Toddlers in Rural Areas. https://www.childtrends.org/wp-content/uploads/2020/07/Rural-health-iniquities_ChildTrends_July2020.pdf

Live Births Under 2500 Grams (Low Birth Weight)

The World Health Organization defines low birth weight (LBW) as the birth weight less than 2500 grams regardless of gestational age.[53] Babies with a low birth weight are 20 times more likely to develop complications and die compared to babies with a normal birth weight.[54]

This table shows the total number of live births under 2500 grams, or low birth weight, in the Glades Region from 2016 to 2019. In Belle Glade, the total number of live births under 2500 grams decreased from 2016 (33) to 2018 (25), then increased most recently in 2019 (32). In Pahokee, the number of live births in this category decreased from 17 in 2019 to a low of 10 in 2019. South Bay reported 4 in 2017 (the area's lowest number of live births under 1500 grams during this time frame), followed by an increase to 7 in 2018, and 10 in 2019. Canal Point did not report any live births under 1500 grams during this time frame.

Healthy People 2030 has not set a national target for rates of low birth weight.

Table 51: Live Births Under 2500 Grams (Low Birth Weight), Glades Region Zip Codes, 2015-2019

Year	Glades Region Zip Codes			
	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)
2015	40	1	23	4
2016	37	0	17	8
2017	35	0	20	7
2018	34	0	19	9
2019	42	0	13	12

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida, 2021

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[53] International Statistical Classification of Diseases and Related Health Problems-10 Disorders related to short gestation and low birth weight, not elsewhere classified: World Health Organization; 2016.

[54] K C, Anil et al. "Low birth weight and its associated risk factors: Health facility-based case-control study." *PloS one* vol. 15,6 e0234907. 22 Jun. 2020, doi:10.1371/journal.pone.0234907

Preterm Births

Preterm Births

A premature birth is a birth that takes place more than three weeks before the baby's estimated due date, or before the start of the 37th week of pregnancy.[55] Premature births are associated with numerous health problems for newborns. Nationally, the preterm birth rate was 10.1% in 2020. [56] Overall, in the United States, rural areas report slightly higher rates of preterm birth, with 10.4% of babies born preterm in rural areas and 10% in urban areas.[57] States with higher levels of premature birth are also more likely to report higher levels of low birth weight, likely reflecting the association between premature birth and low birth weight.

The table below shows the total number of preterm births in the Glades Region from 2016 to 2019. The number of preterm births stayed stable for Belle Glade from 2016 (35) to 2017 (35), followed by an increase in 2018 (40) and 2019 (47). The number of preterm births increased in Pahokee from 2016 (12) to 2018 (25), then decreased in 2019 (19). Preterm births in South Bay increased from 2016 (9) to 2017 (10), decreased in 2018 (7), and then remained steady in 2019 (7). Canal Point reported no preterm births from 2016 to 2019.

The Healthy People 2030 national target is to reduce the rate of preterm births to 9.4 per 100,000 population.[58] While this data looks at the total number of preterm births, any reduction in these numbers is progress towards a healthier community.

Table 52: Preterm Births (< 37 weeks), Glades Region Zip Codes, 2015-2019

Year	Glades Region Zip Codes			
	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)
2015	53	1	26	5
2016	35	0	12	9
2017	35	0	16	10
2018	40	0	25	7
2019	47	0	19	7

Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida, 2021

[55] Mayo Clinic. Patient Care and Health Information. Diseases and Conditions. Premature Birth. https://www.mayoclinic.org/diseases-conditions/premature-birth/symptoms-causes/syc-20376730

[56] Centers for Disease Control and Prevention. Reproductive Health. Maternal and Infant Health. Preterm Birth. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm

[57] Child Trends. Health Care Access for Infants and Toddlers in Rural Areas. https://www.childtrends.org/wp-content/uploads/2020/07/Rural-health-iniquities_ChildTrends_July2020.pdf

[58] U.S. Department of Health and Human Service. Healthy People 2030. Reduce preterm births — MICH-07. https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-preterm-births-mich-07

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Infant Mortality

Resident Fetal Death Rate per 1,000 Deliveries

Fetal death refers to the death of a fetus at any time during pregnancy.[59] Fetal deaths later in pregnancy, at 20 weeks of gestation or more, are sometimes referred to as stillbirths. As of 2017, the United States reported 5.9 fetal deaths at 20 or more weeks of gestation per 1,000 live births and fetal deaths.[60]
The table below shows the resident fetal death rate per 1,000 deliveries in the Glades Region from 2015 to 2019. In Belle Glade, the fetal death rate fluctuated from 2015 to 2017, and decreased from 9.1 deaths per 1,000 deliveries in 2017 to 5.9 deaths per 1,000 in 2018, where it remained in 2019. Notably, Pahokee saw a dramatic increase from 7.2 deaths per 1,000 deliveries in 2018 to 26.5 deaths per 1,000 deliveries in 2019.

The Healthy People 2030 national target is to reduce the number of fetal deaths to 5.7 fetal deaths per 1,000 live births and fetal deaths.[61] Canal Point and South Bay are meeting this target, while Belle Glade and Pahokee are not.

Table 53: Resident Fetal Death Rate per 1,000 Deliveries, Glades Region, 2015-2019

ZIP Code	2015	2016	2017	2018	2019
33430 – Belle Glade	9.6	6.3	9.1	5.9	5.9
33438 – Canal Point	166.7	0	0	0	0
33476 – Pahokee	0	8.8	0	7.2	26.5
33493 – South Bay	0	0	0	0	0

Notes: Use caution when interpreting rates based on small numbers of events. Rates are considered unstable if they are based on fewer than five events or if the denominator (population at risk) is fewer than twenty.
Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
Compiled by: Health Council of Southeast Florida, 2021

[59] Centers for Diseases Control and Prevention. National Center for Health Statistics. National Vital Statistics System. Fetal Deaths. https://www.cdc.gov/nchs/nvss/fetal_death.htm
[60] Healthy People 2030. Pregnancy and Childbirth. Fetal Deaths. https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-rate-fetal-deaths-20-or-more-weeks-gestation-mich-01
[61] U.S. Department of Health and Human Service. Healthy People 2030. Reduce the rate of fetal deaths at 20 or more weeks of gestation — MICH-01. https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-rate-fetal-deaths-20-or-more-weeks-gestation-mich-01

Resident Infant Death Rate per 1,000 Deliveries

Infant mortality is the death of an infant before his or her first birthday.[62] In 2019, the infant mortality rate in the United States was 5.6 deaths per 1,000 live births. Overall, infant mortality rates tend to be highest in rural areas, and lowest in large, urban areas.[63]

The following table shows the resident infant death rate per 1,000 deliveries in the Glades Region from 2015 to 2019. The infant death rate per 1,000 deliveries fluctuated in Belle Glade during this time frame, and notably increased from 8.8 deaths per 1,000 deliveries in 2018 to 14.7 per 1,000 deliveries in 2019. Pahokee also reported a very large increase in infant death rates from 2018 (7.2 per 1,000) to 2019 (17.7 per 1,000). Most recently in 2019, Canal Point and South Bay reported no infant deaths.

The Healthy People 2030 national target is to reduce the rate of infant deaths to 5.0 deaths per 1,000 live births. Canal Point and South Bay are meeting this target, while Belle Glade and Pahokee are not.

Table 54: Resident infant death rate per 1,000 deliveries, Glades Region, 2015-2019

ZIP Code	2015	2016	2017	2018	2019
33430 – Belle Glade	16.0	12.6	18.2	8.8	14.7
33438 – Canal Point	0	0	0	0	0
33476 – Pahokee	8.3	8.8	8.1	7.2	17.7
33493 – South Bay	0	0	19.6	0	0

Notes: Use caution when interpreting rates based on small numbers of events. Rates are considered unstable if they are based on fewer than five events or if the denominator (population at risk) is fewer than twenty.
Source: Florida Health CHARTS, Florida Department of Health, Bureau of Vital Statistics, 2019
.Compiled by: Health Council of Southeast Florida, 2021

[62] Centers for Disease Control and Prevention. Reproductive Health. Maternal and Infant Health. Infant Mortality. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

[63] Centers for Disease Control and Prevention. National Center for Health Statistics. Infant Mortality Rates in Rural and Urban Areas in the United States, 2014. https://www.cdc.gov/nchs/products/databriefs/db285.htm

Breastfeeding

The U.S. Dietary Guidelines for Americans and the American Academy of Pediatrics recommend mothers exclusively breastfeed for six months and then continue breastfeeding while introducing complementary foods until a child is 12 months old or older. This is important because breastfeeding protects infants against short- and long-term illnesses and diseases such as asthma, obesity, and type 1 diabetes.[64]

Mothers Who Initiate Breast Feedings

The table below shows the count of mothers who initiated breastfeeding after birth in the Glades region from 2015 to 2019. This total number of mothers who initiated breastfeeding increased from 2015 (306) to 2018 (338), then decreased in 2019 (317).

The Healthy People 2030 national target is to increase the percent of infants that are breastfed exclusively up to six months of age to 42.4%.[65]

Table 55: Mothers Who Initiate Breast Feedings, Glades Region, 2015- 2019

	2015	2016	2017	2018	2019
33430 - Belle Glade	203	209	214	225	236
33438 - Canal Point	5	3	5	4	2
33476 - Pahokee	64	69	71	78	54
33493 - South Bay	34	32	34	31	25
Total	306	313	324	338	317

Data Source: Florida Health CHARTS, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida, 2021

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[64] Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion. (n.d.) Breastfeeding. https://www.cdc.gov/nutrition/InfantandToddlerNutrition/breastfeeding/index.html

[65] Office of Disease Prevention and Health Promotion. (n.d.). Infants. *Healthy People 2030*. U.S. Department of Health and Human Services. https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants

Behavioral Health

Mental Health

Mental Disorder Emergency Department Utilization
According to the Substance Abuse and Mental Health Services Administration, in the United States, overall mental health service utilization was highest among White adults (18.3%), followed by adults reporting two or more races (17.6%), American Indian or Alaska Native (14.4%), Black (8.9%), Hispanic (8.7%), Native Hawaiian or Pacific Islander (6.9%), and Asian (5.9%) adults.[66] Regarding outpatient mental health services, the highest utilization rates were reported among adults reporting two or more races (10.2%), followed by White (9.0%), American Indian or Alaska Native (7.6%), Black (5.0%), and Asian (3.8%) adults. Additionally, females were more likely than males to utilize mental health outpatient services. White males utilized mental health service more than males of all other races, and White females also reported higher utilization than females of all other races. For every age group, White adults were more likely to use mental health services than adults of all other races. Socioeconomic and environmental factors, including access to insurance and available transportation, contribute to these disparities.

Additionally, among the one-fifth of all Americans who live in a rural area, 20% have a mental illness.[67] While rates of mental illness and disorders are similar between rural and urban areas, those in rural areas are less likely to receive mental health treatment.

The table below shows the number of mental disorder emergency department diagnoses by race in the Glades Region in 2019. Across all Glades ZIP codes, except 33438 (Canal Point), Black or African American patients were more likely than those of other races to be diagnosed with a mental disorder in an emergency department setting. In 33438 (Canal Point), Black or African American patients were the most likely to receive a mental disorder principal diagnosis (100%), but White patients were most likely to receive any level of mental health diagnoses (86.8%).

Healthy People 2030 has not set a national target for mental disorder emergency department utilization by race.

Table 56: Mental Disorder Emergency Department Utilization, By Race, Glades Region Zip Codes, 2020

ZIP Code	Race	Principal Diagnosis	Other Diagnosis 1-3	Total
33430- Belle Glade	Black or African American	146	1,082	1,228
	Other	4	17	21
	Unknown	0	5	5

[66] Substance Abuse and Mental Health Services Administration. Racial/Ethnic Differences in Mental Health Service Use among Adults and Adolescents (2015-2019). https://www.samhsa.gov/data/sites/default/files/reports/rpt35324/2021NSDUHMHChartbook102221B.pdf

[67] Morales, Dawn A et al. "A call to action to address rural mental health disparities." *Journal of clinical and translational science* vol. 4,5 463-467. 4 May. 2020, doi:10.1017/cts.2020.42

	White	53	332	385
	Total	203	1,436	1,639
33438- Canal Point	Black or African American	2	0	2
	Other	0	3	3
	Unknown	0	0	0
	White	0	33	33
	Total	2	36	38
33476- Pahokee	Asian	0	1	1
	Black or African American	55	475	530
	Other	0	4	4
	Unknown	0	0	0
	White	11	103	111
	Total	66	583	649
33493- South Bay	Black or African American	32	254	286
	Other	0	2	2
	Unknown	0	0	0
	White	8	66	74
	Total	40	322	362

Source: Agency for Healthcare Administration, 2020
ICD Codes: F10-F69, F90-F99
Compiled by: Health Council of Southeast Florida, 2021

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Mental Disorder Emergency Department Utilization, By Ethnicity

The table below shows the number of mental disorder emergency department diagnoses by ethnicity in the Glades region in 2019. Across all ZIP codes in the Glades region, Non-Hispanic patients were much more likely to receive a mental disorder diagnosis than any other ethnicity reported. Belle Glade had the greatest total number of mental disorder diagnoses (1,639), with the second greatest number reported in Pahokee (649).

Table 57: Mental Disorder Emergency Department Utilization, By Ethnicity, Glades Region Zip Codes, 2020

ZIP Code	Ethnicity	Principal Diagnosis	Other Diagnosis 1-3	Total
33430- Belle Glade	Hispanic	45	220	265
	Non-Hispanic	156	1,212	1,368
	Unknown	2	4	6
	Total	203	1,436	1,639
33438- Canal Point	Hispanic	0	11	11
	Non-Hispanic	2	25	27
	Unknown	0	0	0
	Total	2	36	38
33476- Pahokee	Hispanic	4	46	50
	Non-Hispanic	62	536	598
	Unknown	0	1	1
	Total	66	583	649
33493- South Bay	Hispanic	6	37	43
	Non-Hispanic	34	285	319
	Unknown	0	0	0
	Total	40	322	362

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
ICD Codes: F10-F69, F90-F99
Compiled by: Health Council of Southeast Florida, 2021

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Mental Disorder Emergency Department Utilization, By Sex

The table below shows the total number of mental disorder emergency department diagnoses by sex in the Glades region in 2019. Across all ZIP codes in the Glades region, Male patients were more likely than female patients to receive a mental disorder diagnosis overall. However, female patients were more likely to receive a principal mental disorder diagnosis in '33430 - Belle Glade' (54.2%) and '33476 - Pahokee' (54.5%), whereas male patients were more likely to receive a mental disorder diagnosis 1 through 3 in those same areas.

Table 58: Mental Disorder Emergency Department Utilization, By Sex, Glades Region Zip Codes, 2020

ZIP Code	Sex	Principal Diagnosis	Other Diagnosis 1-3	Total
33430- Belle Glade	Female	110	653	763
	Male	93	783	876
	Total	203	1,436	1,639
33438- Canal Point	Female	1	14	15
	Male	1	22	23
	Total	2	36	38
33476- Pahokee	Female	36	269	305
	Male	30	314	344
	Total	66	583	649
33493- South Bay	Female	16	122	138
	Male	24	200	224
	Total	40	322	362

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
ICD Codes: F10-F69, F90-F99
Compiled by: Health Council of Southeast Florida, 2021

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Mental Disorder Emergency Department Utilization, By Age

The following table shows the total number of mental disorder emergency department diagnoses by age in the Glades region in 2019. Patients between the ages of 31 and 40 (27.6%) were the most likely to be diagnosed with a mental disorder, with those ages 21 to 30 (24.5%) being the second most likely to be diagnosed.

Table 59: Mental Disorder Emergency Department Utilization, By Age, Glades Region Zip Codes, 2020

Age	Principal Diagnosis	Other Diagnosis 1-3	Total
0-10 Years	1	9	10
11-20 Years	42	156	198
21-30 Years	59	577	636
31-40 Years	65	674	739
41-50 Years	58	388	446
51-60 Years	36	319	355
61-70 Years	35	171	206
71-80 Years	14	76	90
81-90 Years	0	6	6
91-99+ Years	1	1	2
Total	311	2,377	2,688

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
ICD Codes: F10-F69, F90-F99

Compiled by: Health Council of Southeast Florida, 2021

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Mental Disorder Inpatient Utilization, By Race

Inpatient hospitals, where patients stay overnight, can provide care for individuals afflicted by mental disorders. Nationally, between 2015 and 2019, inpatient mental health service use was highest among Black adults (1.5%) as compared to adults of other races, and highest among Hispanic adults (1.0%) as compared to adults of other ethnicities.[68] Females were more likely than males to utilize mental health inpatient services, as well. As mentioned previously, individuals living in rural areas are less likely to receive care for mental illness compared non-rural individuals.

The following table shows the total number of mental disorder inpatient diagnoses by race in the Glades region in 2019. In 33430 – Belle Glade (69.5%), 33476 – Pahokee (80.2%), and 33493 - South Bay (77.9%), Black or African American patients received the most mental disorder diagnoses of all races reported, while in 33438 – Canal Point, White patients (76.9%) received the most mental disorder diagnoses.

There is no Healthy People 2030 national target currently set for mental disorder inpatient utilization by race.

Table 60: Mental Disorder Inpatient Utilization, By Race, Glades Region Zip Codes, 2020

ZIP Code	Race	Principal Diagnosis	Other Diagnosis 1-3	Total
33430- Belle Glade	Black or African American	56	133	189
	Other	7	17	24
	Unknown	1	24	25
	White	16	23	39
	Total	80	192	272
33438- Canal Point	Black or African American	0	1	1
	Other	0	0	0
	Unknown	0	2	2
	White	2	8	10
	Total	2	11	13
33476- Pahokee	Black or African American	24	69	93
	Other	1	2	3
	Unknown	0	0	0
	White	4	16	20
	Total	29	87	116
	Black or African American	14	39	53

[68] Substance Abuse and Mental Health Services Administration. Racial/Ethnic Differences in Mental Health Service Use among Adults and Adolescents (2015-2019). https://www.samhsa.gov/data/sites/default/files/reports/rpt35324/2021NSDUHMHChartbook102221B.pdf

33493- South Bay	Other	0	5	5
	Unknown	0	1	1
	White	0	9	9
	Total	14	54	68

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
Compiled by: Health Council of Southeast Florida, 2021

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Mental Disorder Inpatient Utilization, By Ethnicity

This table below shows the total number of mental disorder inpatient diagnoses by ethnicity in the Glades region in 2019. Overall, Non-Hispanics comprise the majority of all Principal Diagnoses, Other Diagnoses 1-3 and Total Diagnoses. This trend was reflected across all zip codes – 33430, 33438, 33476, and 33493. There is no Healthy People 2030 national target currently set for mental disorder inpatient utilization by ethnicity.

Table 61: Mental Disorder Inpatient Utilization, By Ethnicity, Glades Region Zip Codes, 2020

ZIP Code	Ethnicity	Principal Diagnosis	Other Diagnosis 1-3	Total
33430- Belle Glade	Hispanic	10	30	40
	Non-Hispanic	69	162	231
	Unknown	1	0	1
	Total	80	192	272
33438- Canal Point	Hispanic	0	0	0
	Non-Hispanic	2	11	13
	Unknown	0	0	0
	Total	2	11	13
33476- Pahokee	Hispanic	1	11	12
	Non-Hispanic	27	74	101
	Unknown	1	2	3
	Total	29	87	116
33493- South Bay	Hispanic	0	8	8
	Non-Hispanic	14	46	60
	Unknown	0	0	0
	Total	14	54	68

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
ICD Codes: F10-F69, F90-F99
Compiled by: Health Council of Southeast Florida, 2021

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Mental Disorder Inpatient Utilization, By Sex

The table below shows the total number of mental disorder inpatient diagnoses by sex in the Glades region in 2019. Overall, Males comprise the majority of all Principal Diagnoses, Other Diagnoses 1-3 and Total Diagnoses. This trend was reflected across all zip codes – 33430, 33438, 33476, and 33493 – with notable exceptions among Females in Canal Point among Other Diagnoses 1-3, as well Females in South Bay among Principal Diagnoses.

There is no Healthy People 2030 national target currently set for mental disorder inpatient utilization by sex.

Table 62: Mental Disorder Inpatient Utilization, By Sex, Glades Region Zip Codes, 2020

ZIP Code	Sex	Principal Diagnosis	Other Diagnosis 1-3	Total
33430- Belle Glade	Female	31	88	119
	Male	49	104	153
	Total	80	192	272
33438- Canal Point	Female	1	7	8
	Male	1	4	5
	Total	2	11	13
33476- Pahokee	Female	13	36	49
	Male	16	51	67
	Total	29	87	116
33493- South Bay	Female	8	20	28
	Male	6	34	40
	Total	14	54	68

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
ICD Codes: F10-F69, F90-F99
Compiled by: Health Council of Southeast Florida, 2021

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Mental Disorder Inpatient Utilization, By Age

The table below shows the total number of mental disorder inpatient diagnoses by age in the Glades region in 2019. Overall, the highest totals for inpatient utilization were reported among the ages of 11-20 years, followed by 21-30 years, and 31-40 years. The highest number of Principal Diagnoses was reported among those aged 11-20 years, and the highest number of Other Diagnoses 1-3 was reported among those aged 21-30 years.

There is no Healthy People 2030 national target currently set for mental disorder inpatient utilization by age.

Table 63: Mental Disorder Inpatient Utilization, By Age, Glades Region Zip Codes, 2020

Age	Principal Diagnosis	Other Diagnosis 1-3	Total
0-10 Years	1	2	3
11-20 Years	44	56	100
21-30 Years	18	87	105
31-40 Years	17	63	80
41-50 Years	11	42	53
51-60 Years	19	51	70
61-70 Years	12	23	35
71-80 Years	3	18	21
81-90 Years	0	0	0
91-99+ Years	0	2	2
Total	125	344	469

Source: Florida Health Finder, Agency for Healthcare Administration, 2019
ICD Codes: F10-F69, F90-F99

Compiled by: Health Council of Southeast Florida, 2021

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Morbidity

Asthma

Asthma is a chronic lung disease that inflames and narrows the airways causing recurring attacks of symptoms, such as wheezing and coughing. Inflammation makes the airways sensitive to various allergens and irritants in the environment, including mold, dust mites, animal dander, pollen, diesel emissions and tobacco smoke. This disease affects people of all ages but is one of the most common long-term diseases among children.[69]

In rural regions, asthmatic adults and children can be triggered by agricultural practices and chemicals, and the lack of respiratory specialists in rural counties often makes asthma management difficult. However, in more urban areas, higher average daily traffic increases exposure to car emissions that can trigger asthma in adults and children, and limited access to public transportation often makes getting to medical appointments difficult.

Emergency Department Visits from or with Asthma

The table below shows the percentage of emergency department visits from or with an asthma diagnosis by residents of select ZIP codes in the Glades region of Palm Beach County in 2020. The Glades region overall contributed to 6% of principal diagnosis and 7.3% of other diagnoses within Palm Beach County. Among residents of the Glades region, residents from the 33430 ZIP code of Belle Glade represented the highest percent of principal (3.8%) and other diagnoses (4.7%) due to asthma compared to the other ZIP codes. This was followed by residents of the ZIP code 33476, Pahokee, with 1.4% of principal diagnoses and 1.7% of other diagnoses.

Table 64: Emergency Department Visits from or with Asthma, Glades Region, 2020

ZIP Code	Asthma			
	Principal Diagnosis		Other Diagnoses 1-3	
	Count	Percent	Count	Percent
Palm Beach County	3,135	100%	9,003	100%
33430 - Belle Glade	120	3.8%	422	4.7%
33438 - Canal Point	1	0.0%	7	0.1%
33476 - Pahokee	45	1.4%	153	1.7%
33493 - South Bay	22	0.7%	74	0.8%
Total	188	6.0%	656	7.3%

Data Source: Florida Agency for Health Care Administration
Compiled by: Health Council of Southeast Florida, 2021
Data Note: ICD-10 Code J45

[69] National Center for Environmental Health (2021, July 1). Learn How to Control Asthma. Retrieved from https://www.cdc.gov/asthma/faqs.htm

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Emergency Department Visits from or with Asthma, By Race

The table below shows the percentage of emergency department visits from or with an asthma diagnosis by race among residents of select ZIP codes in the Glades region of Palm Beach County in 2020. The majority of asthma-related emergency department visits were among Black residents (85.2%), followed by White residents (13.4%).

Table 65: Emergency Department Visits from or with Asthma, By Race, Glades Region, 2020

Race	Count	Percent
American Indian and Alaska Native	0	0.0%
Asian	0	0.0%
Black or African American	719	85.2%
Native Hawaiian and Other Pacific Islander	0	0.0%
Other	12	1.4%
Unknown	0	0.0%
White	113	13.4%
Total	844	100.0%

Data Source: Florida Agency for Health Care Administration
Compiled by: Health Council of Southeast Florida, 2021
Data Note: ICD-10 Code J45

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Emergency Department Visits from or with Asthma, By Ethnicity

The table below shows the percentage of emergency department visits from or with an asthma diagnosis by ethnicity among residents of select ZIP codes in the Glades region of Palm Beach County in 2020. The majority of asthma-related emergency department visits were among non-Hispanic or Latinos (88.9%) compared to Hispanic or Latinos of any race (10.7%)

Table 66: Emergency Department Visits from or with Asthma, By Ethnicity, Glades Region, 2020

Ethnicity	Count	Percent
Hispanic or Latino (Any Race)	90	10.7%
Non-Hispanic or Latino	750	88.9%
Unknown	4	0.5%
Total	844	100.0%

Data Source: Florida Agency for Health Care Administration
Compiled by: Health Council of Southeast Florida, 2021
Data Note: ICD-10 Code J45

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Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) is a group of diseases, which includes emphysema, chronic bronchitis, and non-reversible asthma. COPD can make it difficult to breathe and can ultimately result in death. According to the Centers for Disease Control and Prevention, chronic lower respiratory disease, specifically COPD, was the fourth leading cause of death in the United States in 2018. Based on 2013 data, the following groups were more likely to report COPD: women, adults ages 65 and older, American Indians/Alaska Natives, multiracial non-Hispanics, current or former smokers, and people with a history of asthma.[70] Similar to asthma, exposure to air pollution due to agricultural practices and chemicals in rural communities is also a risk factor for COPD.

Emergency Department Visits from or with Chronic Obstructive Pulmonary Disease

The table below shows the percentage of emergency department visits from or with COPD among residents of select ZIP codes in the Glades region of Palm Beach County in 2020. The Glades Region contributed to 5.5% of principal diagnosis and 7.1% of other diagnoses. Among residents of the Glades region, residents from the 33430 ZIP code of Belle Glade represented the highest percent of principal (3.3%) and other diagnoses (3.9%) due to COPD compared to all other ZIP codes. This was followed by residents of the ZIP code 33476 of Pahokee with 1.5% of principal diagnoses and 2.3% of other diagnoses.

Table 67: Emergency Department Visits from or with Chronic Obstructive Pulmonary Disease, Glades Region, 2020

ZIP Code	Chronic Obstructive Pulmonary Disease			
	Principal Diagnosis		Other Diagnoses 1-3	
	Count	Percent	Count	Percent
Palm Beach County	4,151	100%	2,903	100%
33430 - Belle Glade	137	3.3%	114	3.9%
33438 - Canal Point	6	0.1%	6	0.2%
33476 - Pahokee	62	1.5%	66	2.3%
33493 - South Bay	23	0.6%	20	0.7%
Total	228	5.5%	206	7.1%

Data Source: Florida Agency for Health Care Administration
Compiled by: Health Council of Southeast Florida, 2021
Data Note: ICD-10 Code J20, J40, J41, J42, J43, J44, J47

[70] National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health (n.d.) Basics About COPD. https://www.cdc.gov/copd/basics-about.html

Emergency Department Visits from or with Chronic Obstructive Pulmonary Disease, By Race

The table below shows the percentage of emergency department visits from or with COPD by race among residents of select ZIP codes in the Glades region of Palm Beach County in 2020. The majority of emergency department visits due to COPD among residents of the Glades region were among Black residents (74.0%), followed by White residents (25.6%)

Table 68: Emergency Department Visits from or with Chronic Obstructive Pulmonary Disease, By Race, Glades Region, 2020

Race	Count	Percent
American Indian and Alaska Native	0	0.0%
Asian	0	0.0%
Black or African American	321	74.0%
Native Hawaiian and Other Pacific Islander	0	0.0%
Other	2	0.5%
Unknown	0	0.0%
White	111	25.6%
Total	434	100.0%

Data Source: Florida Agency for Health Care Administration
Compiled by: Health Council of Southeast Florida, 2021
Data Note: ICD-10 Code J20, J40, J41, J42, J43, J44, J47

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Emergency Department Visits from or with Chronic Obstructive Pulmonary Disease, By Ethnicity

The table below shows the percentage of emergency department visits from or with COPD by ethnicity among residents of select ZIP codes in the Glades region of Palm Beach County in 2020. The majority of emergency department visits were among non-Hispanic or Latino residents (88.0%) compared Hispanic or Latino residents (12.0%).

Table 69: Emergency Department Visits from or with Chronic Obstructive Pulmonary Disease, By Ethnicity, Glades Region, 2020

Ethnicity	Count	Percent
Hispanic or Latino (Any Race)	52	12.0%
Non-Hispanic or Latino	382	88.0%
Unknown	0	0.0%
Total	434	100.0%

Data Source: Florida Agency for Health Care Administration
Compiled by: Health Council of Southeast Florida, 2021
Data Note: ICD-10 Code J20, J40, J41, J42, J43, J44, J47

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Hypertension

Hypertension is defined by the American College of Cardiology and the American Heart Association as blood pressure that is at or above 130 over 60 millimeters of mercury (mm Hg). Having hypertension puts individuals at risk for heart disease and stroke, the leading cause and fifth leading cause of death in the United States.[71]

Certain factors can put an individual at increased risk of hypertension including certain health conditions, lifestyle behaviors, and a family history of hypertension. The risk of hypertension also increases with age, because blood pressure tends to rise as an individual gets older. In addition to age, other risk factors include sex, race, and ethnicity. Compared to men, women are more likely to develop hypertension. Black Americans develop hypertension earlier in life compared to White Americans, and Black Americans develop hypertension more often than Hispanics and other racial and ethnic groups.[72]

Emergency Department Visits from or with Hypertension

The table below shows the percent of emergency department visits from or with hypertension among residents of select ZIP codes in the Glades region of Palm Beach County in 2020. The Glades region contributed to 3.5% of principal diagnosis and 6.4% of other diagnoses related to hypertension in Palm Beach County. Among residents of the Glades region, residents from the 33430 ZIP code of Belle Glade had the highest percentage of principal (2.1%) and other diagnoses (4.1%) due to hypertension.

Table 70: Emergency Department Visits from or with Hypertension, Glades Region, 2020

ZIP Code	Hypertension			
	Principal Diagnosis		Other Diagnoses 1-3	
	Count	Percent	Count	Percent
Palm Beach County	3,712	100%	47,897	100%
33430 - Belle Glade	77	2.1%	1,984	4.1%
33438 - Canal Point	0	0.0%	50	0.1%
33476 - Pahokee	35	0.9%	716	1.5%
33493 - South Bay	19	0.5%	332	0.7%
Total	131	3.5%	3,082	6.4%

Data Source: Florida Agency for Health Care Administration
Compiled by: Health Council of Southeast Florida, 2021
Data Note: ICD-10 Code I10, I11.9

[71] National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention (2020, February 24). Facts About Hypertension. https://www.cdc.gov/bloodpressure/facts.htm

[72] National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention (2020, February 24). Blood Pressure Risk. https://www.cdc.gov/bloodpressure/risk_factors.htm

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Emergency Department Visits from or with Hypertension, By Race

The table below shows the percentage of emergency department visits from or with hypertension by race among residents of select ZIP codes in the Glades region of Palm Beach County in 2020. The majority of emergency department visits due to hypertension were among Black residents (78.1%), followed by White residents (1.5%).

Table 71: Emergency Department Visits from or with Hypertension, By Race, Glades Region, 2020

Race	Count	Percent
American Indian and Alaska Native	0	0.0%
Asian	3	0.1%
Black or African American	2,510	78.1%
Native Hawaiian and Other Pacific Islander	0	0.0%
Other	48	1.5%
Unknown	9	0.3%
White	643	20.0%
Total	3,213	100.0%

Data Source: Florida Agency for Health Care Administration
Compiled by: Health Council of Southeast Florida, 2021
Data Note: ICD-10 Code I10, I11.9

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Emergency Department Visits from or with Hypertension, By Ethnicity

The table below shows the percentage of emergency department visits from or with hypertension by ethnicity among residents of select ZIP codes in the Glades region of Palm Beach County in 2020. The majority of emergency department visits due to hypertension were among non-Hispanic or Latino residents (85.8%) compared to Hispanic or Latino residents (13.9%).

Table 72: Emergency Department Visits from or with Hypertension, By Ethnicity, Glades Region, 2020

Ethnicity	Count	Percent
Hispanic or Latino (Any Race)	448	13.9%
Non-Hispanic or Latino	2,757	85.8%
Unknown	8	0.2%
Total	3,213	100.0%

Data Source: Florida Agency for Health Care Administration
Compiled by: Health Council of Southeast Florida, 2021
Data Note: ICD-10 Code I10, I11.9

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Dental Conditions

Oral health refers to the health of the teeth, gums, and the entire oral-facial system that allows us to smile, speak, and chew. Some of the most common diseases that impact our oral health include cavities (tooth decay), gum (periodontal) disease, and oral cancer. Tooth decay is the most common chronic disease in children and adults in the United States.[73] To prevent these dental conditions, routine preventative dental care is essential. Many people, however, are unable to afford dental care compared to other types of health care. Dental care is also not covered by Medicare, and Medicaid programs are not required to provide dental benefits to adult enrollees.[74] Factors that are known to contribute to oral health challenges in rural communities include a lack of access to dental care, lower oral health literacy, a lack of fluoridated water supplies, and a higher prevalence of tobacco use. [75]

Emergency Department Visits From Or With Dental Conditions

The table below shows the percentage of emergency department visits from or with a diagnosis of dental conditions among residents of select ZIP codes in the Glades region of Palm Beach County in 2020. The Glades region contributed to 8.2% of principal dental condition diagnoses and 7.7% of other diagnoses due to dental conditions in Palm Beach County. Among residents of the Glades region, residents from the ZIP code 33430 of Belle Glade contributed to the majority of principal (4.8%) and other diagnosis (4.5%).

Table 73: Emergency Department Visits From Or With Dental Conditions, Glades Region, 2020

ZIP Code	Dental Conditions			
	Principal Diagnosis		Other Diagnoses 1-3	
	Count	Percent	Count	Percent
Palm Beach County	3,275	100%	1,175	100%
33430 - Belle Glade	156	4.8%	53	4.5%
33438 - Canal Point	2	0.1%	0	0.0%
33476 - Pahokee	81	2.5%	25	2.1%
33493 - South Bay	29	0.9%	12	1.0%
Total	268	8.2%	90	7.7%

Data Source: Florida Agency for Health Care Administration
Compiled by: Health Council of Southeast Florida, 2021
Data Note: ICD-10 Code K02, K03, K04, K05, K06.0, K06.1, K08, K09.8, K12, K13, M276, A69.0

[73] Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion. (n.d.). Oral Health Conditions. https://www.cdc.gov/oralhealth/conditions/index.html
[74] Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion. (n.d.). Disparities in Oral Health. https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm
[75] Rural Health Information Hub. (n.d.). Oral Health in Rural Communities. https://www.ruralhealthinfo.org/topics/oral-health

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Emergency Department Visits from or with Dental Conditions, By Race

The table below shows the percentage of emergency department visits from or with dental conditions by race among residents of select ZIP codes in the Glades region of Palm Beach County in 2020. The majority of emergency department visits due to dental conditions were among Black residents (85.5%), followed by White residents (12.6%).

Table 74: Emergency Department Visits from or with Dental Conditions, By Race, Glades Region, 2020

Race	Count	Percent
American Indian and Alaska Native	0	0.0%
Asian	0	0.0%
Black or African American	306	85.5%
Native Hawaiian and Other Pacific Islander	0	0.0%
Other	6	1.7%
Unknown	1	0.3%
White	45	12.6%
Total	358	100.0%

Data Source: Florida Agency for Health Care Administration
Compiled by: Health Council of Southeast Florida, 2021
Data Note: ICD-10 Code K02, K03, K04, K05, K06.0, K06.1, K08, K09.8 , K12, K13, M276, A69.0

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Emergency Department Visits from or with Dental Conditions, By Ethnicity

The table below shows the percentage of emergency department visits from or with dental conditions by ethnicity among residents of select ZIP codes in the Glades region of Palm Beach County in 2020. Emergency department visits due to dental conditions were highest among non-Hispanic or Latino residents (90.8%).

Table 75: Emergency Department Visits from or with Dental Conditions, By Ethnicity, Glades Region, 2020

Ethnicity	Count	Percent
Hispanic or Latino (Any Race)	33	9.2%
Non-Hispanic or Latino	325	90.8%
Unknown	0	0.0%
Total	358	100.0%

Data Source: Florida Agency for Health Care Administration
Compiled by: Health Council of Southeast Florida, 2021
Data Note: ICD-10 Code K02, K03, K04, K05, K06.0, K06.1, K08, K09.8, K12, K13, M276, A69.0

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Substance Use

More than 20 million adults and adolescents in the United States had a substance use disorder in the past year. Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. These disorders are also linked to many health problems, and overdoses can lead to emergency department visits and death.[76] According to the Rural Health Information Hub, adults in rural areas report higher rates of tobacco use and methamphetamine use, while prescription drug misuse and heroin use has increased across all communities. Factors that contribute to substance use in rural communities include low educational attainment, poverty, unemployment, lack of access to mental healthcare, and isolation.[77]

Emergency Department Visits from or with Substance Use

The table below shows the percentage of emergency department visits from or with substance use among residents of select ZIP codes in the Glades region of Palm Beach County in 2020. The Glades region contributed to 1.7% of principal diagnosis and 7.2% of other diagnoses due to substance use. Among residents of the Glades region, residents from the 33430 ZIP code of Belle Glade had the highest percentage of principal diagnosis (1.2%) and other diagnosis (4.3%) due to substance use compared to all other ZIP codes.

Table 76: Emergency Department Visits from or with Substance Use, Glades Region, 2020

ZIP Code	Substance Use			
	Principal Diagnosis		Other Diagnoses 1-3	
	Count	Percent	Count	Percent
Palm Beach County	9,724	100%	27,458	100%
33430 - Belle Glade	113	1.2%	1194	4.3%
33438 - Canal Point	1	0.0%	32	0.1%
33476 - Pahokee	33	0.3%	481	1.8%
33493 - South Bay	17	0.2%	264	1.0%
Total	164	1.7%	1,971	7.2%

Data Source: Florida Agency for Health Care Administration
Compiled by: Health Council of Southeast Florida, 2021
Data Note: ICD-10 Code F10-F19

[76] Office of Disease Prevention and Health Promotion. (n.d.). Drug and Alcohol Use. *Healthy People 2030*. U.S. Department of Health and Human Serviceshttps://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use

[77] Rural Health Information Hub. (n.d.). Substance Use and Misuse in Rural Areas. https://www.ruralhealthinfo.org/topics/substance-use

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Emergency Department Visits from or with Substance Use, By Race

The table below shows the percentage of emergency department visits from or with substance use by race among residents of select ZIP codes in the Glades region of Palm Beach County in 2020. The majority of emergency department visits were among Black residents (78.0%) compared to White residents (20.7%).

Table 77: Emergency Department Visits from or with Substance Use, By Race, Glades Region, 2020

Race	Count	Percent
American Indian and Alaska Native	0	0.0%
Asian	1	0.0%
Black or African American	1,665	78.0%
Native Hawaiian and Other Pacific Islander	0	0.0%
Other	22	1.0%
Unknown	4	0.2%
White	443	20.7%
Total	2,135	100.0%

Data Source: Florida Agency for Health Care Administration
Compiled by: Health Council of Southeast Florida, 2021
Data Note: ICD-10 Code F10-F19

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Emergency Department Visits from or with Substance Use, By Ethnicity

The table below shows the percentage of emergency department visits from or with substance use by ethnicity among residents of select ZIP codes in the Glades region of Palm Beach County in 2020. The majority of emergency department visits were among the non-Hispanic or Latino population (87.9%) compared to the Hispanic or Latino population (11.9%).

Table 78: Emergency Department Visits from or with Substance Use, By Ethnicity, Glades Region, 2020

Ethnicity	Count	Percent
Hispanic or Latino (Any Race)	254	11.9%
Non-Hispanic or Latino	1,877	87.9%
Unknown	4	0.2%
Total	2,135	100.0%

Data Source: Florida Agency for Health Care Administration
Compiled by: Health Council of Southeast Florida, 2021
Data Note: ICD-10 Code F10-F19

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Mortality

Leading Causes of Death

Chronic diseases are a concern to rural healthcare systems and rural residents due to their impact on quality of life, mortality, and healthcare costs. Compared to urban communities, rural communities have fewer resources to prevent chronic diseases, which are difficult and expensive to treat.[78]

Leading Causes of Deaths
The table below shows the death counts due to the leading causes of death for select ZIP codes in the Glades region of Palm Beach County in 2020. In the Glades Region overall, the leading cause of death was cardiovascular disease (70) followed by Cancer (48). Cardiovascular disease was also the leading cause of death in Belle Glade (44), Pahokee (16), and Canal Point (3).

Table 79: Leading Causes of Deaths, Glades Region, 2020

Cause of Death	Belle Glade (33430)	Canal Point (33438)	Pahokee (33476)	South Bay (33493)	Total
Anemias (D50-D64)	1	0	0	0	1
Benign Neoplasms (D00-D48)	0	0	0	0	0
Cardiovascular Diseases (I00-I99)	44	3	16	7	70
Congenital & Chromosomal Anomalies (Q00-Q99)	0	0	1	0	1
Digestive Diseases (K00-K99)	1	0	0	0	1
External Causes (V01-Y89)	24	1	7	4	36
Infectious Diseases (A00-B99,U07.1)	2	0	1	0	3
Malignant Neoplasm (Cancer) (C00-C97)	27	2	11	8	48
Nervous System Diseases (G00-G99)	1	0	2	0	3
Nutritional and Metabolic Diseases (E00-E99)	11	0	5	5	21
Other Causes (Residual)	19	0	1	4	24
Pregnancy, Childbirth and the Puerperium (O00-O99)	1	0	0	0	1
Respiratory Diseases (J00-J99)	14	1	3	1	19
Symptoms, Signs & Abnormal Findings (R00-R99)	0	0	2	0	2

[78] Rural Health Information Hub. (n.d.). Chronic Disease in Rural America. https://www.ruralhealthinfo.org/topics/chronic-disease

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Urinary Tract Diseases (N00-N99)	3	0	1	1	5

Data Source: Florida Health CHARTS, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida, 2021

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Diabetes

Diabetes is a disease that occurs when a person's blood glucose, also called blood sugar, is too high. The most common type of diabetes is type 2 diabetes. Individuals with diabetes are twice as likely to have heart disease or suffer a stroke compared to those without diabetes.[79] Those with diabetes are also more likely to have adverse outcomes at a younger age. Risk factors that put an individual at a higher risk for developing type 2 diabetes include being physically active less than 3 times per week, being overweight, being 45 years or older, or having a close relative with diabetes.[80] Black Americans, Hispanics, American Indians or Alaska Natives are also at a higher risk for developing diabetes compared to those of other races.[81]

Deaths by Diabetes Mellitus

The table below shows the death counts due to diabetes mellitus in the Glades Region of Palm Beach County from 2015 to 2019. Compared to other ZIP codes, the 33430 ZIP code of Belle Glade had the most deaths each year. Overall, the death count in the Glades region increased from 7 in 2016 to 16 in 2019.

Table 80: Deaths by Diabetes Mellitus, Glades Region, 2015-2019

	2015	2016	2017	2018	2019
33430 - Belle Glade	9	1	4	9	11
33438 - Canal Point	0	0	1	0	0
33476 - Pahokee	6	5	6	4	3
33493 - South Bay	1	1	3	1	2
Total	16	7	14	14	16

Data Source: Florida Health CHARTS, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida, 2021

[79] Centers for Disease Control and Prevention (2021, May 7). *Diabetes and your heart.* https://www.cdc.gov/diabetes/library/features/diabetes-and-heart.html
[80] Centers for Disease Control and Prevention. (2021, April 23). *Diabetes risk factors.* https://www.cdc.gov/diabetes/basics/risk-factors.html
[81] Centers for Disease Control and Prevention. (2021, April 23). *Diabetes risk factors.* https://www.cdc.gov/diabetes/basics/risk-factors.html

Chronic Lower Respiratory Disease

Chronic respiratory diseases, such as asthma and Chronic Obstructive Pulmonary Disease (COPD), make it difficult to breathe due to problems in the airway and other lung structures. Although death rates for chronic lower respiratory disease (CLRD) are higher in rural areas, rural communities are less likely to have pulmonary rehabilitation facilities and pulmonologists to properly treat the disease.[82]

Deaths by Chronic Lower Respiratory Disease

The table below shows the death counts due to CLRD within the Glades region from 2015 to 2019. Overall, the total death count in the Glades region due to CLRD increased from 2015 (8) to 2017 (14), then decreased to 2019 (6).

Table 81: Deaths by Chronic Lower Respiratory Disease (CLRD), Glades Region, 2015-2019

	2015	2016	2017	2018	2019
33430 - Belle Glade	4	3	6	6	2
33438 - Canal Point	1	1	0	0	2
33476 - Pahokee	3	7	5	4	2
33493 - South Bay	0	0	3	0	0
Total	8	11	14	10	6

Data Source: Florida Health CHARTS, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida, 2021

[82] Rural Health Information Hub. (n.d.). Chronic Disease in Rural America. https://www.ruralhealthinfo.org/topics/chronic-disease

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Heart Disease Deaths

Cardiovascular Disease Deaths

The following table shows the number of cardiovascular disease deaths in the Glades region and Palm Beach County from 2016 to 2020. From 2019 to 2020, the total deaths decreased among residents in all areas of the Glades region but increased in Palm Beach County overall. In 2020, the most cardiovascular disease deaths in the Glades region occurred in Belle Glade (44) followed by Pahokee (16).

There is no Healthy People 2030 national target directly associated with this health indicator.

Table 82: Cardiovascular Disease Deaths, Glades Region and Palm Beach County, 2016 – 2020

	2016	2017	2018	2019	2020
Palm Beach County	5,039	5,159	5,262	5,329	5,696
33430 - Belle Glade	40	44	40	51	44
33438 - Canal Point	2	3	2	1	3
33476 - Pahokee	28	28	12	21	16
33493 - South Bay	6	9	4	11	7
Total	76	84	58	84	70

Source: Florida Health CHARTS, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida

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Cancer Deaths

The following table shows the number of cancer deaths in the Glades region and Palm Beach County from 2016 to 2020. The number of cancer deaths among Belle Glade residents decreased from 39 in 2019 to 27 in 2020. Belle Glade also had the highest number of cancer deaths of all areas in the Glades region each year from 2016 to 2020 followed by Pahokee.

The Healthy People 2030 national target is to reduce the overall cancer death rate to 122.7 per 100,000 population.[83] While the data below shows the total number of cancer deaths, any decrease in these numbers is progress towards a healthier community.

Table 83: Cancer Deaths, Glades Region and Palm Beach County, 2016 - 2020

	2016	2017	2018	2019	2020
Palm Beach County	3,368	3,182	3,237	3,211	3,232
33430 - Belle Glade	28	24	24	39	27
33438 - Canal Point	1	4	0	2	2
33476 - Pahokee	20	12	17	14	11
33493 - South Bay	4	6	6	6	8
Total	53	46	47	61	48

Source: Florida Health CHARTS, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida

[83] Reduce the overall cancer death rate — C-01 (n.d.). In Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer/reduce-overall-cancer-death-rate-c-01

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Unintentional Injury Deaths

The table below shows the number of unintentional injury deaths in the Glades region and Palm Beach County from 2016 to 2020. Unintentional injuries include, but are not limited to, motor vehicle crashes, other land transport accidents, water/air/space transport accidents, falls, firearms discharge, drowning, smoke, fire and flame exposure, poisoning, and noxious substance exposure.[84] From 2019 to 2020, the number of unintentional injury deaths increased from 9 to 15 among Belle Glade residents, decreased from 7 to 4 among Pahokee residents, decreased from 4 to 1 among South Bay residents, and increased from 0 to 1 among Canal Point residents.

The Healthy People 2030 national target is to reduce unintentional injury deaths to 43.2 per 100,000 population.[85] While the data below shows the total number of unintentional injury deaths, any decrease in these numbers is progress towards a healthier community.

Table 84: Unintentional Injury Deaths, Glades Region and Palm Beach County, 2016 - 2020

	2016	2017	2018	2019	2020
Palm Beach County	998	1,098	913	1,013	1,157
33430 - Belle Glade	8	8	14	9	15
33438 - Canal Point	0	3	1	0	1
33476 - Pahokee	4	7	5	7	4
33493 - South Bay	2	1	2	4	1
Total	14	19	22	20	21

Source: Florida Health CHARTS, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida

[84] Data Dictionary (2021, June 4). In *FlHealthCHARTS.com*. Retrieved from https://www.flhealthcharts.com/FLQUERY_New/Documents/DeathQ_Data_Dictionary.pdf
[85] Reduce unintentional injury deaths — IVP-03 (n.d.). In Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention/reduce-unintentional-injury-deaths-ivp-03

Homicide Deaths

The table below shows the number of homicide deaths in the Glades region and Palm Beach County from 2016 to 2020. The number of homicide deaths among Belle Glade residents increased from 2019 (4) to 2020 (8). In Pahokee, the number of deaths decreased from 2018 (4) to 2019 (1) and remained constant in 2020 (1).

The Healthy People 2030 national target is to reduce homicides to 5.5 per 100,000.[86] While the data below shows the total number of homicide deaths, any decrease in these numbers is progress towards a healthier community.

Table 85: Homicide Deaths, Glades Region and Palm Beach County, 2016 - 2020

	2016	2017	2018	2019	2020
Palm Beach County	89	102	95	98	90
33430 - Belle Glade	11	6	1	4	8
33438 - Canal Point	0	1	0	0	0
33476 - Pahokee	2	1	4	1	1
33493 - South Bay	0	2	1	1	1
Total	13	10	6	6	10

Source: Florida Health CHARTS, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida

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[86] Reduce homicides — IVP-09 (n.d.). In Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/violence-prevention/reduce-homicides-ivp-09

Cerebrovascular Deaths

The following table shows the number of cerebrovascular deaths in the Glades region and Palm Beach County from 2016 to 2020. Every year during this timeframe, Belle Glade had the highest number of deaths among residents. From 2019 to 2020, the number of deaths decreased among Belle Glade residents from 13 to 8 and among Pahokee residents from 4 to 2. There were 0 deaths among Canal Point residents and 3 deaths among South Bay residents most recently in 2020.

There is no Healthy People 2030 national target directly associated with this health indicator.

Table 86: Cerebrovascular Deaths, Glades Region and Palm Beach County, 2016 - 2020

	2016	2017	2018	2019	2020
Palm Beach County	1,045	1,134	1,130	1,172	1,279
33430 - Belle Glade	10	6	6	13	8
33438 - Canal Point	0	0	1	0	0
33476 - Pahokee	6	3	2	4	2
33493 - South Bay	2	5	2	3	3
Total	18	14	11	20	13

Source: Florida Health CHARTS, Bureau of Vital Statistics, 2021
Compiled by: Health Council of Southeast Florida

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Health Resource Availability and Access

The ability to access to timely, quality health care services is considered a social determinant of health and indicator of wellbeing in communities. Unfortunately, many people do not get the services they need due to availability or lack thereof of health care resources in a certain area.

According to the United States Census, approximately 1 in 10 individuals did not have health insurance coverage in 2020.[87] People without health insurance are less likely to have a primary care provider, resulting in delayed care, less preventative health screenings, and, ultimately, worse health outcomes. Specialty healthcare services may be inaccessible due to lack of transportation and necessary medication critical for treatment be unaffordable, further exacerbating issues.[88] These situations can lead people to utilize the emergency department as a primary source of care, driving up healthcare costs and unnecessarily filling beds.

This section explores the availability of health resources and associated factors in the Glades region, ZIP codes 33430, 33438, 33476, 33493, to assess residents' ability to access healthcare and identify any gaps or barriers that exist. Inequities in healthcare access can lead to disparities in health outcomes, so it is important to understand these factors related to Glades region residents specifically. Data on Palm Beach County overall has been included for context. Included in this section is data on the following indicators: hospital utilization, health care provider supply, Federal Health Professional Shortage Areas (HPSAs), Federal Medically Underserved Areas/Populations (MUA/Ps), and health insurance.

Hospital Utilization

Emergency Department Utilization

Between 2005 and 2016, rural emergency department visits increased by over 50%, while urban emergency department visits stayed relatively stable.[89] This growth was largely fueled by increased visits by those ages 18 to 64, non-Hispanic white patients, Medicaid beneficiaries, and patients without insurance.

[87] Health Insurance Coverage in the United States: 2020 (2021, September). In *United States Census Bureau*. Retrieved from https://www.census.gov/content/dam/Census/library/publications/2021/demo/p60-274.pdf

[88] Health Care Access and Quality (n.d.). In *Healthy People 2030*. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality

[89] Greenwood-Ericksen MB, Kocher K. Trends in Emergency Department Use by Rural and Urban Populations in the United States. *JAMA Netw Open.* 2019;2(4):e191919. doi:10.1001/jamanetworkopen.2019.1919

Additionally, more hospitals in rural settings are acting as safety-net hospitals, or hospitals that serve patients regardless of their ability to pay, a trend that is increasing pressure on rural emergency departments.

Hospital Emergency Department Utilization, January-December 2020

The table below shows the total number of visits in hospital emergency departments in the Glades region and for all Palm Beach County Hospitals from January to December 2020. Lakeside Medical Center is the only emergency department in the Glades region, accounting for 16,721 (2.1%) of emergency department visits during this time frame.

Healthy People 2030 has not identified a national target for emergency department utilization for all causes.

Table 87: Hospital Emergency Department Utilization, January-December 2020

Facility Name	Visits	% of Total
Lakeside Medical Center	16,721	3.4
Total for Palm Beach County Hospitals	488,851	--

Source: Health Council of Southeast Florida Hospital Utilization Reports, 2020
Compiled by: Health Council of Southeast Florida, 2021

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Emergency Department Utilization Top Ten Principal Diagnosis

There were 130 million emergency department visits in the United States in 2018, with 12.4% of those visits (16.2 million) requiring hospital admission.[90] Of those visits, 16.2 million required hospital admission, and 2.3 million required critical care.

The table below shows the hospital emergency department top ten principal diagnosis groupings for Lakeside Medical Center in 2019. "Acute upper respiratory infection, unspecified" (3.7%) was the most common diagnosis grouping in 2019, with "Chest pain, unspecified" (2.8%) and "Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease" (2.8%) as the second and third most common grouping.

Healthy People 2030 has not identified a national target for emergency department top ten principal diagnoses.

Table 88: Hospital Emergency Department Top Ten Principal Diagnosis Groupings, Lakeside Medical Center, Glades Zip Codes, 2020

Principal Diagnosis Groupings	Visits	Percent of Total
Acute Upper Respiratory Infection, unspecified	671	3.7
Chest pain, unspecified	511	2.8
Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	507	2.8
Urinary tract infection, unspecified	381	2.1
Influenza due to identified novel influenza A virus with other respiratory manifestations	310	1.7
COVID-19	303	1.7
Low Back Pain	247	1.4
Viral infection, unspecified	233	1.2
Acute pharyngitis, unspecified	225	1.2
Headache	216	1.2
All Other Diagnoses	14,660	80.3%
Total – All Principal Diagnoses	18, 264	100%

[90] Centers for Disease Control and Prevention. National Center for Health Statistics. Emergency Department Visits. https://www.cdc.gov/nchs/fastats/emergency-department.htm

Source: Florida Health Finder, ACHA Emergency Department Data, 2019
ICD Codes: F10-F69, F90-F99
Compiled by: Health Council of Southeast Florida, 2021

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Health Care Provider Supply

Physicians

Total Licensed Physicians

This table shows the total licensed physicians in the Glades region and Palm Beach County as of December 2021. Belle Glade had the highest (22) and Canal Point had the lowest (0) number of licensed physicians.

Table 89: Total Licensed Physicians, Glades Region and Palm Beach County, as of December 2021

Zip Code	Total Licensed Physicians
Palm Beach County	5,403
33430 - Belle Glade	22
33438 - Canal Point	0
33476 - Pahokee	2
33493 - South Bay	2
Total	26

Source: Florida Department of Health, Division of Medical Quality Assurance Services, 2021
Compiled by: Health Council of Southeast Florida

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Registered Nurses

Total Licensed Registered Nurses

The table below shows the total licensed Registered Nurses (RNs) in the Glades region and Palm Beach County as of December 2021. Belle Glade had the highest number (148) and Canal Point had the lowest (3).

Table 90: Total Licensed Registered Nurses, Glades Region and Palm Beach County, As of December 2021

Zip Code	Total Licensed Registered Nurses
Palm Beach County	21,821
33430 - Belle Glade	148
33438 - Canal Point	3
33476 - Pahokee	41
33493 - South Bay	15
Total	207

Source: Florida Department of Health, Division of Medical Quality Assurance Services, 2021
Compiled by: Health Council of Southeast Florida

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Federal Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas, or HPSAs, are geographic areas, populations or facilities that have a shortage of primary, dental, or mental health care provides. HPSAs are designated by the Health Resources Services Administration (HRSA) and are therefore eligible to receive certain federal resources with the goal of improving access to health care services in under-resourced communities.[91]

Each HPSA receives a score based on certain common criteria, including the population-to-provider ratio, percent of population below 100% of the Federal Poverty Level (FPL), and travel time to the nearest source of care outside of the HPSA designation area. Additional criteria are used for HPSA scoring for each of the primary care, dental, and mental health areas. Scores can range from 0 to 25 for Primary Care and Mental Health, and from 0 to 26 for Dental Health. The greater the score, the greater the need.[92]

Looking at the tables, the HPSA FTE Short refers to the number of full-time equivalent (FTE) practitioners needed to achieve the population to practitioner target ratio in that HPSA.[93]

Primary Care Health Professional Shortage Areas

As previously mentioned, Primary Care areas can receive a score between 0 and 25. This figure shows the Primary Care HPSA scoring process.

Figure 11: Primary Care HPSA Scoring

Source: Health Resources and Services Administration, Scoring Shortage Designations, 2021

[91] Shortage Areas (2021, November 4). In data.HRSA.gov. Retrieved from https://data.hrsa.gov/topics/health-workforce/shortage-areas
[92] Scoring Shortage Designations (2020, December). In data.HRSA.gov. Retrieved from https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring
[93] HPSA Find (n.d.). In data.HRSA.gov. Retrieved from https://data.hrsa.gov/tools/shortage-area/hpsa-find

The table below shows the Primary Care Health Professional Shortage Areas (HPSAs) in Palm Beach County as of October 2021. The Low Income Migrant Farmworker Population HPSA of Belle Glade/Pahokee had a HPSA score of 15 and a HPSA FTE Short score of 4.942. Additionally, this area was the only rural-designated HPSA in Palm Beach County.

Table 91: Primary Care Health Professional Shortage Areas, Palm Beach County, As of October 2021

HPSA Name	Designation Type	HPSA FTE Short	HPSA Score	Rural Status
Boca Raton	Low Income Population HPSA	0.77	13	Non-Rural
Belle Glade/Pahokee	Low Income Migrant Farmworker Population HPSA	4.942	15	Rural
West Palm Beach	Low Income Population HPSA	25.382	15	Non-Rural
Lantana/Lake Worth	Low Income Population HPSA	11.61	18	Non-Rural
Florida Community Health Centers, Inc.	Federally Qualified Health Center	-	19	Non-Rural
Foundcare, Inc.	Federally Qualified Health Center	-	19	Non-Rural
Genesis Community Health, Inc.	Federally Qualified Health Center	-	21	Non-Rural
Health Care District of Palm Beach County	Federally Qualified Health Center	-	21	Non-Rural
Florida Atlantic University	Federally Qualified Health Center Look-alike	-	14	Non-Rural

Source: U.S. Department of Health and Human Services, Health Resources and Service Administration, 2021
Compiled by: Health Council of Southeast Florida, 2021

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Dental Care Health Professional Shortage Area

As previously noted, Dental HPSAs can receive a HPSA score between 0 and 26. The following table shows the Dental HPSA scoring process.

Figure 12: Dental HPSA Scoring

Source: Health Resources and Services Administration, Scoring Shortage Designations, 2021

This table shows the Dental Health Professional Shortage Areas (HPSAs) in Palm Beach County as of October 2021. The Low-Income Population HPSA of Belle Glade had a HPSA Score of 23 and a HPSA FTE Short score of 4.11. This was the only area in Palm Beach County designated as rural.

Table 92: Dental Health Professional Shortage Areas, Palm Beach County, As of October 2021

HPSA Name	Designation Type	HPSA FTE Short	HPSA Score	Rural Status
Boynton Beach	Low Income Population HPSA	25.382	15	Non-Rural
Belle Glade	Low Income Population HPSA	4.11	23	Rural
Florida Community Health Centers, Inc.	Federally Qualified Health Center	-	26	Non-Rural
Foundcare, Inc.	Federally Qualified Health Center	-	25	Non-Rural
Genesis Community Health, Inc.	Federally Qualified Health Center	-	25	Non-Rural
Health Care District of Palm Beach County	Federally Qualified Health Center	-	25	Non-Rural
Florida Atlantic University	Federally Qualified Health Center Look-alike	-	15	Non-Rural

Source: U.S. Department of Health and Human Services, Health Resources and Service Administration, 2021
Compiled by: Health Council of Southeast Florida, 2021

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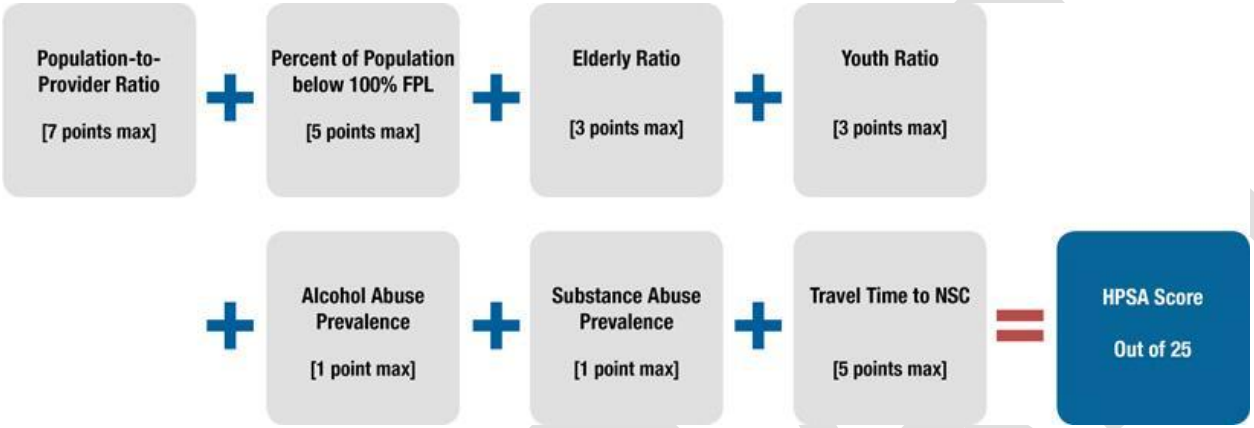
Mental Health Care Professional Shortage Area

As previously mentioned, Mental Health HPSAs can have a score between 0 and 25. Below is a figure showing the score process for Mental HPSAs.

Figure 13: Mental Health HPSA Scoring



Source: Health Resources and Services Administration, Scoring Shortage Designations, 2021

The following table shows the Mental Health Professional Shortage Areas in Palm Beach County as of October 2021. The High Needs Geographic HPSA of Belle Glade/Pahokee had a HPSA score of 18 and a HPSA FTE Short score of 2.15. This designation had a rural status of 'partially rural'.

Table 93: Mental Health Professional Shortage Areas, Palm Beach County, As of October 2021

HPSA Name	Designation Type	HPSA FTE Short	HPSA Score	Rural Status
Belle Glade/Pahokee	High Needs Geographic HPSA	2.15	18	Partially Rural
Florida Community Health Centers, Inc.	Federally Qualified Health Center	-	22	Non-Rural
Foundcare, Inc.	Federally Qualified Health Center	-	23	Non-Rural
Genesis Community Health, Inc.	Federally Qualified Health Center	-	20	Non-Rural
Health Care District of Palm Beach County	Federally Qualified Health Center	-	19	Non-Rural
Florida Atlantic University	Federally Qualified Health Center Look-alike	-	16	Non-Rural

Source: U.S. Department of Health and Human Services, Health Resources and Service Administration, 2021
Compiled by: Health Council of Southeast Florida, 2021

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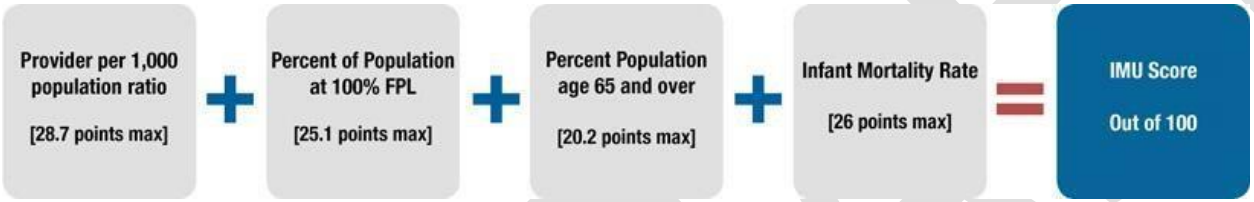
Federal Medically Underserved Areas/Populations (MUA/Ps)

Federal Medically Underserved Areas/Populations (MUA/P) designate areas and populations with a lack of access to primary care services and are used to help establish health maintenance organizations or community health centers. MUAs have a shortage of primary care services within a geographic area, including a county, group of counties, or urban census tracts. MUPs have a shortage for a specific population subset facing barriers to health care access within a geographic area, including people who are experiencing homelessness or migrant farm workers.[94] HPSAs are designated by the Health Resources Services Administration (HRSA) and are therefore eligible to receive certain federal resources with the goal of improving access to health care services in under-resourced communities.[95]

Each MUA/P receives an Index of Medical Underservice (IMU) score calculated for the designated area or population. An area or population with an IMU score of 62.0 or below can be classified as a MUA/P, and scores can be between 0 and 100. The following figure shows the score process for MUA/Ps.

Figure 14: MUA/P Scoring



Source: Health Resources and Services Administration, Scoring Shortage Designations, 2021

This table below shows the Medically Underserved Areas and Populations (MUA/Ps) in Palm Beach County as of October 2021. The Low Inc/ M F W – Belle Glade/Pahokee area had an IMUS score of 53.6, the third lowest score in Palm Beach County. Additionally, this was the only area designated as rural.

Table 94: Medically Underserved Populations and Areas, Palm Beach County, As of October 2021

Service Area Name	MUA/P ID	Index of Medical Underservice Score	Rural Status	Designation Date
Low Inc - Boca Raton	07246	57.8	Non-Rural	07/26/2002
Low Inc - Boynton Beach	00570	56.2	Non-Rural	09/04/2002
Low Inc - Delray Beach	07279	46.7	Non-Rural	08/28/2002
Low Inc - Greenacres	07245	47.5	Non-Rural	07/25/2002
Low Inc - Lantana/ Lake Worth	07280	58.9	Non-Rural	08/28/2002

[94] What is Shortage Designation? (2021, February). In HRSA Health Workforce. Retrieved from https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation
[95] Shortage Areas (2021, November 4). In data.HRSA.gov. Retrieved from https://data.hrsa.gov/topics/health-workforce/shortage-areas

Low Inc - West Palm Beach	07064	59.9	Non-Rural	06/22/2001
Low Inc/ M F W - Belle Glade/ Pahokee	07531	53.6	Rural	05/11/1994
Low Income - Jupiter	07817	61.2	Non-Rural	04/15/2011

Source: U.S. Department of Health and Human Services, Health Resources and Service Administration, 2021
Compiled by: Health Council of Southeast Florida, 2021

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Health Insurance

Previous research suggests that having health insurance is a key determinant of being able to access routine, preventative, and comprehensive healthcare- which ultimately impacts health outcomes and risk of mortality.[96] A number of the leading causes of disability and disease can be prevented through early detection, which makes increasing health insurance coverage very important. While health insurance is only one factor mediating access to healthcare, it is foundational for improving quality of life and achieving health equity.

Insurance Coverage for Individuals with Disabilities

The table below shows the health insurance coverage status for individuals with disabilities in the Glades region and Palm Beach County in 2019. Pahokee (5.4%) and Belle Glade (3.6%) had the largest proportions of individuals under 19 years of age with a disability. All individuals in this age group with a disability in Pahokee were covered by health insurance, while only 88.0% were covered in Belle Glade. Canal Point (16.2%) and Pahokee (16.0%) had the largest proportion of individuals ages 19 to 64 with a disability. All disabled individuals in this age group in Canal Point were covered by health insurance. However, only 80.5% of disabled individuals in Pahokee were covered by health insurance, which was the lowest proportion across all areas. Pahokee had the largest proportion of individuals ages 65 and over with a disability (46.8%), and the lowest proportion of disabled individuals in this age group covered by health insurance (85.4%).

Table 95: Health Insurance Coverage for Individuals with Disabilities, By Age, Glades Region and Palm Beach County, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total Civilian Noninstitutionalized Population:	1,451,973	100.0%	22,536	100.0%	367	100.0%	8,079	100.0%	1,673	100.0%
Under 19 years	298,678	20.6%	6,852	30.4%	29	7.9%	2,400	29.7%	456	27.3%
With a disability	10,080	3.4%	250	3.6%	0	0.0%	129	5.4%	7	1.5%
With health insurance coverage	9,439	93.6%	220	88.0%	0	0.0%	129	100.0%	7	100.0%
No health insurance coverage	641	6.4%	30	12.0%	0	0.0%	0	0.0%	0	0.0%

[96] Institute of Medicine (US) Committee on the Consequences of Uninsurance. Care Without Coverage: Too Little, Too Late. Washington (DC): National Academies Press (US); 2002. 3, Effects of Health Insurance on Health. Available from: https://www.ncbi.nlm.nih.gov/books/NBK220636/

19 to 64 years	812,011	55.9%	12,744	56.5%	241	65.7%	4,832	59.8%	987	59.0%
With a disability	64,149	7.9%	1,567	12.3%	39	16.2%	771	16.0%	62	6.3%
With health insurance coverage	53,923	84.1%	1,315	83.9%	39	100.0%	621	80.5%	54	87.1%
No health insurance coverage	10,226	15.9%	252	16.1%	0	0.0%	150	19.5%	8	12.9%
65 years and over	341,284	23.5%	2,940	13.0%	97	26.4%	847	10.5%	230	13.7%
With a disability	104,077	30.5%	1,141	38.8%	0	0.0%	396	46.8%	84	36.5%
With health insurance coverage	103,022	99.0%	1,129	98.9%	0	0.0%	338	85.4%	77	91.7%
No health insurance coverage	1,055	1.0%	12	1.1%	0	0.0%	58	14.6%	7	8.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 2019

Compiled by: Health Council of Southeast Florida, 2021

DRAFT

Uninsured

This table below shows the percent of individuals uninsured by age and sex in the Glades region in 2019. South Bay had the highest proportion of uninsured individuals under 19 years of age with 17.8% uninsured. Belle Glade had the highest proportion of uninsured individuals ages 19 to 25 (38.6%) and 19 to 64 (35.7%) years of age. Pahokee had the highest proportion of uninsured individuals ages 65 and older with 9.1% uninsured.

The proportion of uninsured males in Belle Glade (23.8%), Pahokee (20.2%), and South Bay (25.9%) was higher than that of females. Belle Glade had the highest proportion of uninsured females across all areas, with 22.3% of females uninsured.

Table 96: Uninsured by Age and Sex, Glades Region and Palm Beach County, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Total	Percent Uninsured	Total	Percent Uninsured	Total	Percent Uninsured	Total	Percent Uninsured	Total	Percent Uninsured
Civilian noninstitutionalized population	1,451,973	13.0%	22,536	23.0%	367	7.6%	8,079	18.9%	1,673	24.4%
Age										
Under 19 years	298,678	8.2%	6,852	7.7%	29	0.0%	2,400	9.0%	456	17.8%
19 to 64 years	812,011	19.7%	12,744	35.7%	241	11.6%	4,832	25.5%	987	32.5%
65 years and older	341,284	1.3%	2,940	3.8%	97	0.0%	847	9.1%	230	3.0%
19 to 25 years	113,286	23.7%	2,212	38.6%	56	0.0%	1,017	35.1%	182	37.4%
Sex										
Male	701,016	14.6%	11,024	23.8%	185	0.0%	4,450	20.2%	839	25.9%
Female	750,957	11.6%	11,512	22.3%	182	15.4%	3,629	17.2%	834	23.0%

Source: U.S. Census Bureau, American Community Survey (ACS), 2019
Compiled by: Health Council of Southeast Florida, 2021

Uninsured by Race and Ethnicity

The table below shows the percent of uninsured individuals by race and ethnicity in the Glades Region in 2019. South Bay had the largest proportion of uninsured 'White alone' (29.4%) and 'Black or African American alone' (24.6%) individuals. In Belle Glade, 90.9% of 'Asian alone' individuals were uninsured. In Canal Point, 100.0% of 'Some other race alone' individuals were uninsured.

When comparing 'Hispanic or Latino (of any race)' and 'White alone, not Hispanic or Latino' demographic categories, Pahokee had the largest proportion of 'Hispanic or Latino (of any race)' (30.4%) uninsured individuals and Belle Glade had the largest proportion of 'White alone, not Hispanic or Latino' (23.5%) uninsured individuals.

Table 97: Uninsured by Race and Ethnicity, Glades Region, 2019

	Palm Beach County		Belle Glade (33430)		Canal Point (33438)		Pahokee (33476)		South Bay (33493)	
	Total	Percent Uninsured	Total	Percent Uninsured	Total	Percent Uninsured	Total	Percent Uninsured	Total	Percent Uninsured
Civilian noninstitutionalized population	1,451,973	13.0%	22,536	23.0%	367	7.6%	8,079	18.9%	1,673	24.4%
Race										
White alone	1,069,522	11.3%	8,467	26.9%	275	6.9%	2,149	21.4%	453	29.4%
Black or African American alone	268,756	17.2%	12,982	20.4%	39	0.0%	5,407	15.4%	1,120	24.6%
American Indian and Alaska Native alone	3,039	41.0%	0	-	0	-	0	-	0	-
Asian alone	39,371	12.0%	110	90.9%	0	-	0	-	47	0.0%
Native Hawaiian and Other Pacific Islander alone	527	52.4%	0	-	0	-	0	-	0	-
Some other race alone	37,407	32.5%	655	20.0%	9	100.0%	484	47.9%	49	0.0%
Two or more races	33,351	12.5%	322	8.4%	44	0.0%	39	5.1%	4	0.0%
Ethnicity										

DRAFT

Hispanic or Latino (of any race)	325,889	24.1%	7,681	26.5%	201	13.9%	1,833	30.4%	448	28.6%
White alone, not Hispanic or Latino	793,335	7.1%	1,692	23.5%	110	0.0%	855	15.7%	52	9.6%

Source: U.S. Census Bureau, American Community Survey (ACS), 2019

Compiled by: Health Council of Southeast Florida, 2021

DRAFT

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 26, 2022

1. Description: Executive Director Informational Update

2. Summary:

CL Brumback Organizational Chart by Location

3. Substantive Analysis:

As previously by the Board, the CL Brumback Organizational Chart by Location is attached.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes ☐ No ☒
Annual Net Revenue		Yes ☐ No ☒
Annual Expenditures		Yes ☐ No ☒

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

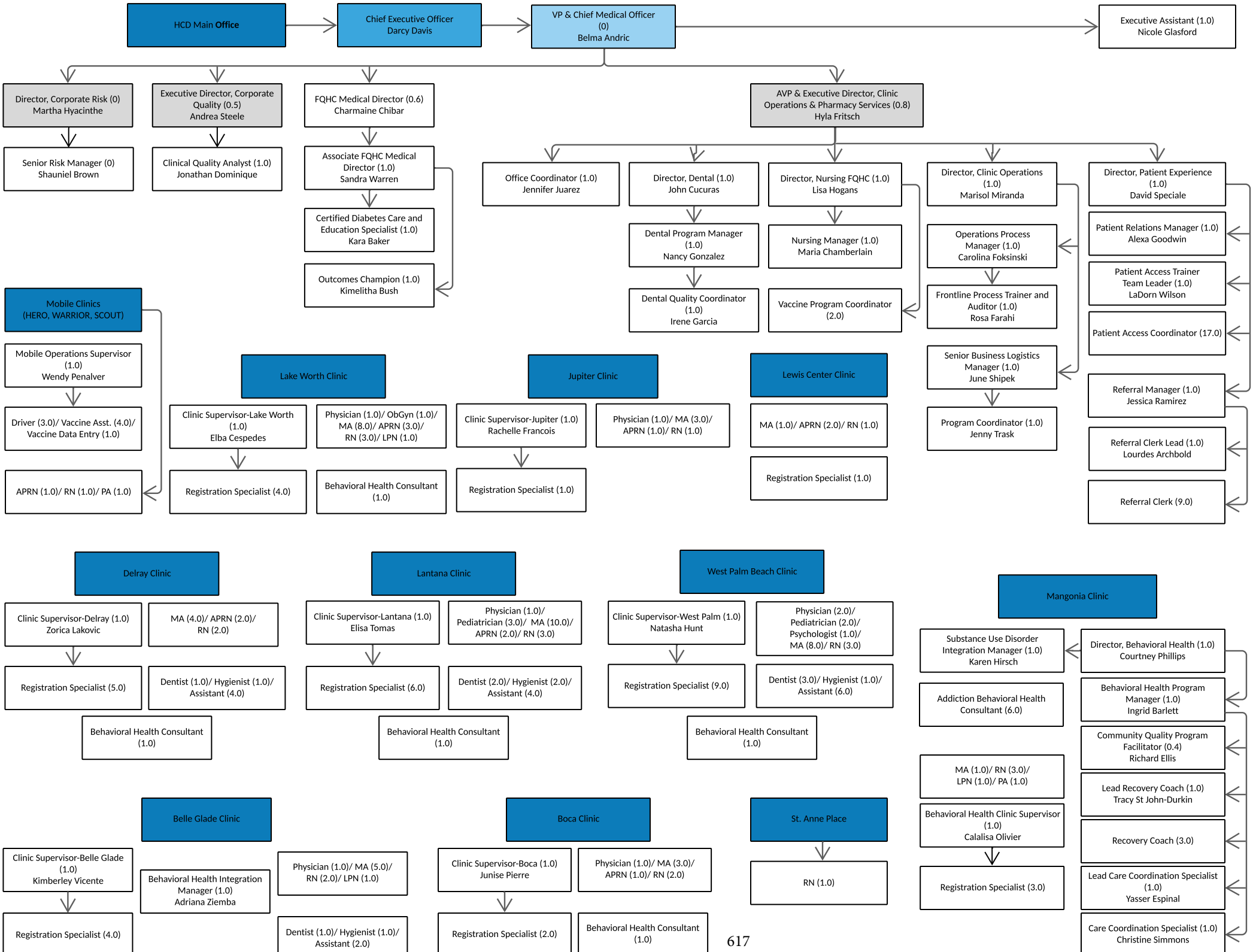
Staff recommends Board receive and file the Executive Director Informational Update.

Approved for Legal sufficiency:

Bernabe Icaza

Bernabe Icaza
VP & General Counsel

Dr. Hyla Fritsch
AVP & Executive Director of Pharmacy & Clinic Services


HCD Main Office
Chief Executive Officer
Darcy Davis
VP & Chief Medical Officer
(0)
Belma Andric
Executive Assistant (1.0)
Nicole Glasford
Director, Corporate Risk (0)
Martha Hyacinthe
Senior Risk Manager (0)
Shauniel Brown
Executive Director, Corporate Quality (0.5)
Andrea Steele
Clinical Quality Analyst (1.0)
Jonathan Dominique
FQHC Medical Director (0.6)
Charmaine Chibar
Associate FQHC Medical Director (1.0)
Sandra Warren
Certified Diabetes Care and Education Specialist (1.0)
Kara Baker
Outcomes Champion (1.0)
Kimelitha Bush
AVP & Executive Director, Clinic Operations & Pharmacy Services (0.8)
Hyla Fritsch
Office Coordinator (1.0)
Jennifer Juarez
Director, Dental (1.0)
John Cucuras
Dental Program Manager (1.0)
Nancy Gonzalez
Dental Quality Coordinator (1.0)
Irene Garcia
Director, Nursing FQHC (1.0)
Lisa Hogans
Nursing Manager (1.0)
Maria Chamberlain
Vaccine Program Coordinator (2.0)
Director, Clinic Operations (1.0)
Marisol Miranda
Operations Process Manager (1.0)
Carolina Foksinski
Frontline Process Trainer and Auditor (1.0)
Rosa Farahi
Senior Business Logistics Manager (1.0)
June Shipek
Program Coordinator (1.0)
Jenny Trask
Director, Patient Experience (1.0)
David Speciale
Patient Relations Manager (1.0)
Alexa Goodwin
Patient Access Trainer Team Leader (1.0)
LaDorn Wilson
Patient Access Coordinator (17.0)
Referral Manager (1.0)
Jessica Ramirez
Referral Clerk Lead (1.0)
Lourdes Archbold
Referral Clerk (9.0)
Mobile Clinics (HERO, WARRIOR, SCOUT)
Mobile Operations Supervisor (1.0)
Wendy Penalver
Driver (3.0)/ Vaccine Asst. (4.0)/ Vaccine Data Entry (1.0)
APRN (1.0)/ RN (1.0)/ PA (1.0)
Lake Worth Clinic
Clinic Supervisor-Lake Worth (1.0)
Elba Cespedes
Registration Specialist (4.0)
Physician (1.0)/ ObGyn (1.0)/ MA (8.0)/ APRN (3.0)/ RN (3.0)/ LPN (1.0)
Behavioral Health Consultant (1.0)
Jupiter Clinic
Clinic Supervisor-Jupiter (1.0)
Rachelle Francois
Registration Specialist (1.0)
Physician (1.0)/ MA (3.0)/ APRN (1.0)/ RN (1.0)
Lewis Center Clinic
MA (1.0)/ APRN (2.0)/ RN (1.0)
Registration Specialist (1.0)
Delray Clinic
Clinic Supervisor-Delray (1.0)
Zorica Lakovic
Registration Specialist (5.0)
MA (4.0)/ APRN (2.0)/ RN (2.0)
Dentist (1.0)/ Hygienist (1.0)/ Assistant (4.0)
Behavioral Health Consultant (1.0)
Lantana Clinic
Clinic Supervisor-Lantana (1.0)
Elisa Tomas
Registration Specialist (6.0)
Physician (1.0)/ Pediatrician (3.0)/ MA (10.0)/ APRN (2.0)/ RN (3.0)
Dentist (2.0)/ Hygienist (2.0)/ Assistant (4.0)
Behavioral Health Consultant (1.0)
West Palm Beach Clinic
Clinic Supervisor-West Palm (1.0)
Natasha Hunt
Registration Specialist (9.0)
Physician (2.0)/ Pediatrician (2.0)/ Psychologist (1.0)/ MA (8.0)/ RN (3.0)
Dentist (3.0)/ Hygienist (1.0)/ Assistant (6.0)
Behavioral Health Consultant (1.0)
Mangonia Clinic
Substance Use Disorder Integration Manager (1.0)
Karen Hirsch
Addiction Behavioral Health Consultant (6.0)
MA (1.0)/ RN (3.0)/ LPN (1.0)/ PA (1.0)
Behavioral Health Clinic Supervisor (1.0)
Calalisa Olivier
Registration Specialist (3.0)
Director, Behavioral Health (1.0)
Courtney Phillips
Behavioral Health Program Manager (1.0)
Ingrid Barlett
Community Quality Program Facilitator (0.4)
Richard Ellis
Lead Recovery Coach (1.0)
Tracy St John-Durkin
Recovery Coach (3.0)
Lead Care Coordination Specialist (1.0)
Yasser Espinal
Care Coordination Specialist (1.0)
Christine Simmons
Belle Glade Clinic
Clinic Supervisor-Belle Glade (1.0)
Kimberley Vicente
Registration Specialist (4.0)
Behavioral Health Integration Manager (1.0)
Adriana Ziemba
Physician (1.0)/ MA (5.0)/ RN (2.0)/ LPN (1.0)
Dentist (1.0)/ Hygienist (1.0)/ Assistant (2.0)
Boca Clinic
Clinic Supervisor-Boca (1.0)
Junise Pierre
Registration Specialist (2.0)
Physician (1.0)/ MA (3.0)/ APRN (1.0)/ RN (2.0)
Behavioral Health Consultant (1.0)
St. Anne Place
RN (1.0)

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 26, 2022

1. Description: Operations Reports – November 2021

2. Summary:

This agenda item provides the following operations reports for November 2021:

- Clinic Productivity, including in-person and telehealth metrics, No Show trended over time, demographics metrics and walk-in percentage.

3. Substantive Analysis:

In November, we had 9,861 visits which are 862 less than the month prior and 283 more than November of 2020. Our average patient visits per weekday were 543 among all clinics and an improved average of 45 patients on Saturdays among 6 clinics. The Lantana Clinic had the highest volume with 1,627 visits, followed by the Lewis Center Clinic with 1,262.

Our payer mix for November reflects 58% uninsured patients and 26% Managed Care.

By visit category, Women's Health, Pediatrics and Substance Abuse met their productivity target.

Productivity targets were met in the Delray and Lantana Primary Care, Lewis Center Primary Care and Substance Abuse, Lantana Pediatrics, Women's Health in Lake Worth and Belle Glade and Behavioral Health in Lewis Center, West Palm Beach and Lake Worth Clinics. In the 90% and higher range were West Palm Beach, Jupiter and Lake Worth Adult Primary Care, Delray and West Palm Beach Dental and Lantana Behavioral Health.

The largest age group of patients were ages 1-9 at 15% and ages 30-39 also at 15%. 48% of patients reported as White followed by 40% Black or African American. 40% of patients reported as Hispanic or Latino. 50% of patients' primary language was English, followed by Spanish at 32%. Creole-speaking totaled 16%. 60% of patients identified as female and 90% as straight. 5% of patients reported as Agricultural workers, of which 75% were seasonal and 25% migrant. 11% of patients reported as homeless, of which 83% were Doubling Up.

The No Show rate in November remains consistently at 27%. The year-to-date Tele no-show rate is 11.4% of the total no-show.

In November, the number of patients who walked in and were seen the same day totaled 1,945, 18% in medical and 23% in dental. In medical, the highest percent of walk-ins by clinic was the West Palm Beach clinic at 28%, followed by Lantana clinic with 24% of all patients seen. In dental, the highest percent of walk-ins by clinic was the Delray Clinic with 31%, followed by the West Palm Beach clinic with 29%.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 26, 2022

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes ☐ No ☒
Annual Net Revenue		Yes ☐ No ☒
Annual Expenditures		Yes ☐ No ☒

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

Staff recommends that the Board approve the Operations Reports for November 2022.

Approved for Legal sufficiency:

Bernabe Icaza

Bernabe Icaza
VP & General Counsel

Marisol Miranda
Director of Clinic Operations

Dr. Hyla Fritsch
AVP & Executive Director of Clinic and Pharmacy Services

C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

STATISTICS 11/1/2021 to 11/30/2021 Specialt: All

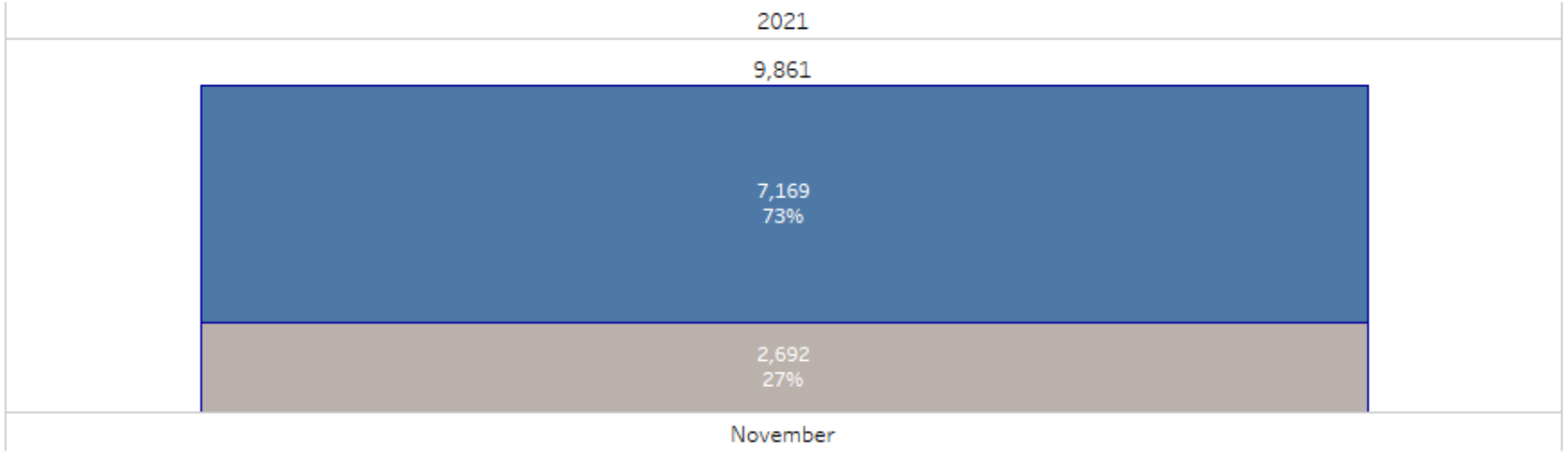
ALL CLINICS

Click to display filter options

		Office Visit	Telemedicine
Patient Visits	9,861	9,395	466
Unique Patients	6,575	6,532	282

MONTHLY VOLUME

Adult >18
Pediatric 0-18



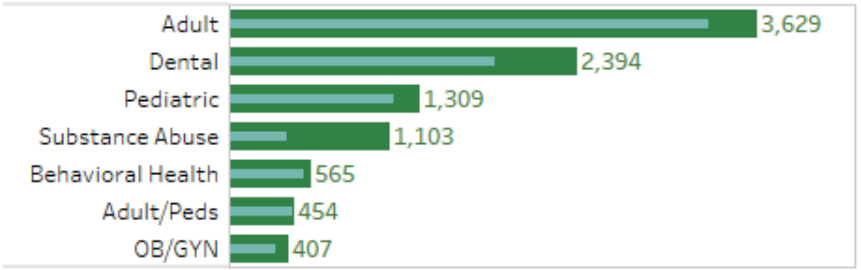
VOLUME BY CLINIC

Patient Visits Unique Patients

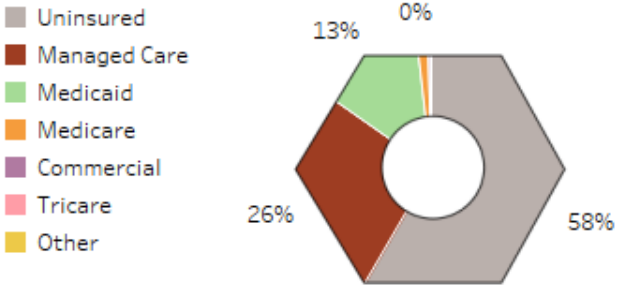
	Patient Visits	Unique Patients
LANTANA PRIMARY	1,515	1,389
WEST PALM PRIMARY	958	886
LANTANA DENTAL	887	671
LEWIS BH	785	290
WEST PALM DENTAL	761	611
LAKE WORTH PRIMARY	634	613
BELLEGLADE PRIMARY	523	500
DELRAY PRIMARY	492	478
LEWIS PRIMARY	477	277
LAKE WORTH WOMENS	397	317
DELRAY DENTAL	391	313
JUPITER PRIMARY	368	360
BELLEGLADE DENTAL	355	232
MANGONIA BH	314	173
BOCA PRIMARY	275	267
LAKE WORTH BH	162	156
MANGONIA PRIMARY	151	105
DELRAY BH	113	100
LANTANA BH	112	106
WEST PALM BH	105	97
BELLEGLADE BH	76	69
BELLEGLADE WOMENS	10	10
	9,861	6,575

VOLUME BY PROVIDER CATEGORY

Patient Visits Unique Patients



PAYER MIX

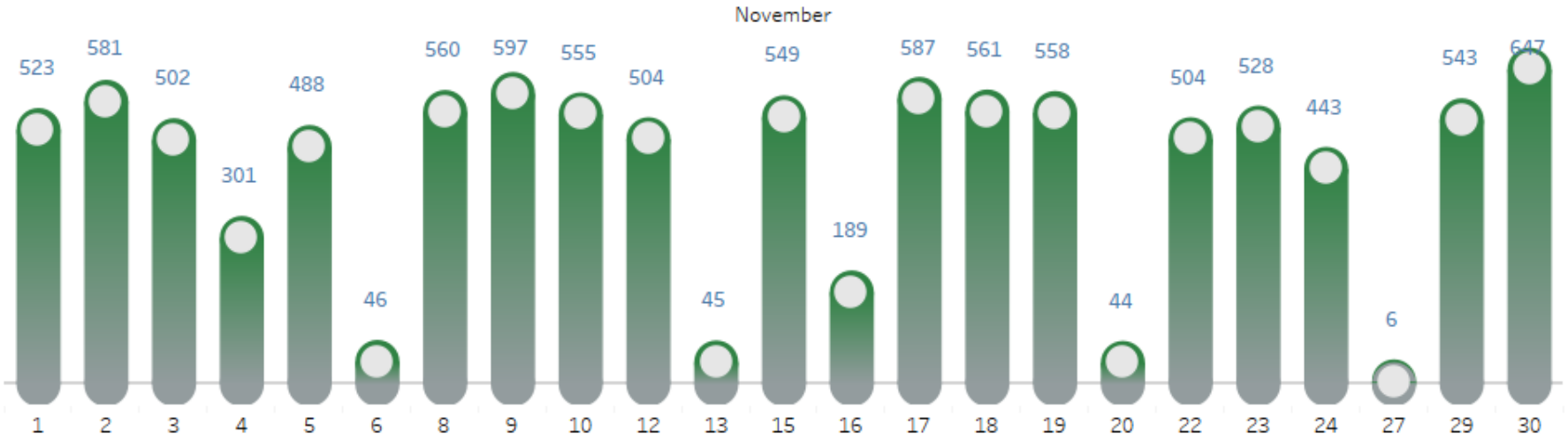


C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

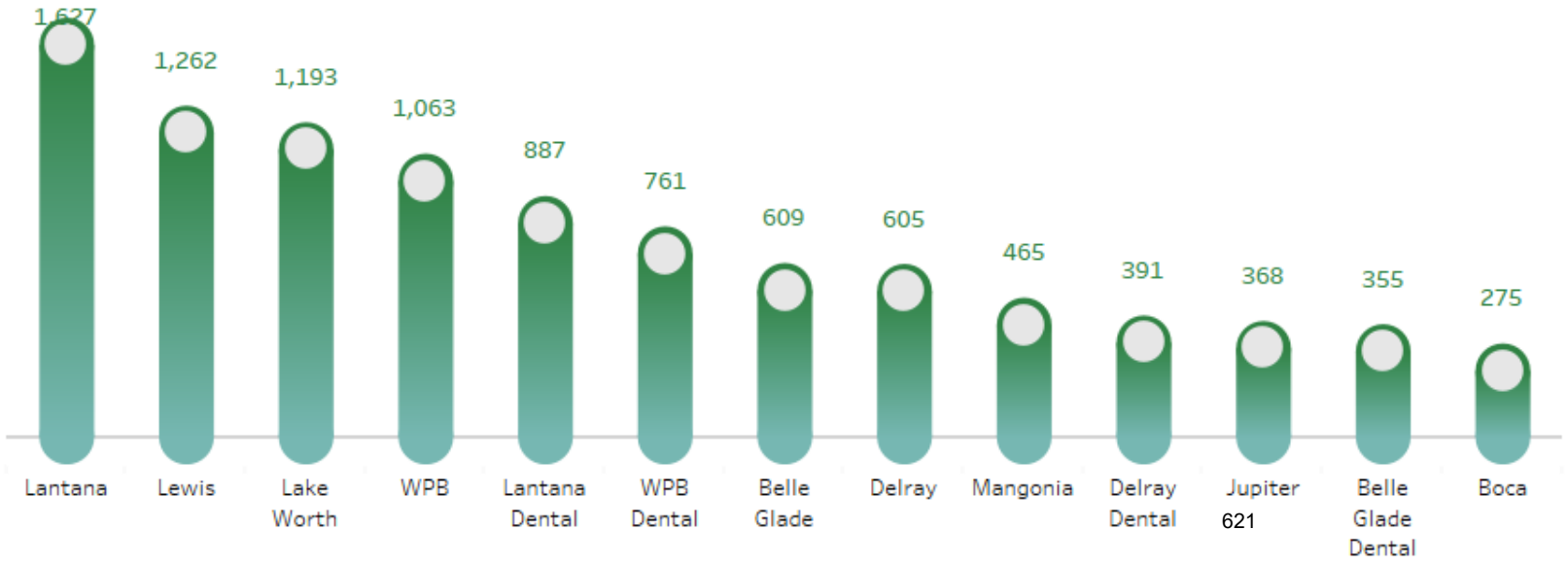
Monthly Productivity November 2021

Click to display filter options

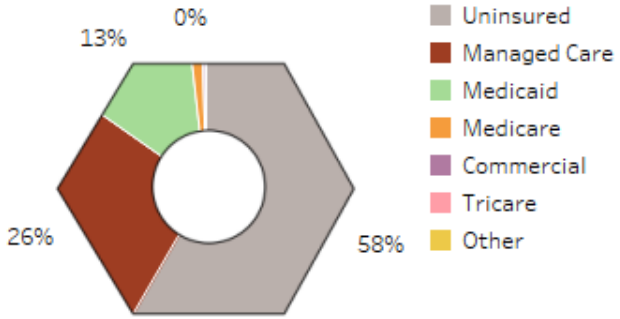
DAILY VOLUME



VOLUME BY CLINIC

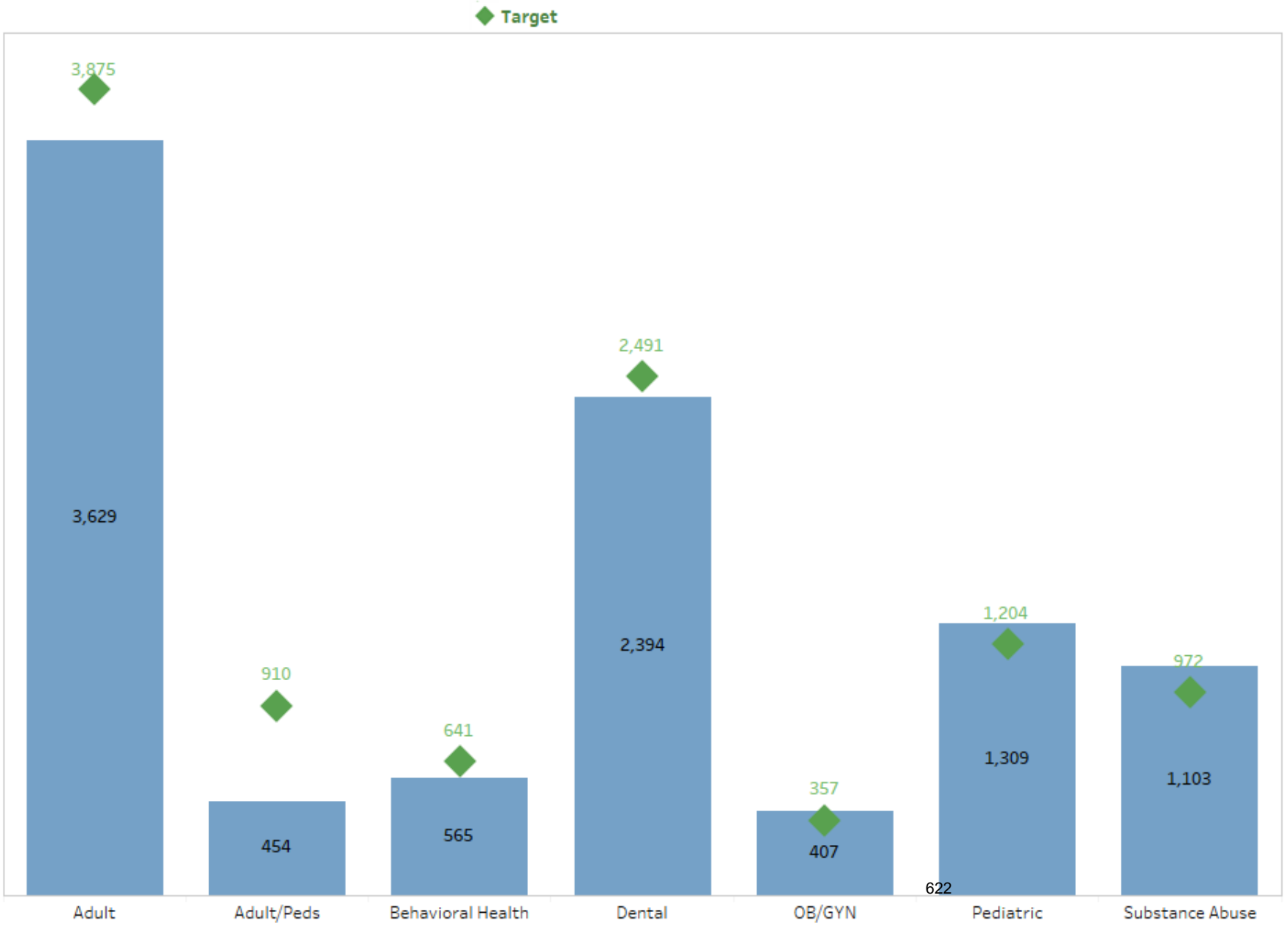


Payer Mix

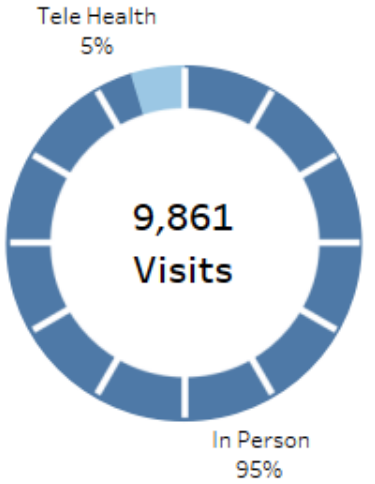


C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

Productivity by Category November 2021



	In Person	Tele Health	Total
Adult	3,610	19	**3,629**
Adult/Peds	453	1	**454**
Behavioral Health	496	69	**565**
Dental	2,394		**2,394**
OB/GYN	407		**407**
Pediatric	1,309		**1,309**
Substance Abuse	726	377	**1,103**
Total	**9,395**	**466**	**9,861**



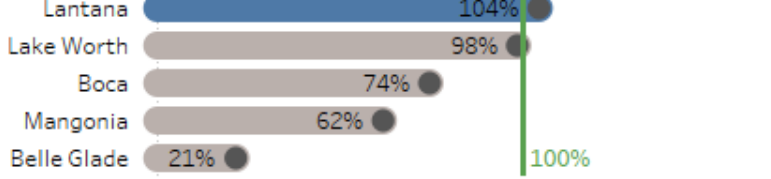
C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

ProductivityClinics

Productivity by Clinic November 2021

Target Met Target Not Met

Adult

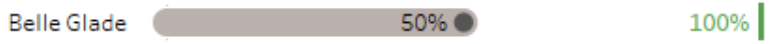


Women's Health

Behavioral Health

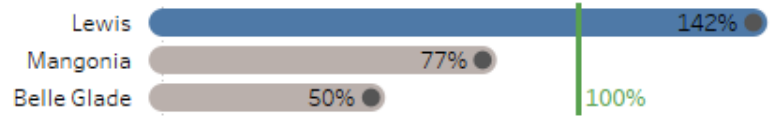
Pediatrics

Adult/Peds (Residents)



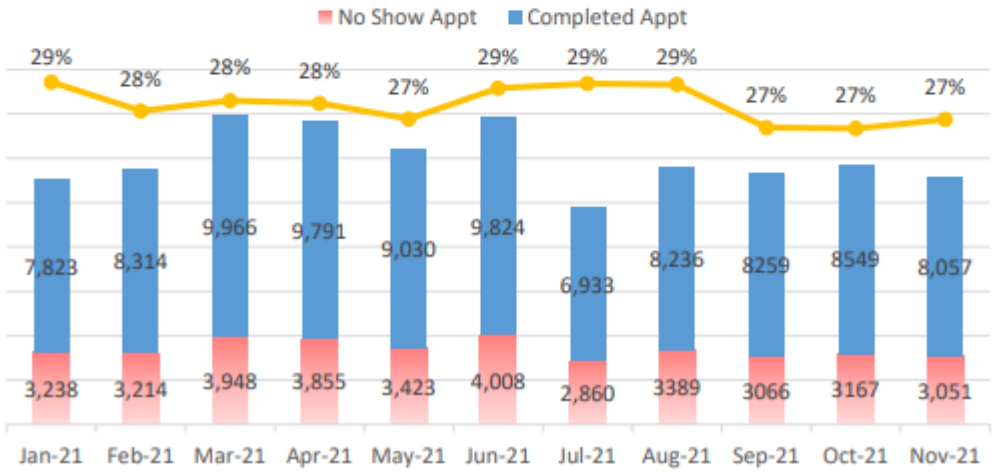
Dental

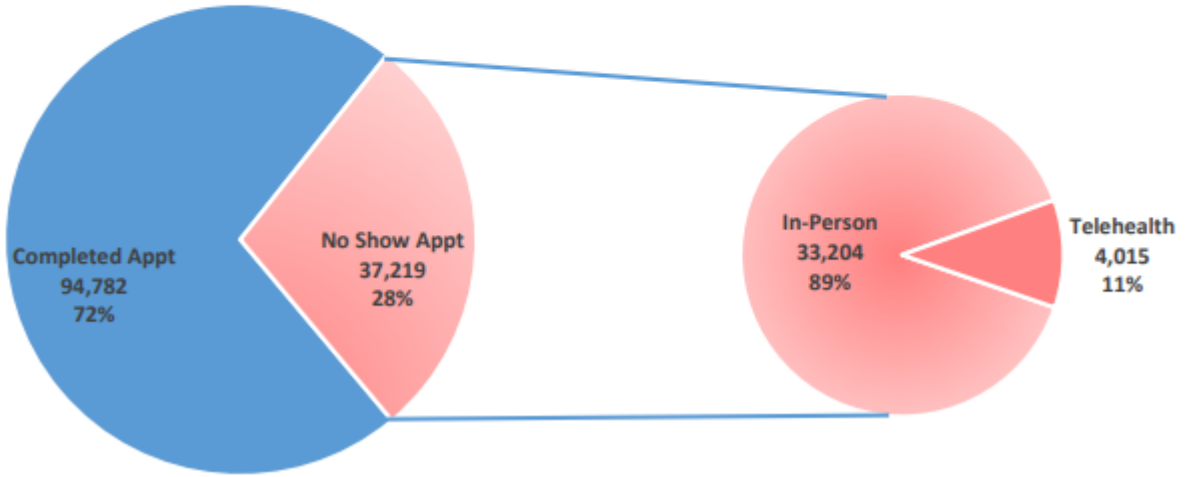
Substance Abuse



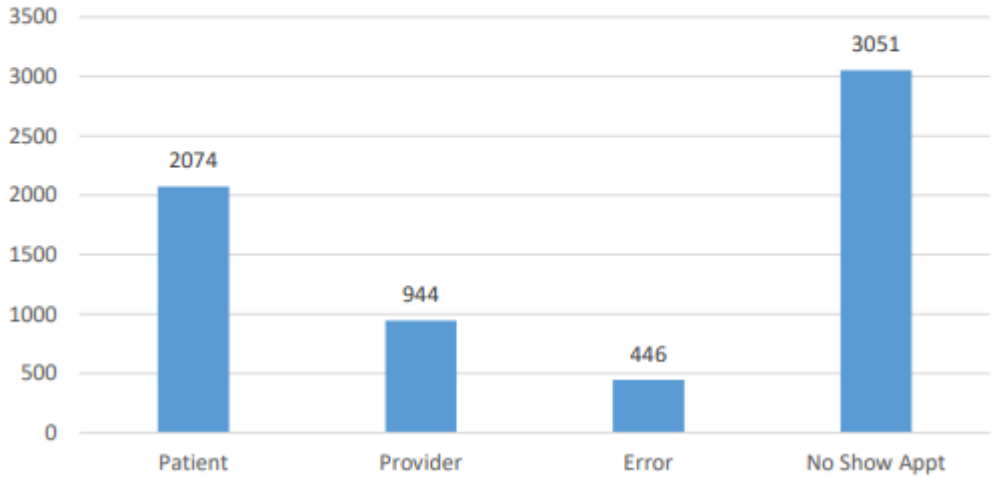
No Show Appointment Analysis
Jan – Nov 2021
(Medical, Adult Peds, Pediatric Care, Women's Health, Behavioral Health and Substance Abuse Care)

No Shows vs Checked in appointments

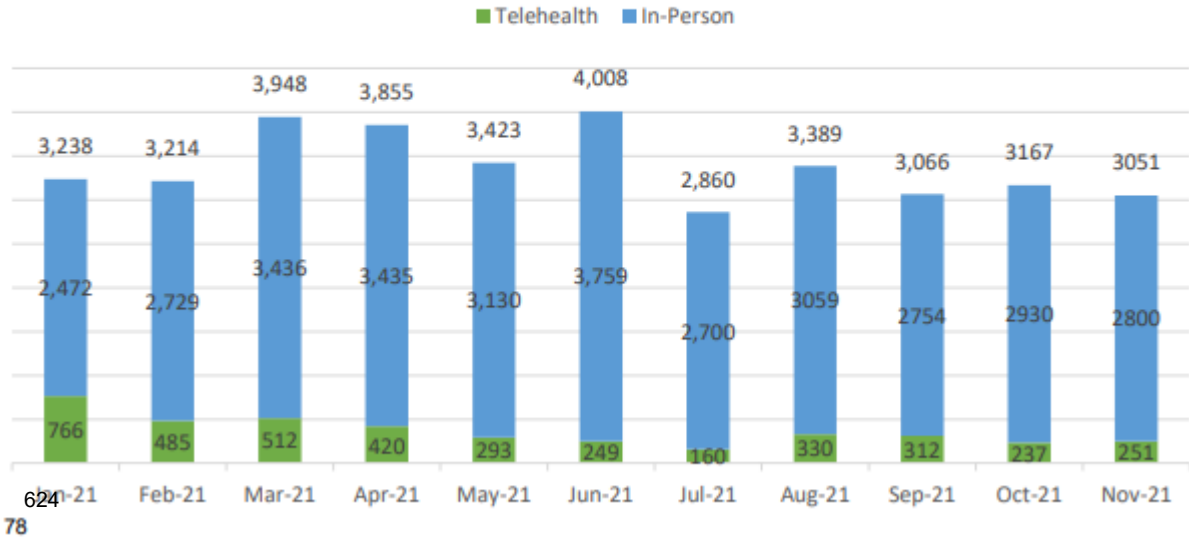




Top 4 Cancelation Reasons in Nov 2021



Telehealth vs In-Person No Shows

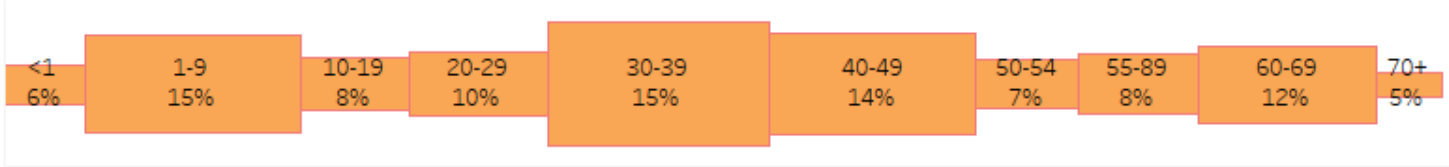


C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

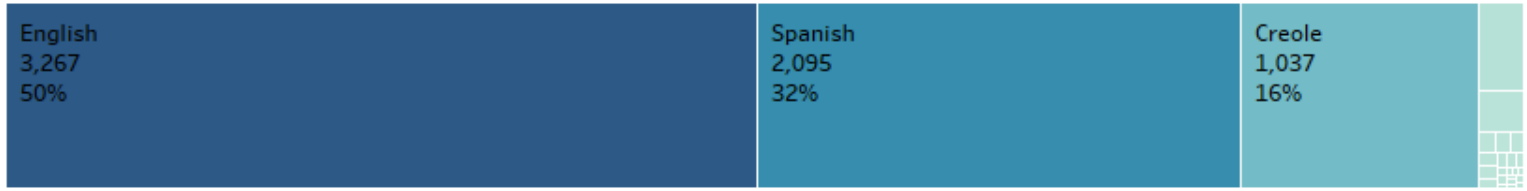
DEMOGRAPHICS 11/1/2021 to 11/30/2021

Click to display filter options

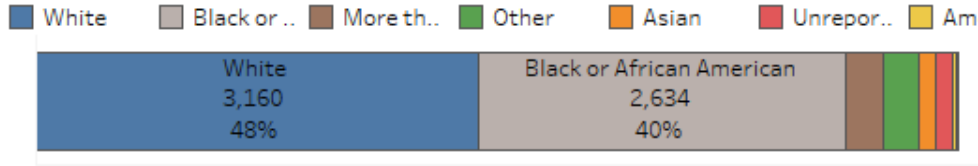
AGE GROUP



PRIMARY LANGUAGE SPOKEN



RACE



ETHNICITY

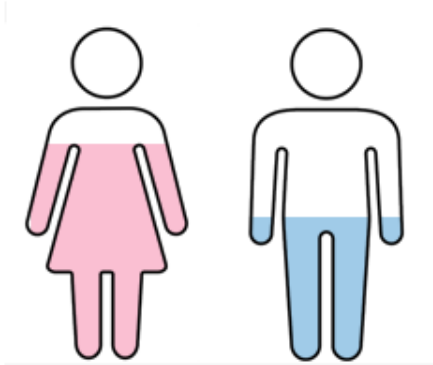
AGRICULTURAL WORKERS 330

5.0%

AGRICULTURAL TYPE

Gender Identity	Unique Patients	%
Female	3,975	60%
Male	2,614	40%
Transgender Female/ Assigned Male at Birth	2	0%
Choose not to disclose	1	0%

SEX



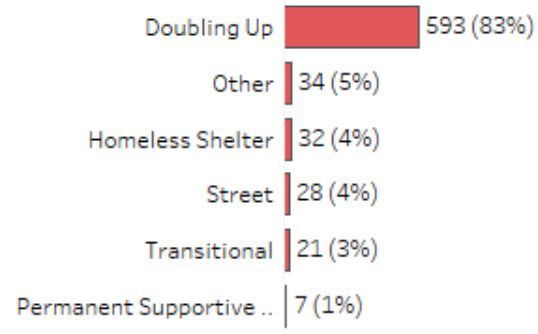
3,970 (60%) 2,622 (40%)

Sexual Orientation	Unique Patients	%
Straight (not lesbian or gay)	5,956	90.35%
Choose not to disclose	395	5.99%
Don't know	196	2.97%
Bisexual	16	0.24%
Something else	13	0.20%
Lesbian	9	0.14%
Gay	7	0.11%

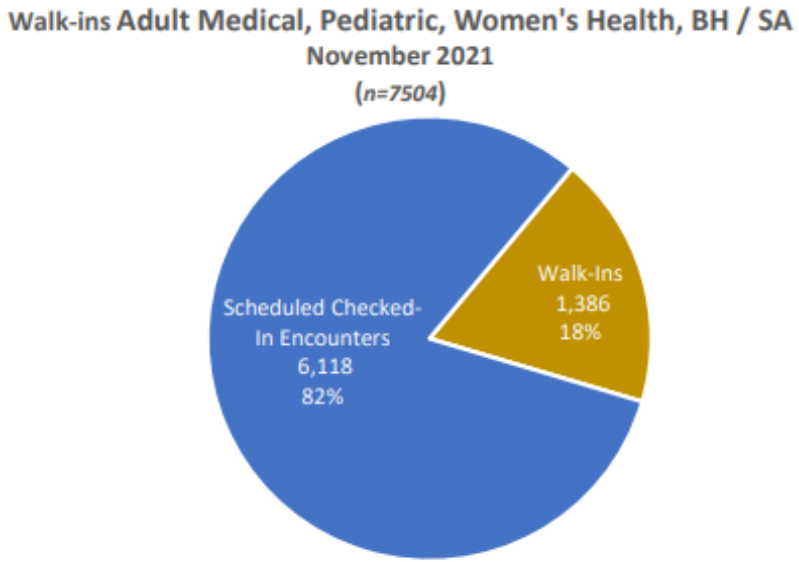
HOMELESS PATIENTS 752

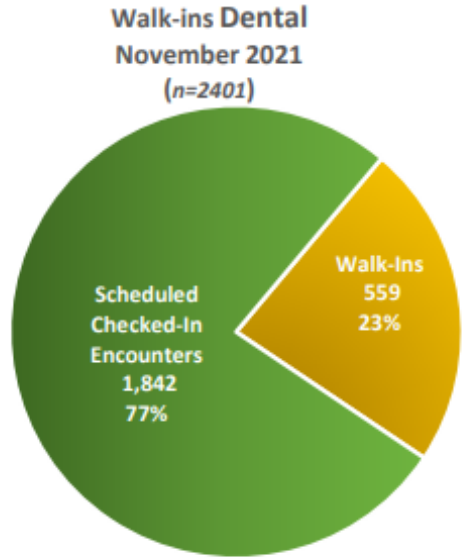
11.4%

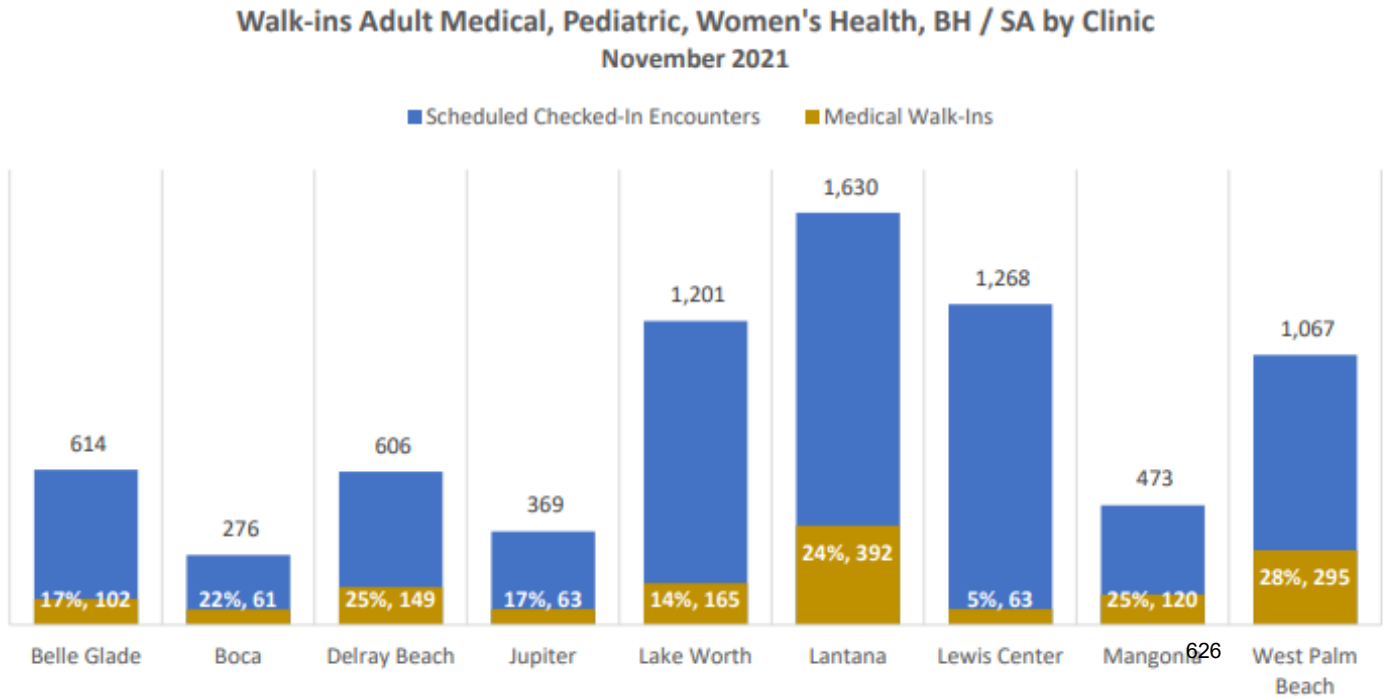
HOMELESS TYPE

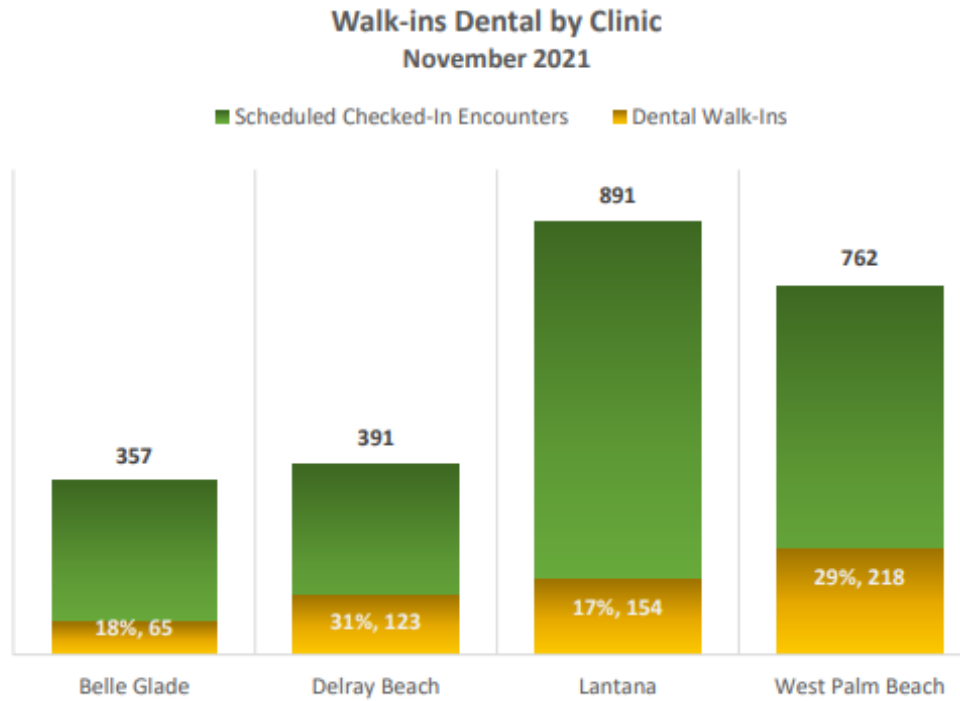


Number and percentage of Walk-Ins. Seen in November 2021 at C. L. Brumback Primary Care Clinics









DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 26, 2022

1. Description: Quality Report

2. Summary:

This agenda item presents the updated Quality Improvement & Quality Updates:

- Quality Council Meeting Minutes January 2022
- UDS Report – December 2021
- Provider Productivity – November 2021

3. Substantive Analysis:

PATIENT SAFETY & ADVERSE EVENTS
Patient safety and risk, including adverse events, peer review and chart review are brought to the board "under separate cover" on a quarterly basis.

PATIENT SATISFACTION AND GRIEVANCES
Patient Relations to be presented as a separate agenda item.

QUALITY ASSURANCE & IMPROVEMENT

- QI Plan Updated
- Colorectal Cancer Screening – the data shows that Belle Glade clinic is outperforming all other clinic locations, and we plan to use it as a blueprint for education at other clinic locations.
- Cervical Cancer Screening - team looking to develop more sophisticated reporting for targeted follow-up and quality improvement.
- Diabetes control – we are meeting the metric for HbA1C

UTILIZATION OF HEALTH CENTER SERVICES
Individual monthly provider productivity stratified by clinic.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements		Yes ☐ No ☒
Annual Net Revenue		Yes ☐ No ☒
Annual Expenditures		Yes ☐ No ☒

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Candice Abbott
VP & Chief Financial Officer

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 26, 2022

5. Reviewed/Approved by Committee:

N/A
Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board approve the updated Quality Report.

Approved for Legal sufficiency:

Bernabe Icaza
VP & General Counsel

Dr. Charmaine Chibar
FQHC Medical Director

Dr. Hyla Fritsch
AVP & Executive Director of Clinic and Pharmacy Services

C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

Quality Council Meeting Minutes
Date: January 4, 2022
Time: 9:00AM – 11:00AM

Attendees: Andrea Steele – Executive Director of Corporate Quality; Maria Chamberlin – Nurse Manager; Shauniel Brown – Senior Risk Manager; Dr. Sandra Warren – Associate Medical Director; Hyla Fritsch – AVP, Executive Director of Clinic Operations & Pharmacy; Dr. John Cucuras – FQHC Dental Director; Nancy Gonzalez – Dental Manager, Irene Garcia – Dental Quality Coordinator, David Speciale – Patient Experience Director; Alexa Goodwin – Patient Relations Manager; Marisol Miranda – Director of Clinic Operations, Dr. Courtney Phillips - Director of Behavioral Health; Jonathan Dominique – Clinic Quality Analyst; Belma Andric – Chief Medical Officer/Executive Director; Dr. Charmaine Chibar – FQHC Medical Director; Dr. Valena Grbic, Medical Director, District Cares.
Minutes by: Jonathan Dominique

Excused: Ivonne Cohen – Corporate Quality Reporting Analyst; Lisa Hogans –Director of Nursing;

<table>
<tr><th>AGENDA ITEM</th><th>DISCUSSION / RECOMMENDATIONS</th><th>ACTION ITEMS (AI)</th><th>RESPONSIBLE PARTY</th><th>DATE</th></tr>
<tr><td colspan="5">UTILIZATION</td></tr>
<tr><td>OPERATIONS</td><td><u>Productivity</u>
The Clinics continue to see an increase in overall total billable visits since the start of the pandemic,

Adult care is at 90 % Productivity since the implementation of Admin days.

Pediatric Care is at 96% Productivity

<table>
<tr><th>Service Line</th><th colspan="2">Target</th><th colspan="2">Seen</th><th colspan="2">% of Goal</th></tr>
<tr><th></th><th>In Person</th><th>Tele</th><th>In Person</th><th>Tele</th><th>In Person</th><th>Tele</th><th>Total</th></tr>
<tr><td>Adult Care</td><td>3,597</td><td>20</td><td>3,226</td><td>18</td><td>90%</td><td>90%</td><td>90%</td></tr>
<tr><td>Pediatrics</td><td>1,083</td><td>0</td><td>1,039</td><td>0</td><td>96 %</td><td></td><td>96%</td></tr>
<tr><td>Women’s Health</td><td>368</td><td>0</td><td>355</td><td>0</td><td>96 %</td><td></td><td>96%</td></tr>
</table></td><td></td><td></td><td></td></tr>
</table>

Behavioral Health	515	90	386	52	75 %	58 %	**72%**
Substance Abuse	597	356	566	257	95 %	72 %	**86%**
Dental	2,230	0	1,926	0	86 %		**86%**
Total	8,390	466	7,498	327	89%	70%	**88%**

Medical Payer Mix
Self-Pay – 54 %
Managed Care – 36 %
Pending Medicaid – 3%
Medicare – 2 %
Medicaid – 4 %

Dental Payer Mix
Self-Pay – 54 %
Managed Care – 10 %
Medicaid – 32 %
Medicare – 1 %
Pending Medicaid – 3 %
Other – 0%
(Clinic productivity report with graphs were presented.)

There is a concern with Dental hygiene productivity.

St. Ann Place – Has been open for less than a month and there has not been enough time to evaluate the clinic location fully.

Dental Hygiene to be monitored for Performance improvement.

Marisol

2/1/22

2/1/22

		To be re-evaluated in January once we have a whole month of Operation. We will track nurse visits at this location for productivity.	Clinic Admin Team	
PATIENT RELATIONS				
SURVEY RESULTS	**Patient Satisfaction Survey** There were 258 surveys received in **November** 2021, a 15% decrease from the previous month. The Boca Raton Clinic received the most surveys. This brings the year-to-date total to 2,824 Patient Satisfaction Surveys received. Of the 258 Surveys received in October: • Belle Glade – 13 (5%) • **Boca Raton – 81 (31%)** • Delray Beach – 15 (6%) • Jupiter – 1 (<1%) • **Lake Worth – 89 (34%)** • Lantana – 37 (14%) • Lewis Center – 10 (4%) • Mangonia Park – 7 (3%) • West Palm Beach – 5 (2%) **General Summary – November 2021** • November Surveys received by Language: o English = 62% o Spanish = 34% o Creole = 4% • Patients aged 21-60 completed 78% of November surveys. Patients over 80 and between ages 0 and 20 completed the least amount of surveys (<1%).			

	• Surveys were received from all service lines, with Adult medical having the most at 74%, followed by Women's Health Services at 17%.
	• Most patients prefer to be seen in person on Monday, Tuesday, and Wednesday mornings.
	• Time at Practice
	  o 28% were completed by Patients who have received care between 1 and 3 years.
	  o 26% were completed by Patients who have received care less than 6 months.
	  o 15% were completed after a patient first visit to the practice.
	
	Patient Satisfaction
	Of the 258 surveys, 5 (2%) surveys were marked as Fair or Poor.
	• Providing details about new medications prescribed
	  o **1 (<1%)** Lake Worth
	• Being aware of care you received from other doctors/providers, not in this practice
	  o **1 (<1%)** Lake Worth
	• Involving you in making decisions about your health
	  o **1 (<1%)** Lake Worth
	• Balancing personal interaction with you while using a laptop or computer
	  o **1 (<1%)** Lake Worth
	• Explaining things in a way that is easy to understand
	  o **1 (<1%)** Lake Worth			

	Of the 258 Surveys received: • There were 2 surveys (<1%) that **rated their Provider** as Fair or Poor (btw 0-4 on a scale of 10) • There were 3 surveys (<1%) that indicated a patient would not **recommend their provider** (btw 0-4 on a scale of 10) • There was 1 survey (<1%) that indicated a patient would not **recommend the practice** to others (btw 0-4 on a scale of 10) **Wait Time** –Patients perceived wait time between their scheduled appointment and actual time seen by their provider. Of the 303 responses received: • 36 (14%) - 5 minutes or less • **127 (49%) - Between 6 and 15 minutes.** • 69 (27%) - Between 16 and 30 minutes • 16 (6%) - Between 31 and 45 minutes • 10 (4%) - Over 45 minutes **Patient Experience** Most patients rated their patient experience as positive. Of the 258 surveys, 24 (9%) surveys were marked as Fair or Poor. This is a significant decrease from last month. • Having a comfortable and pleasant waiting area o **2 (<1)** – Delray, Lewis • Ability to communicate with the practice on the phone o **12 (5%)** – Belle Glade (1), Boca (5), Delray (1), Lake Worth (4), Lewis Center (1) • Ease of scheduling this appointment			

	○ **9 (3%)** - Boca (3), Delray (1), Lake Worth (4), Lantana (1) • Being informed about any delays during this visit ○ **1 (<1%)** – Lantana All patients rated their patient experience as positive. Of the 258 surveys, there were no (0) surveys marked as Disagree or Strongly Disagree The trend over time data & patient comments presented. Dr. Andric Asked if we have fully made the switch to Phreesia for surveys. As of January 1, 2022, all surveys will be taken via Phreesia. There was a bit of a delay as some questions are being added to be trended over time. However, we are now active in Phreesia. Dr. Andric would like to add use metrics of the Language line services in the clinics. Dr. Warren finds that there are concerns with patient usability in the clinics and that use of Doximity on the Language Line iPads seems to be the best for patient experience. Dr. Warren would like that enabled also. Mobile connectivity in the clinics seems to be non-existent and providing patients with iPads that are already on our network would provide for a more robust mobile experience at our locations that might require telehealth visits There is a question about how we would be able to pull that data	David / Marisol to follow up David / Marisol to follow up on possible options for tracking the use of Doximity and Language line	David / Marisol David / Marisol	

	(Patient Satisfaction Survey PowerPoint presented.)	David to also follow up with June on if there will be a way to tie the encounters with patient encounter IDs	David / June	
	<u>CSC Activity Reports and Outbound Campaigns</u> **After Hours Call Return Summary Report – December** In December, the Clinic Service Center returned 151 calls received from the After-Hours service. This was a 57% decrease from the previous month. Trends over time reported and a total of 2,445 after-hours calls were processed in 2021. **Hospital Follow up calls November 2021** The Clinic Service Center contacted 248 Managed Care patients that required a Hospital Follow Up appointment. This was a 25% increase from the previous month. Of the 248 patients, 41% were seen or scheduled to be seen by their clinic PCP. **Outbound Campaigns** In December 2021, the Clinic Service Center contacted 56 patients to schedule a follow-up appointment for their hypertension. The Clinic Service Center also contacted 212 patients regarding scheduling a follow-up appointment for their Diabetes. This was conducted in order to meet UDS measures.			

	Patient Appointment Rescheduling In December 2021, the Clinic Service Center contacted 280 patients to reschedule their appointment. The highest amount of reschedules at 224 (98%) was for Ketely Philistin. This was due to the resignation of a provider, causing Ketely to now take on that provider's schedule. This was an increase from November, which had 58 patients rescheduled. **(Report presented.)**			
GRIEVANCES, COMPLAINTS & COMPLIMENTS	**<u>Patient Relations Report</u>** For November 2021, 18 Patient Relations Occurrences occurred between 6 clinics, 2 mobile units, and Clinic Administration. Of the 18 occurrences, there were 0 Grievances and 18 Complaints. The top 5 categories were Care & Treatment, Finance, Communication, Nursing Related and Referrals. The top subcategory with 3 complaints and grievances was billing issues. There was also a total of 2 compliments received across 1 clinic and Clinic Administration. The referral Category made an appearance for the first time. Why referral complaints would be tied to admin and not a specific clinic was asked.	Referrals complaints about referral clerks are attributed to admin because the referral clerks are based out of the home office and not at clinic locations per se. Though there will be times where the referrals will have to be tagged to specific clinics, for the most part, they will be tied	Alexa	2/1/22

	(Patient Relations Report & Patient Relations Dashboard with Graphs presented.)	to admin. Alex will monitor complaints/grievances and place them accordingly.		
QUALITY				
QUALITY AUDITS				
MEDICAL	**<u>Hemoglobin A1C/Point of Care Testing</u>** We are currently meeting the HbA1C metric.			
	<u>Colorectal Cancer Screening</u> Satisfied: 4,295 (46%) Needs Data: 4,991 (54%) Low performance overall; however, Lewis Center and Mangonia are performing even lower than other clinic locations, even with smaller denominators. There is a high percentage of tests ordered (91%) for patients who meet the criteria for ordered test. The issue is in receiving results for the aforementioned orders.	Belle Glade is outperforming all other clinic locations. Dr. Warren will follow with Belle Glade on what their process is, and how we can improve at our other locations.	Dr. Warren	2/1/22
	<u>Cervical Cancer Screening</u> Satisfied: 5,820 (53%) Needs Data: 5,171 (47%) There has been a slight decrease (54% Satisfied Last Month) in the rate of patients who have met their Cervical Cancer screening requirements. We are using a new data source here, which could be having an effect.	Currently working with Ivonne to develop reports that show follow-up actions for unsatisfied patients. This will result in more targeted efforts to better improve care quality	Dr. Warren	2/1/22

	More sophisticated report for targeted care.	Smart text will be built to allow for better reporting The suggested solution is "PAPs on Demand," similar to the POD approach. The team will discuss this at the next medical workgroup		
DENTAL	**<u>Dental Sealants</u>** 84% (n=579) January-November 2021 56% November 2021 The age group is – 6-9 with moderate to high Carries risk. Dental sealant is usually done on the same day.	Called a meeting to discuss how data is being collected, as it is of concern to Dr. Cucuras.	Dr. Cucuras Ivonne	2/1/22
	Same Day Extractions (Limited Exams) Limited Exams (n= 372**)** Same Day Extractions: 187 (50% n=372) Returns (Follow-Up): Patients with a future extraction appointment type– 37 **(**10% **n=**372**)** Returned within 21 days for extraction 29 (78% n=37)	Dr. Andric to meet internally with the Dental team and Business Intelligence to discuss Dental Dashboard and increase familiarity.	Dr. Andric / Dr. Cucuras	

<table>
<tr><td></td><td>Antibiotics Given: Patients without a future extraction appointment type

66 (18% n=372)

Extraction not needed: non-emergent

47(13% n=372)</td><td></td><td></td><td></td></tr>
<tr><td></td><td>MDI/WHO – November 2021

– Total Pediatric Patients 871
o Excluded from MDI 352 (40%)

– Total Well visit 520
o No MDI 292 (55% n=520)
o MDI 228 (45% n=520)
▪ WHO 62 (27% n=228)
No WHO 166 (73% n=228)</td><td></td><td></td><td></td></tr>
<tr><td></td><td>Dental Clinic Audit Summary
<table><tr><td>Dental Clinic Audit-November 2021</td><td></td></tr><tr><td>Belle Glade</td><td>96%</td></tr><tr><td>Delray</td><td>95%</td></tr><tr><td>Lantana</td><td>97%</td></tr><tr><td>West Palm Beach</td><td>94%</td></tr></table></td><td></td><td></td><td></td></tr>
<tr><td>WOMEN’S HEALTH</td><td><u>Prenatal Age</u>

<table><tr><th colspan="2">November 2021</th></tr><tr><th>Age</th><th>Number of Patients</th></tr></table></td><td></td><td></td><td></td></tr>
</table>

	<table><tr><td>**Less than 15 Years**</td><td>0</td></tr><tr><td>**Ages 15-19**</td><td>0</td></tr><tr><td>**Ages 20-24**</td><td>8</td></tr><tr><td>**Ages 25-44**</td><td>11</td></tr><tr><td>**Ages 45 and Over**</td><td>0</td></tr><tr><td>**Total**</td><td>19</td></tr></table> **(Report with graph presented.)**			
	Entry into Care 166 women entered into care in the months of July-Dec 17. 79 - Entered into Care in the First trimester 62 - Entered into Care in the second trimester 25- Entered into Care in the third trimester 156- Entered into Care with the C.L. Brumback Primary care Clinics 10- Had her first visit with another provider 0- Had initial provider not recorded. **(Report with graph presented.)**			
	Deliveries & Birthweights 4 Deliveries in November. – (<1500 grams) – 0 – (1500-2499 grams) – 0 – (>2500 grams) – 4			

<table>
<tr><td></td><td>(Report with graph presented.)</td><td></td><td></td><td></td></tr>
<tr><td>BEHAVIORAL HEALTH</td><td><u>Cage-Aid:</u>

<table>
<tr><th>July 2021 Total Score</th><th># Patients</th><th>%</th></tr>
<tr><td>Score = 0</td><td>6,463</td><td>93.11%</td></tr>
<tr><td>Score = 1</td><td>84</td><td>1.21%</td></tr>
<tr><td>Score = 2</td><td>51</td><td>0.73%</td></tr>
<tr><td>Score = 3</td><td>58</td><td>0.84%</td></tr>
<tr><td>Score = 4</td><td>285</td><td>4.11%</td></tr>
</table>
(Report with graph presented.)

The monthly trend of + CAGE & NO SBIRT
• February Positive with NO SBIRT = 43
• March Positive with NO SBIRT = 154
• April Positive with NO SBIRT = 60
• May Positive with NO SBIRT = 64
• June Positive with NO SBIRT = 80
• July Positive with NO SBIRT = 209
• August Positive with NO SBIRT = 234
• September Positive with NO SBIRT = 272
• October Positive with NO SBIRT = N/A
• November Positive with NO SBIRT = N/A</td><td></td><td></td><td></td></tr>
</table>

<table>
<tr><td rowspan="3">NURSING</td><td>Positive Cage Screenings are resulting in visits with BH.</td><td></td><td></td><td></td></tr>
<tr><td><u>SBIRT</u>:
BH team focused on training team to drop SBIRT code.</td><td></td><td></td><td></td></tr>
<tr><td><u>QSV Medical:</u>

<table><tr><th colspan="2">Compliance Summary</th></tr><tr><td>Mangonia Park</td><td>100%</td></tr><tr><td>Jupiter</td><td>100%</td></tr><tr><td>Lake Worth</td><td>100%</td></tr><tr><td>Lewis Center</td><td>100%</td></tr><tr><td>Belle Glade</td><td>100%</td></tr><tr><td>Delray</td><td>100%</td></tr><tr><td>Lantana</td><td>100%</td></tr><tr><td>Boca</td><td>100%</td></tr><tr><td>West Palm Beach</td><td>97%</td></tr></table>
The only location with findings was CLB West Palm Beach, deemed 97% Compliant.</td><td></td><td></td><td></td></tr>
<tr><td>PEER REVIEW</td><td>Dental:
Dentist: 39 charts were peer-reviewed. 36 were evaluated as “within the standard of care,” 3 were evaluated as “Provider Self-identified Remediation,” and 0 were evaluated as “Provider Education Required,” 0 were evaluated as “Inappropriate Care.”

Hygienist: 20 charts were peer-reviewed. 18 were evaluated as “within the standard of care,” 2 were evaluated as “Provider Self-identified Remediation,” and 0</td><td></td><td></td><td></td></tr>
</table>

	were evaluated as “Provider Education Required,” 0 were evaluated as “Inappropriate Care.”			
Meeting Adjourned: 11:00 AM				

Quality Measures

Table 6B

	Q1 '21	Q2 '21	Q3 '21	Q4 '21	YTD
Childhood Immunization Status	-	-	50 %	47 %	35 %
Cervical Cancer Screening	-	100 %	45 %	39 %	26 %
Breast Cancer Screening	-	100 %	63 %	59 %	37 %
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	-	-	94 %	93 %	72 %
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	-	0 %	44 %	50 %	44 %
Tobacco Screening and Cessation Intervention	-	100 %	90 %	90 %	75 %
Statin Therapy	-	-	84 %	84 %	74 %
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	-	-	79 %	79 %	63 %
Colorectal Cancer Screening	-	0 %	31 %	32 %	13 %
HIV Screening	-	0 %	17 %	19 %	20 %
Screening for Clinical Depression and Follow-Up Plan	-	50 %	96 %	97 %	88 %
Depression Remission at 12 Months	-	-	-	-	0 %
Dental Sealants for Children Between 6-9 Years	-	-	80 %	79 %	63 %
Controlling High Blood Pressure	-	100 %	71 %	68 %	63 %
Diabetes: Hemoglobin A1c Control >9%	-	-	27 %	27 %	59 %

Diabetes: Hemoglobin A1c >9%

Table 7C
**Note: Lower is better for this measure.*

	Q1 '21	Q2 '21	Q3 '21	Q4 '21	YTD
Healthcare District of Palm Beach County					
Hispanic or Latino/a					
Asian	-	-	0 %	0 %	-
Other Pacific Islander	-	-	0 %	0 %	-
Black/African American	-	-	31 %	27 %	100 %
American Indian/Alaska Native	-	-	100 %	50 %	100 %
White	-	-	24 %	25 %	58 %
More than one race	-	-	38 %	36 %	50 %
Unreported/Refused to Report Race	-	-	20 %	25 %	100 %
Non-Hispanic or Latino/a					
Asian	-	-	15 %	7 %	50 %
Native Hawaiian	-	-	0 %	-	-
Other Pacific Islander	-	-	0 %	67 %	-
Black/African American	-	-	29 %	30 %	58 %
American Indian/Alaska Native	-	-	33 %	0 %	50 %
White	-	-	29 %	26 %	62 %
More than one race	-	-	33 %	22 %	0 %
Unreported/Refused to Report Race	-	-	17 %	24 %	43 %
Unreported/Refused to Report Ethnicity					
Unreported/Refused to Report Race	-	-	100 %	50 %	-

Show empty rows (1)

Controlling High Blood Pressure

Table 7B

	Q1 '21	Q2 '21	Q3 '21	Q4 '21	YTD
Healthcare District of Palm Beach County					
Hispanic or Latino/a					
Asian	-	-	100 %	100 %	-
Native Hawaiian	-	-	100 %	-	-
Other Pacific Islander	-	-	0 %	0 %	-
Black/African American	-	-	77 %	70 %	17 %
American Indian/Alaska Native	-	-	50 %	100 %	0 %
White	-	-	74 %	73 %	69 %
More than one race	-	-	78 %	76 %	50 %
Unreported/Refused to Report Race	-	-	82 %	77 %	100 %
Non-Hispanic or Latino/a					
Asian	-	-	69 %	70 %	86 %
Native Hawaiian	-	-	0 %	100 %	-
Other Pacific Islander	-	-	67 %	60 %	-
Black/African American	-	100 %	66 %	62 %	57 %
American Indian/Alaska Native	-	-	69 %	86 %	67 %
White	-	-	76 %	75 %	72 %
More than one race	-	-	79 %	56 %	75 %
Unreported/Refused to Report Race	-	-	74 %	65 %	36 %
Unreported/Refused to Report Ethnicity					
Unreported/Refused to Report Race	-	-	33 %	43 %	-

PRODUCTIVITY NOVEMBER 2021

ALL PROVIDERS *AS 11/30/2021 Based on Completed Appointments*

<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

ADULT CARE

Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen				% Monthly Target Achieved		Daily Average
			In-Person	Telehealth	Total	In-Person		Telehealth		Total		
ALFONSO PUENTES, RAMIRO	17	14.5	237	0	**237**	226	95%	0		**226**	**95%**	15.6
CESAIRE, ROSE CARLINE	15	15.0	216	1	**217**	179	83%	1	100%	**180**	**83%**	12.0
DABU, DARNEL	17	10.5	168	0	**168**	166	99%	0		**166**	**99%**	15.8
DORCE-MEDARD, JENNIFER	17	0.5	9	0	**9**	6	67%	0		**6**	**67%**	12.0
FLOREZ, GLORIA	17	15.5	254	1	**255**	249	98%	0		**249**	**98%**	16.1
GARCIA, CARLOS A	15	9.5	136	0	**136**	122	90%	0		**122**	**90%**	12.8
HARBERGER, SENECA & Residents	17	8.5	145	0	**145**	310	214%	0		**310**	**214%**	36.5
JEAN-JACQUES, FERNIQUE	15	17.0	247	1	**248**	262	106%	1	100%	**263**	**106%**	15.5
KOOPMAN, REBECCA	15	17.5	254	0	**254**	179	70%	0		**179**	**70%**	10.2
LAM, MINH DAI	15	17.5	244	12	**256**	284	116%	13	108%	**297**	**116%**	17.0
LOUIS, JOANN PIERRE	15	15.5	225	0	**225**	224	100%	0		**224**	**100%**	14.5
NAVARRO, ELSY	15	16.0	232	1	**233**	238	103%	1	100%	**239**	**103%**	14.9
PEREZ, DANIEL JESUS & Residents	17	16.5	271	0	**271**	319	118%	0		**319**	**118%**	19.3
PHILISTIN, KETELY	15	14.5	210	1	**211**	206	98%	1	100%	**207**	**98%**	14.3
RAHMAN, SM	*9	10.5	135	1	**136**	69	51%	1	100%	**70**	**51%**	6.7
SANCHEZ, MARCO FERNANDEZ	15	18.5	270	0	**270**	453	168%	0		**453**	**168%**	24.5
SECIN SANTANA, DELVIS	17	7.5	129	0	**129**	142	110%	0		**142**	**110%**	18.9
SHOAF, NOREMI	15	15.0	217	1	**218**	207	95%	1	100%	**208**	**95%**	13.9
VIL, CARLINE ST	15	14.0	209	1	**210**	192	92%	1	100%	**193**	**92%**	13.8
WARREN, SANDRA	17	6.4	29	0	**29**	29	100%	0		**29**	**100%**	4.5
ZITO, AMALINNETTE	9	2.0	18	0	**18**	16	89%	0		**16**	**89%**	8.0
ADULT CARE TOTALS		**262.4**	**3,855**	**20**	**3,875**	**4,078**	**106%**	**20**	**100%**	**4,098**	**106%**	

** Avg Target New Providers*

PEDIATRIC CARE

CLARKE-AARON, NOELLA	17	13.5	220	0	**220**	196	89%	0		**196**	**89%**	14.5
CHIBAR, CHARMAINE	17	2.0	12	0	**12**	12	100%	0		**12**	**100%**	6.0
DESSALINES, DUCLOS	17	16.5	270	1	**271**	342	127%	0		**342**	**126%**	20.7
LAZARO RIVERA, NANCY	17	13.5	220	0	**220**	299	136%	0		**299**	**136%**	22.1
MARZOUCA, KISHA F.	17	16.0	271	0	**271**	239	88%	0		**239**	**88%**	14.9
NORMIL-SMITH, SHERLOUNE	17	13.0	210	0	**210**	223	106%	0		**223**	**106%**	17.2
PEDIATRIC CARE TOTALS		**74.5**	**1,203**	**1**	**1,204**	**1,311**	**109%**	**0**		**1,311**	**109%**	

WOMEN'S HEALTH CARE

CASANOVA, JENNIFER	15	11.0	156	0	**156**	208	133%			**208**	**133%**	18.9
FERWERDA, ANA	17	12.5	201	0	**201**	206	102%			**206**	**102%**	16.5
WOMEN'S HEALTH CARE TOTALS		**23.5**	**357**	**0**	**357**	**414**	**116%**			**414**	**116%**	

BEHAVIORAL HEALTH

CALDERON, NYLSA	10	14.5	131	8	**139**	128	98%	7	88%	**135**	**97%**	9.3
JONES, KIARA	10	16.5	140	19	**159**	146	104%	15	79%	**161**	**101%**	9.8
LUCCHESI, KAREN	10	17.0	160	9	**169**	106	66%	7	78%	**113**	**67%**	6.6
CUSIMANO, ANGELA	* 5	15.0	63	11	**74**	74	117%	12	109%	**86**	**116%**	5.7
ZIEMBA, ADRIANA LEQUERICA	8	14.5	66	34	**100**	46	70%	30	88%	**76**	**76%**	5.2
BEHAVIORAL HEALTH TOTALS		**77.5**	**560**	**81**	**641**	**500**	**89%**	**71**	**88%**	**571**	**89%**	

** Avg Target New Providers*

SUBSTANCE ABUSE DISORDER

FARAH, CRISTINA	10	12.5	63	62	**125**	98	156%	43	69%	**141**	**113%**	11.3
HIRSCH, KAREN	** 5	9.5	31	10	**41**	29	94%	11	110%	**40**	**98%**	4.2
MILETA, SNJEZANA	10	17.5	115	54	**169**	161	140%	49	91%	**210**	**124%**	12.0
MITCHELL, ANGELA	10	6.5	22	43	**65**	36	164%	32	74%	**68**	**105%**	10.5
LAWRENCE, MELISSA	*5 1st 2nd week 10 after	17.0	106	28	**134**	141	133%	32	114%	**173**	**129%**	10.2
PHILLIPS, COURTNEY	8	12.5	97	3	**100**	50	52%	3	100%	**53**	**53%**	4.2
REXACH, CLAUDIA	10	17.5	77	92	**169**	110	143%	95	103%	**205**	**121%**	11.7
ROMAIN, REYNETTE	10	17.5	63	106	**169**	108	171%	111	105%	**219**	**130%**	12.5
SUBSTANCE ABUSE DISORDER TOTALS		**110.5**	**574**	**398**	**972**	**733**	**128%**	**376**	**94%**	**1,109**	**114%**	

** Avg Target New Providers* *** Avg Target (Admin)*

DENTAL

ALONSO, ZENAIDA	16	13.5	206	0	**206**	210	102%			**210**	**102%**	15.6
ALWEHAIB, ARWA	16	13.5	206	0	**206**	216	105%			**216**	**105%**	16.0
CUCURAS, JOHN N	16	3.0	48	0	**48**	67	140%			**67**	**140%**	22.3
OLIVEIRA, PAULO	16	17.5	270	0	**270**	256	95%			**256**	**95%**	14.6
SEMINARIO, ADA	16	16.0	254	0	**254**	284	112%			**284**	**112%**	17.8
SILVA, MICHELLE	16	15.5	238	0	**238**	242	102%			**242**	**102%**	15.6
ZANGENEH, YASMINE	16	12.5	190	0	**190**	204	107%			**204**	**107%**	16.3
WILLIAMS, RICHARD	16	12.5	190	0	**190**	181	95%			**181**	**95%**	14.5
BARBOSA, BIANCA	8	17.5	135	0	**135**	314	233%			**314**	**233%**	17.9
HARDCASTLE, CORINA	8	16.5	127	0	**127**	113	89%			**113**	**89%**	6.8
GONZALEZ, NANCY	8	1.0	8	0	**8**	5	63%			**5**	**63%**	5.0
GRAY, NICOLE	8	17.0	135	0	**135**	101	75%			**101**	**75%**	5.9
MASON, SHERRY	8	17.5	135	0	**135**	105	78%			**105**	**78%**	6.0
PETERSEN, PATRICE	8	15.5	124	0	**124**	103	83%			**103**	**83%**	6.6
DENTAL TOTALS		**189.0**	**2,266**	**0**	**2,266**	**2,401**	**106%**			**2,401**	**106%**	

GRAND TOTAL	**737.4**	**8,815**	**500**	**9,315**	**9,437**	**107%**	**467**	**93%**	**9,904**	**106%**	

PRODUCTIVITY NOVEMBER 2021

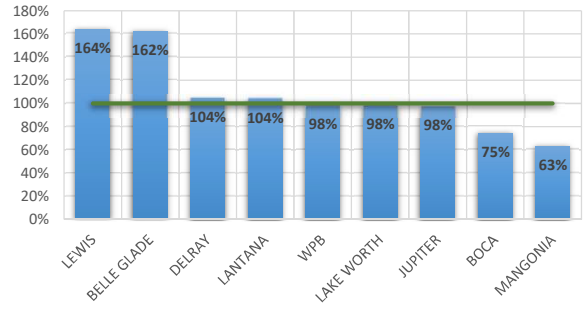
<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

ALL CLINICS

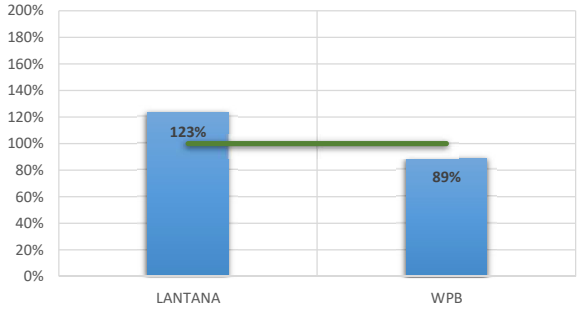
AS 11/30/2021 Based on Completed Appointments

Category	Target for the Month			Total for the Month Seen					% Monthly Target Achieved
AS 11/30/2021	In-Person	Telehealth	Total	In-Person		Telehealth		Total	
ADULT CARE	3,855	20	3,875	4,078	106%	20	100%	4,098	106%
PEDIATRIC CARE	1,203	1	1,204	1,311	109%	0		1,311	109%
WOMEN'S HEALTH CARE	357	0	357	414	116%	0		414	116%
BEHAVIORAL HEALTH	560	81	641	500	89%	71	88%	571	89%
SUBSTANCE ABUSE DISORDER	574	398	972	733	128%	376	94%	1,109	114%
DENTAL HEALTH	2,266	0	2,266	2,401	106%	0		2,401	106%
Grand Total	8,815	500	9,315	9,437	107%	467	93%	9,904	106%

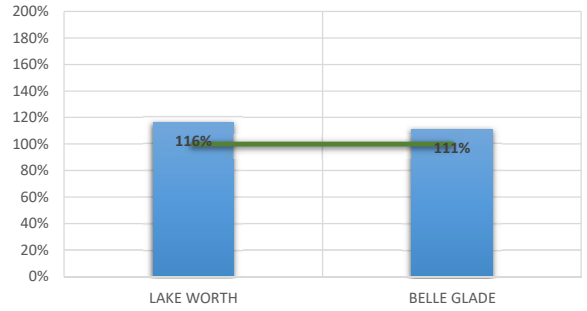
Adult Care



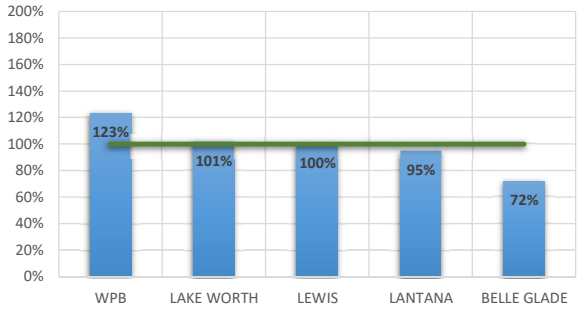
Pediatric Care



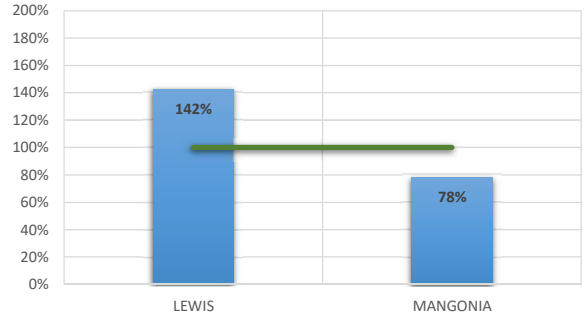
Women's Health Care



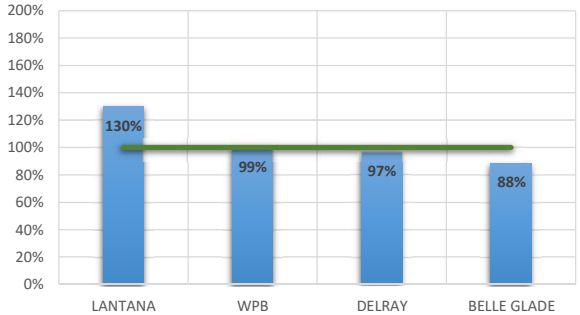
Behavioral Health



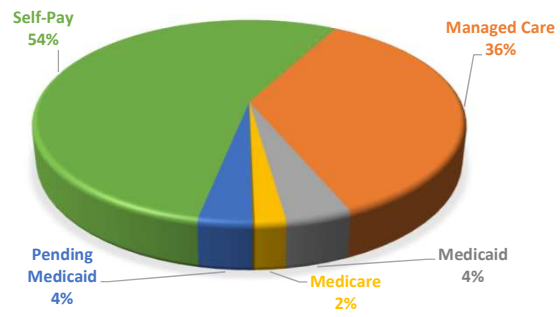
Substance Abuse Disorder



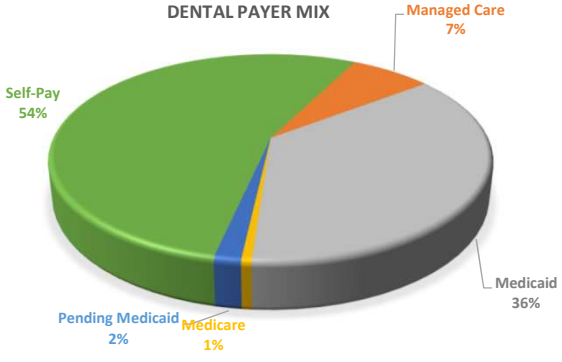
Dental



MEDICAL PAYER MIX



DENTAL PAYER MIX

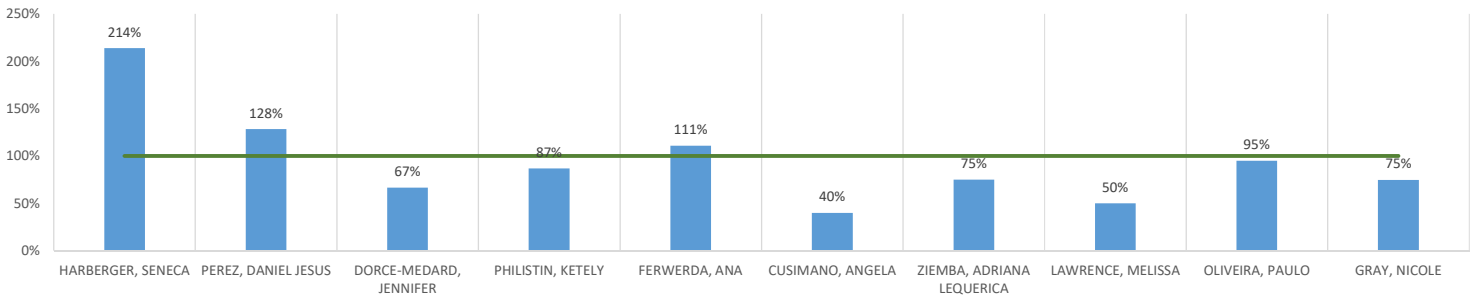


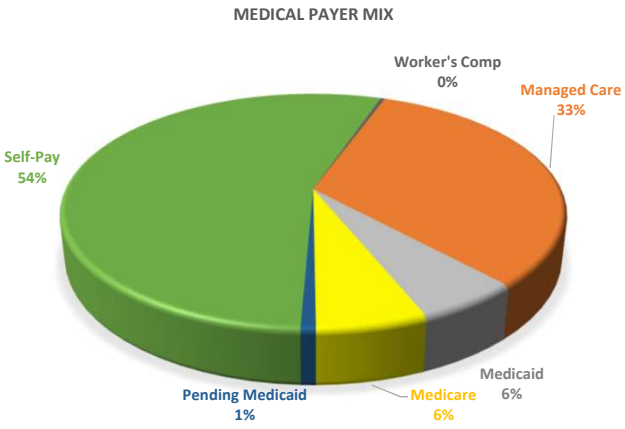
BELLE GLADE **PRODUCTIVITY NOVEMBER 2021**

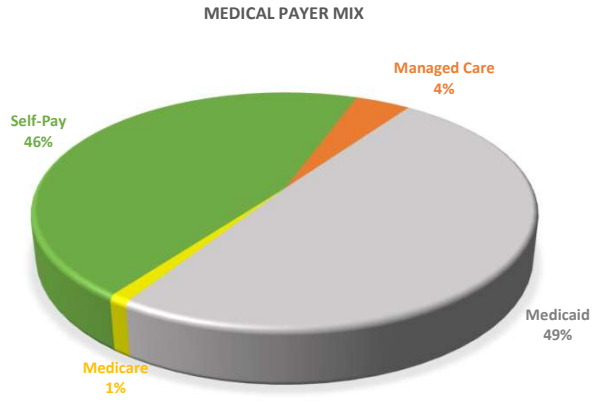
<51% >=51% and < 80% >= 80% and <100% >= 100%

AS 11/30/2021 Based on Completed Appointments

Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
ADULT CARE										
HARBERGER, SENECA & Residents	17	8.5	145	0	**145**	310		**310**	**214%**	36.5
PEREZ, DANIEL JESUS & Residents	17	8.5	145	0	**145**	186		**186**	**128%**	21.9
DORCE-MEDARD, JENNIFER	17	0.5	9	0	**9**	6		**6**	**67%**	12.0
PHILISTIN, KETELY	15	1.5	23	0	**23**	20		**20**	**87%**	13.3
ADULT CARE TOTALS		**19**	**322**	**0**	**322**	**522**	**0**	**522**	**162%**	
WOMEN'S HEALTH CARE										
FERWERDA, ANA	17	0.5	9	0	**9**	10		**10**	**111%**	20.0
WOMEN'S HEALTH CARE TOTALS		**0.5**	**9**	**0**	**9**	**10**	**0**	**10**	**111%**	
BEHAVIORAL HEALTH										
CUSIMANO, ANGELA	*5	2	9	1	**10**	3	1	**4**	**40%**	2.0
ZIEMBA, ADRIANA LEQUERICA	8	13	64	32	**96**	44	28	**72**	**75%**	5.5
BEHAVIORAL HEALTH TOTALS		**15**	**73**	**33**	**106**	**47**	**29**	**76**	**72%**	
** Avg Target New Providers*										
SUBSTANCE ABUSE DISORDER										
LAWRENCE, MELISSA	*5	2	10	0	**10**	5	0	**5**	**50%**	2.5
SUBSTANCE ABUSE DISORDER TOTALS		**2**	**10**	**0**	**10**	**5**	**0**	**5**	**50%**	
** Avg Target New Providers*										
DENTAL										
OLIVEIRA, PAULO	15	17.5	270	0	**270**	256		**256**	**95%**	14.6
GRAY, NICOLE	8	17.0	135	0	**135**	101		**101**	**75%**	5.9
DENTAL TOTALS		**34.5**	**405**	**0**	**405**	**357**	**0**	**357**	**88%**	
GRAND TOTAL		**71**	**819**	**33**	**852**	**941**	**29**	**970**	**114%**	







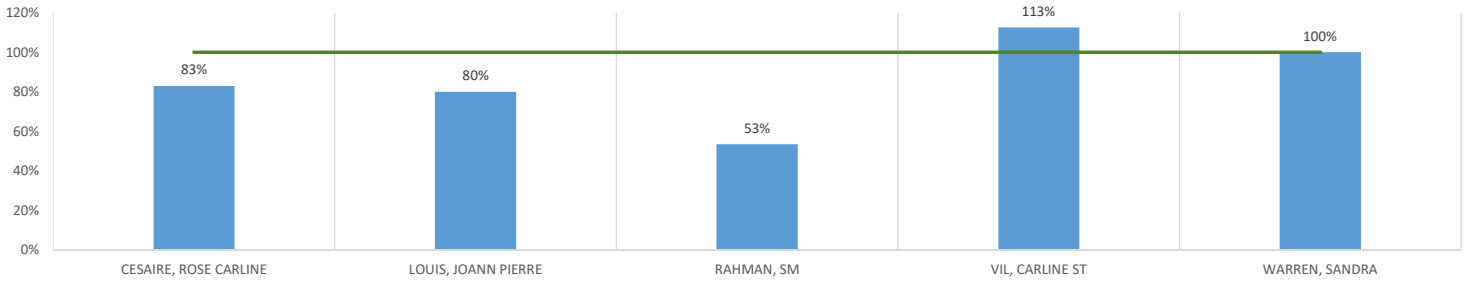
BOCA **PRODUCTIVITY NOVEMBER 2021**

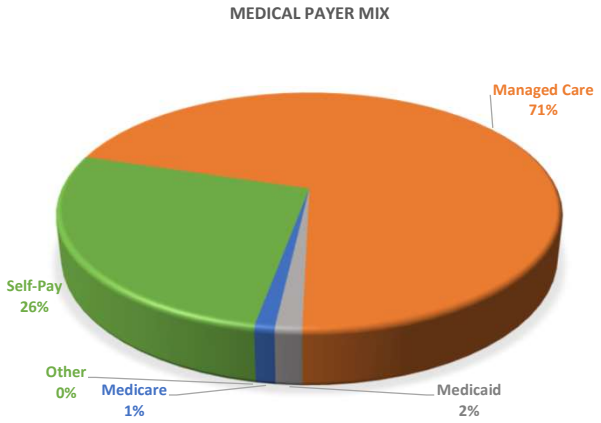
<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

AS 11/30/2021 Based on Completed Appointments

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
CESAIRE, ROSE CARLINE	14	15.0	216	1	**217**	179	1	**180**	**83%**	12.0
LOUIS, JOANN PIERRE	15	1.0	15	0	**15**	12	0	**12**	**80%**	12.0
RAHMAN, SM	14	8.5	117	1	**118**	62	1	**63**	**53%**	7.4
VIL, CARLINE ST	15	0.5	8	0	**8**	9	0	**9**	**113%**	18.0
WARREN, SANDRA	8	2.4	12	0	**12**	12	0	**12**	**100%**	5.0
ADULT CARE TOTALS		**27.4**	**368**	**2**	**370**	**274**	**2**	**276**	**75%**	

GRAND TOTAL	**27.4**	**368**	**2**	**370**	**274**	**2**	**276**	**75%**	





DELRAY **PRODUCTIVITY NOVEMBER 2021**

<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

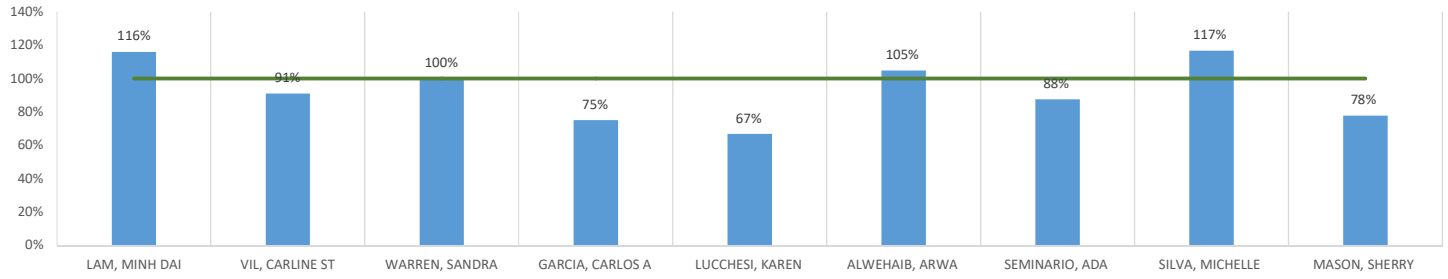
AS 11/30/2021 Based on Completed Appointments

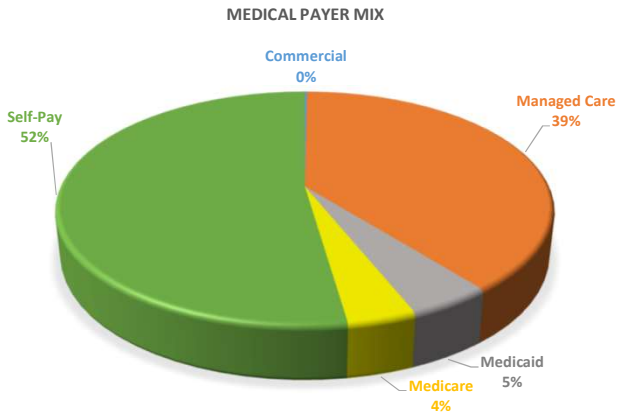
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
LAM, MINH DAI	15	17.5	244	12	**256**	284	13	**297**	**116%**	17.0
VIL, CARLINE ST	14	13.5	201	1	**202**	183	1	**184**	**91%**	13.6
WARREN, SANDRA	6	1.0	6	0	**6**	6	0	**6**	**100%**	6.0
GARCIA, CARLOS A	15	0.5	8	0	**8**	6	0	**6**	**75%**	12.0
ADULT CARE TOTALS		**32.5**	**459**	**13**	**472**	**479**	**14**	**493**	**104%**	

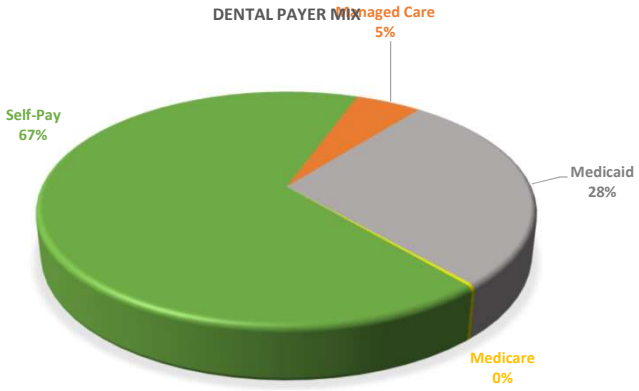
BEHAVIORAL HEALTH										
LUCCHESI, KAREN	10	17.0	160	9	**169**	106	7	**113**	**67%**	6.6
BEHAVIORAL HEALTH TOTALS		**17.0**	**160**	**9**	**169**	**106**	**7**	**113**	**67%**	

DENTAL										
ALWEHAIB, ARWA	15	13.5	206	0	**206**	216		**216**	**105%**	16.0
SEMINARIO, ADA	16	1	16	0	**16**	14		**14**	**88%**	14.0
SILVA, MICHELLE	16	3	48	0	**48**	56		**56**	**117%**	18.7
MASON, SHERRY	8	17.5	135	0	**135**	105		**105**	**78%**	6.0
DENTAL TOTALS		**35**	**405**	**0**	**405**	**391**	**0**	**391**	**97%**	

GRAND TOTAL	84.5	1024	22	1046	976	21	997	95%	







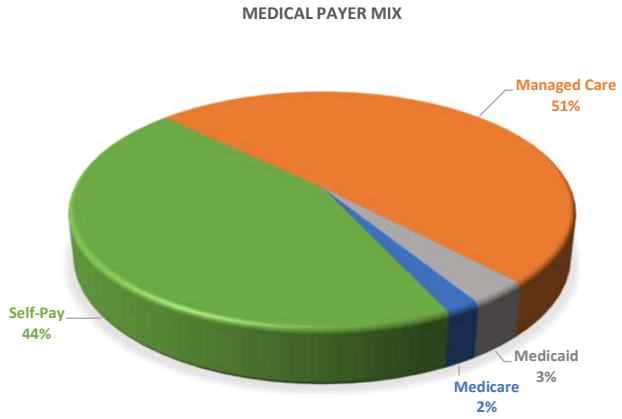
JUPITER **PRODUCTIVITY NOVEMBER 2021**

<51% >=51% and < 80% >= 80% and <100% >= 100%

AS 11/30/2021 Based on Completed Appointments

ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
DABU, DARNEL	16	10.5	168	0	**168**	166	0	**166**	**99%**	15.8
SHOAF, NOREMI	14	14.5	209	1	**210**	202	1	**203**	**97%**	14.0
ADULT CARE TOTALS		**25**	**377**	**1**	**378**	**368**	**1**	**369**	**98%**	

GRAND TOTAL	**25**	**377**	**1**	**378**	**368**	**1**	**369**	**98%**	



LAKE WORTH **PRODUCTIVITY NOVEMBER 2021**

<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

AS 11/30/2021 Based on Completed Appointments

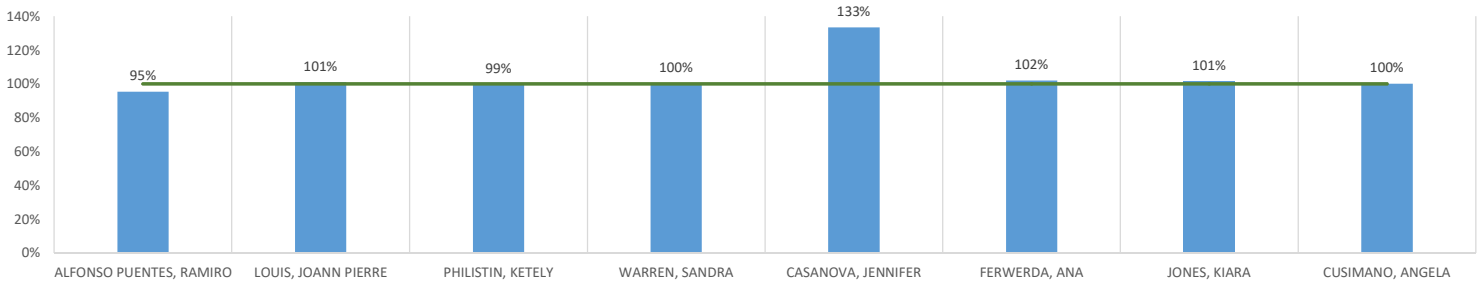
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
ALFONSO PUENTES, RAMIRO	16	14.5	237	0	**237**	226	0	**226**	**95%**	15.6
LOUIS, JOANN PIERRE	14	14.5	210	0	**210**	212	0	**212**	**101%**	14.6
PHILISTIN, KETELY	14	13.0	187	1	**188**	186	1	**187**	**99%**	14.4
WARREN, SANDRA	5	2.0	10	0	**10**	10	0	**10**	**100%**	5.0
ADULT CARE TOTALS		**44**	**644**	**1**	**645**	**634**	**1**	**635**	**98%**	

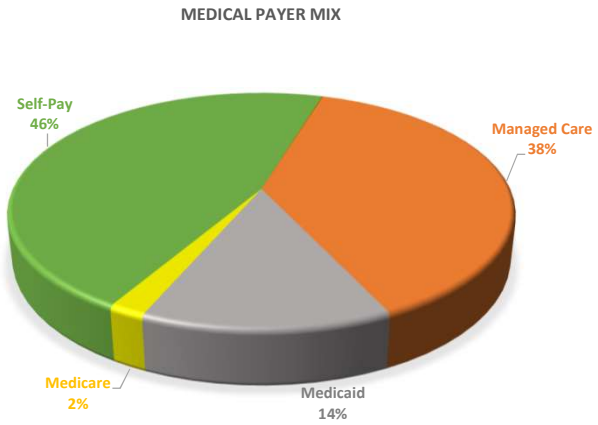
WOMEN'S HEALTH CARE										
CASANOVA, JENNIFER	15	11	156	0	**156**	208		**208**	**133%**	18.9
FERWERDA, ANA	17	12.0	192	0	**192**	196		**196**	**102%**	16.3
WOMEN'S HEALTH CARE TOTALS		**23**	**348**	**0**	**348**	**404**	**0**	**404**	**116%**	

BEHAVIORAL HEALTH										
JONES, KIARA	10	16.5	140	19	**159**	146	15	**161**	**101%**	9.8
CUSIMANO, ANGELA	*5	0.2	1	0	**1**	1	0	**1**	**100%**	5.0
BEHAVIORAL HEALTH TOTALS		**16.7**	**141**	**19**	**160**	**147**	**15**	**162**	**101%**	

** Avg Target New Providers*

GRAND TOTAL	83.7	1,133	20	1,153	1,185	16	1,201	104%	



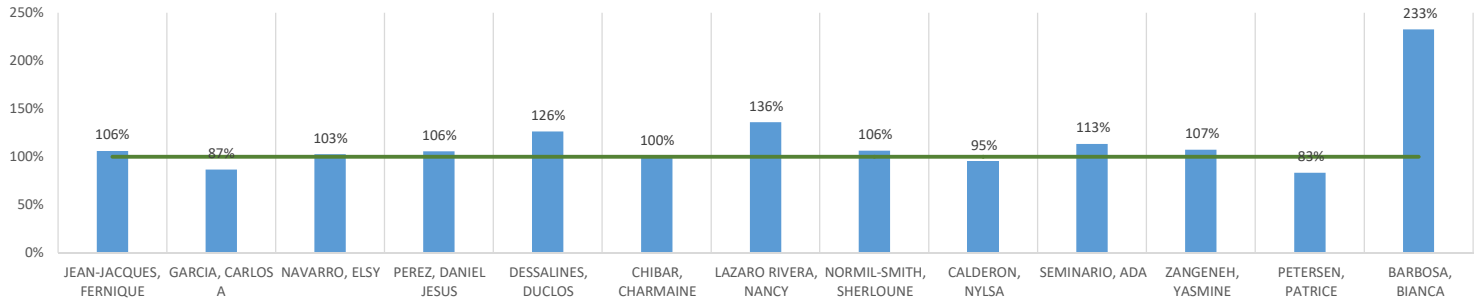


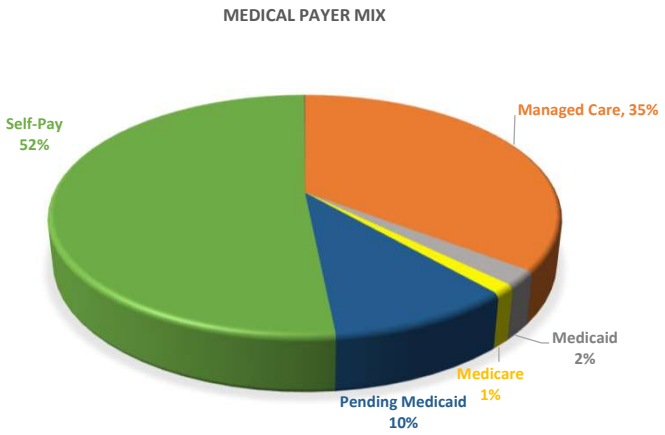
LANTANA **PRODUCTIVITY NOVEMBER 2021**

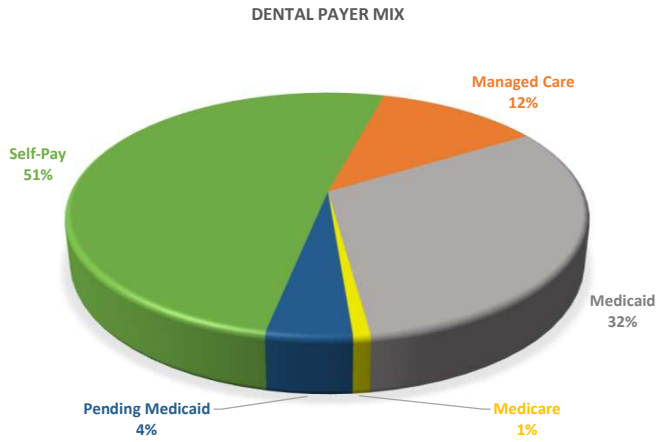
<51% >=51% and < 80% >= 80% and <100% >= 100%

AS 11/30/2021 Based on Completed Appointments

Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
ADULT CARE										
JEAN-JACQUES, FERNIQUE	15	17.0	247	1	**248**	262	1	**263**	**106%**	15.5
GARCIA, CARLOS A	15	1.0	15	0	**15**	13	0	**13**	**87%**	13.0
NAVARRO, ELSY	15	16.0	232	1	**233**	238	1	**239**	**103%**	14.9
PEREZ, DANIEL JESUS	16	8.0	126	0	**126**	133	0	**133**	**106%**	16.6
ADULT CARE TOTALS		**42**	**620**	**2**	**622**	**646**	**2**	**648**	**104%**	
PEDIATRIC CARE										
DESSALINES, DUCLOS	16	16.5	270	1	**271**	342	0	**342**	**126%**	20.7
CHIBAR, CHARMAINE	5	1	5	0	**5**	5	0	**5**	**100%**	5.0
LAZARO RIVERA, NANCY	16	13.5	220	0	**220**	299	0	**299**	**136%**	22.1
NORMIL-SMITH, SHERLOUNE	16	13	210	0	**210**	223	0	**223**	**106%**	17.2
WOMEN'S HEALTH CARE TOTALS		**44**	**705**	**1**	**706**	**869**	**0**	**869**	**123%**	
BEHAVIORAL HEALTH										
CALDERON, NYLSA	10	12.5	113	6	**119**	108	5	**113**	**95%**	9.0
BEHAVIORAL HEALTH TOTALS		**12.5**	**113**	**6**	**119**	**108**	**5**	**113**	**95%**	
DENTAL										
SEMINARIO, ADA	15	15	238	0	**238**	270		**270**	**113%**	18.0
ZANGENEH, YASMINE	15	12.5	190	0	**190**	204		**204**	**107%**	16.3
PETERSEN, PATRICE	8	15.5	124	0	**124**	103		**103**	**83%**	6.6
BARBOSA, BIANCA	8	17.5	135	0	**135**	314		**314**	**233%**	17.9
DENTAL TOTALS		**60.5**	**687**	**0**	**687**	**891**	**0**	**891**	**130%**	
GRAND TOTAL		**159**	**2,125**	**9**	**2,134**	**2,514**	**7**	**2,521**	**118%**	







LEWIS **PRODUCTIVITY NOVEMBER 2021**

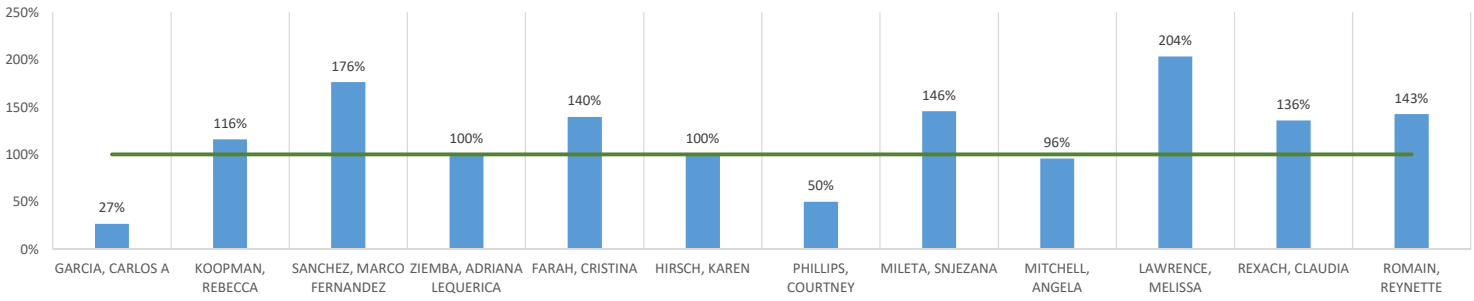
<5% >=51% and < 80% >= 80% and <100% >= 100%

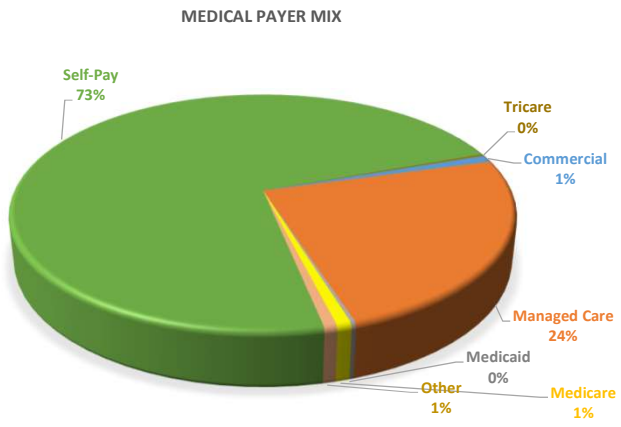
AS 11/30/2021 Based on Completed Appointments

ADULT CARE											
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
GARCIA, CARLOS A	15	1	15	0	**15**	4	0	**4**	**27%**	4.0
KOOPMAN, REBECCA	15	1.7	25	0	**25**	29	0	**29**	**116%**	17.1
SANCHEZ, MARCO FERNANDEZ	15	17.5	254	0	**254**	448	0	**448**	**176%**	25.6
ADULT CARE TOTALS		**20.2**	**294**	**0**	**294**	**481**	**0**	**481**	**164%**	
BEHAVIORAL HEALTH										
ZIEMBA, ADRIANA LEQUERICA		0.5	0	1	**1**		1	**1**	**100%**	2.0
BEHAVIORAL HEALTH TOTALS		**0.5**	**0**	**1**	**1**	**0**	**1**	**1**	**100%**	
SUBSTANCE ABUSE DISORDER										
FARAH, CRISTINA	10	8.1	39	42	**81**	75	38	**113**	**140%**	14.0
HIRSCH, KAREN	4	1.0	4	0	**4**	4	0	**4**	**100%**	4.0
PHILLIPS, COURTNEY	8	1.0	8	0	**8**	4	0	**4**	**50%**	4.0
MILETA, SNJEZANA	10	12.0	74	40	**114**	126	40	**166**	**146%**	13.8
MITCHELL, ANGELA	10	4.5	12	33	**45**	21	22	**43**	**96%**	9.6
LAWRENCE, MELISSA	*5	6.2	46	11	**57**	101	15	**116**	**204%**	18.7
REXACH, CLAUDIA	10	12.1	36	79	**115**	68	88	**156**	**136%**	12.9
ROMAIN, REYNETTE	10	13.5	42	87	**129**	83	101	**184**	**143%**	13.6
SUBSTANCE ABUSE CARE TOTALS		**58.4**	**261**	**292**	**553**	**482**	**304**	**786**	**142%**	

** Avg Target New Providers*

GRAND TOTAL	79.1	555	293	848	963	305	1,268	150%	





MANGONIA **PRODUCTIVITY NOVEMBER 2021**

<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

AS 11/30/2021 Based on Completed Appointments

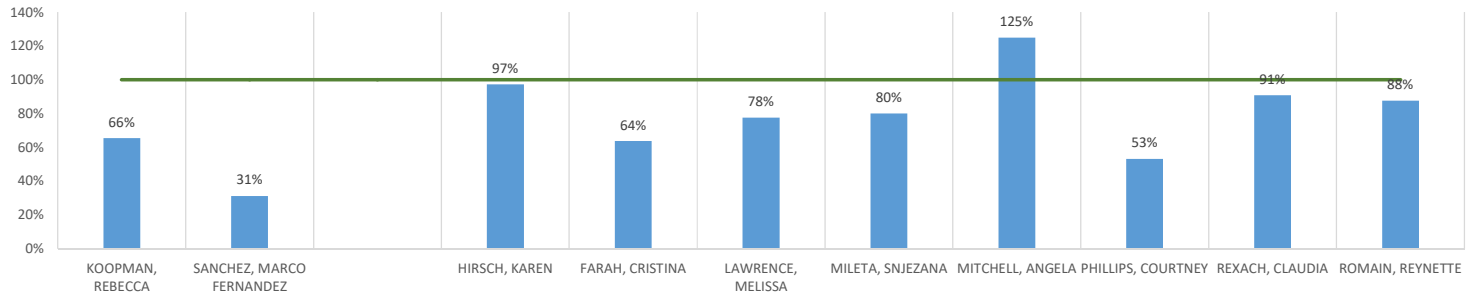
ADULT CARE										
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
KOOPMAN, REBECCA	15	15.8	229	0	**229**	150	0	**150**	**66%**	9.5
SANCHEZ, MARCO FERNANDEZ	15	1.0	16	0	**16**	5	0	**5**	**31%**	5.0
ADULT CARE TOTALS		**16.8**	**245**	**0**	**245**	**155**	**0**	**155**	**63%**	

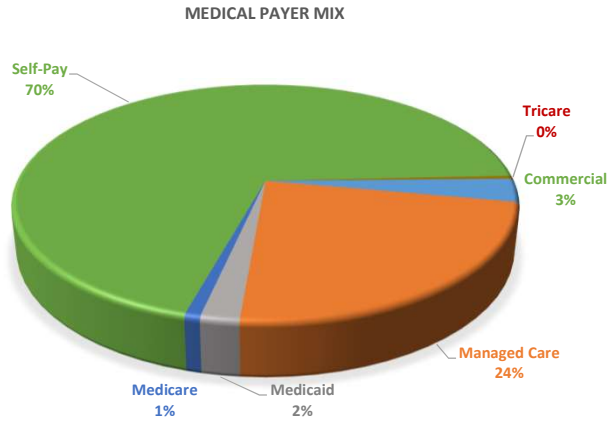
BEHAVIORAL HEALTH										
BEHAVIORAL HEALTH TOTALS		**0.0**	**0**	**0**	**0**	**0**	**0**	**0**		

SUBSTANCE ABUSE DISORDER										
HIRSCH, KAREN	5	8.5	27	10	**37**	25	11	**36**	**97%**	4.2
FARAH, CRISTINA	10	4.4	24	20	**44**	23	5	**28**	**64%**	6.4
LAWRENCE, MELISSA	*5	8.8	50	17	**67**	35	17	**52**	**78%**	5.9
MILETA, SNJEZANA	10	5.5	41	14	**55**	35	9	**44**	**80%**	8.0
MITCHELL, ANGELA	10	2.0	10	10	**20**	15	10	**25**	**125%**	12.5
PHILLIPS, COURTNEY	8	11.5	89	3	**92**	46	3	**49**	**53%**	4.3
REXACH, CLAUDIA	10	5.4	41	13	**54**	42	7	**49**	**91%**	9.1
ROMAIN, REYNETTE	10	4.0	21	19	**40**	25	10	**35**	**88%**	8.8
SUBSTANCE ABUSE CARE TOTALS		**50.1**	**303**	**106**	**409**	**246**	**72**	**318**	**78%**	

** Avg Target New Providers*

GRAND TOTAL	**66.9**	**548**	**106**	**654**	**401**	**72**	**473**	**72%**	



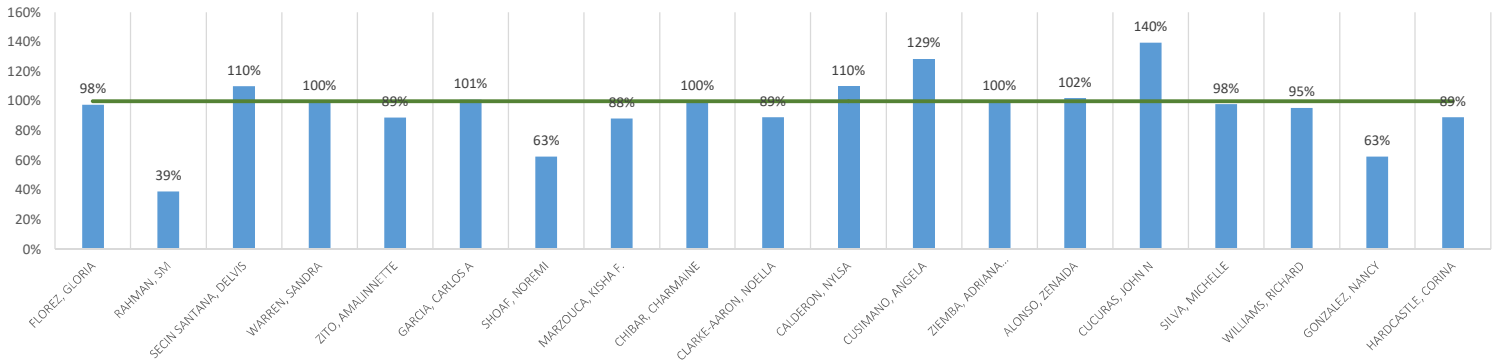


WEST PALM BEACH **PRODUCTIVITY NOVEMBER 2021**

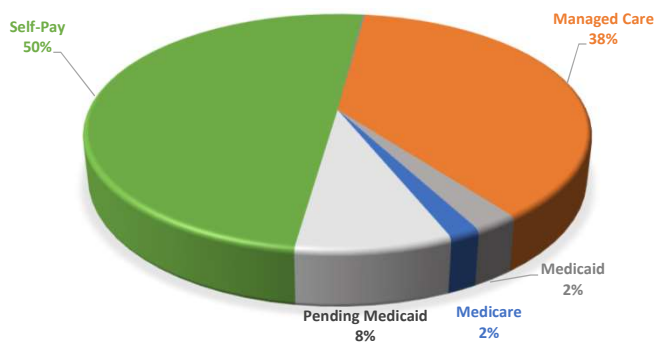
<51% | >=51% and < 80% | >= 80% and <100% | >= 100%

AS 11/30/2021 Based on Completed Appointments

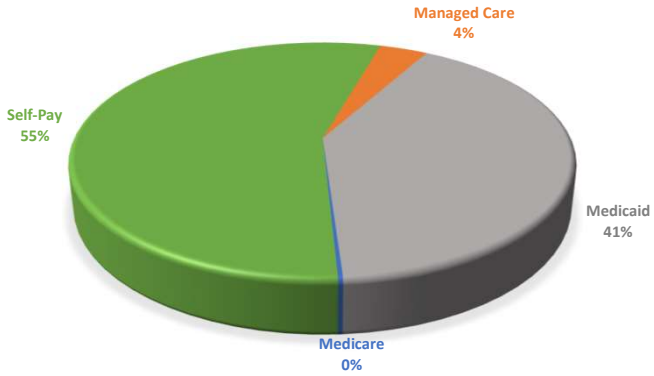
Provider	Daily Target	Days Worked	Target for the Month			Total for the Month Seen			% Monthly Target Achieved	Daily Average
			In-Person	Telehealth	Total	In-Person	Telehealth	Total		
ADULT CARE										
FLOREZ, GLORIA	16	15.5	254	1	**255**	249	0	**249**	**98%**	16.1
RAHMAN, SM	9	2.0	18	0	**18**	7	0	**7**	**39%**	3.5
SECIN SANTANA, DELVIS	17	7.5	129	0	**129**	142	0	**142**	**110%**	18.9
WARREN, SANDRA	1	1.0	1	0	**1**	1	0	**1**	**100%**	1.0
ZITO, AMALINNETTE	9	2.0	18	0	**18**	16	0	**16**	**89%**	8.0
GARCIA, CARLOS A	14	7.0	98	0	**98**	99	0	**99**	**101%**	14.1
SHOAF, NOREMI	15	0.5	8	0	**8**	5	0	**5**	**63%**	10.0
ADULT CARE TOTALS		**35.5**	**526**	**1**	**527**	**519**	**0**	519	**98%**	
PEDIATRIC CARE										
MARZOUCA, KISHA F.	16	16.0	271	0	**271**	239	0	**239**	**88%**	14.9
CHIBAR, CHARMAINE	7	1.0	7	0	**7**	7	0	**7**	**100%**	7.0
CLARKE-AARON, NOELLA	16	13.5	220	0	**220**	196	0	**196**	**89%**	14.5
PEDIATRIC CARE TOTALS		**30.5**	**498**	**0**	**498**	**442**	**0**	442	**89%**	
BEHAVIORAL HEALTH										
CALDERON, NYLSA	10	2.0	18	2	**20**	20	2	**22**	**110%**	11.0
CUSIMANO, ANGELA	*5	12.8	53	10	**63**	70	11	**81**	**129%**	6.3
ZIEMBA, ADRIANA LEQUERICA	3	1.0	2	1	**3**	2	1	**3**	**100%**	3.0
BEHAVIORAL HEALTH TOTALS		**15.8**	**73**	**13**	**86**	**92**	**14**	106	**123%**	
** Avg Target New Providers*										
DENTAL										
ALONSO, ZENAIDA	15	13.5	206	0	**206**	210		**210**	**102%**	15.6
CUCURAS, JOHN N	16	3.0	48	0	**48**	67		**67**	**140%**	22.3
SILVA, MICHELLE	15	12.5	190	0	**190**	186		**186**	**98%**	14.9
WILLIAMS, RICHARD	15	12.5	190	0	**190**	181		**181**	**95%**	14.5
GONZALEZ, NANCY	8	1.0	8	0	**8**	5		**5**	**63%**	5.0
HARDCASTLE, CORINA	8	16.5	127	0	**127**	113		**113**	**89%**	6.8
DENTAL TOTALS		**59**	**769**	**0**	**769**	**762**	**0**	762	**99%**	
GRAND TOTAL		**140.8**	**1,866**	**14**	**1,880**	**1,815**	**14**	**1,829**	**97%**	



MEDICAL PAYER MIX



DENTAL PAYER MIX



DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 26, 2022

1. Description: Quality Improvement & Quality Assurance (QI/QA) Plan Updates

2. Summary:

This agenda item presents the updated Quality Improvement & Quality Assurance (QI/QA) Plan.

3. Substantive Analysis:

The major changes to the QI/QA Plan are the update of the Work Plan and Attachment A to include updated goals.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	**N/A**	Yes ☐ No ☒
Annual Net Revenue	**N/A**	Yes ☐ No ☒
Annual Expenditures	**N/A**	Yes ☐ No ☒

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

Candice Abbott
VP & Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A

Committee Name

Date Approved

6. Recommendation:

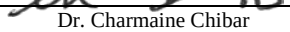
Staff recommends the Board approve the updated Quality Improvement & Quality Assurance (QI/QA) Plan.

Approved for Legal sufficiency:

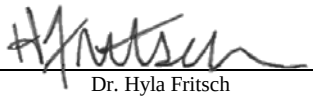
Bernabe Icaza

Bernabe Icaza
VP & General Counsel

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 26, 2022



Dr. Charmaine Chibar
FQHC Medical Director



Dr. Hyla Fritsch
AVP & Executive Director of Clinic Operations
& Pharmacy Services

C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

QUALITY IMPROVEMENT/ ASSURANCE PLAN

Version 10: January 2022

_____ _____
Michael Smith ***Date***
Chair Board of Directors

_____ _____
Hyla Fritsch, PharmD ***Date***
AVP & Executive Director of Clinic and Pharmacy Services

_____ _____
Charmaine Chibar, MD ***Date***
FQHC Medical Director

INTRODUCTION

C. L. Brumback Primary Care Clinics (CLBPCC) works diligently to improve the health of families in Palm Beach County, including the indigent and medically underserved population. It provides an accessible cost-effective, high-quality and comprehensive primary health service programs.

CLBPCC strives to ensure that all service delivery is compliant with industry standards, government regulations, and contractual agreements.

CLBPCC works to integrate quality and safe practices into all operations, promoting accountability throughout the organization. CLBPCC also works to promote a culture that encourages real-time staff reporting of errors and near-misses.

STATEMENT OF PURPOSE

As part of providing quality care in alignment with the C. L. Brumback Primary Care Clinics Mission Statement, CLBPCC has implemented the Quality Improvement (QI) Program under the supervision of the FQHC Medical Director. The purpose of the QI Program is to track clinical, operational and other measures to promote quality, ensure patient safety and improve patient care, aligned with the Health Resources and Services Administration' (HRSA) clinical and financial performance measures. The QI Plan is also designed to move CLBPCC toward achieving professional accreditations in health care and improving population health at reduced per capita cost.

SCOPE

The scope of the QI Plan is comprehensive and serves as a guide to all clinical and operational QI activities in CLBPCC.

The QI/QA program addresses the following:

1. Quality assurance and improvement

2. Utilization of health center services
3. Patient satisfaction and patient grievance processes and
4. Patient safety, including adverse events

The plan focuses on:

1. Designing, implementing, monitoring and improving processes
2. Addressing findings identified through audits and assessments
3. Ensuring accountability at all levels
4. Establishing clear differentiation of responsibilities
5. Meeting all requirements of the QI Program required by HRSA, the Federal Tort Claims Act (FTCA), Patient-Centered Medical Home (PCMH) Accreditation and other grant-related requirements and
6. Establishing key initiatives

QI PROGRAM MONITORING

Board of Directors

The CLBPCC is governed by the Federally Qualified Health Center (FQHC) Board of Directors (BOD) which is responsible for providing oversight and direction related to care and services provided by the organization. The BOD is accountable for compliance with the Quality Improvement Plan for CLBPCC. Accountability begins with the Board's initial approval of the QI Plan and continues through the re-approval of the plan, which takes place at least every three years (more often if substantial changes are made in the CLBPCC QI Program).

BOD delegates responsibility to the AVP & Executive Director of Clinics & Pharmacy to ensure that resources such as personnel, finances and equipment are available for QI activities. The AVP & Executive Director of Clinics & Pharmacy delegates primary responsibility for implementing, managing and monitoring CLBPCC QI Program efforts to the FQHC Medical Director. He or she reports to the Board on a monthly basis and presents

the Quality Council meeting minutes, summary Uniform Data System (UDS reports) and at least quarterly QI/QA assessments.

The BOD is responsible for the following activities:

1. Reviewing and approving the QI Plan
2. Reviewing summary reports of the QI Program
3. Credentialing and privileging of provider staff
4. Reviewing and approving policies
5. Reviewing summary reports and patient complaints
6. Reviewing the results of quality audits, patient satisfaction and trend report results
7. Reviewing legal claims related to patient care

Quality Council

The Quality Council is a cross-functional committee that meets monthly (per our bylaws). It includes clinical and administrative staff and serves as the umbrella committee for quality across the CLBPCC service lines. The Quality Council is chaired by the Executive Director of Corporate Quality.

The Quality Council reviews and makes recommendations for clinical services, monitors progress of Health Care objectives, reviews clinical outcome measures, monitors and review quality assurance and continuous quality improvement. It also monitors principles of practice, credentialing, community needs survey data, patient satisfaction and recommends new clinical programs. The Quality Council will meet on a monthly basis. The Executive Director, or his/her designee, will serve as a non-voting, ex-officio member of this committee.

The Quality Council provides leadership by defining organizational priorities as agreed upon and continually assessing the CLBPCC needs for QI improvement activities. The Quality Council selects and prioritizes quality metrics to be monitored and assesses the data source and integrity for each metric. The Quality Council sets a performance goal for each metric, assigns responsibility for improvement, institutionalizes improvement changes, and

recommends development of policies and procedures as needed. The Quality Council reviews incidents, complaints, grievances, high-risk condition reports, and any sentinel events. The Quality Council develops the QI Plan, which shall be approved by the BOD. Recommendations discussed and approved at the Quality Council meetings are presented to the BOD at the next full BOD meeting by the FQHC Medical Director for review and approval.

This Quality Council consists of:

- FQHC Senior Management (Executive Director, Medical Director, Associate FQHC Medical Director, Director of Dental, Director of Clinic Operations,, Director of Behavioral Health, Director of Nursing, Director of Patient Experience)
- HCD Corporate Management (VP & Chief Medical Officer, Executive Director of Corporate Quality)
- Senior Risk Manager, Patient Relations Manager, Operations Process Manager, Corporate Quality Reporting Analyst, Clinic Quality Analyst
- Invited Guests as required

Workgroups

Quality workgroups (e.g., Risk Workgroup, Medical Workgroup, etc.) recommend process improvement strategies and ensure implementation down the service line; review chart audits and peer review summaries; analyze Clinic Quality Site Visit summaries and recommend improvements. The Workgroups ensure that the chosen metrics are being monitored, data is being collected, and those metrics not meeting the required threshold are moved into the QI action phase. The workgroups will work to determine whether findings are employee specific, clinic specific, or systemic issues. Quality Workgroups validate data, evaluate effectiveness of QI activities, document improvements and ensure that identified quality issues are fully resolved. The workgroups will also identify areas of improvement, initiate Quality Improvement opportunities, and provide any corrective actions to improve the delivery of quality care. Ad-hoc committees may be formed as needed to address unique challenges that can be addressed and resolved in smaller workgroups on shorter timelines.

Pertinent issues, metrics, summaries as well as recommended action plans are presented monthly to Quality Council for further review and discussion.

QI/QA Assessments

Clinic Quality Site Visits (QSV) are performed at each clinic location and for each clinic service line at least quarterly. The QSVs are conducted by designated leadership. The QSV is a combination of facility assessments, staff interviews/meetings, and. Facility assessments include review of compliance / regulatory requirements, HIPAA and Privacy Practices and assurance, Equipment and Supply checks, Quality Binders and QI Logs, patient care areas, Lab-related activities, Vaccine Management, Safety and Security measures, clinic flow, OSHA, Infection Control, and special focus items for each service line: Medical, Dental, Behavioral Health and Clinic Operations. During the QSV, the Quality team meets with staff, assesses competencies, shares provider metrics, reports clinic trends, identifies problems and provider corrective actions, provides staff training, requests staff input and feedback. At the conclusion of a QSV, results are relayed to the Clinic admin team where results are reviewed in appropriate workgroups, new protocols established, and goals for corrective actions are set. Information from these actions are gathered and relayed to Practice Management, Clinical Leads, and other available clinic staff for implementation.

Team-member Meetings

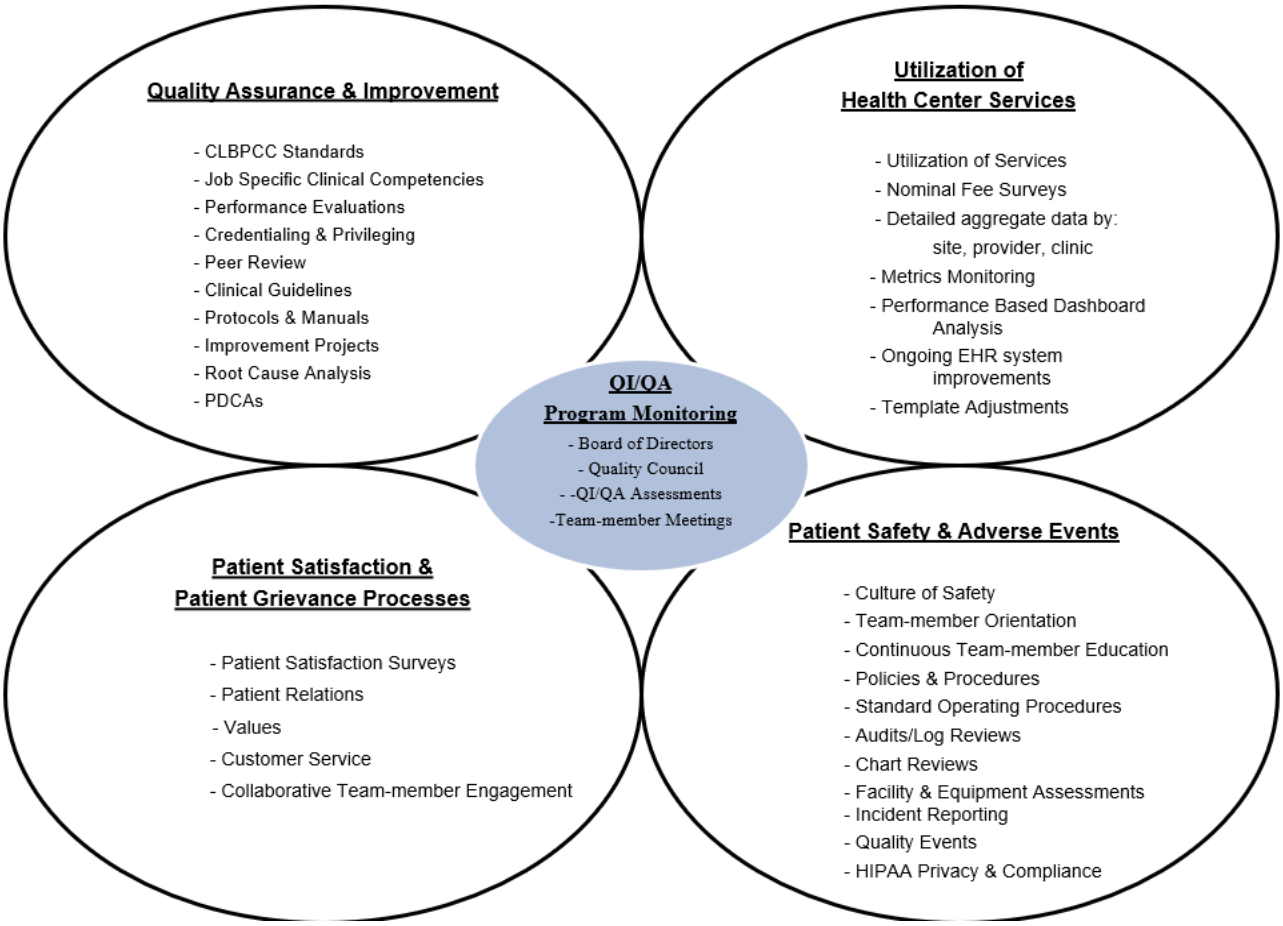
Team-member meetings are held to provide an opportunity for Clinic Administration and Practice Management to share clinic updates and provide education and/or training to clinic team members. During this time, team members also have the opportunity to ask questions, learn best practices from other clinics and share opportunities for improvement. Feedback and comments are gathered from team members and brought back to relevant workgroups for further discussion and follow-up.

Title	Quality Responsibility
Chief Medical Officer	Provide strategic oversight of quality initiatives across the organization.
Executive Director of Corporate Quality	Responsible for implementing, managing and updating CLBPCC QI Program in accordance with the HRSA Compliance Manual. Implements initiatives resulting from strategic planning. Responsible for oversight and direction for clinics quality metrics. Leads customization and optimization of EHR to support accreditation and performance improvement efforts. Hold staff accountable for achievement of goals as determined by metrics. Ensures consistent and repeatable data collection. Responsible for grant compliance, including Uniform Data System (UDS) reporting. Responsible for ensuring the development of appropriate policies and procedures.
AVP & Executive Director of Clinics & Pharmacy	Provides direction to QI Program activities and supports Quality Improvement activities assuring that quality improvement initiatives are consistent with our mission. Leads strategic planning for the clinics.
FQHC Medical Director	Responsible for assessing the CLBPCC QI Program. Responsible for periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the center. Responsible for oversight and direction for medical providers. Responsible for providers credentialing

	and privileging. Responsible for after-hours coverage and on-call schedule and procedure. Assures that all activities of the medical staff are in alignment with QI plan. Responsible for adoption of clinical guidance for providers. Responsible for pharmaceutical quality review of prescribing practices by providers and reporting on their compliance with best practices. Presentation of Peer Review results for quality documentation in patient records. Responsible for development of the electronic health record templates and standardized order sets. Responsible for grant compliance with clinical performance expectations. Responsible for development of appropriate policies and procedures.
Associate FQHC Medical Director	Responsible for Uniform Data System improvement of quality metrics over the course of each calendar year and managing the identified quality champions across our clinics. Responsible for grant compliance with clinical performance expectations. Responsible for development of appropriate policies and procedures.
Director of Clinic Operations	Responsible for periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the center. Producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board regarding the provision of health center services.

	Responsible for business processes including flow of the clinics, patient access and cycle time, and efficient operations in a fiscally sound manner. Responsible for accuracy of the financial and business-related EHR documentation and business-related reports and quality metrics. Responsible for coordinated information flow such as record transfers and coordination of care with other providers. Suggests customization and optimization of EHR. Responsible for development of appropriate policies and procedures. Responsible for communicating action items to FQHC Practice Management.
Director of Patient Experience	Ensures patient experience data are collected and provides directions on improvement efforts based on this data. Ensures that patient complaints are answered in timely manner. Responsible for timeliness of patient encounter closure. Responsible for oversight of Call Center and coordinate patient experience continuum activities including all patient satisfaction related reports. Responsible for coordinated information flow such as referrals and coordination of care with other providers.

The following diagram summarizes the scope of the QI Program at CLBPCC:



QUALITY ASSURANCE & IMPROVEMENT

CLBPCC Standards

CLBPCC standards are defined in our Policies and Procedures, and Standard Operating Procedures (SOPs) that provide the framework for all programs.

All BOD approved Policies and Clinic Procedures are posted on the organization's Intranet SharePoint site, so that all staff can access them at any time. New hires are instructed on how to access the policies and procedures at their initial orientation and existing employees are advised by their supervisors when new policies are added. Additionally, all new Policies,

Procedures, and Standard Operating Procedures are discussed during the staff meetings and clinic huddles and are a standing agenda item. Once a new policy is reviewed with staff, sign-off sheets are utilized to track that training is completed. A copy of the sign-off sheets is kept for each clinic.

Policies and Procedures are grouped into fifteen categories: Administration, Compliance, Human Resources, Information Technology, Finance, Credentialing, Risk, Clinical, Dental, Pharmacy, Behavioral Health, Women's Health, Substance Abuse, Telemedicine, and Clinic Service Center.

Job Specific Clinical Competencies & Performance Evaluation

Each staff is presented with a job description upon their first day of employment, as well as a defined list of detailed job-specific competencies. An assessment of the competencies for the staff is completed during each employee's performance evaluation (the initial evaluation is done during on-boarding, again after three months of employment, followed by a six-month evaluation, and then a one-year evaluation. Evaluations are done annually thereafter.). Assessment of the competencies is completed by immediate supervisors with input provided by key stakeholders.

Credentialing & Privileging

CLBPCC has policies in place that ensure verification of the credentials of health care practitioners and define their privileges to increase safety of the patients and provide the highest quality care to our patients. The Health Care District of Palm Beach County has established a "Credentialing and Provider Service Department" that works with the CLBPCC in all credentialing activities. Credentialing with primary and secondary source verification is performed on all licensed or certified health care staff members before assuming patient care activities. Completed and verified packets are reviewed by the corresponding Director (Medical, Dental, and/or Behavioral Health) and the Director of Credentialing and Provider Services established under the Health Care District of Palm Beach County, the co-applicant to the FQHC's. For all Licensed Individual Practitioners, the corresponding Director (Medical,

Dental, Women's Health, and/or Behavioral Health) makes recommendations to approve (or not approve) applicant for credentialing and privileging to the BOD. These recommendations are based on thorough review of the practitioner's credentials and evaluation of clinical qualifications. Renewal of all previously credentialed and privileged staff will be performed every two years.

Peer Review

CLBPCC has an ongoing Provider Peer Review process as a mechanism of having medical, dental, women's health, and behavioral health providers work routinely reviewed by their peers. The purpose of Peer Review is to ensure the delivery of high-quality care, assess clinical performance, and is used to reappoint providers in the credentialing and privileging process. Charts are audited by using an electronic *Peer Review Form* in the Electronic Risk/ Quality reporting platform. Please refer the Peer Review Policy and Procedure regarding the minimum number of charts requiring review per quarter. Clinicians are required to respond to all identified deficiencies. Any identified deficiencies affecting direct patient care will be corrected at the future visit with the patient. Peer review data is aggregated and reviewed monthly with providers during provider meeting as well as Quality Council meetings. Any trends on an individual level will be discussed privately with the clinician and the corresponding FQHC Director and will result in a corrective plan of action for the clinician. Provider specific Peer Review summaries are reviewed during provider's re-credentialing process.

Clinical Guidelines

CLBPCC adheres to current evidence-based clinical guidelines, standards of care, and standards of practice, as applicable. Program-specific evidence-based guidelines from National sources (including, but not limited to: the American Diabetes Association, American Heart Association, the United States Preventative Services Workgroup guidelines, etc.) are adopted and followed by CLBPCC providers and updated when necessary. Similarly, the dental program also follows guidelines (including, but not limited to: The Organization for Safety, Asepsis, Prevention (OSAP), and Lexi-comp). These guidelines are discussed

during monthly provider meetings. Adherence to these guidelines are monitored via periodic chart reviews, peer reviews, audits, and the *Tableau* platform.

In addition, CLBPCC maintains an organization-wide subscription to “UpToDate”, an online clinical information resource that is evidence based and constantly updated. “UpToDate” encompasses all current clinical practice guidelines and is recommended and endorsed by the Society of General Internal Medicine, the American Academy of Pediatrics, and the American Academy of Family Practice. It is CLBPCC expectation that our medical clinicians refer to “UpToDate” for all current guideline reference.

Protocols & Manuals

CLBPCC works diligently to develop Standard Operating Procedures (SOPs) for all clinical and nonclinical operations in order to ensure standardized training so that patient care is consistent. All departments develop and maintain their own protocols consisting of SOPs (including, but not limited to: Frontline Manual, Referrals Processing Manual - *Referral Institute*, Clinical Manual, Dental Clinical Manual, Call Center Manual, etc.). Clinical and Dental Protocols are grouped into two categories: Adults and Pediatrics. These protocols consist of all standard nursing procedures, standing lab orders, immunization standards and protocols, process maps, screen prints, etc. Every reasonable attempt will be made to streamline our protocols so they follow clinical competencies.

Improvement Projects

Process Improvement is an ongoing system. Through monthly Quality meetings, established reporting systems & protocols, and consistent review of services, CLBPCC staff are able to identify areas in need of improvement in a timely and consistent manner. It is expected that all improvements should enhance our processes and ultimately the health care outcomes of our patients.

The following criteria are followed when establishing priorities for Performance Improvement Projects:

- Any process/procedure that presents a significant risk to patients and staff members
- Any process/procedure that is high in volume (regardless if low risk)
- Any process/procedure that is high risk (regardless if low volume)
- Any process/procedure of high expense or conversely one that could save money

CLBPCC strives to maintain the highest quality standards. Leadership provides thorough, detailed analysis of all sentinel events, performance that significantly reflects sub-standard care, and trends or patterns that significantly deviate from recognized standards of care.

All performance improvement processes will begin with expectation of what is determined to be minimum acceptable standard of compliance for CLBPCC. All criteria used in the evaluation process will be measurable and responsibility for implementation of the project defined.

Effective actions that might be taken once issues are thoroughly evaluated include, but are not limited to:

- Improvement in operations or facilities
- Actions to improve staff knowledge, such as changes in orientation, in-service training and continuing education Programs
- Redistribution or addition of staff, supplies or equipment
- Change in clinical or administrative policies and procedures
- Changes in modifications in clinical privileges
- Individual counseling or disciplinary action

All final findings, conclusions and recommendations are presented to the Quality Council for review, discussion and implementation of change as appropriate.

Root Cause Analysis

Root Cause Analyses are used as our process for identifying, analyzing, and addressing patient adverse events primarily for in-depth analysis of an adverse incident (or “sentinel

event"). However, it is also used as the first step in our improvement process by asking the "Five Whys". By repeatedly asking the question "Why", you can peel away the layers of symptoms which can lead to the root cause of a problem. With each successive step, the team asks "Why?" again, until it has been asked five times. This approach enables the team to dig deeply into the source of the issue, generally resulting in a better understanding and, thus, a more functional solution.

Plan Do Check Act (PDCA)

CLBPCC uses QI tools such as PDCA cycles, process mapping, brainstorming and other techniques for problem identification and/or process improvement.

Plan - Determine what data will be collected and what change/intervention/test to be performed.
Do - Carry out the determined change/intervention/test then collect data again to begin analysis.
Check - Complete analysis of data, summarize what was learned and compare to prediction.
Act – Implement the change tested and study again.

Frequency of data collection and the timeline for sampling of events or activities monitored will be determined based on the frequency of the identified problem. Measurement criteria will be modified as needed based on assessment activities and current literature.

In addition to standard data collection methods (EHR reports, incident reports, management reports, etc.), performance is monitored by patient/staff satisfaction surveys, suggestion boxes, staff reporting errors, and staff suggestions.

UTILIZATION OF HEALTH CENTER SERVICES

Utilization of Services

CLBPCC conducts periodic assessments of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by our clinics. These assessments are:

- Conducted by physicians or by other licensed health professionals under the supervision of physicians;
- Based on the systematic collection and evaluation of patient records;
- Assess patient satisfaction, achievement of project objectives, and include a process for hearing and resolving patient grievances; and
- Identify and document the necessity for change in the provision of services by the center and result in the institution of such change, where indicated.

Additionally, a detailed annual review is undertaken to examine the relevance of service area boundaries, to identify opportunities to better serve the needs of the target population and to ensure adherence with compliance requirements.

Sliding Fee Scale Program and Nominal Fee Surveys

Sliding Fee Scale Program and Nominal Fee Surveys are conducted at least every three years to ensure the Sliding Fee Scale Program is being helping the patients we serve and the flat nominal charge(s) are set at a level that is considered to be nominal from the perspective of the patient based on input from patient surveys.

Detailed Aggregated Data by Site, Provider, Clinic

CLBPCC conducts a monthly overall, as well as clinic-specific and provider-specific, analysis of productivity including number of patients seen by each provider in each service line as compared to targets set for that provider, daily average, percent monthly target achieved and payor mix.

Metrics Monitoring

CLBPCC monitors clinical outcomes (such as UDS requirements, PCMH, and HEDIS indicators), clinical patient care (such as access and cycle time), and business process metrics (such as operational efficiencies and maximized revenue). For selected metrics, the Quality Council leadership establishes a goal and related plan for performance measurement.

Clinical Outcome Measure Audits

UDS Measure Audits and Meaningful Use Audits are performed monthly and presented to the monthly Quality Council meetings as overall “up to date” reports and/or clinic-specific or provider-specific reports. Reports are measured against national goals and closely monitored from month to month. The PDCA process is mapped for the selected measures not meeting the goals.

Clinical Patient Care

CLBPCC continuously monitors both fundamental primary care metrics and program-specific quality metrics for initiatives such as access, cycle time, health information technology, referral tracking, chronic disease management, and team care. These may be measured with reports such as *Patient Cycle Time, Third Next Available Appointment, Percentage of Closed Referrals*, *Number of Referrals vs. PCP Encounters*, *Percentage of Chronic Disease Management Patients,* and *Percentage of Patients who are Compliant with Team Care Plans and Goals* as well as other improvement measures.

Business Processes

CLBPCC continuously monitors finances, coding and billing accuracy and consistency, patient access, staff turnover, and efficiencies seen as a result of PCMH. These may be measured with reports such as *Cash Collection* and *Coding/Billing Audits.*

Performance Based Dashboard Analysis

Selected performance measures are presented on a monthly basis to the Quality Council and BOD relative to pre-established goals. Metrics identified as deterring from our goals are followed and expected improvement is specified by leadership. Quality Councils track and report progress until improvement is reached. When improvement activity is complete, the Quality Councils re-analyze dashboard outcome data to ensure improvements are sustained. Dashboards are shared with the clinics and personalized goals presented to providers at least quarterly to increase staff awareness of goals achieved and identify where improvements can be made.

Additionally, CLBPCC utilizes a *Tableau* platform which provides a wide variety of user-friendly performance-specific dashboards to drive improvement in population health. This unique high-tech software is based on extrapolated data from the EHR which is provided to the software vendor for aggregation. This tool provides performance feedback and comparative benchmarking for the selected measure set. Providers have access to the *Quality Report Module* that they may use for actionable patient lists with the goal to improve these metrics. *Clinic Quality Boards* are also updated on a monthly basis in each clinic break-room.

Ongoing EHR System Improvements

EHR improvements can come from new interfaces that improve efficiencies, EHR enhancements and updates from the vendor, as well as suggested improvement from internal customers or consultants. We aim to review our health IT tools, add-on products, and software solutions on an ongoing basis.

Template Adjustments

CLBPCC internal customers strive to offer and suggest improvements such as provider, program or service-line specific order sets which streamline documentation and increase overall standardization.

PATIENT SATISFACTION & PATIENT GRIEVANCE PROCESSES

Patient Satisfaction Surveys

Patient Satisfaction Surveys enable CLBPCC to ensure a process is followed for assessing patient satisfaction and patient experience and to better meet patient expectations and create loyalty. The Patient Satisfaction Survey is offered to patients during operating hours in the clinic through staff reminders and QR codes. It is also offered through our clinic website. Results are compiled monthly and trended over time.. The summary of the results are shared with the staff, Workgroup, Quality Council, and the BOD.

Patient Relations

CLBPCC monitors all patient relations activities including Patient Complaints, Grievances, and Compliments. CLBPCC has a BOD approved Patient Grievance Policy and Procedure that describes our process for hearing, receiving, reviewing and resolving patient grievances. The Patient Experience Director oversees all aspects of the patient experience. The Patient Relations Manager processes, investigates, tracks, provides follow-up on Patient Grievances, Complaints and Compliments. All patient complaints and grievances are reported to the Executive Director, Medical Director, Patient Experience Director and appropriate Program Director by the Patient Relations Manager. The Patient Experience Director provides monthly reports to the Quality Council and at all Clinic Workgroup. CLBPCC presents Patient Relations data quarterly at the Corporate Quality, Patient Safety and Compliance Committee Meeting.

Values

CLBPCC values the following**:**

Patient Focus – Providing high quality services for patients, which exceed their expectations. Physical space, patient care processes and clinical and business procedures at the clinics respect the comfort and dignity of the patient at all times. Patient satisfaction is assessed regularly through patient satisfaction surveys. Patient complaints are answered in timely manner. Patient should have timely access to appointments as measured by

appointments availability. Access relates to ease and timeliness in obtaining care and includes hours of operation, after-hours on-call systems and telephone systems. These must meet the needs of patient.

Vitality and Efficiency – In order to deliver the highest quality of care, our staff needs to be well trained, satisfied, and empowered to serve the patients. Our organization must be fiscally sound in order to continue our Mission. CLBPCC are devoted to using available resources to produce the highest quality health services.

Equity – All patients will be served with dignity and respect. Sliding fee scale fees will be available to those uninsured patients who qualify according to federal regulations. Pharmacy Programs utilizing the 340B Program are available to our patients. Multilingual staff and appropriate translations are available to patients. No disparities regarding race, ethnicity, or payer class will exist within CLBPCC.

Accessibility – Access to care for underserved communities and patients is achieved by forming outreach teams, careful planning, marketing, and removal of barriers of care. This includes the establishment of extended hours at specified clinics and the availability of a After Hours Answering Service.

Leadership Involvement – The BOD and Executive Director provide strong leadership, direction, and support of QI activities. This involvement of organizational leadership assures that QI initiatives are consistent with our mission and strategic plan.

Data Informed Practice – CLBPCC uses feedback loops and data to better inform the practice and make fact-based decisions.

Analytic Tools – For continuous improvement of care, tools, and methods are needed that foster knowledge and understanding. CLBPCC uses a defined set of analytic tools, reports, and metrics for both clinical patient care and quality of business processes to

turn data into information. This information is reported at the Quality Council meetings each month and escalated to the Quality Council as appropriate.

Customer Service

CLBPCC strives to partner with patients and families to understand each patient's unique needs, culture, values and preference. We are working to change our culture from reactive to proactive in addressing patient experience. We aim to develop and support an empathetic culturally diverse, competent, motivated and service oriented-workforce; to recruit and retain highly competent team-members. We smile.

Collaborative Team-member Engagement

CLBCC approach to quality improvement is that all staff, regardless of their position, are considered to be customer service improvement agents. They receive training during their orientation and training on the QI Program, including patient satisfaction and are expected to participate in these activities. Customer service and QI activities are considered to be embedded in all operations, not separate from the full operations.

PATIENT SAFETY & ADVERSE EVENTS

Culture of Safety

CLBPCC strives to maintain a patient-centered and "Just Accountable" culture that encourages all employees to provide safe quality care and conduct themselves in a professional, team-driven manner.

Team-member Orientation

New staff at CLBPCC complete new employee orientation. During the on-boarding period, new employees receive job-specific training that includes, but is not limited to: training on clinical manuals, electronic health/dental records training, clinical competencies, policies and procedures, quality metrics, HIPAA compliance, and Risk & OSHA. During this period,

skills are assessed for clinical and dental privileging. All new clinic employees are paired with a clinic peer for a minimum of two weeks. Their work is assessed during the first month by an assigned evaluator, via chart audits, and during 1:1 meetings with their supervisor, or a designated Manager.

Continuous Team-member Education

Education of staff at CLBPCC occurs on a continuous basis. As the need arises, updated policies and procedures are reviewed with staff. Select Policies and Procedures are reviewed with staff annually. Employee trainings are tracked through the use of sign-in sheets. In the event an employee missed a required training, the employee is provided a make-up training. Selected training is provided on an annual basis (such as OSHA & Risk, Medical Malpractice, clinical skills, guideline review, EHR/EDR, and standing orders). All licensed medical clinical staff have access to continuing education through an organizational subscription.

Policies & Procedures and Standard Operating Procedures (SOPs)

CLBPCC seeks to implement best practices and streamline processes across all clinics and departments. Policy and Procedure are established by Clinic Administration with input from Corporate Departments (Legal, Compliance, Information technology, Finance, Human Resources, Provider Services, Quality, and Risk) as needed. All clinic policies are reviewed and signed by the FQHC Board. The Policies and Procedures of the Healthcare District Palm Beach County are reviewed and adopted by the CLBPCC and stored in an electronic version-controlled system on SharePoint. All policies and procedures are reviewed at a minimum once every three years or as needed to reflect current processes. The CLBPCC also creates Standard Operating Procedures to introduce new workflows or to provide specific instructions on a new process.

Audits/Log Reviews

CLBPCC conducts scheduled clinic quality audits by conducting clinic quality site visits on rotating basis with the goal that each clinic is visited at least quarterly. During the quality site

visits, all clinics are reviewed and audited through the use of an established audit tools that encompasses a variety of topics (such as compliance signage, equipment, safety, OSHA, inventories, and employee performance). Visit findings are recorded by using a standardized checklist. Visit findings are then tracked by documenting newly created action items and by updating ongoing action items. Findings and action items are presented at Clinical Workgroups and Quality Council Meetings. A copy of findings is placed in each clinic for staff review at meetings and clinic huddles.

CLBPCC maintains the Quality Improvement Action items log that identifies all action items from Workgroups, Clinical Site Visits, Quality Council Meetings, Internal/External Audit findings, Accreditation Bodies, Grant-Funded Programs, and Administrative and Corporate Departments.

Chart Reviews

Chart Audits of the Electronic Health and Dental Records are done on a routine basis by Clinical Directors, Clinic Quality Analyst, Risk Manager, Clinical Coordinators, and Chart Auditor and through the Peer Review process. Performance Measures including UDS indicators, specific grant program requirements, and insurance company's requirements are monitored, analyzed, and reported through electronic reports generated in the "Tableau" database and the Electronic Medical Record systems. The results of clinical audits are presented in the Clinic Workgroups and Quality Council meetings in the form of dashboards, graphs, and pivot tables. These results are escalated to the Board of Directors as necessary.

Facility & Equipment Assessments

CLBPCC seeks to provide an environment of care where safe operations of medical equipment implements and supports the care of patients. CLBPCC has implemented the "Management of Clinical Equipment" SOP that establishes, supports, and maintains a Program that is based on assessed clinical and physical risks of the equipment, monitoring and evaluation of organizational practices, applicable law and regulation, and accepted practices within the healthcare industry. Clinically validated medical and dental equipment

is purchased whenever possible. Users of medical and dental equipment receive training on the safe operation of all equipment as part of their orientation to specific job responsibilities. Training is ongoing and as necessary. All equipment is inspected, tested, and maintained at least bi-annually through agreements with vendors. For retired or non-functioning equipment, staff follow the “Lock-Out Tag-Out for Inoperable Equipment” policy and procedure.

Incident Reporting

The office of Corporate Risk, established under the Health Care District of Palm Beach County, has been tasked to lead CLBPCC Risk Management activities, but efforts are made in every service line. The Medical Director, Dental Director, Women’s Health Director, Behavioral Health Director, Practice Operations Director, Nurse Manager, Clinic Quality Analyst, Dental Quality Coordinator, and Practice Management or delegate work with all staff to discuss actual, potential, and alleged risk management cases and potential system improvements to improve care of all CLBPCC sites. CLBPCC stresses timely, constructive and educational dialogues between involved parties in continuous efforts to improve the quality of the patient care. CLBPCC has a BOD approved “Risk Management Plan” that defines the goals and objectives of the Risk Program including a process for identifying, analyzing, and addressing patient safety and adverse events and for implementing follow-up actions, as necessary. This plan emphasizes implementing evidence-based best practices, learning from incident analysis, and providing constructive feedback, rather than blame and punishment. In a just culture, unsafe conditions and hazards are readily and proactively identified, medical or patient care incidents are reported and analyzed, issues are openly discussed, and suggestions for systemic improvements are welcomed.

<u>Risk Management</u>:

The Corporate Risk and FQHC Leadership incorporates best practices throughout its operations to provide a safe environment for staff and patients. CLBPCC maintains a culture of patient safety and performs routine activities to ensure staff are educated and reminded of patient safety practices. The Director of Corporate Risk Management, established under

the Health Care District of Palm Beach County, co-applicant to the FQHC's, works alongside the Clinic Risk Manager to provide direction, oversight and support to CLBPCC Risk Management education and activities. The Clinics Risk Manager provides monthly reports to the Quality Council on all incidents from the previous month. Risk Management Education/Activities are conducted and tracked in accordance with the Risk Management Plan.

Quality Events

CLBPCC has established a process in which clinical and/or operational challenges that have been noted as a trend can be documented, analyzed, and improved through a "Quality Event" portion of the Risk & Quality Electronic Management System. Those events are opportunities to provide corrective actions or quality improvement activities in a more structured way to improve the overall quality of service and minimize risk. Quality events are reviewed and tracked by the CLBPCC Clinic Quality Analyst. Quality Events are reported at the Quality Councils. The Risk Manager provides oversight and support for reviewing and handling Quality Events.

HIPAA Privacy and Compliance

CLBPCC maintains the confidentiality of patient records, including all information as to personal facts and circumstances obtained by the health center staff about recipients of services. Specifically, CLBPCC does not divulge such information without the individual's consent except as may be required by law or as may be necessary to provide service to the individual or to provide for medical audits by the Secretary of Health and Human Services or his/her designee with appropriate safeguards for confidentiality of patient records.

KEY INITIATIVES

Quality and Patient Safety

To provide quality, patient centered health care that can be defined and measured. To enforce and invest in a pervasive culture of safety with zero preventable errors.

People

To be the employer of choice. To develop and support a culturally diverse, competent, motivated and service oriented workforce. To recruit and retain highly competent providers to meet patient needs.

Cost

To maximize taxpayer investment while advancing the mission and vision. To offer unquestionable value to payers and consumers.

Community Leader

To lead Palm Beach County in improving health status and access to care through community coordination and collaboration. To protect and advance the county's health care safety net.

Data-Driven Culture

To encourage the use of data to improve decision making and inform strategy by promoting a data-driven culture using "democratized" data.

Key Performance Indicator (KPI) Work Plan

KEY PERFORMANCE INDICATOR WORK PLAN						
Performance Indicator	**Performance Goal and Source/YR**	**Method of Collection**	**Data Source**	**Monitor Freq**	**Report Freq**	**Responsible Person/Depart**
CLINICAL MEASURES						
Early Entry into Prenatal Care HRSA Required Measure	Baseline: 58.8 % Source/YR: UDS 2020 2021 Goal: 60% TARGET: 73.5% Source/YR: HRSA National Average 20152020	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services Clinic Supervisor
Childhood Immunization Status HRSA Required Measure	Baseline: 58.9% Source/YR: UDS 2020 2021 Goal: 60% TARGET: 40.4% Source/YR: HRSA National Average 20152020	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services IT Vendor QM Coordinator Medical Director
Cervical Cancer Screening HRSA Required Measure	Baseline: 60.3% Source/YR: UDS 2020 2021 Goal: 65% TARGET: 51% Source/YR: HRSA National Average 20152020	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services IT Vendor QM Coordinator Medical Director
Weight Assessment / Counseling – Children & Adolescents HRSA Required Measure	Baseline: 91.5% Source/YR: UDS 2020 2021 Goal: 90% TARGET: 65.1%	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services IT Vendor QM Coordinator Medical Director

Key Performance Indicator (KPI) Work Plan

KEY PERFORMANCE INDICATOR WORK PLAN						
Performance Indicator	**Performance Goal and Source/YR**	**Method of Collection**	**Data Source**	**Monitor Freq**	**Report Freq**	**Responsible Person/Depart**
	Source/YR: HRSA National Average 20152020					
BMI Screening and Follow-Up HRSA Required Measure	Baseline: 96.1% Source/YR: UDS 2020 2021 Goal: 90% TARGET: 65.7% Source/YR: HRSA National Average 2020	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services IT Vendor QM Coordinator Medical Director
Tobacco Use HRSA Required Measure	Baseline: 96.2% Source/YR: UDS 2020 2021 Goal: 93% TARGET: 83.4% Source/YR: HRSA National Average 2020	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services IT Vendor QM Coordinator Medical Director
Coronary Artery Disease HRSA Required Measure	Baseline: 88% Source/YR: UDS 2020 2021 Goal: 81% TARGET: 71.9% Source/YR: HRSA National Average 2020	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services IT Vendor QM Coordinator Medical Director
Ischemic Vascular Disease HRSA Required Measure	Baseline: 87.3% Source/YR: UDS 2020 2021 Goal: 86%	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services IT Vendor QM Coordinator Medical Director

Key Performance Indicator (KPI) Work Plan

KEY PERFORMANCE INDICATOR WORK PLAN						
Performance Indicator	**Performance Goal and Source/YR**	**Method of Collection**	**Data Source**	**Monitor Freq**	**Report Freq**	**Responsible Person/Depart**
	TARGET: 78.8% Source/YR: HRSA National Average 2020					
Colorectal Cancer Screening HRSA Required Measure	Baseline: 49.7% Source/YR: UDS 2020 2021 Goal: 82% TARGET: 40.1% Source/YR: HRSA National Average 2020	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services IT Vendor QM Coordinator Medical Director
Clinical Depression Screening HRSA Required Measure	Baseline: 95.2% Source/YR: UDS 2020 2021 Goal: 83% TARGET: 64.2% Source/YR: HRSA National Average 2020	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services IT Vendor QM Coordinator Medical Director Behavioral Health Director
Breast Cancer Screening	Baseline: 69.3% Source/YR: UDS 2020 2021 Goal: 60% TARGET: 45.3% Source/YR: HRSA National Average 2020	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services IT Vendor QM Coordinator Medical Director
HIV Screening	Baseline: 28.1% Source/YR: UDS 2020 2021 Goal: 32% TARGET:32.3%	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services IT Vendor QM Coordinator Medical Director

Key Performance Indicator (KPI) Work Plan

KEY PERFORMANCE INDICATOR WORK PLAN						
Performance Indicator	**Performance Goal and Source/YR**	**Method of Collection**	**Data Source**	**Monitor Freq**	**Report Freq**	**Responsible Person/Depart**
	Source/YR: HRSA National Average 2020					
HIV Linkage to Care HRSA Required Measure	Baseline: 86% Source/YR: UDS 2020 2021 Goal: 85% TARGET: 81.4% Source/YR: HRSA National Average 2020	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services IT Vendor QM Coordinator Medical Director Behavioral Health Director Dental Director
Dental Sealants HRSA Required Measure	Baseline: 85.3% Source/YR: UDS 2020 2021 Goal: 75% TARGET: 48.7% Source/YR: HRSA National Average 2020	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services IT Vendor QM Coordinator Medical Director Dental Director
Diabetes Hemoglobin A1C – Poor Control HRSA Required Measure	Baseline: 38.3% Source/YR: UDS 2020 2021 Goal: 67% TARGET: 35.6% Source/YR: HRSA National Average 2020	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services IT Vendor QM Coordinator Medical Director
Controlling High Blood Pressure HRSA Required Measure	Baseline: 68% Source/YR: UDS 2020 2021 Goal: 80% TARGET: 58% Source/YR: HRSA	**Refer to Attachment A*	EHR System Report with manual data validation	Monthly	Quarterly	Clinical Services IT Vendor QM Coordinator Medical Director Dental Director

Key Performance Indicator (KPI) Work Plan

KEY PERFORMANCE INDICATOR WORK PLAN						
Performance Indicator	**Performance Goal and Source/YR**	**Method of Collection**	**Data Source**	**Monitor Freq**	**Report Freq**	**Responsible Person/Depart**
	National Average 2020					
Low Birth Weight HRSA Required Measure	Baseline: 13.68 %% Source/YR: UDS 2018 2021 Goal: 8% TARGET: 8.2% Source/YR: HRSA National Average 2020	**Refer to Attachment A*	Case Management Report	Monthly	Quarterly	Clinical Services IT Vendor QM Coordinator Medical Director
SATISFACTION						
Patient Satisfaction	Baseline: Not yet established. New metric for 2021 Source/YR: See Baseline TARGET: 85% Source/YR: Internal Goal/2020	Numerator: Total number of patients surveyed who would recommend provider to a friend or family member Denominator: Total number of patients surveyed 2022 – Administration of Patient Satisfaction Survey Tool with analysis and reporting	Patient Satisfaction Survey Tool	Quarterly	Quarterly	Front Desk Staff 3rd Party Vendor QM Coordinator CEO
Employee Satisfaction	Baseline: New Metric for 2020 Source/YR: See Baseline TARGET: 85% Source/YR: Internal Goal/2020	Administration of Employee Satisfaction Survey Tool via 3rd Party Vendor with report	Employee Satisfaction Survey Tool	Annually	Annually	3rd Party Vendor QM Coordinator CEO
COORDINATON OF CARE						
Tracking Patient Referrals	Baseline: 90.29% Source/YR: Internal Report/2020 TARGET: 95% Source/YR: Internal	Internal Referral Tracking Process Numerator: Total number of consultation reports received within 30 days	Referral Tracking Log	Monthly	Quarterly	Referral Coordinator RN Case Manager QM Coordinator Medical Director Dental Director

Key Performance Indicator (KPI) Work Plan

KEY PERFORMANCE INDICATOR WORK PLAN						
Performance Indicator	**Performance Goal and Source/YR**	**Method of Collection**	**Data Source**	**Monitor Freq**	**Report Freq**	**Responsible Person/Depart**
	Goal/2020	following the scheduled referral appointment Denominator: Total number of external patient referrals				
Tracking Emergency Room Visits / Inpatient Hospitalizations	*Baseline: a. Hospital Visits: 90% b. ER Visits: 90% Source/YR: Internal Goal/2020 *TARGET: a. Hospital Visits: 95% b. ER Visits: 95% Source/YR: Internal Report/2020 * New numerator and process for data collection implemented during 2020, Q2	Internal ER Visit/Inpatient Hospitalization Tracking Process Numerator: a. Total number of patients discharged from the hospital with a follow up appointment scheduled within 5-7 days b. Total number of patients discharged from the emergency room with a follow up appointment scheduled within 5-7 days Denominator: a. Total number of patients discharged from the hospital b. Total number of patients discharged from the emergency room	ER/Hospital Tracking Log	Monthly	Quarterly	Clinical Services RN Case Manager QM Coordinator Medical Director
ACCESS / SERVICE UTILIZATION						
No Show Appointments	*Baseline: a. Dental: 9.47% b. Medical: 4.15%	Practice Management System	Practice Management Report	Monthly	Monthly	Front Desk Staff QM Coordinator Executive Assistant

Key Performance Indicator (KPI) Work Plan

KEY PERFORMANCE INDICATOR WORK PLAN						
Performance Indicator	**Performance Goal and Source/YR**	**Method of Collection**	**Data Source**	**Monitor Freq**	**Report Freq**	**Responsible Person/Depart**
	Source/YR: Internal Report/2020 *TARGET: a. Dental: 7% b. Medical: 5% Source/YR: Internal Goal/ 2017 * New numerator and data source/process for data collection implemented during 2020, Q2	Numerator: Total number of patients scheduled appointments who did not show for their appointment and did not cancel. Denominator: Total number of patients scheduled for face to face encounters				
SAFETY/RISK MGMT						
Compliance with 72-hour chart closure standards	Baseline: Not yet established. New metric for 2017 Source/YR: See Baseline TARGET: 95% Source/YR: Internal Goal/2020	Centricity Report Numerator: Total number of patients with open medical records 72 hours after the face to face encounter Denominator: Total number of patients with face to face encounters	Centricity	Weekly	Monthly	Billing Specialist CEO/CFO Medical Director Dental Director Executive Assistant
Tracking Hospital Readmissions	Baseline: 4.8% Source/YR: Internal Report/2016 TARGET: < 3% Source/YR: Internal Goal 2020	Internal Hospital Tracking Process Numerator: Total number of patients readmitted to the hospital within 30 days of discharge Denominator: Total number of patients with inpatient	Centricity	Monthly	Quarterly	Clinical Services RN Case Manager QM Coordinator Medical Director

Key Performance Indicator (KPI) Work Plan

KEY PERFORMANCE INDICATOR WORK PLAN						
Performance Indicator	**Performance Goal and Source/YR**	**Method of Collection**	**Data Source**	**Monitor Freq**	**Report Freq**	**Responsible Person/Depart**
		hospitalizations				
Patient Complaints	Baseline: Not yet established due to new numerator and denominator Source/YR: See Baseline TARGET: 100% Source/YR: Internal Goal 2020	Internal Patient Complaint Tracking Process Numerator: Total number of patient complaints forwarded to the QM Coordinator within 48 hours of report with documented patient follow - up Denominator: Total number of patient complaints	Patient Complaint Form/Log	Ongoing	Quarterly	Front Desk Staff Clinical Services RN Case Manager QM Coordinator Medical Director Dental Director CEO
Employee Incidents	Baseline: Not yet established due to new numerator and denominator Source/YR: See Baseline TARGET: 100% Source/YR: Internal Goal 2020	Internal Employee Incident Tracking Process Numerator: Total number of employee incidents forwarded to the QM Coordinator and CEO within 24 hours of incident with documented follow up. Denominator: Total number of employee incidents	Employee Incident Form/Log	Ongoing	Quarterly	QM Coordinator Medical Director Dental Director CEO

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
6B	7-9	Early Entry into Prenatal Care	Percentage of prenatal care patients who entered prenatal care during their first trimester	Women seen for prenatal care during the year	Women beginning prenatal care at the health center or with a referral provider, or with another prenatal care provider during their first trimester	None	no eCQM	73.5%	COVID-19 Pandemic	N/A	Trimester of entry is based on last menstrual period (vs. conception) 1st trimester is through end of 13th week 2nd trimester is start of 14th week to end of 27th week 3rd trimester starts at 28th week If you referred women to other providers for all their prenatal care, report the trimester of their first prenatal visit with the other provider in Column A Patient self-report of trimester of entry is permitted Include women who began prenatal care in 2020and delivered in 2021 To determine the appropriate age group, use the woman's age on June 30th of the reporting year

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
6B	10	Childhood Immunization Status	Percentage of children 2 years of age who were fully immunized by their second birthday	Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period	Children who were fully immunized by their second birthday. A child is fully immunized if s/he has been vaccinated or there is documented evidence of history of illness, a seropositive test result, or an allergic reaction for ALL of the following: 4 diphtheria, tetanus, and acellular pertussis (DTaP); 3 polio (IPV), 1 measles, mumps, and rubella (MMR); 3 H influenza type B (HiB); 3 Hepatitis B (Hep B); 1 chicken pox (VZV); 4 pneumococcal conjugate (PCV); 1 Hepatitis A (Hep A); 2 or 3 rotavirus (RV); and 2 influenza (flu) vaccines	Patients who were in hospice care during the measurement period	CMS117v9	40.4%	COVID-19 Pandemic	None	Record must list the dates of all immunizations and names of immunization agents Good faith efforts do not meet the measurement standard, including: Failure to bring patient in Refusal for personal or religious reasons Be sure to assess patients: ▪ Who turned two during the year (do not include other ages), even if they were not seen before they turned two ▪ Whose only medical visit is for acute or urgent care

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
6B	11	Cervical Cancer Screening	Percentage of women 21*–64 years of age who were screened for cervical cancer (*Use age 23 as the initial age to include in the assessment)	Women 23 through 64 years of age with a medical visit during the measurement period	Women with one or more screenings for cervical cancer using either of the following criteria: Women age 23-64 who had cervical cytology during the measurement period or the 2 years prior to the measurement period for women who are at least 21 years old at the time of the test * Women age 30-64 who had cervical cytology/human papillomavirus (HPV) cotesting performed during the measurement period or the 4 prior years to the measurement period	Women who had a hysterectomy with no residual cervix or a congenital absence of cervix Women who were in hospice care during the measurement period	CMS124v9	51%	COVID-19 Pandemic	None	Documentation in the medical record must include date of test, who performed it, and test result Do not count in the numerator: ▪ Referrals to third parties without documentation of results ▪ Statements from patient that it was done—without documentation ▪ Refusal of patient to have the test Include women in the evaluation of this measure if they had any medical visit during the year, regardless of the nature of the visit Include patients who were provided obstetrics / gynecological services elsewhere

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
6B	11a	Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period	Women 51-74 years of age with a visit during the measurement period	Women with one or more mammograms during the 27 months prior to the end of the measurement period	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy. Patients whose hospice care overlaps the measurement period. Patients 66 and older who are living long term in an institution for more than 90 consecutive days during the measurement period. Patients 66 and older with advanced illness and frailty	CMS125v9	45.3%	COVID-19 Pandemic	None	Documentation in the medical record must include date of test, who performed it, and test result Do not count in the numerator: ▪ Referrals to third parties without documentation of results ▪ Statements from patient that it was done—without documentation ▪ Refusal of patient to have the test Include women in the evaluation of this measure if they had any medical visit during the year, regardless of the nature of the visit Include patients who were provided mammography services elsewhere

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Percentage of patients 3 - 17 years of age who had an outpatient medical visit and who had: ▪ Evidence of height, weight, and body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and had documentation of counseling for physical activity during the measurement period	Patients 3 through 17 years of age with at least one medical visit during the measurement period	Patients who had: ▪ Their BMI percentile (not just BMI or height and weight) recorded during the measurement period AND who had documentation of counseling for nutrition during the measurement period AND who had documentation of counseling for physical activity during the measurement period	Patients who have a diagnosis of pregnancy during the measurement period Patients who were in hospice care during the measurement period	CMS155v9	65.1%	COVID-19 Pandemic	eCQM denominator is limited to outpatient visits with a primary care physician or obstetrician / gynecologist. UDS includes children seen by nurse practitioners and physician assistants Numerator BMI, nutrition, and activity are reported separately in the eCQM, but combined in the UDS	Include children and adolescents in the evaluation of this measure if they had any medical visit with the health center during the year Do not count well-child visits as automatically meeting the measurement standard

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the 12 months prior to that visit and when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of that visit	Patients 18 years of age or older on the date of the visit with at least one medical visit during the measurement period	Patients with a documented BMI (not just height and weight) during the most recent visit in the measurement period or during the previous 12 months of that visit, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit. Normal parameters: Age 18 years and older BMI was greater than or equal to 18.5 and less than 25 kg/m^2	Patients who are pregnant during the measurement period Patients receiving palliative care during or prior to the visit Patients who refuse measurement of height and/or weight, or refuse follow-up during the visit Patients with a documented medical reason during the visit or within 12 months of the visit, including: Elderly patients for whom weight reduction/ weight gain would complicate other underlying health conditions Patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status	CMS69v9	65.7%	COVID-19 Pandemic	None	Include adults in the evaluation of this measure if they had any medical visit during the year, regardless of the nature of the visit If more than one BMI is reported during the measurement period, use the most recent BMI to determine if the performance has been met.

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 and older who were screened for tobacco use one or more times within 24 months and who received cessation counseling intervention if defined as a tobacco user	Patients aged 18 years and older seen for at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period	Patients who were screened for tobacco use at least once within 24 months before the end of the measurement period, AND who received tobacco cessation intervention if identified as a tobacco user	Documentation of medical reason(s) for not screening for tobacco use or for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason)	CMS138v9	83.4%	COVID-19 Pandemic	Denominator patient population and numerator are reported separately in the eCQM, but combined in the UDS	Cessation counseling intervention for a tobacco user must occur at or following the most recent screening and before the end of the measurement year. Count in the numerator both patients with a negative screening result AND those with a positive screening who had cessation services provided Include all forms of tobacco, but exclude e-cigarettes, in the screening Include patients who receive tobacco cessation intervention by any provider, including: ▪ Received tobacco use cessation counseling services, or Received an order (a prescription or a recommendation to purchase an over the counter [OTC] product) for a tobacco use cessation medication ▪ Are on (using) a tobacco use cessation agent

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Percentage of the following patients at high risk of cardiovascular events aged 21 years and older who were prescribed or were on statin therapy during the measurement period Patients 21 years of age or older previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); or Patients 21 years of age or older who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; or Patients 40 through 75years of age with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL.	Patients 21 years of age and older with who have an active diagnosis of ASCVD or ever had a fasting or direct laboratory result of LDL-C greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; or patients 40 through 75 years of age with Type 1 or Type 2 diabetes and with an LDL-C result 70-189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or the 2 years prior; with a medical visit during the measurement period	Patients who are actively using or who received an order (prescription) for statin therapy at any point during the measurement period	Patients who have a diagnosis of pregnancy Patients who are breastfeeding. Patients who have a diagnosis of rhabdomyolysis. Patients with adverse effect, allergy, or intolerance to statin medication. Patients who are receiving palliative care. Patients with active liver disease or hepatic disease or insufficiency. Patients with endstage renal disease (ESRD). For patients 40through 75 years of age with diabetes who have the most recent fasting or direct LDL-C laboratory test result less than 70 mg/dL and are not taking statin therapy.	CMS347v2	71.9%	COVID-19 Pandemic	None	Current statin therapy use (including statin medication samples provided to patients) must be documented in the patient's current medication list or ordered during the measurement period. Do not count other cholesterol lowering medications as meeting the measurement standard—only statin therapy meets the measurement standard. Ensure patients are not counted in the denominator more than once. Once a patient meets one set of denominator criteria (check from first listed in Measure Description to last), he/she is included and further risk checks are not needed. Intensity of statin therapy or lifestyle modification coaching is not being assessed for this measure—only prescription of any statin therapy.

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
6B	18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Percentage of patients aged 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period, or who had an active diagnosis of IVD during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period	Patients 18 years of age and older with a medical visit during the measurement period and who had an AMI, CABG, or PCI in the 12 months prior to the measurement period or who had a diagnosis of IVD overlapping the measurement period	Patients who had an active medication of aspirin or another antiplatelet during the measurement period	Patients who had documentation of use of anticoagulant medications overlapping the measurement period Patients who were in hospice care during the measurement period	CMS164v7	78.8%	COVID-19 Pandemic	None	Include in the numerator patients who received a prescription for, were given, or were using aspirin or another antiplatelet drug

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
6B	19	Colorectal Cancer Screening	Percentage of adults 50– 75 years of age who had appropriate screening for colorectal cancer	Patients 50 through 75 years of age with a medical visit during the measurement period	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following: ▪ Fecal occult blood test (FOBT) during the measurement period ▪ Fecal immunochemical test (FIT)-deoxyribonucleic acid ▪ (DNA) during the measurement period or the 2 years prior to the measurement period ▪ Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period ▪ Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period ▪ Colonoscopy during the measurement period or the 9 years prior to the measurement period	Patients with a diagnosis of colorectal cancer or history of total colectomy Patients who were in hospice care during the measurement period	CMS130v9	40.1%	COVID-19 Pandemic	None	There are two FOBT test options: Guaiac fecal occult blood test (gFOBT) and the immunochemical-based fecal occult blood test (iFOBT - commonly known as a FIT test)

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
6B	20	HIV Linkage to Care	Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 90 days of diagnosis	Patients first diagnosed with HIV by the health center between October 1 of prior year through September 30 of the current measurement year and who had at least one medical visit during the measurement period or prior year	Newly diagnosed HIV patients that received treatment within 90 days of diagnosis. Include patients who: Were newly diagnosed by your health center providers, and Had a medical visit with your health center provider who initiates treatment for HIV, or had a visit with a referral resource who initiates treatment for HIV	None	no eCQM	81.4%	COVID-19 Pandemic	None	Only include patients in the denominator who have never before been diagnosed with HIV anywhere Note that the identification of patients for this measure crosses years and may include prior year patients To confirm HIV diagnosis, patient must receive a reactive initial HIV test confirmed by a positive supplemental HIV (blood) test Medical treatment must be initiated within 90 days of HIV diagnosis (not just a referral made, education provided, or retesting conducted)
Table	**Line**	**UDS Measure Name**	**Brief Description**	**Denominator (Universe)**	**Numerator**	**Exclusions or Exceptions**	**eCQM # (for 2021 Report)**	**2020 National Average**	**Major Differences from 2019 to 2020**	**Major Differences from UDS to eCQM**	**Reminders**
6B	20a	HIV Screening	Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV	Patients 15 to 65 years of age at the start of the measurement period AND who had at least one outpatient visit during the measurement period	Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday	Patients diagnosed with HIV prior to the start of the measurement period	CMS349v3	32.3%	COVID-19 Pandemic		Only include patients in the denominator who have never before been diagnosed with HIV anywhere Note that the identification of patients for this measure crosses years and may include prior year patients

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for depression on the date of the visit using an age appropriate standardized depression screening too, and if positive, a follow-up plan is documented on the date of the positive screen	Patients aged 12 years and older with at least one medical visit during the measurement period	Patients screened for depression on the date of the visit using an age appropriate standardized tool and, if screened positive for depression, a follow-up plan is documented on the date of the positive screen	Patients with an active diagnosis for depression or a diagnosis of bipolar disorder Patients who refuse to participate Patients who are in urgent or emergent situations where time is of the essence and to delay treatment would jeopardize the patient's health status Patients whose functional capacity or motivation to improve may impact the accuracy of results of standardized assessment tools	CMS2v10	64.2%	COVID-19 Pandemic	None	Use the most recent screening results Patients who are in ongoing treatment for depression are not included in the denominator Remember to count in the numerator both patients with a negative screening result AND those with a positive screening who had a follow-up plan Do not count patients who are rescreened as meeting the measurement standard as a follow-up plan to a positive screen

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
6B	21a	Depression Remission at Twelve Months	The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.	Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index event. Patients may be screened using PHQ-9 and PHQ-9M up to 7 days prior to the office visit (including the day of the office visit).	Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older who achieved remission at twelve months as demonstrated by a twelve month (+/- 60 days) PHQ-9 or PHQ-9M score of less than five	Patients who died Patients who received hospice or palliative care services Patients who were permanent nursing home residents Patients with a diagnosis of bipolar disorder Patients with a diagnosis of personality disorder emotionally labile Patients with a diagnosis of schizophrenia or psychotic disorder Patients with a diagnosis of pervasive developmental disorder	CMS159v9	13.7%	COVID-19 Pandemic		Use the most recent screening results to identify occurrence of index event. Complete PHQ9 rather than PHQ2 at every subsequent visit after index event. Proactively schedule patients within the (window) Only include patients with a diagnosis of major depression or dysthymia

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
6B	22	Dental Sealants for Children between 6-9 Years	Percentage of children, age 6–9 years, at moderate to high risk for caries who received a sealant on a first permanent molar during the measurement period	Children 6 through 9 years of age with an oral assessment or comprehensive or periodic oral evaluation dental visit and are at moderate to high risk for caries in the measurement period	Children who received a sealant on a permanent first molar tooth during the measurement period	Children for whom all first permanent molars are non-sealable (i.e., molars are either decayed, filled, currently sealed, or unerupted/missing)	CMS277v0	48.7%	COVID-19 Pandemic	Note: Although measure title is age 6 through 9 years, draft eCQM reflects age 5 through 9 years — Health centers should continue to use age 6 through 9 years, as measure steward intended	Include patients who had a dental visit with the health center or with another dental provider through a paid referral You must determine risk level, not count all dental patients of this age range in universe Risk level is a finding at the patient-level, not a population-based factor such as low socio-economic status If risk level or tooth placement is unknown for patients, pull a sample to help identify this information

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
7	1a-1d	Low Birth Weight	Percentage of babies of health center prenatal care patients born whose birth weight was below normal (less than 2,500 grams)	Babies born during measurement period to prenatal care patients	Babies born with a birth weight below normal (under 2,500 grams)	Still-births or miscarriages	no eCQM	8.2%	COVID-19 Pandemic	None	Report babies according to their birth weight in grams: ▪ Very low (Column 1b) = Less than 1,500grams ▪ Low (Column 1c) = 1,500 grams through 2,499 grams ▪ Normal (Column 1d) = 2,500 grams or greater The higher the percentage of babies born below normal birth weight, the poorer the outcome Report race and ethnicity of mother and baby separately Report all live births separately by birth weight Report mothers in prenatal program and their babies, even if prenatal care or delivery was done by a non-health center provider Prenatal Women ≠ Deliveries ≠ Birth Outcomes Review outcomes against overall patient population mix

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
7	2a-2c	Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90 mmHg) during the measurement period	Patients 18 through 85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period with a medical visit during the period	Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period	Patients with evidence of end-stage renal disease (ESRD), dialysis, or renal transplant before or during the measurement period Patients with a diagnosis of pregnancy during the measurement period Patients who were in hospice care during the measurement period	CMS165v9	58%	COVID-19 Pandemic	None	Do not include patients in the denominator if initial diagnosis of hypertension was made after June 30th of measurement period Include patients with no test during the year in the denominator, but do not include in the numerator Report them in Columns 2a and 2b, but not in Column 2c Include blood pressure readings taken at any visit type at the health center as long as the result is from the most recent visit Review crude prevalence rates by taking number with hypertension by race and ethnicity (Table 7) divided by total patients of same race and ethnicity (Table 3B)

Table	Line	UDS Measure Name	Brief Description	Denominator (Universe)	Numerator	Exclusions or Exceptions	eCQM # (for 2021 Report)	2020 National Average	Major Differences from 2019 to 2020	Major Differences from UDS to eCQM	Reminders
7	3a-3f	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	Patients 18 through 75 years of age with diabetes with a medical visit during the measurement period	Patients whose most recent HbA1c level during the measurement year is greater than 9.0 percent or who had no test conducted during the measurement period	Patients who were in hospice care during the measurement period	CMS122v9	35.6%	COVID-19 Pandemic	None	Include patients with an active diagnosis of Type 1 or Type 2 diabetes Include patients with active diabetes regardless of when first diagnosed Do not include patients with a diagnosis of secondary diabetes due to another condition (such as gestational diabetes) in the denominator Note: The higher the percentage of patients with Hba1c of 9.0 percent or over, the poorer the clinical performance Review crude prevalence rates by taking number with diabetes by race and ethnicity (Table 7) divided by total patients of same race and ethnicity (Table 3B)

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 26, 2021

1. Description: Patient Relations Dashboard Report

2. Summary:

This agenda item provides the following:

Quarterly Patient Relations Dashboard Q4 - 2021

3. Substantive Analysis:

For Quarter 4, 62 Patient Relations Occurrences occurred between 8 clinics, 2 mobile clinics and clinic administration. Of the 62 occurrences, there were 10 grievances and 52 complaints. The top 5 categories were Care and Treatment, Physician Related, Communication, Respect Related and Finance. The top 2 subcategories with 8 complaints and grievances in each were Poor Communication and Response Time issues.

There were also 24 compliments received across 7 clinics and clinic administration.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	**N/A**	Yes ☐ No ☒
Annual Net Revenue	**N/A**	Yes ☐ No ☒
Annual Expenditures	**N/A**	Yes ☐ No ☒

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Candice Abbott
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

Date Approved

6. Recommendation:

Staff recommends the Board approve the Quarterly Patient Relations Dashboard for Q4 2021.

DISTRICT CLINIC HOLDINGS, INC.
BOARD OF DIRECTORS
January 26, 2021

Approved for Legal sufficiency:

Bernabe Icaza
VP & General Counsel

David Speciale
Director of Patient Experience

Dr. Hyla Fritsch
Executive Director of Clinic and Pharmacy Services

C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County

Patient Relations (Grievances, Complaints & Compliments)
C.L. Brumback Primary Care Clinics

Detail

Top Categories
5

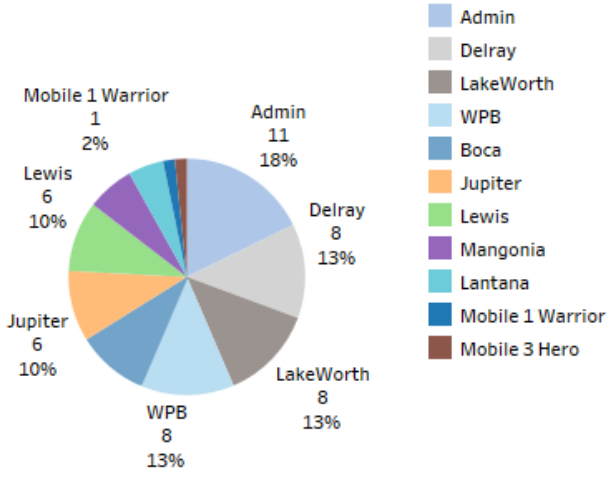
2021 Q4

10/1/21 to 12/31/21

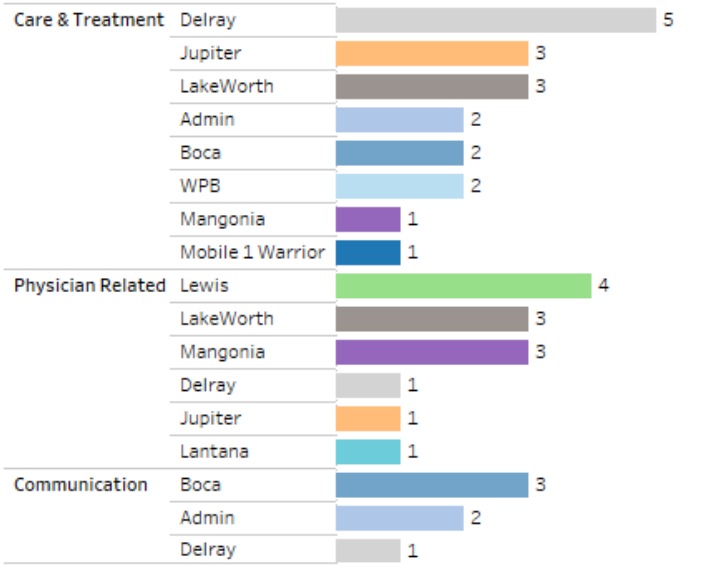
Dept Desc All | Provider All

Total Complaints and Grievances 62 **Late Entries: 7** | Clinic All

Clinics



Top 5 Categories



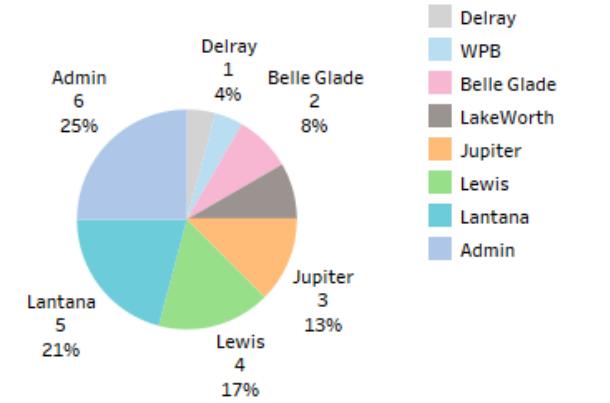
Total Top 5 Subcategories

Care & Treatment	Inappropriate Care	6
	Confidence in Care Givers	4
	Competency Of Staff	3
	Lack of Continuity of Care	2
	Wait Time	2
	Equipment issues –staff handling	1
	Refusal of Treatment	1
Communication	Poor Communication	8
Finance	Billing issues (refusal to pay request fo..	4
	Insurance issues	1
Physician Related	Response time	8
	All aspects of care	3
	Communication	1
	Other	1
Respect Related	Bad attitude/rude	5
	Privacy issues	1

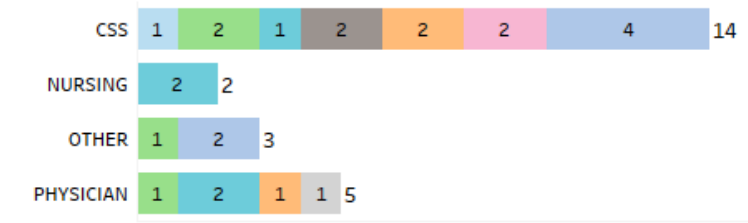
Total Compliments 24 **Late Entries: 3**

Complaints/Grievances Prev 4 Quarters 248

Clinics

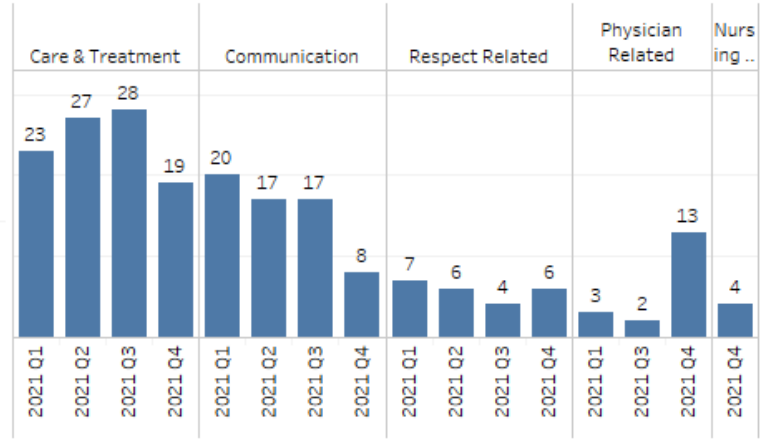


Care and Treatment Categories



Top 5 Categories Trended

1/1/21 to 12/31/21



* Color represents Department

C. L. Brumback
Primary Care Clinics
Health Care District Palm Beach County