



**HEALTH CARE DISTRICT BOARD
MEETING AGENDA
September 30, 2025 at 4:00PM
1515 N Flagler Drive, Suite 101
West Palm Beach, FL 33401**

Remote Participation Link:

<https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRzZldDQT09>

Telephone Dial-in Access: (646) 558-8656 / Meeting ID: 550 789 5592 / Password: 946503

1. Call to Order – Carlos Vidueira, Chair

- A. Roll Call
- B. Invocation
- C. Pledge of Allegiance
- D. Affirmation of Mission: The mission of the Health Care District of Palm Beach County is to be the health care safety net for Palm Beach County. Our vision is meeting changes in health care to keep our community healthy.

2. Agenda Approval

- A. Additions/Deletions/Substitutions
- B. Motion to Approve Agenda

3. Awards, Introductions and Presentations

- A. Recognition of Health Care District's Paramedic/EMT Team for their Heroism
- B. Community Outreach Initiatives Check Presentations

4. Disclosure of Voting Conflict

5. Public Comment

6. Election of Officers

- A. Chair
- B. Vice Chair
- C. Secretary

7. Meeting Minutes

- A. **Staff Recommends a MOTION TO APPROVE:**
Joint Board and Finance & Audit Committee Meeting Minutes of September 17, 2025 [Pages 1-6]
- B. **Staff Recommends a MOTION TO APPROVE:**
TRIM Public Hearing Meeting Minute of September 17, 2025 [Pages 7-9]

8. Committee Reports

- 8.1 Finance and Audit Committee – (No Report)
- 8.2 Good Health Foundation Committee – (No Report)
- 8.3 Quality, Patient Safety and Compliance Committee – (Commissioner Caruso)
- 8.4 Lakeside Health Advisory Board – (No Report)
- 8.5 Community Health Centers Board – (Commissioner Borroto)

9. Consent Agenda – Motion to Approve Consent Agenda Items

HEALTH CARE DISTRICT

A. ADMINISTRATION

- 9A-1 **RECEIVE AND FILE:**
September 2025 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=344&m=0|0&DisplayType=C>
- 9A-2 **RECEIVE AND FILE:**
Health Care District Board Attendance [Page 10]
- 9A-3 **Staff Recommends MOTION TO APPROVE:**
Modification to the District’s Conflict of Interest Policy
(Heather Bokor) [Pages 11-28]

9. Consent Agenda (Continued)

9A-4 **Staff Recommends MOTION TO APPROVE:**

Modification to the District's Standards of Conduct Policy and Guidance Booklet (Heather Bokor) [Pages 29-33]

9A-5 **RECEIVE AND FILE:**

Recent Regulatory Updates & Industry Enforcement Action (June 2025-September 2025) (Heather Bokor) [Pages 34-59]

9A-6 **Staff Recommends MOTION TO APPROVE:**

Fund Balance Policy (Jessica Cafarelli) [Pages 60-67]

9A-7 **Staff Recommends MOTION TO APPROVE:**

Approval of Unbudgeted Expenditure (Jessica Cafarelli) [Pages 68-69]

9A-8 **Staff Recommends MOTION TO APPROVE:**

FY 2025 Budget Transfers (Jessica Cafarelli) [Pages 70-72]

9A-9 **Staff Recommends MOTION TO APPROVE:**

FY 2025 Budget Amendment (Jessica Cafarelli) [Pages 73-76]

9A-10 **Staff Recommends MOTION TO APPROVE:**

Community Health Needs Assessment /Community Health Implementation Plan - Lakeside Medical Center (Jessica Cafarelli) [Pages 77-230]

9A-11 **RECEIVE AND FILE:**

Reappointment of Cathleen Ward (Bernabe Icaza) [Pages 231-232]

10. Regular Agenda

A. ADMINISTRATION

No Action Items.

11. CEO Comments

12. HCD Board Member Comments



13. Establishment of Upcoming Board Meetings

December 10, 2025

- 2:00PM, Health Care District Board Meeting



**HEALTH CARE DISTRICT BOARD AND
FINANCE & AUDIT COMMITTEE
JOINT MEETING MINUTES
September 17, 2025
1515 N Flagler Drive, Suite 101
West Palm Beach, FL 33401**

1. Call to Order

Carlos Vidueira called the meeting to order.

A. Roll Call

Health Care District Board members present: Carlos Vidueira, Chair; Patrick Rooney, Jr., Vice Chair; Tammy Jackson-Moore, Secretary (VIRTUAL); Dr. Jyothi Gunta (VIRTUAL); Tracy Caruso; Albert Borroto and Cathleen Ward.

Finance & Audit Committee members present: Joseph Gibbons; Mark Marciano, Sophia Eccleston (VIRTUAL), and Rick Sartory. Heather Frederick was absent.

Staff present: Darcy Davis, President & Chief Executive Officer; Dr. Belma Andric, EVP & Chief Medical Officer; Bernabe Icaza, SVP & General Counsel; Geoffrey Washburn, VP & Chief Human Resources Officer; Heather Bokor, VP & Chief Compliance & Privacy Officer; Jessica Cafarelli, VP & Chief Financial Officer; Regina All, SVP & Chief Nursing Officer and Michael Mickey, Chief Information & Technology Officer.

Transcribing Secretary: Heidi Bromley

B. Invocation

Ms. Davis led the invocation.

C. Pledge of Allegiance

The Pledge of Allegiance was recited.

- D. Affirmation of Mission: The mission of the Health Care District of Palm Beach County is to be the health care safety net for Palm Beach County. Our vision is meeting changes in health care to keep our community healthy.

2. Agenda Approval

- A. Additions/Deletions/Substitutions
- B. Motion to Approve Agenda

Ms. Davis stated that there is a substitution for agenda item 8A-4. Hard copies are in your binder.

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the revised agenda as presented. The motion was duly seconded by Commissioner Caruso. There being no opposition, the motion passed unanimously.

3. Awards, Introductions and Presentations

- A. Economic Update

Mr. Grady provided the Board and Finance & Audit committee members with an Economic Update.

- B. FY 2026 Budget

Ms. Cafarelli presented the FY 2026 Budget to the Board and Finance & Audit committee members.

4. Disclosure of Voting Conflict

5. Public Comment

6. Health Care District Board Meeting Minutes

- A. **MOTION TO APPROVE:**
Board Meeting Minutes of August 28, 2025

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the Board Meeting Minutes of August 28, 2025. The motion was duly seconded by Commissioner Rooney. There being no opposition, the motion passed unanimously.

7. Committee Reports

7.1 Finance and Audit Committee

7.2 Good Health Foundation Committee

Commissioner Rooney stated that the Good Health Foundation met just before the Board meeting. The 2024 Audit was approved. The revised Good Health Foundation Bylaws were discussed and approved by the Board.

7.3 Quality, Patient Safety and Compliance Committee

7.3 Lakeside Health Advisory Board

Commissioner Jackson-Moore stated that the Lakeside Health Advisory Board met on Wednesday, September 3rd. They introduced Jackie Drahos, as the new AVO of Nursing and Quality. Lakeside will increase their presence and involvement in the community. We are planning on significant use of the Mobile Health Clinics and we have developed a full-time position focused on community involvement and Patient Experience. The Hospital has undergone a de-centralization process allowing for more fluid and direct management of the hospital. IT, HR, Finance as well as continued connection to District support remain.

7.4 Community Health Centers Board

Commissioner Borroto stated that the CHC Board welcomed a new board member, Marni Rogalsky who replaced Melissa Tascone. FTCA and PCMH accreditation has been successfully renewed. In August, HRSA released its annual Quality Recognition Badges. Our Health Centers were awarded the Quality Leader Gold designation for the seventh consecutive year, HRSA's highest quality honor, recognizing the top 10% of health centers nationwide. We are one of only five health centers in Florida, and the only one in Palm Beach County, to receive this distinction.

8. Consent Agenda – Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Commissioner Rooney made a motion to approve the Consent agenda. The motion was duly seconded by Commissioner Borroto. There being no opposition, the motion passed unanimously.

HEALTH CARE DISTRICT

A. **ADMINISTRATION**

8A-1 **RECEIVE AND FILE:**

September 2025 Internet Posting of District Public Meeting
<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=344&m=010&DisplayType=C>

8A-2 **RECEIVE AND FILE:**

Health Care District Board Attendance

8A-3 **MOTION TO APPROVE:**

Health Care District Financial Statements July 2025

8A-4 **MOTION TO APPROVE:**

FY 2026 Budget

DISTRICT HOSPITAL HOLDINGS, INC.

B. **ADMINISTRATION**

8B-1 **MOTION TO APPROVE:**

Medical Staff Appointments for Lakeside Medical Center

9. Regular Agenda

A. **ADMINISTRATION**

9A-1 **MOTION TO APPROVE:**

Indirect Medical Education Program

Ms. Cafarelli stated that this agenda item presents the Board with a request to approve funding the Intergovernmental Transfer required for participation in the 2025-26 Indirect Medical Education Program.

CONCLUSION/ACTION: Commissioner Ward made a motion to approve the Indirect Medical Education Program. The motion was duly seconded by Commissioner Rooney. There being no opposition, the motion passed unanimously.

9A-2 **MOTION TO APPROVE:**

Medicaid Directed Payment Program – Lakeside Medical Center

Ms. Cafarelli stated that this agenda item presents the Board with a request to approve funding the Intergovernmental Transfer required for participation in the 2025-26 Medicaid Directed Payment Program.

CONCLUSION/ACTION: Commissioner Borroto made a motion to approve the Medicaid Directed Payment Program. The motion was duly seconded by Commissioner Jackson-Moore. There being no opposition, the motion passed unanimously.

9A-3 **MOTION TO APPROVE:**

Low Income Pool Participation for Palm Beach County Federally Qualified Health Centers

Ms. Cafarelli requested that the Board approve providing a Local Intergovernmental Transfer for the Palm Beach County Federally Qualified Health Centers and FQHC look-alikes for their participation in the 2025-26 Low Income Pool Program.

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the Low Income Pool Participation for FQHC's. The motion was duly seconded by Commissioner Ward. There being no opposition, the motion passed unanimously.

9A-4 **MOTION TO APPROVE:**

Nursing Medical Education Medicaid Supplemental Payment Program

Ms. Cafarelli stated that this agenda item presents the Board with a request to approve funding the Intergovernmental Transfer required for participation in the Program Years 1 and 2 for the NIME and/or FL-FIRST program.

CONCLUSION/ACTION: Commissioner Borroto made a motion to approve the Nursing Medical Education Medicaid Supplemental Payment Program. The motion was duly seconded by Commissioner Jackson-Moore. There being no opposition, the motion passed unanimously.

9A-5 **MOTION TO APPROVE:**

Contract with Arcadis, Inc for design Services for the Behavioral Health Coordinate Care Center

Dr. Andric stated that Arcadis will provide comprehensive design services for the Behavioral Health Coordinate Care Center. The cost of this contract is \$5,721,534 for basic services during the planning, schematic, design development and construction document phases. The duration of this contract is through October 31, 2026, unless otherwise amended. Prior to the start of construction, this contract will be amended to include the scope of work and cost for construction administration services. We are requesting that the Board approve the contract for Design Services with Arcadis, Inc.

CONCLUSION/ACTION: Commissioner Caruso made a motion to approve the Contract for Design Services with Arcadis. The motion was duly seconded by Commissioner Ward. There being no opposition, the motion passed unanimously.

10. CFO Comments

Ms. Cafarelli thanked her team for a job well done with the Budget.

11. CEO Comments

12. HCD Board Member Comments

13. Establishment of Upcoming Board Meetings

September 30, 2025

- 4:00PM, Health Care District Board Annual Meeting (Officer Elections)
- 5:15PM, Truth In Millage (TRIM) Meeting

December 10, 2025

- 2:00PM, Health Care District Board Meeting

14. Motion to Adjourn

There being no further business, the meeting was adjourned.

Tammy Jackson-Moore, Secretary

Date



**HEALTH CARE DISTRICT OF PALM BEACH COUNTY
TRUTH IN MILLAGE (TRIM) PUBLIC HEARING MINUTES
September 17, 2025 at 5:15p.m.
1515 N Flagler Drive, Suite 101
West Palm Beach, FL 33401**

1. Call to Order

Carlos Vidueira called the meeting to order.

A. Roll Call

Health Care District Board members present: Carlos Vidueira, Chair; Patrick Rooney, Jr., Vice Chair; Tammy Jackson-Moore, Secretary (VIRTUAL); Dr. Jyothi Gunta (VIRTUAL); Tracy Caruso; Albert Borroto and Cathleen Ward.

Staff present: Darcy Davis, President & Chief Executive Officer; Dr. Belma Andric, EVP & Chief Medical Officer; Bernabe Icaza, SVP & General Counsel; Geoffrey Washburn, VP & Chief Human Resources Officer; Heather Bokor, VP & Chief Compliance & Privacy Officer; Jessica Cafarelli, VP & Chief Financial Officer; Regina All, SVP & Chief Nursing Officer and Michael Mickey, Chief Information & Technology Officer.

Transcribing Secretary: Heidi Bromley

2. Adoption of Agenda

CONCLUSION/ACTION: Commissioner Rooney made a motion to adopt the agenda. The motion was duly seconded by Commissioner Ward. There being no opposition, the motion passed unanimously.

3. Regular Agenda

A. Public Hearing

1. Announce the proposed millage rate.

“The proposed millage rate of 0.6561 is 6.44% above the rolled-back rate of 0.6164.”

- 2. Read into the record the specific purpose for ad valorem taxes.

“The purpose for levying the ad valorem taxes is to provide funding for programs to maximize the health and well-being of Palm Beach County residents by addressing their health care needs and planning for the access and delivery of services. This will be accomplished through the following programs: the trauma system, children’s health programs, care coordination for indigent and medically needy residents, Federally Qualified Health Centers, Lakeside Medical Center and the Edward J. Healey Rehabilitation and Nursing Center and Ground Transportation.”

- 3. Public Comment

B. Motion to adopt the proposed millage rate of 0.6561 mills.

CONCLUSION/ACTION: Commissioner Rooney made a motion to adopt the proposed millage rate of 0.6561 mills. The motion was duly seconded by Commissioner Ward.

Roll Call Vote:

Commissioner Borroto	Yes
Commissioner Ward	Yes
Commissioner Caruso	Yes
Commissioner Rooney	Yes
Chair Vidueira	Yes

C. Motion to adopt the tentative budget of \$ \$342,057,834.

CONCLUSION/ACTION: Commissioner Rooney made a motion to adopt the tentative budget of \$342,057,834. The motion was duly seconded by Commissioner Borroto.

Roll Call Vote:

Commissioner Borroto	Yes
Commissioner Ward	Yes
Commissioner Caruso	Yes
Commissioner Rooney	Yes
Chair Vidueira	Yes

D. Establish Final Public Hearing date of Tuesday, September 30, 2025 at 5:15 p.m.

E. Adjournment

There being no further business, the TRIM Public Hearing was adjourned.

Tammy Jackson-Moore, Secretary

Date



**HEALTH CARE DISTRICT
BOARD OF COMMISSIONERS**

Board Meeting Attendance Tracking for 2025

	2/19/25 (Special Board Meeting)	3/12/25	4/3/25	6/11/25	8/28/25	9/17/25	9/30/25	12/10/25
Carlos Vidueira	X	Virtual	X	X	X	X		
Patrick Rooney	Absent	X	X	X	X	X		
Tammy Jackson-Moore	X	Virtual	X	Virtual	Virtual	Virtual		
Tracy Caruso	X	X	X	X	Virtual	X		
Dr. Jyothi Gunta	X	X	X	X	Virtual	Virtual		
Cathleen Ward	X	Virtual	X	Absent	X	X		
Albert Borroto	X	X	X	X	X	X		



HEALTH CARE DISTRICT BOARD

September 30, 2025

1. Description: Modification to the District’s Conflict of Interest Policy

2. Summary:

Board approval is sought to accept the revisions to the Conflict of Interest Policy and Procedure and related Disclosure to bring current per our review cadence and address necessary revisions in preparation for external audits/review.

3. Substantive Analysis:

- The District’s Conflict of Interest Policy and Procedure is a Board Policy, and is being brought to the District Board for approval, pursuant to the Board’s Resolution Regarding Policies and Procedures on September 28, 2021.
- This revision is the result of necessary changes to include: (1) Update the renewal date of the policy; (2) Insert the updated Disclosure document as a related form; and (3) Insert verbiage in the Policy to address timely completion of the required Disclosure for Staff.
- The changes at this time are brought in preparation for upcoming HRSA Audit and to ensure the Policy remains current per our review cadence schedule. *For your review purposes please note that no substantial or material edits have been made to the Policy or Procedure. Further, the Disclosure remains unchanged since the last submission period (received by the Board in 2025).*
- The revised District Policy “Conflict of Interest”, HCDCOM110, is provided for your approval along with a linked copy of the Disclosure form. The brief changes are noted above and have been approved by the appropriate delegated Committee(s)/Personnel at the District. This was presented for approval to the Quality, Patient Safety & Compliance Committee on September 30, 2025.
- The revised Policy and related document, following your approval will be finalized in MCN and will be accessible to all District staff.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:



HEALTH CARE DISTRICT BOARD
September 30, 2025

Signed by:
Jessica Cafarelli
CA6A21FF2E0488
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Quality, Patient Safety, and
Compliance Committee

Committee Name

September 30, 2025

Date Approved

6. Recommendation:

Staff recommends the Board approve this recommendation to revise the Policy and Procedure and related Disclosure document.

Approved for Legal sufficiency:

Signed by:
Bernabe Icaza
0CF6F7DB6706434
Bernabe Icaza
SVP & General Counsel

Signed by:
Heather Bokor
4766F813A13D48D
Heather Bokor
VP & Chief Compliance and Privacy Officer

Signed by:
Darcy Davis
77A3B53589A1477
Darcy J. Davis
President & Chief Executive Officer



Conflict of Interest Policy and Procedure

Policy and Procedure #:	HCDCOM110	Effective Date:	03/23/2022
Business Unit:	District Board Policies	Original Effective Date:	09/17/2025
Approval Group:	Compliance District Board Policy	Board Approval Date:	03/17/2022

PURPOSE

The purpose of this policy is to ensure all activities of the District are aligned with applicable state and federal laws, and other applicable guidelines. It is intended to educate Staff regarding their duty to avoid financial, business, or other relationships that might conflict with the interests of the District or interfere with the performance of their duties and to provide guidance on curing or eliminating potential or actual conflicts.

SCOPE

This Conflict of Interest Policy and Procedure applies to all Board Members, Committee Members, Officers, Employees, volunteers and individuals contracted for services in lieu of employment of the Health Care District of Palm Beach County ("District") and its affiliated entities including, but not limited to Lakeside Medical Center, Skilled Nursing Center, School Health, Community Health Centers, Pharmacy, Ground Transportation, and Trauma Hawk.

DEFINITIONS

Agent - Any person and entity that contracts with the District to provide health care related services, equipment or other goods or services. Agents do not include volunteers.

Conflict of Commitment- Any situation in which an Employee engages in an outside professional activity or business interest that involves a commitment of time that interferes, or appears to interfere with, the employee’s obligations to the Health Care District.

Conflict of Interest - Any situation in which financial, professional or personal interests, including the interests of their immediate family members, persons living in the same household and/or business associates, may compromise one’s professional judgment or other obligation to the District or its primary constituencies. A "Conflict of Interest" occurs when Covered Persons solicit or accept gifts, do business with the District and/or engage in prohibited employment or business relationships, accept unauthorized compensation, misuse their position, disclose or use certain information, solicit or accept honoraria, or engage in lobbying the District within two years of separation of employment in violation of this policy, all



of which are more fully described below. It is important to understand that the appearance of a Conflict of Interest may be just as damaging to the District as an actual Conflict of Interest.

Contract - Any written agreement that includes, but is not limited to, memorandums of understanding/agreement, independent contractor agreements, letters of agreement, written vendor quotes (with terms and conditions), leases, inter-local agreements, grants, purchase orders, and addendums or amendments to the foregoing.

Covered Person - District board member, committee member, officer, employee, student, volunteer or individual contracted for services in lieu of employment.

District - The Health Care District of Palm Beach County and its affiliated entities including, but not limited to, Lakeside Medical Center, Skilled Nursing Center, School Health, Community Health Centers, Pharmacy, Ground Transportation, and Trauma Hawk.

Domestic Partner - An adult, unrelated by blood, with whom an unmarried or separated Covered Person has committed relationship and maintains a mutual residence as evidenced by registration with the Clerk of Court of Palm Beach County, or the county in which the Covered Person and Domestic Partner reside.

Employees - Includes all employees (permanent, temporary and per-diem), volunteers, students, and others rendering paid or unpaid services, including, but not limited to Agents, Board Members, Medical Staff, and Officers.

Exempt Employee - An individual employed in a bona fide executive, administrative, professional, computer or outside sales position and is not subject to the minimum wage and overtime provisions of laws governing the payment of wages. To qualify for the exemption, employees must meet certain requirements regarding their job duties and be paid on a salary basis. Job titles do not determine exempt status. Additional information can be found in the District's Exempt Employee Pay Policy. Questions about your status as an exempt employee should be directed to Human Resources.

Family Member- A spouse, domestic partner or fiancé/fiancée of a Covered Person, as well as the father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, grandfather, grandmother, great-grandfather, great-grandmother, grandchild, great-grandchild and the spouse, domestic partner, or fiancé/fiancée of any of them, or any other natural person having the same legal residence as the Covered Person.



Gift- Something which is offered or given by a person or entity to a Covered Person, or to another person for or on behalf of the Covered Person, directly, indirectly, or in trust for the Covered Person's benefit or by any other means, where the Covered Person does not, in exchange, give something of equal or greater value to that person or entity within 90 days, including:

- Real property;
- The use of real property;
- Tangible or intangible personal property or the use of such property;
- A preferential rate or terms on a debt, loan, goods, or services, which rate is below the customary rate and is not either a government rate available to all other similarly situated government employees or a rate which is available to similarly situated members of the public by virtue of occupation, affiliation, age, religion, sex, or national origin;
- Forgiveness of a debt;
- Transportation, other than that provided to a public employee by an agency in relation to officially approved governmental business, lodging, or parking;
- Food or beverages not otherwise approved by the Compliance, Privacy, and Ethics Department or allowable by HCD Policy;
- Membership dues;
- Entrance fees, admission fees, or tickets to events, performances, or facilities;
- Plants, flowers, or floral arrangements;
- Services provided by persons pursuant to a professional license or certificate;
- Other personal services for which a fee is normally charged by the person providing the service;
- Any other similar service or thing having an attributable value not already provided for above.

A " Gift" does not include the following items:

- Salary, benefits, services, fees, commissions, or expenses associated with the Covered Person's employment, business, or service as an officer or director of a corporation or organization.



- Campaign contributions or expenditures reported pursuant to statute, campaign-related personal services provided without compensation by individuals volunteering their time, or any other contribution or expenditure by a political party.
- An honorarium or an expense related to an honorarium event, unrelated to their public duties, paid to a Covered Person or the Covered Person's spouse.
- An award, plaque, certificate, or similar personalized item given in recognition of the Covered Person's public, civic, charitable, or professional service.
- An honorary membership in a service or fraternal organization presented merely as a courtesy by such organization.
- The use of a public facility or public property made available by a governmental agency, for a public purpose.
- Transportation provided to a Covered Person by an agency in relation to officially approved governmental business.
- Gifts provided directly or indirectly by a state, regional, or national organization which promotes the exchange of ideas between, or the professional development of, government officials or employees, and whose membership is primarily composed of elected or appointed public officials or staff, to members of that organization or officials or staff of a governmental agency that is a member of that organization.

Lobbyist - A person receiving compensation that, seeks or sought to influence the governmental decision making of the District Board, Chief Executive Officer or purchasing agent, or who encouraged the passage, defeat, or modification of any proposal or recommendation by the Chief Executive Officer, purchasing agent, or the District Board within the past 12 months.

Non-Exempt Employee - An employee, generally paid on an hourly basis, who is subject to the minimum wage and overtime provisions of the laws governing payment of wages. Additional information can be found in the District's Non-Exempt Employee Pay Policy. Questions about your status as a non-exempt employee should be directed to Human Resources.



Outside Employment - An employment or contractual relationship between a Covered Person and a person or entity other than the District whereby the Covered Person provides services in exchange for compensation.

Third Party - Any individual or organization that currently or in the future conducts business transactions with the District, including entities in which an employee has a substantial interest (for publicly held corporations, substantial interest is defined as owning at least 1% of a class of the outstanding securities for that corporation; for non-publicly held entities, substantial interest will be examined on a case-by-case basis after the disclosure is made), is a director or officer of, or has any personal contract, agreement, understanding or employment of any kind with any physician, supplier, customer, or other individual or business concern that has a contractual arrangement with, does business with, seeks to do business with, or competes with the District.

POLICY

All Covered Persons have a duty of loyalty/commitment and to advance the legitimate business interests of the District. This includes avoiding the solicitation or acceptance of any type of personal benefit by virtue of their employment or association with the District. Covered Persons should avoid placing themselves in a position where their actions, or the acts or interests of a Family Member or a related Third Party may have a financial, business, professional, or social impact that could directly or indirectly oppose the best interests of the District or the constituencies it serves. Any potential Conflict of Interest or Conflict of Commitment should be disclosed timely and no later than 10 calendar days upon identification by completing a Conflicts of Interest Disclosure Form (Disclosure). For physicians and vendors, a Vendor Screening Form should also be completed prior to contracting as a condition of engaging in activities with the District and annually thereafter.

All Covered Persons whose responsibilities are affected by this policy are expected to be familiar with this policy. Failure to comply with this policy will subject workforce members to appropriate discipline, which may include suspension and/or termination/removal.

Although it is not possible to list all activities that could create a Conflicts of Interest in the workplace, the following are examples of activities that may constitute a Conflict of Interest and require disclosure for review and approval:

- Receiving or giving a personal benefit from or to any Third Party doing or seeking to do business with the District.



- Conducting business with a personal friend, business associate or Family Member on behalf of the District.
- Speculating or dealing in material, equipment, supplies, products, land leases or other property purchased or sold by the District for which negotiations to purchase, acquire or sell are pending or anticipated.
- Disclosing to anyone, including Family Members as defined above, any information, plans, or forecasts relating to the District.
- Except where prohibited by law, hiring or entering into a contractual arrangement with a Family Member where a person currently employed by the District will be working directly for, or supervising, a Family Member, and/or occupying a position in the same line of authority as the Family Member within the organization.
- Accepting outside employment with an organization that is a competitor of the District.
- Holding a material financial interest with an organization that does business with the District or is a competitor of the District.
- Holding a position(s) that interferes with the performance of their assigned duties or the professional standards of the District.
- Using the District's property or other resources for personal or outside activities.
- Any questions you may have should be discussed with your supervisor and Compliance, Privacy and Ethics Department.

All Covered Persons are prohibited from engaging in conduct that creates a Conflict of Interest including, but not limited to, the activities described below.

Solicitation or Acceptance of Gifts

Covered Persons are prohibited from soliciting/accepting or offering/giving anything of value, including gifts, loans, rewards, promises of future employment, favors or services that are based on any understanding that their vote, official action, or judgment would be influenced by such a gift.

The District Board members, Chief Executive Officer, and any purchasing agent with authority to make any purchase in excess of \$20,000 on behalf of the District, is prohibited from soliciting any gift from a



political committee, a certified committee of continuous existence (as defined by Fla. Stat. 106.011), or from a Lobbyist, where the gift is for the personal benefit of the District Board member, Chief Executive Officer, the purchasing agent, or any of their Family Members.

District Board members, the Chief Executive Officer, and any purchasing agent with authority to make any purchase in excess of \$20,000 on behalf of the District, or any person on his or her behalf, is prohibited from knowingly accepting, directly or indirectly, a gift from a political committee, certified committee of continuous existence (as defined in Fla. Stat. 106.011), or from a Lobbyist, if he/she knows or reasonably believes that the gift has a value in excess of \$100.00. However, such a gift may be accepted by the Chief Executive Officer on behalf of the District or a charitable organization so long as the Chief Executive Officer does not maintain custody of the gift for any period of time beyond that reasonably necessary to arrange for the transfer of custody and ownership of the gift. The value of the gift is generally determined using the actual cost to the donor, less taxes and gratuities, or the reasonable and customary charge for personal services provided by the donor directly. Compensation provided by the Chief Executive Officer to the donor within 90 days after receipt of the gift is deducted from the value.

Doing Business with the District and Prohibited Employment and Business Relationships

Covered Persons are prohibited from having an employment or contractual relationship with any business entity or agency which is subject to the regulation of the District or that is doing business with the District. Furthermore, Covered Persons are prohibited from having an employment or contractual relationship that will create a conflict between his or her private interests and the performance of his or her public duties or that would impede the full and faithful discharge of his or her public duties. However, where the regulatory power over the business entity resides in another agency and not the District, the employment or contractual relationship is not a conflict of interest. Additionally, where the Covered Person is not personally performing services for the District through the outside employment or business relationship of the other entity, such outside employment may be approved depending on the facts and circumstances of each situation presented.

Covered Persons acting in their official capacity as a purchasing agent with authority to commit the expenditure of public funds through a contract for, or the purchase of, any goods, services, or interest in real property for the District (as opposed to the authority to request or requisition a contract or purchase by another person) are prohibited from either directly or indirectly purchasing, renting, or leasing any realty, goods, or services for the District from any business entity of which the Covered Person, or the



Covered Person's Family Member is an officer, partner, director, or proprietor or in which the Covered Person or his or her Family Member, or any combination of them, has a material interest. A material interest means direct or indirect ownership of more than 5 percent of the total assets or capital stock of any business entity; however, indirect ownership does not include ownership by a spouse or minor child.

Covered Persons are prohibited from acting in a private capacity to rent, lease, or sell any realty, goods, or services to the District unless the contract for the transaction was entered into prior to the Covered Person's initial date of employment, or initial date of appointment, at the District. However, no violation of this policy exists where the Covered Person's:

- Outside Employer or Business is awarded the contract under a system of sealed, competitive bidding to the lowest or best bidder, and;
- Family Member has not participated in the determination of bid specifications or the determination of the lowest or best bidder in any way;
- The Covered Person or his/her Family Member has not in any way used or attempted to use the Covered Person's influence to persuade the District or its Board Members, Officers or Employees to enter into the contract other than by the mere submission of the bid; and
- The Covered Person, prior to or at the time of the submission of the bid, has filed a statement with the Palm Beach County Supervisor of Elections disclosing the nature of the Covered Person or his/her Family Member's interest in the Outside Employer or Business and the nature of the intended business;
- The purchase or sale contemplated is for legal advertising in a newspaper, for any utilities service, or for passage on a common carrier;
- An emergency purchase or contract that must be made in order to protect the health, safety, or welfare of the citizens of Palm Beach County;
- The Outside Employer or Business is the sole source of supply within Palm Beach County and there is full disclosure by the Covered Person of his/her interest in the Outside Employer; or
- Business to the District Board prior to the purchase, rental, sale, leasing, or other business being transacted;



- The total amount of the contracts or transactions in the aggregate between the Outside Employer or Business and the District does not exceed \$500.00 per calendar year;
- The Covered Person purchases in a private capacity goods or services at a price and terms available to similarly situated members of the general public.

A Covered Person who seeks secondary employment with an Outside Employer or Business that maintains a contract with the District may be approved depending on consideration the following factors, which include but are not limited to:

- The Covered Person and his/her Family Members do not work in the District department that will enforce, oversee or administer the subject contract;
- The Outside Employment does not result in a Conflict of Commitment or interfere with or otherwise impair the Covered Person's independence of judgment or otherwise interfere with the full and faithful performance of his or her public duties to the District;
- The Covered Person or his/her Family Members have not participated in determining the contract requirements or awarding the contract;
- The Covered Person's job responsibilities will not require him/her to be involved in the Outside Employer's contract with the District in any way including, but not limited to, its enforcement oversight, administration, amendment, extension, termination, or forbearance;
- The Covered Person will not use District Property or other resources in conducting the activities;
- The Covered Person's performance of District functions will not be impaired or impeded by the activities;
- The Covered Person will not use paid or unpaid leave time, including FMLA, medical or personal leave, provided by the District to engage in the activities; and
- No outside work may be done during paid hours, including lunch hours and breaks, and no District facilities, equipment, labor or supplies are to be used to conduct this outside activity.
- Covered Persons who hold exempt positions are not prohibited from engaging in secondary employment outside of regularly scheduled work hours at the District so long as the Covered Person responds to District needs outside of regularly scheduled hours in a timely and responsible manner.



- The Covered Person has submitted a Conflict of Interest Disclosure Form which has been reviewed and approved by Human Resources and Compliance.

Unauthorized Compensation

Covered Persons and their Family Members, are prohibited from accepting any compensation, payment, or item of value when the Covered Person knows, or should know, that is given to influence an action in which the Covered Person was expected to participate in his or her official capacity.

Misuse of Position

Covered Persons are prohibited from using, corruptly or otherwise, or attempting to use his or her position or any property or resource which may be within his or her trust, or perform his or her official duties, to secure a special privilege, benefit or exemption for himself, herself, or others.

Disclosure or Use of Certain Information

Current and former Covered Persons of the District are prohibited from disclosing or using information not available to members of the general public and gained during the performance of his/her job duties, except for information relating exclusively to governmental practices, for his or her personal gain or benefit or for the personal gain or benefit of any other person or business entity.

Solicitation or Acceptance of Honoraria

The District Board, Chief Executive Officer, and any purchasing agent with authority to make any purchase in excess of \$20,000 on behalf of the District are prohibited from soliciting an honorarium which is related to their public office or duties. An honorarium means any payment of money or anything of value, directly or indirectly, to the District Board member, Chief Executive Officer, and purchasing agent, or to any other person on his or her behalf, as payment for a speech, address, oration or other oral presentation by the individual, regardless of whether presented in person, recorded or broadcast over the media, or for a writing that is intended to be published (other than a book). Because an honorarium does not include the payment or provision of actual and reasonable transportation, lodging, and food and beverage expenses related to the honorarium event, including any event or meeting registration fee for the individual and spouse, the individual may accept payment of such expenses related to an honorarium event, provided the individual receives a statement listing the name and address of the person providing the expenses, a description of the expenses provided each day, and the total value of the expenses provided for the event within 60 days of the event and discloses such expenses with the statement annually in the financial



disclosure when such expenses are paid by a political committee or committee of continuous existence or from a Lobbyist.

Offers of honorarium to Employees must be reviewed by the Compliance, Privacy and Ethics department to determine whether acceptance of such honorarium would be appropriate.

Use of District Name

Using the District's name, logo, or other identifying marks in outside private business or employment, or misrepresenting oneself as an agent of the District, is prohibited. Using the District's name in an individual's sponsorship of a political party or cause in a way that implies the District endorsement of private services, business, equipment or supplies is prohibited.

Lobbying by Former Employees

Employees are prohibited from representing another person or entity for compensation before the District for two (2) years after vacating such office.

PROCEDURE

All individuals shall submit a Conflict of Interest (COI) Disclosure Form ("Disclosure Form") electronically upon hire/appointment, when a potential or actual conflict arises, and annually thereafter. All others, including Board and Committee members who do not have online access, will be provided a hard copy of the COI Disclosure Form to timely complete and submit. Vendors, physicians, medical staff, and other contracted individuals must complete a COI Disclosure Form prior to contracting, when a conflict arises, and annually thereafter. All employees, officers, board members, or agents involved in the selection, award, or administration of contracts and procurements paid for in whole or in part by federal funds must complete a written disclosure of any actual or potential conflict of interest. Individuals with an actual or potential conflict of interest are prohibited from participating in the selection, award, or administration of such contract and procurement. All completed Disclosure Forms are reviewed for actual or potential conflicts either electronically (e.g. "yes" answers) or manually. If a potential conflict is disclosed, the Compliance, Privacy, and Ethics Department will conduct the initial review. If further review or action is required, the Chief Compliance and Privacy Officer or his/her designee will review the disclosure, along with other relevant departments, for approval or disposition.

Completed COI Disclosure Forms will be retained for ten (10) years following the end of the calendar year it was completed/submitted. Online submissions of COI disclosure forms are stored electronically on



SharePoint. The Compliance, Privacy, and Ethics Department will retain all completed Disclosure Forms and corresponding documents of all actions/decisions for the corresponding ten (10) year period.

DISCLOSURE OF POTENTIAL CONFLICTS

1. All Covered Persons must complete the Conflict of Interest Disclosure Form upon hire or appointment and annually thereafter. Covered Persons must also update or submit a new Form if any activity or personal interest that may lead to a conflict of interest arises within 10 calendar days of becoming aware of a potential conflict of interest.

a) Covered Person's Responsibilities

- i. Avoid engaging in activities that present an actual or potential conflict of interest.
- ii. Fully, accurately, and timely fill out and submit the COI Disclosure Form as required by District policy.
- iii. Submit an additional COI Disclosure Forms within 10 calendar days of becoming aware of new activities or interests that may present an actual or potential Conflict of Interest.
- iv. When engaging in approved Outside Employment or other activities, adhere to all other District policies governing the situation.
- v. When engaging in approved Outside Employment or other activities, individuals shall not take part in any decisions related to the outside employer or business to which the conflict relates.
- vi. Immediately report suspected Conflicts of Interest to the Compliance, Privacy, and Ethics Department or by calling the Compliance Hotline (1-866-633-7233).

b) Department Directors/Managers/Supervisors Responsibilities

- i. Refer employees to the Compliance, Privacy, and Ethics Department as needed.
- ii. Assist in ensuring Conflict of Interest Disclosure Forms are completed by employees annually. COI Disclosure Forms are located on SharePoint within Compliance Policies & Procedures.



- iii. Ensure employees submit all Conflict of Interest Disclosure Forms through SharePoint or by other means as directed, such as completing a printed version of the document.

c) Compliance Department Responsibilities

- i. Maintain or revise this Policy and Procedure and Questionnaire as needed.
- ii. Educate employees about this Policy as needed.
- iii. Facilitate the annual COI Disclosures.
- iv. Review all COI Disclosure Forms that present an actual or potential Conflict of Interest, and investigate as needed.
- v. Consult with Human Resources, Legal or other pertinent departments to develop and implement recommendations as to the resolution of any actual conflict.
- vi. Receive and investigate complaints regarding potential violations of this Policy with assistance from Human Resources, Legal or other pertinent departments.
- vii. Maintain necessary records.

d) Human Resources Department Responsibilities

- i. Ensure COI Disclosure Forms are provided to, and collected from, each employee/contractor as part of the pre-hire or onboarding process (prior to hiring or contracting).
- ii. Review completed COI Disclosure Forms as needed by Employees, students, volunteers and other Covered Persons as needed.
- iii. Submit completed COI Disclosure Forms after initial review to the Compliance, Privacy, and Ethics Department.
- iv. Consult with Compliance, Legal, or other pertinent departments to develop and implement recommendations as to the resolution of any actual conflict.
- v. File and maintain Conflict of Interest Disclosure Forms and related documents.



RESOLUTION OF DISCLOSURES

1. Any Disclosures noting a potential conflict will be reviewed and conflicts resolved in the following manner:
 - a) **For Board and Committee Members, the Chief Executive Officer and Officers**, the Chief Compliance and Privacy Officer will review and make a recommendation to the Quality, Patient Safety, and Compliance Committee. The Quality, Patient Safety, and Compliance Committee shall issue decisions about any needed plan for curing or managing any disclosed conflict, or make a recommendation to the Board for resolution.
 - b) **For Employed Physicians and Contracted Medical Staff**, the Medical Executive Committee shall review the disclosure and recommend corrective action to the Board and or appropriate Committee. The Board and or appropriate Committee shall issue decisions about any needed plan for curing or managing any disclosed conflict.
 - c) **For Employees, Volunteers, and Students**, the Chief Compliance and Privacy Officer or his/her designee will review the disclosure and recommend appropriate action as warranted under the circumstances to resolve the actual or potential conflict of interest.
 - d) **For Vendors**, the Supply Chain Department or CFO will review the disclosure and recommend action to the Chief Compliance and Privacy Officer who may take corrective action to cure or manage the conflict after consultation with the appropriate executive officer. Vendors must complete a Conflict of Interest Disclosure Form prior to contracting, when a conflict arises, and annually thereafter.

Any valid appeal regarding corrective action recommended or taken shall be submitted to the Chief Compliance and Privacy Officer for review. Recommendations to amend actions previously taken will be submitted to the Board's Quality, Patient Safety, and Compliance Committee for approval.

CONSEQUENCES OF VIOLATIONS

1. Any Covered Person who engages in prohibited conduct as specified by this policy is subject to disciplinary action, including suspension and/or termination or removal.
2. Additionally, any Covered Person who violates this policy may also be subject to investigation by the Florida Commission on Ethics, the Palm Beach County State Attorney's Office, the Palm Beach



County Inspector General, or other enforcement agencies, which may result in civil and/or criminal penalties. If the violation of this policy also constitutes a violation of Florida law.

3. If it has been determined that a Conflict of Interest exists, the VP, Chief Compliance, Privacy, & Ethics Officer shall notify the applicable Covered Person in writing of the determination and the recommended course of action. The Covered Person shall respond to the VP, Chief Compliance, Privacy, & Ethics Officer in writing within 3 business days indicating how he/she complied with the determination and the recommended course of action.

RETENTION OF DISCLOSURE FORMS

1. Completed COI Disclosures Forms, will be retained for ten (10) years following the end of the current calendar year. The VP, Chief Compliance, Privacy, & Ethics Officer will retain corresponding memoranda of all actions/decisions for the corresponding ten (10) year period.

REPORTING VIOLATIONS

1. Employees should contact the Compliance, Privacy, and Ethics Department if they have any questions concerning the Conflict of Interest Policy.
2. Suspected violations of the Conflict of Interest Policy must be reported immediately to the Compliance, Privacy, and Ethics Department or to the Compliance Hotline at 1-866-633-7233.
3. The District **will not retaliate** against any employee who reports suspected violations of this policy in **good faith**.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	Employment of Relatives Policy Exempt Employee Pay Policy Non-Exempt Employee Pay Policy Standards of Conduct Policy Contracts Policy Purchasing Policy Property



	Usage Policy Gifts and Gratuities Policy Purchasing Procedure Non-Retaliation Policy
Related Forms	COI Disclosure Form
Reference(s)	Florida Statute Sections: 112.313; 112.3148

APPROVALS	
Final approver	(Enter Final Approver)
Final approval date	(Enter Final Approval Date)

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).

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.



HEALTH CARE DISTRICT BOARD

September 30, 2025

1. Description: Modification to the District’s Standards of Conduct Policy and Guidance Booklet

2. Summary:

Approval is sought to accept the revisions to the Standards of Conduct (also known as a Code of Conduct) Policy and Procedure and related guidance Booklet to bring current per our review cadence and address necessary revisions in preparation for external audits/review. Formal approval is required by the Health Care District Board, to be sought following this approval.

3. Substantive Analysis:

- The District’s Standards of Conduct Policy is a Board Policy and is being brought to the District Board for approval, pursuant to the Board’s Resolution Regarding Policies and Procedures on September 28, 2021.
- This revision is the result of necessary changes to include: (1) Update the renewal date of the policy and booklet; (2) link the booklet to the policy; (3) revise for new HCD branding for the policy; and (4) Insert verbiage in the policy to include additional ways for HCD staff to contact the Compliance Officer under the Disclosure Program.
- The changes at this time are brought in preparation for upcoming HRSA Audit and to ensure the Policy remains current per our review cadence schedule. *For your review purposes please note that no substantial or material edits have been made to the Policy or Procedure or booklet. Further, the Booklet is undergoing significant edits to make updates and provide helpful examples and scenarios to HCD’s workforce.*
- The revised District Policy “Standards of Conduct”, HCDCOM150, is provided for your approval along with a linked copy of the booklet. The brief changes are noted above and have been approved by the appropriate delegated Committee(s)/Personnel at the District. This was presented for approval to the Quality, Patient Safety & Compliance Committee on September 30, 2025.
- The revised Policy and related document, following your approval will be finalized in MCN and will be disseminated to all members of the District’s workforce.



HEALTH CARE DISTRICT BOARD September 30, 2025

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

Signed by:

Jessica Cafarelli
CA6A21FF2B09481 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

Quality, Patient Safety, and
 Compliance Committee

 Committee Name

September 30, 2025

 Date Approved

6. Recommendation:

Staff recommends the Board approve this recommendation to revise the Policy and Procedure and related guidance document.

Approved for Legal sufficiency:

Signed by:

Bernabe Icaza
0CF6F7DB6706434 Bernabe Icaza
 SVP & General Counsel

Signed by:

Heather Bokor
4766F813A13D48D Heather Bokor
 VP & Chief Compliance and Privacy Officer

Signed by:

Darcy Davis
77A3B5358070477 Darcy J. Davis
 President & Chief Executive Officer



Standards of Conduct Policy and Procedure

Policy #:	HCDCOM150	Effective Date:	<u>09/19/2025</u>
Business Unit:	3. District Board Policies	Original Effective Date:	01/16/2013
Approval Group:	Compliance District Board Policy	Board Approval Date:	01/16/2013, 03/12/2020

PURPOSE

The purpose of this policy is to describe the distribution and intended use for the District's Standards of Conduct.

SCOPE

This policy and procedure applies to all Workforce Members and affiliated entities of the Health Care District of Palm Beach County (the "District") including, but not limited to, Lakeside Medical Center, Skilled Nursing Center, School Health, Community Health Centers, Pharmacy, Ground Transportation, and Trauma Hawk. ~~Board and Committee members of the Health Care District of Palm Beach County and its affiliates (the "District") including Lakeside Medical Center, E.J. Healey Skilled Nursing Center, School Health, C.L. Brumback Primary Care Clinics, Pharmacy, Trauma and Managed Care.~~

DEFINITIONS

This Standards of Conduct - within a business, the standards or code of conduct govern how workforce members are expected to carry out their assigned duties and obey relevant laws and regulations that govern the business.

POLICY

The District will maintain and periodically update its Standards of Conduct to provide workforce, Committee and Board members guidance regarding the professional and legal conduct expected in the performance of their assigned duties and responsibilities. The Standards of Conduct is available on the District's website. All new employees will review the Standards and sign an acknowledgment that they have read and understand the Standards, during their new hire orientation and again each time a new version is published. A Standards of Conduct booklet will be provided to all Committee and Board members at the time of their appointment and again each time a new version is published.

EXCEPTIONS

N/A

PROCEDURE

1. The Quality, Patient Safety and Compliance Committee and the Board of Directors will be responsible for oversight and final approval of the Standards of Conduct.
2. The Standards of Conduct will be written in at a basic reading level and avoid complex language.
3. The Standards of Conduct will address the following topics related to health care compliance:



- a) The District's mission and values
 - b) Quality of Care
 - c) Compliance with laws and regulations including, but not limited to fraud, abuse, and waste
 - d) Billing and Coding
 - e) Use of information, property and assets
 - f) Conflicts of Interest including, but not limited to procurement provisions to protect federal awards
 - g) Obligation to report suspected violations
 - h) Reporting options and non-retaliation policy
 - i) Responsibilities of management and employee
4. The Standards of Conduct will be distributed to Committee and Board Members, Executive Management, employees and other applicable parties. Copies will be provided to all new employees as part of their orientation. Recipients will sign a statement acknowledging:
- a) Receipt and Understanding
 - b) Agreeing to abide by its provisions
5. All employees will receive training regarding the Standards of Conduct and related policies and procedures to help them understand how they apply to their work situations. Refer to HIPAA, Compliance and Privacy Training policies for additional information. The [VP, Chief Compliance, and Privacy, & Risk](#) Officer and/or Human Resources will ensure that documentation is maintained to evidence those individuals who have received such training and education.
6. All employees have the opportunity to review the Standards, sign the acknowledgment and complete training online. All others will be provided with corresponding paper or electronic documents in order to comply with the requirements of this policy.
7. The [VP, Chief Compliance, Privacy and Risk](#) Officer will investigate all suspected and reported violations of the Standards and ensure appropriate corrective and disciplinary action is taken as necessary.

RESPONSIBILITY

Employee Responsibilities

1. Ask questions; seek guidance, report violations and express concerns regarding compliance with this policy to your direct supervisor, the Human Resources Department, or the [VP, Chief Compliance, Privacy, & Risk](#) Officer, including utilizing any of the District's established communication mechanisms (e.g. via email, mail, telephone, messaging, Hotline, in person).
2. Abide by the District's Standards of Conduct.

Department Directors/Managers/Supervisors Responsibilities

1. Create a work environment in which ethical and legal concerns can be raised and openly discussed without fear of retaliation or retribution.



2. Consult with Human Resources and the [VP, Chief Compliance](#) ~~___and~~ [Privacy, & Risk](#) Officer regarding suspected violations of Standards of Conduct and assist in the investigation if requested to do so.
3. Monitor compliance.

Human Resources Responsibilities

1. Observe the standards of our professions and exercise judgment and objectivity.
2. Provide guidance and assist employees in complying with the District’s expectations of ethical and legal business conduct and uncompromising values.
3. Assist supervisors/managers with investigations of violations of Standards of Conduct.
4. Notify [VP, Chief Compliance](#), [Privacy, & Risk](#) ~~and Privacy~~ Officer of suspected violations of the Standards of Conduct.

Compliance Office Responsibilities

1. Track and investigate suspected violations of the Standards of Conduct.
2. Provide education and guidance to workforce, Committee and Board members as appropriate.

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	Standards of Conduct Booklet
Reference(s)	
Dynamic Health/EBSCO link:	

APPROVALS	
Final approver	Darcy Davis (Enter Final Approver)
Final approval date	(Enter Approval Date)

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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HEALTH CARE DISTRICT BOARD

September 30, 2025

1. **Description: Recent Regulatory Updates and Industry Enforcement Action (June 2025–September 2025)**

2. **Summary:**

This item presents recent health care regulatory updates and industry enforcement activity which may impact the Health Care District of Palm Beach County (“HCD”). An overall summary and supplemental details are being provided to the Board *as informational*, including: recent Regulatory Updates and Industry Enforcement Activity since the last meeting held (which covered February – May 2025).

3. **Substantive Analysis:**

HCD Compliance, Privacy, and Ethics (“CPE”) consistently reviews regulatory updates and industry enforcement activity to keep abreast of the changes and potential impacts to HCD, communicate information to necessary parties, and help shape CPE’s Work Plan. Information is searched, tracked, reviewed, analyzed, monitored, and posted to our regulatory dashboard. HCD CPE determines the information necessary to communicate to HCD staff, physicians, and leadership, as well as if additional action (e.g., audit, policy, training) is necessary. These updates are presented to the HCD Board by the HCD VP/Chief Compliance and Privacy Officer, on a quarterly basis.

Recent Trends in the Regulatory and Enforcement:

Recent trends include, but are not limited to: Increased focus on cybersecurity, with several sectors facing ransomware attacks and malicious actors, proposed payment rules, HIPAA Breaches and Right of Access violations, numerous cases of Civil Monetary Penalties Law violations for employment of excluded or unlicensed individuals, continued enforcement of the Stark Law and Anti-Kickback Statute.

Regulatory Updates

1. [HHS Issues Enforcement Alert Regarding Information Blocking \(09/2025\)](#)
2. [OIG Issues Report on Remote Patient Monitoring \(08/2025\)](#)
3. [Judge Rules HHS Cannot Share Information with ICE \(08/2025\)](#)
4. [\\$50 Billion Rural Health Transformation Fund to Begin Accepting Applications in September \(08/2025\)](#)
5. [President Trump Issues Executive Order to Improve Oversight of Federal Grantmaking \(08/2025\)](#)



HEALTH CARE DISTRICT BOARD

September 30, 2025

6. [HHS OCR Publishes New and Updated HIPAA Privacy Rule Guidance \(08/2025\)](#)
7. [HRSA Announces Notice for the 340B Rebate Model Pilot Program \(08/2025\)](#)
8. [Illinois Signs Bill Prohibiting Artificial Intelligence Therapy in Illinois \(08/2025\)](#)
9. [President Trump Issues Executive Order Related to Behavioral Health and Homeless \(07/2025\)](#)
10. [CISA and Partners Release Updated Advisory on Scattered Spider Group \(07/2025\)](#)
11. [CMS Extends Nursing Home Validation Requirements to January 1, 2026 \(07/2025\)](#)
12. [HHS Provides Medicaid Enrollee Data to ICE \(07/2025\)](#)
13. [CMS Proposes CY2026 Hospital Outpatient Prospective Payment System and ASC Payment System Proposed Rule \(07/2025\)](#)
14. [CISA Joint Advisory Issued on Protecting Against Interlock Ransomware \(07/2025\)](#)
15. [CMS Issues CY2026 Medicare Physician Fee Schedule Proposed Rule \(07/2025\)](#)
16. [HHS Ban Illegal Aliens from Accessing its Taxpayer-Funded Programs \(07/2025\)](#)
17. [Big, Beautiful Bill Passes \(07/2025\)](#)
18. [DOJ-HHS Form False Claims Act Working Group \(07/2025\)](#)
19. [20 States File Lawsuit Against HHS over Health Data Sharing \(07/2025\)](#)
20. [Federal Court Vacates HIPAA Rule \(06/2025\)](#)

Industry Enforcement Activity

1. [United States Files False Claims Case Against ProMedica Health System \(09/2025\)](#)
2. [Pennsylvania Pharmacy Settles False Claims Act Violations \(08/2025\)](#)
3. [Founder and CEO of Company Sentenced for Making False Claims to CMS Related to Open Payments \(08/2025\)](#)
4. [Massachusetts Ambulance Companies Agree to Pay \\$6 Million to Resolve Allegations \(08/2025\)](#)
5. [Justice Department Files Two Civil Forfeiture Claims Against DME Providers \(08/2025\)](#)
6. [Change Healthcare Data Breach Victim Count at 193 million \(07/2025\)](#)
7. [Psychiatrist Sentenced for Unlawful Distribution of Controlled Substances \(07/2025\)](#)
8. [llumina Inc. Agrees to Pay Nearly \\$10 Million to Resolve False Claims Related to Cybersecurity Requirements \(07/2025\)](#)
9. [Ambulance Company and Owners Agree to Pay \\$900,000 to Resolve False Claims Act Allegations \(07/2025\)](#)
10. [NHC Healthcare Agrees to Settlement Related to Employment of Unlicensed Individual \(07/2025\)](#)
11. [Alabama Hospital Pays \\$150,000 to Resolve EMTALA Allegations \(07/2025\)](#)
12. [Healthline Media Agrees to Settle CCPA Violations for Record Amount \(07/2025\)](#)



HEALTH CARE DISTRICT BOARD
September 30, 2025

13. [HCA Healthcare and Health Trust Workforce Solutions Agree to Settlement to Resolve Allegations of Unlawful Training Repayment Agreements \(07/2025\)](#)
14. [Oregon Clinic Self-Discloses CMP Violation \(07/2025\)](#)
15. [HHS' OCR Settles HIPAA Ransomware Investigation with Syracuse ASC \(07/2025\)](#)
16. [HHS' OCR Settles HIPAA Privacy and Security Rule Investigation with a Behavioral Health Provider \(07/2025\)](#)
17. [Kentucky Hospital Agrees to Pay \\$110,000 to Resolve EMTALA Allegations \(07/2025\)](#)
18. [Psychiatrist Agrees to Pay Approximately \\$500,000 to Resolve FCA Allegations \(07/2025\)](#)
19. [City of Fort Dodge Agrees to Settlement Related to Employment of Unlicensed Individual \(07/2025\)](#)
20. [MedFleet Agrees to Settlement Related to Employment of Unlicensed Individual \(07/2025\)](#)
21. [UAB Medical West Enters into Settlement to Resolve EMTALA Allegation \(07/2025\)](#)
22. [Ten of Thirty Nursing Homes Failed to Comply or May not Have Complied with Terms and Conditions for Provider Relief Funds \(06/2025\)](#)
23. [2025 National Health Care Fraud Takedown Brings in Record Recoveries \(06/2025\)](#)
24. [NUWAY Alliance Agrees to Pay \\$18.5 Million to Resolve False Claims Allegations \(06/2025\)](#)
25. [University of California Irvine Agrees to Pay \\$482,000 After Self-Disclosure \(06/2025\)](#)
26. [All-Star Physical Therapy Pays \\$636,000 to Resolve CMP Allegations \(06/2025\)](#)
27. [Adventist Health Self-Discloses Violations \(06/2025\)](#)
28. [Citadel Care Center Pays Approximately \\$640,000 for Employing Excluded Individual \(06/2025\)](#)
29. [Physician Pleads Guilty to COVID-19 Fraud Charges \(06/2025\)](#)
30. [CareLink Home Health Pays \\$36,000 for Employing Excluded Individual \(06/2025\)](#)

Regulatory Updates

1. **HHS OIG Issues Enforcement Alert Regarding Information Blocking (09/2025)**
 - The Department of Health and Human Services (“HHS”), through the Office of Inspector General (“OIG”), recently announced an Information Blocking enforcement initiative on September 4, 2025. HHS and OIG will begin active enforcement efforts related to information blocking, in collaboration with the Office of the National Coordinator for Health IT (ONC) and the Administration for Strategic Preparedness and Response (ASPR). This initiative marks a transition from education to accountability, focusing on ensuring that electronic health information is accessible, shareable, and not withheld without valid justification. The initiative aims to target



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industry practices that interfere with the access, exchange, or use of health data, particularly by health IT developers, health information networks, and certified health IT products. Healthcare organizations are encouraged to review their data sharing practices, technical configurations, and contractual terms to ensure compliance with the Cures Act Final Rule and avoid potential penalties. This effort underscores the federal commitment to promoting interoperability, patient empowerment, and trust in the digital health ecosystem.

- Individuals and entities found to have engaged in information blocking may face several types of enforcement actions, including civil monetary penalties (CMPs) up to \$1 million per violation. The OIG will prioritize enforcement where practices cause patient harm, significantly impact or impair a provider's ability to deliver patient care, are of long duration, or cause financial loss to Federal health care programs or other Government or private entities.
2. **[OIG Issues Report on Remote Patient Monitoring \(08/2025\)](#)**
- The OIG recently issued a report regarding remote patient monitoring in Medicare. The report was issued as this type of service is continuing to grow, with payments in 2024 likely to exceed \$500 million. The report notes that a previous review found that additional oversight of remote patient monitoring is needed.
 - The report notes that monitoring billing can help safeguard the Medicare program and prevent fraud, waste, and abuse. As part of this, the OIG developed several measures to monitor billing for remote patient monitoring including those:
 - Billing for a high proportion of enrollees who have no prior history with the medical practice; and
 - Billing for multiple monitoring devices a month for an enrollee.
 - These measures can identify medical practices with billing for remote patient monitoring that warrant further scrutiny.
 - Analyzing billing can help CMS, Medicare Advantage Organizations, and other entities ensure that enrollees receive the benefit of remote patient monitoring while, at the same time, minimizing program integrity risks.
3. **[California Judge Rules HHS Cannot Share Information with ICE \(08/2025\)](#)**
- A Judge in the US District Court for the Northern District of California issued an order that prohibits the U.S. Department of Health and Human Services from sharing Medicaid data with the Department of Homeland Security for immigration purposes. The ban will be in effect until litigation is resolved and is limited to the 20 states that filed the lawsuit and states that officials in these departments can no longer share health data.



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4. **[\\$50 Billion Rural Health Transformation Fund to Begin Accepting Applications in September, per CMS \(08/2025\)](#)**

- Centers for Medicare & Medicaid Services (“CMS”) Administrator Dr. Mehmet Oz recently announced that applications for a fund for rural hospitals will go out in early September. The fund was created as part of the “Big, Beautiful Bill” that was passed by Congress.
- Half of the \$50 billion (\$25 billion) will be split between states with approved applications. It has been indicated that this will be split evenly between approved states, but I have not confirmed that at this time. The other \$25 billion will be at the discretion of CMS, though at least \$6.25 billion of this second amount must be sent to states with approved applications.
- The law provides for \$10 billion per year in disbursements over a 5-year period from 2026–2030. A state would appear to only need to apply once to be approved for the entirety of the program’s duration
- State applications are due no later than December 31, 2025.

5. **[President Trump Issues Executive Order to Improve Oversight of Federal Grantmaking \(08/2025\)](#)**

- President Trump recently issued an Executive Order (EO) entitled “Improving Oversight of Federal Grantmaking.” The Executive Order instruct each agency head to designate a senior appointee who will be responsible for creating a process to review new funding opportunity announcements and to review discretionary funding to ensure they are consistent with agency priorities and the national interest. The review process will include at least:
 - Review and approval of agency funding opportunity announcements by one or more senior appointees or their designees;
 - Continuation of existing coordination with OMB;
 - To the extent appropriate to the subject matter of the announcements, review by designated subject-matter experts as identified by the agency head or the agency head’s designee;
 - Review of funding opportunity announcements and related forms to ensure that they include only such requirements as are necessary for an adequate evaluation of the application and are written in plain language with a goal of minimizing the need for legal or technical expertise in drafting an application;
 - Interagency coordination to determine whether the subject matter of a particular funding opportunity announcement has already been addressed by another agency announcement and, if so, whether one of the announcements

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- should be modified or withdrawn to promote consistency and eliminate redundancy;
- For scientific research discretionary grants, review by at least one subject matter expert in the field of the application, who may be a member of the grant review panel, the program officer, or an outside expert; and
 - Pre-issuance review of discretionary awards to ensure that the awards are consistent with applicable law, agency priorities, and the national interest, which shall involve in-person or virtual discussion of applications by grant review panels or program offices with a senior appointee or that appointee's designee.
 - The Executive Order outlines a preference for discretionary awards to institutions with lower indirect cost rates.
 - Discretionary grants should be provided to a broad group instead of selecting the same party repeatedly. Research grants should be awarded to a mix of recipients likely to produce immediately demonstrable results and recipients with the potential for potentially longer-term, breakthrough results.
6. **[HHS OCR Publishes New and Updated HIPAA Privacy Rule Guidance \(08/2025\)](#)**
- HHS-OCR has published new and updated guidance on certain aspects of the HIPAA Privacy Rule, adding a new FAQ on permitted disclosures of PHI to value-based care arrangements and updating an FAQ on the types of personal health information that individuals can request access to. The new FAQ relates to disclosures to value-based care arrangements, such as accountable care organizations, for treatment purposes and follows an announcement by CMS about the steps being taken to improve interoperability and prevent information blocking. At a White House event on July 30, 2025, the Trump Administration explained that commitments had been obtained from several tech firms to work on interoperability and user-friendly apps that empower patients to improve their outcomes and their healthcare experience through seamless sharing of information between patients and providers.
7. **[HHS Health Resource Services Administration \(HRSA\), Office of Pharmacy Affairs \(OPA\) Announces Notice for the 340B Rebate Model Pilot Program \(08/2025\)](#)**
- HHS' HRSA, Office of Pharmacy Affairs ("OPA"), which administers the 340B Drug Pricing Program ("340B Program"), recently issued a Notice to announce the availability of a 340B Rebate Model Pilot Program as a voluntary mechanism for qualifying drug manufacturers to effectuate the 340B ceiling price on select drugs to all covered entities, and to collect comments on the structure and application process of the 340B Rebate Model Pilot Program.



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- OPA is inviting some drug manufacturers that meet certain criteria to apply for participation in a voluntary 340B Rebate Model Pilot Program for a minimum of one year. The Pilot Program aims to test the rebate model for a select group of drugs in an effort to ensure a transparent 340B rebate model for all stakeholders involved, as well as to understand the pros and cons of how the system would work in practice.
 - Drug manufacturers with Medicare Drug Price Negotiation Agreements with CMS are requested to submit plans for the initial price applicability for year 2026. After the first round and analysis of the results, OPA may request further rounds for testing the program.
8. [**Illinois Governor Signs Bill Prohibiting Artificial Intelligence \(“AI”\) Therapy in Illinois \(08/2025\)**](#)
- Illinois Governor JB Pritzker signed legislation in early August that limits the ability to use artificial intelligence in therapy and psychotherapy services. The legislation, entitled “The Wellness and Oversight for Psychological Resources Act”, prohibits individuals from using AI to provide mental health and therapeutic decision-making. The law also aims to protect behavioral health jobs in the state.
 - AI is allowed to be utilized for administrative and supplementary support for licensed behavioral health professionals. These include managing scheduling services and reminders, processing billing and insurance claims, and drafting general communications that do not qualify as therapeutic advice.
 - The law also aims to protect patients from unregulated and unqualified AI products.
 - This does not apply to peer support services or parties providing religious counseling.
9. [**President Trump Issues Executive Order Related to Behavioral Health and Homeless \(07/2025\)**](#)
- President Trump recently issued an [Executive Order entitled “Ending Crime and Disorder on America’s Streets.”](#)
 - The Executive Order notes the large homeless population across the United States. It continues to add that “The overwhelming majority of these individuals are addicted to drugs, have a mental health condition, or both. Nearly two-thirds of homeless individuals report having regularly used hard drugs like methamphetamines, cocaine, or opioids in their lifetimes. An equally large share of homeless individuals reported suffering from mental health conditions.”
 - The Executive Order will aim to shift homeless individuals into long-term institutional settings for humane treatment through the appropriate use of civil commitment.



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- The Executive Order also instructs the Attorney General, in consultation with the Secretary of Health and Human Services, to seek, in appropriate cases, the reversal of Federal or State judicial precedents and the termination of consent decrees that impede the United States’ policy of encouraging civil commitment.
 - The Secretary of Health and Human Services is also instructed to ensure grants issued by SAMHSA for substance use order prevention, treatment, and recovery fund evidence-based programs and do not fund programs such as “harm reduction” or “safe consumption” efforts that facilitate drug use. The Secretary should also ensure that Federal funds for FQHCs and Certified Community Behavioral Health Clinics reduce rather than promote homelessness by supporting comprehensive services for individuals with serious mental illness and substance use disorder, including crisis intervention services.
10. **Cybersecurity and Infrastructure Agency (CISA), Federal Bureau of Investigation (FBI), and Partners Release Updated Advisory on Scattered Spider Group (07/2025)**
- CISA, along with the FBI, Canadian Centre for Cyber Security, Royal Canadian Mounted Police, the Australian Cyber Security Centre’s Australian Signals Directorate, and the Australian Federal Police and National Cyber Security Centre, released an updated joint Cybersecurity Advisory on Scattered Spider—a cybercriminal group targeting commercial facilities sectors and subsectors. This advisory provides updated tactics, techniques, and procedures (“TTPs”) obtained through FBI investigations conducted through June 2025.
 - Scattered Spider threat actors have been known to use various ransomware variants in data extortion attacks, most recently including DragonForce ransomware. While Scattered Spider often changes TTPs to remain undetected, some TTPs remain consistent. These actors frequently use social engineering techniques such as phishing, push bombing, and subscriber identity module swap attacks to obtain credentials, install remote access tools, and bypass multi-factor authentication.
11. **CMS Extends Nursing Home Validation Requirements to January 1, 2026 (07/2025)**
- CMS recently announced that is again extended Nursing Home validation requirements. Skilled Nursing Facilities will now be required to submit the appropriate information by January 1, 2026. This data was previously required to be reported by August 1, 2025. The new data that must be reported focuses on ownership and managerial information.

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- HHS recently provided Immigration and Customs Enforcement (“ICE”) officials access to the data of nearly 80 million Medicaid enrollees in order to assist ICE in removing individuals from the United States who are not properly residing here. The sharing of this information has raised privacy concerns from some experts, who have indicated it may be in violation of HIPAA.
- HHS has claimed that it legal to share this information and that it has the authority to share information from CMS with the Department of Homeland Security, as the information is being shared to ensure Medicaid benefits are only being received by those who are eligible.

13. [CMS Proposes CY2026 Hospital Outpatient Prospective Payment System \(OPPS\) and Ambulatory Surgical \(ASC\) PPS Proposed Rule \(07/2025\)](#)

- On July 16, 2025, CMS issued the Calendar Year 2026 Hospital Outpatient Prospective Payment System and Ambulatory Surgical Payment System Proposed Rule. The proposal was designed with the purpose of reducing out-of-pocket costs for Medicare beneficiaries, expanding choices in where patients can receive care, increasing hospital accountability and transparency, and safeguarding the Medicare Trust Fund from waste and abuse.
- CMS seeks to equalize payments for certain services delivered in hospitals and off-campus facilities, helping ensure beneficiaries aren’t penalized with additional copays simply based on where they receive care. The rule also proposes phasing out the inpatient-only list, which would give physicians greater flexibility to determine the most clinically appropriate setting for care and allow more patients to choose outpatient surgical options.
- To give consumers meaningful price information, CMS is also amending hospital price transparency rules. The proposed changes would require hospitals to post real, consumer-usable prices, not estimates, and provide data in standardized formats that allow patients to understand what their care will actually cost. Hospitals that fail to comply could face civil monetary penalties.
- As part of its efforts to Make America Healthy Again, CMS is also taking steps to elevate patient safety and wellness. The agency is proposing updates to the Hospital Star Rating system so hospitals performing in the lowest quartile for safety can no longer receive a 5-star rating.
- CMS projects these proposals will improve access to outpatient care, reduce unnecessary costs, and deliver savings for both the Medicare program and beneficiaries, estimated at nearly \$11 billion over the next ten years.



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- The proposed rule will be open for public comment for 60 days following its publication in the Federal Register.
14. [**CISA, FBI, HHS, and Partner Issue Joint Advisory on Protecting Against Interlock Ransomware \(07/2025\)**](#)
- CISA, in partnership with the FBI, HHS, and the Multi-State Information Sharing and Analysis Center issued a joint Cybersecurity Advisory to help protect businesses and critical infrastructure organizations in North America and Europe against Interlock ransomware. The advisory highlights known Interlock ransomware indicators of compromise and tactics, techniques, and procedures identified through recent FBI investigations.
 - Actions organizations can take today to mitigate Interlock ransomware threat activity include:
 - Preventing initial access by implementing domain name system filtering and web access firewalls and training users to spot social engineering attempts.
 - Mitigating known vulnerabilities by ensuring operating systems, software, and firmware are patched and up to date.
 - Segmenting networks to restrict lateral movement from initial infected devices and other devices in the same organization.
 - Implementing identity, credential, and access management policies across the organization and then requiring multifactor authentication for all services to the extent possible.
15. [**CMS Issues CY2026 Medicare Physician Fee Schedule \(MPFS\) Proposed Rule \(07/2025\)**](#)
- CMS recently issued the calendar year 2026 Medicare Physician Fee Schedule (“PFS”) proposed rule would advance primary care management through new quality measures, reduce waste and unnecessary use of skin substitutes, and introduce a new payment model focused on improving care for chronic disease management.
 - Medicare spending on skin substitutes has had unprecedented growth, rising from \$256 million in 2019 to over \$10 billion in 2024, according to Medicare Part B claims data. This dramatic spending increase is largely attributed to abusive pricing practices in the sector, including the use of products with limited evidence of clinical value. In one notable case, the CMS Fraud Defense Operations Center stopped more than \$1 million in improper payments for skin substitutes to a medical group practice. The practice was submitting Medicare claims for wound care services allegedly performed by the owner, a psychiatrist.



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- CMS is proposing to improve the care of chronic diseases by reducing burdens associated with the integration of behavioral health treatment into advanced primary care management. Additionally, CMS is proposing to make Americans healthier by removing ten quality measures that did not directly improve patient health outcomes and adding five new outcome measures that focus on the prevention of chronic disease, including prescreening for diabetes. If the proposed rule is finalized, a change to the Medicare Diabetes Prevention Program will allow more people with Medicare to access coaching, peer support, and practical training in dietary change, physical activity, and behavior change strategies to delay or prevent the onset of Type 2 diabetes for people with prediabetes, at no cost to the beneficiary.
 - CMS is proposing the new Ambulatory Specialty Model (ASM), a mandatory payment model focused on specialty care for beneficiaries with heart failure and low back pain – significant areas of Medicare spending. The model aims to enhance the quality of care and reduce low-value care by improving upstream chronic disease management. Participants will be held accountable for their performance, generating savings.
 - CMS is proposing to reduce payment differentials for physicians across settings of care by leveraging hospital data to calculate more accurate payment rates for certain services and better accounting for increased efficiencies in procedures and tests. CMS is also signaling an interest in moving away from using low-response rate surveys of practitioners to value services, towards preferentially using empiric information instead. To ensure that Medicare recognizes innovations in medical care, CMS is also proposing to make some COVID-era flexibilities permanent, and to simplify the process for making services available by telehealth. CMS is also proposing to broaden its payment policies for digital mental health treatment devices to make more options available to patients.
 - The proposed rule has a 60-day comment period. Comments can be submitted through September 12, 2025.
16. **[HHS Ban Illegal Aliens from Accessing its Taxpayer-Funded Programs \(07/2025\)](#)**
- HHS announced a significant policy shift to restore compliance with federal law and ensure that taxpayer-funded program benefits intended for the American people are not diverted to subsidize illegal aliens. The guidance was later formally issued in the Federal Register. Notably, this guidance had an immediate effective date.
 - HHS has formally rescinded a 1998 interpretation of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), issued during the Clinton



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Administration, which was deemed to have improperly extended certain federal public benefits to illegal aliens.

- Guidance was provided in coordination with Communications on provisions. Please see the more in-depth analysis provided to Leadership.

17. **[Big, Beautiful Bill Passes](#)**

- The Big, Beautiful Bill was passed by the House and the Senate. The Bill has numerous provisions that will impact healthcare, which includes reducing the amounts that will be paid for Medicaid. Medicaid eligibility requirements will also be implemented.
- An in-depth analysis was provided to Leadership during previously. Please see that guidance for more information related to the impact of this Bill.

18. **[Department of Justice \(DOJ\)-HHS Form False Claims Act \(FCA\) Working Group \(07/2025\)](#)**

- HHS and the DOJ’s Civil Division announced their intention to strengthen their collaboration in order to advance priority enforcement areas through a new DOJ-HHS False Claims Act (FCA) Working Group.
- The group will be comprised of leadership from the HHS Office of General Counsel, the CMS for Program Integrity, the Office of Counsel to the HHS OIG, and DOJ’s Civil Division, with designees representing U.S. Attorneys’ Offices. The group will be jointly led by the HHS General Counsel, Chief Counsel to HHS-OIG, and the Deputy Assistant Attorney General of the Commercial Litigation Branch.
- HHS will make referrals to the DOJ of potential violations of the FCA that reflect Working Group priorities. Priority enforcement areas will include Medicare Advantage, drug pricing, barriers to access to care, kickbacks, defective medical devices, and manipulation of electronic health records systems that drives inappropriate Medicare utilization.
- The Working Group will ensure collaboration to expedite ongoing investigations in these priority areas and identify new leads, including by leveraging HHS resources through enhanced data mining and assessment of HHS and HHSOIG report findings.
- The Working Group will discuss considerations bearing on whether HHS should implement a payment suspension pursuant or whether DOJ shall move to dismiss a qui tam complaint.

19. **[20 States File Lawsuit Against HHS and Homeland Security \(DHS\) over Health Data Sharing \(07/2025\)](#)**



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- 20 states recently filed a lawsuit in the United States District Court for the Northern District of California against the HHS related to the sharing of Medicaid patient data with immigration enforcement authorities, including the Department of Homeland Security. The lawsuit asserts that such data sharing did not have appropriate patient consent and violates federal law. The lawsuit aims to prevent any future transfer of such data.

20. **Federal Court Vacates HIPAA Rule (06/2025)**

- The United States District Court for the Northern District of Texas issued an order in *Purl v. United States Department of Health and Human Services* that vacated modifications to HIPAA’s Privacy Rule that was intended to increase reproductive healthcare privacy. In 2024, the Reproductive Health Rule was implemented in December, which sought to increase privacy protections for parties seeking legal reproductive healthcare services. This was done by limiting the use or disclosure of these reproductive health care services for non-healthcare purposes.

Industry Updates

1. **United States Files FCA Case Against ProMedica Health System (09/2025)**

- The United States has intervened and filed a complaint in the U.S. District Court for the Eastern District of Pennsylvania under the False Claims Act (FCA) against ProMedica Health System, Inc. (ProMedica) and various affiliated entities including HCR ManorCare Inc. and four nursing homes located in Pennsylvania, Ohio, South Carolina, and Virginia (the defendants). ProMedica is a nonprofit corporation that is headquartered in Toledo, Ohio.
- The conduct is alleged to have occurred from 2018 to 2023, it owned and controlled the four nursing homes. The complaint alleges that the four nursing homes provided non-existent, grossly substandard skilled nursing facility care or services that otherwise failed to meet the required standards of care under the Nursing Home Reform Act. From 2017 to 2023, the defendants failed to develop or follow individualized care plans for their residents. Specifically, in many cases, the facilities failed to provide adequate wound care to prevent pressure ulcers, failed to maintain residents’ hygiene and to provide showers as required, and failed to provide residents with appropriate assistance with feeding, which led to severe weight loss in many cases. To conceal their provision of grossly substandard care, in some cases, defendants falsely documented in resident medical records that care and services had been provided to residents when it had not been.

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- Dr. James Charasika and his practice Louisville Patient Centered Medical Home agreed to pay \$250,000.00 to resolve allegations that it violated the False Claims Act (FCA) by submitting claims to Medicare, Medicaid, and Tricare related to improper billing of claims provided by nurse practitioners. It was alleged that Dr. Charasika and his practice violated the FCA by submitting claims as if he provided the services himself, when they were actually provided by nurse practitioners.

3. [Pennsylvania Pharmacy Settles FCA Violations \(08/2025\)](#)

- West End Services, Inc. and its owner, Christopher Leon, agreed to pay \$825,000.00 to resolve allegations that it violated the False Claims Act (FCA). The allegations included that the parties violated the False Claims Act by billing Medicare for prescriptions that were not actually provided.
- The conduct in question took place from January 2014–February 2019. Medications that were not actually dispensed include Latuda, Humira, Abilify, Flovent, and several others.
- The settlement was based in part on the ability to pay.
- The DOJ included a list of settlements that included similar wrongdoing for various pharmaceutical companies. These include [Penmark Pharmacy](#) (2024), [Future Pharmacy Inc. and JJ Pharmacy](#) (2023), [Fountain Hill Pharmacy](#) (2023), [Northeast Discount Pharmacy](#) (2022), [Murray-Overhill Pharmacy, Inc.](#) (2022), [LAN Apothecary, Inc.](#) (2021), and [G&A Somerton Pharmacy LLC](#) (2019).

4. [Founder and CEO of Company Sentenced for Making False Claims to CMS Related to Open Payments \(08/2025\)](#)

- Dr. Kingsley Chin, the founder and CEO of SpineFrontier, Inc., a Massachusetts-based medical device company, was sentenced in federal court after previously pleaded guilty in May 2025 to one count of making false statements to the CMS. Dr. Chin was sentenced to one year of supervised release, half of which is to be served in home confinement, and ordered to pay a fine of \$9,500.00. The false statements were made in relation to the Physician Payment Sunshine Act.
- As part of a civil settlement, Dr. Chin agreed to individually pay \$40,000.00. Additionally, another company he owns, KICVentures, agreed to pay \$855,000.00 as part of a related civil settlement.
- Documents established that SpineFrontier offered surgeons the chance to participate in consulting roles for product development. Chin was alleged to have told employees to report the payment of such fees to these surgeons as consulting fees, despite the work not being performed. On January 19, 2016, Dr. Chin caused



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employees to falsely report a payment of \$4,750.00 to a surgeon as a consulting payment despite the surgeon not performing any consulting services. Dr. Chin knew that such information was required to be reported to the Open Payments database as a transfer of value.

5. Massachusetts Ambulance Companies Agree to Pay \$6 Million and Enter into Compliance Monitoring to Resolve FCA Allegations (08/2025)

- Brewster Ambulance Service, Inc. and EasCare, LLC and their owners, Mark Brewster and George Brewster, Jr., agreed to pay \$6 million to resolve allegations that the companies submitted false claims to Massachusetts Medicaid (“MassHealth”). The companies and owners were alleged to have submitted false claims for services that were more expensive than actually provided, did not meet medical necessity requirements, and failed to disclose pertinent information when submitting applications to the MassHealth program.
- Per the settlement agreement, the parties will pay \$6 million to Massachusetts and implement an independent compliance monitoring program for a period of three years. This implementation will include the development and updating of policies and procedures, training, and record audits, which must be reported to the Attorney General.

6. DOJ Files Two Civil Forfeiture Claims Against DME Providers (08/2025)

- The DOJ announced that it filed two civil forfeiture complaints in the Southern District of Florida against two alleged durable medical equipment companies that were said to have fraudulently billed Medicare a combined \$33 million.
- Vida Med Center LLC and Med-Union Medical Center, Inc., are both alleged to have submitted false claims for durable medical equipment that was either medically unnecessary or otherwise not dispensed. Vida Med submitted over \$14 million in claims and received nearly \$8.8 million in reimbursement based on these claims. Med-Union submitted approximately \$19 million in claims and received nearly \$14 million in reimbursement. Per documents, Med-Union’s Medicare claims were all based on prescriptions written by a single provider.
- This appears to be unusual enforcement tool in healthcare actions, so this case warrants further monitoring.
- A civil forfeiture complaint is an allegation that money or property was involved in or otherwise represents the proceeds related to a crime.

7. Change Healthcare Data Breach Victim Count at 193 million (07/2025)



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- As the full fallout from the Change Healthcare data breach continues, the total number of individuals impacted by the breach is now more than 193 million.

- 8. [Massachusetts Psychiatrist Sentenced for Unlawful Distribution of Controlled Substances \(07/2025\)](#)**
 - Dr. Mohamad Och was sentenced to four years of probation and ordered to pay a \$30,000.00 fine after being convicted of three counts of unlawful distribution of a controlled substance. Dr. Och is a licensed psychiatrist in Massachusetts who was authorized to prescribe controlled substances. On numerous occasions, Dr. Och prescribed benzodiazepines and stimulants outside the course of professional practice and that lacked a legitimate medical purpose.
 - From August 2016 through February 2017, Dr. Och issued prescriptions for Adderall and Xanax to undercover federal agents.
 - Dr. Och would issue these prescriptions without performing proper psychiatric examinations, without obtaining medical records, and without providing urinalysis or blood tests to patients, even in instances where there appeared to be evidence of drug diversion. Dr. Och failed to discuss side effects of the medication with these patients and did not review the risks and benefits of taking such medications. Dr. Och falsified medical records to indicate that he had discussed these with the patient.

- 9. [Illumina Inc. Agrees to Pay Nearly \\$10 Million to Resolve FCA Violations Related to Cybersecurity Requirements \(07/2025\)](#)**
 - Illumina, Inc. agreed to pay \$9.8 million to resolve allegations that it violated the False Claims Act when it sold the government genomic sequencing systems that failed to meet cybersecurity requirements. Per the terms of the settlement, the conduct in question took place from February 2016–September 2023, during which time Illumina sold federal government agencies software that had cybersecurity vulnerabilities. The software did not have adequate security programs and quality controls to identify and address vulnerabilities. This includes failing to incorporate cybersecurity in its software design, development, and installation. Additionally, Illumina failed to properly support and resource personnel, systems, and processes that were to ensure product security, and failed to correct features that added cybersecurity vulnerabilities. Illumina also misrepresented that it was in compliance with cybersecurity standards.

- 10. [Ambulance Company and Owners Agree to Pay \\$900,000 to Resolve FCA Violation Allegations \(07/2025\)](#)**



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- Courtesy Ambulance Transports and its owners, Melanie Burger and Dr. John Milanick, agreed to pay a combined \$900,000.00 to resolve allegations that they violated the False Claims Act by billing for ambulance transportation services that lacked medical necessity or were otherwise not actually provided. The settlement resolves allegations from June 1, 2013–June 30, 2019, during which time Courtesy submitted claims to Medicare and Medicaid for basic life support, non-emergency transportation services that did not appear to be reimbursable, as the services were not reasonable and necessary. Additionally, the patients sometimes did not require ambulance transportation or did not actually receive ambulance services.
- This settlement was raised pursuant to the qui tam provisions of the False Claims Act. The whistleblower will receive approximately \$171,000.00 of the settlement. The settlement amounts were in part based on the ability to pay.

11. [NHC Healthcare Agrees to Settlement to Resolve Civil Monetary Penalties Law \(CPM\) Violations Related to Employment of Unlicensed Individual \(07/2025\)](#)

- NHC Healthcare–Burlington, LLC, agreed to pay \$31,726.40 to resolve allegations that it violated the Civil Monetary Penalties Law (CMP) by submitting claims to federal payors for services provided by an unlicensed practical nurse. The settlement amount was based on the salary and benefits paid to the nurse during the period in which the individual worked without a license.

12. [Alabama Hospital Pays \\$150,000 to Resolve Allegations Related to Violations of the Emergency Medical Treatment and Labor Act \(EMTALA\) \(07/2025\)](#)

- Flowers Hospital entered into a \$150,000.00 settlement agreement with the OIG to resolve allegations that it violated the Emergency Medical Treatment and Labor Act (“EMTALA”) on two occasions. In May 2021, it was alleged that Flowers Hospital failed to accept the transfer of two patients, despite having the capabilities and capacity to treat the patients.
- The first instance occurred when a hospital attempted to transfer a patient to Flowers Hospital because it did not have oral maxillofacial surgical (“OMFS”) specialist at the facility. Flowers Hospital did have such a specialist, but the transfer call center declined to accept the patient and stated that the on-call specialist would only treat patients with old trauma fractures.
- The second instance occurred in a similar situation, with a hospital attempting to transfer a patient to Flowers Hospital because it did not have an OMFS specialist to treat a patient’s emergency medical condition. When contacted for a transfer, Flowers Hospital’s call center declined the patient transfer. The call center noted that the transfer was declined because the OMFS specialist did not understand why



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the patient would be transferred to Flowers Hospital when it was not the closest facility with physicians who could perform the necessary stabilizing treatment. The patient was subsequently transferred to a hospital in Atlanta, Georgia.

13. [Healthline Media Agrees to Pay Over \\$1.5 Million to Settle California Privacy Law \(CCPA\) Violations \(07/2025\)](#)

- California Attorney General Rob Bonta announced a proposed settlement with Healthline Media LLC (“Healthline”) to resolve allegations that its use of online tracking technology on its health information website violated the California Consumer Privacy Act. An investigation revealed that Healthline did not allow consumers the ability to opt out of targeted advertising and shared data with third parties that did include CCPA required protections. This includes data suggesting that a person may have a serious health condition. Healthline also lacked CCPA compliant contracts with outside parties.
- As part of the settlement, Healthline will pay a record \$1.55 million in civil penalties and unique injunctive terms, such as a stipulation that Healthline will be prohibited from sharing article titles that reveal that a consumer may have previously been diagnosed with a medical condition.

14. [HCA Healthcare and Health Trust Workforce Solutions Agree to Pay Nerly \\$3 Million Settlement to Resolve Allegations of Unlawful Training Repayment Agreements with Registered Nurses \(07/2025\)](#)

- HCA Healthcare, Inc., and Health Trust Workforce Solutions, LLC (combined “HCA”), entered into a settlement agreement to resolve allegation that HCA illegally required new nurse employees to repay the cost of mandatory training programs if the employee did not stay with the company for at least two years. The attorneys general from California, Colorado, and Nevada worked in conjunction with the Consumer Financial Protection Bureau to bring about the settlement. The investigation revealed that HCA violated California employment law and state and federal consumer protection laws by utilizing Training Repayment Agreement Provisions (“TRAPs”) in nursing employment contracts. These agreements are classified as a form of employer-driven debt.
- As a condition of employment, HCA normally requires entry-level nurses to complete Specialty Training Apprenticeship for Registered Nurses (“StaRN”) Residency Program. This program is otherwise not required and does not provide education or training related to RN requirements. If a nurse left prior to working at one of its facilities, the nurse was required to repay a prorated portion of the “value” of the training program. HCA would typically send the TRAP loan to debt collection.



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- As part of the settlement with California, HCA will pay about \$83,000.00 to provide restitution to nurses who made payments related to these agreements to HCA, be prohibited from imposing further TRAPs on nurse employees and attempting to collect on outstanding debt related to these agreements, and pay \$1.162 million in penalties to California.
- HCA will pay a combined \$2.9 million in penalties under settlements with California, Colorado, and Nevada.

15. [Oregon Clinic Self-Discloses CMP Violation, to Pay \\$109,000 from Referrals \(07/2025\)](#)

- The Corvallis Clinic, P.C., based in Oregon, agreed to pay \$108,964.56 to resolve allegations that it violated the Civil Monetary Penalties Law (CMP). It was alleged that the Clinic paid remuneration to an ophthalmologist and his practice by providing routine referral of Medicare patients requiring intraocular lens implant surgery and by receiving remuneration from the ophthalmologist and his practice in the form of per patient referral fees and routine referral of intraocular lens surgery patients back to the Clinic for post-operative services. The conduct was self-disclosed to the OIG.

16. [HHS' OCR Settles HIPAA Ransomware Investigation with Syracuse ASC for \\$250,000, Must Ensure Corrective Action Implementation and Compliance Monitoring \(07/2025\)](#)

- HHS-OCR announced a settlement with Syracuse ASC, LLC doing business as Specialty Surgery Center of Central New York, for potential violations of the HIPAA Security and Breach Notification Rules. Syracuse ASC is a single-facility, ambulatory surgery center located in Liverpool, New York that provides ophthalmic and ENT surgical services and pain management procedures to patients.
- The settlement resolves an OCR investigation concerning a ransomware breach of ePHI that affected 24,891 individuals. OCR initiated the investigation in October 2021 after Syracuse ASC reported to HHS that an unauthorized individual had accessed its network in March 2021. Further investigation revealed that Syracuse ASC was affected by a ransomware attack involving the PYSAs ransomware variant, which is a cross-platform cyber weapon known to target the healthcare industry. OCR's investigation found that Syracuse ASC never conducted an accurate and thorough risk analysis to determine the risks and vulnerabilities to the ePHI it held. OCR also found that Syracuse ASC failed to timely notify affected individuals and the Secretary of the breach.



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- Under the terms of the resolution agreement, Syracuse ASC agreed to implement a corrective action plan that OCR will monitor for 2 years and paid \$250,000 to OCR. Under the corrective action plan, Syracuse ASC committed to take steps to ensure compliance with the HIPAA Rules and protect the security of ePHI.
- 17. HHS’ OCR Settles HIPAA Privacy and Security Rule Investigation with a Behavioral Health Provider for \$250,000, Must Ensure Corrective Action Implementation and Compliance Monitoring (07/2025)**
- HHS-OCR announced a settlement with Deer Oaks – The Behavioral Health Solution (“Deer Oaks”), a behavioral health provider, resolving potential violations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) [Privacy](#) and [Security](#) Rules. Deer Oaks provides psychological and psychiatric services to residents of long-term care and assisted living facilities.
 - The settlement resolves an investigation that OCR initiated in May 2023 after receiving a complaint alleging that Deer Oaks impermissibly disclosed the ePHI of individuals, including patient names, dates of birth, patient identification numbers, facilities, and diagnoses, by making patient discharge summaries publicly accessible online. OCR’s investigation substantiated the allegations and verified that the ePHI was accessible publicly via the Internet. According to Deer Oaks, a coding error in a now discontinued pilot program for an online patient portal, caused the ePHI to be exposed and cached by search engine providers from at least December 2021 until May 19, 2023. OCR’s investigation found that Deer Oaks impermissibly disclosed the ePHI of 35 individuals when it allowed the discharge summaries and initial assessments of those individuals to be accessible to the public online.
 - OCR expanded the investigation in July 2024 after Deer Oaks experienced a breach on August 29, 2023, of its network resulting from a compromised account. A threat actor claimed to have exfiltrated data and demanded payment to prevent posting the ePHI on the dark web. Deer Oaks provided breach notifications to HHS, 171,871 affected individuals, and the media related to the August 2023 incident.
 - Based on its investigation into both incidents, OCR found that Deer Oaks failed to conduct an accurate and thorough risk analysis to determine the potential risks and vulnerabilities to the ePHI that it held.
 - Under the terms of the resolution agreement, Deer Oaks agreed to implement a corrective action plan that OCR will monitor for two years and paid \$225,000 to OCR. Under the corrective action plan, Deer Oaks committed to take steps to ensure compliance with the HIPAA Rules and protect the security of ePHI.



HEALTH CARE DISTRICT BOARD

September 30, 2025

18. Kentucky Hospital Agrees to Pay \$110,000 to Resolve EMTALA Allegations (07/2025)

- Frankfort Regional Medical Center agreed to pay \$110,000.00 as part of a settlement agreement with the OIG to resolve allegations that it violated the Emergency Medical Treatment and Labor Act (“EMTALA”) by failing to provide an appropriate medical screening examination for a patient who presented to the emergency department. The patient was later admitted to another hospital and treated for heat exhaustion.
- Frankfort Regional Medical Center self-disclosed the violation, which occurred in June 2022.

19. Psychiatrist Agrees to Pay Approximately \$500,000 to Resolve FCA Allegations (07/2025)

- A Missouri psychiatrist agreed to pay \$501,556.00 as part of a civil settlement to resolve False Claims Act allegations. Dr. Mohd Azfar Malik falsely indicated to federal payors that he provided face-to-face psychotherapy to patients, including claims for payment when Dr. Malik was out of town and the services were provided by other practitioners. The conduct in question took place from January 1, 2019 through May 31, 2024. In April 2025, Dr. Malik pleaded guilty to making false statements in federal health care related matters and admitted to submitting the false claims. He will be sentenced in August.

20. Iowa City Agrees to Settlement to Resolve CMP Violations Related to Employment of Unlicensed Individual (07/2025)

- The City of Fort Dodge, Iowa, agreed to pay \$32,525.91 to resolve allegations that it violated the Civil Monetary Penalties Law (CMP) by submitting claims to Federal health care programs for services that were provided by an unlicensed paramedic.
- This conduct was self-disclosed by the city. While the Press Release does not include information on how this settlement was calculated, other similar settlements have been based on the salary and benefits paid to the unlicensed individual during the period in which the individual worked without a license.

21. MedFleet Agrees to Settlement to Resolve CMP Violations Related to Employment of Unlicensed Individual (07/2025)

- Medfleet, LLC, based in Hudson, Florida, agreed to pay \$81,648.15 to resolve allegations that it violated the Civil Monetary Penalties Law by submitting claims to Federal health care programs for services provided by an improperly licensed emergency medical responder. The conduct was self-disclosed.



HEALTH CARE DISTRICT BOARD

September 30, 2025

22. UAB Medical West Enters into \$100,000 Settlement to Resolve EMTALA Allegations (07/2025)

- UAB Medical West agreed to pay \$100,000.00 as part of a settlement agreement with the OIG to resolve allegations that it violated EMTALA by failing to provide stabilizing treatment to a patient who presented to its freestanding emergency department. The settlement arose from a patient's May 2023 visit, where staff diagnosed the patient with an emergency medical condition of acute urinary retention. UAB Medical West staff were unable to catheterize the patient and failed to provide pain relief. Though UAB Medical West had a urologist on-call for the emergency department, staff discharged the patient with instructions to drive himself to a different facility for a urology consultation and stabilizing treatment.

21. A Third (10/30) of Nursing Homes Failed to Comply or May not Have Complied with Terms and Conditions for Provider Relief Funds, per the OIG (06/2025)

- The OIG recently conducted an audit as part of their review of various provider types compliance with Provider Relief Funds issued as part of the COVID-19 pandemic. This audit assessed whether 30 selected nursing facilities expended taxpayer funds in accordance with Federal and program requirements.
- Of the 30 selected nursing facilities we reviewed, 8 nursing facilities used \$2.3 million in PRF payments for unallowable expenditures or lost revenues, and 3 nursing facilities used \$333,000 in PRF payments for expenditures that may not have been allowable. These nursing facilities (10, including 1 nursing facility that had more than 1 deficiency) received a total of \$178 million in PRF payments. The remaining nursing facilities used PRF payments for allowable expenditures and lost revenues.
- These deficiencies occurred because although nursing facilities attested to the PRF terms and conditions and HRSA provided continuously updated guidance to PRF recipients, the nursing facilities did not always maintain documentation to support reported expenditures, may have misinterpreted HRSA's guidance, made clerical errors, or did not effectively track expenses funded by PRF payments.
- Two recommendations were made to HRSA, which HRSA concurred with. These include that HRSA require the selected nursing facilities to return any unallowable expenditures and lost revenue amounts to the Federal Government or ensure that the nursing facilities properly account for these expenditures and lost revenues.

23. 2025 National Health Care Fraud Takedown Brings in a Record \$14.6 Billion in Recoveries and Criminal Charges Against 324 Health Care Professionals (06/2025)



HEALTH CARE DISTRICT BOARD
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- The 2025 National Health Care Fraud Takedown recently took place, which uncovered over \$14.6 billion in intended loss to government payors. The Takedown resulted in criminal charges against 324 defendants, which includes 96 doctors, nurse practitioners, pharmacists, and other licensed medical professionals across 50 federal districts and 12 State Attorneys General’s Offices across the United States. These arrests were for various health care fraud schemes.
- As part of this, the government was able to seize over \$245 million in cash, luxury vehicles, cryptocurrency, and other related assets as part of the coordinated enforcement action, which involved state and federal law enforcement agencies across the country.
- CMS announced it was able to prevent \$4 billion from being paid due to false and fraudulent claims. Additionally, CMS was able to revoke or suspend billing privileges from 205 providers in the months prior to the settlement. Civil charges were filed against 20 defendants which combined for \$14.2 million in alleged fraud. Additionally, civil settlements with 106 defendants resulted in a total recovery of \$34.3 million.
- This claim involved collaboration with numerous state and federal agencies, demonstrating continued efforts by law enforcement to collaborate and share information.

24. [NUWAY Alliance Agrees to Pay \\$18.5 Million to Resolve FCA Allegations for Fraudulent Medicaid Claims \(06/2025\)](#)

- NUWAY Alliance, Inc. agreed to pay the United States \$18,500,000.00 to resolve allegations that it violated the False Claims Act by submitting false and fraudulent claims to Medicaid.
- NUWAY Alliance provided various services, particularly intensive outpatient treatment, for substance use disorder to thousands of patients in Minnesota. The conduct in question took place between January 2019–February 2025, during which time NUWAY paid Medicaid patients for seeking IOP treatment, conduct which violated the Anti-Kickback Statute and led to the submission of claims that violated the False Claims Act. Additionally, NUWAY submitted false claims for IOP services that had not actually been provided, as NUWAY double billed claims.

25. [University of California Irvine Agrees to Pay \\$482,000 After CMP Self-Disclosure for Critical Care Services \(06/2025\)](#)

- Regents of the University of California, on behalf of the University of California Irvine Health, agreed to pay \$482,55.07 to resolve allegations that it violated Civil Monetary Penalties Law. This took place by submitting claims to government payors for critical care services using CPT codes 99291 and 99292, which failed to



HEALTH CARE DISTRICT BOARD

September 30, 2025

qualify as critical care services. UC Irvine Health voluntarily self-disclose the violations.

26. All-Star Physical Therapy Pays \$636,000 to Resolve CMP Allegations Related to Improper Credentialing (06/2025)

- All Star Physical Therapy Specialists, LLC, Confluent Health, LLC and Confluent Health California, LLC agreed to pay \$636,118.16 to resolve allegations that it violated the Civil Monetary Penalties. The OIG alleged that All Star submitted claims to Federal payors that were alleged to have been provided by a credentialed physical therapist when the services were actually provided by a different physical therapist who was not properly enrolled or credentialed in the appropriate health care program when the services were furnished. All Star self-disclosed the conduct to the OIG.

27. Adventist Health Self-Discloses CMP Violations, to Pay \$628,000 for Providing Clinical Services in an Unlicensed Facility (06/2025)

- Adventist Health System/West, Hanford Community Hospital, and Adventist Health Tulare agreed to pay approximately \$628,000.00 to resolve allegations that they violated the Civil Monetary Penalties Law. The OIG alleged that the parties submitted claims for outpatient cardiopulmonary services in spaces within its facility that were not identified for clinical use or supplemental outpatient services, which meant they were not compliant with state licensure requirements and permit guidance. The conduct was self-disclosed to the OIG.

28. Citadel Care Center in Illinois to Pay \$640,000 to Resolve CMP Violations for Employing an Excluded Individual (06/2025)

- Citadel Care Center-Sterling, LLC, based in Illinois, agreed to pay \$639,283.03 for allegedly violating the Civil Monetary Penalties Law by employing an individual it knew or should have known was excluded from participation in Federal health care programs.

29. Physician Pleads Guilty to COVID-19 Fraud Charges, to Pay \$3.5 Million to Settle FCA Violations (06/2025)

- Dr. Samad Khan agreed to pay \$3.5 million to resolve allegations that he violated the False Claims Act (FCA) by submitting or causing claims to be submitted that were in violation of the False Claims Act. These claims were submitted to HRSA's COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing,



HEALTH CARE DISTRICT BOARD
September 30, 2025

Treatment, and Vaccine Administration for the Uninsured Program for evaluation and management services that were not actually performed.

- The conduct in question took place from May 2020–April 2022. Dr. Khan, who owned a clinic, provided healthcare services, to include specimen collection for COVID-19 tests, knowingly submitted or caused the submission of False Claims for inaccurate E/M services.

30. CareLink Home Health in Illinois Enters into Settlement to Resolve CMP Violations for Employing an Excluded Individual (06/2025)

- CareLink Home Health, LLC, based in Illinois, agreed to a \$35,597.37 settlement with the OIG. The settlement resolves allegations that CareLink employed an individual who was excluded from participation in Federal health care programs. CareLink acknowledged that it employed a nurse and case manager who provided items or services that were subsequently billed to a Federal health care program.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

Signed by:


 CA6A21FF258481
 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 N/A
 Date Approved



HEALTH CARE DISTRICT BOARD
September 30, 2025

6. Recommendation:

Staff recommends the Board receive and file this informational report.

Approved for Legal sufficiency:

Signed by:
Bernabe Icaza
0CF6F7DB6706434
Bernabe Icaza
SVP & General Counsel

Signed by:
Heather Bokor
4766F813A13D48D
Heather Bokor
VP & Chief Compliance & Privacy Officer

Signed by:
Darcy Davis
77A3B53589A1457
Darcy J. Davis
President & Chief Executive Officer



HEALTH CARE DISTRICT BOARD September 30, 2025

1. Description: Health Care District Fund Balance Policy

2. Summary:

The Health Care District Fund Balance Policy is one of the organizational policies requiring Board approval. The proposed policy changes incorporate rebranding as well as providing clarification regarding budgetary implications of capital expenditures.

3. Substantive Analysis:

Management has provided a redline version of the Health Care District Fund Balance Policy. Within the section regarding the enterprise funds, the policy is updated to incorporate rebranding.

The stabilization fund policy is revised to note that the target level is based on operating and capital expenditures but only including regular replacement capital. Any discreet, one-time capital expenditures such as purchases of land or buildings or new building construction are excluded from the stabilization fund balance calculation.

Depreciation reporting is modified to provide clarification between governmental fund treatment compared to proprietary fund treatment in accordance with governmental accounting standards.

The capital reserve balance is modified to note that the capital reserve should be funded at 20% of replacement capital expenditures within a 5-year period. Additionally, the capital reserves should also include funds required for discreet, one-time capital expenditures as approved by the Board or assigned by the Chief Executive Officer in line with Board-approved projects.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:



HEALTH CARE DISTRICT BOARD September 30, 2025

Signed by:
Jessica Cafarelli
CA6A21FF2E09481
Jessica Cafarelli
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

6. Recommendation:

Staff recommends the Board approve the revised Health Care District Fund Balance Policy as proposed.

Approved for Legal sufficiency:

Signed by:
Bernabe Icaza
0CF6F7DB6706434
Bernabe Icaza
SVP & General Counsel

Signed by:
Jessica Cafarelli
CA6A21FF2E09481
Jessica Cafarelli
VP & Chief Financial Officer

Signed by:
Darcy Davis
77A3B53589A1677
Darcy J. Davis
President & Chief Executive Officer

Fund Balance Policy

Policy #:	201410-FBP	Effective Date:	10/1/2018
Business Unit:	3. District Board Policies	Last Review Date:	11/13/2023, <u>9/2/2025</u>
Approval Group:	Finance District Board Policy	Document Owner(s):	Finance
Board Approval Date:	09/25/2018, 12/14/2023, <u>9/2/2025</u>		

PURPOSE

This policy provides clarification regarding District Fund Balances and corresponding reserve funds.

SCOPE

This policy applies to all District Funds.

DEFINITIONS

GOVERNMENTAL FUNDS

General Fund – The main operating fund of the District is used to account for all financial resources except those required to be accounted for in another fund.

Special Revenue Funds – The District accounts for all revenues and expenditures related to the Medicaid Match program in this fund.

Capital Projects Funds – These funds are used to account for and report financial resources that are restricted, committed, or assigned to expenditures for capital outlays, including acquisition or construction of capital facility and other capital assets.

PROPRIETARY FUNDS

Enterprise Funds – These funds are used to account for operations that are financed and operated in a manner similar to private business enterprises, where the intent is that the costs of providing goods or services to the general public on a continuing basis are financed or recovered primarily through user charges. The District reports the ~~Healey Center~~ Skilled Nursing Center, ~~Lakeside Medical Center~~, and ~~Primary Care Clinics~~ Community Health Centers as enterprise funds.

FIDUCIARY FUNDS

Fiduciary Funds – These funds are used to account for assets held by the District in a trustee capacity for individuals, private organizations, other governmental units, and other funds. Since the assets do not

belong to the District, they are not included in the government-wide financial statements. The District has Pension Trust Funds, Resident Agency Fund, and the Medicaid LPPF Fund for which it is the fiduciary.

POLICY

Measurement focus and basis of accounting – The measurement focus and basis of accounting used is dependent upon the fund or funds involved.

Governmental funds use the flow of current financial resources measurement focus and the modified accrual basis of accounting. Under this method, revenues are recognized if they are measurable and available for use during the year. For this purpose, the District considers revenue to be available if it is collected within 60 days of year-end. Expenditures are recognized when the related fund liability is incurred, if measurable.

The government-wide, proprietary, and pension funds use the economic resources measurement focus and the accrual basis of accounting. Under these accounting principles, revenues are recognized in the period earned, and expenses are recognized in the period the liabilities are incurred.

Fund Balance Reporting - In the fund financial statements, governmental funds report equity classifications that comprise a hierarchy based primarily on the extent to which the District is legally bound to honor constraints on the specific purposes for which amounts in fund balance can be spent. The fund balance classification hierarchy is summarized as follows:

Nonspendable – Nonspendable fund balances include amounts that cannot be spent because they are either: a) not in spendable form, or b) legally or contractually required to be maintained intact.

Restricted – Restricted fund balances include amounts that are restricted to specific purposes either by: a) constraints placed on the use of resources by creditors, grantors, contributors, or laws and regulations of other governments, or b) imposed by law through constitutional provisions or enabling legislation.

Committed – Committed fund balances include amounts that can only be used for specific purposes pursuant to constraints imposed by the District's Board of Commissioners through a Board Resolution and remain in place until action is taken by the District Board to remove or revise the limitation.

Assigned – Assigned fund balances include amounts that are constrained by the District's intent to be used for specific purposes, but are neither restricted nor committed. Assignments are made by the

District's ~~e~~Chief ~~e~~Executive ~~e~~Officer or upon direction of the District Board. Assignments are generally temporary and do not require District Board action for removal.

Unassigned – Unassigned fund balances include amounts that have not been assigned to other funds and have not been restricted, committed, or assigned to specific purposes within the General Fund.

The District considers restricted fund balances to be spent when an expenditure is incurred for the restricted purpose. The District considers committed, assigned, or unassigned fund balances to be spent when an expenditure is incurred for purposes for which amounts in any of those fund balance classifications should be used.

When the District has both restricted and unrestricted resources available to finance a particular program, it is the District's policy to use the restricted resources before using unrestricted resources.

Budgetary Basis - All encumbrances lapse at fiscal year-end.

Stabilization Fund Policy – The District's policy is to maintain an adequate unassigned balance in the General Fund to provide the District with a "rainy day" fund for use in unforeseen, unbudgeted emergency situations, such as material sustained declines in real estate values, non-reimbursable natural disaster or global pandemic expenditures, unforeseen excessive litigation, economic downturn or budget shortfall. The target level for the Stabilization Fund is 15-25% of all combined fund annual operating expenditures and replacement capital expenditures, which does not include one-time discreet projects. The need to draw funds from the stabilization account, wherein the balance drops below the target level of 15-25% of all combined fund annual operating expenditures and replacement capital expenditures, will require District Board approval. The Stabilization Fund balance will be set annually within the target level of 15-25% by the Board as part of the budget process.

Capital Improvement Policy - The District will develop a five-year capital improvement program as part of each year's annual budget process and will make capital improvements in accordance with the adopted annual budget. The District CFO will determine and recommend to the Board, the most appropriate financing method for all capital projects.

Depreciation Reporting – Depreciation ~~is and capital contributions are not~~ recorded in ~~the governmental funds. Depreciation and capital contributions are recorded as non-cash expenses and revenues respectively in~~ proprietary funds as a non-cash expense, which is not subsidized by the General Fund.

This is done to adhere to governmental accounting standards. ~~better align the proprietary funds with their peers for benchmarking, as well as to give a more accurate estimate of the cost of running the business-line.~~

~~This expense is~~ Depreciation and capital contributions are budgeted in order to align the budget with required regulatory financial reporting. However, depreciation and capital contributions ~~it are is~~ excluded

from the adopted RESERVES ADDED (USED) budget approved by the Board, in order to better estimate ~~avoid over-estimating the~~ annual cash resources necessary from ~~the~~ tax payers through millage assessments.

Capital Projects Reserve Balance – The balance in the capital projects reserve fund should be evaluated annually and funded at sufficient levels to avoid significant annual fluctuations in funding. The balance should include funding for capital lease obligations, as well as approximately 20% of the total capital replacement expenditures in the five-year capital improvement program, which will be re-evaluated annually. Additionally, the balance should include capital required for Board-approved discreet, one-time projects. Discreet projects could include the purchase of land or buildings as well as new construction. The Chief Executive Officer may assign funds to the capital reserve in line with Board-approved projects.

This policy is intended to operate and be applied in conjunction with other approved District Finance policies. In the event of an inadvertent conflict among the policies, the Chief Financial Officer shall exercise judgment in applying policy until the conflicting language can be reasonably resolved. Additionally, should any guidance in this policy conflict with the pronouncements of authoritative government accounting standard-setting bodies, then the Chief Financial Officer shall have the discretion to comply with such pronouncements until a revised policy may be reasonably presented for approval.

EXCEPTIONS

N/A

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

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).

The master document is controlled electronically. Printed copies of this document are not controlled. Document users are responsible for ensuring printed copies are valid prior to use.



HEALTH CARE DISTRICT BOARD
September 30, 2025

1. Description: Approval of Unbudgeted Expenditure

2. Summary:

Staff recommends the Board approve the unbudgeted operating expenditure for FY25 related to EPIC software support.

3. Substantive Analysis:

The District is requesting approval of this unbudgeted expenditure related to EPIC software support. This overage is expected not to exceed \$485k and is primarily due to the timing of contract negotiations.

Savings from other operating expenditures budgeted within IT programs will be used to offset this unbudgeted expenditure which will be budget neutral.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	\$485,000	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

Signed by:


 CA6A21FF2E053B Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 N/A
 Date Approved



HEALTH CARE DISTRICT BOARD
September 30, 2025

6. Recommendation:

Staff recommends the Board approve this unbudgeted expenditure for FY25 related to EPIC software support.

Approved for Legal sufficiency:

Signed by:
Bernabe Icaza

0CF6F7DB670684
Bernabe Icaza
SVP & General Counsel

Signed by:
Jessica Cafarelli

CA6A21FF2E09684
Jessica Cafarelli
VP & Chief Financial Officer

Signed by:
Darcy Davis

77A3B5358891475
Darcy J. Davis
President & Chief Executive Officer



**HEALTH CARE DISTRICT BOARD
September 30, 2025**

1. Description: Fiscal Year 2025 Budget Transfers

2. Summary:

The Fiscal Year 2025 budget transfers are presented for Board approval.

3. Substantive Analysis:

The District’s Budget policy requires that the Board approve all budget transfers greater than or equal to \$250,000 within a fund or between General Fund programs. Budget transfers do not increase or decrease the approved budget. The listing of Fiscal Year 2025 budget transfers requiring approval is included in the attached schedule.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

Signed by:


 CA6A21FF2E0431 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

 N/A
 Date Approved



HEALTH CARE DISTRICT BOARD
September 30, 2025

6. Recommendation:

Staff recommends the Board approve the Fiscal Year 2025 budget transfers.

Approved for Legal sufficiency:

Signed by:

0CF6F7DB6706434 Bernabe Icaza
SVP & General Counsel

Signed by:

CA6A21FF2E0948 Jessica Cafarelli
VP & Chief Financial Officer

Signed by:

77A3B53589A1477 Darcy J. Davis
President & Chief Executive Officer

Health Care District of Palm Beach County
Fiscal Year 2025 Budget Transfers - \$250,000 and Above

Transfer #	Date	Fund No.	Fund Title	Cost Center	Cost Center No.	Account No.	Account Title	Amount
T2512001	9/30/2025	0015	Aeromedical	3016751	Aeromedical	5467600	Maintenance Agreement	\$ (330,000)
T2512001	9/30/2025	0015	Aeromedical	3016751	Aeromedical	5120100	Regular Salaries	\$ 330,000
T2512001	9/30/2025	4221	Lakeside Medical	2011099	LMC Non Departmental	5311201	Purchased Services - Professional Fees	\$ (570,000)
T2512001	9/30/2025	4221	Lakeside Medical	2011507	LMC Plant Operations	5463601	Repairs and Maintenance - Other	\$ 570,000
T2512001	9/30/2025	0011	Administration	1013003	Information Technology Operations	5465600	Repairs and Maintenance - Software Support	\$ (280,000)
T2512001	9/30/2025	0011	Administration	1011506	Office Facilities	5721652	Lease Interest Expense Real Estate	\$ 280,000
T2512001	9/30/2025	0011	Administration	1013003	Information Technology Operations	5465600	Repairs and Maintenance - Software Support	\$ (485,000)
T2512001	9/30/2025	0011	Administration	1013005	Information Technology Applications	5465600	Repairs and Maintenance - Software Support	\$ 485,000



HEALTH CARE DISTRICT BOARD
September 30, 2025

1. Description: Fiscal Year 2025 Budget Amendment

2. Summary:

The agenda item provides the Health Care District Board with a Fiscal Year 2025 budget amendment.

3. Substantive Analysis:

A budget amendment is necessary to increase a fund’s budget, whose expenditures exceeded the adopted budget, or to add funds for new programs or services. Per Florida Statute 189.016, budget amendments must be adopted by Board resolution, and the budget can be amended within 60 days following the end of the fiscal year.

Expenditures are expected to exceed the adopted budget for the Medicaid Match Fund. Pursuant to an interlocal agreement between Palm Beach County and the Health Care District of Palm Beach County (District) entered into on July 11, 1995, the District will pay 100% of the State required Medicaid Match funds owed from Palm Beach County to the State.

Effective July 1, 2025 Palm Beach County’s monthly allocation increased from \$1,848,478 to \$2,077,838 resulting in an additional \$229k/month. This increased allocation will exceed the Medicaid Match adopted budget by \$689k.

Savings from Trauma medical services will be utilized to offset the overage in the Medicaid Match fund and remain budget neutral.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	\$689,000	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

Signed by:


 CAG6A21FF2E02491
 Jessica Cafarelli
 VP & Chief Financial Officer



HEALTH CARE DISTRICT BOARD
September 30, 2025

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

6. Recommendation:

Staff recommends the Board approve the Fiscal Year 2025 budget amendment through the adoption of resolution #2025R-002.

Approved for Legal sufficiency:

Signed by:
Bernabe Icaza

0CF6F7DB6706434
Bernabe Icaza
SVP & General Counsel

Signed by:
Jessica Cafarelli

CA6A21FF2E09481
Jessica Cafarelli
VP & Chief Financial Officer

Signed by:
Darcy Davis

77A3B53589A1473
Darcy J. Davis
President & Chief Executive Officer

Exhibit A
Health Care District of Palm Beach County
Budget Amendment
Fiscal Year 2024-2025

Expenditures:

Trauma

Operating Expenses (689,000)

Medicaid Match

Operating Expenses 689,000

Total Change in Expenditures **0**

**Total Change in District's
Use of Reserves** 0

BUDGET RESOLUTION #2025R-002

A RESOLUTION OF THE BOARD OF THE HEALTH CARE DISTRICT OF PALM BEACH COUNTY AMENDING THE ADOPTED BUDGET FOR THE FISCAL YEAR BEGINNING OCTOBER 1, 2024 AND ENDING SEPTEMBER 30, 2025 WHICH WILL ADJUST BUDGETED APPROPRIATIONS.

WHEREAS, the Board of the Health Care District of Palm Beach County, Florida has adopted the Fiscal Year 2024-2025 Budget on the 26th day of September 2024 pursuant to Resolution #2024R-002;

WHEREAS, the Board of the Health Care District of Palm Beach County, Florida has amended the Fiscal Year 2024-2025 Budget on the 11th day of June 2025 pursuant to Resolution #2025R-001;

WHEREAS, staff is bringing forward this budget amendment to cover the cost of unanticipated operating expenses;

NOW, THEREFORE, BE IT RESOLVED by the Board of the Health Care District of Palm Beach County, Florida, that:

1. The FY 2024-2025 expenditure budget be amended. A copy of the amendment is attached hereto as Exhibit "A."
2. There is hereby appropriated revised amounts (see Exhibit "A") to the Trauma and Medicaid Match Funds.
3. This resolution shall take effect immediately upon its adoption.

DULY ADOPTED the 30th day of September 2025.

**PALM BEACH COUNTY, FLORIDA
HEALTH CARE DISTRICT OF PALM BEACH COUNTY**

Carlos Vidueira
Chair

ATTEST: _____
Tammy Jackson-Moore
Secretary



HEALTH CARE DISTRICT BOARD September 30, 2025

1. Description: 2025 CHNA/CHIP – Lakeside Medical Center

2. Summary:

In accordance with IRS Section 501(c)(3) requirements, the Health Care District conducted a Community Health Needs Assessment (CHNA) alongside the Health Council of Southeast Florida to identify the most pressing health needs of the communities we serve. Based on the CHNA, the District developed and implemented a Community Health Improvement Plan (CHIP) outlining measurable strategies and programs to address prioritized needs through Lakeside Medical Center and community partners. These activities demonstrate the District’s commitment to community benefit, ensured transparency, and supported compliance with federal tax-exemption requirements.

3. Substantive Analysis:

The 2025 CHNA is organized into four key sections: (1) Demographic and Socioeconomic Profile, (2) Health Status Profile, (3) Health Resource Access and Availability, and (4) Community Perspective. Based on the 2025 CHNA, which included partner and resident input, the following Priority Areas, associated goals, and strategies were developed for the CHIP. Prioritized needs include chronic disease prevention and management, as well as access to health and human services. The CHIP outlines collaborative goals and objectives specific to these needs.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

Signed by:

 CA6A21FF2E00481
 Jessica Cafarelli
 VP & Chief Financial Officer



HEALTH CARE DISTRICT BOARD
September 30, 2025

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved

6. Recommendation:

Staff recommends the Board approve the Lakeside Medical Center Community Health Needs Assessment and Implementation Strategy.

Approved for Legal sufficiency:

Signed by:
Bernabe Icaza

0CF6F7DB670643
Bernabe Icaza
SVP & General Counsel

Signed by:
Jessica Cafarelli

CA6A21FF2E0948
Jessica Cafarelli
VP & Chief Financial Officer

Signed by:
Darcy Davis

77A3B53588A1477
Darcy J. Davis
President & Chief Executive Officer



COMMUNITY HEALTH NEEDS ASSESSMENT

Lakeside Medical Center



Published September 2025

Prepared By:



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Acknowledgements

We would like to express our sincere appreciation to the individuals, community organizations, and partners who contributed their time, expertise, and perspectives to the development of the 2025 Lakeside Medical Center Community Health Needs Assessment (CHNA). This collaborative effort would not have been possible without the collective engagement of a wide array of stakeholders and residents committed to advancing health and wellness in the community. Lakeside Medical Center, the Health Care District of Palm Beach County, and the Health Council of Southeast Florida (HCSEF) are especially grateful to those who participated with their time and resources, shared data, provided input, and supported outreach throughout the assessment process.

Partnering Organizations

A special thank you is extended to the members of the Lakeside Medical Center Community Health Needs Assessment Advisory Council, whose leadership and insights were instrumental in shaping the needs assessment process. Your dedication and collaboration have laid the groundwork for continued progress toward a healthier Community.

211 Palm Beach/Treasure Coast	Healthier Glades
America Heart Association	Healthy Mothers, Healthy Babies
Belle Glade Chamber of Commerce	Lake Okeechobee Rural Health Network
Boldin Community Impact, Inc.	Lakeside Health Advisory Board
Career Source	Lakeside Medical Center
CHW on Demand	L.O.T. Health Services
City of Pahokee	Pahokee Housing Authority
City of South Bay	Palm Beach County Behavioral Health Coalition
Community Partners of South Florida – Bridges at Belle Glade	Palm Beach County Fire Rescue
Delta Sigma Theta	Palm Beach County Library System – Belle Glade Library
Drug Abuse Foundation	Palm Beach County Office of Community Revitalization
Empower Healthcare	Palm Beach County Victim Services
Florida Atlantic University College of Nursing	Palm Health Foundation
Florida Community Health Centers, Inc.	RevaMed Primary Care Associates
Florida Crystals	Sunshine Health (Ambetter, Wellcare)
Florida Department of Health in Palm Beach County	The Glades Initiative, Inc.
Florida Federation of Families	The Lord's Place
Glades Area Ministerial Association	The Recovery Community HUB of Palm Beach County
Health Care District of Palm Beach County	

Executive Summary

In early 2025, Lakeside Medical Center contracted the Health Council of Southeast Florida (HCSEF) to facilitate the development of its 2025 Community Health Needs Assessment (CHNA). A CHNA is both a process and a product—it involves identifying the health needs of the community and producing a formal document that outlines those findings. This process incorporates input from individuals and organizations that reflect the broad interests of the community, ensuring that a wide range of perspectives help shape the assessment.

The 2025 CHNA integrates both secondary data and primary data to develop a comprehensive view of health in Lakeside Medical Center’s service area. Secondary data were gathered from reputable national, state, and local sources and include demographic, socioeconomic, health status, and health resource and availability indicators. To complement this, HCSEF collected primary data from community conversations and key informant interviews to capture lived experiences and local insights directly from members of the community.

The CHNA serves multiple functions. It prioritizes key health issues, encourages community engagement, and helps define opportunities for collaboration and partnerships. Additionally, the process supports a better understanding of health differences across populations and the underlying factors that influence health outcomes. The assessment results provide the foundation for the development of an actionable Implementation Plan that reflects community recommendations, considers available resources, and includes measurable goals, strategies, and activities. Completing the CHNA also helps fulfill federal requirements that all not-for-profit (501(c)(3)) hospitals must complete to maintain their tax-exempt status under Internal Revenue Service (IRS) regulations and the Patient Protection and Affordable Care Act.

In spring 2025, HCSEF convened an Advisory Council made up of individuals representing the broad interests of both current and potential patients in Lakeside Medical Center’s service area. Members included representatives from the local health department, subject matter experts, elected officials, faith-based and charitable organizations, community-based agencies, residents, and other key stakeholders. Between May and June 2025, the Advisory Council met three times to review and interpret local health data, offer additional context, and take part in a facilitated Prioritization Voting Exercise. Additionally, the Lakeside Health Advisory Board (LHAB) received two presentations throughout the process, with opportunity to provide feedback and input. This resulted in the identification of shared priority areas for action among both residents and stakeholders throughout Lakeside Medical Center’s service area.

The 2025 CHNA is organized into four key sections: (1) Demographic and Socioeconomic Profile, (2) Health Status Profile, (3) Health Resource Access and Availability, and (4) Community Perspective. The report sections, including their descriptions and highlights, are summarized in the table below.

Table 1: Community Health Needs Assessment Key Highlights

REPORT SECTION	KEY HIGHLIGHTS
<p>Demographic and Socioeconomic Profile includes data on key demographic and social and economic status indicators, including: population, income, poverty status, educational attainment, employment, housing and transportation.</p>	<p>Population</p> <ul style="list-style-type: none"> In 2024, individuals from 359 ZIP codes visited Lakeside Medical Center. In this report, the primary service area is defined as Belle Glade (33430) and Pahokee (33476), and the secondary service area is defined as South Bay (33493) and Clewiston (33440) based on Lakeside Medical Center’s 2024 visitation data. In 2023, there were 53,093 residents living in Lakeside’s Primary and Secondary Service Area (Service Area). <p>Age</p> <ul style="list-style-type: none"> In 2023, 25.4% of residents living in Lakeside’s Service Area were under the age of 18 (compared to 89.1% statewide). In 2023, 14.0% of residents living in Lakeside’s Service Area were 65 years and older, which was less than the statewide proportion (19.6%). <p>Race/Ethnicity</p> <ul style="list-style-type: none"> In 2023, 41.0% of residents living in Lakeside’s Service Area were Black (compared to 15.3% statewide). Additionally, in 2023, 39.1% of residents living in Lakeside’s Service Area identified as Hispanic or Latino, compared to 26.7% statewide. <p>Population that Speaks a Language Other than English</p> <ul style="list-style-type: none"> In 2023, 43.9% of residents living in Lakeside’s Service Area spoke a language other than English (compared to 30.1% statewide). In 2023, 23.2% of South Bay residents, 33.9% of Pahokee residents, 44.5% of Belle Glade residents, and 51.6% of Clewiston residents reported that they spoke a language other than English at home. <p>Income/Poverty</p> <ul style="list-style-type: none"> In 2023, the median household income among residents living in Lakeside’s Service Area was \$48,818, compared to \$71,711 in the state overall. In 2023, 29.4% of residents living in Lakeside’s Service Area were living below the poverty level (compared to 12.6% in the state overall). In 2023, 21.5% of Clewiston residents, 27.8% of Belle Glade residents, 31.3% of South Bay residents, and 36.8% of Pahokee residents reported that they were living below the poverty level.

REPORT SECTION	KEY HIGHLIGHTS
	<p>Educational Attainment</p> <ul style="list-style-type: none"> In 2023, 69.8% of residents living in Lakeside’s Service Area had a high school diploma or higher (compared to 89.6% statewide). In 2023, educational attainment varied across Lakeside’s Service Area: In South Bay, 57.8% of residents had a high school diploma or higher In Belle Glade, 70.7% of residents had a high school diploma or higher In Clewiston, 71.8% of residents had a high school diploma or higher In Pahokee, 72.2% of residents had a high school diploma or higher
<p>Health Status Profile provides details on various indicators, including: morbidity and mortality trends, maternal and child health, infectious diseases, behavioral health, and hospital utilization.</p>	<p>Leading Causes of Death in 2023</p> <ul style="list-style-type: none"> In 2023, heart disease and cancer ranked as the top two leading causes of death among residents of Palm Beach County and those living in Lakeside’s service area. Other notable causes of death included unintentional injuries, cerebrovascular diseases (such as stroke), and chronic lower respiratory disease. <p>Maternal and Child Health</p> <ul style="list-style-type: none"> In 2023, Lakeside’s Service Area recorded 739 live births and six infant deaths among resident families. In 2023, 39.5% of mothers in the service area received adequate prenatal care, compared to 64.4% of mothers statewide. <p>Hospital Utilization Data</p> <p>Note: All hospital utilization data reflects the ZIP code of the patient’s residence, not the location of the hospital where care was received.</p> <ul style="list-style-type: none"> In 2023, mental health conditions (including substance use) were the primary cause for 2.0% of all emergency department (ED) visits and 5.3% of inpatient admissions among service area residents. Additionally, these conditions were a contributing cause for 6.3% of ED visits and 4.4% of inpatient cases. In 2023, 39.5% of mental health-related ED visits involved substance use; 66.3% of those involved alcohol among residents of Lakeside’s Service Area. In 2023, diabetes, whether listed as the primary reason or a contributing condition, accounted for 5.9% of emergency department (ED) visits and 6.5% of inpatient admissions among residents of Lakeside’s Service Area.

REPORT SECTION	KEY HIGHLIGHTS
	<ul style="list-style-type: none"> In 2023, Sepsis (A41.9) accounted for 5.3% of inpatient discharges (among residents of Lakeside’s Service Area). Single Liveborn Infant, Delivered Vaginally (Z38.00) accounted for 6.8% of discharges among residents of Lakeside’s service area. In 2023, the top reasons for ED visits among residents of Lakeside’s Service Area included respiratory illness, viral infection, Influenza, COVID-19, UTI, and headache.
<p>Health Resources Availability and Access Profile presents information regarding the obtainability of health care resources in lakeside’s service area, including: health insurance coverage, Federally Qualified Health Centers (FQHCs), and Medically Underserved Populations and Areas (MUPs/MUAs).</p>	<p>Insurance Coverage</p> <ul style="list-style-type: none"> In 2023, 79.6% of residents living in Lakeside’s Service Area were insured, which was lower than the statewide average of 88.1%. Coverage varied throughout the Service Area: In Belle Glade, 77.0% of residents were insured. In South Bay, 79.9% of residents were insured. In Clewiston, 81.3% of residents were insured. In Pahokee, 83.9% of residents were insured. Additionally, in 2023, 24.5% of individuals aged 18 years or younger in the Lakeside Service Area were uninsured, compared to 13.1% statewide. <p>Licensed Facilities Serving the Area</p> <ul style="list-style-type: none"> As of June 2025, the service area included two hospitals—Lakeside Medical Center and Hendry Regional Medical Center—with a combined total of 90 beds. As of June 2025, two nursing homes—Glades Health Care Center and Vivo Healthcare Clewiston—provided a combined total of 175 beds. As of June 2025, the area was also served by five Federally Qualified Health Centers (FQHCs) or look-alikes, including a mobile unit. <p>Medically Underserved Populations and Areas (MUPs/MUAs)</p> <ul style="list-style-type: none"> Lakeside Medical Center’s service area is federally designated as both a Health Professional Shortage Area (HPSA) and a Medically Underserved Population (MUP) for multiple services, including primary care, dental, and mental health.
<p>Community Perspectives Section highlights insights gathered from individuals and organizations across the community through key</p>	<p>In addition to the foundational secondary data, primary data was collected and analyzed to provide additional and necessary insight into the evolving needs, barriers, and challenges faced by the community. Insight was gleaned strategically and methodically from stakeholders who either resided in Lakeside</p>

REPORT SECTION	KEY HIGHLIGHTS
<p>informant interviews and resident focus groups.</p>	<p>Medical Center’s service area, who provided services to those residing in the services areas, or who had a vested interest in the service area.</p> <p>Community Conversations</p> <ul style="list-style-type: none"> • In May and June 2025, HCSEF spoke with 237 residents and community members across fifteen community conversation sessions to glean resident and stakeholder insight and feedback on health in Lakeside Medical Center’s primary and secondary service areas. • Health is holistic, accessible in our own community, and inclusive of the built environment. • Chronic illnesses, mental and behavioral health conditions, and respiratory issues emerged as key health concerns in the community. • Challenges included local availability of primary and specialty care, patient-provider relationships, transportation, and other external factors. • Identified opportunities for support included economic and social support and health literacy and navigation support. • Insights related to where and how residents find care, especially preventative care, showed a preference for local and familiar sources of care. • Gaps were identified in services such as transportation, access to providers, language options and access to translators, geriatric care, and health literacy. • Ideas for improvement focused on a holistic approach to health improvement that addresses both medical care and supports the community. <p>Key Informant Interviews</p> <ul style="list-style-type: none"> • In Spring 2025, HCSEF conducted eight interviews with key community stakeholders and members. • A healthy community includes the expectation that basic needs are met and healthcare is available locally. • Current strengths and resources included the sense of community and the commitment of community partners. • Key health issues included chronic disease, reproductive health, behavioral health, and additional issues related to environmental factors, respiratory issues, access to healthy food, and more.

REPORT SECTION	KEY HIGHLIGHTS
	<ul style="list-style-type: none"> • Current barriers and gaps included themes such as access, health literacy and education, and other factors that influence health. • Opportunities for Lakeside Medical Center included community involvement, collaboration with partners, and connections with patients.

Overview of Lakeside Medical Center

As the only public hospital and acute-care facility in the Glades region, Lakeside Medical Center serves as a critical access point for healthcare services in western Palm Beach County. Owned and operated by the Health Care District of Palm Beach County, in conjunction with a new management agreement with Tampa General Hospital, Lakeside Medical Center offers a comprehensive range of inpatient and outpatient services, including emergency care, critical care, surgery, pediatrics, physical therapy, respiratory therapy, and radiology.

Accredited by The Joint Commission, the 70-bed hospital is equipped with a 24/7 physician-staffed emergency room, radiology services (MRI, CT, mammography, ultrasound, and more), intensive care units, and modern surgical facilities. The hospital also plays a vital role in physician training through its Family Medicine Residency Program in partnership with NOVA Southeastern University’s College of Osteopathic Medicine.

Lakeside Medical Center continues to prioritize high quality, patient-centered care in a safe, supportive, and community-focused environment. With an emphasis on wellness and preventive care, the hospital serves as both a healthcare provider and an advocate for healthier living in the Glades.

Lakeside Medical Center Previous CHNA Cycle

Lakeside Medical Center remains deeply committed to enhancing the health and well-being of the communities they serve by continuously assessing local needs and refining approaches to community health improvement. The previous Community Health Needs Assessment and Implementation Strategy reflects the hospital’s most recent efforts to better understand and respond to the evolving health landscape in Belle Glade, South Bay, Pahokee, Clewiston, and surrounding areas. Notably, the CHNA process is cyclical, and continuous development is essential. Importantly, the 2022–2025 CHNA process prioritized two interconnected areas of focus:

- Goal 1: Focus on Prevention through Workshops and Nutrition Education
- Goal 2: Participate in Health Fairs and Community Events

Over the course of the previous cycle, Lakeside Medical Center partnered with schools, community groups, and community-based organizations to provide workshops and education related to diabetes prevention, nutrition and healthy eating, stress management, and prenatal care. Several sessions were conducted, including a women’s health lunch and learn discussion on breast cancer, two college/career readiness monthly mini-series presentations at the local Boys and Girls Club, and a health and wellness lunch and learn and Welcome Back event at the Palm Beach State College Belle Glade Campus.

Simultaneously, the hospital took part in community events and health fairs to provide health screenings, educational health content, and fitness demonstrations. Successful collaborative activities included the LMC FM Residency Program, a diabetes health screening event, the City of South Bay Wellness Fair, two Palm Beach State College Belle Glade Campus lunch and learns (focused on radiology and quality), and a Diabetes and Brain Health Screening event in partnership with local community organizations.

The cyclical nature of the Community Health Needs Assessment provides an opportunity to reflect on these activities and continue efforts while adjusting to the current needs of the community.

Service Area

Lakeside Medical Center’s service area spans rural western Palm Beach County and neighboring communities, serving residents who rely on the hospital for acute, emergency, and specialty care. The region’s unique geographic and socioeconomic characteristics require tailored approaches to healthcare delivery and community engagement. For the purposes of the Community Health Needs Assessment, the Primary Service Area is defined as the ZIP Codes that make up approximately 75% of unique patients (and encounters) at the hospital based on Lakeside Medical Center’s 2024 data. The Secondary Service Area in this assessment is defined as the ZIP Codes that make up an additional approximately 15% beyond the Primary Service Area. The Primary Service Area and Secondary Service Area ZIP Codes comprise of approximately 90% of all unique patients (and encounters) at the hospital in the 2024 calendar year.

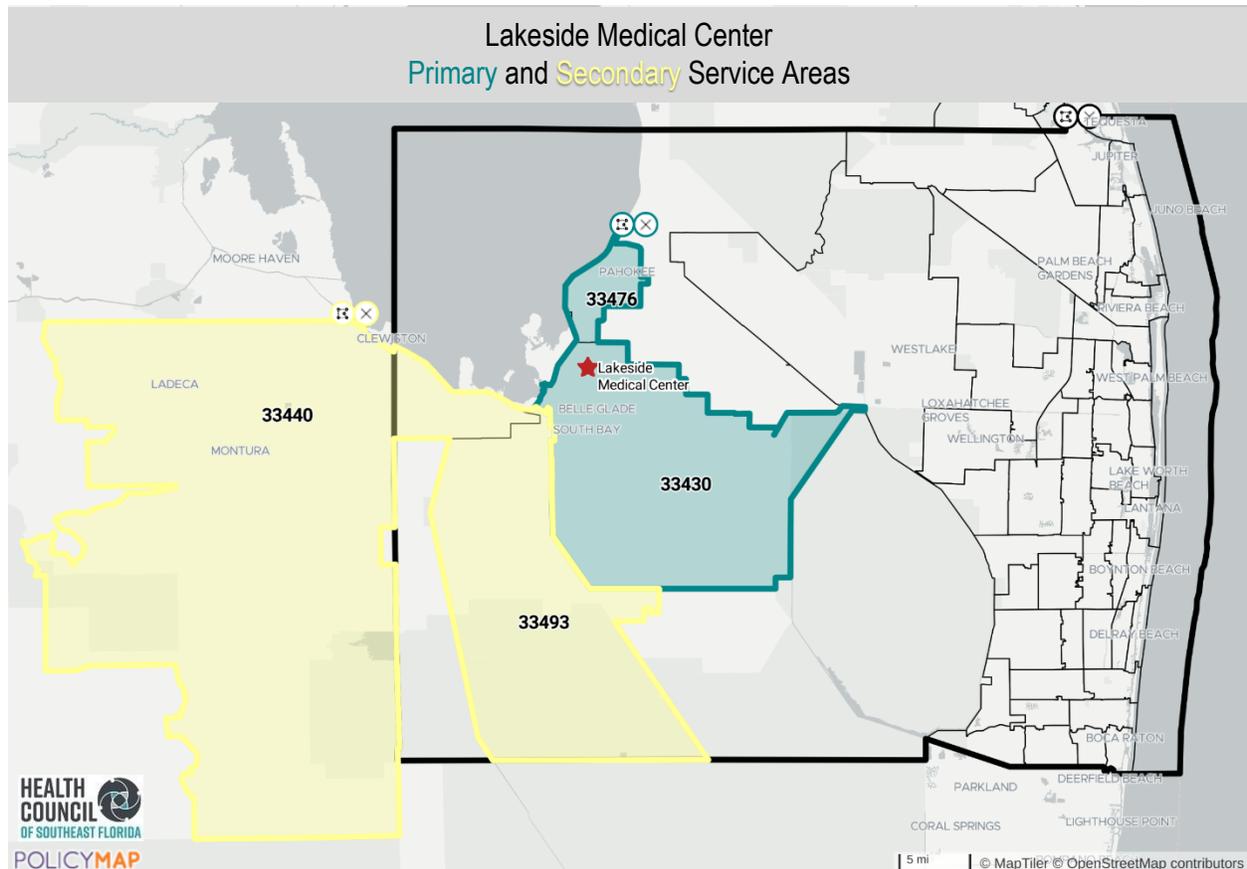
The hospital’s Primary Service Area, for the purposes of this report, include:

- Belle Glade (ZIP code 33430)
- Pahokee (ZIP code 33476)

The Secondary Service Area, for the purposes of this report, include:

- South Bay (ZIP code 33493)
- Clewiston (ZIP code 33440)

Figure 1: Lakeside Medical Center’s Service Area, 2025



Community Health Needs Assessment Methodology

To support Lakeside Medical Center's ongoing commitment to identifying and addressing local health needs, this comprehensive Community Health Needs Assessment was conducted in alignment with the federal Internal Revenue Service (IRS) requirements for not-for-profit hospitals. This assessment process serves as a strategic tool to better understand the health landscape of the community and inform future planning efforts that are responsive to the evolving needs of residents.

Importantly, not-for-profit hospitals must conduct a Community Health Needs Assessment every three years, based on IRS requirements. The assessment must include several components, such as: convening an advisory group of stakeholders representing various interest in the community; gathering primary and secondary data; and identifying priorities, goals, strategies, and specific activities.

Lakeside Medical Center contracted with the Health Council of Southeast Florida (HCSEF) to lead and facilitate the 2025 Community Health Needs Assessment process. HCSEF worked alongside Lakeside Medical Center, the Lakeside Medical Center Community Health Needs Assessment Advisory Council, and local residents to collect and vet both qualitative and quantitative data. This information is used to provide a well-rounded depiction of the current health landscape and opportunities for improvement. Quantitative, secondary data included key health indicators and demographic trends drawn from publicly available datasets. Secondary data sources for this assessment included, but were not limited to: the U.S. Census Bureau, Florida Department of Health CHARTS, Behavioral Risk Factor Surveillance System (BRFSS), AIDS-VU, American Association of Retired Persons (AARP), and the Florida Agency for Health Care Administration. These data sources were used to analyze demographic patterns, environmental and social influences, chronic disease prevalence, access to care, and utilization of services in the region.

Qualitative, primary data reflected the lived experiences, perceptions, and priorities of local stakeholders and residents. Primary data collection occurred between May and early June 2025. This phase included a series of group conversations with community residents and one-on-one key informant interviews with individuals representing various sectors and populations. These conversations were designed to capture insight into local barriers, strengths, and opportunities related to health and well-being in the community.

Additionally, the Lakeside Medical Center Community Health Needs Assessment Advisory Council, composed of community leaders and organizational partners, convened three times between May and June 2025. During these meetings, council members reviewed and vetted data findings, shared insights from their respective sectors, and helped guide the development of recommendations and priority focus areas for the CHNA.

Together, the data findings and Advisory Council discussions provided a comprehensive understanding of health in the community. This CHNA report synthesizes those findings to inform future strategic planning and community-driven efforts aimed at improving access, outcomes, and overall quality of life for residents.

Demographic and Socioeconomic Profile

Lakeside Medical Center is located in the Western Region of Palm Beach County. For the purposes of this report, data is disaggregated by ZIP code to explore trends and insights in the communities of Belle Glade, Pahokee, South Bay, and Clewiston based on hospitalization data used to determine the CHNA service area. Belle Glade, Pahokee, and South Bay sit along the southeastern edge of Lake Okeechobee in the Glades region of Palm Beach County, while Clewiston lies just west of the Palm Beach County line in Hendry County. These areas are known for their strong agricultural roots and small-town atmosphere, with a mix of incorporated municipalities and surrounding rural neighborhoods. Each community has a unique history and plays a role in the broader identity of the region.

This section highlights several key demographic and socioeconomic characteristics of the service area population, disaggregated by ZIP Code. Where relevant, data are compared to county and state benchmarks to provide context for local patterns and inform future planning efforts. The demographic data includes indicators related to population characteristics such as sex, age group, race, ethnicity, age, language spoken, and more. Socioeconomic indicators, such as income, education, business and employment, and factors related to housing and built environment are also included. By examining these indicators in the context of the Lakeside Medical Center service area, this section provides helpful background for understanding the broader conditions that may affect health within the community.

Demographics

Demographics refer to the characteristics of populations, including age, sex, race, ethnicity, and more. These data are essential for understanding population trends and guiding the development of public services, policies, and planning efforts that align with community needs.¹ This section presents demographic data for residents in the Lakeside Medical Center service area. Where relevant, county and state-level data are also included to provide reference and comparison. The analysis includes indicators relation to total population, as well as population by sex, age group, race, ethnicity, age, and more.

Total Population

The table below shows the total population across Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2023. In 2023, Clewiston had the largest population with a total of 21,119 residents, followed by Belle Glade (19,773), Pahokee (7,131), and South Bay (5,070).

Table 2: Total Population, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center’s Service Area				Palm Beach County	Florida
	Belle Glade (33430)	Pahokee (33476)	South Bay (33493)	Clewiston (33440)		
Total Population	19,773	7,131	5,070	21,119	1,507,453	21,928,881

Source: U.S Census Bureau, American Community Survey, DP05, 5-Year Estimate, 2023

¹ Boyce, P., & Boyce, P. (2023, May 23). *Demographics*. BoyceWire. Retrieved July 22, 2025 from <https://boycewire.com/demographics/>

Total Population by Sex

The table below presents the population distribution by sex among residents of Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2023. In 2023, Belle Glade, South Bay, and Clewiston had larger percentages of males compared to female residents. In contrast, in 2023, Pahokee had a slightly higher percentage of females (53.7%) than males (46.3%). Similarly, Palm Beach County and Florida had a slight female majority in 2023.

Table 3: Population by Sex, Lakeside Medical Center Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center’s Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)					
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total Population	19,773	100.0%	7,131	100.0%	5,070	100.0%	21,119	100.0%	1,507,453	100.0%	21,928,881	100.0%
Male	10,305	52.1%	3,299	46.3%	3,675	72.5%	10,893	51.6%	735,143	48.8%	10,773,620	49.1%
Female	9,468	47.9%	3,832	53.7%	1,395	27.5%	10,226	48.4%	772,310	51.2%	11,155,261	50.9%

Sources: U.S Census Bureau, American Community Survey, DP05, 5-Year Estimate, 2023

Total Population by Age

The table below displays population by age for Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2023. Overall, the service area had a relatively younger population, with a higher concentration of adults in their prime working years (aged 25 to 54). This age range made up 58.5% of the total population in South Bay, 40.3% in Belle Glade, 37.4% in Clewiston, and 36.1% in Pahokee, compared to 35.6% across Palm Beach County, and 37.6% across Florida. In contrast, older adults (65 years and older) made up a smaller percentage of the service area compared to Palm Beach County and Florida.

Table 4: Population by Age, Lakeside Medical Center’s Service Area, Palm Beach County and Florida, 2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
Total Population	19,773	100.0%	7,131	100.0%	5,070	100.0%	21,119	100.0%	1,507,453	100.0%	21,928,881	100.0%
Under 5	1,949	9.9%	723	10.1%	171	3.4%	1,540	7.3%	74,364	4.9%	1,114,328	5.1%
5 to 9 years	1,796	9.1%	338	4.7%	204	4.0%	1,192	5.6%	77,673	5.2%	1,166,775	5.3%
10 to 14 years	860	4.3%	626	8.8%	273	5.4%	1,777	8.4%	81,504	5.4%	1,262,613	5.8%
15 to 19 years	1,385	7.0%	505	7.1%	202	4.0%	1,718	8.1%	83,779	5.6%	1,265,431	5.8%
20 to 24 years	922	4.7%	486	6.8%	116	2.3%	1,423	6.7%	78,533	5.2%	1,269,435	5.8%
25 to 34 years	3,119	15.8%	980	13.7%	1,135	22.4%	2,289	10.8%	173,874	11.5%	2,779,896	12.7%
35 to 44 years	2,137	10.8%	804	11.3%	1,115	22.0%	2,635	12.5%	177,752	11.8%	2,738,113	12.5%
45 to 54 years	2,702	13.7%	794	11.1%	717	14.1%	2,973	14.1%	185,243	12.3%	2,725,323	12.4%
55 to 59 years	1,145	5.8%	280	3.9%	355	7.0%	1,372	6.5%	102,102	6.8%	1,484,346	6.8%
60 to 64 years	890	4.5%	458	6.4%	261	5.1%	1,280	6.1%	101,832	6.8%	1,491,888	6.8%
65 to 74 years	1,735	8.8%	710	10.0%	374	7.4%	1,734	8.2%	181,626	12.0%	2,566,979	11.7%
75 to 84 years	803	4.1%	253	3.5%	117	2.3%	801	3.8%	130,437	8.7%	1,499,278	6.8%
85 years and over	330	1.7%	174	2.4%	30	0.6%	385	1.8%	58,734	3.9%	564,476	2.6%

Source: U.S Census Bureau, American Community Survey, DP05, 5-Year Estimate, 2023

Population Change by Age – Belle Glade (33430)

The table below shows population change by age group for Belle Glade (33430), Palm Beach County, and Florida from 2021 to 2023. Percent change values are color-coded to help with readability: population decline or negative values are in red text, population growth or positive values are in green. Overall from 2021 to 2023, the total population decreased in Belle Glade (-4.1%) whereas it grew across Palm Beach County (+1.8%) and Florida (+2.8%). In 2023, there were the largest percent changes among youth aged 10 to 14 years old (-35.9%) and older adults aged 60 to 64 years old (-24.0%) living in Belle Glade. Notably, across all geographies, the median age of the residents increased between 2021 and 2023.

Table 5: Population Change by Age, Belle Glade (33430), Palm Beach County, and Florida, 2021 and 2023

	Belle Glade (33430)			Palm Beach County			Florida		
	2021	2023	Percent Change	2021	2023	Percent Change	2021	2023	Percent Change
Total population	20,628	19,773	-4.1%	1,481,233	1,507,453	+1.8%	21,339,762	21,928,881	+2.8%
Under 5 years	2,112	1,949	-7.7%	74,632	74,364	-0.4%	1,118,794	1,114,328	-0.4%
5 to 9 years	1,780	1,796	+0.9%	76,577	77,673	+1.4%	1,147,901	1,166,775	+1.6%
10 to 14 years	1,342	860	-35.9%	82,833	81,504	-1.6%	1,252,281	1,262,613	+0.8%
15 to 19 years	1,299	1,385	+6.6%	82,363	83,779	+1.7%	1,227,017	1,265,431	+3.1%
20 to 24 years	1,117	922	-17.5%	77,801	78,533	+0.9%	1,244,479	1,269,435	+2.0%
25 to 34 years	3,366	3,119	-7.3%	174,048	173,874	-0.1%	2,742,442	2,779,896	+1.4%
35 to 44 years	2,039	2,137	+4.8%	172,761	177,752	+2.9%	2,626,930	2,738,113	+4.2%
45 to 54 years	2,677	2,702	+0.9%	188,252	185,243	-1.6%	2,735,230	2,725,323	-0.4%
55 to 59 years	1,026	1,145	+11.6%	101,588	102,102	+0.5%	1,481,932	1,484,346	+0.2%
60 to 64 years	1,171	890	-24.0%	98,281	101,832	+3.6%	1,415,791	1,491,888	+5.4%
65 to 74 years	1,698	1,735	+2.2%	175,270	181,626	+3.6%	2,442,673	2,566,979	+5.1%
75 to 84 years	701	803	+14.6%	118,830	130,437	+9.8%	1,359,110	1,499,278	+10.3%
85 years and over	300	330	+10.0%	57,997	58,734	+1.3%	545,182	564,476	+3.5%
Median age (years)	32.9	34.4	+4.6%	45.0	45.4	+0.9%	42.3	43.0	+0.7%

Sources: U.S Census Bureau, American Community Survey, DP05, 5-Year Estimate, 2021 and 2023

Population Change by Age – Pahokee (33476)

The table below shows population change by age group for Pahokee (33476), Palm Beach County, and Florida from 2021 to 2023. Percent change can be used to evaluate population changes: population decline or negative values are in red text, population growth or positive values are in green. Overall from 2021 to 2023, the total population increased across Pahokee (+1.9%), Palm Beach County (+1.8%), and Florida (+2.8%). In 2023, the percent changes increased the most among residents of Pahokee 85 years and older (+47.5%), 5 to 9 years (46.3%), and those aged 65 to 74 years old (+44.3%). Notably, the median age of the population living in Pahokee decreased by 7.5% between 2021 and 2023.

Table 6: Population Change by Age, Pahokee (33476), Palm Beach County, and Florida, 2021 and 2023

	Pahokee (33476)			Palm Beach County			Florida		
	2021	2023	Percent Change	2021	2023	Percent Change	2021	2023	Percent Change
Total population	7,001	7,131	+1.9%	1,481,233	1,507,453	+1.8%	21,339,762	21,928,881	+2.8%
Under 5 years	653	723	+10.7%	74,632	74,364	-0.4%	1,118,794	1,114,328	-0.4%
5 to 9 years	231	338	+46.3%	76,577	77,673	+1.4%	1,147,901	1,166,775	+1.6%
10 to 14 years	625	626	+0.2%	82,833	81,504	-1.6%	1,252,281	1,262,613	+0.8%
15 to 19 years	512	505	-1.4%	82,363	83,779	+1.7%	1,227,017	1,265,431	+3.1%
20 to 24 years	651	486	-25.3%	77,801	78,533	+0.9%	1,244,479	1,269,435	+2.0%
25 to 34 years	781	980	+25.5%	174,048	173,874	-0.1%	2,742,442	2,779,896	+1.4%
35 to 44 years	1,153	804	-30.3%	172,761	177,752	+2.9%	2,626,930	2,738,113	+4.2%
45 to 54 years	744	794	+6.7%	188,252	185,243	-1.6%	2,735,230	2,725,323	-0.4%
55 to 59 years	265	280	+5.7%	101,588	102,102	+0.5%	1,481,932	1,484,346	+0.2%
60 to 64 years	577	458	-20.6%	98,281	101,832	+3.6%	1,415,791	1,491,888	+5.4%
65 to 74 years	492	710	+44.3%	175,270	181,626	+3.6%	2,442,673	2,566,979	+5.1%
75 to 84 years	199	253	+27.1%	118,830	130,437	+9.8%	1,359,110	1,499,278	+10.3%
85 years and over	118	174	+47.5%	57,997	58,734	+1.3%	545,182	564,476	+3.5%
Median age (years)	35.8	33.1	-7.5%	45.0	45.4	+0.9%	42.3	43.0	+0.7%

Sources: U.S Census Bureau, American Community Survey, DP05, 5-Year Estimate, 2021 and 2023

Population Change by Age – South Bay (33493)

The table below shows population change by age group for South Bay (33493), Palm Beach County, and Florida from 2021 to 2023. Percent change can be used to evaluate population changes: population decline or negative values are in red text, population growth or positive values are in green. Overall from 2021 to 2023, the total population decreased across South Bay (-19.5), meanwhile, it increased across Palm Beach County (+1.8%), and Florida (+2.8%). Between 2021 and 2023, there was an almost two-thirds percent change (-61.2%) in the number of residents aged 20 to 24 living in South Bay as well as reductions in residents aged 35 up to 84 years old. As a result, the median age of the population living in South Bay decreased by 7.6% between 2021 and 2023.

Table 7: Population Change by Age, South Bay (33493), Palm Beach County, and Florida, 2021 and 2023

	South Bay (33493)			Palm Beach County			Florida		
	2021	2023	Percent Change	2021	2023	Percent Change	2021	2023	Percent Change
Total population	6,298	5,070	-19.5%	1,481,233	1,507,453	+1.8%	21,339,762	21,928,881	+2.8%
Under 5 years	131	171	+30.5%	74,632	74,364	-0.4%	1,118,794	1,114,328	-0.4%
5 to 9 years	245	204	-16.7%	76,577	77,673	+1.4%	1,147,901	1,166,775	+1.6%
10 to 14 years	238	273	+14.7%	82,833	81,504	-1.6%	1,252,281	1,262,613	+0.8%
15 to 19 years	198	202	+2.0%	82,363	83,779	+1.7%	1,227,017	1,265,431	+3.1%
20 to 24 years	299	116	-61.2%	77,801	78,533	+0.9%	1,244,479	1,269,435	+2.0%
25 to 34 years	1,060	1,135	+7.1%	174,048	173,874	-0.1%	2,742,442	2,779,896	+1.4%
35 to 44 years	1,470	1,115	-24.1%	172,761	177,752	+2.9%	2,626,930	2,738,113	+4.2%
45 to 54 years	1,067	717	-32.8%	188,252	185,243	-1.6%	2,735,230	2,725,323	-0.4%
55 to 59 years	548	355	-35.2%	101,588	102,102	+0.5%	1,481,932	1,484,346	+0.2%
60 to 64 years	398	261	-34.4%	98,281	101,832	+3.6%	1,415,791	1,491,888	+5.4%
65 to 74 years	432	374	-13.4%	175,270	181,626	+3.6%	2,442,673	2,566,979	+5.1%
75 to 84 years	190	117	-38.4%	118,830	130,437	+9.8%	1,359,110	1,499,278	+10.3%
85 years and over	22	30	+36.4%	57,997	58,734	+1.3%	545,182	564,476	+3.5%
Median age (years)	42.0	38.8	-7.6%	45.0	45.4	+0.9%	42.3	43.0	+0.7%

Sources: U.S Census Bureau, American Community Survey, DP05, 5-Year Estimate, 2021 and 2023

Population Change by Age – Clewiston (33440)

The table below shows population change by age group for Clewiston (33440), Palm Beach County, and Florida from 2021 to 2023. Percent change can be used to evaluate population changes: population decline or negative values are in red text, population growth or positive values are in green. Overall from 2021 to 2023, the total population increased across Clewiston (+3.3%), Palm Beach County (+1.8%), and Florida (+2.8%). Between 2021 and 2023, the population under five years old living in Clewiston increased by 64.9% and residents aged 60 to 64 years old increased by 28.1%. Overall, however, the median age of the population living in Clewiston decreased by 1.0% between 2021 and 2023.

Table 8: Population Change by Age, Clewiston (33440), Palm Beach County, and Florida, 2021 and 2023

	Clewiston (33440)			Palm Beach County			Florida		
	2021	2023	Percent Change	2021	2023	Percent Change	2021	2023	Percent Change
Total population	20,438	21,119	+3.3%	1,481,233	1,507,453	+1.8%	21,339,762	21,928,881	+2.8%
Under 5 years	934	1,540	+64.9%	74,632	74,364	-0.4%	1,118,794	1,114,328	-0.4%
5 to 9 years	1,118	1,192	+6.6%	76,577	77,673	+1.4%	1,147,901	1,166,775	+1.6%
10 to 14 years	1,957	1,777	-9.2%	82,833	81,504	-1.6%	1,252,281	1,262,613	+0.8%
15 to 19 years	1,575	1,718	+9.1%	82,363	83,779	+1.7%	1,227,017	1,265,431	+3.1%
20 to 24 years	1,285	1,423	+10.7%	77,801	78,533	+0.9%	1,244,479	1,269,435	+2.0%
25 to 34 years	2,560	2,289	-10.6%	174,048	173,874	-0.1%	2,742,442	2,779,896	+1.4%
35 to 44 years	2,562	2,635	+2.8%	172,761	177,752	+2.9%	2,626,930	2,738,113	+4.2%
45 to 54 years	3,267	2,973	-9.0%	188,252	185,243	-1.6%	2,735,230	2,725,323	-0.4%
55 to 59 years	1,289	1,372	+6.4%	101,588	102,102	+0.5%	1,481,932	1,484,346	+0.2%
60 to 64 years	999	1,280	+28.1%	98,281	101,832	+3.6%	1,415,791	1,491,888	+5.4%
65 to 74 years	1,603	1,734	+8.2%	175,270	181,626	+3.6%	2,442,673	2,566,979	+5.1%
75 to 84 years	901	801	-11.1%	118,830	130,437	+9.8%	1,359,110	1,499,278	+10.3%
85 years and over	388	385	-0.8%	57,997	58,734	+1.3%	545,182	564,476	+3.5%
Median age (years)	38.6	38.2	-1.0%	45.0	45.4	+0.9%	42.3	43.0	+0.7%

Sources: U.S Census Bureau, American Community Survey, DP05, 5-Year Estimate, 2021 and 2023

Population by Race and Ethnicity

The table below shows the population in Lakeside Medical Center’s service area, Palm Beach County and Florida by race and ethnicity in 2023. Compared to the county and state of Florida, Lakeside Medical Center’s service area had a higher percentage of residents who self-identified as Black or African American, with 53.8% in Belle Glade, 58.5% in Pahokee, and 63.0% in South Bay. In contrast, the majority of residents in Clewiston self-identified as White (47.2%), followed by Black or African American (18.0%). In terms of ethnicity, the majority of residents across the service area, Palm Beach County, and Florida self-identified as non-Hispanic or Latino.

Table 9: Population, by Race and Ethnicity, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
Total Population	19,773	100.0%	7,131	100.0%	5,070	100.0%	21,119	100.0%	1,507,453	100.0%	21,928,881	100.0%
Race												
One race	17,205	87.0%	5,813	81.5%	4,298	84.8%	15,734	74.5%	1,288,517	85.5%	18,431,089	84.0%
White	4,184	21.2%	1,169	16.4%	901	17.8%	9,960	47.2%	864,974	57.4%	13,136,701	59.9%
Black or African American	10,628	53.8%	4,173	58.5%	3,196	63.0%	3,794	18.0%	278,621	18.5%	3,363,769	15.3%
American Indian and Alaska Native	124	0.6%	95	1.3%	119	2.3%	696	3.3%	3,715	0.2%	66,779	0.3%
Asian	220	1.1%	0	0.0%	0	0.0%	389	1.8%	42,754	2.8%	628,137	2.9%
Native Hawaiian and Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%	673	0.0%	13,136	0.1%
Some other race	2,049	10.4%	376	5.3%	82	1.6%	895	4.2%	97,780	6.5%	1,222,567	5.6%
Two or more races	2,568	13.0%	1,318	18.5%	772	15.2%	5,385	25.5%	218,936	14.5%	3,497,792	16.0%

Ethnicity												
Hispanic or Latino (Any Race)	6,101	30.9%	1,993	27.9%	1,084	21.4%	11,557	54.7%	358,640	23.8%	5,865,737	26.7%
Non-Hispanic or Latino	13,672	69.1%	5,138	72.1%	3,986	78.6%	9,562	45.3%	1,148,813	76.2%	16,063,144	73.3%

Source: U.S Census Bureau, American Community Survey, DP05, 5-Year Estimate, 2023

Foreign-born Population

The table below shows the foreign-born population in Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2023. In 2023, the percentage of the total population that were foreign-born was 16.4% in Pahokee, 18.2% in South Bay, 28.0% in Belle Glade, and 29.6% in Clewiston. Most foreign-born residents in these areas were from Latin America, and more specifically from Caribbean countries such as Haiti, Jamaica, and Cuba. Notably, in 2023, there was a larger percentage of foreign-born residents from Latin America living in Belle Glade (24.6%) and Clewiston (25.8%) compared to Palm Beach County (20.0%) and Florida (16.2%). Additionally, in 2023, there was a larger percentage of foreign-born residents from Central America living in Lakeside Medical Center’s service area compared to Palm Beach County (4.5%) and Florida (3.1%).

Table 10: Foreign-born Population, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center’s Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
Total Population	19,773	100.0%	7,131	100.0%	5,070	100.0%	21,119	100.0%	1,507,453	100.0%	21,928,881	100.0%
Total Foreign-Born Population	5,530	28.0%	1,168	16.4%	922	18.2%	6,245	29.6%	406,163.00	26.9%	4,694,298	21.4%
Europe	38	0.2%	24	0.3%	4	0.1%	392	1.9%	45,031	3.0%	436,834	2.0%
Asia	621	3.1%	9	0.1%	8	0.2%	371	1.8%	38,837	2.6%	496,707	2.3%
Africa	0	0.0%	0	0.0%	14	0.3%	0	0.0%	7,312	0.5%	85,618	0.4%
Oceania	0	0.0%	0	0.0%	0	0.0%	28	0.1%	820	0.1%	9,227	0.0%
Americas	4,871	24.6%	1,135	15.9%	896	17.7%	5,454	25.8%	314,163	20.8%	3,665,912	16.7%
Latin America	4,871	24.6%	1,135	15.9%	896	17.7%	5,454	25.8%	301,535	20.0%	3,556,054	16.2%

Caribbean	2,951	14.9%	348	4.9%	428	8.4%	2,329	11.0%	154,321	10.2%	1,843,557	8.4%
Bahamas	0	0.0%	0	0.0%	15	0.3%	0	0.0%	1,317	0.1%	18,256	0.1%
Barbados	56	0.3%	0	0.0%	12	0.2%	56	0.3%	641	0.0%	5,918	0.0%
Cuba	456	2.3%	0	0.0%	72	1.4%	2,016	9.5%	40,509	2.7%	1,015,286	4.6%
Dominica	0	0.0%	0	0.0%	0	0.0%	0	0.0%	190	0.0%	4,960	0.0%
Dominican Republic	41	0.2%	0	0.0%	18	0.4%	55	0.3%	8,687	0.6%	142,737	0.7%
Grenada	0	0.0%	0	0.0%	0	0.0%	0	0.0%	164	0.0%	3,004	0.0%
Haiti	1,937	9.8%	149	2.1%	91	1.8%	9	0.0%	69,148	4.6%	351,094	1.6%
Jamaica	461	2.3%	181	2.5%	220	4.3%	193	0.9%	28,175	1.9%	231,429	1.1%
St. Lucia	0	0.0%	18	0.3%	0	0.0%	0	0.0%	265	0.0%	4,051	0.0%
St. Vincent and the Grenadines	0	0.0%	0	0.0%	0	0.0%	0	0.0%	118	0.0%	2,954	0.0%
Trinidad and Tobago	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4,131	0.3%	45,405	0.2%
West Indies	0	0.0%	0	0.0%	0	0.0%	0	0.0%	217	0.0%	2,719	0.0%
Other Caribbean	0	0.0%	0	0.0%	0	0.0%	0	0.0%	759	0.1%	15,744	0.1%
Central America	1,889	9.6%	787	11.0%	403	7.9%	2,845	13.5%	68,072	4.5%	671,667	3.1%
South America	31	0.2%	0	0.0%	65	1.3%	280	1.3%	79,142	5.3%	1,040,830	4.7%
Northern America	0	0.0%	0	0.0%	0	0.0%	0	0.0%	12,628	0.8%	109,858	0.5%
Canada	0	0.0%	0	0.0%	0	0.0%	0	0.0%	12,593	0.8%	108,733	0.5%
Other Northern America	0	0.0%	0	0.0%	0	0.0%	0	0.0%	35	0.0%	1,125	0.0%

Sources: U.S Census Bureau, American Community Survey, B05006, 5-Year Estimate, 2023

Population by Language Spoken at Home

The following table shows languages spoken at home and those who speak English less than “very well” for the population aged five and older in Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2023. The majority of the population across all geographies, spoke English only. Notably, there was a substantial percentage of the population living in the service area that self-reported that they spoke a language other than English at home, particularly in Clewiston (51.9%) and Belle Glade (44.5%). Furthermore, 21.6% of Clewiston residents and 18.4% in Belle Glade self-reported that they spoke English less than “very well.” Spanish was the most common non-English language self-reported among residents of Lakeside Medical Center’s service area, with 48.4% of Clewiston residents reporting they spoke Spanish at home, followed by 30.5% in Pahokee, 27.2% in Belle Glade, and 18.5% in South Bay.

Table 11: Population, by Language Spoken at Home, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
Population 5 years and over	17,824	--	6,408	--	4,899	--	19,579	--	1,433,089	--	20,814,553	--
English only	9,897	55.5%	4,233	66.1%	3,764	76.8%	9,426	48.1%	953,350	66.5%	14,548,731	69.9%
Language other than English	7,927	44.5%	2,175	33.9%	1,135	23.2%	10,153	51.9%	479,739	33.5%	6,265,822	30.1%
Speak English less than “very well”	3,279	18.4%	817	12.7%	535	10.9%	4,236	21.6%	204,322	14.3%	2,517,985	12.1%
Spanish	4,845	27.2%	1,956	30.5%	905	18.5%	9,477	48.4%	280,545	19.6%	4,618,042	22.2%
Speak English less than “very well”	1,817	10.2%	723	11.3%	465	9.5%	4,135	21.1%	128,617	9.0%	1,962,878	9.4%
Other Indo-European languages	2,478	13.9%	177	2.8%	213	4.3%	391	2.0%	160,228	11.2%	1,156,727	5.6%
Speak English less than “very well”	1,334	7.5%	85	1.3%	62	1.3%	0	0.0%	61,550	4.3%	377,252	1.8%
Asian and Pacific Islander languages	0	0.0%	0	0.0%	0	0.0%	80	0.4%	21,488	1.5%	330,572	1.6%
Speak English less than “very well”	0	0.0%	0	0.0%	0	0.0%	76	0.4%	10,034	0.7%	139,225	0.7%
Other languages	604	3.4%	42	0.7%	17	0.3%	205	1.0%	17,478	1.2%	160,481	0.8%
Speak English less than “very well”	128	0.7%	9	0.1%	8	0.2%	25	0.1%	4,121	0.3%	38,630	0.2%

Source: U.S Census Bureau, American Community Survey, DP02, 5-Year Estimate, 2023

Socioeconomic Characteristics

Socioeconomic characteristics play a key role in shaping individual and community health, influencing access to resources, health behaviors, and overall quality of life.² Where relevant, county and state-level data are also included to provide reference and comparison. The analysis includes indicators related to poverty, income, public assistance, employment, and more. Additional indicators such as housing cost burden, substandard housing, transportation, food access, and availability of recreational facilities are analyzed to help illustrate the environmental and structural factors that may shape health opportunities. Together, these data provide important context for understanding the socioeconomic challenges and strengths within the community.

Income

Poverty

The 2025 Federal Poverty Guidelines, published by the U.S. Department of Health and Human Services, outline income thresholds used to determine eligibility for various assistance programs. As shown in the table below, the poverty threshold began at \$15,650 for a single-person household and increased by \$5,500 for each additional person.

Table 12: Federal Poverty Guidelines, 2025

Persons in Family/Household	Poverty Guideline
1 Person	\$15,650
2 Persons	\$21,150
3 Persons	\$26,650
4 Persons	\$32,150
5 Persons	\$37,650
6 Persons	\$43,150
7 Persons	\$48,650
8 Persons	\$54,150

Source: U.S Department of Health and Human Services, 2025

² *Social Determinants of Health (SDOH)*. (2024, January 17). About CDC. Retrieved from <https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html>

Individuals in Poverty

The table below shows the percentage of the population living below the poverty level in the past 12 months by sex and age for Lakeside Medical Center's service area, Palm Beach County, and Florida in 2023. In 2023, the percent of those living below the poverty level in Belle Glade (27.8%), Pahokee (36.8%), South Bay (31.3%), and Clewiston (21.5%) were significantly higher compared to Palm Beach County (11.1%) and Florida (12.6%). Notable differences in poverty levels between the service area compared to the county and state were observed among children aged 5 to 17 years, young adults ages 18 to 34, and related children of householder under 18. In 2023, a higher percent of female residents of Pahokee (37.7%) and Belle Glade (31.7%) lived below the poverty level compared to male residents living in the area. In contrast, a higher percent of male residents of South Bay (34.8%) and Clewiston (25.3%) lived below the poverty level in 2023 compared to female residents living in the area.

Table 13: Poverty Status in the Past 12 Months, by Sex and Age, Lakeside Medical Center's Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		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	Total	Percent below poverty level				
Population for whom poverty status is determined	19,081	27.8%	6,698	36.8%	2,724	31.3%	20,932	21.5%	1,481,929	11.1%	21,459,978	12.6%
Age												
Under 5	1,922	26.3%	723	34.9%	171	19.3%	1,540	14.2%	72,443	16.7%	1,092,168	18.2%
5 to 17 years	3,351	40.1%	1,290	59.1%	656	45.9%	3,684	31.5%	207,208	15.0%	3,144,416	16.4%
18 to 34 years	4,333	23.5%	1,473	37.9%	622	33.8%	4,685	21.4%	276,190	12.0%	4,352,443	13.9%
35 to 64 years	6,610	25.4%	2,158	30.6%	947	25.0%	8,244	21.1%	563,167	9.0%	8,342,108	10.5%
65 years and over	2,865	26.1%	1,054	21.5%	328	22.0%	2,779	13.9%	362,921	10.2%	4,528,843	11.4%
Related Children of Householder under 18 years	5,265	35.0%	2,013	50.4%	827	40.4%	5,207	26.2%	278,711	15.2%	4,217,373	16.5%
Sex												
Male	9,708	23.9%	2,930	35.6%	1,329	34.8%	10,828	25.3%	722,488	9.7%	10,500,257	11.6%
Female	9,373	31.7%	3,768	37.7%	1,395	28.0%	10,104	17.5%	759,441	12.4%	10,959,721	13.6%

Source: U.S Census Bureau, American Community Survey, S1701, 5-Year Estimate, 2023

Population Below 200% of the Federal Poverty Level

The table below presents the percentage of individuals living below 200% of the federal poverty level in 2023 for Lakeside Medical Center’s service area, Palm Beach County and Florida in 2023. The percentages across the service area were higher than those at the county and state levels. More than half of the population in Belle Glade (52.4%) and Pahokee (59.0%) lived below 200% of the federal poverty level, and South Bay (47.2%) and Clewiston (47.6%) also had elevated percentages. In contrast, 27.2% of Palm Beach County residents and 30.7% of Florida residents were below 200% of the federal poverty level.

Table 14: Population Below 200% of the Federal Poverty Level, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center Service Area				Palm Beach County	Florida
	Belle Glade (33430)	Pahokee (33476)	South Bay (33493)	Clewiston (33440)		
Population for whom poverty status is determined	19,081	6,698	2,724	20,932	1,481,929	21,459,978
Population with Income at or Below 200% FPL	9,993	3,955	1,286	9,972	403,354	6,593,294
Percent Population with Income at or Below 200% FPL	52.4%	59.0%	47.2%	47.6%	27.2%	30.7%

Source: U.S. Census Bureau, American Community Survey, S1701, 5-Year Estimate, 2023

Families in Poverty

The table below displays families living in poverty in Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2023. Overall, poverty rates among families were higher in the Lakeside Medical Center service area compared to the county and state. Compared to 7.5% of families in Palm Beach County and 8.9% in Florida, the percent of families below the poverty level was 16.1% in Clewiston, 24.0% in Belle Glade, 27.6% in South Bay, and 32.4% in Pahokee. Additionally, when looking at families with related children under 18 years, poverty levels increased in the service area, with approximately half of families in Pahokee (50.7%) living below the poverty level, followed by South Bay (36.2%), Belle Glade (30.6%), and Clewiston (25.7%)..5% of families in Palm Beach County and 8.9% of families in Florida were below the poverty level, rates were notably higher across all ZIP Codes in the service area. When focusing on families with related children under 18, poverty rates were even more elevated throughout the service area.

Table 15: Family Poverty Status in the Past 12 Months, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		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	Total	Percent below poverty level				
Families	4,517	24.0%	1,501	32.4%	637	27.6%	5,338	16.1%	376,296	7.5%	5,524,460	8.9%
With related children of householder under 18 years	2,661	30.6%	747	50.7%	370	36.2%	2,652	25.7%	149,723	11.8%	2,235,700	14.0%

Source: U.S. Census Bureau, American Community Survey, S1702, 5-Year Estimate, 2023

Per Capita Income

The table below displays the per capita income for Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2023. The per capita income in the service area was considerably lower than the county and state, ranging from \$11,489 in South Bay to \$25,444 in Clewiston. The per capita income across the service area was considerably lower than the county and state. The per capita income in South Bay was \$11,489, \$17,431 in Pahokee, \$21,506 in Belle Glade, and \$25,444 in Clewiston. In comparison, the per capita income was \$50,998 in Palm Beach County and \$41,055 in the state of Florida.

Table 16: Per Capita Income, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center Service Area				Palm Beach County	Florida
	Belle Glade (33430)	Pahokee (33476)	South Bay (33493)	Clewiston (33440)		
Total Population	19,773	7,131	5,070	21,119	1,507,453	21,928,881
Total Income (\$)	\$425,238,138	\$124,300,461	\$58,249,230	\$537,351,836	\$76,877,088,094	\$900,290,209,455
Per capita income (\$)	\$21,506	\$17,431	\$11,489	\$25,444	\$50,998	\$41,055

Source: U.S Census Bureau, American Community Survey, S1701, 5-Year Estimate, 2023

Household Income

The table below presents the count and percent of households per income bracket and households receiving benefits for Lakeside Medical Center’s Service Area, Palm Beach County, and Florida in 2023. Overall, the household income in the service area was substantially lower compared to the county and state. The median household income in the service area in 2023 was \$35,619 in Pahokee, \$48,690 in Belle Glade, \$52,404 in South Bay, and \$58,559 in Clewiston, compared to \$81,155 in Palm Beach County and \$71,711 statewide. When focusing on household benefits, a higher percentage of households in the service area relied on public assistance and food stamps/SNAP benefits than the county and state. Notably, nearly half of households in Pahokee (49.4%) received food stamps/SNAP, 44.5% in South Bay, 39.0% in Belle Glade, and 25.7% in Clewiston, compared to 10.0% of households in Palm Beach County and 12.6% in Florida. This pattern was consistent with the lower mean household incomes, lower mean earnings, and higher percentage of households relying on supplemental security income across the service area versus the county and state.

Table 17: Household Income and Benefits, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
Total Households	6,229	100.0%	2,047	100.0%	821	100.0%	7,391	100.0%	597,053	100.0%	8,550,911	100.0%
Less than \$10,000	483	7.8%	204	10.0%	57	6.9%	415	5.6%	28,952	4.8%	435,628	5.1%
\$10,000 to \$14,999	520	8.3%	305	14.9%	40	4.9%	404	5.5%	16,571	2.8%	293,838	3.4%
\$15,000 to \$24,999	743	11.9%	262	12.8%	193	23.5%	805	10.9%	37,418	6.3%	595,960	7.0%
\$25,000 to \$34,999	736	11.8%	228	11.1%	56	6.8%	996	13.5%	41,089	6.9%	655,567	7.7%
\$35,000 to \$49,999	709	11.4%	243	11.9%	52	6.3%	766	10.4%	61,265	10.3%	992,519	11.6%
\$50,000 to \$74,999	1,149	18.4%	305	14.9%	193	23.5%	1,115	15.1%	93,311	15.6%	1,478,145	17.3%
\$75,000 to \$99,999	1,1003	16.1%	140	6.8%	65	7.9%	995	13.5%	74,706	12.5%	1,124,411	13.1%
\$100,000 to \$149,999	416	6.7%	187	9.1%	103	12.5%	1,265	17.1%	103,364	17.3%	1,434,832	16.8%
\$150,000 to \$199,999	307	4.9%	83	4.1%	26	3.2%	393	5.3%	52,175	8.7%	680,439	8.0%

\$200,000 or more	163	2.6%	90	4.4%	36	4.4%	237	3.2%	88,202	14.8%	859,572	10.1%
Median Household Income (dollars)	\$48,690	--	\$35,619	--	\$52,404	--	\$58,559	--	\$81,115	--	\$71,711	--
Mean Household Income (dollars)	\$63,413	--	\$55,777	--	\$62,355	--	\$72,404	--	\$124,934	--	\$102,130	--
With earnings												
With earnings	4,844	77.8%	1,321	64.5%	676	82.3%	6,042	81.7%	426,483	71.4%	6,275,146	73.4%
Mean earnings (dollars)	\$64,583	--	\$60,546	--	\$57,970	--	\$71,474	--	\$119,134	--	\$101,631	--
With Social Security												
With Social Security	2,053	33.0%	768	37.5%	288	35.1%	2,371	32.1%	238,281	39.9%	3,139,979	36.7%
Mean Social Security income (dollars)	\$19,241	--	\$20,243	--	\$17,778	--	\$18,729	--	\$25,885	--	\$24,048	--
With retirement income												
With retirement income	1,133	18.2%	340	16.6%	210	25.6%	1,315	17.8%	155,355	26.0%	2,207,584	25.8%
Mean retirement income (dollars)	\$21,741	--	\$22,001	--	\$22,860	--	\$19,579	--	\$41,322	--	\$35,449	--
With Supplemental Security Income												
With Supplemental Security Income	835	13.4%	296	14.5%	99	12.1%	335	4.5%	20,369	3.4%	423,462	5.0%
Mean Supplemental Security Income (dollars)	\$10,673	--	\$13,200	--	\$13,516	--	\$12,557	--	\$11,245	--	\$11,190	--
With cash public assistance												
With cash public assistance	307	4.9%	71	3.5%	6	0.7%	190	2.6%	12,807	2.1%	205,188	2.4%
Mean cash public assistance	\$1,931	--	\$2,099	--	N	--	\$1,417	--	\$4,113	--	\$3,495	--

income (dollars)												
With Food Stamps/SNAP Benefits in the past 12 months	2,429	39.0%	1,011	49.4%	365	44.5%	1,899	25.7%	59,511	10.0%	1,078,978	12.6%

Source: U.S Census Bureau, American Community Survey, DP03, 5-Year Estimate, 2023

Family Income

The U.S. Census Bureau defines a family as a group of two or more individuals related by birth, marriage, or adoption who reside together.³ The table below presents the distribution of family income levels across Lakeside Medical Center’s service area, Palm Beach County, and Florida for 2023. In 2023, the median family income was \$38,750 in Pahokee, with nearly a quarter of families earning less than \$15,000 annually. In 2023, the median family incomes for the other areas was \$59,193 among families of South Bay, \$61,341 among families of Clewiston, and \$63,151 among families of Belle Glade. All well below the median family incomes of Palm Beach County (\$99,093) and Florida (\$86,127).

Table 18: Family Income, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center’s Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
Families	4,517	100.0%	1,501	100.0%	637	100.0%	5,338	100.0%	376,296	100.0%	5,524,460	100.0%
Less than \$10,000	332	7.4%	182	12.1%	15	2.4%	179	3.4%	9,712	2.6%	175,462	3.2%
\$10,000 to \$14,999	168	3.7%	182	12.1%	0	0.0%	325	6.1%	5,671	1.5%	93,980	1.7%
\$15,000 to \$24,999	401	8.9%	123	8.2%	161	25.3%	545	10.2%	13,545	3.6%	250,539	4.5%
\$25,000 to \$34,999	579	12.8%	152	10.1%	32	5.0%	683	12.8%	19,397	5.2%	336,858	6.1%
\$35,000 to \$49,999	428	9.5%	156	10.4%	29	4.6%	610	11.4%	33,873	9.0%	580,458	10.5%
\$50,000 to \$74,999	950	21.0%	255	17.0%	170	26.7%	718	13.5%	57,500	15.3%	950,765	17.2%
\$75,000 to \$99,999	844	18.7%	134	8.9%	65	10.2%	748	14.0%	50,159	13.3%	785,496	14.2%

³ U.S. Census Bureau. (n.d.). *Subject Definitions*. Retrieved July 2025 from <https://www.census.gov/programs-surveys/cps/technical-documentation/subject-definitions.html#family>

\$100,000 to \$149,999	380	8.4%	153	10.2%	117	18.4%	1,016	19.0%	73,879	19.6%	1,090,087	19.7%
\$150,000 to \$199,999	289	6.4%	74	4.9%	12	1.9%	310	5.8%	41,480	11.0%	546,708	9.9%
\$200,000 or more	146	3.2%	90	6.0%	36	5.7%	204	3.8%	71,080	18.9%	714,107	12.9%
Median family income (dollars)	\$63,151	--	\$38,750	--	\$59,193	--	\$61,341	--	\$99,093	--	\$86,127	--
Mean family income (dollars)	\$72,663	--	\$63,153	--	\$71,777	--	\$77,039	--	\$147,097	--	\$118,620	--

Source: U.S Census Bureau, American Community Survey, DP03, 5-Year Estimate, 2023

Households with Cash Public Assistance Income

The table below breaks down the households who received cash public assistance income in the Lakeside Medical Center service area, Palm Beach County, and Florida in 2023. In 2023, 4.9% of households in Belle Glade, 3.5% of households in Pahokee, 2.6% of households in Clewiston, and 0.7% of households in South Bay received cash public assistance compared to 2.1% of households in Palm Beach County and 2.4% of households in Florida.

Table 19: Households with Cash Public Assistance Income, Lakeside Medical Center's Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center's Service Area				Palm Beach County	Florida
	Belle Glade (33430)	Pahokee (33476)	South Bay (33493)	Clewiston (33440)		
Total Households	6,229	2,047	821	7,391	597,053	8,550,911
Households with Cash Public Assistance	307	71	6	190	12,807	205,188
Percent Households with Cash Public Assistance Income	4.9%	3.5%	0.7%	2.6%	2.1%	2.4%

Source: U.S Census Bureau, American Community Survey, DP03, 5-Year Estimate, 2023

Population Receiving SNAP Benefits

The table below presents the percentage of households that received SNAP (Supplemental Nutrition Assistance Program) benefits in the Lakeside Medical Center service area, Palm Beach County, and Florida in 2023. The percentage of households that received SNAP benefits in the service area were substantially higher than in the county and state. In 2023, nearly half of all households (49.4%) in Pahokee received SNAP benefits, followed by South Bay at 44.5% and Belle Glade at 39.0%. Clewiston, which had the lowest percentage within the service area, reported 25.7% of households receiving SNAP benefits, which was more than twice that observed in Palm Beach County (10.0%) and Florida overall (12.6%).

Table 20: Population Receiving SNAP Benefits, Lakeside Medical Center's Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center Service Areas				Palm Beach County	Florida
	Belle Glade (33430)	Pahokee (33476)	South Bay (33493)	Clewiston (33440)		
Total Households	6,229	2,047	821	7,391	597,053	8,550,911
Households Receiving SNAP Benefits	2,429	1,011	365	1,899	59,511	1,078,978
Percent Households Receiving SNAP Benefits	39.0%	49.4%	44.5%	25.7%	10.0%	12.6%

Source: U.S Census Bureau, American Community Survey, S2201, 5-Year Estimate, 2023

Education

Educational attainment is a strong predictor of long-term health outcomes. Research consistently shows that individuals with higher education levels experience better physical and mental health, including lower rates of chronic conditions such as heart disease, diabetes, and depression. This relationship, known as the “education-health gradient,” suggests that each additional level of education is linked to improved health and reduced risk of early death. Higher education often leads to better employment opportunities, higher income, and safer living conditions, which in turn reduces exposure to health risks and increases access to resources that support overall well-being.⁴

Highest Level of Educational Attainment

The table below presents the highest level of educational attainment for adults aged 25 and older across Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2023. While over 89.0% of adults in Florida and Palm Beach County had a high school diploma or higher, rates were substantially lower in South Bay (57.8%), Belle Glade (70.7%), Clewiston (71.8%), and Pahokee (72.2%). Similarly, bachelor’s degree attainment was lower in the service area, with 8.3% of South Bay residents and 10.7% of Clewiston residents who held a bachelor’s degree or higher, compared to 39.6% in Palm Beach County and 33.2% statewide. Belle Glade and Pahokee reported slightly higher rates of residents with a bachelor’s degree within the service area, at 13.1% and 17.8%, respectively.

Table 21: Highest Level of Educational Attainment, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center’s Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
Population 25 years and over	12,861	100.0%	4,453	100.0%	4,104	100.0%	13,469	100.0%	1,111,600	100.0%	15,850,299	100.0%
High school graduate or higher	9,089	70.7%	3,213	72.2%	2,372	57.8%	9,666	71.8%	990,795	89.1%	14,206,862	89.6%
Bachelor's degree or higher	1,690	13.1%	793	17.8%	341	8.3%	1,443	10.7%	439,656	39.6%	5,263,931	33.2%

Source: U.S Census Bureau, American Community Survey, S1501, 5-Year Estimate, 2023

⁴ National Academies of Sciences, Engineering, and Medicine. (2020). *School Success: An Opportunity for Population Health: Proceedings of a Workshop*. The National Academies Press. <https://doi.org/10.17226/25403>

Highest Level of Educational Attainment by Sex

The table below presents the highest level of educational attainment by sex for adults age 25 and older in the Lakeside Medical Center service area and Palm Beach County in 2023. Overall, females in the service area displayed higher rates of educational attainment compared to males, though both sexes fell below the county average. Among males, the percentage with at least a high school diploma ranged from 53.2% in South Bay to 69.6% in Clewiston, substantially lower than Palm Beach County’s 88.0%. Bachelor’s degree attainment for males was also notably lower in the service area, with 4.9% in South Bay and 7.4% in Pahokee, compared to 39.9% in the county. Females showed slightly higher educational attainment levels, particularly in Pahokee, where 28.4% had a bachelor’s degree or higher, which was more than double the rate for males in the same area. However, in other ZIP Codes such as Clewiston (11.4%) and Belle Glade (14.2%), the percentage of females with a bachelor’s degree remained well below the county average of 39.2%.

Table 22: Highest Level of Educational Attainment, by Sex, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center’s Service Area								Palm Beach County	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)			
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Male										
Population 25 years and over	6,711	--	2,238	--	3,211	--	7,049	--	533,381	--
High school graduate or higher	4,356	64.9%	1,379	61.6%	1,709	53.2%	4,909	69.6%	469,604	88.0%
Bachelor’s degree or higher	816	12.2%	165	7.4%	157	4.9%	711	10.1%	212,865	39.9%
Female										
Population 25 years and over	6,150	--	2,215	--	893	--	6,420	--	578,219	--
High school graduate or higher	4,733	77.0%	1,834	82.8%	663	74.2%	4,757	74.1%	521,191	90.1%
Bachelor’s degree or higher	874	14.2%	628	28.4%	184	20.6%	732	11.4%	226,791	39.2%

Source: U.S Census Bureau, American Community Survey, S1501, 5-Year Estimate, 2023

Business and Employment

Employment plays a critical role in shaping individual health and well-being, and further, that both unemployment and underemployment are associated with increased risks for physical and mental health issues. Individuals who are unemployed are more likely to report higher levels of stress and depression, along with a greater likelihood of developing chronic conditions such as high blood pressure and heart disease.⁵ Research shows that individuals who were unemployed for shorter periods face the greatest difficulty accessing healthcare, including lower rates of insurance coverage and fewer routine medical visits. Meanwhile, those who were unemployed long-term or unable to work altogether report significantly worse health, including higher rates of chronic disease, obesity, and depression.⁶

Employment Status

The table below shows the employment status of the population aged 16 years and over across Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2023. The labor force participation rate within the Lakeside Medical Center service area varied, with Clewiston and Belle Glade (60.4% each) closely aligned with the participation rates of Palm Beach County (59.7%) and the state average (59.6%). In contrast, South Bay (27.7%) had a substantially lower percentage of those in the labor force. Additionally, unemployment rates were considerably higher in the service area ZIP Codes than those in the county and state. Pahokee had the highest unemployment rate at 18.5%, followed by Belle Glade at 12.1%, South Bay at 8.0%, and Clewiston at 4.7%. Meanwhile, Palm Beach County and Florida reported lower rates at 5.4% and 4.8%, respectively.

Table 23: Employment Status, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center’s Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
Population 16 years and over	14,902	100.0%	5,326	100.0%	4,383	100.0%	16,433	100.0%	1,255,736	100.0%	18,129,301	100.0%
In labor force	9,001	60.4%	2,699	50.7%	1,213	27.7%	9,927	60.4%	749,384	59.7%	10,803,556	59.6%
Civilian labor force	9,001	60.4%	2,699	50.7%	1,213	27.7%	9,927	60.4%	748,874	59.6%	10,725,531	59.2%
Employed	7,913	53.1%	2,200	41.3%	1,116	25.5%	9,461	57.6%	708,437	56.4%	10,209,399	56.3%
Unemployed	1,088	7.3%	499	9.4%	97	2.2%	466	2.8%	40,437	3.2%	516,132	2.8%
Armed Forces	0	0.0%	0	0.0%	0	0.0%	0	0.0%	510	0.0%	78,025	0.4%
Not in labor force	5,901	39.6%	2,627	49.3%	3,170	72.3%	6,506	39.6%	506,352	40.3%	7,325,745	40.4%
Civilian Labor force (Count)	9,001		2,699		1,213		9,927		748,874		10,725,531	

⁵ Office of Disease Prevention and Health Promotion. (2023). *Employment: Literature Summary*. Healthy People 2030. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/employment>

⁶ National Institute for Occupational Safety and Health (NIOSH). (2021). *NIOSH study examines relationship between employment status, healthcare access, and health outcomes*. Centers for Disease Control and Prevention. <https://www.cdc.gov/niosh/updates/upd-11-18-21.html>

Unemployment Rate (Percent)	12.1%	18.5%	8.0%	4.7%	5.4%	4.8%
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Source: U.S Census Bureau, American Community Survey, DP03, 5-Year Estimate, 2023

Employment by Industry

The table below shows employment by industry among the civilian employed population in Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2023. The service area had a higher percentage of employment in agriculture, forestry, fishing and hunting, and mining, with 15.7% of Clewiston civilians working in these industries, 13.7% in Belle Glade, 4.7% in South Bay, and 4.5% in Pahokee, compared to 0.9% in Palm Beach County and 0.8% in Florida. Manufacturing was also more prevalent in the service area than the county and state. In contrast, industries where the service area had a notable lower percentage of workers employed compared to the county and state include finance and insurance, real estate, and rental and leasing, as well as professional, scientific, management, administrative and waste management services. Across the service area, county, and state, the industry with the highest percentage of workers was educational services, healthcare, and social assistance, with 22.3% of civilians in Clewiston, 22.6% in Belle Glade, 27.5% Pahokee, 32.1% in South Bay, and 21.0% in both Palm Beach County and Florida.

Table 24: Employment by Industry, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
Civilian employed population 16 years and over	7,913	100.0%	2,200	100.0%	1,116	100.0%	9,461	100.0%	708,437	100.0%	10,209,399	100.0%
Agriculture, forestry, fishing and hunting, and mining	1,086	13.7%	98	4.5%	52	4.7%	1,485	15.7%	6,182	0.9%	80,736	0.8%
Construction	585	7.4%	134	6.1%	81	7.3%	585	6.2%	59,935	8.5%	835,732	8.2%
Manufacturing	592	7.5%	170	7.7%	111	9.9%	850	9.0%	31,450	4.4%	533,477	5.2%
Wholesale trade	236	3.0%	0	0.0%	8	0.7%	325	3.4%	17,528	2.5%	245,923	2.4%
Retail trade	861	10.9%	240	10.9%	154	13.8%	987	10.4%	84,222	11.9%	1,234,558	12.1%
Transportation and warehousing, and utilities	372	4.7%	68	3.1%	43	3.9%	452	4.8%	38,990	5.5%	638,909	6.3%

Information	55	0.7%	46	2.1%	25	2.2%	42	0.4%	11,765	1.7%	162,445	1.6%
Finance and insurance, and real estate and rental and leasing	222	2.8%	76	3.5%	16	1.4%	431	4.6%	59,230	8.4%	821,315	8.0%
Professional, scientific, and management, and administrative and waste management services	567	7.2%	284	12.9%	123	11.0%	958	10.1%	111,556	15.7%	1,425,662	14.0%
Educational services, and healthcare and social assistance	1,788	22.6%	606	27.5%	358	32.1%	2,113	22.3%	148,712	21.0%	2,143,708	21.0%
Arts, entertainment, and recreation, and accommodation and food services	1,024	12.9%	147	6.7%	50	4.5%	421	4.4%	75,786	10.7%	1,132,531	11.1%
Other services, except public administration	263	3.3%	108	4.9%	49	4.4%	412	4.4%	39,194	5.5%	519,739	5.1%
Public administration	262	3.3%	223	10.1%	46	4.1%	400	4.2%	23,887	3.4%	434,664	4.3%

Source: U.S Census Bureau, American Community Survey, DP03, 5-Year Estimate, 2023

Employment by Occupation

The table below shows employment by occupation among the civilian employed population in Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2023. Production, transportation and material moving occupations were more prevalent in the service area than in Palm Beach County and Florida, with 16.4% of civilians in Pahokee employed in those occupations, 17.6% in Belle Glade, 18.5% in Clewiston, and 24.1% in South Bay, compared to 8.5% in the county, and 10.6% in the state. Employment in natural resources, construction and maintenance were also substantially higher in the service area than in Palm Beach County and Florida. Additionally, there were 25.1% of civilians in Belle Glade who worked in management, business, science, and arts occupations, 28.4% in South Bay, 28.7% in Clewiston, and 28.8% in Pahokee, compared to 40.8% in Palm Beach County, and 39.1% in Florida.

Table 25: Employment by Occupation, Lakeside Medical Center’s Service Area, Palm Beach County and Florida, 2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
Civilian employed population 16 years and over	7,913	100.0%	2,200	100.0%	1,116	100.0%	9,461	100.0%	708,437	100.0%	10,209,399	100.0%
Management, business, science, and arts occupation	1,986	25.1%	634	28.8%	317	28.4%	2,720	28.7%	288,833	40.8%	3,988,327	39.1%
Service occupations	1,878	23.7%	665	30.2%	228	20.4%	1,120	11.8%	142,406	20.1%	1,876,830	18.4%
Sales and office occupations	1,083	13.7%	321	14.6%	125	11.2%	1,986	21.0%	153,546	21.7%	2,337,572	22.9%
Natural resources, construction, and maintenance occupations	1,575	19.9%	220	10.0%	177	15.9%	1,883	19.9%	63,169	8.9%	925,012	9.1%
Production, transportation, and material moving occupations	1,391	17.6%	360	16.4%	269	24.1%	1,752	18.5%	60,483	8.5%	1,081,658	10.6%

Source: U.S Census Bureau, American Community Survey, DP03, 5-Year Estimate, 2023

Employment by Class of Worker

The table below shows the employed population by class of worker in Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2023. Across the service area, county and state, the large majority of the civilian employed population were private wage and salary workers, followed by government workers, self-employed individuals, and unpaid family workers. In 2023, 62.5% of civilians in Pahokee were classified as private wage and salary workers, 75.2% in South Bay, 77.5% in Belle Glade, 79.5% in Clewiston, 82.8% at the county level, and 81.8% statewide.

Table 26: Class of Worker, Lakeside Medical Center’s Service Area, Palm Beach County and Florida, 2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
Civilian employed population 16 years and over	7,913	100%	2,200	100%	1,116	100%	9,461	100%	708,437	100%	10,209,399	100%
Private wage and salary workers	6,130	77.5%	1,375	62.5%	839	75.2%	7,521	79.5%	586,280	82.8%	8,349,583	81.8%
Government workers	1,472	18.6%	691	31.4%	229	20.5%	1,543	16.3%	72,245	10.2%	1,190,427	11.7%
Self-employed in own not incorporated business workers	288	3.6%	134	6.1%	43	3.9%	354	3.7%	48,490	6.8%	647,653	6.3%
Unpaid family workers	23	0.3%	0	0.0%	5	0.4%	43	0.5%	1,422	0.2%	21,736	0.2%

Source: U.S Census Bureau, American Community Survey, DP03, 5-Year Estimate, 2023

Housing and the Neighborhood Environment

Housing Cost Burden

The table below shows cost-burdened households in Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2023. Cost-burdened households refers to those spending more than 30% of their household income on housing expenses such as rent and utilities.⁷ The percentage of cost-burdened households in Belle Glade (34.7%) and Pahokee (37.9%) were relatively similar to Palm Beach County (38.5%) and the state of Florida’s (35.6%) households. In 2023, 41.8% of households in South Bay were considered cost-burdened, and 21.9% in Clewiston.

Table 27: Housing Cost Burden, Lakeside Medical Center’s Service Area, Palm Beach County and Florida

	Lakeside Medical Center Service Area				Palm Beach County	Florida
	Belle Glade (33430)	Pahokee (33476)	South Bay (33493)	Clewiston (33440)		
Total Occupied Housing Units	6,229	2,047	821	7,391	597,053	8,550,911
Cost Burdened Households	2,160	775	343	1,622	230,057	3,041,668
Percentage of Cost Burdened Households	34.7%	37.9%	41.8%	21.9%	38.5%	35.6%

Source: U.S Census Bureau, American Community Survey, DP04, 5-Year Estimate, 2023

⁷ Acolin, A., & Reina, V. (2022). Housing cost burden and life satisfaction. *Journal of housing and the built environment: HBE*, 37(4), 1789–1815. <https://doi.org/10.1007/s10901-021-09921-1>

Substandard Housing

The table below displays housing units with substandard conditions in Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2023. More than half of the residents in Belle Glade (50.6%), Pahokee (50.4%), and South Bay (57.9%) experienced one or more substandard housing conditions, which was considerably higher than the county and state. More than half of the residents in Belle Glade (50.6%), Pahokee (50.4%), and South Bay (57.9%) experienced one or more substandard housing conditions, which was considerably higher than the county (42.8%) and state (39.8%).

Table 28: Substandard Housing, Lakeside Medical Center’s Service Area, Palm Beach County and Florida

	Lakeside Medical Center Service Area				Palm Beach County	Florida
	Belle Glade (33430)	Pahokee (33476)	South Bay (33493)	Clewiston (33440)		
Total Occupied Housing Units	6,229	2,047	821	7,391	597,053	8,550,911
Occupied Housing Units with One or More Substandard Conditions	3,151	1,031	475	2,089	255,528	3,403,232
Percent Occupied Housing Units with One or More Substandard Conditions	50.6%	50.4%	57.9%	28.3%	42.8%	39.8%

Source: U.S Census Bureau, American Community Survey, DP04, 5-Year Estimate, 2023

Note: This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.

Households with No Motor Vehicle

The table below presents the percentage of households with no motor vehicle in the Lakeside Medical Center service area, Palm Beach County, and Florida in 2023. Households in the service area are more likely to be without a vehicle compared to the county and state overall. Pahokee had the highest percentage of households without a motor vehicle at 21.4%, followed by Belle Glade at 16.9%, South Bay at 12.7%, and Clewiston at 9.2%. In 2023, the percentage of households without a motor vehicle across Lakeside Medical Center’s service area remains higher than the percentages reported for Palm Beach County and Florida (5.9% each). These elevated rates of households without vehicles may indicate transportation-related barriers to accessing employment, education, healthcare, and other essential services in these communities.

Table 29: Households with No Motor Vehicle, Lakeside Medical Center's Service Area, Palm Beach County and Florida, 2023

	Lakeside Medical Center's Service Area				Palm Beach County	Florida
	Belle Glade (33430)	Pahokee (33476)	South Bay (33493)	Clewiston (33440)		
Total occupied households	6,229	2,047	821	7,391	597,053	8,550,911
Households with no motor vehicle	1,050	439	104	681	35,147	504,857
Percent of Households with no motor vehicle	16.9%	21.4%	12.7%	9.2%	5.9%	5.9%

Source: U.S Census Bureau, American Community Survey, DP04, 5-Year Estimate, 2023

Availability of Recreational and Fitness Establishments

The table below shows measures of recreation and fitness accessibility in Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2019 and 2023. In 2019, a lower percentage of residents who lived in Lakeside Medical Center’s service area lived within a 10-minute walk to a park or an off-street trail system compared to Palm Beach County and Florida. In 2023, there were no recreational and fitness establishments within Belle Glade, Pahokee, or South Bay but there were five facilities within Belle Glade.

Table 30: Recreational Accessibility, Lakeside Medical Center’s Service Area, Palm Beach County and Florida, 2019 and 2023

	Lakeside Medical Center’s Service Area				Palm Beach County	Florida
	Belle Glade (33430)	Pahokee (33476)	South Bay (33493)	Belle Glade (33430)		
Population living within a 10 min walk (1/2 a mile) of a park (2019)	5.7%	9.7%	2.3%	1.5%	44.5%	40.1%
Population living within a 10 min walk (1/2 a mile) of an off-street trail system (2019)	3.4%	10.5%	2.1%	7.3%	12.5%	18.2%
Total Population (2023)	19,773	7,131	5,070	21,119	1,507,453	21,928,881
Number of Recreational & Fitness Establishments (2023)	0	0	0	5	1,048	11,208
Recreational & Fitness Establishments, Rate per 100,000 (2023)	0.0	0.0	0.0	23.7	69.5	51.1

Source: Florida Department of Health, Florida Environmental Public Health Tracking, 2019 and U.S. Census Bureau, County Business Patterns, 2023

Note: 2017 NAICS Code 71 - Arts, Entertainment, and Recreation facilities

Food Accessibility

The table below show measures of food accessibility in 2019 and restaurant density in 2023 in Lakeside Medical Center’s service area, Palm Beach County, and Florida. In 2019, very small percentages of the population who lived in Lakeside Medical Center service area lived within a half mile of a healthy food source or a fast food restaurant compared to Palm Beach County and Florida, likely due to the rural nature of the service area. Notably, in 2023, there were no registered accommodation or food establishments in South Bay. Additionally, in 2023, the rate of available accommodation and food establishments per 100,000 population was lower in Lakeside Medical Center’s service area compared to Palm Beach County and Florida.

Table 31: Food Accessibility, Lakeside Medical Center’s Service Area, Palm Beach County and Florida, 2019 and 2023

	Lakeside Medical Center Service Area				Palm Beach County	Florida
	Belle Glade (33430)	Pahokee (33476)	South Bay (33493)	Clewiston (33440)		
Population living within ½ a mile of a healthy food source (2019)	2.2%	2.6%	0.0%	0.4%	34.7%	27.7%
Population living within ½ a mile of a fast food restaurant in (2019)	1.0%	0.0%	0.9%	0.2%	34.9%	29.3%
Total Population (2023)	19,773	7,131	5,070	21,119	1,507,453	21,928,881
Number of Accommodation and Food Establishments (2023)	29	3	0	34	3,374	48,853
Accommodation and Food Establishments, Rate per 100,000 Population (2023)	146.7	42.1	0.0	161.0	223.8	222.8

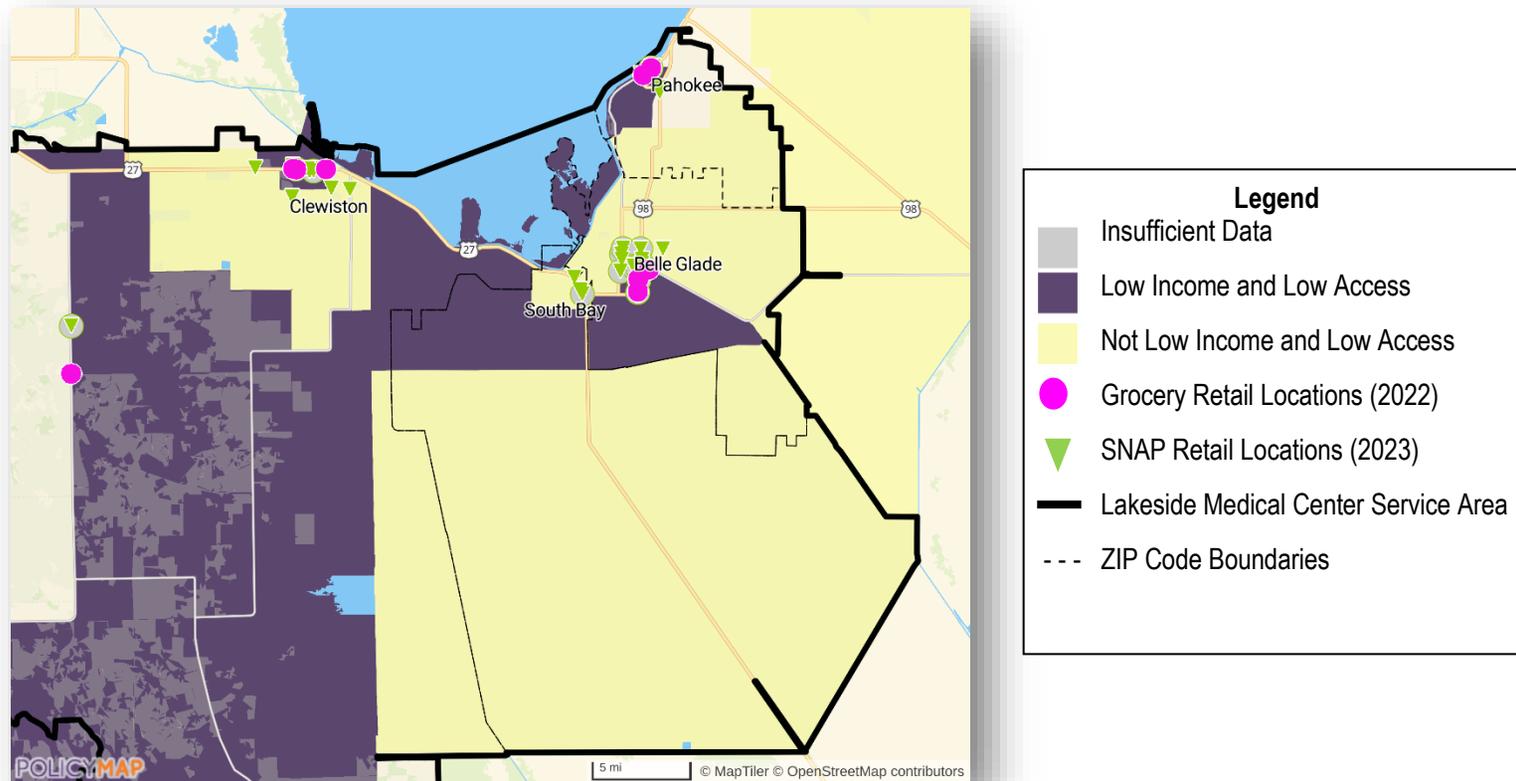
Source: Florida Department of Health, Florida Environmental Public Health Tracking, 2019 and U.S. Census Bureau, County Business Patterns, 2023

Note: 2017 NAICS Code 72 – Accommodation and Food Services

Low Income and Low Food Access

The figure below shows areas of low food access in Lakeside Medical Center’s Service Area, based on 2019 United States Department of Agriculture data identifying low-income, low-access (LILA) census tracts, the most recent available data for this measure. The map also displays grocery retail locations as of 2022 and SNAP-authorized retailers as of 2023, offering a point-in-time comparison of retail availability relative to areas with limited food access.

Figure 2: Low Food Access Compared to Available Grocery Retail Locations and SNAP Retail Locations, Lakeside Medical Center’s Service Area, 2023



Source: PolicyMap, United States Department of Agriculture, Low Income and Low Access Tracts, 2019; SNAP Retail Locations, 2023
NielsenIQ TDLinx, Grocery Retail Locations, 2022

2024 AARP Livability Index

The table below shows scores from the AARP Livability Index for communities in Lakeside Medical Center’s service area, Palm Beach County and Florida in 2024. The total index score reflects how well a community supports the needs of people of all ages, particularly older adults. The score is based on real-life factors such as housing, neighborhood, transportation, environment, health, engagement and opportunity. Higher scores indicate stronger community supports in that category. Overall, in 2023, the total index score across the service area was lower than the county and state: Belle Glade and South Bay both scored a 44, Clewiston a 45, and Pahokee scored a 46, whereas Palm Beach County’s total index score was 50, and Florida’s was 52. Among the service area, housing had the highest score. This category measures affordability, availability of options, and accessibility features. In 2024 Belle Glade scored a 95, Pahokee an 88, South Bay an 83, and Clewiston a 62. In the same housing category, Palm Beach County scored a 58, and Florida scored a 57, both notably lower than the service area. In contrast, transportation, health, engagement, and opportunity domains had relatively low scores across the service area.

Table 32: AARP Livability Index, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2024

	Lakeside Medical Center Service Area				Palm Beach County	Florida
	Belle Glade (33430)	Pahokee (33476)	South Bay (33493)	Clewiston (33440)		
Total Index Score	Provides an overall snapshot of how livable a community is for people of all ages					
	44	46	44	45	50	52
Housing	Measures affordability, availability of options (rental, ownership, multigenerational), and accessibility features that allow residents to remain in their homes as they age.					
	95	88	83	62	58	57
Neighborhood	Considers access to amenities like parks, libraries, grocery stores, and safe public spaces, as well as overall neighborhood safety and walkability .					
	33	42	48	42	53	49
Transportation	Evaluates the availability of public transit, traffic safety, and ease of getting around without a personal vehicle.					
	27	36	31	47	43	49
Environment	Looks at air and water quality, exposure to pollution, and disaster risk , reflecting how clean, healthy, and sustainable the area is.					
	59	59	59	59	46	56
Health	Assesses access to healthcare providers, quality of preventative care, and health behaviors such as physical activity and smoking rates.					
	38	36	31	40	52	45
Engagement	Captures civic and social participation , including access to arts, culture, voting, volunteerism, and broadband internet.					
	23	22	22	30	56	56
Opportunity	Reflects economic and educational opportunity , including access to jobs, and high school graduation rates.					
	32	41	34	34	45	50

Source: AARP, 2024

Health Status Profile

The Health Status Profile serves to provide a robust depiction of community well-being and offers insight into the factors that influence daily life and long-term outcomes for Lakeside Medical Center's service area. This section highlights key health indicators, such as maternal and child health, oral health, behavioral and mental health, and other chronic and acute medical conditions. Together, these measures present a view of the population's health and offer insight into areas where residents may experience a higher burden of illness or face gaps in accessing care. When relevant, data for Palm Beach County and Florida are also presented for comparison. By compiling and analyzing trends across indicators, communities can gain a better understanding of their current health landscape and identify where needs are most pressing. This data can support informed local planning efforts, provide context for resource allocation, and guide initiatives aimed at improving population health through evidence-based strategies.

Maternal and Child Health

Maternal and child health indicators may help shed light on the overall function of health systems and support structures for families. Key health measures related to births, access to prenatal care, and rates of fetal and infant deaths offer important context for evaluating maternal health outcomes and infant survival. Monitoring these trends helps reveal strengths and limitations of the services available to parents during pregnancy and early childhood.¹ This section presents maternal and child health data for residents within Lakeside Medical Center's service area and includes key indicators such as total live births, preterm births, low and very low birthweight, births to teen mothers and repeat teen births, maternal weight status, prenatal care access, and fetal and infant mortality. By examining trends and variations across ZIP Codes, this section offers insight into emerging challenges and opportunities for improving birth outcomes and maternal and child health in the area.

Total Resident Live Births

The table below shows total live births among residents of Lakeside Medical Center’s service area, Palm Beach County, and Florida between 2021 and 2023. Between 2021 and 2023, the crude rate of live births per 1,000 total population fluctuated across Lakeside Medical Center’s service area with all areas seeing the highest crude rates of live births per 1,000 total population in 2022. Notably, between 2021 and 2023, the crude rate of live births per 1,000 total population remained higher for Lakeside Medical Center’s service area compared to Palm Beach County and Florida.

Table 33: Total Resident Live Births, Count and Crude Rate per 1,000 Total Population, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center’s Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Rate	Count	Rate
	Count	Rate	Count	Rate	Count	Rate	Count	Rate				
2021	309	15.0	84	12.0	41	6.5	227	11.1	14,489	9.8	216,189	10.1
2022	359	17.5	97	13.9	64	12.7	240	12.1	15,513	10.4	224,403	10.4
2023	323	16.3	91	12.8	48	9.5	277	13.1	15,072	9.8	221,413	9.8

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Preterm Births

The table below shows the count and percentage of preterm births, defined as births occurring before 37 weeks gestation, among residents of Lakeside Medical Center’s service area, Palm Beach County, and Florida between 2021 and 2023. During this period, the percentage of preterm births decreased among residents of Belle Glade and Clewiston and increased among residents of Pahokee and South Bay. Throughout these years, residents of Lakeside Medical Center’s service area consistently had higher rates of preterm births compared to Palm Beach County and Florida.

Table 34: Preterm Births (<37 weeks gestation), Count and Percent, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center’s Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
2021	48	15.5%	11	13.1%	4	9.8%	28	12.3%	1,525	10.5%	23,492	10.9%
2022	52	14.5%	11	11.3%	10	15.6%	26	10.8%	1,628	10.5%	23,670	10.5%
2023	45	13.9%	13	14.3%	8	16.7%	30	10.8%	1,578	10.5%	23,692	10.7%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Live Births Under 2500 Grams

The table below presents the number and percentage of live births under 2,500 grams (low birth weight) in Lakeside Medical Center’s service area, Palm Beach County, and Florida between 2021 and 2023. During this period, the percentage of births that were under 2500 grams declined among residents of Belle Glade, Pahokee, and Clewiston, and increased among residents of South Bay. In 2023, the percentage of births that were under 2500 grams were higher among residents of Belle Glade, Pahokee, and South Bay compared to Palm Beach County and Florida; in contrast, in 2023, the proportion of low weight births among residents of Clewiston was lower than residents of Palm Beach County and Florida.

Table 35: Live Births Under 2500 Grams (Low Birth Weight), Count and Percent, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)					
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
2021	42	13.6%	13	15.5%	3	7.3%	23	10.1%	1,249	8.6%	19,525	9.0%
2022	45	12.5%	8	8.2%	9	14.1%	23	9.6%	1,429	9.2%	20,405	9.1%
2023	32	9.9%	12	13.2%	9	18.8%	19	6.9%	1,380	9.2%	20,055	9.1%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Live Births Under 1500 Grams

The table below shows live births with a very low birth weight in Lakeside Medical Center’s service area, Palm Beach County, and Florida between 2021 and 2023. Between 2021 and 2023, the percentage of births that were very low birth weight decreased among residents of Belle Glade and South Bay; meanwhile, it increased among residents of Pahokee and fluctuated among residents of Clewiston. In 2023, the percentage of births that were classified as very low birth weight was higher among residents of Belle Glade and Pahokee and lower among residents of South Bay and Clewiston compared to Palm Beach County and Florida.

Table 36: Live Births Under 1500 Grams (Very Low Birth Weight), Count and Percent, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)					
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
2021	14	4.5%	1	1.2%	1	2.4%	1	0.4%	205	1.4%	3,461	1.6%
2022	14	3.9%	3	3.1%	2	3.1%	10	4.2%	255	1.6%	3,586	1.6%
2023	10	3.1%	5	5.5%	0	0.0%	2	0.7%	224	1.5%	3,581	1.6%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Births to Mothers Ages 15-19

The table below shows births to mothers aged 15 to 19 in Lakeside Medical Center’s service area, Palm Beach County, and Florida between 2021 and 2023. Between 2021 and 2023, the percentage of births to mothers aged 15 to 19 decreased among residents of Pahokee, increased among residents of South Bay, and fluctuated among residents of Belle Glade and Clewiston. In 2023, the percentage of births to mothers aged 15 to 19 was higher across Lakeside Medical Center’s service area compared to Palm Beach County and Florida.

Table 37: Births to Mothers Ages 15-19, Count and Percent, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
2021	16	5.2%	6	7.1%	2	4.9%	12	5.3%	498	3.4%	8,090	3.7%
2022	28	7.8%	5	5.2%	6	9.4%	19	7.9%	515	3.3%	8,138	3.6%
2023	19	5.9%	4	4.4%	6	12.5%	19	6.9%	515	3.4%	8,109	3.7%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Repeat Births to Mothers Ages 15-19

The table below shows repeat births to mothers aged 15 to 19 in Lakeside Medical Center’s service area, Palm Beach County, and Florida between 2021 and 2023. Between 2021 and 2023, the total number of births to mothers aged 15 to 19 increased among residents of Belle Glade and South Bay, meanwhile it decreased among residents of Pahokee and Clewiston. In 2023, the percentage of repeat births to mothers aged 15 to 19 was zero among residents of Clewiston, and higher among residents of Belle Glade, Pahokee, and South Bay compared to Palm Beach County and Florida.

Table 38: Repeat Births to Mothers Ages 15-19, Count and Percent, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
2021	2	0.6%	2	2.4%	0	0.0%	4	1.8%	84	0.6%	1,067	0.5%
2022	3	0.8%	0	0.0%	0	0.0%	5	2.1%	79	0.5%	1,052	0.5%
2023	3	0.9%	1	1.1%	2	4.2%	0	0.0%	64	0.4%	1,050	0.5%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Births to Mothers who were Overweight at Time Pregnancy Occurred

The table below shows births to mothers who were overweight at the time pregnancy occurred. Specifically, they had a pre-pregnancy BMI of 25.0-29.9. between 2021 and 2023, the percentage of births to mothers who were overweight at the time pregnancy occurred fluctuated among residents of Belle Glade and increased among residents of Pahokee, South Bay, and Clewiston. Notably, the percentage of births to mothers who were overweight at the time pregnancy occurred was lower across Lakeside Medical Center’s service area compared to Palm Beach County and Florida for all years.

Table 39: Births to Overweight Mothers at Time Pregnancy Occurred, Count and Percent, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
2021	76	24.6%	20	23.8%	10	24.4%	64	28.2%	4,136	28.5%	58,315	27.0%
2022	95	26.5%	20	20.6%	12	18.8%	65	27.1%	4,405	28.4%	61,675	27.5%
2023	79	24.5%	25	27.5%	17	35.4%	78	28.2%	4,463	29.6%	63,052	28.5%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Prenatal Care Access

Births to Mothers with Less than Adequate Prenatal Care

The table below shows births to mothers with less than adequate prenatal care in Lakeside Medical Center’s service area, Palm Beach County, and Florida between 2021 and 2023. Between 2021 and 2023, the percentage of births to mothers with less than adequate prenatal care increased among residents of Lakeside Medical Center’s service area. While the percentage of births to mothers with less than adequate prenatal care consistently rose among residents of South Bay between 2021 and 2023, the percentages fluctuated among residents of Belle Glade, Pahokee, and Clewiston similar to the trend seen across Palm Beach County and Florida.

Table 40: Births to Mothers with Less than Adequate Prenatal Care (Kotelchuck Index), Count and Percent, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
2021	66	21.4%	13	15.5%	9	22.0%	39	17.2%	4,453	30.7%	73,972	34.2%
2022	130	36.2%	32	33.0%	17	26.6%	70	29.2%	5,288	34.1%	79,186	35.3%
2023	96	29.7%	27	29.7%	13	27.1%	84	30.3%	4,822	32.0%	75,281	34.0%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Trimester Prenatal Care Initiated

Percent of Births to Mothers by Trimester Initiating Prenatal Care – Belle Glade

The table below shows percent of births to mothers by when they initiated prenatal care among residents of Belle Glade, Palm Beach County, and Florida between 2021 and 2023. Between 2021 and 2023, the percentage of births to mothers in Belle Glade who initiated prenatal care ultimately increased across all trimesters. In 2023, the percentage of births to mothers in Belle Glade who initiated prenatal care was highest in the first trimester but slightly less than Palm Beach County and Florida.

Table 41: Births to Mothers, by Trimester Initiating Prenatal Care, Percent, Belle Glade (33430), Palm Beach County, and Florida, 2021-2023

	Belle Glade (33430)			Palm Beach County			Florida		
	2021	2022	2023	2021	2022	2023	2021	2022	2023
Births to Mothers with 1 st Trimester Prenatal Care	64.1%	62.4%	64.4%	69.1%	64.0%	67.4%	68.7%	67.7%	66.9%
Births to Mothers with 2 nd Trimester Prenatal Care	12.3%	19.8%	21.4%	17.4%	19.8%	19.1%	16.5%	18.1%	19.4%
Births to Mothers with 3 rd Trimester Prenatal Care	2.9%	7.5%	4.0%	6.5%	8.1%	6.8%	5.1%	5.8%	6.1%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Percent of Births to Mothers by Trimester Initiating Prenatal Care – Pahokee

The table below shows percent of births to mothers by prenatal care among residents of Pahokee, Palm Beach County, and Florida between 2021 and 2023. Between 2021 and 2023, the percentage of births to mothers in Pahokee who initiated prenatal care increased across all trimesters. In 2023, the percentage of births to mothers in Pahokee who initiated prenatal care was greatest in the first trimester and higher than that of Palm Beach County and Florida.

Table 42: Births to Mothers, by Trimester Initiating Prenatal Care, Percent, Pahokee (33476), Palm Beach County, and Florida, 2021-2023

	Pahokee (33476)			Palm Beach County			Florida		
	2021	2022	2023	2021	2022	2023	2021	2022	2023
Births to Mothers with 1 st Trimester Prenatal Care	64.3%	67.0%	71.4%	69.1%	64.0%	67.4%	68.7%	67.7%	66.9%
Births to Mothers with 2 nd Trimester Prenatal Care	14.3%	18.6%	20.9%	17.4%	19.8%	19.1%	16.5%	18.1%	19.4%
Births to Mothers with 3 rd Trimester Prenatal Care	3.6%	4.1%	4.4%	6.5%	8.1%	6.8%	5.1%	5.8%	6.1%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Percent of Births to Mothers by Trimester Initiating Prenatal Care – South Bay

The table below shows percent of births to mothers by prenatal care among residents of South Bay, Palm Beach County, and Florida between 2021 and 2023. Between 2021 and 2023, the proportion of births to mothers in South Bay who initiated prenatal care in any of the trimesters decreased. In 2023, the percentage of births to mothers in South Bay who initiated prenatal care was greatest in the first trimester and slightly higher than that of Palm Beach County and Florida.

Table 43: Births to Mothers, by Trimester Initiating Prenatal Care, Percent, South Bay (33493), Palm Beach County, and Florida, 2021-2023

	South Bay (33493)			Palm Beach County			Florida		
	2021	2022	2023	2021	2022	2023	2021	2022	2023
Births to Mothers with 1 st Trimester Prenatal Care	75.6%	75.0%	68.8%	69.1%	64.0%	67.4%	68.7%	67.7%	66.9%
Births to Mothers with 2 nd Trimester Prenatal Care	14.6%	14.1%	16.7%	17.4%	19.8%	19.1%	16.5%	18.1%	19.4%
Births to Mothers with 3 rd Trimester Prenatal Care	4.9%	6.3%	4.2%	6.5%	8.1%	6.8%	5.1%	5.8%	6.1%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Percent of Births to Mothers by Trimester Initiating Prenatal Care – Clewiston

The table below shows percent of births to mothers by prenatal care among residents of Clewiston, Palm Beach County, and Florida between 2021 and 2023. Between 2021 and 2023, the percentage of births to mothers in Clewiston who initiated prenatal care in the first trimester decreased, meanwhile it increased for those mothers initiating care in the second or third trimester. In 2023, the percentage of births to mothers in Clewiston who initiated prenatal care was greatest in the first trimester equaling that of Palm Beach County and slightly less than Florida.

Table 44: Births to Mothers, by Trimester Initiating Prenatal Care, Percent, Clewiston (33440), Palm Beach County, and Florida, 2021-2023

	Clewiston (33430)			Palm Beach County			Florida		
	2021	2022	2023	2021	2022	2023	2021	2022	2023
Births to Mothers with 1 st Trimester Prenatal Care	69.1%	64.0%	67.4%	69.1%	64.0%	67.4%	68.7%	67.7%	66.9%
Births to Mothers with 2 nd Trimester Prenatal Care	12.3%	18.3%	24.2%	17.4%	19.8%	19.1%	16.5%	18.1%	19.4%
Births to Mothers with 3 rd Trimester Prenatal Care	2.2%	3.3%	4.3%	6.5%	8.1%	6.8%	5.1%	5.8%	6.1%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Fetal and Infant Mortality

Fetal Deaths (Stillbirths)

The table below displays fetal deaths out of total deliveries in Lakeside Medical Center’s service area, Palm Beach County, and Florida between 2021 and 2023. Between 2021 and 2023, there were zero reported fetal deaths among residents of South Bay, and the number of fetal deaths among residents of Belle Glade decreased from six reported deaths in 2021 to one reported death in 2023. Between 2021 and 2023, while the number of reported fetal deaths among residents of Pahokee was one or two deaths, the rate of fetal deaths per 1,000 deliveries remained higher in Pahokee than Palm Beach County and Florida.

Table 45: Fetal Deaths, Count and Rate per 1,000 Deliveries, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)					
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2021	6	19.0	2	23.3	0	0.0	1	4.4	106	7.3	1,572	7.2
2022	3	8.3	1	10.2	0	0.0	2	8.3	100	6.4	1,523	6.7
2023	1	3.1	2	21.5	0	0.0	0	0.0	102	6.7	1,487	6.7

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Note: 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.

Infant Mortality (Aged 0-364 Days)

The table below shows infant mortality in Lakeside Medical Center’s service area, Palm Beach County, and Florida between 2021 and 2023. Between 2021 and 2023, the number of reported infant deaths among residents of Belle Glade fluctuated, decreased among residents of South Bay and Clewiston, and increased among residents of Pahokee. In 2023, despite the low number of reported infant deaths, the rate of infant deaths per 1,000 live births was higher among residents of Pahokee and Belle Glade compared to Palm Beach County and Florida.

Table 46: Infant Mortality (Aged 0-364 Days), Count and Rate per 1,000 Live Births, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)					
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2021	4	12.9	1	11.9	1	24.4	2	8.8	72	5.0	1,267	5.9
2022	7	19.5	0	0.0	1	15.6	0	0.0	71	4.6	1,346	6.0
2023	3	9.3	2	22.0	0	0.0	1	3.6	82	5.4	1,339	6.0

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Note: 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.

Morbidity

Morbidity refers to the presence of illness or disease within a population and helps illustrate the burden of health conditions that impact daily life and require medical attention.⁸ This section highlights common health conditions affecting residents of Lakeside Medical Center’s service area, using hospital utilization data primarily from 2021 to 2023 provided by the Florida Agency for Health Care Administration (AHCA). In addition to overall Emergency Department and inpatient trends, this section presents data on specific areas of concern, including oral health, behavioral and mental health, and selected chronic and acute conditions, to provide a fuller picture of the health issues affecting residents of Lakeside Medical Center’s service area.

The following analysis focuses on the leading causes of emergency department visits and inpatient hospital admissions, offering insight into how residents of Lakeside Medical Center’s service area used hospital services during that time. It is important to note that hospital utilization data in this section reflects de-identified records of visits or discharges and were based on the ZIP Code of the patient’s residence, not the location of the hospital where care was received. Additionally, emergency department visit data included cases where patients were treated and released, while inpatient discharges reflected admissions that typically required at least one overnight stay. Diagnoses were classified either as the principal condition, the main reason for the emergency department visit or admission, or "Other diagnosis," meaning it was a contributing condition that was present or addressed during hospitalization.

2023 Total Emergency Department Visits

The table below presents the total number of emergency department visits across Lakeside Medical Center’s service area in 2023. Clewiston recorded the highest number of visits (14,942), followed by Belle Glade (13,514), Pahokee (5,419), and South Bay (2,794). In 2023, there were a total of 36,669 emergency department visits among residents of Lakeside Medical Center’s service area. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 47: Emergency Department Visits, by Total Principal Diagnosis Groupings, Count and Percent, Residents of Lakeside Medical Center’ Service Area, 2023

	Lakeside Medical Center’s Service Area								Total Emergency Department Visits
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	
Emergency department visits	13,514	36.9%	5,419	14.8%	2,794	7.6%	14,942	40.7%	36,669

Source: Agency for Healthcare Administration (AHCA), 2023

⁸ Basaraba, S. (2024, October 3). Morbidity vs. Mortality: What’s the Difference? Verywell Health. <https://www.verywellhealth.com/what-is-morbidity-2223380>

2023 Total Emergency Department Visits by Sex

The table below presents 2023 emergency department visit data by sex for residents of Lakeside Medical Center’s service area. Female residents accounted for the majority of visits across the service area, with 56.8% in Pahokee, 56.6% in Belle Glade, 54.7% in Clewiston, and 54.0% in South Bay. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 48: Emergency Department Visits, by Sex, Residents of Lakeside Medical Center’s Service Area, 2023

	Lakeside Medical Center’s Service Area							
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total	13,514	100.0%	5,419	100.0%	2,794	100.0%	14,942	100.0%
Female	7,649	56.6%	3,078	56.8%	1,510	54.0%	8,178	54.7%
Male	5,865	43.4%	2,341	43.2%	1,284	46.0%	6,764	45.3%

Source: Agency for Healthcare Administration (AHCA), 2023

2023 Total Emergency Department Visits by Age

The table below shows the age distribution of residents living in Lakeside Medical Center’s service area who were treated in an emergency department in 2023. Residents aged 25–34 years accounted for the largest share of visits in all areas: 18.3% in both Belle Glade and Pahokee, 17.6% in South Bay, and 14.4% in Clewiston. Children under 10 and adults aged 35–64 years also made up a significant portion of visits throughout the region. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 49: Emergency Department Visits, by Age, Residents of Lakeside Medical Center’s Service Area, 2023

	Lakeside Medical Center’s Service Area							
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total	13,514	100.0%	5,419	100.0%	2,794	100.0%	1,492	100.0%
Less than 1 year old	573	4.2%	124	2.3%	108	3.9%	108	0.7%
1-4 years	1,295	9.6%	474	8.7%	182	6.5%	1,288	8.6%
5-9 years	1,005	7.4%	330	6.1%	181	6.5%	1,235	8.3%
10-14 years	599	4.4%	274	5.1%	146	5.2%	799	5.3%
15-17 years	404	3.0%	144	2.7%	98	3.5%	580	3.9%
18-20 years	566	4.2%	205	3.8%	96	3.4%	661	4.4%
21-24 years	927	6.9%	343	6.3%	133	4.8%	849	5.7%
25-34 years	2,479	18.3%	990	18.3%	493	17.6%	2,158	14.4%
35-44 years	1,726	12.8%	758	14.0%	436	15.6%	1,772	11.9%
45-54 years	1,097	8.1%	651	12.0%	440	15.7%	1,559	10.4%
55-64 years	1,316	9.7%	468	8.6%	232	8.3%	1,613	10.8%
65-74 years	886	6.6%	407	7.5%	151	5.4%	1,099	7.4%
75-84 years	491	3.6%	166	3.1%	74	2.6%	638	4.3%
85 years and older	150	1.1%	85	1.6%	24	0.9%	239	1.6%

Source: Agency for Healthcare Administration (AHCA), 2023

Top 10 Principal Diagnoses for Emergency Department Visits

Top 10 Principal Diagnoses for Emergency Department Visits - Belle Glade

The table below shows the top 10 principal diagnoses for emergency department visits among Belle Glade residents in 2023. In 2023, acute upper respiratory infection ranked highest, accounting for 4.3% of visits, followed by influenza (3.0%), viral infection (2.6%), and COVID-19 (2.1%). Other common diagnoses included urinary tract infections, headaches, back pain, and various forms of pharyngitis. Together, these top 10 conditions accounted for 20.2% of all emergency department visits in 2023 among residents of Belle Glade. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 50: Emergency Department Visits, Top 10 Principal Diagnoses, Count and Percent, Belle Glade (33430), 2023

Emergency Department Visits - Belle Glade (33430)	Count	Percent
Total Emergency Department Visits	13,514	100.0%
Top 10 principal diagnoses	2,730	20.2%
All other diagnoses	10,784	79.8%
Top 10 Principal Emergency Diagnoses		
1. Acute upper respiratory infection, unspecified (J06.9)	581	4.3%
2. Influenza due to other identified influenza virus with other respiratory manifestations (J10.1)	404	3.0%
3. Viral infection, unspecified (B34.9)	358	2.6%
4. COVID-19 (U07.1)	284	2.1%
5. Urinary tract infection, site not specified (N39.0)	225	1.7%
6. Headache, unspecified (R51.9)	222	1.6%
7. Acute pharyngitis, unspecified (J02.9)	170	1.3%
8. Low back pain, unspecified (M54.50)	167	1.2%
9. Streptococcal pharyngitis (J02.0)	165	1.2%
10. Chest pain, unspecified (R07.9)	154	1.1%

Source: Agency for Healthcare Administration (AHCA), 2023

Top 10 Principal Diagnoses for Emergency Department Visits - Pahokee

The table below shows the top 10 principal diagnoses for emergency department visits among Pahokee residents in 2023. In 2023, acute upper respiratory infection (3.9%) ranked highest, followed by influenza (2.6%) and viral infection (2.6%). Chronic conditions such as stage 5 kidney disease and hypertensive disorders, along with COVID-19 and pain-related visits, were also among the top 10 principal diagnoses for emergency department visits among Pahokee residents in 2023. In total, these top 10 diagnoses accounted for 20.7% of all emergency department visits in 2023 among residents of Pahokee. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 51: Emergency Department Visits, Top 10 Principal Diagnoses, Count and Percent, Pahokee (33476), 2023

Emergency Department Visits – Pahokee (33476)	Count	Percent
Total Emergency Department Visits	5,419	100.0%
Top 10 principal diagnoses	1,123	20.7%
All other diagnoses	4,296	79.3%
Top 10 Principal Emergency Diagnoses		
1. Acute upper respiratory infection, unspecified (J06.9)	210	3.9%
2. Influenza due to other identified influenza virus with other respiratory manifestations (J10.1)	139	2.6%
3. Viral infection, unspecified (B34.9)	139	2.6%
4. Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease (I12.0)	126	2.3%
5. COVID-19 (U07.1)	114	2.1%
6. Urinary tract infection, site not specified (N39.0)	91	1.7%
7. Headache, unspecified (R51.9)	82	1.5%
8. Chest pain, unspecified (R07.9)	81	1.5%
9. Other chest pain (R07.89)	75	1.4%
10. Low back pain, unspecified (M54.50)	66	1.2%

Source: Agency for Healthcare Administration (AHCA), 2023

Top 10 Principal Diagnoses for Emergency Department Visits - South Bay

The table below shows the top 10 principal diagnoses for emergency department visits among South Bay residents in 2023. In 2023, type 2 diabetes with diabetic chronic kidney disease accounted for the highest share of visits (5.1%), followed by acute upper respiratory infections (3.5%) and influenza (2.8%). Other common diagnoses included COVID-19, viral infections, various injuries, and pharyngitis. These top 10 diagnoses represented 22.5% of all emergency department visits in 2023 among residents of South Bay. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 52: Emergency Department Visits, Top 10 Principal Diagnoses, Count and Percent, South Bay (33493), 2023

Emergency Department Visits – South Bay (33493)	Count	Percent
Total Emergency Department Visits	2,794	100.0%
Top 10 principal diagnoses	630	22.5%
All other diagnoses	2,164	77.5%
Top 10 Principal Emergency Diagnoses		
1. Type 2 diabetes mellitus with diabetic chronic kidney disease (E11.22)	143	5.1%
2. Acute upper respiratory infection, unspecified (J06.9)	98	3.5%
3. Influenza due to other identified influenza virus with other respiratory manifestations (J10.1)	78	2.8%
4. COVID-19 (U07.1)	65	2.3%
5. Viral infection, unspecified (B34.9)	58	2.1%
6. Urinary tract infection, site not specified (N39.0)	43	1.5%
7. Laceration without foreign body of scalp, initial encounter (S01.01XA)	42	1.5%
8. Unspecified injury of head, initial encounter (S09.90XA)	35	1.3%
9. Headache, unspecified (R51.9)	34	1.2%
10. Streptococcal pharyngitis (J02.0)	34	1.2%

Source: Agency for Healthcare Administration (AHCA), 2023

Top 10 Principal Diagnoses for Emergency Department Visits - Clewiston

The table below shows the top 10 principal diagnoses for emergency department visits among Clewiston residents in 2023. In 2023, acute upper respiratory infection accounted for the highest percentage of visits (5.0%), followed by viral infection (2.3%) and urinary tract infection (1.9%). Other common diagnoses included COVID-19, streptococcal pharyngitis, headache, and gastrointestinal conditions. These top 10 diagnoses made up 19.5% of all emergency department visits in 2023 among residents of Clewiston. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 53: Emergency Department Visits, Top 10 Principal Diagnoses, Count and Percent, Clewiston (33440), 2023

Emergency Department Visits – Clewiston (33440)	Count	Percent
Total Emergency Department Visits	14,942	100.0%
Top 10 principal diagnoses	2,908	19.5%
All other diagnoses	12,034	80.5%
Top 10 Principal Emergency Diagnoses		
1. Acute upper respiratory infection, unspecified (J06.9)	742	5.0%
2. Viral infection, unspecified (B34.9)	343	2.3%
3. Urinary tract infection, site not specified (N39.0)	278	1.9%
4. COVID-19 (U07.1)	272	1.8%
5. Streptococcal pharyngitis (J02.0)	271	1.8%
6. Headache, unspecified (R51.9)	220	1.5%
7. Other chest pain (R07.89)	212	1.4%
8. Nausea with vomiting, unspecified (R11.2)	198	1.3%
9. Influenza due to other identified influenza virus with other respiratory manifestations (J10.1)	193	1.3%
10. Noninfective gastroenteritis and colitis, unspecified (K52.9)	179	1.2%

Source: Agency for Healthcare Administration (AHCA), 2023

2023 Total Inpatient Discharges

The table below presents total inpatient discharges among residents of Lakeside Medical Center’s service area for 2023. In 2023, Belle Glade and Clewiston had the highest discharge counts, with 2,511 and 2,036 discharges respectively, followed by Pahokee (1,015) and South Bay (574). In 2023, a total of 6,136 residents across the service area were admitted and treated. All data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 54: Total Inpatient Discharges, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2023

	Lakeside Medical Center’s Service Area								Total Inpatient Discharges
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	
Inpatient Discharges	2,511	40.9%	1,015	16.5%	574	9.4%	2,036	33.2%	6,136

Source: Agency for Healthcare Administration (AHCA), 2023

2023 Total Inpatient Discharges by Sex

The table below presents the sex distribution of inpatient discharges in Lakeside Medical Center’s service area in 2023. In 2023, female residents accounted for the majority of discharges in Belle Glade (54.5%), Pahokee (56.5%), and Clewiston (58.1%). In contrast, in 2023, there were a higher percentage of discharges among male residents of South Bay (55.1%) compared to females (44.9%). All data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 55: Total Inpatient Discharges, by Sex, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2023

	Lakeside Medical Center’s Service Area							
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total	2,511	100.0%	1,015	100.0%	574	100.0%	2,036	100.0%
Female	1,369	54.5%	573	56.5%	258	44.9%	1,183	58.1%
Male	1,142	45.5%	442	43.5%	316	55.1%	853	41.9%

Source: Agency for Healthcare Administration (AHCA), 2023

2023 Total Inpatient Discharges by Age

The table below presents the age distribution of inpatient discharges in Lakeside Medical Center’s service area in 2023. Infants under one year accounted for the highest percentage of discharges in Clewiston (13.9%). In contrast, adults aged 25-34 made up the highest percentage of discharges in Pahokee (13.8%) and South Bay (15.3%) and Belle Glade (15.3%). In 2023, across Lakeside Medical Center’s service area, older adults and infants accounted for a higher percentage of inpatient care needs. All data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 56: Total Inpatient Discharges, by Age, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2023

	Lakeside Medical Center’s Service Area							
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total	2,511	100.0%	1,015	100.0%	574	100.0%	2,036	100.0%
Less than 1 year old	355	14.1%	101	10.0%	50	8.7%	282	13.9%
1-4 years	43	1.7%	11	1.1%	7	1.2%	17	0.8%
5-9 years	25	1.4%	11	1.1%	0	0.0%	17	0.8%
10-14 years	43	1.7%	25	2.5%	21	3.7%	25	1.2%
15-17 years	38	1.5%	13	1.3%	10	1.7%	36	1.8%
18-20 years	40	1.6%	15	1.5%	7	1.2%	47	2.3%
21-24 years	97	3.8%	27	2.7%	17	3.0%	78	3.8%
25-34 years	385	15.3%	140	13.8%	88	15.3%	265	13.0%
35-44 years	244	9.7%	124	12.2%	78	13.6%	176	8.6%
45-54 years	239	9.5%	104	10.2%	69	12.0%	213	10.5%
55-64 years	314	12.5%	140	13.8%	74	12.9%	254	12.5%
65-74 years	350	13.9%	173	17.0%	80	13.9%	311	15.3%
75-84 years	237	9.4%	85	8.4%	58	10.1%	211	10.4%
85 years and older	101	4.0%	46	4.5%	15	2.6%	104	5.1%

Source: Agency for Healthcare Administration (AHCA), 2023

Top 10 Principal Diagnoses for Inpatient Discharges by ZIP Code

Top 10 Principal Diagnoses for Inpatient Discharges - Belle Glade

The table below lists the top 10 principal diagnoses for inpatient discharges among Belle Glade residents in 2023. Childbirth-related diagnoses were the most common, with 7.5% of residents discharged following vaginal delivery and 4.6% after a cesarean section. Other common conditions included sepsis (5.2%), sickle cell crisis (2.5%), pneumonia (1.7%), and heart-related conditions such as Non-ST elevation (NSTEMI) myocardial infarction and hypertensive heart disease. Altogether, these top 10 diagnoses accounted for 28.6% of all inpatient discharges in 2023 among residents of Belle Glade. All data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 57: Inpatient Discharges, Top 10 Principal Diagnoses, Count and Percent, Belle Glade (33430), 2023

Inpatient Discharges - Belle Glade (33430)	Count	Percent
Total Inpatient Discharges	2,511	100.0%
Top 10 principal diagnoses	719	28.6%
All other diagnoses	1,792	71.4%
Top 10 Principal Inpatient Discharges		
1. Single liveborn infant, delivered vaginally (Z38.00)	189	7.5%
2. Sepsis, unspecified organism (A41.9)	130	5.2%
3. Single liveborn infant, delivered by cesarean (Z38.01)	115	4.6%
4. Hb-SS disease with crisis, unspecified (D57.00)	64	2.5%
5. Maternal care for low transverse scar from previous cesarean delivery (O34.211)	53	2.1%
6. Pneumonia, unspecified organism (J18.9)	42	1.7%
7. Post-term pregnancy (O48.0)	39	1.6%
8. Non-ST elevation (NSTEMI) myocardial infarction (I21.4)	35	1.4%
9. Acute kidney failure, unspecified (N17.9)	26	1.0%
10. Hypertensive heart disease with heart failure (I11.0)	26	1.0%

Source: Agency for Healthcare Administration (AHCA), 2023

Top 10 Principal Diagnoses for Inpatient Discharges - Pahokee

The table below lists the top 10 principal diagnoses for inpatient discharges among residents of Pahokee in 2023. Sepsis (5.9%) and vaginal delivery (5.1%) ranked highest, followed by cesarean delivery (3.2%) and acute kidney failure (1.8%). Heart-related conditions and complications from chronic diseases also appeared frequently among the top 10 principal diagnoses for inpatient discharges among residents of Pahokee in 2023. These top 10 diagnoses accounted for 24.2% of all inpatient discharges in 2023 among residents of Pahokee. All data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 58: Inpatient Discharges, Top 10 Principal Diagnoses, Count and Percent, Pahokee (33476), 2023

Inpatient Discharges - Pahokee (33476)	Count	Percent
Total Inpatient Discharges	1,015	100.0%
Top 10 principal diagnoses	246	24.2%
All other diagnoses	769	75.8%
Top 10 Principal Inpatient Discharges		
1. Sepsis, unspecified organism (A41.9)	60	5.9%
2. Single liveborn infant, delivered vaginally (Z38.00)	52	5.1%
3. Single liveborn infant, delivered by cesarean (Z38.01)	32	3.2%
4. Acute kidney failure, unspecified (N17.9)	18	1.8%
5. Hypertensive heart disease with heart failure (I11.0)	17	1.7%
6. Hb-SS disease with crisis, unspecified (D57.00)	15	1.5%
7. Maternal care for low transverse scar from previous cesarean delivery (O34.211)	14	1.4%
8. Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease (I13.0)	13	1.3%
9. COVID-19 (U07.1)	13	1.3%
10. Acute respiratory failure with hypoxia (J96.01)	12	1.2%

Source: Agency for Healthcare Administration (AHCA), 2023

Top 10 Principal Diagnoses for Inpatient Discharges - South Bay

The table below presents the top 10 principal diagnoses for inpatient discharges among South Bay residents in 2023. Sepsis (7.7%) and vaginal delivery (5.2%) ranked highest, followed by sickle cell crisis (3.3%) and cesarean delivery (3.1%). Other leading diagnoses included pneumonia, major depressive disorder, hypertensive heart and chronic kidney disease with heart failure. Altogether, these top 10 diagnoses represented 26.8% of all inpatient discharges in 2023 among residents of South Bay. All data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 59: Inpatient Discharges, Top 10 Principal Diagnoses, Count and Percent, South Bay (33493), 2023

Inpatient Discharges - South Bay (33493)	Count	Percent
Total Inpatient Discharges	574	100.0%
Top 10 principal diagnoses	154	26.8%
All other diagnoses	420	73.2%
Top 10 Principal Inpatient Discharges		
1. Sepsis, unspecified organism (A41.9)	44	7.7%
2. Single liveborn infant, delivered vaginally (Z38.00)	30	5.2%
3. Hb-SS disease with crisis, unspecified (D57.00)	19	3.3%
4. Single liveborn infant, delivered by cesarean (Z38.01)	18	3.1%
5. Pneumonia, unspecified organism (J18.9)	8	1.4%
6. Major depressive disorder, recurrent severe without psychotic features (F33.2)	8	1.4%
7. Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease (I13.0)	7	1.2%
8. Acute kidney failure, unspecified (N17.9)	7	1.2%
9. Maternal care for low transverse scar from previous cesarean delivery (O34.211)	7	1.2%
10. Pyonephrosis (N13.6)	6	1.0%

Source: Agency for Healthcare Administration (AHCA), 2023

Top 10 Principal Diagnoses for Inpatient Discharges - Clewiston

The table below presents the top 10 principal diagnoses for inpatient discharges among Clewiston residents in 2023. Vaginal deliveries ranked highest, accounting for 7.1% of discharges, followed by cesarean deliveries and sepsis, each at 4.6%. Other frequent diagnoses included NSTEMI (2.3%), acute kidney failure (1.6%), and COVID-19 (1.3%). Together, these top 10 diagnoses accounted for 27.4% of all inpatient discharges in 2023 among residents of Clewiston. All data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 60: Inpatient Discharges, Top 10 Principal Diagnoses, Count and Percent, Clewiston (33440), 2023

Inpatient Discharges - Clewiston (33440)	Count	Percent
Total Inpatient Discharges	2,036	100.0%
Top 10 principal diagnoses	557	27.4%
All other diagnoses	1,479	72.6 %
Top 10 Principal Inpatient Discharges		
1. Single liveborn infant, delivered vaginally (Z38.00)	145	7.1%
2. Single liveborn infant, delivered by cesarean (Z38.01)	94	4.6%
3. Sepsis, unspecified organism (A41.9)	94	4.6%
4. Non-ST elevation (NSTEMI) myocardial infarction (I21.4)	46	2.3%
5. Maternal care for low transverse scar from previous cesarean delivery (O34.211)	34	1.7%
6. Acute kidney failure, unspecified (N17.9)	33	1.6%
7. Post-term pregnancy (O48.0)	30	1.5%
8. Pneumonia, unspecified organism (J18.9)	28	1.4%
9. Hypertensive heart disease with heart failure (I11.0)	27	1.3%
10. COVID-19 (U07.1)	26	1.3%

Source: Agency for Healthcare Administration (AHCA), 2023

Oral Health

Dental Conditions – Emergency Department Visits

The table below presents emergency department (ED) visits from or with dental conditions among residents of Lakeside Medical Center’s service area between 2021 and 2023. Between 2021 and 2023, the percentage of ED visits related to dental conditions increased among residents of Belle Glade and Clewiston, but declined for residents of Pahokee and South Bay. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 61: Emergency Department Visits from or with Dental Conditions, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Visits	Principal Diagnosis from or with Dental Conditions								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	126	1.1%	68	1.5%	35	1.5%	8	0.5%	86
2022	31,723	48	0.4%	30	0.7%	8	0.3%	29	0.2%	129
2023	36,668	165	1.2%	66	1.2%	24	0.9%	209	1.4%	178

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): K02, K03, K04, K05, K06.0, K06.1, K06.2, K08, K09.8, K12, K13, M27.6, and A69.0. Principal and Other Diagnoses 1-9

Dental Conditions – Inpatient Discharges

The table below presents inpatient discharges from or with dental conditions among residents of Lakeside Medical Center’s service area between 2021 and 2023. Between 2021 and 2023, the percentage of inpatient discharges related to dental conditions increased among residents of Belle Glade, decreased among residents of Pahokee, and fluctuated among residents of South Bay and Clewiston. The data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 62: Inpatient Discharges from or with Dental Conditions, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	0	0.0%	2	0.2%	1	0.2%	1	0.0%	21
2022	6,476	5	0.2%	1	0.1%	0	0.0%	2	0.1%	27
2023	6,136	8	0.3%	1	0.1%	1	0.2%	1	0.0%	20

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: K02, K03, K04, K05, K06.0, K06.1, K06.2, K08, K09.8, K12, K13, M27.6, and A69.0. Principal and Other Diagnoses 1-6

Behavioral Health

Substance Use – Emergency Department Visits

The table below presents emergency department (ED) visits related to substance use among residents of Lakeside Medical Center’s service area between 2021 and 2023. Between 2021 and 2023, the percentage of ED visits for which substance use was the principal diagnosis declined among residents of Belle Glade and Pahokee, increased in Clewiston, and fluctuated in South Bay. Over the same period, visits with substance use listed as an “other diagnosis” steadily increased throughout the service area. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 63: Emergency Department Visits from or with Substance Use, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Visits	Principal Diagnosis								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	98	0.9%	42	0.9%	10	0.4%	6	0.3%	2,831
2022	31,723	61	0.5%	33	0.8%	18	0.7%	115	0.9%	3,616
2023	36,669	69	0.5%	35	0.6%	12	0.4%	172	1.2%	3,597

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): F10-F19. Principal and Other Diagnoses 1-9

Substance Use – Inpatient Discharges

The table below shows inpatient discharges from or with substance use among residents of Lakeside Medical Center’s service area between 2021 and 2023. Across this time, the percentage of discharges decreased among residents of Belle Glade and South Bay, while fluctuating among residents of Pahokee and Clewiston. The data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 64: Inpatient Discharges from or with Substance Use, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	17	0.6%	4	0.3%	3	0.5%	32	1.3%	752
2022	6,476	5	0.2%	8	0.8%	3	0.5%	40	1.7%	650
2023	6,136	9	0.4%	1	0.1%	2	0.3%	29	1.4%	752

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): F10-F19. Principal and Other Diagnoses 1-6

Drug Poisoning – Emergency Department Visits

The table below shows ED visits from or with drug poisoning among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of ED visits decreased among residents of Belle Glade and South Bay, while it increased among residents of Pahokee. In Clewiston, the percentage remained consistent at 0.3% from 2021 to 2023. Across the service area, the number of visits listing drug poisoning as an “other diagnosis” rose. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 65: Emergency Department Visits from or with Drug Poisoning, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Visits	Principal Diagnosis								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	24	0.2%	11	0.2%	7	0.3%	5	0.3%	48
2022	31,723	21	0.2%	14	0.3%	6	0.2%	41	0.3%	93
2023	36,669	18	0.1%	14	0.3%	3	0.1%	46	0.3%	75

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): T36-T50. Principal and Other Diagnoses 1-9

Drug Poisoning – Inpatient Discharges

The table below displays inpatient discharges related to drug poisoning among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of inpatient discharges increased among residents of Pahokee and South Bay, while it decreased among residents in Belle Glade and Clewiston. Across the service area, the number of discharges listing drug poisoning as an “other diagnosis” declined. The data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 66: Inpatient Discharges from or with Drug Poisoning, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	7	0.3%	1	0.1%	1	0.2%	14	0.6%	85
2022	6,476	7	0.3%	3	0.3%	0	0.0%	11	0.5%	73
2023	6,136	4	0.2%	3	0.3%	3	0.5%	7	0.3%	74

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): T36-T50. Principal and Other Diagnoses 1-6

Mental Health

Mental Health Condition – Emergency Department Visits

The table below presents emergency department (ED) visits from or with mental health conditions among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of ED visits decreased among residents of Belle Glade and South Bay, and it increased in Pahokee and Clewiston. Additionally, the number of visits with mental health conditions listed as an “other diagnosis” increased. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 67: Emergency Department Visits from or with Mental Health Condition, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Visits	Principal Diagnosis								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	213	1.9%	79	1.7%	36	1.5%	25	1.4%	3,638
2022	31,723	145	1.2%	74	1.7%	38	1.5%	286	2.2%	4,897
2023	36,669	211	1.6%	98	1.8%	36	1.3%	385	2.6%	4,553

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): F01-F69; F90-F99. Principal and Other Diagnoses 1-9

Mental Health Condition – Inpatient Discharges

The table below shows inpatient discharges from or with mental health conditions among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of discharges from or with mental health conditions listed as a principal diagnosis steadily increased among residents of Lakeside Medical Center’s service area. The data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 68: Inpatient Discharges from or with Mental Health Condition, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	84	3.1%	44	3.8%	28	4.8%	98	4.0%	1,347
2022	6,476	85	3.3%	43	4.4%	16	2.7%	124	5.3%	1,164
2023	6,136	117	4.7%	61	6.0%	31	5.4%	118	5.8%	1,364

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): F01-F69; F90-F99. Principal and Other Diagnoses 1-6

HIV/AIDS

HIV/AIDS Prevalence

The table below presents the number of cases and rate of persons living with HIV per 100,000 population among residents of Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2022. Prevalence is determined by the most recent known address, not the location in which a person was originally diagnosed, and rates can be used to understand differences due to the actual indicator while controlling for differences in population size.

In 2022, the rate per 100,000 population living with HIV was 626 per 100,000 population in Florida and 636 per 100,000 population in Palm Beach County. Notably, the rate per 100,000 population living with HIV in Clewiston (531 per 100,000) was less than Florida and Palm Beach County; however, in 2022, the rate was higher among residents of South Bay (1,077 per 100,000), Pahokee (1,455 per 100,000), and Belle Glade (2,731 per 100,000).

Table 69: HIV Prevalence, Cases and Rate per 100,000 Population, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2022

	Cases	Rates (Rate of Persons Living with HIV per 100,000 Population)
Florida	120,385	626
*Palm Beach County	8,397	636
**Belle Glade (33430)	449	2,731
**Pahokee (33476)	87	1,455
**South Bay (33493)	46	1,077
**Clewiston (33440)	84	531

Source: AIDSvu.org, 2022

Notes: Prevalence data reflect persons aged 13 years and older living with diagnosed HIV infection or persons living with HIV infection ever classified as stage 3 HIV (AIDS) at the end of a given year (i.e. 2022).

*The HIV prevalence and new diagnoses data displayed on AIDSvu include state and federal correctional populations. Their inclusion may artificially inflate the HIV prevalence rate and case count of counties that house institutions.

**ZIP Code prevalence data represent persons living with HIV in Palm Beach County (a division in the Miami MSA) at the end of 2022 and reported as of 12/31/2023. Cases are based on residence at diagnosis.

New HIV/AIDS Cases

The table below presents the number of new HIV/AIDS cases and rates per 100,000 population among residents of Lakeside Medical Center’s service area, Palm Beach County, and Florida between 2018 and 2022. Between 2018 and 2022, the rate of person’s newly diagnosed with HIV per 100,000 population was 22 per 100,000 in Florida and Palm Beach County. Notably, the rates of newly diagnosed individuals were higher across the service area compared to Florida and Palm Beach County. Additionally, new cases are based on primary residence at time of diagnosis, not the location in which a person was tested or diagnosed.

Table 70: New HIV/AIDS Cases and Rate per 100,000 Population, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2022

	New Cases	Rates (Rate of Persons Newly Diagnosed with HIV per 100,000 Population)
Florida	4,290	22
*Palm Beach County	285	22
**Belle Glade (33430)	60	365
**Pahokee (33476)	10	167
**South Bay (33493)	5	177
**Clewiston (33440)	13	82

Source: AIDSvu.org, 3-Year Rolling, 2022

Notes: Only ZIP Codes with three or more new HIV cases are collected. The data reflect people newly diagnosed with HIV infection, defined as a diagnosis of HIV infection regardless of the stage of disease (stage 0, 1, 2, 3 [AIDS], or unknown) and refers to all people with a diagnosis of HIV infection during a given one-year time period (i.e. 2022).

*The HIV prevalence and new diagnoses data displayed on AIDSvu include state and federal correctional populations. Their inclusion may artificially inflate the HIV prevalence rate and case count of counties that house institutions.

**Data represent persons newly diagnosed with HIV in Palm Beach County (a division in the Miami MSA) between 2018 and 2022 and who were reported as of 12/31/2023. Cases are based on residence at diagnosis. Cases from department of corrections and federal correctional institutions are excluded from ZIP Code level analysis.

HIV/AIDS – Emergency Department Visits

The table below shows emergency department (ED) visits from or with HIV/AIDS among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of ED visits with HIV/AIDS listed as a principal diagnosis was zero across the service area. Additionally, the number of ED visits with HIV/AIDS listed as an “other diagnosis” decreased from 357 ED visits in 2021 to 220 visits in 2023. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 71: Emergency Department Visits from or with HIV/AIDS, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Visits	Principal Diagnosis								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	2	0.0%	1	0.0%	0	0.0%	0	0.0%	357
2022	31,723	4	0.0%	1	0.0%	0	0.0%	1	0.0%	337
2023	36,668	2	0.0%	1	0.0%	0	0.0%	0	0.0%	220

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): B20, Z21. Principal and Other Diagnoses 1-9

HIV/AIDS– Inpatient Discharges

The table below shows inpatient discharges from or with HIV/AIDS among residents of Lakeside Medical Center’s service area between 2021 and 2023. Notably, the percentage of inpatient discharges with HIV/AIDS listed as a principal diagnosis was zero among residents of South Bay, and remained consistently low across the service area. Additionally, across the service area, the number of discharges in which asthma was listed as an “other diagnosis” decreased from 102 discharges in 2021 to 82 discharges in 2023. The data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 72: Inpatient Discharges from or with HIV/AIDS, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	10	0.4%	1	0.1%	0	0.0%	2	0.1%	102
2022	6,476	4	0.2%	2	0.2%	0	0.0%	2	0.1%	119
2023	6,136	5	0.2%	3	0.3%	0	0.0%	0	0.0%	82

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): B20, Z21. Principal and Other Diagnoses 1-6

Additional Chronic & Acute Conditions

Asthma – Emergency Department Visits

The table below shows emergency department (ED) visits from or with asthma among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of asthma-related ED visits decreased among residents of Pahokee and South Bay, and it increased for residents of Belle Glade and Clewiston; additionally, the number of visits with Asthma listed as an “other diagnosis” decreased. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 73: Emergency Department Visits from or with Asthma, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Visits	Principal Diagnosis								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	115	1.0%	75	1.7%	24	1.0%	8	0.5%	871
2022	31,723	170	1.5%	74	1.7%	32	1.3%	128	1.0%	937
2023	36,668	167	1.2%	85	1.6%	42	1.5%	149	1.0%	655

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): J45. Principal and Other Diagnoses 1-9

Asthma – Inpatient Discharges

The table below shows inpatient discharges from or with asthma among residents of Lakeside Medical Center’s service area between 2021 and 2023. Notably, the percentage of inpatient discharges increased among residents of Belle Glade, South Bay, and Clewiston, and it decreased among residents of Pahokee. Across the service area, the number of discharges in which asthma was listed as an “other diagnosis” rose from 188 in 2021 to 194 in 2023. The data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 74: Inpatient Discharges from or with Asthma, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	7	0.3%	9	0.8%	2	0.3%	3	0.1%	188
2022	6,476	10	0.4%	5	0.5%	1	0.2%	10	0.4%	174
2023	6,136	10	0.4%	7	0.7%	3	0.5%	7	0.3%	194

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): J45. Principal and Other Diagnoses 1-6

Bacterial STDs – Emergency Department Visits

The table below shows ED visits from or with bacterial STDs among residents of Lakeside Medical Center’s service area between 2021 and 2023. The percent of visits due to bacterial STDs as a principal diagnosis remained relatively stable among residents of the service area between 2021 and 2023. Notably, the number of visits listing bacterial STDs as an “other diagnosis” rose from 65 ED visits in 2021 to 83 visits in 2023.

Table 75: Emergency Department Visits from or with Bacterial STDs, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Visits	Principal Diagnosis								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	26	0.2%	8	0.2%	3	0.1%	3	0.2%	65
2022	31,723	24	0.2%	12	0.3%	4	0.2%	8	0.1%	61
2023	36,668	25	0.2%	12	0.2%	6	0.2%	7	0.0%	83

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): A50-A64. Principal and Other Diagnoses 1-9

Bacterial STDs – Inpatient Discharges

The table below shows inpatient discharges from or with bacterial STDs among residents of Lakeside Medical Center’s service area between 2021 and 2023. In this time, there were no discharges with bacterial STDs listed as the principal diagnosis among residents of Pahokee, South Bay, and Clewiston. The number of discharges with bacterial STDs listed as an “other diagnosis” slightly declined across the service area from 28 discharges in 2021 to 25 discharges in 2023. The data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 76: Inpatient Discharges from or with Bacterial STDs, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	1	0.0%	0	0.0%	0	0.0%	0	0.0%	28
2022	6,476	2	0.1%	0	0.0%	0	0.0%	0	0.0%	29
2023	6,136	1	0.0%	0	0.0%	0	0.0%	0	0.0%	25

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): A50-A64. Principal and Other Diagnoses 1-6

Congestive Heart Failure – Emergency Department Visits

The table below shows ED visits from or with congestive heart failure among residents of Lakeside Medical Center’s service area between 2021 and 2023. In 2023, the percentage of ED visits stayed at 0.0% among residents of Belle Glade, Pahokee, and South Bay. There was a slight increase to 0.1% among residents of Clewiston. Across the service area, the number of visits in which congestive heart failure was listed as an “other diagnosis” increased from 315 in 2021 to 331 in 2023. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 77: Emergency Department Visits from or with Congestive Heart Failure, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Visits	Principal Diagnosis								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	4	0.0%	2	0.0%	0	0.0%	0	0.0%	315
2022	31,723	0	0.0%	0	0.0%	0	0.0%	12	0.1%	278
2023	36,668	4	0.0%	1	0.0%	1	0.0%	14	0.1%	331

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): I50. Principal and Other Diagnoses 1-9

Congestive Heart Failure – Inpatient Discharges

The table below presents inpatient discharges from or with congestive heart failure (CHF) among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of total discharges with CHF listed as a principal diagnosis decreased among residents of Belle Glade, increased among residents of Pahokee and South Bay, and remained relatively stable among residents of Clewiston. The data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 78: Inpatient Discharges from or with Congestive Heart Failure, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	5	0.2%	0	0.0%	0	0.0%	2	0.1%	637
2022	6,476	1	0.0%	2	0.2%	0	0.0%	4	0.2%	708
2023	6,136	1	0.0%	1	0.1%	1	0.2%	2	0.1%	639

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): I50. Principal and Other Diagnoses 1-6

Coronary Heart Disease – Emergency Department Visits

The table below shows ED visits related to coronary heart disease (CHD) among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of ED visits with CHD listed as a principal diagnosis increased among residents of Belle Glade and Clewiston, while remaining stable among residents of South Bay and Pahokee. From 2021 to 2023, the number of ED visits with CHD listed as an “other diagnosis” ranged from 431 to 512. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 79: Emergency Department Visits from or with Coronary Heart Disease, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Visits	Principal Diagnosis								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	39	0.3%	25	0.6%	14	0.6%	5	0.3%	512
2022	31,723	30	0.3%	22	0.5%	14	0.5%	82	0.6%	431
2023	36,668	52	0.4%	30	0.6%	17	0.6%	59	0.4%	506

Source: Agency for Healthcare Administration (AHCA), 2023
 Notes: ICD-10-CM Code(s): I20-I25. Principal and Other Diagnoses 1-9

Coronary Heart Disease – Inpatient Discharges

The table below shows inpatient discharges from or with CHD among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of inpatient discharges with CHD listed as a principal diagnosis increased among residents of Clewiston, decreased among residents of Pahokee and South Bay, and remained relatively stable among residents of Belle Glade. The number of discharges with CHD listed as an “other diagnosis” remained consistent throughout the period. The data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 80: Inpatient Discharges from or with Coronary Heart Disease, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	60	2.2%	29	2.5%	22	3.7%	69	2.8%	557
2022	6,476	45	1.8%	20	2.1%	20	3.4%	70	3.0%	584
2023	6,136	55	2.2%	16	1.6%	11	1.9%	75	3.7%	549

Source: Agency for Healthcare Administration (AHCA), 2023
 Notes: ICD-10-CM Code(s): I20-I25. Principal and Other Diagnoses 1-6

Cancer – Emergency Department Visits

The table below shows ED visits from or with cancer among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of ED visits with cancer listed as a principal diagnosis decreased among residents of Pahokee and Belle Glade, and remained relatively stable among residents of South Bay and Clewiston. The number of discharges with cancer listed as an “other diagnosis” increased across the service area during the same period. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 81: Emergency Department Visits from or with Cancer, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Visits	Principal Diagnosis								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	32	0.3%	14	0.3%	6	0.3%	4	0.2%	183
2022	31,723	44	0.4%	8	0.2%	10	0.4%	28	0.2%	245
2023	36,668	35	0.3%	7	0.1%	10	0.4%	23	0.2%	216

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): C00-C26, C30-C41, C43-C58, C60-C96, D00-D49. Principal and Other Diagnoses 1-9

Cancer – Inpatient Discharges

The table below shows inpatient discharges from or with cancer among residents of Lakeside Medical Center’s service area between 2021 and 2023. Between 2021 and 2023, the percentage of inpatient discharges with cancer listed as a principal diagnosis increased among residents of Belle Glade, Pahokee, and South Bay, and remained relatively stable among residents of Clewiston. The number of discharges with cancer listed as an “other diagnosis” decreased across the service area during the same period. The data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 82: Inpatient Discharges from or with Cancer, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	73	2.7%	29	2.5%	9	1.5%	83	3.4%	468
2022	6,476	91	3.5%	28	2.9%	21	3.6%	85	3.6%	499
2023	6,136	97	3.9%	34	3.3%	21	3.7%	74	3.6%	432

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): C00-C26, C30-C41, C43-C58, C60-C96, D00-D49. Principal and Other Diagnoses 1-6

Diabetes – Emergency Department Visits

The table below presents diabetes-related ED visits among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of ED visits increased among residents of Belle Glade, Pahokee, and South Bay, while the percentage remained stable among residents of Clewiston. Across the service area, visits listing asthma as an “other diagnosis” fluctuated but rose overall. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 83: Emergency Department Visits from or with Diabetes, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Visits	Principal Diagnosis								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	110	1.0%	52	1.1%	67	2.9%	12	0.7%	2,549
2022	31,723	134	1.2%	70	1.6%	141	5.5%	102	0.8%	2,238
2023	36,668	171	1.3%	96	1.8%	154	5.5%	108	0.7%	3,263

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): E08-E11, E13. Principal and Other Diagnoses 1-9

Diabetes – Inpatient Discharges

The table below shows inpatient discharges from or with diabetes among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of inpatient discharges increased in Belle Glade and Pahokee, while decreases were observed among residents in South Bay and Clewiston. Across the service area, the number of inpatient discharges in which diabetes was listed as an “other diagnosis” declined. The data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 84: Inpatient Discharges from or with Diabetes, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	68	2.5%	36	3.1%	23	3.9%	62	2.5%	1,355
2022	6,476	62	2.4%	39	4.0%	14	2.4%	58	2.5%	1,158
2023	6,136	66	2.6%	43	4.2%	11	1.9%	44	2.2%	1,185

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): E08-E11, E13. Principal and Other Diagnoses 1-6

Gastroenteritis – Emergency Department Visits

The table below shows ED visits from or with gastroenteritis among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of ED visits due to gastroenteritis listed as a principal diagnosis increased slightly among residents of Belle Glade, Pahokee, South Bay and Clewiston, with the largest increased observed among residents of Clewiston. Additionally, the number of ED visits listing gastroenteritis as an “other diagnosis” increased in this time. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 85: Emergency Department Visits from or with Gastroenteritis, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Visits	Principal Diagnosis								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	73	0.6%	24	0.5%	6	0.3%	13	0.8%	31
2022	31,723	46	0.4%	25	0.6%	15	0.6%	117	0.9%	26
2023	36,668	97	0.7%	32	0.6%	15	0.5%	181	1.2%	39

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): K52. Principal and Other Diagnoses 1-9

Gastroenteritis – Inpatient Discharges

The table below shows inpatient discharges related to gastroenteritis among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over this period, the percentage of inpatient discharges decreased among residents of Belle Glade and Clewiston, while there was a slight increase among residents of Pahokee and South Bay. However, the total number remained below 15, and the number of discharges listing gastroenteritis as an “other diagnosis” declined from 31 in 2021 to 26 in 2023. The data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 86: Inpatient Discharges from or with Gastroenteritis, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	7	0.3%	3	0.3%	0	0.0%	14	0.6%	31
2022	6,476	6	0.2%	1	0.1%	1	0.2%	10	0.4%	27
2023	6,136	2	0.1%	5	0.5%	2	0.4%	9	0.4%	26

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): K52. Principal and Other Diagnoses 1-6

Kidney/Urinary Tract Infections – Emergency Department Visits

The table below shows ED visits related to kidney/urinary tract infections among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of ED visits due to kidney/urinary tract infections listed as a principal diagnosis declined among residents of Belle Glade and Clewiston, increased among residents of South Bay, and remained consistent among residents of Pahokee. The number of visits with kidney/urinary tract infections listed as an “other diagnosis” remained relatively stable across the service area. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 87: Emergency Department Visits from or with Kidney/Urinary Tract Infections, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Visits	Principal Diagnosis								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	18	0.2%	6	0.1%	0	0.0%	4	0.2%	13
2022	31,723	16	0.1%	9	0.2%	0	0.0%	12	0.1%	10
2023	36,668	15	0.1%	4	0.1%	5	0.2%	22	0.1%	12

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): N10-N12. Principal and Other Diagnoses 1-9

Kidney/Urinary Tract Infections – Inpatient Discharges

The table below presents inpatient discharges from or with kidney/urinary tract infections among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over this period, the total number of residents treated for kidney/urinary tract infections as a primary diagnosis was low. The percentage of inpatient discharges decreased among residents of Pahokee, South Bay and Clewiston, while remaining consistent among residents of Belle Glade. Similarly, the number of discharges in which asthma was listed as an “other diagnosis” declined overall between 2021 and 2023. The data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 88: Inpatient Discharges from or with Kidney/Urinary Tract Infections, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	3	0.1%	3	0.3%	1	0.2%	9	0.4%	39
2022	6,476	2	0.1%	1	0.1%	0	0.0%	5	0.2%	44
2023	6,136	2	0.1%	2	0.2%	0	0.0%	4	0.2%	36

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): N10-N12. Principal and Other Diagnoses 1-6

Stroke – Emergency Department Visits

The table below shows ED visits from or with stroke among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of ED visits due to stroke as a principal diagnosis increased in Pahokee and South Bay, remained relatively stable in Clewiston, and showed slight fluctuation in Belle Glade. Notably, the number of ED visits with stroke listed as an “other diagnosis” declined from 119 in 2021 to 97 in 2023. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 89: Emergency Department Visits from or with Stroke, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Visits	Principal Diagnosis								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	28	0.2%	7	0.2%	4	0.2%	5	0.3%	119
2022	31,723	48	0.4%	6	0.1%	10	0.4%	30	0.2%	95
2023	36,668	45	0.3%	22	0.4%	12	0.4%	37	0.2%	97

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): I60-I69. Principal and Other Diagnoses 1-9

Stroke – Inpatient Discharges

The table below shows inpatient discharges from or with stroke among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of inpatient discharges with stroke listed as a principal diagnosis increased among residents of Belle Glade and South Bay, declined among residents of Clewiston, and remained stable among residents of Pahokee at 2.9%. The number of discharges with stroke listed as an “other diagnosis” decreased slightly between 2021 and 2023. The data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 90: Inpatient Discharges from or with Stroke, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	75	2.8%	33	2.9%	9	1.5%	66	2.7%	266
2022	6,476	79	3.1%	28	2.9%	20	3.4%	72	3.1%	248
2023	6,136	103	4.1%	29	2.9%	20	3.5%	53	2.6%	248

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): I60-I69. Principal and Other Diagnoses 1-6

Alzheimer's – Emergency Department Visits

The table shows ED visits from or with Alzheimer's disease among residents of Lakeside Medical Center's service area between 2021 and 2023. Over the three-year period, the percentage of ED visits with Alzheimer's disease listed as a principal diagnosis remained relatively stable at 0.0% with total counts of four or less. However, visits with Alzheimer's listed as an "other diagnosis" increased from 26 visits in 2021 to 34 in 2023. The data reflect ED visits tied to the patient's place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 91: Emergency Department Visits from or with Alzheimer's, Count and Percent, Residents of Lakeside Medical Center's Service Area, 2021-2023

	Total Visits	Principal Diagnosis								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	0	0.0%	0	0.0%	0	0.0%	0	0.0%	26
2022	31,723	0	0.0%	0	0.0%	0	0.0%	4	0.0%	45
2023	36,669	0	0.0%	1	0.0%	0	0.0%	2	0.0%	34

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): G30. Principal and Other Diagnoses 1-9

Alzheimer's – Inpatient Discharges

The table below shows inpatient discharges from or with Alzheimer's disease among residents of Lakeside Medical Center's service area between 2021 and 2023. Over the three years, the percentage of inpatient discharges with Alzheimer's disease listed as a principal diagnosis remained relatively stable at 0.3% or less. The number of discharges attributed to Alzheimer's listed as "other diagnosis" fluctuated, ultimately decreasing from 21 discharges in 2021, to 16 in 2023. The data are based on the ZIP Code of the patient's residence, not the location of the hospital where services were received.

Table 92: Inpatient Discharges from or with Alzheimer's, Count and Percent, Residents of Lakeside Medical Center's Service Area, 2021-2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	0	0.0%	0	0.0%	0	0.0%	3	0.1%	21
2022	6,476	2	0.1%	0	0.0%	0	0.0%	7	0.3%	25
2023	6,136	0	0.0%	1	0.1%	0	0.0%	1	0.0%	16

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): E10, E11, E13. Principal and Other Diagnoses 1-6

Dementia – Emergency Department Visits

The table below presents ED visits from or with dementia among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of emergency department visits with dementia listed as the principal diagnosis remained low and relatively stable across the service area. Notably, the number of emergency department visits where dementia appeared as an “other diagnosis” increased from 106 visits in 2021 to 190 in 2022, before declining to 164 visits in 2023. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 93: Emergency Department Visits from or with Dementia, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Visits	Principal Diagnosis								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	2	0.0%	1	0.0%	1	0.0%	0	0.0%	106
2022	31,723	0	0.0%	1	0.0%	0	0.0%	0	0.0%	190
2023	36,669	1	0.0%	0	0.0%	1	0.0%	5	0.0%	164

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): F01-F03. Principal and Other Diagnoses 1-9

Dementia – Inpatient Discharges

The table below shows inpatient discharges from or with dementia among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of inpatient discharges with dementia listed as a principal diagnosis remained low and stable across the service area. However, the number of discharges with dementia listed as an “other diagnosis” increased from 112 in 2021 to 125 in 2023. The data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 94: Inpatient Discharges from or with Dementia, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	3	0.1%	0	0.0%	0	0.0%	0	0.0%	112
2022	6,476	4	0.2%	0	0.0%	0	0.0%	2	0.1%	100
2023	6,136	4	0.2%	2	0.2%	0	0.0%	2	0.1%	125

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): F01-F03. Principal and Other Diagnoses 1-6

Sepsis – Emergency Department Visits

The table below shows ED visits related to sepsis among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of ED visits with sepsis listed as a principal diagnosis declined among residents of Belle Glade and South Bay, remained stable among residents of Pahokee, and increased slightly among residents of Clewiston. Additionally, the number of emergency department visits where sepsis appeared as an “other diagnosis” steadily decreased from 40 visits in 2021 to 18 visits in 2023. The data reflect ED visits tied to the patient’s place of residence rather than the facility location, and does not include individuals treated in urgent care centers.

Table 95: Emergency Department Visits from or with Sepsis, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021-2023

	Total Visits	Principal Diagnosis								Other Diagnoses 1-9
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	20,012	30	0.3%	19	0.4%	7	0.3%	2	0.1%	40
2022	31,723	8	0.1%	11	0.3%	4	0.2%	33	0.2%	21
2023	36,669	22	0.2%	22	0.4%	5	0.2%	43	0.3%	18

Source: Agency for Healthcare Administration (AHCA), 2023

Notes: ICD-10-CM Code(s): A40 - A41. Principal and Other Diagnoses 1-9

Sepsis – Inpatient Discharges

The table below shows inpatient discharges from or with sepsis among residents of Lakeside Medical Center’s service area between 2021 and 2023. Over the three-year period, the percentage of inpatient discharges with sepsis listed as a principal diagnosis decreased among residents of Belle Glade, Pahokee, Clewiston, while increasing among residents of South Bay. Additionally, the number of discharges with sepsis listed as an “other diagnosis” also decreased over the three years, from 195 discharges in 2021 to 147 discharges in 2023. The data are based on the ZIP Code of the patient’s residence, not the location of the hospital where services were received.

Table 96: Inpatient Discharges from or with Sepsis, Count and Percent, Residents of Lakeside Medical Center’s Service Area, 2021 - 2023

	Total Discharges	Principal Diagnosis								Other Diagnoses 1-6
		Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	
2021	6,855	208	7.8%	97	8.5%	43	7.4%	168	7.0%	195
2022	6,476	167	6.6%	81	8.4%	38	6.6%	152	6.6%	160
2023	6,136	171	6.9%	73	7.3%	50	8.8%	121	6.0%	147

Source: Agency for Healthcare Administration (AHCA), 2021 - 2023

Notes: ICD-10-CM Code(s): A40 - A41. Principal and Other Diagnoses 1 - 6

Mortality

Mortality refers to the incidence of death within a population and is a key indicator used to assess overall health status and identify the leading causes of premature death in a community.⁹ This section presents mortality data for residents of Lakeside Medical Center's Service Area, using information from the Florida Department of Health's Division of Public Health Statistics and Performance Management. The analysis includes the top 10 leading causes of death by ZIP Code based on 2023 counts and percentages, providing a snapshot of the most common conditions contributing to loss of life among residents of Lakeside Medical Center's service area. To complement this point-in-time view, the section also examines trends in death rates for selected chronic and age-related conditions, including but not limited to Alzheimer's disease, diabetes, cancer, stroke, chronic respiratory illnesses, and cardiovascular diseases, from 2021 to 2023. Together, these data offer valuable insights into both current and evolving patterns in mortality and can help inform targeted efforts to reduce preventable deaths in the community.

⁹ Basaraba, S. (2024, October 3). Morbidity vs. Mortality: What's the Difference? Verywell Health. <https://www.verywellhealth.com/what-is-morbidity-2223380>

2023 Leading Causes of Death

Leading Causes of Death – Belle Glade

The table below presents the top 10 leading causes of death among residents of Belle Glade, Palm Beach County, and Florida in 2023. In 2023, there were a total of 153 reported deaths among the residents of Belle Glade, consisting of 19 distinct causes. In 2023, heart disease was the leading cause of death across all three geographies, accounting for 24.2% of deaths among residents of Belle Glade and Palm Beach County, compared to 21.4% of deaths statewide. Notably, in 2023, the percentage of deaths due to unintentional injuries, diabetes, and homicide in Belle Glade were higher than Palm Beach County and Florida; however, it is important to note that the total counts of deaths due to these causes were low.

Table 97: Leading Causes of Death, Count and Percent, Belle Glade (33430), Palm Beach County, and Florida, 2023

	Belle Glade (33430)		Palm Beach County		Florida	
	Count	Percent	Count	Percent	Count	Percent
All Causes	153	100.0%	16,011	100.0%	229,045	100.0%
1. Heart Disease (I00-I09, I11, I13, I20-I51)	37	24.2%	3,866	24.2%	48,961	21.4%
2. Malignant Neoplasm (Cancer) (C00-C97)	29	19.0%	3,271	20.4%	47,088	20.6%
3. Other Causes of Death	17	11.1%	--	--	--	--
4. Unintentional Injury (V01-X59, Y85-Y86)	15	9.8%	1,144	7.2%	16,435	7.2%
5. Cerebrovascular Diseases (I60-I69)	14	9.2%	1,630	10.2%	16,485	7.2%
6. Diabetes Mellitus (E10-E14)	10	6.5%	395	2.5%	7,288	3.2%
7. Homicide (U01-U02, X85-Y09, Y87.1)	6	3.9%	74	0.5%	1,336	0.6%
8. Alzheimer's Disease (G30)	4	2.6%	306	1.9%	5,974	2.6%
9. Nephritis, Nephrotic Syndrome and Nephrosis (N00-N07, N17-N19, N25-N27)	3	2.0%	217	1.4%	3,482	1.5%
10. Suicide (U03, X60-X84, Y87.0)	3	2.0%	223	1.4%	3,558	1.6%

Source: Florida Health CHARTs, Florida Department of Health, Division of Public Health Statistics and Performance Management, 2023

Leading Causes of Death – Pahokee

The table below presents the top 10 leading causes of death for Pahokee (ZIP 33476), Palm Beach County and Florida in 2023. In 2023, there were a total of 71 reported deaths among the residents of Pahokee, encompassing 18 distinct causes. In 2023, all cancers (21.2%) accounted for the largest percent of death among residents of Pahokee, greater than the percent of deaths from cancer across Palm Beach County (20.4%) and Florida (20.6%). Additionally, in 2023, unintentional injuries, diabetes, and septicemia accounted for a higher percent of deaths among residents of Pahokee compared to Palm Beach County and Florida; however, it is important to note that the total counts of deaths due to these causes were low.

Table 98: Leading Causes of Death, Count and Percent, Pahokee (33476), Palm Beach County, and Florida, 2023

	Pahokee (33476)		Palm Beach County		Florida	
	Count	Percent	Count	Percent	Count	Percent
All Causes	71	100.0%	16,011	100.0%	229,045	100.0%
1. Malignant Neoplasm (Cancer) (C00-C97)	15	21.1%	3,271	20.4%	47,088	20.6%
2. Heart Diseases (I00-I09, I11, I13, I20-I51)	14	19.7%	3,866	24.2%	48,961	21.4%
3. Unintentional Injury (V01-X59, Y85-Y86)	9	12.7%	1,144	7.2%	16,435	7.2%
4. Cerebrovascular Diseases (I60-I69)	7	9.9%	1,630	10.2%	16,485	7.2%
5. Other Causes of Death	5	7.0%	--	--	--	--
6. Diabetes Mellitus (E10-E14)	5	7.0%	395	2.5%	7,288	3.2%
7. Septicemia (A40-A41)	3	4.2%	138	0.9%	2,666	1.2%
8. Homicide (U01-U02, X85-Y09, Y87.1)	2	2.8%	74	0.5%	1,336	0.6%
9. Chronic Liver Disease and Cirrhosis (K70, K73-K74)	2	2.8%	191	1.2%	3,529	1.5%
10. Alzheimer's Disease (G30)	1	1.4%	306	1.9%	5,974	2.6%

Source: Florida Health CHARTs, Florida Department of Health, Division of Public Health Statistics and Performance Management, 2023

Leading Causes of Death – South Bay

The table below presents the top nine leading causes of death for South Bay, Palm Beach County, and Florida in 2023. In 2023, there were a total of 31 reported deaths among the residents of South Bay, encompassing nine distinct causes. In 2023, all cancers accounted for the largest percent of death among residents of South Bay, while heart disease accounted for the largest percent of deaths across Palm Beach County and Florida. Additionally, in 2023, cerebrovascular diseases, homicides, and chronic lower respiratory diseases accounted for a higher percent of deaths among residents of South Bay compared to Palm Beach County and Florida; however, it is important to note that the total counts of deaths due to these causes were less than five and should be interpreted with caution.

Table 99: Leading Causes of Death, Count and Percent, South Bay (33493), Palm Beach County, and Florida, 2023

	South Bay (33493)		Palm Beach County		Florida	
	Count	Percent	Count	Percent	Count	Percent
All Causes	31	100.0%	16,011	100.0%	229,045	100.0%
1. Malignant Neoplasm (Cancer) (C00-C97)	10	32.3%	3,271	20.4%	47,088	20.6%
2. Heart Diseases (I00-I09, I11, I13, I20-I51)	6	19.4%	3,866	24.2%	48,961	21.4%
3. Cerebrovascular Diseases (I60-I69)	4	12.9%	1,630	10.2%	16,485	7.2%
4. Other Causes of Death	4	12.9%	--	--	--	--
5. Homicide (U01-U02, X85-Y09, Y87.1)	2	6.5%	74	0.5%	1,336	0.6%
6. Chronic Lower Respiratory Diseases (J40-J47)	2	6.5%	591	3.7%	11,214	4.9%
7. Unintentional Injury (V01-X59, Y85-Y86)	1	3.2%	1,144	7.2%	16,435	7.2%
8. Diabetes Mellitus (E10-E14)	1	3.2%	395	2.5%	7,288	3.2%
9. Influenza and Pneumonia (J09-J18)	1	3.2%	177	1.1%	2,864	1.3%

Source: Florida Health CHARTs, Florida Department of Health, Division of Public Health Statistics and Performance Management, 2023

Leading Causes of Death – Clewiston

The table below presents the top 10 leading causes of death for Clewiston, Palm Beach County, and Florida in 2023. In 2023, there were a total of 167 reported deaths among the residents of Clewiston consisting of 21 distinct causes. In 2023, heart disease was the leading cause of death across all three geographies, accounting for 24.0% of deaths among residents of Clewiston, 24.2% in Palm Beach County, and 21.4% of deaths statewide. Notably, in 2023, the percent of deaths from any of the categories, with the exception of unintentional injury, was higher in Clewiston compared to Palm Beach County and Florida.

Table 100: Leading Causes of Death, Count and Percent, Clewiston (33440), Palm Beach County, and Florida, 2023

	Clewiston (33440)		Palm Beach County		Florida	
	Count	Percent	Count	Percent	Count	Percent
All Causes	167	100.0%	16,011	100.0%	229,045	100.0%
1. Heart Diseases (I00-I09, I11, I13, I20-I51)	40	24.0%	3,866	24.2%	48,961	21.4%
2. Malignant Neoplasm (Cancer) (C00-C97)	37	22.2%	3,271	20.4%	47,088	20.6%
3. Other Causes of Death	16	9.6%	--	--	--	--
4. Chronic Lower Respiratory Diseases (J40-J47)	13	7.8%	591	3.7%	11,214	4.9%
5. Unintentional Injury (V01-X59, Y85-Y86)	11	6.6%	1,144	7.2%	16,435	7.2%
6. Cerebrovascular Diseases (I60-I69)	9	5.4%	1,630	10.2%	16,485	7.2%
7. Diabetes Mellitus (E10-E14)	7	4.2%	395	2.5%	7,288	3.2%
8. Alzheimer's Disease (G30)	7	4.2%	306	1.9%	5,974	2.6%
9. Essential Hypertension and Hypertensive Renal Disease (I10, I12, I15)	5	3.0%	197	1.2%	3,478	1.5%
10. Nephritis, Nephrotic Syndrome and Nephrosis (N00-N07, N17-N19, N25-N27)	4	2.4%	217	1.4%	3,482	1.5%

Source: Florida Health CHARTs, Florida Department of Health, Division of Public Health Statistics and Performance Management, 2023

2021-2023 Deaths by Cause

Alzheimer's Disease Deaths

The table below presents deaths attributed to Alzheimer's disease for residents of Lakeside Medical Center's service area, Palm Beach County and Florida between 2021 and 2023. During this period, the percentage of Alzheimer's disease-related deaths increased among residents of Belle Glade, Pahokee and Clewiston. Notably, there were no reported deaths due to Alzheimer's among residents of South Bay during this period. In 2023, the percentage of deaths among residents of Belle Glade and Clewiston were higher than that of Palm Beach County, while percentages in Pahokee and South Bay remained below the county and state averages.

Table 101: Alzheimer's Disease Deaths, Count and Percent, Lakeside Medical Center's Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
2021	1	0.5%	0	0.0%	0	0.0%	6	2.5%	297	1.7%	6,707	2.6%
2022	1	0.6%	0	0.0%	0	0.0%	3	1.8%	295	1.8%	6,397	2.7%
2023	4	2.6%	1	1.4%	0	0.0%	7	4.2%	306	1.9%	5,974	2.6%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Notes: ICD-10-CM Code(s): G30

Respiratory Disease Deaths

The table below displays deaths due to respiratory disease for Lakeside Medical Center’s service area, Palm Beach County, and Florida from 2021 to 2023. Respiratory disease includes conditions such as COPD, pneumonia, asthma, lung diseases, sleep-disordered breathing and pulmonary hypertension.¹⁰ Over the three-year period, the percentage of respiratory disease-related deaths increased among residents of South Bay and Clewiston. In 2023, the percentage of deaths among residents in South Bay and Clewiston were higher than that of Palm Beach County and Florida. Conversely, the percentage of deaths in Belle Glade declined from 5.6% in 2021 to 2.6% in 2023 and in Pahokee, from 3.8% to 1.4%, which were lower than the county and state averages.

Table 102: Respiratory Disease Deaths, Count and Percent, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
2021	12	5.6%	4	3.8%	3	7.5%	14	5.8%	1,002	5.7%	17,950	6.9%
2022	5	3.0%	4	4.7%	0	0.0%	16	9.6%	999	6.1%	18,294	7.7%
2023	4	2.6%	1	1.4%	4	12.9%	17	10.2%	1,037	6.6%	18,262	8.0%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Notes: ICD-10-CM Code(s): J00-J99

Cardiovascular Disease Deaths

The table below presents deaths attributed to cardiovascular disease for Lakeside Medical Center’s service area, Palm Beach County, and Florida between 2021 and 2023. Over this period, the percentage of cardiovascular disease-related deaths increased across the service area, the county and the state. In 2023, the percentage of cardiovascular disease deaths was higher among residents of Belle Glade (37.3%), South Bay (32.3%), and Clewiston (33.5%) than in the state overall (31.0%), while Pahokee and Florida both reported rates of 31.0%. Overall, the percentage of deaths in Palm Beach County exceeded that of the state, Pahokee, South Bay and Clewiston throughout all three years.

Table 103: Cardiovascular Disease Deaths, Count and Percent, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
2021	59	27.4%	24	23.1%	11	27.5%	54	22.2%	5,739	32.5%	71,272	27.3%
2022	65	39.2%	27	31.8%	13	32.5%	43	25.9%	5,862	35.7%	71,787	30.0%
2023	57	37.3%	22	31.0%	10	32.3%	56	33.5%	5,823	36.8%	71,075	31.0%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Notes: ICD-10-CM Code(s): I00-I99

¹⁰ Levine, S. M., & Marciniuk, D. D. (2022). Global Impact of Respiratory Disease: What Can We Do, Together, to Make a Difference? *Chest*, 161(5), 1153–1154. <https://doi.org/10.1016/j.chest.2022.01.014>

Stroke Deaths

The table below displays stroke-related deaths for Lakeside Medical Center’s service area, Palm Beach County, and Florida between 2021 and 2023. Over the three-year period, the percentage of deaths attributed to stroke increased across the service area, Palm Beach County and the state of Florida. In 2023, the percentage of deaths among residents of Belle Glade, Pahokee and South Bay were higher than that of the state. Conversely, the percentage of stroke-related deaths among residents in Clewiston remained consistently lower than that of the county and state.

Table 104: Stroke Deaths, Count and Percent, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
2021	17	7.9%	5	4.8%	3	7.5%	11	4.5%	1,289	7.3%	15,567	6.0%
2022	18	10.8%	4	4.7%	3	7.5%	8	4.8%	1,519	9.3%	16,372	6.9%
2023	14	9.2%	7	9.9%	4	12.9%	9	5.4%	1,630	10.3%	16,485	7.2%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Notes: ICD-10-CM Code(s): I60-I69

Cancer Deaths

The table below presents cancer-related deaths for Lakeside Medical Center’s service area, Palm Beach County, and Florida between 2021 and 2023. Over this three-year period, the percentage of deaths attributed to cancer increased across the service area, the county and state. In 2023, the percentage of cancer-related deaths among residents of Pahokee, South Bay, and Clewiston were higher than those of Palm Beach County and Florida, while the reported percentage of deaths for Belle Glade remained lower than the county and state level.

Table 105: Cancer Deaths, Count and Percent, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
2021	34	15.8%	10	9.6%	3	7.5%	42	17.3%	3,323	18.8%	46,889	17.9%
2022	29	17.5%	14	16.5%	5	12.5%	30	18.1%	3,198	19.5%	46,978	19.7%
2023	29	19.0%	15	21.1%	10	32.3%	37	22.2%	3,271	20.7%	47,088	20.6%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Notes: ICD-10-CM Code(s): C00-C97

Diabetes Deaths

The table below displays diabetes-related deaths for Lakeside Medical Center’s service area, Palm Beach County, and Florida between 2021 and 2023. During this time, the percentage of diabetes-related deaths increased in Belle Glade and South Bay, while declining among residents in Pahokee and Clewiston. Despite these shifts, the service area consistently reported higher percentages of diabetes-related deaths than both Palm Beach County and Florida overall.

Table 106: Diabetes Deaths, Count and Percent, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
2021	11	5.1%	10	9.6%	1	2.5%	12	4.9%	465	2.6%	8,032	3.1%
2022	4	2.4%	7	8.2%	6	15.0%	7	4.2%	450	2.7%	7,550	3.2%
2023	10	6.5%	5	7.0%	1	3.2%	7	4.2%	411	2.6%	7,288	3.2%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Notes: ICD-10-CM Code(s): E10-E14

Unintentional Injury Deaths

The table below displays deaths due to unintentional injury for Lakeside Medical Center’s service area, Palm Beach County, and Florida between 2021 and 2023. Between 2021 and 2022, the percentage of deaths due to unintentional injury increased across the service area, then fluctuated in 2023. The percentage of deaths among residents of Belle Glade (9.8%) and Pahokee (12.7%) in 2023 remained higher than the county (7.2%) and state (7.2%) averages. Conversely, the percentage in Clewiston and South Bay fell to 6.6% and 3.2%, respectively, which was lower than Palm Beach County and Florida.

Table 107: Unintentional Injury Deaths, Count and Percent, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
2021	13	6.0%	5	4.8%	0	0.0%	22	9.1%	1,223	6.9%	17,654	6.8%
2022	18	10.8%	10	11.8%	2	5.0%	18	10.8%	1,178	7.2%	17,123	7.2%
2023	15	9.8%	9	12.7%	1	3.2%	11	6.6%	1,144	7.2%	16,435	7.2%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Notes: ICD-10-CM Code(s): V01-X59, Y85-Y86

Firearm Discharge Deaths

The table below presents deaths due to firearm discharge for Lakeside Medical Center’s service area, Palm Beach County, and Florida between 2021 and 2023. In Clewiston, the percentage of deaths attributed to firearm discharge was consistently higher than the county and state. There were few to no firearm-related deaths in Belle Glade, Pahokee and South Bay, with percentages lower than those in Palm Beach County and Florida.

Table 108: Deaths due to Firearm Discharge, Count and Percent, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
2021	1	0.5%	0	0.0%	0	0.0%	4	1.6%	110	0.6%	1,964	0.8%
2022	0	0.0%	1	1.2%	0	0.0%	3	1.8%	116	0.7%	2,031	0.8%
2023	1	0.7%	0	0.0%	0	0.0%	2	1.2%	120	0.8%	2,116	0.9%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Notes: ICD-10-CM Code(s): W32-W34, X72-X74, Y22-Y24

Homicide Deaths

The table below presents deaths due to homicide in Lakeside Medical Center’s service area, Palm Beach County, and Florida from 2021 to 2023. While the percentage of homicide deaths remained consistent at the county and state levels between 2021 and 2023, there was an overall increase in the percentage of deaths due to homicide in Belle Glade, Pahokee and South Bay. In Pahokee, the percentage increased from 1.9% in 2021 to 2.8% in 2023, from 1.9% to 3.9% in Belle Glade, and 0.0% to 6.5% in South Bay. In 2023, the percentage of deaths due to homicide among residents of Belle Glade, Pahokee and South Bay exceeded county and state levels, whereas the percentage among residents of Clewiston (0.0%) remained lower than the county and state.

Table 109: Homicide Deaths, Count and Percent, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
2021	4	1.9%	2	1.9%	0	0.0%	1	0.4%	100	0.6%	1,462	0.6%
2022	6	3.6%	3	3.5%	2	5.0%	2	1.2%	94	0.6%	1,472	0.6%
2023	6	3.9%	2	2.8%	2	6.5%	0	0.0%	74	0.5%	1,336	0.6%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Notes: ICD-10-CM Code(s): U01-U02, X85-Y09, Y87.1

Drug Poisoning Deaths

The table below displays deaths due to drug poisoning for Lakeside Medical Center’s service area, Palm Beach County and Florida between 2021 and 2023. At the county and state levels, the percentage of drug poisoning remained relatively stable over the three years. In contrast, drug poisoning deaths in the service area increased slightly over time, particularly in Pahokee and Clewiston. In 2023, the percentages of deaths due to drug poisoning among residents of Pahokee (4.2%) and Clewiston (4.8%) were higher than Palm Beach County (3.0%) and Florida (3.0%), whereas the percentages for residents in Belle Glade (0.7%) and South Bay (0.0%) were lower than the county and state.

Table 110: Drug Poisoning Deaths, Count and Percent, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2021-2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
2021	0	0.0%	1	1.0%	0	0.0%	9	3.7%	555	3.1%	7,713	3.0%
2022	1	0.6%	4	4.7%	1	2.5%	6	3.6%	491	3.0%	7,548	3.2%
2023	1	0.7%	3	4.2%	0	0.0%	8	4.8%	478	3.0%	6,828	3.0%

Source: Florida Health CHARTs, Florida Department of Health, Bureau of Vital Statistics, 2023

Notes: ICD-10-CM Code(s): X40-X44, X60-X64, Y10-Y14

Health Resources Availability and Access Profile

Factors related to health resources availability and access are vital indicators of a community’s ability to access and maintain health care, which play an important role in overall health outcomes. Notably, access to health services improves overall health, helps prevent and manage illness, and lowers the risk of death or disability.¹¹ Barriers to access may include high healthcare costs, lack of insurance coverage, and limited availability of services, particularly in geographically isolated areas.¹² This section highlights key indicators of health resource availability and access in the Lakeside Medical Center service area, including health insurance coverage, licensed healthcare facilities, Health Professional Shortage Areas (HPSAs), Medically Underserved Areas and Populations (MUA/Ps), as well as the availability of Federally Qualified Health Centers (FQHCs) and Look-Alike facilities. Together, these topic areas provide an indication of the health service landscape in Lakeside Medical Center’s service area.

Health Insurance

Uninsured Population

The table shows the uninsured population in Lakeside Medical Center’s service area, Palm Beach County, and Florida in 2023. Overall, the percentage of uninsured individuals was higher in the service area compared to both the county and state of Florida. Notably, the percentage of uninsured individuals in Belle Glade (23.0%) and South Bay (20.1%) were nearly twice the percentage of those in Florida (11.9%).

Table 111: Uninsured Population, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center Service Areas				Palm Beach County	Florida
	Belle Glade (33430)	Pahokee (33476)	South Bay (33493)	Clewiston (33440)		
Civilian noninstitutionalized population	19,205	6,698	2,724	20,962	1,493,156	21,591,588
Total Uninsured Population	4,426	1,076	547	3,912	196,856	2,569,710
Percent Uninsured Population	23.0%	16.1%	20.1%	18.7%	13.2%	11.9%

Source: U.S Census Bureau, American Community Survey, S2701, 5-Year Estimate, 2023

¹¹ 2021 National Healthcare Quality and Disparities Report [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2021 Dec. ACCESS TO HEALTHCARE AND DISPARITIES IN ACCESS. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK578537/>

¹² Access to Health Services Workgroup - Healthy People 2030 | odphp.health.gov. (n.d.-b). <https://odphp.health.gov/healthypeople/about/workgroups/access-health-services-workgroup>

Uninsured Population by Age

The table below presents the uninsured population by age group for Lakeside Medical Center’s service area, Palm Beach County and Florida in 2023. In 2023, the percentage of uninsured individuals in the Lakeside Medical Center service area was generally higher than in Palm Beach County and Florida across most age groups. The highest percentages were seen among adults aged 26 to 34 in Belle Glade (40.9%) and South Bay (45.1%), and among adults aged 35 to 44 in Pahokee (46.4%). Clewiston’s highest rate occurred in the 19 to 25 age group (37.4%). In contrast, the lowest percentages were found among residents aged 65 to 74 and those 75 years and older, with some ZIP codes, such as Pahokee and South Bay, reporting no uninsured individuals in the oldest age group.

Table 112: Uninsured Population, by Age, Lakeside Medical Center’s Service Area, Palm Beach County, and Florida, 2023

	Lakeside Medical Center Service Area								Palm Beach County		Florida	
	Belle Glade (33430)		Pahokee (33476)		South Bay (33493)		Clewiston (33440)		Count	Percent	Count	Percent
	Count	Percent	Count	Percent	Count	Percent	Count	Percent				
Civilian noninstitutionalized population	19,205	100.0%	6,698	100.0%	2,724	100.0%	20,962	100.0%	1,493,156	100.0%	21,591,588	100.0%
Age												
Under 6 years	336	13.9%	60	8.3%	51	23.5%	34	1.8%	6,565	7.3%	76,880	5.7%
6 to 18 years	566	17.0%	205	14.2%	49	7.9%	590	15.7%	22,944	10.8%	261,036	8.1%
19 to 25 years	407	31.8%	92	15.2%	35	28.2%	798	37.4%	27,418	24.6%	351,657	20.2%
26 to 34 years	1,102	40.9%	104	14.6%	219	45.1%	652	30.8%	39,470	25.6%	545,940	22.4%
35 to 44 years	731	37.3%	331	46.4%	82	22.5%	879	33.4%	39,549	22.5%	499,800	18.7%
45 to 54 years	791	29.9%	157	20.4%	18	5.3%	679	22.8%	32,201	17.5%	425,769	15.8%
55 to 64 years	389	19.4%	113	16.7%	93	38.6%	251	9.5%	24,863	12.3%	359,518	12.2%
65 to 74 years	88	5.1%	14	2.1%	0	0.0%	29	1.7%	2,564	1.4%	34,810	1.4%
75 years and older	16	1.4%	0	0.0%	0	0.0%	0	0.0%	1,282	0.7%	14,300	0.7%

Source: U.S Census Bureau, American Community Survey, S2701, 5-Year Estimate, 2023

Licensed Facility Overview

Hospitals

The table below lists the licensed hospitals located within Lakeside Medical Center’s service area as of July 2025: Lakeside Medical Center in Belle Glade and Hendry Regional Medical Center in Clewiston. Together, the two hospitals offered a total of 95 beds and are both not-for-profit institutions.

Table 113: Licensed Hospitals, Lakeside Medical Center’s Service Area, as of July 23, 2025

Name	City	Licensed Beds	Profit Status
Lakeside Medical Center	Belle Glade	70	Not-For-Profit
Hendry Regional Medical Center	Clewiston	25	Not-For-Profit

Source: Agency for Health Care Administration, 2025

Nursing Homes

The table below lists the licensed nursing homes within Lakeside Medical Center’s service area as of July 2025. In July 2025, two nursing homes served the Lakeside Medical Center’s service area, providing a combined total of 275 licensed beds. Glades Health Center in Pahokee operated as a not-for-profit facility with 120 beds. Vivo Healthcare Clewiston, based in Clewiston, a for-profit facility, offered 155 beds.

Table 114: Licensed Nursing Homes, Lakeside Medical Center’s Service Area, as of July 23, 2025

Name	Street City	Licensed Beds	Profit Status
Glades Health Center	Pahokee	120	Not-For-Profit
Vivo Healthcare Clewiston	Clewiston	155	For-Profit

Source: Agency for Health Care Administration, 2025

Health Professional Shortage Areas (HPSA)

Health Professional Shortage Area (HPSA) designations represent a shortage of primary care, dental, or mental health providers in a specific geographic area or among a specific population.¹³ HPSA designations are determined using a scoring system for each specialty. The three scoring components that remain across all disciplines include: population to provider ratio, percent of population below 100% of the federal poverty level, and travel time to the nearest source of care (NSC) outside the HPSA designation area.¹⁴¹⁵

Primary Care

The table below shows the primary care HPSA in the Lakeside Medical Center’s service area. As of July 2025, the service area contained one designated primary care HPSA, the Low-Income Migrant Farmworker Population in Belle Glade/Pahokee. This HPSA received a score of 16 on a scale of 0 to 25; higher scores indicate greater need. Scores are based on four factors: the population-to-provider ratio, percentage of the population living below 100% of the federal poverty level, infant health indicators (such as infant mortality or low birth rates), and travel time to the nearest source of care outside the HPSA area.

Table 115: Primary Care Health Professional Shortage Area (HPSA), Lakeside Medical Center’s Service Area, as of July 23, 2025

HPSA Name	ID	Type	Score
Low Income Migrant Farmworker Population- Belle Glade/Pahokee	1125137609	Low Income Migrant Farmworker Population HPSA	16

Source: Health Resources and Services Administration, 2025

Dental Care

The table below displays the dental health HPSA in Lakeside Medical Center’s service area as of July 2025. During this time, the service area had one designated dental health HPSA, which was the Low-Income Population in Belle Glade. This HPSA received a score of 23 on a scale of 0 to 26, which indicated a high level of need. The score is determined by factors including the population-to-provider ratio, percentage of the population living below 100% of the federal poverty level, water fluoridation status, and travel time to the nearest source of care outside the HPSA area.

Table 116: Dental Health Professional Shortage Area (HPSA), Lakeside Medical Center’s Service Area, as of July 23, 2025

HPSA Name	ID	Type	Score
Low Income- Belle Glade	6128922241	Low Income Population HPSA	23

Source: Health Resources and Services Administration, 2025

¹³ Bureau of Health Workforce. (2023, June 1). *What is shortage designation?* Retrieved from <https://bhwh.hrsa.gov/workforce-shortage-areas/shortage-designation>

¹⁴ KFF. (2025, February 4). *Primary Care Health Professional Shortage Areas (HPSAs)* Retrieved from <https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/>

¹⁵ Bureau of Health Workforce. (2023, June 1). *What is shortage designation?* Retrieved from <https://bhwh.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring>

Mental Health

The table below presents the mental health HPSA in Lakeside Medical Center’s service area. As of July 2025, the service area had one designated mental health HPSA, which was the Low-Income Population within the Southeast Florida Behavioral Health Network-Circuit Area 15. This HPSA received a score of 16 on a scale of 0 to 25, with higher scores indicating greater need. The score is based on factors such as the population-to-provider ratio, percentage of the population living below 100% of the federal poverty level, ratios of elderly and youth populations, prevalence of alcohol and substance abuse, and travel time to the nearest source of care outside the HPSA area.¹⁶

Table 117: Mental Health Professional Shortage Area (HPSA), Lakeside Medical Center’s Service Area, as of July 2025

HPSA Name	ID	Type	Score
Low Income- Southeast Florida Behavioral Health Network-Circuit Area 15	7127699663	Low Income Population HPSA	16

Source: Health Resources and Services Administration, 2025

Medically Underserved Areas and Populations (MUA/P)

Medically Underserved Areas and Populations are defined as geographic areas or specific populations that experience limited access to healthcare services. This designation is determined using the Index of Medical Underservice (IMU), which scores areas from 0 to 100 based on the provider per 1,000 population ratio, percent of the population at 100% of the federal poverty level, percentage of residents 65 years and over, and infant mortality rate. Areas or populations with an IMU score of 62 or below qualify for designation as an MUA/P.¹⁷ Such areas are typically characterized by a large elderly population, high infant mortality rate, high level of poverty, or a shortage of primary care providers.¹⁸ Barriers to healthcare may be cultural differences, financial constraints or language.¹⁹ Identifying medically underserved populations is essential for assessing healthcare gaps and improving health outcomes.

The table below presents the MUA/P in Lakeside Medical Center’s service area. As of July 2025, the Low Income/Migrant Farmworkers population in Belle Glade and Pahokee was designated a Medically Underserved Population, based on an IMU score of 53.6.

Table 118: Medically Underserved Populations and Areas, Lakeside Medical Center’s Service Area, as of July 23, 2025

Name	ID	Type	Designation Date	Update Date	IMU Score
Low Income/Migrant Farmworkers- Belle Glade/ Pahokee	07531	MUP Low Income	05/11/1994	03/23/2006	53.6

Source: Health Resources and Services Administration, 2025

¹⁶ Bureau of Health Workforce. (2022, December 1). *Scoring shortage designations*. Retrieved from <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring>

¹⁷ Bureau of Health Workforce. (2022, December 1). *Scoring shortage designations*. Retrieved from <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring>

¹⁸ Definitive Healthcare. (n.d.). *Definition of medically underserved populations*. Retrieved July 22, 2025, from <https://www.definitivehc.com/resources/glossary/medically-underserved-population>

¹⁹ Karp, J., Chung, C., Bhagwanani, A., & Sailer, A. (2023). Helping Medically Underserved Populations: Guide for U.S. radiology trainees to get involved at home. *Radiographics*, 44(1). <https://doi.org/10.1148/rg.230119>

Federally Qualified Health Centers, Federally Qualified Health Center Look-Alikes

Federally Qualified Health Centers (FQHCs) are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in areas with limited resources. Centers must meet a strict set of requirements, including providing care on a sliding fee scale based on ability to pay and operate under a governing board that includes patients. FQHC Look-Alikes are community-based health care providers that meet the requirements of the HRSA Health Center Program, but do not receive Health Center Program funding. These centers provide primary care services in underserved areas, provide care on a sliding fee scale based on ability to pay and operate under a governing board that includes patients. The table below shows the FQHCs and Look-Alikes in Lakeside Medical Center’s service area. As of July 2025, there were a total of four FQHC and look-alikes operating within the service area.

Table 119: Federally Qualified Health Centers (FQHC) and Look-Alikes, Lakeside Medical Center’s Service Area, as of July 23, 2025

Site Name	Street Address	City	Site Designation	Web Address
Health Care District of Palm Beach County Community Health Center- Belle Glade	39200 Hooker Hwy, STE 101	Belle Glade	FQHC	https://www.hcdpbc.org/for-patients/primary-care-clinics
FoundCare Belle Glade	1500 NW Ave L	Belle Glade	FQHC	https://foundcare.org/
Florida Community Health Centers, Inc. – Belle Glade	941 SE 1 st St	Belle Glade	FQHC	https://www.fhcinc.org/locations/belle-glade/
Florida Community Health Centers, Inc – Clewiston	315 W C Owen Ave	Clewiston	FQHC	https://www.fhcinc.org/locations/clewiston/
Florida Community Health Centers, Inc. – Mobile Unit 2	315 S W C Owen Ave	Clewiston	FQHC	https://www.fhcinc.org/

Source: Health Resources and Services Administration, 2025

Community Perspective

The Health Council of Southeast Florida (HCSEF) conducted community conversations and key informant interviews to gain additional insight into the needs and opinions of the community members and leaders. Ultimately, eight key informants and 237 residents participated in the primary qualitative data collection efforts between May and June 2025. The following section highlights the methodology and themed key findings from these sessions.

Community Conversations

Methodology

As a fundamental piece of the Community Health Needs Assessment process, HCSEF conducted 15 community conversation sessions with 237 participants to glean resident insight and feedback on health in Lakeside Medical Center’s primary and secondary service areas. To guide conversations with resident groups, HCSEF developed a standardized tool, including an introductory script that described the process, and a set of questions to facilitate the conversation. The open-ended questions were carefully designed to encourage discussion around health in the community to glean resident perspective based on lived experience. Throughout the conversations, residents were encouraged to share their perspectives and ideas to foster healthy living in the community.

Each session lasted approximately 60-90 minutes, and sessions were offered in English, Spanish, and Haitian-Creole. When possible, the sessions were conducted in collaboration with trusted, local community partners to ensure accessibility, and to reach specific priority populations such as uninsured and underinsured individuals, lower-income households, families, those with limited English proficiency, seniors, and those living in Lakeside Medical Center’s service areas. Participants were given a gift card as a token of appreciation for their insight and participation, and light refreshments were provided. In order to ensure openness and encourage participation, residents were reminded that all sessions would remain confidential. HCSEF staff maintained detailed notes and recordings of the conversations, and later used that qualitative data collected to analyze key themes from the aggregated discussions.

The table below provides information from the community conversation sessions.

Table 120: Session Date, Site, Number of Participants, and Language

Session Date	Session Site	Number of Participants	Session Language
05/07/2025	Pahokee Housing Authority	43	English
05/13/2025	Harlem Gardens	17	English
05/14/2025	LSF Head Start	15	English, Spanish, and Haitian Creole
05/14/2025	Mount Calvary Baptist Church	33	English
05/20/2025	P.A.T.C.H.	6	English
05/21/2025	Faith-Based Health Educators Group	7	English
05/27/2025	Chair Yoga Group	9	English
05/30/2025	Glades Initiative	23	English and Spanish
06/05/2025	Farmworkers Coordinating Council	64	English, Spanish, and Haitian Creole
06/05/2025	BRIDGES at Belle Glade	20	Haitian Creole

IMPORTANT NOTE: With the exception of specific instances, the information in this section (i.e. issues, barriers, opportunities, and suggestions) were not specific to Lakeside Medical Center, but rather represented general sentiments around the systems of health care.

Table 121: Personal Definitions of Health

Question #1: What does ‘health’ mean to you?

When discussing their perceptions of health, participants emphasized a holistic view that encompassed physical, mental, and emotional well-being, access to care within the community, and the importance of the built environment in shaping overall health outcomes.

Holistic

- Participants emphasized that good health and wellbeing go hand in hand, noting it is not just the absence of illness, but also having all their basic needs met. Many participants shared that everything from access to employment opportunities, to reduced stress, and to time focused on healthy activities impacts their health and wellbeing. One participant mentioned, “you’ve got health, you’ve got excellent quality of life. If your health is poor, then it limits you.” The sentiment of health leading to improved quality of life and overall wellbeing was reflected in several sessions.
- Participants also mentioned the importance of including mental and behavioral health when discussing their definition of “health” and their vision for a healthier community. Residents noted that although physical health is important, emotional and mental health can have lasting effects that can help or hinder their quality of life. One participant from a Spanish-language session shared, “I love life, so I am healthier because of it.” (Yo amo la vida, eso es lo que me mantiene más saludable). Several participants also mentioned that when their mental health declined, they were less likely to prioritize their physical health and wellbeing.

This broad understanding of health reflects the community’s desire for balanced approaches that support their daily lives and long-term wellness.

Accessible in our own community

Residents highlighted the need to maintain community health accessible in their own neighborhoods. They stated that being healthy should mean accessing care in the community where they live, work, and play.

- However, some residents reported having to travel out of the county to access care, citing locations such as West Palm Beach, Broward, and St. Lucie. The need to find other locations was primarily true for residents in need of specialists.
- Residents also shared that health symbolizes longevity, and the ability to age honorably in their own community. Some participants expressed desire to age in place and remain independent, knowing that they have access to resources and support in their own neighborhood.
- When discussing resources, residents mentioned that health is more than just healthcare providers, but also community organizations, spaces for residents, and support groups to build trust and community.

When services are not available locally, residents often face barriers such as transportation, time, or having to access childcare. These challenges can lead to delays in care and missed appointments. Having resources embedded in the community allows residents freedom of access while building a sense of trust and community.

Built Environment

When sharing their vision for a healthier community, residents mentioned the direct impact of the built environment on individual and collective health.

- Participants pointed to the importance of affordability in meeting their basic needs such as food, childcare, clothing, and utilities. Housing emerged as a recurring theme across several sessions. Many residents noted rising rental prices, and needing to pay for rent often took precedent over paying for healthcare. One resident, who mentioned this is especially true for those working seasonally, shared, “There’s six months of work, and the other six your hours are cut drastically.”
- Some residents also mentioned available spaces that allow them to be physically active such as safe parks, sidewalks, shaded areas, and community spaces with fitness equipment encourage them to focus on their physical wellbeing.

These discussions introduced the impact infrastructure and the built environment has on community health and wellbeing.

These themes and perspectives reflect the lived realities of individuals and families who experience health not only through medical care, but also through access to safe housing, nutritious food, and meaningful social support. Recognizing these definitions helps ensure that health improvement efforts align with what matters most to the people they are designed to serve.

Table 122: Key Health Issues

Question #2: What are some specific illnesses or health issues you see in your community?
<p>Across all community conversation sessions, participants identified chronic illnesses, mental and behavioral health, cognitive and neurodevelopmental disorders, and respiratory conditions as major health concerns in the community.</p> <p>Chronic illnesses</p> <p>Chronic illnesses were discussed in all sessions as a primary health concern in the community.</p> <ul style="list-style-type: none"> • Conditions such as cancer, high blood pressure, and diabetes were reported as the main concerns. When discussing these illnesses, participants noted that education on healthy food sources as well as long-term effects of daily habits could benefit the community, providing an opportunity for healthcare providers to implement preventative interventions and treatment locally. • When discussing illnesses and concerns prevalent in specific age groups, many participants mentioned autism and overall neurodevelopmental disorders among younger residents, and Alzheimer's and Dementia among senior residents. <p>Mental and behavioral health issues</p> <p>The participants emphasized the growing need to address mental and behavioral health in the community.</p> <ul style="list-style-type: none"> • Participants mentioned anxiety, and depression as the most common issues, however, they noted PTSD, schizophrenia, and other mental health illnesses are still prevalent. • Some participants shared their lived and observed experiences are often coupled with an inability to access mental and behavioral health support outside of their personal network. This lack of access can lead to delayed care and in some cases, physical health consequences. One participant opened up about her experience with mental health, "if you're the leader of your home, you don't have the opportunity to not be strong. You're not allowed to say today I feel depressed, today I feel weak. You're literally dying on the inside". • Residents also mentioned this is affecting youth and seniors in the community. Several participants shared feeling dismissed when talking about emotional wellbeing, and emphasized a desire to encourage community leaders to increase care and address concerns in this space. Some participants then shared their desire to increase the number of support groups in the community. <p>Respiratory</p> <p>Residents mentioned respiratory health issues such as allergies and asthma are prevalent in the community. This was particularly mentioned by families with young children, but many participants raised concerns about the environmental factors that might contribute to these conditions. One participant said, "we are breathing all the air from the sugar cane. That's harmful." Many residents noted dust, mold, agricultural activity, and poor air quality as the main reasons for this health concern.</p>

Table 123: Barriers and Challenges to Care

Question #3: What are some of the challenges that this community faces in staying healthy?
<p>Across all community conversation sessions, residents identified several challenges to a healthy community including limited access to care, weak provider- patient relationships, transportation challenges and other external factors.</p> <p>Local availability of primary and specialty care</p> <ul style="list-style-type: none"> • One of the themes raised by residents was the need for maternal health services, including a birthing wing in the area. Participants shared concerns when accessing consistent care while pregnant, family planning, or seeking pediatric care after birth. This continuation of maternal and child care was mentioned to be necessary when building relationships with local medical professionals. • When scheduling appointments, residents mentioned the long wait times, forcing them to find other solutions or providers outside their area. • Other participants mentioned long wait time once they had reached the clinic or providers' offices that forced them to miss a work day or impacted other responsibilities. One participant shared, "They tell you to come to the dentist if you don't have an appointment and it's an emergency, be here by 8 o'clock. But you're here by 8 o'clock and sometimes the dentist won't show up until 10 o'clock. Some of these people have to schedule a ride on a train. I schedule a ride, I got there, and I still can't be seen." <p>Patient-Provider Relationships</p> <ul style="list-style-type: none"> • In some sessions, participants emphasized the need for continuity of care after appointments. They expressed a desire to establish and maintain relationships with doctors and nurses. One participant shared "During the discharge process at LMC, there is an opportunity to increase communication and establish connections before people leave the hospital." Stronger connections with providers can allow patients to share more comfortably during their appointments and ensure they receive appropriate follow-up care afterwards. • Some residents mentioned accessing care within their own community would allow them to build a strong relationship and trust providers. Some mentioned they often prefer going to the emergency room instead of finding primary care and specialist providers since it is closer. Residents mentioned their desire for a centralized location for all their healthcare needs. • Residents emphasized that trust and consistency with providers are essential for managing their health effectively and feeling supported by the healthcare system. <p>Transportation</p> <ul style="list-style-type: none"> • Transportation was identified as a barrier to care, especially when accessing care outside of the community. One participant noted, "you are already paying for the doctor, then gas and other expenses." Many residents mentioned transportation cost, and long travel times as barriers to care • Residents reported a lack of essential services, particularly in dental, maternal, pediatric, and geriatric care. One participant asked, "I live in the Glades, why do I have to travel an hour and a half to go to the dentist?" Residents shared they regularly travel to areas like West Palm Beach, St. Lucie, Jupiter, among

others to access specialists. This makes it harder for patients to maintain their appointments, build a relationship with their provider, and balance other responsibilities such as child-care or work.

- Residents also mentioned the long travel times caused them to miss medical appointments. In sessions held in Spanish, one participant shared, “The main issue is transportation. There is a service that takes you to the clinic but it takes a long time and when you’re in the bus they drop everyone else off first. It takes hours to get to Belle Glade. And you’re just going for a ride (El transporte es un problema. Hay un servicio de transporte que te lleva a la clínica, pero toma mucho tiempo y dejan a todos los demás primero. Les toma horas llegar a Belle Glade. Y te traen paseando).”

External Factors

- Residents identified external factors that influence their health and ability to access resources in their community. The most prevalent factor cited was the rising costs of healthcare, housing, and transportation. Financial strain and budgeting concerns make it harder for residents to prioritize preventative care.
- When discussing housing, some residents mentioned the state of rental units and the impact that has on their health. One participant said, “Like rent skyrocketed. And a lot of the times it doesn’t reflect what it looks like and what is actually getting charged, so that’s not looking healthy to me.” Others shared similar sentiments, noting mold and poor living conditions have impacted their health.
- Cost of healthcare was present across all sections, and residents mentioned health insurance and coverage as a key aspect. One participant shared, “people are not taking advantage [of the resources provided through insurance] because they are not aware of them.” Others mentioned that although they have insurance, they find it difficult to understand the benefits, and find doctors and pharmacists that accepted their plan
- Residents expressed the need for increased opportunities for physical activity, particularly in free and safe spaces with exercise equipment, and with groups that motivate members to maintain a daily routine. Residents also emphasized the need for parks, outdoor shaded areas, and community spaces, noting that these would be a valuable resource to encourage regular physical activity and community engagement.

Table 124: Suggested Supports

Question #4: What types of support do you believe residents need to overcome these barriers?
<p>Economic and Social Support</p> <p>Participants highlighted the economic and social support they would like to see in their community to reduce the previously mentioned barriers and challenges residents face.</p> <ul style="list-style-type: none"> • “Most important is having a job,” said one participant. Residents mentioned the main support they would like to receive is access to stable employment opportunities. Many mentioned that an increased salary and the health benefits associated with a stable job, such as reduced stress, and access to health insurance, would allow them to prioritize other aspects of their health. • Similarly, residents mentioned that educational opportunities would allow them to access employment and build long-term stability overall. • Participants also noted affordable and quality housing as a key factor in supporting health. Residents shared that the burden hinders their ability to maintain a healthy lifestyle. <p>Health Literacy and Navigation Support</p> <p>When reflecting on the opportunities for support mentioned above, residents noted there are available resources in the community, but they often are not aware or do not know how to effectively navigate these resources.</p> <ul style="list-style-type: none"> • Residents shared suggestions that would allow them to better understand the available resources. Residents highlighted the need for navigation support. One of the residents suggested a centralized resource to access this information, stating “we need an information center to get people what they need.” • Residents primarily needed assistance increasing awareness of available services, understanding how the healthcare system works, navigating insurance coverage and benefits, and identifying local providers. • Other participants mentioned that having someone help them navigate the healthcare system would allow them to build trust in the process and increase their usage of healthcare resources. • Some participants mentioned the importance of having health materials in languages other than English. This would allow them to understand the process independently and, provides a sense of agency. • Participants also mentioned increased health advocacy and outreach among community organizations, and access to community navigators and representatives would serve as a great way for residents to better understand the intersection of health and other aspects of their wellbeing.

Table 125: Preventative Care

Question #5: Where do you get your preventive care?
<p>Where residents access care</p> <ul style="list-style-type: none"> • Participants shared the different locations where they access preventative health care based on availability, convenience, and cost. • Residents reported using the emergency room as their primary source of care, noting it was often their only way to access care locally before being referred to specialists in nearby counties. • In other sessions, residents shared that they regularly rely on primary doctors and specialists outside the area. Residents reiterated that transportation and time constraints are barriers when care is not available locally. • Some residents mentioned they were able to find and connect with local providers when referred through clinics in the area, or by walking into nearby clinics. <p>Overall, residents showed a strong preference for care that is both local and familiar, highlighting the role of trust and accessibility in healthcare choices.</p>

Table 126: Methods for Finding Care

Question #6: How do you find this care/these doctors?
<p>Methods to find care</p> <p>After describing where residents access preventative care, they shared their experiences finding providers in the area.</p> <ul style="list-style-type: none"> • Residents noted they primarily find healthcare by word-of-mouth. They noted the Glades area is a small tight-knit community that often relies on the experiences of their friends and neighbors to access resources. Spanish and Haitian Creole speaking residents mentioned this is particularly important when finding a provider who speaks their preferred language. Personal referrals are a way for residents to build trust in providers. • Residents mentioned relying on referrals through their insurance providers, often using their directory to find family doctors or primary care providers. • Residents frequently consulted Google or social media platforms to find providers in their area, especially residents looking for providers who speak a certain language. <p>These findings can support outreach efforts in the future, and ensure all Lakeside Medical Center communications are clear and reach trusted social and personal networks in the community.</p>

Table 127: Service Gaps

<p>Question #7: What are some health services you need that are not currently available to you or your community?</p>
<p>Current gaps</p> <p>Residents provided valuable insight into the current gaps present in the Lakeside Medical Center service area. Resident experiences reiterated some of the previously mentioned themes, but provide an opportunity for improving access, outreach, and services.</p> <ul style="list-style-type: none"> • Transportation: Residents reiterated the need for reliable transportation in the area and to-and-from Lakeside Medical Center. They noted the resource is available and provides a relief for many, but there are opportunities to improve and continue serving the community. • Access to providers: Access to providers remains a key gap in the area. Maternal, dental, and vision care were the needs most often referenced by participants. Residents highlighted the need for local primary providers and specialists who understand the community. Lakeside Medical Center plays an important role, and residents have a desire to build a stronger connection with the organization as a whole. • Language/Access to translators: Effective communication is a key aspect of quality healthcare. Residents who primarily speak Spanish and Haitian Creole shared their positive experiences they have with translators in the area, but emphasized the importance of having providers who speak their preferred language. One participant shared, “Many doctors don’t speak Spanish so I ask them who does and then see those. The translators don’t really understand so the doctor needs to speak Spanish” (Muchos médicos no hablan español entonces les pregunto a los que sí y con esos voy. Los traductores como que no saben bien entonces el medico es el que tiene que hablar español). • Geriatric Care: Residents mentioned geriatric care should be prioritized in the community. They highlighted the need for providers, but also mentioned the need for programs and activities that support aging in place and allow senior residents to maintain a sense of belonging in the community. • Health Literacy: Residents shared that health education resources such as support groups and education sessions would allow them to increase their understanding in health-related topics while building a sense of community and finding support with one another. <p>Overall, residents shared a need for increased health services, and a need to understand the resources already available to the community.</p>

Table 128: Resident Ideas for Community Health Improvement

Question #8: What other ideas do you have to help improve the health of the community?
<p data-bbox="203 304 462 331">Ideas for improvement</p> <p data-bbox="203 338 1398 436">Residents provided a variety of thoughtful ideas and suggestions to enhance the overall health of the community. These suggestions were based on previously discussed challenges, and existing support and resources in the community.</p> <ul data-bbox="251 470 1409 940" style="list-style-type: none"><li data-bbox="251 470 1409 569">• Residents restated that health education should be prioritized through support groups, family classes, and workshops with medical professionals. Residents also mentioned some of the classes available should include education on health insurance and understanding their available benefits.<li data-bbox="251 602 1409 772">• Several residents noted the opportunity to create community by providing a space for people, particularly senior residents, to connect, host activities, and interact. One resident mentioned, “it is more than just their health. They need a place where people care where they can also like paint their nails, and more. Like do self-care.” Residents noted that that sense of community is what makes the area strong, so they want more opportunities to continue growing.<li data-bbox="251 806 1409 940">• Residents noted Lakeside Medical Center is in a position where they are able to partner with community organizations and enhance outreach efforts to improve the wellbeing of all residents in the area. They mentioned increased engagement from medical providers would help build trust and strengthen relationships across the community. <p data-bbox="203 974 1360 1035">These recommendations reflect a holistic approach to health improvement, addressing both medical care and support that continues to grow a healthier, more resilient community.</p>

Key Informant Interviews

Methodology

In addition to community conversations, HCSEF conducted eight interviews with key community stakeholders and members. These interviews focused on understanding the available resources across different sectors and the challenges that residents face, as well as the suggestions leaders have on how to improve Lakeside Medical Center services. Informants were selected based on their knowledge, understanding, and involvement in various sectors throughout the local public health system.

HCSEF developed an interview script and questions for the sessions. Each session was scheduled and conducted by a trained facilitator. Prior to the beginning of the interview, informants were provided with an overview of the Community Health Needs Assessment process, including details about the role that the interviews would play in the overall process. All key informants were assured the confidentiality of all comments, names, and other identifying information during the reporting. During the session, each informant was asked to share their insight and knowledge from the perspective of their role, their organization, and the population they serve. Each interview lasted approximately 30 to 45 minutes and was conducted via Zoom or Microsoft Teams. The following section outlines the key themes that emerged after analysis of all sessions.

IMPORTANT NOTE: With the exception of specific instances, the information in this section (i.e. issues, barriers, opportunities, and suggestions) were not specific to Lakeside Medical Center, but rather represented general sentiments around the systems of health care.

Table 129: Vision of a Healthy Community

Vision of a Healthy Community	
<p>To begin the interviews, informants were asked, “what does your ideal ‘healthy community’ look like?” Informants were encouraged to think of the Lakeside Medical Center CHNA Service Area, specially. Understanding the perception that community leaders have of an ideal healthy community can inform future objectives and goals as the collective local public health system looks to improve health throughout the community.</p>	
Question	Key Themes
<p>What does your ideal “healthy community” look like?</p>	<p>When describing their ideal healthy community with the service area in mind, themes related to meeting basic needs and local healthcare accessibility were noted across sessions.</p> <p>Basic needs</p> <p>Key informants described their vision of an ideal “healthy community,” sharing that it is one where residents’ foundational needs are consistently met and allow residents to not only survive, but to truly thrive. Key informants highlighted the following elements of their vision:</p> <ul style="list-style-type: none"> • Gainful employment opportunities that provide stable income • Safe neighborhoods • Quality, affordable, and available housing within the community • As one informant stated, “I think it looks like a place where people have a safe place to live. They have employment that pays a livable wage so that they can afford to have safe reasonably comfortable homes.” <p>Local healthcare accessibility</p> <p>Informants highlighted accessibility to local healthcare services as a pillar of a healthy community. As one informant stated, a healthy community is one where “individuals living [in the service area] have equal opportunity and access to quality healthcare services – from preventative services to specialized services to emergency services.” Throughout the sessions, informants highlighted services such as primary care, specialty care, behavioral health, and preventative care in these conversations.</p> <p>Notably, informants shared that accessibility would play a key role in addressing barriers such as transportation challenges associated with out-of-town care or transfers and other elements that impact adherence to care and health access.</p>

Table 130: Current Resources and Strengths

Current Resources and Strengths	
<p>Next, informants were asked “what resources or assets (strengths) in the community do you believe contribute to a healthy community now?” and, when appropriate, informants were asked to share additional insights by answering, “how can these strengths you mentioned be used to further reach and improve the health of residents in the community?” These questions provided an opportunity for informants to reflect on current resources and strengths that can be leveraged in the community to continue enhancing health outcomes. Community strengths provide a strong foundation for future health initiatives, and expanding on services residents and providers already trust can lead to more effective and sustainable programs.²⁰</p>	
Question	Key Themes
<p>What resources or assets in the community do you believe contribute to a healthy community now?</p> <p>How can these strengths you mentioned be used to further reach and improve the health of residents in the community?</p>	<p>When speaking about the current strengths within the service area, key informants noted the strong sense of community and dedicated community partners.</p> <p>Sense of community</p> <p>When asked and assets in the community, informants highlighted the tight-knit and caring community. On key informant stated “The communities themselves are one of the strengths.” The connection between neighbors, families, and organizations provides a network of support. One informant shared an example of how supportive residents are. They said, “so for example, our homeless count is always low partly either because they can't find our homeless people or because they're doubling up with other people. So [...] we do have a sense of community.”</p> <p>Community partners</p> <p>Informants shared that the organizations within the service area dedicated to the community and work to bridge the gaps that residents face. Informants noted that in the service area, community organizations, educational organizations, healthcare providers, local leaders, and faith-based organizations have meetings and events to collaborate in reaching residents. Notably, informants highlighted groups such as the Faith-Based Health Educators group, local churches who conduct health events, and other partnerships that increase communication and collaboration in the area currently. Informants shared that these partnerships strengthen the health system by ensuring resources and services are more accessible and coordinated.</p> <p>To exemplify this, one informant said, “I think that's something that's done right. That the community advocates and community stakeholders have actually come to some of us and say we want this or we see a need for that. And that we've been able to try to fill in those gaps with the little resources that we have to do that. I really think that's something that's been done right. There are people who care, have actually stepped forward and try their best to help.”</p>

²⁰ Caiels, J., Milne, A. and Beadle-Brown, J. (2021) 'Strengths-Based Approaches in Social Work and Social Care: Reviewing the Evidence', *Journal of Long Term Care*, 0(2021), p. 401–422. Available at: <https://doi.org/10.31389/jltc.102>.

	<p>Informants mentioned that the support community partners provide and their engagement with residents have built a sense of trust. This allows residents to seek the necessary services, and allows leaders to connect residents to resources.</p> <p>Additionally, informants noted there is an opportunity to further leverage these relationships in the healthcare space to ensure that providers build these types of relationships with patients, as well. One informant shared the impact the connection among residents and providers has, stating “I think the hospital is an asset... It's a community hospital with people who work there that also live in this small community. So, I feel like there should be some sort of... small-town feel to it, where people feel comfortable going there.”</p>
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Table 131: Key Health Issues

Key Health Issues	
<p>Informants were then asked, “what are the key health issues, conditions, and/or diseases the community or those you serve experience in the area?” While quantitative data can show disease trends, this qualitative feedback offered an opportunity for informants to share key insights on health issues that are “bubbling up” within the community, and, in some instances, reflect on potential influencing factors or solutions.</p>	
Question	Key Themes
<p>What are the key health issues, conditions, and/or diseases the community or those you serve experience in the area?</p>	<p>Key informants highlighted key health issues and conditions within the service area, noting that chronic disease, reproductive health, behavioral health, and other conditions stand out within the community.</p> <p>Chronic diseases</p> <ul style="list-style-type: none"> • Key informants identified chronic diseases as a major health concern in the service area. Many reported metabolic syndrome, diabetes, hypertension, and high cholesterol as current concerns. • Kidney disease was also noted, and informants highlighted needs for additional dialysis resources locally. • Informants also noted cancer as an emerging concern among the community. Notably, these informants shared that awareness and early detection were needs within the service area. <p>Reproductive health</p> <ul style="list-style-type: none"> • Informants highlighted limitations around maternal health care in the area, noting access issues related to prenatal, postnatal, and obstetric care. • Additionally, sexually transmitted infections were identified as an ongoing health issue. Informants noted that access to regular testing was crucial to the community. <p>Behavioral health</p> <ul style="list-style-type: none"> • Mental and behavioral health was a recurrent theme throughout interviews. Informants described a need for increased mental health services in the area, as well as support for substance use. <p>Additional issues</p> <ul style="list-style-type: none"> • Informants also noted environmental factors, such as heat exposure and working conditions, as a concern for health outcomes. • Some informants shared concerns related to respiratory issues such as COPD and asthma. • When speaking about health concerns, informants also noted that there is a general reliance on the emergency department as a primary source of care in the community because of the limited availability of providers or delayed care.

	<ul style="list-style-type: none">• Informants also spoke about the limited healthy food sources and costly options in the community, highlighting the tie between healthy lifestyles and health outcomes.• These concerns highlight the importance of an environmental and holistic approach to health that considers external factors.
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Table 132: Current Barriers and Gaps

Current Barriers and Gaps	
<p>Informants were asked to reflect not only on the key health issues the community faces, but also the current barriers and gaps to access care by answering, “What are the barriers, or gaps, that exist in the Glades that make it hard for residents to be healthy, or improve their health, now?” The insights provided by community leaders offer a path forward, highlighting areas where focused attention, partnership, and innovation can make a meaningful difference.</p>	
Question	Key Themes
<p>What are the barriers, or gaps, that exist in the area that make it hard for residents to be healthy, or improve their health, now?</p>	<p>Informants noted key barriers or gaps that make it hard for residents to be healthy in the service area. The key themes that emerged include local access, health literacy and education, and the impact of other factors that influence health on overall health outcomes.</p> <p>Access</p> <p>Key informants noted that access to basic needs served as a barrier to maintaining and improving health in the community. As one key informant stated, “[we need to] start at the basics.” Informants noted limited local access to:</p> <ul style="list-style-type: none"> • Healthy, affordable food in the community. As one informant noted, “Start at the basics. We know that healthy eating is a lot of times at the root of it. We only have one major grocery store in the area. So, having access to affordable healthy foods is important.” • Specialty and primary care providers, including those who speak languages other than English, within the service area • Prescriptions and pharmacies, especially those that are accepted with health insurance coverage • Health insurance education and enrollment assistance. One informant said, “[residents] have to pay everything until they hit share of costs and then it’s all paid for. So, including what they spent. So yeah, it forces them to need to have more service so that any service they get is covered.” <p>Health literacy and education</p> <p>Key informants also noted that limited health literacy and limited understanding of conditions and available services posed a barrier to maintaining and improving health in the community. When speaking about this, key informants noted:</p> <ul style="list-style-type: none"> • Communication with medical and service providers in one’s primary language was a current barrier. As one informant noted, there is a need to “Communicate in a language that [residents] understand.” Informants shared that medical jargon and complex systems may cause residents to disengage with the system. • There is an opportunity to provide health literacy education so residents can understand their health conditions, consequences, and preventative or maintenance measures.

	<ul style="list-style-type: none">• The unique and timely opportunity to connect patients with wraparound services prior to discharge. Informants highlighted that residents often face barriers when navigating care after discharge, and connections to care, resources, and education prior to discharge can help residents get the information and supplies that they need before they go home.• Continued education around when an emergency room should be utilized, and the importance of accessing preventative and primary care to address health issues before they are exacerbated to an emergency level. <p>Factors that influence health</p> <p>Informants shared that there are factors, such as housing, transportation, and employment, that impact the health of the residents within the service area. Across sessions, informants noted the following:</p> <ul style="list-style-type: none">• The impact of local housing conditions on health outcomes.• The role that transportation plays in health outcomes, especially when residents need services that are not within the local community. Informants shared experiences of residents needing to seek care outside of the community, and the challenges they faced in traveling to providers or other hospitals that were an hour or farther away• The impact of employment on individuals' access to healthcare and opportunity to improve health, highlighting barriers related to agricultural work, low wages, and limited local opportunity.
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Table 133: Opportunities in the Community

Opportunities for Lakeside Medical Center’s Role in the Community	
<p>After sharing ideas around local strengths, barriers, and key health issues, informants were asked to reflect on Lakeside Medical Center’s role within the community and the local public health system. Informants were asked, “what are some other opportunities for Lakeside Medical Center to play a key role in improving the health of the community?” and were probed to provide examples, as appropriate. Then, informants were asked about their existing partnerships with Lakeside Medical Center, as well as ideas focused on opportunities for partnership with the hospital. These questions served to explore how the hospital can continue to evolve as both a healthcare provider and a trusted community partner.</p>	
Question	Key Themes
<p>What are some other opportunities for Lakeside Medical Center to play a key role in improving the health of the community?</p>	<p>Key informants were given an opportunity to share ideas related to Lakeside Medical Center’s opportunity to play a key role in improving the health of the community. Across sessions, themes related to community involvement, collaboration with partners, and connections with patients emerged.</p> <p>Community involvement</p> <p>Across the sessions, informants noted that Lakeside Medical Center has an opportunity to establish trust and build connections with the community through engagement opportunities, both inside and outside of the hospital.</p> <ul style="list-style-type: none"> • Informants noted that a community-based care model may serve to help reach residents who are not currently in care. • Informants also suggested hosting events on-site at the hospital to help residents gain a deeper understanding of the available services and offerings. Informants highlighted that events such as previous Diabetes events at the hospital can help residents engage with the medical system prior to an emergency. • Similarly, informants noted an opportunity to leverage prevention and education opportunities at the hospital to increase health outcomes overall. • Lastly, informants across sessions highlighted an opportunity for Lakeside Medical Center to leverage their unique traits as a teaching hospital to reach residents, provide education, and enhance health outcomes in the community. As one informant stated, “With them being a teaching hospital, I think it’s such a great way for medical students to get into the community and really learn about the community that they’re learning within, and have an opportunity for some of the residents to be able to go into the community and do education.” <p>Collaboration with partners</p> <p>In order to engage with the community, informants mentioned the importance of building connections with community-based organizations in the area. Informants noted current partnerships, as well as opportunities for new or expanded partnerships, as a mechanism to reach and engage with additional community members.</p>

	<ul style="list-style-type: none"> • Across multiple sessions, informants noted an opportunity for local community-based organizations and Lakeside Medical Center to collaborate on events in the community, such as food distributions, health fairs, and more. Informants noted the opportunity for Lakeside Medical Center to increase engagement with residents and meet them where they are at, to provide health education, screenings to increase awareness of medical issues, and information related to available services. Importantly, informants spoke to previous successful outreach efforts by the hospital and highlighted the positive impact of these, sharing that collaboration on events has been beneficial for the community. • In addition to collaboration outside of the hospital, key informants noted that there is an opportunity to collaborate within the hospital, including while a patient is engaged in care, prior to discharge, and after discharge. Key informants noted the opportunity to connect patients with services and community-based organizations prior to discharge, highlighting the unique opportunity to connect those patients with services before they are released from the hospital to maintain a continuum of care. Ultimately, informant highlighted the necessary connections between the hospital, clinics, providers, and social service and community-based organizations, noting that a connected and collaborative system can enhance the continuum of care for residents. • Notably, key informants expressed excitement to foster and grow partnerships with Lakeside Medical Center, recognizing the key role that community-based organizations, leaders, and healthcare systems such as the hospital play in improving overall community wellbeing. <p>Connection with patients</p> <p>Informants highlighted the importance of building trust and connections with patients.</p> <ul style="list-style-type: none"> • Informants mentioned the key to building a relationship is promoting patient-centered care to increase awareness of available services. One informant mentioned, “hopefully the community can get more comfortable and be more aware of what is available there and that’ll help them.” • Several informants discussed the opportunity of continuation of care post-discharge either through follow-ups or connections with other organizations prior to discharge. For example, informants shared that connections to maternal and child health programs, substance use programs, home health services, and more would provide an opportunity to connect residents in need before they are sent home, where they may face additional barriers to identifying and obtaining necessary care and resources. • Informants also mentioned health education is a way to build connection through health literacy and understanding. Suggestions were provided to expand health education efforts to reach community members through health fairs, senior centers, community services, and hospital waiting rooms. • Informants also shared the opportunity to connect patients to local organizations for employment, education, and housing where possible while taking a holistic
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	<p>approach to care. Providers can share relevant education, resources, and support for caregivers.</p> <ul style="list-style-type: none">• Informants noted by speaking patients' preferred language can also promote relationships and connection.
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Table 134: Additional Thoughts and Suggestions

Additional Thoughts and Suggestions	
<p>Throughout the sessions, informants provided thoughtful insights and suggestions to improve health throughout Lakeside Medical Center’s service area. To conclude the sessions, informants were asked to share any additional thoughts or ideas that had not yet been discussed. Informants were asked, “are there any other thoughts or ideas that you would like to share with Lakeside Medical Center that we haven’t talked about?”</p>	
Question	Key Themes
<p>Are there any other thoughts or ideas that you would like to share with Lakeside Medical Center that we haven’t talked about?</p>	<p>Before concluding the interview, key informants shared final thoughts. The following sentiments emerged as themes throughout the various sessions:</p> <ul style="list-style-type: none"> • The importance of the relationship between the hospital, community partners, and residents, noting that a cohesive system is vital for a healthy rural and small community. • The importance of considering barriers – such as transportation – when addressing health. • Additional opportunities to serve residents with prenatal classes and maternal health support. • Consideration of home health services after discharge, such as physical therapy and occupational therapy, to ensure that patients have both the resources and knowledge to take care of themselves and be healthy after leaving the hospital. • The opportunity to connect residents with community-based organizations and services before they are discharged from the hospital. When speaking about this, key informants highlighted the unique opportunity to engage and connect residents with necessary care to be healthy and thrive.

Conclusion

The 2025 Lakeside Medical Center Community Health Needs Assessment (CHNA) brings together community feedback and existing health data to provide a clearer picture of health across Lakeside Medical Center's primary and secondary service area. This assessment takes a critical look at various indicators of health and influencing factors, including insight into potential gaps and opportunities for improvement. The 2025 CHNA is part of a continuous process that leads to a focused Implementation Plan, which will guide Lakeside's community health efforts in the years ahead. By centering resident voices and sustaining the momentum of this work, Lakeside Medical Center is committed to partnering with local providers and community organizations to develop strategies that support the identified priorities and help improve health and wellbeing throughout the community.



LAKESIDE MEDICAL CENTER

COMMUNITY HEALTH IMPLEMENTATION PLAN

Lakeside Medical Center



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Prepared By:



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Introduction

The 2025 Lakeside Medical Center Implementation Plan was developed using methods gleaned from the Mobilizing for Action through Planning and Partnerships (MAPP) framework, which leverages a community-driven approach to prioritize resident voice and local input in assessing, engaging, and planning with the community. Efforts began with a Community Health Needs Assessment, which took place in the Spring of 2025. Over the course of several months, local residents, key stakeholders, and partnering organizations convened to take part in resident discussions, key informant interviews, and Advisory Council meetings. At the Advisory Council meetings, a group of local leaders and residents met to review, discuss, and vet data. This process enabled residents and community leaders to identify areas of concern, highlight service gaps, and point to opportunities for improvement to better meet community needs.

Findings identified from the Community Health Needs Assessment were used to inform the development of the Implementation Plan. This Plan identifies local community resources and leverages partnerships to take action on the key health issues determined during the Community Health Needs Assessment process. The following Implementation Plan includes two defined priority areas with associated goals, strategies, activities, action steps, and possible partnering agencies that are designed to address immediate needs while supporting long-term health improvement. The priority areas defined in this Implementation Plan include:

- Prevention and Management of Chronic Conditions
- Access to Health and Human Services

Lakeside Medical Center, Florida's only rural teaching hospital, is owned and operated by the Health Care District of Palm Beach County - an independent special taxing district charged with ensuring access to health care based on community needs. As part of its safety net mission, the Health Care District is committed to expanding access to quality care in Palm Beach County and the Glades region through its wide range of healthcare programs. These include:

- **County Trauma Agency and Trauma Hawk:** Trauma system-wide quality monitoring, injury prevention, and aeromedical services alongside Palm Beach County Fire Rescue.
- **Award-Winning Skilled Nursing Center:** Safety-net rehabilitation and long-term care for Palm Beach County residents, the majority of which have no other options.

- **School Health:** Providing care to students in more than 170 public schools
- **Operation C.O.A.S.T.:** Partnering with law enforcement to transport crisis calls to the District's outpatient psychiatric care, alleviating pressure on hospitals, jails, and other critical public safety resources - and allowing officers to return to their mission to protect and serve within 20 minutes of drop-off.
- **Nine Federally Qualified Health Centers (FQHCs):** Seven years of Gold Quality Badges from HRSA. Currently, the only Gold Quality FQHC in Palm Beach County, and one of five statewide. Provides services for adults and pediatric patients, including primary care, dental care, women's health, and mental health. One of the District's health centers is co-located at Lakeside Medical Center.
- **Award-Winning Behavioral Health Care:** From substance use disorder to depression, the District's integrated care model for mental health has won awards for quality and innovation – and has expanded its workforce to support more patients, every day, including weekends 7 a.m. to 7 p.m.

Early in 2025, the District and Tampa General Hospital signed a management agreement to partner in a joint mission to expand services at Lakeside Medical Center with the following goals:

- Advance access to high-quality health care close to home
- Improve community health by supporting better outcomes
- Enhance clinical services and innovation at Lakeside Medical Center

To achieve these goals, Lakeside Medical Center is undergoing a simultaneous strategic planning process led by the District in partnership with Tampa General Hospital. This process, alongside the development of the Implementation Plan, will allow for strategic and thoughtful planning and implementation. Beyond addressing the two priority areas, this Implementation Plan seeks to strengthen community partnerships, leverage local resources, and improve health outcomes across the region. Progress will be continuously monitored and evaluated to ensure accountability and responsiveness to community needs, fostering sustainable impact.

Goals and Strategies

Based on the 2025 Lakeside Medical Center Community Health Needs Assessment, which included partner and resident input, the following Priority Areas and associated goals and strategies were developed. Additional details related to plans for these efforts can be found in the subsequent sections of this document.

Prioritized Health Need: Prevention and Management of Chronic Conditions

- **Goal 1: Collaborate to promote health education, disease prevention, early detection and intervention.**
 - Strategies will include efforts to educate and engage residents to increase awareness and understanding of key health issues.
- **Goal 2: Encourage effective management of key health conditions.**
 - Strategies will include efforts to educate and connect residents with health resources and programs.

Prioritized Health Need: Access to Health and Human Services

- **Goal 1: Support community efforts to optimize access and utilization of services.**
 - Strategies will include efforts to support and promote health education, and efforts to develop, refine, and implement linkage and navigation practices.

Prevention and Management of Chronic Conditions – Why Address It?

Chronic disease remains a leading cause of morbidity and mortality worldwide,¹ and its prevalence has increased consistently over the past 20 years. According to a CDC study, in 2023 an estimated 59.5% of young adults, 78.4% of midlife adults, and 93.0% of older adults reported having at least one chronic condition.² Most chronic conditions are influenced by lifestyle factors, such as diet, physical activity and tobacco and alcohol consumption. The rising prevalence of chronic conditions underscores the critical role of health professionals in its prevention and management.

Within the Lakeside Medical Center service area, the CHNA process leveraged input from secondary data sources, residents and community leaders, and CHNA advisory council sessions to identify the most pressing health needs based on the data. As a result of these findings, the prevention and management of chronic disease among residents of Lakeside Medical Center’s service area was prioritized as a key health need in the implementation plan. The following table outlines key data pieces related to the prevention and management of chronic conditions:

Resident & Community Leader Input	Supporting Secondary Health Data	Advisory Council Member Input
<ul style="list-style-type: none"> Concerns about diabetes, hypertension, cancer, and HIV Additional concerns regarding dementia and the long-term effects of daily lifestyle habits on overall health A strong need for early detection, health education (particularly on nutrition), and improved access to care for chronic conditions 	<ul style="list-style-type: none"> In 2023, heart disease, cancer, chronic lower respiratory diseases (CLRDs), and stroke were listed among some of the leading causes of death in Lakeside Medical Center’s service areas. In 2023, cardiovascular conditions were the primary cause of 3.4% of emergency department visits and 13.4% of inpatient admissions among residents of Lakeside Medical Center’s service area (who visited any facility). 	<ul style="list-style-type: none"> Impact of limited access to preventative care and delays in treatment Impact of environmental exposures, such as those related to agricultural processes, runoff, and tobacco/alcohol use, and limited accessibility of healthy food options An identified need to support caregivers and strengthen long-term disease management strategies to improve overall quality of life Persistently high rates of HIV

¹ Hacker K. (2024). The Burden of Chronic Disease. *Mayo Clinic proceedings. Innovations, quality & outcomes*, 8(1), 112–119. <https://doi.org/10.1016/j.mayocpiqo.2023.08.005>

² Watson KB, Wiltz JL, Nhim K, Kaufmann RB, Thomas CW, Greenlund KJ. Trends in Multiple Chronic Conditions Among US Adults, By Life Stage, Behavioral Risk Factor Surveillance System, 2013–2023. *Prev Chronic Dis* 2025;22:240539. DOI: <http://dx.doi.org/10.5888/pcd22.240539>

Prevention and Management of Chronic Conditions – Implementation Plan

Prioritized Health Need: Prevention and Management of Chronic Conditions			
Collaborative Goal: Collaborate to promote health education, disease prevention, early detection and intervention.			
Collaborative Objective: Increase awareness of and engagement in healthy practices.			
Strategies	Activities	Process Measures	Partners
Strategies will include efforts to educate and engage residents to increase awareness and understanding of key health conditions.	Activities may include: <ul style="list-style-type: none"> • Mobile Health Clinic screenings and forums • Explore the feasibility of Food Pharmacy programs • Explore the feasibility of revitalization of the walking track • Educational sessions • Distribution of resources 	Examples of process measures for the cited activities might include: <ul style="list-style-type: none"> • # of food pharmacy efforts • Internal plans to discuss feasibility of walking track • # of mobile unit events; # of individuals screened • # of educational session hosted; # of participants educated 	Health Care District of Palm Beach County American Heart Association Boys and Girls Club BRIDGES at Pahokee Diabetes Coalition of Palm Beach County BRIDGES at Belle Glade Faith-Based Health Educators Group Florida Department of Health in Palm Beach County Glades Area Ministerial Association (GAMA) Glades Initiative Health Council of Southeast Florida Healthy Mothers Healthy Babies Lake Okeechobee Rural Health Network Pahokee Housing Authority The Lord's Place
Collaborative Goal: Encourage effective management of key health conditions.			
Collaborative Objective: Mitigate the impact of chronic diseases through education, information, resources, and referrals.			
Strategies	Activities	Process Measures	Partners
Strategies will include efforts to educate and connect residents with health resources and programs.	Activities may include: Explore the addition of hospital specialists and telehealth based on the needs of the population they are serving <ul style="list-style-type: none"> • Utilize Family Medicine Residents to conduct outreach and education • Increase community awareness and 	Examples of process measures for the cited activities might include: <ul style="list-style-type: none"> • # specialties explored • # collaborative engagements • # patients connected to primary care or specialty services 	Health Care District of Palm Beach County Diabetes Coalition of Palm Beach County Lake Okeechobee Rural Health Network Tampa General Hospital

	<p>utilization of the Health Care District's Community Health Center located on-site that provides various primary care services, behavioral health, women's health, and more.</p>		
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Best Practices & Evidence-Supported Initiatives

Prioritized Health Need: Prevention and Management of Chronic Conditions	
<p style="text-align: center;">Best Practices and Evidence-Supported Initiatives</p>	<p>Nutrition prescriptions enable physicians and other healthcare professionals to provide patients with a healthy eating plan and access to nutritious foods. During each office visit, providers can assess patients' progress and consult with a nutrition specialist as needed. Evidence suggests that nutrition prescriptions improve access to healthy foods, which can enhance mental and physical health, help manage chronic conditions, and improve overall well-being. Programs may also offer educational material, recipes and guidance on how to properly store perishable items.³</p> <p>Food hubs are organizations that distribute local and regional food products, including fresh fruits and vegetables, and occasionally meat, dairy, grains, prepared foods or other items. Available evidence suggests food hubs can boost farmer sales, provide employment opportunities, improve access to healthy foods, particularly in low-income communities, and incorporate local foods into places such as schools, businesses, and restaurants.⁴</p> <p>Access to places for physical activity, such as parks, trails, and recreational facilities, increases opportunities for exercise and supports physical fitness in urban, suburban and rural communities. Having more places for physical activity is associated with higher levels of physical activity and reduced obesity rates. Research also shows that well-kept spaces with</p>

³ Nutrition prescriptions. (2024, October 22). County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/nutrition-prescriptions>

⁴ Food hubs. (2020, December 15). County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/food-hubs>

ample lighting, street access, and amenities like seating and drinking fountains, are more likely to be utilized by residents.⁵

⁵ Places for physical activity. (2020, December 4). County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/places-for-physical-activity>

Community Resources

Health Care District of Palm Beach County

- Community Health Centers provide chronic disease care for diabetes, hypertension, allergies, and heart disease
- Offers nutrition counseling, medication management, and preventive screenings
- Provides psychiatric and mental health care, and ongoing case management for patients with multiple chronic conditions

Boys and Girls Club of Palm Beach County

- Offers after-school and summer youth programs
- Provides safe, engaging environments for children and teens, with recreation, leadership development, homework support, and creative activities tailored to those communities

Diabetes Coalition of Palm Beach County

- Provides free diabetes risk screenings and HbA1c testing at community events
- Offers diabetes self-management education and prevention programs
- Distributes a diabetes resource guide connecting residents to care and support services

Florida Atlantic University Christine E. Lynn College of Nursing

- Operates the FAU/NCHA Community Health Center, a nurse-led FQHC Look-Alike providing primary care, mental health, diabetes management, social services, and telehealth
- Provides wellness education and outreach through holistic health initiatives, workshops, and community-based programs that promote intentional health and well-being

Florida Department of Health in Palm Beach County

- Provides chronic disease prevention and management programs
- Offers education and screenings for diabetes, hypertension, and heart disease
- Promotes healthy lifestyle initiatives to reduce risk of long-term illness

Lake Okeechobee Rural Health Network (LORHN)

- Provides Diabetes Self-Management Education (DSME) and Chronic Disease Self-Management workshops

- Offers health literacy programs to improve prevention and care of chronic illnesses
- Coordinates access to primary and specialty care for rural residents at risk of chronic disease

L.O.T. Health Services

- Delivers comprehensive medical care directly to underserved South Florida communities through multiple outreach clinics, offering primary care, labs, mental health, dental, vision, pharmacy, patient education, vaccinations, screening services, and telemedicine
- Provides on-site community services, including food distribution, health screenings, and assistance accessing social benefits

Palm Beach County Fire Rescue

- Promotes community CPR and heart health initiatives
- Partners on prevention programs addressing chronic disease emergencies

Access to Health and Human Services – Why Address It?

Access to health and human services is essential for promoting overall well-being, preventing and treating illness, and reducing preventable disabilities and premature death. Importantly, access to care encompasses health literacy, adequate health insurance coverage, timely medical services, and availability of providers when health needs arise.⁶ However, barriers such as geographic location, healthcare costs, education level, and shortages of healthcare professionals can limit access.

These barriers to accessing healthcare are particularly apparent in rural areas. As of September 2024, 66.33% of Primary Care Health Professional Shortage Areas were found in rural areas. Cost also remains an obstacle, with a 2022 KFF report finding that 43% of adults delayed medical care for themselves or a family member due to cost, an issue often amplified in rural areas.⁷ Within Lakeside Medical Center’s service area, access to health and human services was determined as a pressing health need to be addressed in the Implementation Plan. The following CHNA data findings support the prioritization of access to health and human services:

Resident & Community Leader Input	Supporting Secondary Health Data	Advisory Council Member Input
<ul style="list-style-type: none"> Limited accessibility to local healthcare services (particularly maternal care, dentistry, and other specialties) Importance of building trust and consistency with providers Emergency department (ED) utilization based on proximity (even when primary or specialist care was more appropriate) 	<ul style="list-style-type: none"> In 2023, 24.5% of individuals under 18 across the service area were uninsured. In 2023, 39.5% of mothers in the service area had adequate prenatal care. Top ED visit reasons among residents of Lakeside Medical Center’s service area included respiratory illness, viral infection, Influenza, COVID-19, UTI, headache (some of which may be indicative of lack of understanding 	<ul style="list-style-type: none"> Concerns regarding sepsis and possible connections to comorbidities and delayed treatment Importance of health education to promote earlier intervention The role of community health workers and licensed navigators Barriers related to eligibility and requirements for support, such as insurance programs

⁶2021 National Healthcare Quality and Disparities Report [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2021 Dec. ACCESS TO HEALTHCARE AND DISPARITIES IN ACCESS. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK578537/>

⁷ Healthcare access in rural communities Overview - Rural Health Information Hub. (n.d.). <https://www.ruralhealthinfo.org/topics/healthcare-access>

	regarding available on-site primary care)	
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Access to Health and Human Services – Implementation Plan

Prioritized Health Need: Access to Health and Human Services
Collaborative Goal: Support community efforts to optimize access and utilization of services.

Collaborative Objective: Increase health literacy through education.

Strategies	Activities	Process Measures	Partners
Strategies will include efforts to support and promote health literacy education.	Activities may include: <ul style="list-style-type: none"> • Explore opportunities to provide health education to the community via the Health Care District of Palm Beach County’s Mobile Health Clinic and the hospital’s Family Medicine Residents • Partner with local organizations to support health education trainings • Conduct community seminars on prevention (led by LMC/TGH physicians) 	Examples of process measures for the cited activities might include: <ul style="list-style-type: none"> • # sessions; # participants • Topic areas identified 	Health Care District of Palm Beach County American Heart Association Healthy Mothers Healthy Babies LORHN/HCSEF Tampa General Hospital

Collaborative Objective: Enhance navigation and linkage services through internal and community support systems.

Strategies	Activities	Process Measures	Partners
Strategies will include efforts to develop, refine, and implement linkage and navigation practices.	Activities may include: <ul style="list-style-type: none"> • Host an annual resource meeting between hospital staff and Community Based Organizations (CBOs) • Leverage a Community Liaison to foster relationships with partners and 	Examples of process measures for the cited activities might include: <ul style="list-style-type: none"> • # attendees at the annual resource meeting • # CBO partnerships 	Health Care District of Palm Beach County American Heart Association Boys and Girls Club BRIDGES at Pahokee Diabetes Coalition of Palm Beach County BRIDGES at Belle Glade Faith-Based Health Educators Group Florida Department of Health in Palm Beach County

	<p>community members</p> <ul style="list-style-type: none"> • Establish a repository (Community Liaison) of informational and educational materials and brochures at the hospital • Engage partnerships with local organizations and community health workers (health insurance navigators stationed in the hospital) 		<p>Glades Area Ministerial Association (GAMA) Glades Initiative Health Council of Southeast Florida Healthy Mothers Healthy Babies Lake Okeechobee Rural Health Network Pahokee Housing Authority Palm Beach County Fire Rescue The Lord's Place</p>
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Best Practices & Evidence-Supported Initiatives

Prioritized Health Need: Access to Health and Human Services	
<p>Best Practices And Evidence-Supported Initiatives</p>	<p>Community Health Workers (CHW) perform a range of essential functions, including outreach, health education, case management, advocacy, home visiting services, and data collection to assess community health needs. CHWs typically serve populations with limited resources or individuals experiencing barriers to care, such as immigrants, residents of rural area, or low-income families. Evidence indicates that CHWs improve health outcomes by promoting preventative care, increasing screenings for cancer and other diseases, supporting chronic disease management, providing health education and improving access to care through home visiting programs and other community-based methods.⁸</p> <p>Health Education Interventions aim to strengthen fundamental health education understanding, simplify educational material, and improve patient-provider communication. Evidence suggests that health education builds self-efficacy to apply health information among older adults, and improve readability and comprehension among children and adults. As a result, patients show better management of chronic conditions, greater medication adherence, and better quality and satisfactory care overall. Patient understanding and application of health information is further strengthened when various approaches are combined, such as written and visual material, video tutorials, and health literacy trainings for physicians.⁹</p> <p>Social service integration efforts encompass the collaboration of multiple sectors including housing, nutrition, disability services, mental and physical health, transportation, and employment support. Available evidence demonstrates that social service integration is associated with reduced healthcare costs, greater awareness and utilization of resources, increased satisfaction with services, and overall improved health outcomes, particularly among vulnerable populations.¹⁰</p>

⁸ Community health workers. (2023, February 6). County Health Rankings & Roadmaps.

<https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/community-health-workers>

⁹ Health literacy interventions. (2019, May 23). County Health Rankings & Roadmaps.

<https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/health-literacy-interventions>

¹⁰ Social service integration. (2022, April 8). County Health Rankings & Roadmaps.

<https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/social-service-integration>

Health Care District of Palm Beach County Integration (Priority Area 1 & 2)

Lakeside Medical Center is a rural, public teaching hospital that is owned and operated by the Health Care District of Palm Beach County, a diverse and unique health care system that provides comprehensive primary care through nine community health centers countywide – one of which is located on the Lakeside Medical Center campus. Diversion resources are posted in Lakeside Medical Center’s Emergency Room to educate patients on which conditions can be treated at Federally Qualified Health Centers in the community. Services at the Health Care District’s community health center adjacent to the hospital include:

- Adult Medical Care
- Women’s Health (including prenatal care)
- Pediatric Medical Care
- Dental Services
- Pediatric Medical-Dental Integration (MDI)
- Psychiatric and Mental Health Care (including substance use treatment, outpatient addiction services and individual and group therapy)
- Financial counseling

Community Resources and Possible Partner Agencies

The community resources listed below represent organizations in the Lakeside Medical Center service area that provide services aligned with Priority Area 1 (Prevention & Management of Chronic Conditions) and/or Priority Area 2 (Access to Health & Human Services).

Partner/Agency	Relevant Services
<p>211 Palm Beach and Treasure Coast (Priority Area 1)</p>	<ul style="list-style-type: none"> • Provides a 24/7 helpline connecting residents to health, mental health, and social service resources • Offers crisis intervention, information, and referral services for needs such as housing, food, counseling, and healthcare access

<p>American Heart Association (Priority Area 1 & 2)</p>	<ul style="list-style-type: none"> • Provides heart health education and prevention resources • Offers CPR training and community health initiatives
<p>Boys and Girls Club (Priority Area 1 & 2)</p>	<ul style="list-style-type: none"> • Offers after-school and summer youth programs • Provides safe, engaging environments for children and teens, with recreation, leadership development, homework support, and creative activities tailored to those communities.
<p>BRIDGES at Belle Glade (Priority Area 1 & 2)</p>	<ul style="list-style-type: none"> • Provides parenting support and early childhood development programs • Connects families with health, education, and social service resources
<p>BRIDGES at Pahokee (Priority Area 1 & 2)</p>	<ul style="list-style-type: none"> • Provides parenting support and early childhood education programs • Connects families to health and social service resources
<p>Diabetes Coalition of Palm Beach County (Priority Area 1 & 2)</p>	<ul style="list-style-type: none"> • Provides free diabetes risk screenings and HbA1c testing at community events • Offers diabetes self-management education and prevention programs • Distributes a diabetes resource guide connecting residents to care and support services
<p>Florida Atlantic University Christine E. Lynn College of Nursing (Priority Area 1 & 2)</p>	<ul style="list-style-type: none"> • Operates the FAU/NCHA Community Health Center, a nurse-led FQHC Look-Alike providing primary care, mental health, diabetes management, social services, and telehealth • Provides wellness education and outreach through holistic health initiatives, workshops, and community-based programs that promote intentional health and well-being
<p>Florida Department of Health in Palm Beach County (Priority Area 1 & 2)</p>	<ul style="list-style-type: none"> • Provides chronic disease prevention and management programs • Offers education and screenings for diabetes, hypertension, and heart disease • Promotes healthy lifestyle initiatives to reduce risk of long-term illness

<p>Glades Area Ministerial Association (GAMA) (Priority Area 2)</p>	<ul style="list-style-type: none"> • Provides community outreach and support through local churches • Assists families with basic needs and resources • Partners with organizations to strengthen health and well-being
<p>The Glades Initiative, Inc. (Priority Area 1 & 2)</p>	<ul style="list-style-type: none"> • Provides food distribution and pantry services • Offers navigation and referrals to health and social services
<p>Healthier Glades (Priority Area 1)</p>	<ul style="list-style-type: none"> • Funds community projects that address health, education, and economic needs in the Glades • Connects residents to resources, mental health supports, and wellness activities through partnerships and engagement
<p>Healthy Mothers, Healthy Babies Coalition of Palm Beach County (Priority Area 1 & 2)</p>	<ul style="list-style-type: none"> • Provides health education and support for expectant mothers and connects families to resources that encourage long-term health and wellness • Can share hospital resources with residents
<p>Lake Okeechobee Rural Health Network /Health Council of Southeast Florida (Priority Area 1 & 2)</p>	<ul style="list-style-type: none"> • Facilitates community engagement and access to care initiatives • Promotes health literacy to improve prevention and management of chronic illnesses • Offers direct community services including health insurance enrollment, prescription assistance, care coordination for high-risk individuals, and health literacy workshops
<p>L.O.T. Health Services (Priority Area 1)</p>	<ul style="list-style-type: none"> • Provides emergency response for cardiac and respiratory conditions • Promotes community CPR and heart health initiatives • Partners on prevention programs addressing chronic disease emergencies
<p>Palm Beach County Behavioral Health Coalition (Priority Area 1 & 2)</p>	<ul style="list-style-type: none"> • Promotes mental health and substance use prevention programs across Palm Beach County. • Provides education, outreach, and community partnerships to increase access to behavioral health services and support youth and families.
<p>Palm Beach County Fire Rescue (Priority Area 1 & 2)</p>	<ul style="list-style-type: none"> • Promotes community CPR and heart health initiatives

	<ul style="list-style-type: none"> Partners on prevention programs addressing chronic disease emergencies
Palm Beach County Library System (Priority Area 2)	<ul style="list-style-type: none"> Provides free access to books, technology, and digital resources Offers educational programs, literacy support, and community services for children, teens, and adults
Palm Health Foundation (Priority Area 1 & 2)	<ul style="list-style-type: none"> Supports community initiatives in behavioral health, chronic disease prevention, and caregiving through partnerships and resident-led projects
The Lord's Place (Priority Area 1 & 2)	<ul style="list-style-type: none"> Supports individuals experiencing homelessness with healthcare access, and connects clients to nutrition and wellness programs

Conclusion

The 2025 Lakeside Medical Center Implementation Plan demonstrates how resident input and local collaboration can shape meaningful action. Developed based on Lakeside Medical Center's 2025 Community Health Needs Assessment (CHNA), this Implementation Plan translates data and community priorities into strategies that aim to respond directly to the region's needs. With a focus on chronic conditions and access to services, the plan reflects both identified challenges and opportunities for building a healthier future for the residents of Lakeside Medical Center's service area. Through measurable goals, strong partnerships, integration of existing resources within the Health Care District enterprise, community education, and ongoing evaluation, this lays the foundation for improving health outcomes and supporting the long-term well-being of residents.



HEALTH CARE DISTRICT BOARD September 30, 2025

1. Description: Reappointment of Cathleen Ward

2. Summary:

Cathleen Ward was reappointed by the Palm Beach County Commissioners to serve a second term on the Health Care District Board (“Board”) through September 30, 2029.

3. Substantive Analysis:

HCD Board

At their September 30, 2025 meeting, the Palm Beach County Board of County Commissioners reappointed Cathleen Ward to the Health Care District Board for a four year term. The term of this appointment runs through September 20, 2029. Ms. Ward’s initial appointment to the Board was on January 23, 2024.

Finance and Audit Standing Committee

Also, Ms. Ward was appointed to the Finance and Audit Standing Committee on December 18, 2024. Ms. Ward is hereby reappointed to the Finance and Audit Standing Committee on December 30, 2025 and is designated as its Chair.

4. Fiscal Analysis & Economic Impact Statement:

	Current FY Amounts	Total Amounts (Current + Future)	Budget
Capital Requirements	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>
Net Operating Impact	N/A		Yes <input type="checkbox"/> No <input type="checkbox"/>

*Non-budgeted expenditures in excess of \$250,000 require Finance and Audit Committee review and Board approval. Reviewed for financial accuracy and compliance with purchasing procedure:

Signed by:


 CA6A21FF258457
 Jessica Cafarelli
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

N/A
Date Approved



HEALTH CARE DISTRICT BOARD
September 30, 2025

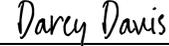
6. Recommendation:

Staff recommends the Board receive and file the reappointment of Cathleen Ward to the Health Care District Board and her designation as Chair.

Approved for Legal sufficiency:

Signed by:


0CF6F7DB67064B Bernabe Icaza
SVP & General Counsel

Signed by:


77A3B53589A1477 Darcy J. Davis
President & Chief Executive Officer