Community Health Assessment

December 2016

Palm Beach County, Florida

Updated June 2019

Florida HEALTH Palm Beach County

Health Care District PALM BEACH COUNTY

HCSEF Health Council of Southeast Florida

Palm Beach County, Florida

Community Health Assessment

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PALM BEACH COUNTY COMMUNITY HEALTH ASSESSMENT REPORT

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Participating Organizations:

211 Palm Beach/Treasure Coast
Area Agency on Aging
CareerSource Palm Beach County
Caridad
Children's Home Society
Children's Services Council of Palm Beach County
Families First
Farris Foundation
Florida Community Health Centers, Inc.
Florida Department of Health in Palm Beach County
FoundCare
Genesis Community Health
Glades Initiative
Health Care District of Palm Beach County
Jerome Golden Center for Behavioral Health
Judy Goodman, P.A.
Jupiter Medical Center
Lakeside Health Advisory Board Members
Palm Beach County
Palm Beach County Food Bank
Palm Beach County League of Cities, Inc.
Palm Beach County Medical Society
Palm Healthcare Foundation
Palm Tran
School District of Palm Beach County
St. Mary's Medical Center
Tabernacle Missionary Baptist Church
United Way Palm Beach County

Please see Appendix B for Palm Beach Advisory Council list

EXECUTIVE SUMMARY

The goal of Community Health Assessment is to identify unmet health needs of community residents and to inform and guide future health planning initiatives to meet those needs. In 2016, the Health Council of Southeast Florida (HCSEF) was enlisted by the Health Care District of Palm Beach County and the Florida Department of Health in Palm Beach County to facilitate a comprehensive, county-wide health needs assessment for Palm Beach County.

HCSEF conducted a comprehensive review of secondary data sources to obtain the most reliable and current information for the Community Health Assessment. HCSEF also collected, compiled and analyzed primary data in order to capture the community's perspective.

This report is organized into four main sections:

1. Demographic and Socioeconomic Profile
2. Health Status Profile
3. Health Resource Availability and Access
4. Community Perspective

The demographic and socioeconomic profile includes data on many of the key demographic, social and economic indicators, such as population, income, poverty status, educational attainment, employment, housing and transportation.

The health status of the county provides details on various indicators including: maternal and child health (such as prenatal care, birth rates, infant and fetal mortality, child immunization rates); behavioral health; hospital utilization data; and morbidity and mortality trends of chronic diseases, infectious diseases and leading causes of death.

The health resources availability and access profile section presents information pertaining to the obtainability of health care resources in Palm Beach County and includes information on health insurance coverage, Federally Qualified Health Centers (FQHCs), and medically underserved populations and areas (MUPs/MUAs).

The section titled Community Perspective includes insight gleaned from individuals and organizations in the community.

Below are highlights of each of the four sections.

<u>Demographic and Socioeconomic Profile</u>

- In 2014, there were 1,359,074 individuals residing in Palm Beach County, representing 7.0% of Florida's total population.
- In 2014, over a quarter (25.6%) of Palm Beach County residents were 62 years and over.
- In 2014, 20% of the population in the county identified as Hispanic or Latino.
- In 2014, 29.4% of Palm Beach County residents reported speaking a language other than English at home; 43.9% of those individuals were reported to speak English less than "very well."
- In 2014, 14.6% of individuals residing in Palm Beach County lived below the poverty level.
- During the 2014-2015 academic school year, Palm Beach County School District reported 3,750 students as homeless, an increase of 25.4% from the previous school year.
- During the 2014-2015 academic school year, Palm Beach County had a high school graduation rate of 79.4%, slightly higher than the state's rate of 77.9%

- In 2014, Palm Beach County had an unemployment rate of 10.8%.

Health Status Profile

- In 2015, Palm Beach County had a rate of 76.3 births to mothers with 1st trimester prenatal care, 3.0 lower than Florida as a whole.
- Almost a quarter (22.9%) of all births in 2015 received Inadequate or Intermediate Prenatal Care according to the Kotelchuck Index.
- In 2015, 44.7% of the births were to overweight or obese mothers at the time pregnancy occurred.
- In 2015, Palm Beach County had a birth rate of 10.8, lower than the rate of Florida as a whole.
- The infant death rate and fetal death rate in Palm Beach County shows health inequities and disparities between different races and ethnicities.
- In 2012, in Palm Beach County 38.0% of high school students reported having used alcohol in the past 30 days, 4.1% higher than Florida as a whole.
- In 2015, the age-adjusted suicide death rate in Palm Beach County was 15.7, slightly higher than the rate in Florida (14.6).
- During 2014, in Palm Beach County, the rate of hospitalizations from congestive heart failure was 75.5, higher than the rate in Florida by 13.
- The age-adjusted cancer incidence in Palm Beach County in 2013 was considerable higher in individuals identifying as Black and Other than in individuals identifying as White, 623.2 versus 241.3 respectively.
- In 2013, 40.2% of adults in Palm Beach County reported being overweight.
- In 2015, the age-adjusted death rate was 586.7 in Palm Beach County
- During 2015, Palm Beach County had a higher rate of deaths from unintentional injuries than the state as a whole, with rates of 51.6 and 46.2 respectively.

Health Resources Availability and Access

- In Palm Beach County, there are a total of twelve primary care health professional shortage areas, seven dental care health professional shortage areas and four mental health care health professional shortage areas.
- Palm Beach County has eight populations designated as medically underserved populations.
- 19.2% of individuals residing in Palm Beach County were uninsured in 2014.

Community Perspective

- A Local Public Health System Assessment was conducted in 2016 in Palm Beach County.
- 14 focus groups were conducted in various areas throughout the county. The following sub-groups of the population were recruited: individuals residing in the Glades communities, residents over the age of 65 years, youth, the homeless, individuals with disabilities, and residents that speak a language other than English primarily (Haitian-Creole and Spanish.)
- A total of 21 interviews were conducted with key informants.

METHODOLOGY

In 2016, the Health Care District of Palm Beach County and the Florida Department of Health in Palm Beach County engaged the Health Council of Southeast Florida (HCSEF) to facilitate a comprehensive health assessment for Palm Beach County to identify health indicators within the community that present areas of concern, gaps in care or services and opportunities for improvement. Specifically, the Community Health Assessment includes information and data on the following areas:

- Demographic characteristics
- Socioeconomic characteristics
- Maternal and child health
- Behavioral risk factors
- Death, illness and injury
- Infectious diseases
- Health resource availability

HCSEF conducted a comprehensive review of secondary data sources to obtain the most reliable and current data for the Community Health Assessment. Secondary data sources include but are not limited to the US Census Bureau – American Community Survey, Florida Department of Health, Florida Department of Education, Florida Department of Law Enforcement, Florida Youth Substance Abuse Survey (FYSAS), Behavior Risk Factor Survey and Surveillance (BRFSS), and Agency for Health Care Administration (AHCA). Some sources are rotated and asked in alternate years; therefore, results from those sources may be presented in varying years or multi-year estimates. In addition, geographic data are present in the format in which they are available (i.e., zip code and census county division).

The information within this report may be used to identify health needs in the community and guide future health planning initiatives in Palm Beach County.

In 2017, the information from this Community Health Assessment was presented to the Palm Beach County Health Advisory Council in an effort to identify strategic priority areas and subsequently developed the Community Health Improvement Plan. The following priority areas were identified by the Advisory Council:

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

It is important to note that there were several other areas that emerged, and though they are not addressed in the CHIP, they are nonetheless important and, if possible, should be considered during future health planning activities in the community. The Advisory Council stressed the importance of identifying and reaching underserved populations to address health disparities. Engaging the community on their level, in a meaningful way, was also emphasized.

Mental and Behavioral Health

The Health Advisory Council recognized that mental and behavioral health are important parts of a healthy community. Having a strong mental and behavioral public health system promotes individuals to reach their full potential and be fully contributing members of society. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) “Studies show that most people with mental health problems get better, and many recover completely.”

With the right support, access to care and rehabilitation, many people who suffer from mental and behavioral issues will progress to a healthy condition.

According to the Florida Behavioral Health Association, Palm Beach County had 4,855 overdoses between January and October 2016 with over $41 million in public payer, opioid related, hospital charges. With such a high number of residents suffering with mental health illnesses, including substance use disorders, action is needed. In a determined effort to improve the health of residents of Palm Beach County, the Advisory Council has established Mental and Behavioral Health as a priority.

Active Living and Healthy Lifestyles

Communities, such as Palm Beach County, are heavily burdened with the effect chronic diseases and conditions have on their population. The cost, both measurable and immeasurable, is tremendous. Unhealthy lifestyle behaviors are the underlying cause of many chronic diseases and conditions, which could be lessened or prevented by increasing healthy behaviors. To influence a change, it is appropriate and important for the public health sector to encourage all members of the population to increase healthy behaviors while decreasing high-risk behaviors. Healthy behaviors, such as being active and exercising, as well as eating a healthy diet, are proven to increase life expectancy, decrease chronic conditions, and prevent disease.

The Health Advisory Council identified various conditions and deficiencies in their population that could be improved through the promotion of active living and healthy lifestyles. The Council recognizes the importance of addressing issues affecting a majority of the population, such as a high body mass index. For example, 60.1% of the adult residents of Palm Beach County are overweight or obese. Obesity is a preventable condition that is linked to health conditions such as heart disease, stroke, diabetes, gallbladder disease, osteoarthritis, gout and some cancers. Encouraging the community to adopt more healthy behaviors and a healthy lifestyle can go a long way in preventing many of these diseases and conditions.

Access to Care and Services

Residents of Palm Beach County have wide-ranging and comprehensive health services available. Unfortunately, a large number of residents are unaware of what services are accessible, if they are eligible to use them, and how to take advantage of these much-needed services. Also, Healthy People 2020 identified access to services as an important component to promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity. The Health Advisory Council appreciates this difficult situation and determined that improving access to comprehensive, quality care and services is a high priority. In order to reach a large-scale audience, outreach efforts must be wide-spread, varied and customized to the various subpopulations. Materials in multiple formats, settings and languages must be developed. In addition, the ethnic, socioeconomic, cultural, and social make-up of the community must be taken into consideration when addressing gaps and knocking down barriers.

DEMOGRAPHIC AND SOCIOECONOMIC PROFILE

Located in southeast Florida, Palm Beach County is the largest county in the state of Florida in area and the third most populous.[1] Established in 1909, the county was named for the large amounts of palm trees and vast coastal area. The county seat is located in the county's largest city, West Palm Beach.

FIGURE 1: PALM BEACH COUNTY, FLORIDA

Palm Beach County is bordered by Martin County to the north, the Atlantic Ocean to the east, Broward County to the south, Hendry County to the west, and runs into Lake Okeechobee in the northwest. The county's total area is 2,383.143 square miles, of which 1,969.893 square miles is land and 413.305 square miles is water.

The demographic and socioeconomic characteristics of the residents of Palm Beach County are presented in the following section. The selected indicators provide background context for specific health needs in the community and provide information imperative to the identification of barriers and gaps in the health care system.

The data included in this report is specific to Palm Beach County and in many cases, for comparison purposes, data is presented for the state of Florida as well as surrounding counties. Throughout the report, certain sections will include references to the Healthy People 2020 target goals. The targets are included to provide a benchmark and potentially aid in future health planning and goal-setting activities.

[1] http://www.census.gov/geo/maps-data/data/gazetteer2016.html

DEMOGRAPHIC CHARACTERISTICS

POPULATION

TOTAL POPULATION

According to the Office of Economic and Demographic Research, Palm Beach County is Florida's third most populous county. The health system within Palm Beach County must ensure that all residents have access to the health care services they need, when they need it. As reflected in the table below, the population in Palm Beach County was 1,426,772 in 2017. The residents of Palm Beach County accounted for 7.0% of the population in Florida.

TABLE 1: TOTAL POPULATION, PALM BEACH COUNTY AND FLORIDA, 2017

Palm Beach County		Florida
Population	% of Florida's Population	Population
1,426,772	7.0%	20,278,447

Source: U.S. Census American Community Survey (ACS), 2017

Compiled by: Health Council of Southeast Florida, 2016

Population by Age

Health care needs vary greatly with age. Because of this, identifying the age composition of an area aids in identifying needs and planning for health services. The table below shows the population in age categories as well as the median age in Palm Beach County and in Florida in 2017. The median age in Palm Beach County was 44. years, while in Florida it was 41.8.

Table 2: Population by Age, Palm Beach County and Florida, 2017

	Palm Beach County		Florida	
2017	**Count**	**Percent**	**Count**	**Percent**
Total population	1,426,772	100.0%	20,278,447	100.0%
Under 5 years	73,263	5.1%	1,105,362	5.5%
5 to 9 years	77,320	5.4%	1,126,805	5.6%
10 to 14 years	77,847	5.5%	1,160,129	5.7%
15 to 19 years	80,686	5.7%	1,194,267	5.9%
20 to 24 years	80,506	5.6%	1,295,818	6.4%
25 to 34 years	167,764	11.8%	2,602,567	12.8%
35 to 44 years	165,796	11.6%	2,465,145	12.2%
45 to 54 years	192,449	13.5%	2,752,893	13.6%
55 to 59 years	96,213	6.7%	1,375,329	6.8%
60 to 64 years	86,421	6.1%	1,273,243	6.3%
65 to 74 years	159,791	11.2%	2,169,519	10.7%
75 to 84 years	110,933	7.8%	1,234,840	6.1%
85 years and over	57,783	4.0%	522,530	2.6%
Median Age (Years)	44.4		41.8	
18 years and over	1,148,653	80.5%	16,166,865	79.7%
21 years and over	1,101,518	77.2%	15,418,433	76.0%
62 years and over	379,046	26.6%	4,676,018	23.1%
65 years and over	328,507	23.0%	3,926,889	19.4%

Source: U.S. Census Bureau, American Community Survey (ACS), Table DP05, 2017

POPULATION BY RACE AND ETHNICITY

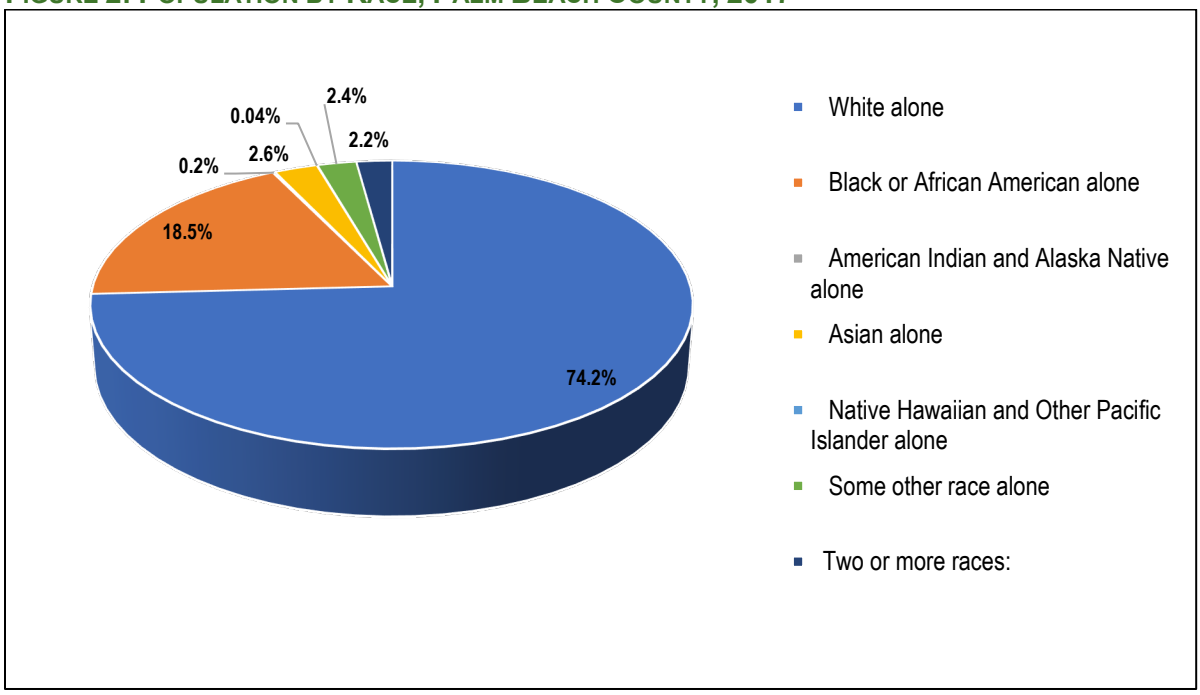
Race and ethnicity are another important consideration for health planning, as health behavior, health care utilization, and subsequently, health outcomes often differ between races and ethnicities. The table and figure below show population by race and ethnicity in Palm Beach County and in Florida in 2017. The percentage of individuals who identify as Black or African American in Palm Beach County was 18.5%, slightly higher compared to Florida as a whole (16.1%).

TABLE 3: POPULATION BY RACE AND ETHNICITY, 2017

	Palm Beach County		Florida	
2017	**Count**	**Percent**	**Count**	**Percent**
RACE				
Total population	1,426,772	100.0%	20,278,447	100.0%
One Race	1,395,942	97.8%	19,763,624	97.5%
White alone	1,058,016	74.2%	15,343,997	75.7%
Black or African American alone	264,224	18.5%	3,270,863	16.1%
American Indian and Alaska Native alone	2,268	0.2%	56,730	0.3%
Asian alone	37,232	2.6%	543,394	2.7%
Native Hawaiian and Other Pacific Islander alone	510	0.04%	12,342	0.1%
Some other race alone	33,692	2.4%	536,298	2.6%
Two or more races:	30,830	2.2%	514,823	2.5%
ETHNICITY				
Total population	1,426,772	100.0%	20,278,447	100.0%
Hispanic or Latino (of any race)	304,210	21.3%	5,015,015	24.7%
Not Hispanic or Latino	1,122,562	78.7%	15,263,432	75.3%

Source: U.S. Census Bureau, American Community Survey (ACS), Table DP05, 2017

FIGURE 2: POPULATION BY RACE, PALM BEACH COUNTY, 2017



Population by Gender

The health care needs of an individual can often times vary according to their gender. The health system in Palm Beach County must be equipped to handle the needs of all people, regardless of their gender. The table below shows the percentages of males and females in Palm Beach County and in Florida in 2017. It is important to note that there were slightly more females (51.6%) living in Palm Beach County than males (48.4%).

TABLE 4: POPULATION BY GENDER, PALM BEACH COUNTY AND FLORIDA, 2017

	Palm Beach County		Florida	
2017	**Count**	**Percent**	**Count**	**Percent**
Male	691,154	48.4%	9,914,361	48.9%
Female	735,618	51.6%	10,364,086	51.1%
Total Population	1,426,772	100.0%	20,278,447	100.0%

Source: U.S. Census Bureau, American Community Survey (ACS), 2017
Compiled by: Health Council of Southeast Florida, 2019

Place of Birth

By determining the origins of individuals that make up the population, Palm Beach County can better understand the linguistic and cultural needs of its residents. By incorporating the specific needs of a certain population in the health planning process, Palm Beach County can ensure that individuals not only feel comfortable while receiving health care services but have a better understanding of their health. The table below shows the population by place of birth in Palm Beach County and in Florida in 2014. During that time, almost one-quarter (23.2%) of Palm Beach County residents were foreign born, which was greater than the state of Florida (19.6%) as a whole. Latin America made up the largest percent of those identified as foreign born (16.9%).

Table 5: Population by Place of Birth, Palm Beach County and Florida, 2014

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Total Population	1,359,074	--	19,361,792	--
Total Foreign Born	315,360	23.2%	3,789,565	19.6%
Europe:	39,119	2.9%	382,274	2.0%
Northern Europe:	10,544	0.8%	99,124	0.5%
Western Europe:	9,502	0.7%	90,321	0.5%
Southern Europe:	6,568	0.5%	66,476	0.3%
Eastern Europe:	12,447	0.9%	125,543	0.6%
Asia:	29,580	2.2%	391,406	2.0%
Eastern Asia:	5,715	0.4%	83,281	0.4%
South Central Asia:	8,010	0.6%	103,510	0.5%
South Eastern Asia:	10,226	0.8%	154,790	0.8%
Western Asia:	5,152	0.4%	46,593	0.2%
Africa:	5,293	0.4%	61,881	0.3%
Eastern Africa:	673	0.0%	11,357	0.1%
Middle Africa:	146	0.0%	1,580	0.0%
Northern Africa:	2,236	0.2%	21,451	0.1%
Southern Africa:	1,588	0.1%	9,722	0.1%
Western Africa:	524	0.0%	13,846	0.1%
Oceania:	490	0.0%	6,354	0.0%
Americas:	240,878	17.7%	2,947,650	15.2%
Latin America:	229,818	16.9%	2,838,756	14.7%
Caribbean:	119,583	8.8%	1,569,321	8.1%
Central America:	57,900	4.3%	605,859	3.1%
South America:	52,335	3.9%	663,576	3.4%
Northern America:	11,060	0.8%	108,894	0.6%

Source: U.S. Census Bureau, American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Further breakdown of the origins of Palm Beach County residents provides greater insight into the linguistic and cultural needs of the population. By addressing such needs, the health system can provide increased access to services among its residents. The table below shows the population by place of birth in the Americas for Palm Beach County and Florida in 2014. Among those who are foreign born, 17.7% were born in the Americas, with 16.9% born in Latin America followed by the Caribbean (8.8%).

TABLE 6: POPULATION BY PLACE OF BIRTH, PALM BEACH COUNTY AND FLORIDA, 2014

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Total Population	1,359,074	--	19,361,792	--
Total Foreign Born	315,360	23.2%	3,789,565	19.6%
Americas:	240,878	17.7%	2,947,650	15.2%
Latin America:	229,818	16.9%	2,838,756	14.7%
Caribbean:	119,583	8.8%	1,569,321	8.1%
Bahamas	2,080	0.2%	19,147	0.1%
Barbados	683	0.1%	5,932	0.0%
Cuba	30,709	2.3%	872,587	4.5%
Dominica	416	0.0%	6,403	0.0%
Dominican Republic	6,177	0.5%	108,736	0.6%
Grenada	82	0.0%	2,778	0.0%
Haiti	53,569	3.9%	287,396	1.5%
Jamaica	21,338	1.6%	202,758	1.0%
St. Vincent and the Grenadines	85	0.0%	2,164	0.0%
Trinidad and Tobago	3,311	0.2%	41,028	0.2%
West Indies	200	0.0%	4,702	0.0%
Other Caribbean	933	0.1%	15,690	0.1%
Central America:	57,900	4.3%	605,859	3.1%
Mexico	23,283	1.7%	265,347	1.4%
Belize	305	0.0%	4,105	0.0%
Costa Rica	1,319	0.1%	16,037	0.1%
El Salvador	4,689	0.3%	40,053	0.2%
Guatemala	17,991	1.3%	70,506	0.4%
Honduras	6,443	0.5%	85,232	0.4%
Nicaragua	3,316	0.2%	104,024	0.5%
Panama	544	0.0%	20,295	0.1%
Other Central America	10	0.0%	260	0.0%
South America:	52,335	3.9%	663,576	3.4%
Argentina	3,713	0.3%	44,060	0.2%
Bolivia	695	0.1%	8,142	0.0%
Brazil	8,398	0.6%	66,977	0.3%
Chile	874	0.1%	18,447	0.1%
Colombia	18,894	1.4%	240,742	1.2%
Ecuador	3,866	0.3%	46,423	0.2%
Guyana	1,565	0.1%	32,653	0.2%
Peru	7,439	0.5%	86,913	0.4%
Uruguay	1,591	0.1%	13,544	0.1%
Venezuela	4,804	0.4%	99,185	0.5%
Other South America	496	0.0%	6,490	0.0%

Source: U.S. Census Bureau, American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

Languages Spoken at Home

Language is often a barrier to health care access, particularly for individuals with limited English proficiency. The table below depicts the language spoken in the homes of Palm Beach County residents in 2014. Of the population 5 years and older, 29.4% were reported to speak a language other than English; the majority of those individuals spoke Spanish or Spanish Creole at home. Of those, 43.9% were reported to speak English less than "very well."

Table 7: Language Spoken at Home, Palm Beach County, 2014

	Total	Percent of specified language speakers	
		Speak English "very well"	Speak English less than "very well"
Population 5 years and over	1,288,298	87.1%	12.9%
Speak only English	70.6%	(X)	(X)
Speak a language other than English	29.4%	56.1%	43.9%
Spanish or Spanish Creole	17.3%	53.3%	46.7%
Other Indo-European languages	9.8%	59.4%	40.6%
Asian and Pacific Island languages	1.5%	56.9%	43.1%
Other languages	0.8%	74.6%	25.4%

Source: U.S. Census Bureau, American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

Households

The availability of adequate and affordable housing for Palm Beach County residents can ensure that the basic need of shelter is attained, and that residents are better suited to address other pressing needs, such as their health. The table below shows count and percent for housing occupancy and housing tenure. Almost 80% (79.2%) of the housing units were occupied in 2014. Among the occupied units, 70.2% were owner-occupied, and 29.8% were renter-occupied.

Table 8: Households, Palm Beach County and Florida, 2014

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Housing Occupancy				
Total housing units	668,464	--	9,051,851	--
Occupied housing units	529,729	79.2%	7,217,508	79.7%
Vacant housing units	138,735	20.8%	1,834,343	20.3%
Housing Tenure				
Occupied housing units	529,729	--	7,217,508	--
Owner-occupied	371,761	70.2%	4,772,944	66.1%
Renter-occupied	157,968	29.8%	2,444,564	33.9%
Average household size of owner-occupied unit	2.47	--	2.61	--
Average household size of renter-occupied unit	2.67	--	2.66	--

Source: U.S. Census Bureau, American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

POPULATION BY CENSUS COUNTY DIVISION

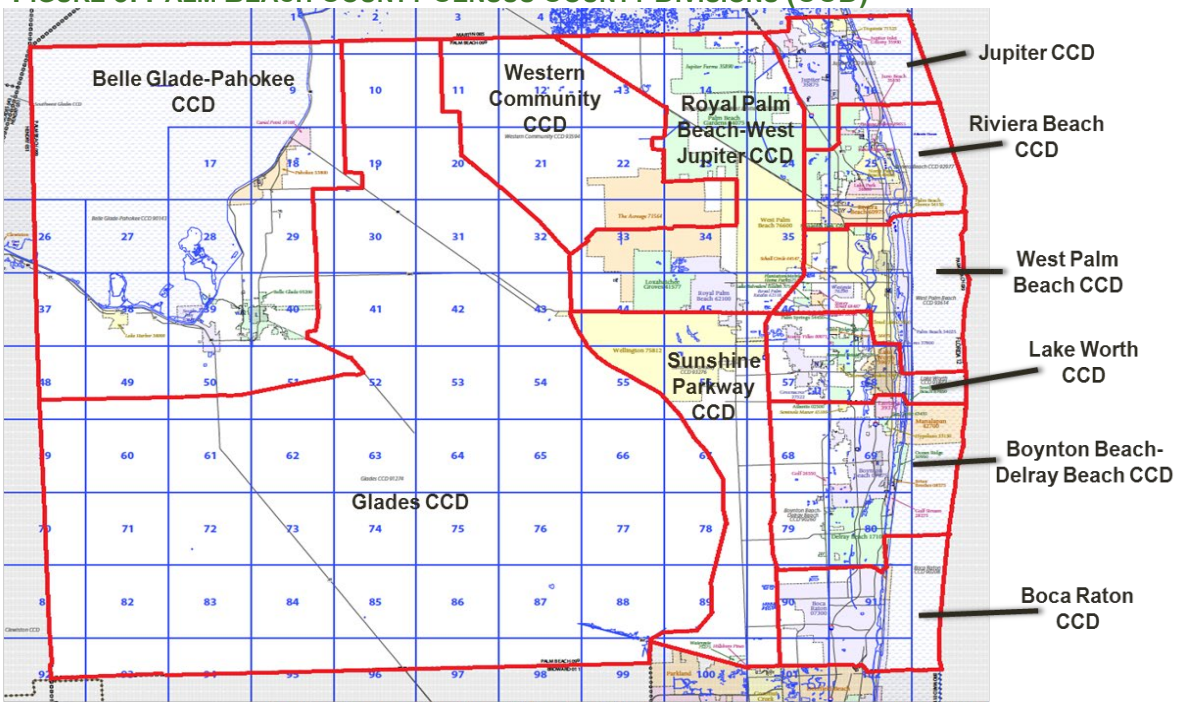
A Census County Division (CCD) is a subdivision of a county that is a relatively permanent statistical area establish cooperatively by the Census Bureau and the state and local government authorities. There are 11 CCD's in Palm Beach County. The table below shows the population for each of the divisions. Boynton Beach-Delray Beach CCD is the most populous, while Glades CCD is the least populous in the county. The following figure depicts the area in the county in which each CCD falls.

TABLE 9: POPULATION BY CENSUS COUNTY DIVISION, PALM BEACH COUNTY, 2014

Census County Division	Count	Percent
Total	1,359,074	--
Belle Glade-Pahokee CCD	34,623	2.5%
Boca Raton CCD	130,671	9.6%
Boynton Beach-Delray Beach CCD	316,198	23.3%
Glades CCD	392	0.0%
Jupiter CCD	86,671	6.4%
Lake Worth CCD	215,122	15.8%
Riviera Beach CCD	102,488	7.5%
Royal Palm Beach-West Jupiter CCD	103,098	7.6%
Sunshine Parkway CCD	194,279	14.3%
Western Community CCD	28,178	2.1%
West Palm Beach CCD	147,354	10.8%

Source: U.S. Census Bureau, American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

FIGURE 3: PALM BEACH COUNTY CENSUS COUNTY DIVISIONS (CCD)



Source: United States Census Bureau, http://www2.census.gov/geo/maps/pl10map/cou_blk/st12_fl/c12099_palm_beach/PL10BLK_C12099_000.pdf
Compiled by: Health Council of Southeast Florida, 2016

All Palm Beach County residents, regardless of whether they have a disability or not, should have equal access to health care services. During the health planning process, it is important to understand how services can be adapted to the needs of the population in order to ensure accessibility for everyone. Shown below is the count and percent of the total population living with a disability in Palm Beach County CCDs in 2014. It is important to note that although the Glades CCD was the least populated, it had the highest percentage of disabled persons relative to its total population.

TABLE 10: POPULATION LIVING WITH A DISABILITY, PALM BEACH COUNTY CCDS, 2014

Geographic Area	Population with Disability	Percent of Total Population
Florida	2,492,469	13.1%
Palm Beach County, Florida	157,493	11.7%
Belle Glade-Pahokee CCD	3,454	11.3%
Boca Raton CCD	14,164	10.9%
Boynton Beach-Delray Beach CCD	45,910	14.6%
Glades CCD	90	23.0%
Jupiter CCD	7,742	9.0%
Lake Worth CCD	23,761	11.2%
Riviera Beach CCD	12,123	11.9%
Royal Palm Beach-West Jupiter CCD	10,748	10.6%
Sunshine Parkway CCD	19,985	10.3%
Western Community CCD	2,303	8.2%
West Palm Beach CCD	17,213	11.8%

Source: U.S. Census Bureau, American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

Further breakdown of the population with a disability by age and type in Palm Beach County provides greater insight into the specific needs of residents when accessing and receiving health services. The table below shows that among the civilian, noninstitutionalized population in 2014, the greatest percent of those with a disability were 65 years and older, with 19.7% experiencing an ambulatory-related disability, followed by 13.1% experiencing a hearing-related disability, and 12.7% experiencing an independent-living disability.

TABLE 11: POPULATION WITH A DISABILITY BY AGE AND TYPE, PALM BEACH COUNTY 2014

	Total	Total with a Disability	% with a Disability
Total civilian noninstitutionalized population	1,346,364	157,493	11.7%
Population under 5 years	70,765	389	0.5%
With a hearing difficulty	--	253	0.4%
With a vision difficulty	--	263	0.4%
Population 5 to 17 years	200,285	7,753	3.9%
With a hearing difficulty	--	775	0.4%
With a vision difficulty	--	1,289	0.6%
With a cognitive difficulty	--	5,615	2.8%
With an ambulatory difficulty	--	941	0.5%
With a self-care difficulty	--	1,574	0.8%
Population 18 to 64 years	779,606	56,416	7.2%
With a hearing difficulty	--	9,949	1.3%
With a vision difficulty	--	9,791	1.3%
With a cognitive difficulty	--	22,194	2.8%
With an ambulatory difficulty	--	29,264	3.8%
With a self-care difficulty	--	10,346	1.3%
With an independent living difficulty	--	19,455	2.5%
Population 65 years and over	295,708	92,935	31.4%
With a hearing difficulty	--	38,644	13.1%
With a vision difficulty	--	16,173	5.5%
With a cognitive difficulty	--	20,621	7.0%
With an ambulatory difficulty	--	58,164	19.7%
With a self-care difficulty	--	21,640	7.3%
With an independent living difficulty	--	37,694	12.7%

Source: U.S. Census Bureau, American Community Survey (ACS)

Compiled by: Health Council of Southeast Florida, 2016

The following table illustrates the different categories of disability experienced by residents 65 years of age and older in Palm Beach County and the State of Florida. According to the American Community Survey, 31.4% of the population 65 years of age and older in Palm Beach County are disabled compared to 33.4% statewide. Similar results are observed in these two geographies based on the different disability categories. For instance, close to 20.0% of the population 65 years of age and older experience ambulatory difficulty compared to 21.1% at the state level.

TABLE 12: POPULATION 65+ WITH A DISABILITY, PALM BEACH COUNTY AND FLORIDA, 2017

	Palm Beach County			Florida		
	Total Population	Total with Disability	% with a Disability	Total Population	Total with Disability	% with a Disability
Population 65+	323,551	41,993	13.0%	3,859,065	526,035	13.6%
With a hearing difficulty	-	41,993	13.0%	-	526,035	13.6%
With a vision difficulty	-	17,228	5.3%	-	237,952	6.2%
With a cognitive difficulty	-	24,066	7.4%	-	332,351	8.6%
With an ambulatory difficulty	-	64,111	19.8%	-	815,578	21.1%
With a self-care difficulty	-	23,327	7.2%	-	285,593	7.4%
With an independent living difficulty	-	40,033	12.4%	-	514,164	13.3%

Source: U.S. Census Bureau, American Community Survey (ACS), Five-Year Estimates, 2013-2017
Compiled by: Health Council of Southeast Florida, 2019

SOCIOECONOMIC CHARACTERISTICS

Socioeconomic status can influence access to care and health outcomes. The socioeconomic indicators presented in this report include measures on: poverty, income, education, employment/unemployment status, housing and crime.

POVERTY

Poverty can create complications for individuals, families and the communities in which they live. Poverty often acts as a barrier to accessing many services including proper medical care and nutrition. The table below shows individuals according to age and gender living below the poverty level in the past 12 months. In Palm Beach County, 20.3% of the population under 18 years of age were below the poverty level; followed by related children of householder also under the age of 18 with 20.1%. It is important to note that a higher percentage of females, at the county- and state-level, were below the poverty level.

Just under one quarter (22.3%) of Palm Beach County's population under 18 years were below the poverty level. It is important to note that there was a higher percentage of females (15.5%) compared to males (13.6%) who were considered living below poverty level in Palm Beach County. The trend in age and gender follows the state as a whole.

TABLE 13: POVERTY STATUS IN THE PAST 12 MONTHS BY AGE AND GENDER, PALM BEACH COUNTY AND FLORIDA, 2017

	Palm Beach County			Florida		
	Total	Below poverty level	% Below Poverty Level	Total	Below poverty level	% Below Poverty Level
Population for whom poverty status is determined	1,407,692	189,156	13.4%	19,858,469	3,070,972	15.5%
AGE						
Under 18 years	274,617	55,843	20.3%	4,044,879	901,772	22.3%
Related children of householder under 18 years	273,521	54,848	20.1%	4,027,068	885,256	22.0%
18 to 64 years	809,524	104,820	12.9%	11,954,525	1,769,880	14.8%
65 years and over	323,551	28,493	8.8%	3,859,065	399,320	10.3%
GENDER						
Male	679,595	84,155	12.4%	9,644,955	1,387,764	14.4%
Female	728,097	105,001	14.4%	10,213,514	1,683,208	16.5%

Source: U.S. Census Bureau, American Community Survey (ACS), Table S1701, 2017
Complied by: Health Council of Southeast Florida, 2019

Further breakdown of the race and ethnicity of those living in poverty in Palm Beach County helps to illuminate disparities among certain subpopulations and better inform the health planning process when determining what populations should be targeted to address certain health issues. The table below portrays residents of Palm Beach County and the State of Florida living below poverty level in the past 12 months according to race and ethnicity. In 2017, close to 42.0% of residents who identified as Native Hawaiian and Other Pacific Islander were below poverty level; followed by residents who identified as Black or African American with 22.6%).

Additionally, close to 20.0% of Hispanic residents of Palm Beach County were living below poverty level; a rate that is 2.4 times as high as non-Hispanic residents living below poverty level (8.1%). Similar results were observed at the statewide level.

TABLE 14: POVERTY STATUS IN THE PAST 12 MONTHS BY RACE AND ETHNICITY, PALM BEACH COUNTY AND FLORIDA, 2017

	Palm Beach County			Florida		
	Total	Below poverty level	% below poverty level	Total	Below poverty level	% below poverty level
RACE						
White	1,045,849	113,902	10.9%	15,073,714	2,000,476	13.3%
Black or African American	258,306	58,280	22.6%	3,149,614	781,928	24.8%
American Indian and Alaska Native	2,226	332	14.9%	54,897	11,233	20.5%
Asian	37,038	4,289	11.6%	536,922	67,789	12.6%
Native Hawaiian and Other Pacific Islander	510	212	41.6%	12,093	3,035	25.1%
Some other race	33,411	6,778	20.3%	528,909	115,941	21.9%
Two or more races	30,352	5,363	17.7%	502,320	90,570	18.0%
ETHNICITY						
Hispanic or Latino origin (of any race)	300,555	58,659	19.5%	4,944,502	981,013	19.8%
Non-Hispanic or Latino	789,955	64,381	8.1%	10,910,869	1,192,478	10.9%

Source: U.S. Census Bureau, American Community Survey (ACS), 2017
Compiled by: Health Council of Southeast Florida, 2019

Families living in poverty are oftentimes unable to afford necessary health care without the availability of reduced-cost or free services. In order to ensure equitable access to health services, the health system in Palm Beach County must be able to provide services that are affordable for all residents. The table below shows the total and percent of families living below poverty in the last 12 months in 2014. Among the 10.5% of families living in poverty, 17.8% consisted of children under 18 years of age, slightly lower than the state as a whole (19.9%).

TABLE 15: POVERTY STATUS IN THE LAST 12 MONTHS, FAMILIES, PALM BEACH COUNTY AND FLORIDA, 2014

	Palm Beach County		Florida	
	Total	% below poverty level	Total	% below poverty level
Families	327,716	10.5%	4,650,162	12.2%
With related children of householder under 18 years	138,145	17.8%	2,011,104	19.9%

Source: U.S. Census Bureau, American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

INCOME

Income is another important indicator when looking at the health of a community.

PER CAPITA INCOME

Per capita income is an indicator of what services individual residents are able to afford. When planning health services, the affordability of such services must align with a majority of the population's income to ensure that accessibility is equitable and that residents are receiving the services they need to live healthy, productive lives. The table below shows the per capita income and earnings for Palm Beach County and Florida in 2014. The per capita income in Palm Beach County was $33,072, over $6,500 more than the state as a whole. In Palm Beach County, the median earnings for females ($39,094) was over $5,000 less than median earnings for men ($45,193).

TABLE 16: PER CAPITA INCOME AND EARNINGS, PALM BEACH COUNTY AND FLORIDA, 2014

	Palm Beach County	Florida
Per capita income (dollars)	33,072	26,499
Median earnings for workers (dollars)	29,844	27,404
Median earnings for male full-time, year-round workers (dollars)	45,193	41,944
Median earnings for female full-time, year-round workers (dollars)	39,094	35,305

Source: U.S. Census Bureau, American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

Household Income

Household income is an indicator of the services families are able to afford. The table below shows the household income for Palm Beach County and Florida in 2014. The percentage of households with earnings (70%) was slightly below the state as a whole (72.4%). The percentage of households who received income from social security (39.0%) was almost four percentage points higher than the state as a whole (35.6%). Compared to the state as a whole (19.3%), the percentage of residents receiving retirement income was slightly lower (17.7%). Palm Beach County percentages remain lower than the state as a whole for those receiving supplemental security income, cash public assistance, and food stamps/SNAP benefits in the past 12 months (9.7% among Palm Beach County residents versus 14.3% in the state).

Table 17: Household Income, Palm Beach County and Florida, 2014

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Total households	529,729	--	7,217,508	--
Less than $10,000	34,021	6.4%	566,058	7.8%
$10,000 to $14,999	27,469	5.2%	409,607	5.7%
$15,000 to $24,999	58,443	11.0%	876,644	12.1%
$25,000 to $34,999	56,755	10.7%	844,807	11.7%
$35,000 to $49,999	74,889	14.1%	1,087,665	15.1%
$50,000 to $74,999	91,492	17.3%	1,307,549	18.1%
$75,000 to $99,999	60,504	11.4%	800,834	11.1%
$100,000 to $149,999	66,224	12.5%	773,446	10.7%
$150,000 to $199,999	26,179	4.9%	268,710	3.7%
$200,000 or more	33,753	6.4%	282,188	3.9%
Median household income (dollars)	52,878	--	47,212	--
Mean household income (dollars)	80,961	--	67,143	--
With earnings	370,726	70.0%	5,222,511	72.4%
Mean earnings (dollars)	77,912	--	67,371	--
With Social Security	206,431	39.0%	2,568,333	35.6%
Mean Social Security income (dollars)	19,517	--	18,153	--
With retirement income	93,582	17.7%	1,393,786	19.3%
Mean retirement income (dollars)	29,359	--	25,455	--
With Supplemental Security Income	18,321	3.5%	351,948	4.9%
Mean Supplemental Security Income (dollars)	9,889	--	9,375	--
With cash public assistance income	8,893	1.7%	155,460	2.2%
Mean cash public assistance income (dollars)	3,281	--	3,283	--
With Food Stamp/SNAP benefits in the past 12 months	51,383	9.7%	1,032,766	14.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

FAMILY INCOME

A family, as defined by the US Census Bureau, is a household in which the householder and all (one or more) other people living in the same household are related to the householder by blood, marriage or adoption. The following table reflects family income in Palm Beach County and in Florida for the year 2014. The county had a higher median and mean family income ($65,331 and $96,305 respectively) than the state as a whole.

TABLE 18: FAMILY INCOME AND BENEFITS, PALM BEACH COUNTY AND FLORIDA, 2014

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Families	327,716	--	4,650,162	--
Less than $10,000	14,427	4.4%	238,613	5.1%
$10,000 to $14,999	9,471	2.9%	163,609	3.5%
$15,000 to $24,999	26,016	7.9%	429,694	9.2%
$25,000 to $34,999	31,417	9.6%	494,360	10.6%
$35,000 to $49,999	44,597	13.6%	694,071	14.9%
$50,000 to $74,999	58,841	18.0%	918,608	19.8%
$75,000 to $99,999	42,650	13.0%	613,375	13.2%
$100,000 to $149,999	51,197	15.6%	631,643	13.6%
$150,000 to $199,999	21,308	6.5%	226,879	4.9%
$200,000 or more	27,792	8.5%	239,310	5.1%
Median family income (dollars)	65,331	--	57,176	--
Mean family income (dollars)	96,305	--	78,507	--

Source: U.S. Census Bureau, American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

GINI INDEX

The Gini Index is a measurement of the income distribution throughout residents in a county. The number varies between 0 and 1 and is based on residents' net income. A value of 0 indicates perfect equality, where there is a proportional distribution of income. A value of 1 indicates perfect inequality, where one household possess all the income and other have no income.

Table 18 depicts the Gini Index in Palm Beach County, in surrounding counties and in Florida. In 2014, Palm Beach County has a Gini Index of 0.48 which falls on the lower end of the spectrum when compared with other counties.

TABLE 19: GINI INDEX, PALM BEACH COUNTY AND FLORIDA, 2014

	Gini Index
Florida	0.48
Palm Beach County	0.51
Surrounding Counties	
Broward County	0.48
Collier County	0.53
Martin County	0.52
Miami-Dade County	0.52

Source: U.S. Census Bureau, American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

HOMELESS

It is difficult to create a definition of homelessness that encompasses all the varied situations. One source of a definition are the federal statutes. There are four broad categories of homelessness in the Federal Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.

- An individual or family who lacks a fixed, regular, and adequate nighttime residence – living in a place not meant for habitation, in a shelter or similar program, or with specific restriction, in an institution.
- An individual or family who will imminently lose housing, under certain circumstances.
- Under certain circumstances, unaccompanied youth, or families with children, who are consistently unstably housed and likely to continue in that state.
- People who are fleeing or attempting to fee domestic or intimate violence and lack the resources to obtain other permanent housing.[2]

This is the definition utilized for annual homeless Point in Time (PIT) counts. PIT counts are annual counts or homeless individuals on a single night during the last 10 days of January. It is important to note that while PIT counts provide valuable information, they are likely undercounts of homelessness due to the difficulty in locating every homeless person in a community. Additionally, results from year to year can be influenced by many factors such as weather, funding and changes in the homeless definition.

This information is important to consider while conducting health assessments and planning future health initiatives. The table below shows the number and percent change of individuals who are homeless. The greatest percent decrease can be seen in 2013, when 1,559 individuals were recorded compared to 2,116 in 2012. Some factors cited as contributing to a decreased number of homeless in 2013:

- Successful programs implemented in the county of the past two years;
- Stricter enforcement of trespass ordinances made the street homeless less visible, and harder to find and count;
- Changes in the method used for the count contributed to a lower count;
- Adjusting count results to ensure those who are literally homeless are reported, resulting in decreases particularly by eliminating school age children and other homeless who are in jail;
- Fewer emergency shelters that serve and target the homeless were identified in 2013 than prior years;
- The lack of service providers in rural communities made it harder to identify the homeless, and where to find them during the count;
- Change in federal count instructions that limited shelter counts to only those facilities identified in the planning area's homeless housing inventory;
- Large emergency shelter provider in area did not report their homeless service data for night of the count;
- The continuum of care had fewer dollars, and volunteers available to carry out their street count;
- 2013 count was not able to get out into the woods, compared to the past street count;
- More permanent supportive housing beds available in 2013 to serve the homeless, whereby those housed are no longer counted as homeless;

[2] http://www.dcf.state.fl.us/programs/homelessness/docs/2016AnnualReport.pdf

- Good, warm and dry weather on the day of the count kept the street homeless out of shelters, making them harder to find.[3]

In 2016, there was a decrease of 6.3% (1332 individuals) from 2015 (1421 individuals). The percent decrease in Palm Beach County in 2016 was slightly below that of the state as a whole (6.3% and 6.7%, respectively).

TABLE 20: HOMELESS COUNT BY CONTINUUM OF CARE, PALM BEACH COUNTY AND FLORIDA, 2011-2016

	Palm Beach County		Florida	
	Count	Percent Change	Count	Percent Change
2011	2,148	--	56,687	--
2012	2,116	-1.5%	55,170	-2.7%
2013	1,559	-26.3%	47,862	-13.3%
2014	1,596	2.4%	41,542	-13.2%
2015	1,421	-11.0%	35,900	-13.6%
2016	1,332	-6.3%	33,502	-6.7%

Source: Council on Homelessness, Annual Report, 2016

Compiled by: Health Council of Southeast Florida, 2016

[3] http://www.dcf.state.fl.us/programs/homelessness/docs/2013AnnualReport.pdf

In order to identify homeless students, the Florida Statutes and the Florida Department of Education (FDOE) uses an overlapping but broader definition than the one described by the HEARTH Act. Every year, Florida school districts report to the FDOE the number of students identified as homeless during the school year. The definition used during this process defines an individual as homeless if they lack a fixed, regular and adequate nighttime residence, including those who are:

1. Sharing others housing due to loss of housing, economic hardship, or similar reason;
2. Living in motels, hotels, trailer parks, and camping grounds, due to the lack of adequate alternative housing;
3. Living in shelters;
4. Abandoned in hospitals or awaiting placement in foster care;
5. Living in a place not designed for or used as a regular sleeping accommodation for human beings to live;
6. Living in cars, parks, abandoned buildings, or similar setting; and
7. Migratory children living in any of the above described circumstances.[4]

The table below shows the count and percent change of homeless students in Palm Beach County and Florida for the years 2010-2015. The greatest percent change in Palm Beach County occurred during the 2012-2013 school year, when there was an almost 90% increase in the number of students who were considered homeless. In the 2014-2015 school year, there was a 25.40% increase in the number of students considered homeless from the 2013-2014 school year.

TABLE 21: HOMELESS STUDENTS BY DISTRICT, PALM BEACH COUNTY AND FLORIDA, 2010-2015

	Palm Beach County		Florida	
	Count	Percent Change	Count	Percent Change
2010-2011	1,443	--	56,680	--
2011-2012	1,636	13.4%	63,685	12.4%
2012-2013	3,107	89.9%	70,189	10.2%
2013-2014	2,991	-3.7%	71,446	1.8%
2014-2015	3,750	25.4%	73,417	2.8%

Source: Florida Department of Education (FDOE), 2015

Compiled by: Health Council of Southeast Florida, 2016

[4] http://www.dcf.state.fl.us/programs/homelessness/docs/2016AnnualReport.pdf

EDUCATION

SCHOOL ENROLLMENT

School enrollment can indicate a population growth among certain age groups among residents. This can inform the health planning process by indicating what types of services will be accessed in the coming years and to what extent. The table below shows the count and percent of school enrollment in Palm Beach County and Florida in 2014. In Palm Beach County, 39.2% of the population three years and over enrolled in school were in elementary school (grades 1-8), followed by college (undergraduate) at 22.9%, and high school (grades 9-12) at 21.4%. These trends follow the state as a whole.

TABLE 22: SCHOOL ENROLLMENT, PALM BEACH COUNTY AND FLORIDA, 2014

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Population 3 years and over enrolled in school	310,363	310,363	4,665,703	4,665,703
Nursery school, preschool	21,763	7.0%	289,140	6.2%
Kindergarten	15,631	5.0%	226,374	4.9%
Elementary (grades 1-8)	121,790	39.2%	1,808,741	38.8%
High school (grade 9-12)	66,511	21.4%	946,234	20.3%
College, undergraduate	71,059	22.9%	1,171,733	25.1%
Graduate, professional school	13,609	4.4%	223,481	4.8%

Source: U.S. Census Bureau, American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

Educational Attainment

Educational attainment has been shown to affect not only income, but also health outcomes. Those with more education tend to have better health outcomes than those with less. The table below shows the educational attainment of males and females in Palm Beach County and Florida in 2014. Among those 25 years and over in Palm Beach County, 26.2% graduated high school (or the equivalent). This is over three percentage points lower than the state as a whole (29.7%). Compared to the state as a whole (17.1%), a higher percentage in Palm Beach County has received a bachelor's degree (20.4%). It should be noted that among those who have some college education but no degree, they may still been enrolled in college in 2014.

Table 23: Educational Attainment, Palm Beach County and Florida, 2014

	Palm Beach County			Florida		
	Total	Male	Female	Total	Male	Female
Population 25 years and over	978,030	462,392	515,638	13,561,596	6,496,259	7,065,337
Less than 9th grade	5.9%	6.6%	5.2%	5.4%	5.7%	5.2%
9th to 12th grade, no diploma	6.5%	7.1%	5.9%	8.1%	8.8%	7.5%
High school graduate (includes equivalency)	26.2%	25.0%	27.2%	29.7%	29.5%	29.8%
Some college, no degree	20.4%	19.4%	21.3%	20.9%	20.3%	21.4%
Associate's degree	8.3%	7.0%	9.5%	9.2%	8.2%	10.1%
Bachelor's degree	20.4%	21.3%	19.7%	17.1%	17.3%	17.0%
Graduate or professional degree	12.3%	13.5%	11.2%	9.6%	10.3%	9.0%

Source: U.S. Census Bureau, American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

High School Graduation Rates

A high school degree ensures a greater ability to secure a job and steady income. Shown below are the graduation rates in Palm Beach County and Florida for the years 2010-2011 through 2014-2015. For the 2014-2015 school year, Palm Beach County has a slightly higher rate (79.4) than the state as a whole (77.9).

Table 24: Graduation Rates, Palm Beach County and Florida, 2010-2011 through 2014-2015

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Palm Beach County	74.3	77	76.3	77.9	79.4
Florida	70.6	74.5	75.6	76.1	77.9

Source: Florida Department of Education, Education Information and Accountability Services (EIAS), 2015
Compiled by: Health Council of Southeast Florida, 2016

School Performance

Florida grades its schools to show how well students in each school are learning what they need to know to be successful. Assigning a letter grade (A-F) is a way to report a school's effectiveness in a manner everyone can understand. Florida grades schools using a point system based on student achievement and progress.[5] Health-related factors such as hunger, physical and emotional abuse, and chronic illness can lead to poor school performance. Early sexual initiation, violence, and physical inactivity are consistently linked to poor grades and test scores and lower educational attainment.[6]

The table below shows school grades by year in Palm Beach County for the years 2010-2014. In 2014, 44.7% of Palm Beach County schools rated received an "A", followed by 21.8% of schools receiving a "C", and 19.3% of school receiving a "B".

Table 25: School Grades by Year, Palm Beach County, 2010-2014

	2010		2011		2012		2013		2014	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
A	107	62.2%	106	59.6%	102	56.7%	74	40.9%	88	44.7%
B	29	16.9%	38	21.3%	35	19.4%	44	24.3%	38	19.3%
C	31	18.0%	25	14.0%	32	17.8%	44	24.3%	43	21.8%
D	5	2.9%	8	4.5%	10	5.6%	15	8.3%	17	8.6%
F	0	0.0%	1	0.6%	1	0.6%	4	2.2%	9	4.6%
I	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.0%
Total	172	--	178	--	180	--	181	--	197	--

Source: Florida Department of Education (FDOE), School Accountability Report, 2014

Compiled by: Health Council of Southeast Florida, 2016

[5] http://www.afloridapromise.org/Pages/Florida_Formula/Facts_on_the_FCAT_and_Floridas_Path_to_Success/School_Grades_Q_and_A.aspx

[6] https://www.cdc.gov/HealthyYouth/health_and_academics/

BUSINESS AND EMPLOYMENT

UNEMPLOYMENT

For many, employment provides the income, benefits, and stability necessary for good health. On the other side, job loss and unemployment is associated with a variety of negative health effects that can prove taxing on a health system serving a large population. The table below shows the employment status of residents in Palm Beach County and Florida in 2014. Among those 16 years and over, 60.2% were in the labor force, with 53.7% being currently employed in 2014. Among the same population, 39.8% were not in the labor force. In Florida, 59.5% were in the labor force with 59.2% currently being employed and 40.5% not in the labor force at all.

TABLE 26: EMPLOYMENT STATUS, PALM BEACH COUNTY AND FLORIDA, 2014

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Population 16 years and over	1,120,841	1,120,841	15,817,611	15,817,611
In labor force	675,048	60.2%	9,415,088	59.5%
Civilian labor force	674,589	60.2%	9,359,928	59.2%
Employed	601,783	53.7%	8,335,023	52.7%
Unemployed	72,806	6.5%	1,024,905	6.5%
Armed Forces	459	0.0%	55,160	0.3%
Not in labor force	445,793	39.8%	6,402,523	40.5%
Civilian labor force	674,589	674,589	9,359,928	9,359,928
Percent Unemployed	--	10.8%	--	10.9%

Source: U.S. Census Bureau, American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

Changes in unemployment over time can further provide input into health planning process as it can highlight the need for more affordable services. The table below shows the unemployment rate for Palm Beach County and Florida in 2014. In 2014, the rate decreased slightly to 10.8, slightly lower than the state as a whole (10.9).

TABLE 27: UNEMPLOYMENT RATE, PALM BEACH COUNTY AND FLORIDA, 2010-2014

Year	Palm Beach County	Florida
2010	9.0	8.9
2011	10.5	10.3
2012	11.2	11.3
2013	11.8	11.8
2014	10.8	10.9

Source: U.S. Census Bureau, American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

Employer Size and Industry

A breakdown of the industries in which most of the population is employed provides an insight into the lifestyle of Palm Beach County residents. In turn, there is a better understanding of the ability to access health services. The table below shows the count and percent of residents in various industries. Over 20% of employed residents were in the "Educational services, and health care and social assistance" industry, followed by the "Professional, scientific, and management, and administrative and waste management services" industry (14.7%) and "Retail trade" (13.2%).

Table 28: Industry, Palm Beach County and Florida, 2014

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Civilian employed population 16 years and over	601,783	601,783	8,335,023	8,335,023
Agriculture, forestry, fishing and hunting, and mining	7,208	1.2%	93,187	1.1%
Construction	41,033	6.8%	541,489	6.5%
Manufacturing	26,866	4.5%	438,566	5.3%
Wholesale trade	16,460	2.7%	241,375	2.9%
Retail trade	79,716	13.2%	1,117,570	13.4%
Transportation and warehousing, and utilities	24,999	4.2%	420,878	5.0%
Information	12,402	2.1%	168,616	2.0%
Finance and insurance, and real estate and rental and leasing	48,626	8.1%	635,062	7.6%
Professional, scientific, and management, and administrative and waste management services	88,624	14.7%	1,048,038	12.6%
Educational services, and health care and social assistance	126,094	21.0%	1,779,713	21.4%
Arts, entertainment, and recreation, and accommodation and food services	71,346	11.9%	1,000,993	12.0%
Other services, except public administration	36,019	6.0%	453,462	5.4%
Public administration	22,390	3.7%	396,074	4.8%

Source: U.S. Census Bureau, American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

A deeper look into the occupations of residents provides further insight into the lifestyle of Palm Beach County residents and a better understanding of what services should be provided. Shown below is the count and percent of the civilian employed population 16 years and over in Palm Beach County and Florida in 2014. In Palm Beach County, 35.4% of this population is in management, business, science, and the arts, followed sales and office (26.4%), and service (22.0%).

TABLE 29: OCCUPATION, PALM BEACH COUNTY AND FLORIDA, 2014

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Civilian employed population 16 years and over	601,783	--	8,335,023	--
Management, business, science, and arts occupations	212,979	35.4%	2,817,634	33.8%
Service occupations	132,674	22.0%	1,724,282	20.7%
Sales and office occupations	159,098	26.4%	2,291,150	27.5%
Natural resources, construction, & maintenance occupations	53,981	9.0%	750,501	9.0%
Production, transportation, and material moving occupations	43,051	7.2%	751,456	9.0%

Source: U.S. Census Bureau, American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

A look at the class of workers among the employed population can provide insight into the income and health benefits that may be received through an employer. The table below shows the class of worker in Palm Beach County and Florida in 2014. Among the civilian employed population 16 years and over, 82.3% were private wage and salary workers compared to 81.1% in the state as a whole.

TABLE 30: CLASS OF WORKER, PALM BEACH COUNTY AND FLORIDA, 2014

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Civilian employed population 16 years and over	601,783	--	8,335,023	--
Private wage and salary workers	495,301	82.3%	6,758,350	81.1%
Government workers	67,087	11.1%	1,074,790	12.9%
Self-employed in own not incorporated business workers	38,533	6.4%	489,858	5.9%
Unpaid family workers	862	0.1%	12,025	0.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 2014
Compiled by: Health Council of Southeast Florida, 2016

PUBLIC ASSISTANCE BENEFITS

SCHOOL LUNCH PROGRAM

School food directly affects students' health, learning, and lifetime wellness habits.[7] The table below shows the number of students who received free and reduced lunches in Palm Beach County and Florida in school year (SY) 2015-2016. In Palm Beach County, 106,999 students were eligible to receive free lunch, followed by 6,393 eligible to receive reduced price lunches and 439 eligible to receive provision 2 lunches.

TABLE 31: FREE AND REDUCED LUNCH STATUS, PALM BEACH COUNTY AND FLORIDA, SY 2015-2016

	Total Members	# Free	# Reduced Price	# Provision 2	# Direct Cert
Palm Beach County	190,121	106,999	6,393	439	0
Florida	2,794,975	1,207,289	112,511	57,483	305,360

Source: Florida Department of Education (FDOE), 2016

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

Compiled by: Health Council of Southeast Florida, 2016

[7] https://healthyschoolscampaign.org/policy/food/

In 1990, the Food Stamp Act was amended to include a provision for an optional nutrition education program to be paired with the distribution of food stamps.[8] Access to healthy, nutritious foods can lead to better health outcomes among lower-income residents which can in turn, reduce the burden of the health system in Palm Beach County. The table below displays SNAP and free lunch participation in Palm Beach County in September of 2016 by zip code. The greatest number of participants was in the 33411 zip code (West Palm Beach/Golden Lakes/Royal Palm).

TABLE 32: SNAP AND FREE LUNCH PARTICIPATION, PALM BEACH COUNTY, SEPTEMBER, 2016

Zip Code		Pop. Est. *	Total SNAP recipients	TOTAL SNAP RANK	SNAP per ZIP CODE capita	Children Under 18 SNAP	Age 60+ Receiving SNAP	Children receiving Free or reduced lunch	TOTAL Free & Red Rank	Sept 2016 Free/Red %	2016 Summer Lunch Sites
33415	Unincorporated - north of Greenacres	47,037	11,978	1	25%	5,397	1,640	7,483	2	88%	9
33461	Palm Springs (NW of Lake W)	42,994	11,298	2	26%	5,189	1,393	6,507	3	90%	4
33463	Greenacres	57,143	11,100	3	19%	5,435	1,282	8,701	1	77%	12
33407	West Palm Beach	28,101	10,426	4	37%	4,958	989	4,908	6	91%	16
33404	Riviera Beach	26,884	9,563	5	36%	4,438	907	4,535	8	91%	21
33460	Lake Worth	31,378	8,893	6	28%	4,644	893	5,335	5	91%	11
33430	Belle Glade	21,286	7,323	7	34%	3,224	974	3,867	10	97%	12
33435	Boynton Beach	33,592	7,188	8	21%	3,010	913	4,113	9	88%	4
334	West Palm Beach (Golden	66,683	6,740	9	10%	2,715	907	5,557	4	58%	8

[8] http://www.snaptohealth.org/snap/snap-and-nutrition/

	Lakes, Royal Palm)										
33417	West Palm Beach (Cypress Lakes)	31,425	6,688	10	21%	2,703	1,391	3,304	16	86%	4

Source: Palm Beach County SNAP Lunch Data, September 2016
Aggregated by: The Palm Beach County Food Bank, September 2016
Compiled by: Health Council of Southeast Florida, 2016

The Older Americans Act (OAA), originally enacted in 1965, supports a range of home and community-based services, such as meals-on-wheels and other nutrition programs, in-home services, transportation, legal services, elder abuse prevention and caregivers support.[9] The table below displays the number of OAA meal clients in Palm Beach County for the years 2013-2018. In 2018, there were 431,767 clients with 3,167 congregate meals clients who were active during the year and 871 home-delivered meals clients active during the year. This is a 12% increase in the numbers of age 60+ meals clients since 2015.

TABLE 33: OLDER AMERICANS ACT, MEALS CLIENTS, PALM BEACH COUNTY, 2013-2018

Year	60+ Population	Congregate Meals Clients Active During the Year	Home-Delivered Meals Clients Active During the Year	Congregate and Home-Delivered Meals Active Clients as a % of 60+ Population	Number of Clients on the Home-Delivered Meals Waitlist During the Year	Clients on the Home-Delivered Meals Waitlist as a % of 60+ Population
2013	379,800	2,656	767	0.90%	1,062	0.28%
2014	386,625	2,893	795	0.95%	1,351	0.35%
2015	394,448	3,121	946	.90%	2,298	.54%
2016	410,058	3,097	946	.99%	2,298	.54%
2017	422,605	2,844	946	.90%	2,298	0.54%
2018	431,767	3,167	871	.94%	2,044	.47%

Source: Area Agency on Aging of Palm Beach/Treasure Coast, Inc. Client Information Registration Tracking System (CIRTS) and Department of Elder Affairs County Profiles, 2018

Compiled by: Area Agency on Aging of Palm Beach/Treasure Coast, Inc., 2019

HOUSING

HOUSING UNITS

Vacant housing units can affect the health and safety of residents. Neighborhoods where the physical environment is dominated by decaying abandoned homes and other housing units affect community well-being, physical health, and mental health. The table below shows housing occupancy in Palm Beach County and Florida in 2014. There was a slightly higher percentage of occupied housing units in Palm Beach County (79.2%) than in Florida (79.7%).

TABLE 34: HOUSING OCCUPANCY, PALM BEACH COUNTY AND FLORIDA, 2014

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Total housing units	668,464	--	9,051,851	--
Occupied housing units	529,729	79.2%	7,217,508	79.7%
Vacant housing units	138,735	20.8%	1,834,343	20.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

Household living status, especially for older residents, can help determine the potential need for home health services or assisted-living spaces. The table below shows the percentage of householders living alone in Palm Beach County and Florida in 2014. In Palm Beach County, 31.4% lived along in 2014 compared to 29.0% in the state as a whole. Among those 65 years and over, 15.8% were living along in Palm Beach County compared to 12.1% of this population in the state as a whole.

TABLE 35: HOUSEHOLDER LIVING ALONE, PALM BEACH COUNTY AND FLORIDA, 2014

	Palm Beach County	Florida
Number of Households	529,729	7,217,508
Householder living alone	31.4%	29.0%
65 years and over	15.8%	12.1%

Source: U.S. Census Bureau, American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

Median Housing Price

Housing value is an indication of the growing or weaning cost of living in an area. With an increased amount of income going towards housing, there can be a decrease in the ability to afford needed health care in the years to come. Shown below is the housing value of owner-occupied units in Palm Beach County and Florida in 2014. The median dollar amount ($194,600) was greater than the median dollar amount in the state as a whole ($156,200).

Table 36: Housing Value, Owner-Occupied Units, Palm Beach County and Florida, 2014

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Owner-occupied units	371,761	371,761	4,772,944	4,772,944
Less than $50,000	34,834	9.4%	494,384	10%
$50,000 to $99,999	55,156	14.8%	931,301	20%
$100,000 to $149,999	50,153	13.5%	841,661	18%
$150,000 to $199,999	50,054	13.5%	774,301	16%
$200,000 to $299,999	73,507	19.8%	841,987	18%
$300,000 to $499,999	65,407	17.6%	569,449	12%
$500,000 to $999,999	29,890	8.0%	234,982	5%
$1,000,000 or more	12,760	3.4%	84,879	2%
Median (dollars)	194,600	--	156,200	--

Source: U.S. Census Bureau, American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

Average Rent

Similar to housing value, an increase in gross rent can indicate a growing or weaning cost of living in an area. With an increased amount of income going towards rent, there can be a decrease in the ability to afford health services. The table below shows the gross rent in Palm Beach County and Florida in 2014. In 2014, the median dollar amount ($1,158) was greater than the median dollar amount in the state as a whole ($998).

Table 37: Gross Rent, Palm Beach County and Florida, 2014

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Occupied units paying rent	150,748	150,748	2,322,949	2,322,949
Less than $200	1,180	0.8%	23,945	1.0%
$200 to $299	2,083	1.4%	42,904	1.8%
$300 to $499	3,855	2.6%	91,347	3.9%
$500 to $749	13,540	9.0%	364,991	15.7%
$750 to $999	31,661	21.0%	644,839	27.8%
$1,000 to $1,499	60,530	40.2%	800,080	34.4%
$1,500 or more	37,899	25.1%	354,843	15.3%
Median (dollars)	1,158	--	998	--

Source: U.S. Census Bureau, American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

TRANSPORTATION

NUMBER OF VEHICLES AVAILABLE

The ability or inability to secure reliable transportation determines the ability to access services, health-related and otherwise. During the health planning process, it is important to consider the location and availability of service providers to ensure that residents, regardless of their transportation needs, can access needed services. The table below shows the vehicles available by household in Palm Beach County and Florida in 2014. The percentage of households with at least one vehicle available (43.6%) was slightly higher than the state as a whole (41.5%). The percentage of households with two vehicles was 37.7%, slightly lower than the state as a whole (37.9%).

TABLE 38: VEHICLES AVAILABLE BY HOUSEHOLD, PALM BEACH COUNTY AND FLORIDA, 2014

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Occupied housing units	529,729	529,729	7,217,508	7,217,508
No vehicles available	35,027	6.6%	512,040	7.1%
1 vehicle available	230,958	43.6%	2,994,497	41.5%
2 vehicles available	199,880	37.7%	2,737,573	37.9%
3 or more vehicles available	63,864	12.1%	973,398	13.5%

Source: U.S. Census Bureau, American Community Survey (ACS), 2014

Compiled by: Health Council of Southeast Florida, 2016

CRIME

The prevalence of crime in an area provides an indication of the safety of an area. Crime can affect not only the physical health of residents, but mental health as well. The table below shows total arrests in Palm Beach County in 2014 and 2015. The arrest rate per 100,000 in 2015 was 3526.5, down from 4075.2 in 2014. It should be noted that there were fewer juvenile arrests in 2015 (4,071) than in 2014 (4,438).

TABLE 39: TOTAL ARRESTS, PALM BEACH COUNTY, 2014 AND 2015

Year	Population	Total Arrests	Arrest Rate per 100,000	Total Adult Arrests	Total Juvenile Arrests
2014	1,360,238	55,432	4075.2	50,994	4,438
2015	1,378,417	48,610	3526.5	44,539	4,071

Source: Florida Department of Law Enforcement (FDLE), 2015

Compiled by: Health Council of Southeast Florida, 2016

A deeper look into the types of arrests in an area further highlights the physical safety of an area. During the health planning process, the health system can better prepare emergency and mental and behavioral health service providers to address growing issues as they affect the wellbeing of a community. In the tables below, arrests by charge are displayed for Palm Beach County in 2015. In Palm Beach County, the number of drug arrests were the greatest at 7,476, followed by larceny at 5,550, and simple assault at 3,964.

TABLE 40: ARRESTS BY CHARGE, INDEX ARRESTS, PALM BEACH COUNTY, 2015

Year	Murder	Forcible Sex Offenses	Robbery	Aggravated Assault	Burglary	Larceny	Motor Vehicle Theft
2015	50	91	463	1,958	1,020	5,550	347

Source: Florida Department of Law Enforcement (FDLE), 2015

Compiled by: Health Council of Southeast Florida, 2016

TABLE 41: ARRESTS BY CHARGE, PART II ARRESTS, PALM BEACH COUNTY, 2015

Year	Manslaughter	Kidnap/Abduction	Simple Assault	Drug Arrests	Prostitution	Non-Forcible Sex Offenses	Stolen Property	DUI	Misc.
2015	2	18	3,964	7,476	341	123	147	1,986	25,074

Source: Florida Department of Law Enforcement (FDLE), 2015

Compiled by: Health Council of Southeast Florida, 2016

HEALTH STATUS PROFILE

The following section provides data on Palm Beach County's health status for various health indicator categories including: Maternal and Child Health, Behavioral Health, Morbidity and Mortality.

MATERNAL AND CHILD HEALTH

PRENATAL CARE

Starting prenatal care early and receiving it regularly throughout a pregnancy improves the chances of a healthy birth. Most practitioners recommend scheduling visit by 8 weeks gestation in the first trimester of pregnancy. The table below shows the births to mothers who received prenatal care during the first trimester of their pregnancy for the years 2011-2015. Trimester prenatal care is calculated as the time elapsed from the date of the last menstrual period to the date of the first prenatal care visit. In Palm Beach County, 76.3% of mothers received prenatal care during the first trimester in 2015, similar to the state's overall rate of 79.3%.

TABLE 42: BIRTHS TO MOTHERS WITH 1ST TRIMESTER PRENATAL CARE, PALM BEACH COUNTY AND FLORIDA, 2011- 2015

Year	Palm Beach County		Florida	
	Count	Rate (%)	Count	Rate (%)
2011	9,804	76.7	154,294	80.3
2012	9,820	75.8	159,307	80.0
2013	9,935	76.1	159,880	79.9
2014	10,028	75.7	160,186	79.4
2015	10,336	76.3	161,643	79.3

Source: Florida Department of Health, Bureau of Vital Statistics, 2015

Note: Trimester prenatal care began is calculated by the time elapsed from the date of the last menstrual period to the date of the first prenatal care visit.

Compiled by: Health Council of Southeast Florida, 2016

It recommended that prenatal care visits are conducted throughout the pregnancy, with visits schedule every two weeks during the third trimester and even once a week the closer a mother is to the due date.[9] The table below shows the number and percentage of births to those mothers with third trimester prenatal care for the years 2011-2015. In 2015, 6.0% of mothers received prenatal care beginning in the third trimester, 2.1 percentage points higher than the state of Florida. The rate of births to mothers with third trimester prenatal care in Palm Beach County has steadily increased from 2011 to 2015.

TABLE 43: BIRTHS TO MOTHERS WITH 3RD TRIMESTER OR NO PRENATAL CARE, PALM BEACH COUNTY AND FLORIDA, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate (%)	Count	Rate (%)
2011	788	6.2	8,543	4.4
2012	893	6.9	9,543	4.8
2013	951	7.3	9,717	4.9
2014	1,026	7.7	10,611	5.3
2015	963	7.1	11,127	5.5

Source: Florida Department of Health, Bureau of Vital Statistics, 2015

Note: Trimester prenatal care began is calculated by the time elapsed from the date of the last menstrual period to the date of the first prenatal care visit.

Compiled by: Health Council of Southeast Florida, 2016

[9] http://www.acog.org/Patients/FAQs/Obesity-and-Pregnancy

KOTELCHUCK INDEX

The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU), uses initiation of prenatal care and number of prenatal visits for calculating adequate prenatal care. The table below shows births by the Kotelchuck index and by mother's education level in 2015. In Palm Beach County, 12,484 or 83.9% of births were to mothers that have a high school diploma or higher, while 16.1% were to mothers with less than a high school diploma. Among mothers with a high school diploma or higher, 1,488 or 67.2% had inadequate prenatal care, while 727 or 32.8% of those with less than a high school diploma had inadequate prenatal care.

TABLE 44: BIRTHS BY KOTELCHUCK PRENATAL CARE INDEX BY MOTHER'S EDUCATION, PALM BEACH COUNTY, 2015

	Inadequate Prenatal Care	Intermediate Prenatal Care	Adequate Prenatal Care	Adequate Plus Prenatal Care	Unknown	Total
8th grade or less	415	89	257	254	103	1,118
9th-12th grade, no diploma	312	112	330	386	131	1,271
HS Graduate or GED	640	262	1,042	1,495	402	3,841
Some college but no degree	348	210	925	1,024	255	2,762
Associate's Degree	131	102	507	524	110	1,374
Bachelor's Degree	253	277	1,019	1,101	230	2,880
Master's Degree	68	98	426	427	93	1,112
Doctorate Degree	23	36	148	145	35	387
Unknown	25	14	23	28	38	128
Total	2,215	1,200	4,677	5,384	1,397	14,873

Source: Florida Department of Health, Bureau of Vital Statistics, 2015

Compiled by: Health Council of Southeast Florida, 2016

Overweight and Obesity

Being overweight or obese while pregnant can place a mother and her baby at risk for several adverse health outcomes, including gestational diabetes, Preeclampsia, neural tube defects, preterm birth and even stillbirth.[10]

The tables below show the number and percentage of births to overweight and obese mothers at the time pregnancy occurred in Palm Beach County and in Florida for the years 2011-2015. During the time period shown, the percent of births to overweight mothers at the time pregnancy occurred in Palm Beach County ranged from 23.9% (the lowest) in 2012 to 25.6% (the highest) in both 2014 and 2015. In 2015, the percent of births to overweight mothers at the time pregnancy occurred in Palm Beach County (25.6%) was slightly higher than that of the state (24.5%).

Table 45: Births to Overweight Mothers at the Time Pregnancy Occurred, Palm Beach County and Florida, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	3,345	24.2	50,524	23.7
2012	3,336	23.9	50,636	23.8
2013	3,574	25.2	51,950	24.1
2014	3,690	25.6	53,059	24.1
2015	3,807	25.6	55,049	24.5

Source: Florida Department of Health, Bureau of Vital Statistics, 2015
Compiled by: Health Council of Southeast Florida, 2016

In a similar fashion, the percentage of births to obese mothers at the time of pregnancy in Palm Beach County (19.1%) was slightly below the state overall (21.9%). Palm Beach County has seen a steady increase in the percentage of births to obese mothers from 2011 to 2015, similar to Florida overall.

Table 46: Births to Obese Mothers at the Time Pregnancy Occurred, Palm Beach County and Florida, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	2,495	18.1	43,913	20.6
2012	2,565	18.4	43,940	20.6
2013	2,662	18.7	45,252	21.0
2014	2,763	19.1	47,243	21.5
2015	2,839	19.1	49,144	21.9

Source: Florida Department of Health, Bureau of Vital Statistics, 2015
Compiled by: Health Council of Southeast Florida, 2016

[10] http://www.acog.org/Patients/FAQs/Obesity-and-Pregnancy

WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.[11]

The table below shows the number of individuals eligible to receive WIC benefits who were served for the years 2011 through 2015. In 2015, the WIC eligible individuals served decreased substantially from 92.2% in 2014 to 72.8%.

TABLE 47: WIC ELIGIBLES SERVED, PALM BEACH COUNTY AND FLORIDA, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate (%)	Count	Rate (%)
2011	30,193	91.6	491,267	84.6
2012	29,484	88.9	477,368	80.4
2013	30,352	91.6	488,961	83.8
2014	31,076	92.2	489,383	83.3
2015	31,362	72.8	492,039	74.7

Source: Florida Department of Health, WIC and Nutrition Services, 2011-2015

Compiled by: Health Council of Southeast Florida, 2016

OVERWEIGHT AND OBESE

The percentage of children who are participating in WIC and who are overweight and obese can provide greater insight into the availability of healthy, nutritious foods. It can also illuminate the need for nutrition education among families participating in WIC. The table below shows the number of WIC children greater than or equal to 2 years old who are overweight or obese in Palm Beach County and in Florida from 2011 to 2015. In 2015, the percentage of children who were overweight or obese was 31.4%, higher than the state as a whole (26.3%).

TABLE 48: WIC CHILDREN >= 2 WHO ARE OVERWEIGHT OR OBESE, PALM BEACH COUNTY AND FLORIDA, 2011-2015

Year	Palm Beach County	Florida
	Rate (%)	Rate (%)
2011	32.2	28.5
2012	33.8	28.5
2013	33.4	27.6
2014	33.8	26.7
2015	31.4	26.3

Source: Florida Department of Health, WIC and Nutrition Services

Compiled by: Health Council of Southeast Florida

[11] Women, Infants, and Children (WIC). https://www.fns.usda.gov/wic/about-wic-wic-glance

BIRTH RATES

TOTAL BIRTHS

The number of total births can indicate an increase or decrease in the population of an area. During the health planning process, a health system can better adapt to the services needed by a growing, younger sector of the population. The table below shows the counts and rates of birth in Palm Beach County and Florida from 2011 to 2015. The rates during this time period in Palm Beach County have been slightly lower than rates in Florida overall. In 2015, there were 14,873 live births in Palm Beach County, a slightly lower rate at 10.8 per 1,000 than that of Florida's at 11.3 per 1,000.

TABLE 49: TOTAL RESIDENT LIVE BIRTHS, PALM BEACH COUNTY AND FLORIDA, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	13,797	10.4	213,237	11.3
2012	13,936	10.5	212,954	11.2
2013	14,198	10.5	215,194	11.1
2014	14,433	10.6	219,905	11.2
2015	14,873	10.8	224,273	11.3

Source: Florida Department of Health, Florida Bureau of Vital Statistics, 2015

Compiled by: Health Council of Southeast Florida, 2016

The table below reflects the birth counts and rates for the state of Florida, Palm Beach County, and surrounding counties in 2015. In comparison to the surrounding counties, Palm Beach County has the fourth largest rate of resident live births at 11.3 per 1,000.

TABLE 50: TOTAL RESIDENT LIVE BIRTHS, PALM BEACH COUNTY, FLORIDA, AND SURROUNDING COUNTIES, 2015

	Count	Rate
Florida	224,273	11.3
Palm Beach	14,873	10.8
Broward	22,307	12.2
Collier	3,256	9.4
Miami-Dade	32,432	12.2
Glades	79	6.1
Hendry	631	16.6
Martin	1,262	8.4
Saint Lucie	3,099	10.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2015

Compiled by: Health Council of Southeast Florida, 2016

Births by Mothers Age and Race

A deeper look into the age and race of mothers giving birth can inform the health system of needed improvement in the areas of reproductive health within certain populations. The table below shows the birth counts by mothers' age and race in Palm Beach County. A majority of births (66.7%) in 2015 were to mother's who are identified as "White", followed by mothers who are identified as either "Black" or "Other" at 33.2%. Among mothers who are identified as "White", 3,146 or 31.7% of births were to mothers ages 30-34. Among those who are identified as "Black" or "Other', 1,437 or 29.1% of births were to mothers ages 25-29.

Table 51: Births by Mothers Age and Race, Palm Beach County, 2015

Age	Race			
	White	Black & Other	Unknown	Total
0-14	1	3	--	4
15-17	109	66	1	176
18-19	259	187	1	447
20-24	1,544	1,044	4	2,592
25-29	2,766	1,437	5	4,208
30-34	3,146	1,251	5	4,402
35-39	1,659	719	3	2,381
40-44	398	210	--	608
45 and over	40	15	--	55
Total	9,922	4,932	19	14,873

Source: Florida Department of Health, Bureau of Vital Statistics, 2015

Compiled by: Health Council of Southeast Florida, 2016

Teenage Birth Rates and Repeat Teenage Birth Rates

Further examination into the teenage birth rates and repeat birth rates further informs the health system of which populations to target for reproductive health education and programs. The following tables display the repeat birth rates among teen mothers ages 15-17, 15-19, and 18-19.

The table below shows the counts and rates of repeat births to mothers ages 15-17 in Palm Beach County and Florida from 2011 to 2015. The rate of repeat teen births for the 15 to 17-year-old age group has fluctuated in the time period shown with the lowest percentage in 2013 at 6.3% and the highest at 12.4% in 2011. In 2015, the percent of repeat births to mothers ages 15-17 (9.1%) increased from 2013 (6.3%) and is slightly higher than that of Florida When viewing the rates of repeat births, it is important to note that rates calculated on a small number of occurrences are affected considerably by even a small change in the number of occurrences.

Table 52: Repeat Births to Mothers Ages 15-17, Palm Beach County and Florida, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate (%)	Count	Rate (%)
2011	33	12.4	391	8.3
2012	27	12.3	314	7.4
2013	12	6.3	274	7.4
2014	12	7.7	235	7.3
2015	16	9.1	248	8.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2015

Compiled by: Health Council of Southeast Florida, 2016

An examination of teen repeat births by race can inform the health system of disparities among certain subpopulations and help providers target their efforts to reduce repeat birth rates among teens. Shown below are the rates of repeat births in Palm Beach County and Florida to mothers ages 15-17 by race for the years 2011-2015. The highest percent of repeat births in Palm Beach County were to mothers who are identified as “White” at 12.8%, this rate is over nine percentage points higher than the percentage of repeat births (3.0%) to mothers who are identified as “Black” and “Other”. The percentage of repeat births to mothers who are identified as “White” in Palm Beach County in 2015 was also higher than the percentage of repeat births to mothers who are identified as “White” in Florida (7.4%). The percent of mothers who are identified as “Black” and “Other” in Palm Beach County (3.0%) was significantly lower in 2015 than in Florida at 9.1%.

Table 53: Repeat Births to Mothers Ages 15-17 by Race, Palm Beach County and Florida, 2011-2015

	Palm Beach County		Florida	
	White	Black and Other	White	Black and Other
2011	10.7	14.3	6.4	11.0
2012	17.3	7.3	6.6	8.8
2013	6.3	6.3	6.5	8.9
2014	7.4	8.1	7.3	7.4
2015	12.8	3.0	7.4	9.1

Source: Florida Department of Health, Bureau of Vital Statistics, 2015

Compiled by: Health Council of Southeast Florida, 2016

A deeper look into repeat births by ethnicity can highlight the need for culturally competent services within the health care system. Shown below are the percentages of repeat births to mothers ages 15-17. in Palm Beach County and Florida for the years 2011-2015. The percentages have fluctuated among both Hispanic and non-Hispanic mothers within Palm Beach County and Florida. In 2015, the percentage of repeat births to mothers ages 15-17 in Palm Beach County is the highest among mothers who are identified as Hispanic (12.4%) compared to mothers who are identified as non-Hispanic (5.8%). The percentage of repeat births to mothers who are identified as Hispanic in Palm Beach County in 2015 was nearly three percentage points higher than among Hispanic mothers in Florida overall (9.5%). The percentage of repeat births to mothers who are identified as non-Hispanic (5.8%) in Palm Beach County in 2015 was slightly lower than among Non-Hispanic mothers in Florida overall (7.3%).

TABLE 54: REPEAT BIRTHS TO MOTHERS AGES 15-17 BY ETHNICITY, PALM BEACH COUNTY AND FLORIDA, 2011-2015

	Palm Beach County		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
2011	14.6	11.0	9.0	8.0
2012	19.8	8.0	8.4	7.0
2013	6.7	6.0	8.1	7.1
2014	6.3	9.2	9.4	6.5
2015	12.4	5.8	9.5	7.3

Source: Florida Department of Health, Bureau of Vital Statistics, 2015
Compiled by: Health Council of Southeast Florida, 2016

The table below displays the counts and rates of repeat births to mothers ages 18-19 in Palm Beach County and Florida from 2011 to 2015. The rate of repeat teen births for the 18 to 19-year-old age group has fluctuated in the time period shown with the lowest percentage occurring in 2015 at 19.2% and the highest at 23.5% in 2011. In 2015, the percent of repeat births to mothers ages 18-19 (19.2%) is slightly higher than that of Florida (18.5%).

TABLE 55: REPEAT BIRTHS TO MOTHERS AGES 18-19, PALM BEACH COUNTY AND FLORIDA, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate (%)	Count	Rate (%)
2011	154	23.5	2,597	20.9
2012	130	20.9	2,379	20.3
2013	102	20.6	2,009	19.6
2014	106	21.0	1,878	19.6
2015	86	19.2	1,641	18.5

Source: Florida Department of Health, Bureau of Vital Statistics, 2015

Compiled by: Health Council of Southeast Florida, 2016

As mentioned previously, an examination of teen repeat births by race can inform the health system of disparities among certain subpopulations and help providers target their efforts to reduce repeat birth rates among teens. The table below shows the rates of repeat births to mothers ages 18-19 by race in Palm Beach County and Florida for the years 2011-2015. In Palm Beach County, the higher percent of repeat births among mothers ages 18-19 were to mothers who are identified as "White" at 20.1%, and slightly higher percentage than that of mothers who are identified as "Black and Other" (18.2%). The percentage of repeat births to mothers who are identified as "White" in Palm Beach County is also slightly higher than the percentage in Florida (17.9%). The percentage of repeat births to mothers who are identified as "Black and "Other" (18.2%) in Palm Beach County is also slightly higher than that of Florida (19.7%).

TABLE 56: REPEAT BIRTHS TO MOTHERS AGES 18-19 BY RACE, PALM BEACH COUNTY AND FLORIDA, 2011-2015

	Palm Beach County		Florida	
	White	Black and Other	White	Black and Other
2011	21.7	26.0	18.7	24.7
2012	18.2	24.4	18.6	23.1
2013	20.6	20.7	17.6	22.8
2014	20.2	22.0	18.5	21.5
2015	20.1	18.2	17.9	19.7

Source: Florida Department of Health, Bureau of Vital Statistics, 2015
Compiled by: Health Council of Southeast Florida, 2016

As mentioned previously, a deeper look into teen repeat births by ethnicity can highlight the need for culturally competent services within the health care system. Shown below are the percentages of repeat births to mothers ages 18-19 by ethnicity in Palm Beach County and Florida for the years 2011-2015. The percentages have fluctuated among both Hispanic and non-Hispanic mothers within Palm Beach County and Florida. In 2015, the percentage of repeat births to mothers ages 18-19 in Palm Beach County is the highest among mothers who are identified as Hispanic (23.4%) compared to mothers who are identified as non-Hispanic (16.2%). The percentage of repeat births to mothers who are identified as Hispanic in Palm Beach County in 2015 was slightly over three percentage points higher than among Hispanic mothers in Florida overall (20.1%). The percentage of repeat births to mothers who are identified as non-Hispanic (16.2%) in Palm Beach County in 2015 was slightly lower than among non-Hispanic mothers in Florida overall (17.8%).

TABLE 60: REPEAT BIRTHS TO MOTHERS AGES 18-19 BY ETHNICITY, PALM BEACH COUNTY AND FLORIDA, 2011-2015

	Palm Beach County		Florida	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
2011	24.3	23.2	22.7	20.3
2012	22.5	20.1	22.0	19.7
2013	24.3	17.6	20.8	19.1
2014	22.5	20.0	21.0	18.9
2015	23.4	16.2	20.1	17.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2015
Compiled by: Health Council of Southeast Florida, 2016

Birth Weight

Proper prenatal care and healthy behaviors during pregnancy can reduce the likelihood of low birth weight babies.

Very Low Birth Weight

Having a low or very low birth weight can cause serious health problems for some babies. Very low birth weight babies can develop certain health conditions later in life, including diabetes, heart disease, high blood pressure, metabolic syndrome, and obesity.[12]

The table below shows the number and percent of babies born at very low birth weight, under 1500 grams (~3.3 pounds) in Palm Beach County and in Florida in from 2011 to 2015. In Palm Beach County 1.4% of live births were very low birth weight babies, a percent slightly lower than the state's at 1.6% It is important to note that rates calculated on a small number of occurrences are affected considerably by even a small change in the number of occurrences.

Table 61: Live Births Under 1500 Grams (Very Low Birth Weight), Palm Beach County and Florida, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate (%)	Count	Rate (%)
2011	236	1.7	3,433	1.6
2012	207	1.5	3,415	1.6
2013	202	1.4	3,311	1.5
2014	232	1.6	3,550	1.6
2015	214	1.4	3,497	1.6

Source: Florida Department of Health, Bureau of Vital Statistics, 2015

Compiled by: Health Council of Southeast Florida, 2016

[12] http://www.marchofdimes.org/complications/low-birthweight.aspx

Low Birth Weight

The table below shows the count number and percent of babies born at low birth weight, under 2500 grams (~5.5 pounds) in Palm Beach County and Florida from 2011 to 2015. The percent of low birth weight babies was slightly lower in Palm Beach County at 8.5% than in the state (8.6%). It is important to note that rates calculated on a small number of occurrences are affected considerably by even a small change in the number of occurrences.

Table 62: Live Births Under 2500 Grams (Low Birth Weight), Palm Beach County and Florida, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate (%)	Count	Rate (%)
2011	1,251	9.1	18,558	8.7
2012	1,229	8.8	18,291	8.6
2013	1,162	8.2	18,371	8.5
2014	1,221	8.5	19,104	8.7
2015	1,259	8.5	19,367	8.6

Source: Florida Department of Health, Bureau of Vital Statistics, 2015

Compiled by: Health Council of Southeast Florida, 2016

Preterm Births

Preterm birth is the leading cause of newborn death. Those who survive are at risk for serious health problems. Babies born only four to six weeks early can develop breathing difficulties, feeding problems, jaundice, and poor brain functions.[13]

The table below shows the number of preterm births in Palm Beach County and Florida for the years 2011-2015. In 2015, the percentage of preterm births in Palm Beach County was slightly lower than the state percentage of 10.0%. Within the time period shown, the lowest percentage of preterm births in Palm Beach County was in 2013 and 2014 at 9.3%. The highest rate was in 2011 at 10.8%.

Table 62: Preterm Births, Palm Beach County and Florida, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate (%)	Count	Rate (%)
2011	1,491	10.8	21,994	10.3
2012	1,431	10.3	21,783	10.2
2013	1,323	9.3	21,552	10.0
2014	1,337	9.3	21,804	9.9
2015	1,474	9.9	22,388	10.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2015

Compiled by: Health Council of Southeast Florida, 2016

13 http://ukhealthcare.uky.edu/health-and-wellness/publications/fact-sheets/mother-baby/Short-and-Long-Term-Effects-of-Preterm-Birth-Fact-Sheet/

Further breakdown of preterm births by race can inform the health system of disparities among certain subpopulations and help providers target their efforts to reduce preterm birth rates. The table below shows the number of preterm births by race in Palm Beach County and Florida for the years 2011-2015. In 2015, the percentage of preterm births in Palm Beach County among the "Black and Other" populations was 12.4%, slightly lower than the state as a whole (12.6%). Within the time period shown, the lowest percentage of preterm births in Palm Beach County was in 2013 at 10.7%; the highest was in 2011 at 12.9%.

TABLE 63: PRETERM BIRTHS BY RACE, PALM BEACH COUNTY AND FLORIDA, 2011-2015

	Palm Beach County				Florida			
	White		Black & Other		White		Black & Other	
2011	892	9.7	598	12.9	14,187	9.3	7,727	12.8
2012	825	9.1	606	12.6	14,006	9.3	7,704	12.6
2013	788	8.5	530	10.7	13,821	9.0	7,613	12.5
2014	752	8.0	582	11.5	14,042	8.9	7,636	12.4
2015	859	8.7	614	12.4	14,375	8.9	7,867	12.6

Source: Florida Department of Health, Bureau of Vital Statistics, 2015

Compiled by: Health Council of Southeast Florida, 2016

INFANT MORTALITY

INFANT DEATHS

Infant mortality is defined as the death of a baby before his or her first birthday. The infant mortality rate is the number of infant deaths that occur for every 1,000 live births. The following table highlights infant deaths and respective rates from 2013 to 2017 in Palm Beach County and the State of Florida. In both geographies infant mortality rates have remained relatively stable since 2013, with a higher rate observed at the state-level. In 2017, the infant mortality rate for Palm Beach County was 4.5 infant deaths per 1,000 live births compared to 6.1 per 1,000 statewide.

TABLE 64: INFANT DEATH PER 1,000 LIVE BIRTHS, PALM BEACH COUNTY AND FLORIDA, 2013-2017

	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2013	65	4.6	1,318	6.1
2014	69	4.8	1,327	6.0
2015	73	4.9	1,400	6.2
2016	64	4.3	1,380	6.1
2017	67	4.5	1,355	6.1

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

Further breakdown of infant deaths by race can inform the health system of disparities among certain subpopulations and help providers target their efforts to reduce infant mortality. The table below shows the infant mortality rates per 1,000 live births by race for Palm Beach County for the years 2013 through 2017. In 2017, the highest infant mortality rate was observed among Black infants at 6.0 per 1,000 live births which is 1.5 times greater than the rate observed among White infants and infants of Other race (3.8 per 1,000 and 3.9 per 1,000, respectively).

TABLE 65: INFANT DEATH PER 1,000 LIVE BIRTHS BY RACE, PALM BEACH COUNTY, 2013-2017

	White		Black		Other		Total	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2013	29	3.1	29	7.0	7	8.8	65	4.6
2014	28	3.0	36	8.6	5	5.8	69	4.8
2015	32	3.2	37	9.1	4	4.5	73	4.9
2016	29	3.0	30	7.1	5	5.0	64	4.3
2017	37	3.8	26	6.0	4	3.9	67	4.5

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

A deeper look into infant deaths by ethnicity can highlight the need for culturally competent services within the health care system. Shown below are the rates of infant deaths per 1,000 live births by ethnicity in Palm Beach County for the years 2013-2017. In 2017, the highest infant mortality rate was observed among infants of Unknown ethnicity with 31.3 infant deaths per 1,000 live births; however, it is important to note that the number of infant deaths among this group was significantly lower than the number of deaths observed among non-Hispanic, Hispanic and infants of Haitian ethnicity. The second highest rate observed in 2017 derived from infants of Haitian ethnicity with 5.9 per 1,000 live births.

TABLE 66: INFANT DEATH PER 1,000 LIVE BIRTHS BY ETHNICITY, PALM BEACH COUNTY, 2013-2017

	Hispanic		Haitian		Non-Hispanic		Unknown		Total	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2013	11	2.6	9	5.2	11	5.4	1	29.4	65	4.6
2014	18	4.3	14	8.3	37	4.4	0	0.0	69	4.8
2015	19	4.2	14	8.7	37	4.3	3	88.2	73	4.9
2016	22	4.7	8	4.7	33	3.9	1	17.9	64	4.3
2017	22	4.6	11	5.9	31	3.7	3	31.3	67	4.5

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

Fetal Deaths

Fetal death refers to the spontaneous intrauterine death of a fetus at any time during pregnancy. Fetal deaths later in pregnancy are also sometimes referred to as stillbirths**.** The table below shows the fetal death counts and rates in Palm Beach County and Florida from 2011 to 2015. Within the time period shown, the rate was the lowest in 2012 (6.5 per 1,000 live births). The highest rate occurred in 2014 at 7.4 per 1,000 live births. In 2015, the fetal death rate was 6.9 per 1,000 live births for the county, slightly higher than Florida's (6.8 per 1,000).

Table 67: Fetal Deaths per 1,000 Deliveries, Palm Beach County and Florida, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	93	6.7	1,558	7.3
2012	91	6.5	1,530	7.1
2013	97	6.8	1,533	7.1
2014	108	7.4	1,576	7.1
2015	104	6.9	1,541	6.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2015

Compiled by: Health Council of Southeast Florida, 2016

Further examination of fetal deaths by race can inform the health system of disparities among certain subpopulations and help providers target their efforts to reduce fetal mortality. The table below shows the fetal death counts and rates by race in Palm Beach County for the years 2011-2015. In 2015, the fetal death rate was the highest among Black fetuses at 13.2 per 1,000 deliveries for the county.

Table 68: Fetal Deaths per 1,000 Deliveries by Race, Palm Beach County, 2011-2015

	White		Black		Other		Unknown		Total	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2011	45	4.9	40	10.3	8	10.3	0	0.0	93	6.7
2012	39	4.3	44	10.8	8	10.0	0	0.0	91	6.5
2013	40	4.3	50	11.9	6	7.5	1	37.0	97	6.8
2014	56	5.9	47	11.1	5	5.8	0	0.0	108	7.4
2015	48	4.8	54	13.2	2	2.3	0	0.0	104	6.9

Source: Florida Department of Health, Bureau of Vital Statistics, 2015

Compiled by: Health Council of Southeast Florida, 2016

A deeper look into infant deaths by ethnicity can highlight the need for culturally competent services within the health care system. Shown below are the rates of fetal deaths per 1,000 deliveries by ethnicity in Palm Beach County for the years 2011-2015. The highest rate in 2015 was among fetuses of "Unknown" ethnicity at 150.0 per 1,000 deliveries. However, it should be noted that the count is significantly lower than the other ethnicities listed. The second highest rate in 2015 was among fetuses of Haitian ethnicity at 11.6 per 1,000 deliveries, followed by non-Hispanic (6.9) and Hispanic ethnicities (4.1).

TABLE 69: FETAL DEATHS PER 1,000 DELIVERIES BY ETHNICITY, PALM BEACH COUNTY, 2011-2015

	Hispanic		Haitian		Non-Hispanic		Unknown		Total	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2011	21	5.0	16	10.2	55	6.8	1	43.5	93	6.7
2012	26	6.2	16	9.8	48	5.9	1	35.7	91	6.5
2013	12	2.8	22	12.5	62	7.6	1	28.6	97	6.8
2014	30	7.1	12	7.1	63	7.4	3	61.2	108	7.4
2015	19	4.1	19	11.6	60	6.9	6	150.0	104	6.9

Source: Florida Department of Health, Bureau of Vital Statistics, 2015

Compiled by: Health Council of Southeast Florida, 2016

BREASTFEEDING

The benefits of breastfeeding include: creating a bond with mother and baby, providing all the vitamins and nutrients the baby needs in the first six months of life, providing antibodies that help fight off viruses and bacteria and lowering baby's risk of having allergies. Breastfed infants are more likely to gain the right amount of weight as they grow rather than become overweight. Research has also found that breast-fed babies have a decreased risk of dying of Sudden Infant Death Syndrome (SIDS), less likely to develop Type 2 diabetes and experience fewer hospitalizations for pneumonia. Maternal benefits to breastfeeding include: having a decreased risk of breast and ovarian cancer, a decrease likelihood of developing Type 2 diabetes and breastfeeding burns extra calories, so it may also help a mother lose weight.

The table below reflects the count and percentage of mothers who initiated breastfeeding in Palm Beach County and Florida for the years 2013-2017. In 2017, close to 90.0% of mothers in Palm Beach county-initiated breastfeeding, which is higher than the state (85.2%).

TABLE 70: MOTHERS WHO INITIATE BREASTFEEDING, PALM BEACH COUNTY AND FLORIDA, 2013-2017

	Palm Beach		Florida	
	Count	Percent	Count	Percent
2013	12,093	85.2%	177,535	82.5%
2014	12,392	85.9%	185,186	84.2%
2015	12,981	87.3%	191,057	85.2%
2016	13,083	87.4%	193,508	86.0%
2017	13,490	89.7%	192,199	86.0%

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

IMMUNIZATION

Immunization is one of public health's leading health indicators and a primary defense against some of the most deadly and debilitating diseases known. If a community or population has 'herd immunity', the large number of individuals who are immune to a disease, such as those vaccinated, can reduce the probability of an infection spreading to those who are not immune. Because of advances in medical science, children can be protected against more diseases than ever before. Some diseases that once injured or killed thousands of children have been eliminated completely and others are close to extinction– primarily due to safe and effective vaccination.

The table below shows the percent of two-year olds who were immunized in Palm Beach County and Florida for the years 2011-2015. Within the time period shown, the lowest percentage of two-year olds who were immunized in Palm Beach County was the lowest in 2013 at 82.6% while the highest was in 2012 at 89.2%. The percentage of two-year olds in Palm Beach County who had received all of their immunizations in 2015 was 85.4%, just shy of the state at 85.5%.

TABLE 71: FULLY IMMUNIZED CHILDREN AGE TWO, PALM BEACH COUNTY AND FLORIDA, 2011-2015

Year	Palm Beach County	Florida
2011	88.6%	86.1%
2012	89.2%	83.0%
2013	82.6%	86.7%
2014	86.2%	85.7%
2015	85.4%	85.5%

Source: Florida Department of Health, Bureau of Immunization, 2015

Compiled by: Health Council of Southeast Florida, 2016

The following table and figure show the number and percent of kindergarteners who were immunized in Palm Beach County and Florida. In the table, between the years 2012-2016, the percentage of kindergarteners who were immunized in Palm Beach County was the lowest in 2015 at 89.4% while the highest was in 2012 at 93.2%. The percentage of kindergarten students in Palm Beach County who had received all of their immunizations in 2016 was 90.7%, higher than the state's rate of 93.7%. The figure graphically depicts the kindergarten immunization level in Palm Beach County and in Florida from 2003 to 2016. Within the time period shown, the lowest rate occurred in 2015 at 89.4%, slightly less than four percentage points lower than the state (93.3%). In 2016, the rate in Palm Beach County increased slightly to 90.7%, three percentage points lower than in the state (93.7%).

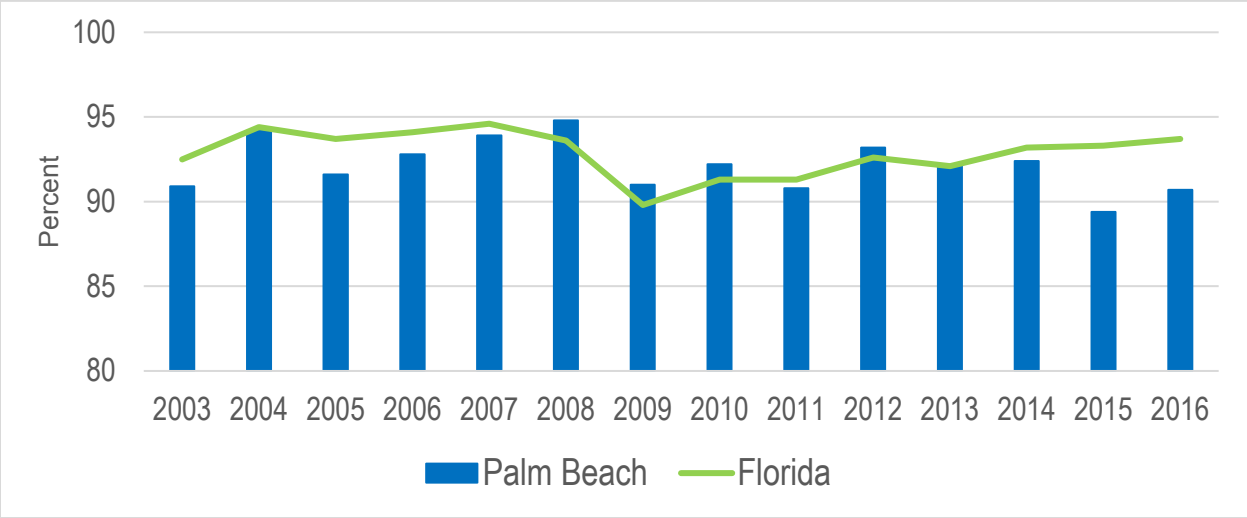
TABLE 69: IMMUNIZATION LEVELS IN KINDERGARTEN, PALM BEACH COUNTY AND FLORIDA, 2012-2016

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2012	13,939	93.2	208,766	92.6
2013	14,549	92.1	216,027	92.1
2014	14,240	92.4	217,945	93.2
2015	13,431	89.4	213,552	93.3
2016	13,521	90.7	210,376	93.7

Source: Florida Department of Health, Bureau of Immunization, 2016

Compiled by: Health Council of Southeast Florida, 2016

FIGURE 4: IMMUNIZATION LEVELS IN KINDERGARTEN, PALM BEACH COUNTY AND FLORIDA, 2003-2016



Vaccine Preventable Diseases

If a community or population has 'herd immunity', the large number of individuals who are immune to a disease, such as those vaccinated, can reduce the probability of an infection spreading to those who are not immune. The table below shows the selected vaccine preventable disease rates for Diphtheria, Acute Hepatitis B, Measles, Mumps, Pertussis, Rubella, Tetanus, and Polio in Palm Beach County and Florida from 2010 to 2014. There were 39 cases in 2014, the lowest since 2010. In 2015, the rate within the county (2.9 per 100,000) was less than that of Florida at 5.8 per 100,000.

Table 70: Selected Vaccine Preventable Disease Rate, Palm Beach County and Florida

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2010	39	3.0	659	3.5
2011	41	3.1	569	3.0
2012	53	4.0	876	4.6
2013	57	4.2	1,120	5.8
2014	39	2.9	1,130	5.8

Source: Florida Department of Health, Bureau of Epidemiology, 2014

Compiled by: Health Council of Southeast Florida, 2016

Behavioral Health

This section provides insight on: mental health indicators, alcohol use and suicide.

Mental Health

Mental health includes emotional, psychological, and social wellbeing. How we handle stress, relate to others, and make choices is determined by our mental health. The status of mental wellbeing is important at every stage of life, from childhood and adolescence through adulthood. The tables below shows the percentage of adults with good mental health in Palm Beach County and Florida for the years 2007, 2010, and 2013. Since 2007 in Palm Beach County, the percentage gas decreased slightly, from 92.2% in 2007 to 90.4% in 2013. The percentage of adults with good mental health in 2013 (90.4%), is slightly higher than the state as a whole (87.3%).

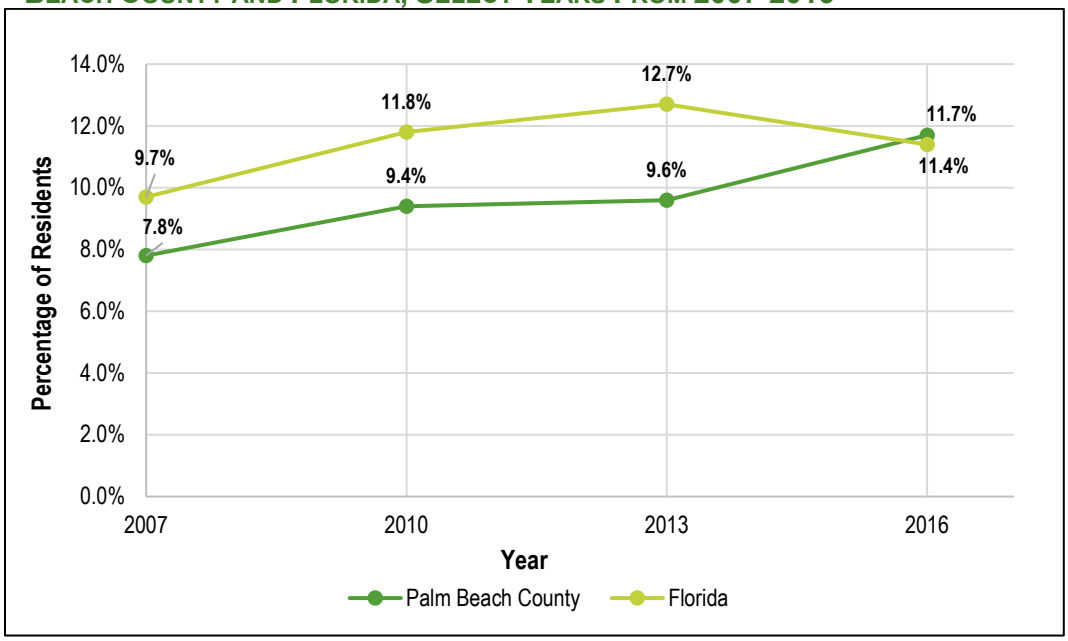
Table 71: Adults with Good Mental Health, Palm Beach County and Florida, 2007, 2010, 2013

Year	Palm Beach County	Florida
2007	92.2%	90.3%
2010	90.6%	88.2%
2013	90.4%	87.3%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2016

The status of adults with poor mental health on more than 14 days of the past 30 days can help mental and behavioral health providers within the health system better understand the need for services among residents. The table below shows the percentage of adults who reported having poor mental health on more than 14 days of the past 30 days in Palm Beach County and Florida in 2007, 2010, 2013, and 2016. Since 2007 there has been an increase in the percentage of residents in Palm Beach County who report having poor mental health, with a 21.9% increase observed between 2013 and 2016. It is noteworthy that in 2016, more residents in the County reported having poor mental health than the State overall (11.7% compared to 11.4%, respectively).

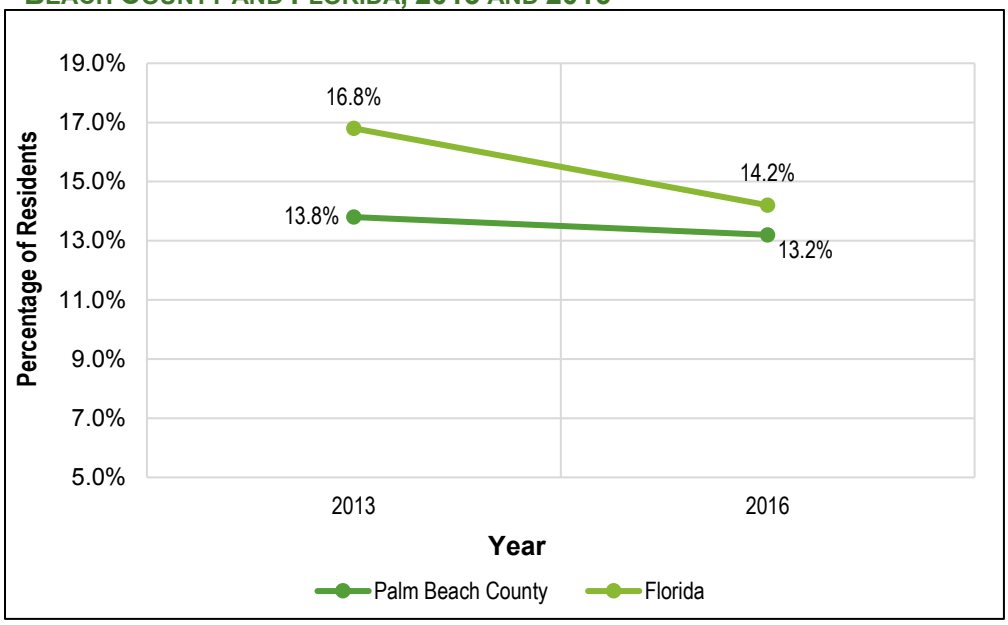
FIGURE 5: ADULTS WHO HAD POOR MENTAL HEALTH ON >14 OF THE PAST 30 DAYS, PALM BEACH COUNTY AND FLORIDA, SELECT YEARS FROM 2007-2016



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2019

The table below shows the percentage of adults who have ever been told they had a depressive disorder in Palm Beach County and Florida in 2013 and 2016. Between 2013 and 2016, there was a 4.3% decrease in the percentage of adults residing in Palm Beach County who have ever been told they had a depressive disorder; which is lower than what it was observed at the state-level which experienced 15.4% decrease.

FIGURE 6: ADULTS WHO HAVE EVER BEEN TOLD THEY HAD A DEPRESSIVE DISORDER, PALM BEACH COUNTY AND FLORIDA, 2013 AND 2016



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2019

Further examination into the effects of poor physical or mental health among residents can further illustrate the need for mental and behavioral health services within the health system. The table below shows the percentage of adults whose poor physical or mental health kept them from usual activities (more than 14 of the past 30 days) in Palm Beach County and Florida in 2007, 2010, and 2013. Among the years shown, the highest percentage was in 2007 at 17.5%. In 2013, the percentage was the lowest at 11.4%, five percentage points lower than the state as a whole (16.4%).

TABLE 72: ADULTS WHOSE POOR PHYSICAL OR MENTAL HEALTH KEPT THEM FROM USUAL ACTIVITIES (>14 OF PAST 30 DAYS), PALM BEACH COUNTY AND FLORIDA, 2007, 2010, 2013

Year	Palm Beach County	Florida
2007	17.5%	14.2%
2010	20.3%	16.8%
2013	11.4%	16.4%

Source: Florida Behavioral Risk Factor Surveillance System (BRFSS), 2013

Compiled by: Health Council of Southeast Florida, 2016

MENTAL HEALTH HOSPITAL UTILIZATION

In 2017, there were 14,027 discharges due to mental, behavioral, and neurodevelopmental disorders, as a principal diagnosis, among Palm Beach County residents (please refer to the table below). Furthermore, a total of 106,992 instances due to mental, behavioral, and neurodevelopmental disorders were observed when Other diagnosis sequences (Other 1-30) were taken into consideration. In other words, mental, behavioral, and neurodevelopmental disorders were captured in patients' record in 106,992 instances (i.e. Other diagnosis 1-30).

TABLE 73: HOSPITALIZATIONS DUE TO MENTAL, BEHAVIORAL, AND NEURODEVELOPMENTAL DISORDERS, 2017, PALM BEACH COUNTY RESIDENTS

	Principal	Other Diagnosis Instances						Total Diagnostic Instances
		1	2	3	4	5	6-30	
Mental, Behavioral, & Neurodevelopmental Disorders (F01-F99)	14,027	10,222	12,442	12,571	11,290	9,859	50,608	**121,019**

Source: Florida Agency for Health Care Administration (AHCA)
ICD-10 codes: F01-F99
Compiled by: Health Council of Southeast Florida, 2019

In 2017, there were 15,547 Emergency Department (ED) visits due to mental, behavioral, and neurodevelopmental disorders, as a principal diagnosis, among Palm Beach County residents; which represent 17.8% of total instance observed when Other diagnosis (Other 1-9) are considered.

TABLE 74: EMERGENCY DEPARTMENT VISITS DUE TO MENTAL, BEHAVIORAL, AND NEURODEVELOPMENTAL DISORDERS, 2017, PALM BEACH COUNTY RESIDENTS

	Principal	Other Diagnosis Instances						Total Diagnostic Instances
		1	2	3	4	5	6-9	
Mental, Behavioral, & Neurodevelopmental Disorders (F01-F99)	15,547	25,358	17,992	10,862	6,665	4,317	6,699	87,440

Source: Florida Agency for Health Care Administration (AHCA)
ICD-10 codes: F01-F99
Compiled by: Health Council of Southeast Florida, 2019

A recent analysis of the National Hospital Ambulatory Medical Care Survey, which tracked mental health visits to hospital emergency departments between 2001 and 2011, found that compared with physically ill patients, people with mental health conditions relied more on the emergency department for treatment and are more often admitted to the

hospital from the ER. People with mental health conditions also tended to be stuck in the ER longer than people who show up in the ER with physical symptoms.[14]

The table below shows the mental disorder emergency department hospital utilization by principal payer in Palm Beach County from January-December 2015. The greatest number of visits were self pay or underinsured (6,322 visits) followed by commercial health insurance (5,618 visits).

TABLE 75: MENTAL DISORDER EMERGENCY DEPARTMENT HOSPITAL UTILIZATION BY PRINCIPAL PAYER, PALM BEACH COUNTY, JANUARY-DECEMBER 2015

Principal Payer	Visits
Total	19,031
Self pay/Underinsured	6,322
Commercial Health Insurance	5,618
Medicaid Managed Care	2,321
Medicare	1,537
Medicare Managed Care	1,136
Non-Payment	817
Medicaid	640
Other State/Local Government	370
VA	71
TriCare or Other Federal Government	60
KidCare	46
Other	33
Commercial Liability Coverage	31
Workers' Compensation	24
Unknown	5

Source: Florida Agency for Health Care Administration (AHCA)

Note: Mental Disorders Principal Diagnosis Grouping includes ICD9 Code ranges 290-319

Compiled by: Health Council of Southeast Florida, 2016

Further examination of the number of mental disorder-related inpatient discharges can inform the health planning process of the need for a coordinated health system that supports residents experiencing mental disorders. The table below shows the inpatient hospital utilization by principal payer in Palm Beach County from January-December 2015. The greatest number of discharges was self pay/underinsured (3,663 visits) followed by commercial health insurance (3,432 visits) and Medicaid Managed Care (3,007 visits).

TABLE 76: MENTAL DISORDER INPATIENT HOSPITAL UTILIZATION BY PRINCIPAL PAYER, PALM BEACH COUNTY, JANUARY-DECEMBER 2015

Principal Payer	Discharges
Total	15,410
Self pay/Underinsured	3,663

[14] http://www.npr.org/sections/health-shots/2016/10/17/498270772/how-gaps-in-mental-health-care-play-out-in-emergency-rooms

Commercial Health Insurance	3,432
Medicaid Managed Care	3,007
Medicare	2,340
Medicare Managed Care	1,239
Medicaid	767
Non-Payment	401
Other State/Local Government	355
VA	97
KidCare	43
TriCare or Other Federal Government	38
Other	25
Workers' Compensation	3

Source: Florida Agency for Health Care Administration (AHCA)

Note: Mental Disorders Principal Diagnosis Grouping includes ICD9 Code ranges 290-319

Compiled by: Health Council of Southeast Florida, 2016

A deeper look at the number of mental health inpatient utilization by admit source can further inform the health planning process of the need for a coordinated health system among hospital and mental/behavioral health providers. The table below shows mental health inpatient hospital utilization by admit source in Palm Beach County from January-December 2015. The greatest number of discharges was non-health care facility point of origin at 8,527 discharges, followed by transfer from a hospital at 5,096 discharges.

TABLE 77: MENTAL HEALTH INPATIENT HOSPITAL UTILIZATION BY ADMIT SOURCE, PALM BEACH COUNTY, JANUARY-DECEMBER 2015

Admit Source	Discharges
Total	15,410
Non-Health Care Facility Point of Origin	8,527
Transfer from a Hospital	5,096
Clinic or Physician's Office	660
Transfer from another health care facility	549
Transfer Units in Same Hospital	425
Transfer From Skilled Nursing Home	132
Transfer from Ambulatory Surgery Center	11
Court/Law Enforcement	8
Information Not Available	1
Transfer from Hospice Facility	1

Source: Florida Agency for Health Care Administration (AHCA)

Note: Mental Disorders Principal Diagnosis Grouping includes ICD9 Code ranges 290-319

Compiled by: Health Council of Southeast Florida, 2016

Alcohol Consumption and Substance Abuse

There is a causal relationship between alcohol consumption and a range of mental and behavioral disorders, including alcohol dependence, noncommunicable conditions such as liver diseases, some cancers, cardiovascular diseases, as well as injuries resulting from violence and road accidents. There is also strong correlation between harmful use of alcohol and incidence of infectious diseases such as tuberculosis and pneumonia, as well as the course of HIV/AIDS.[15]

The table below shows the adults who engage in heavy or binge drinking in Palm Beach County and Florida in 2002, 2007, 2010, 2013, and 2016. Among the years shown, there has been an increase in the percentage of adults residing in Palm beach County who engage in heavy or binge drinking; with a percentage of 17.8 in 2016, higher than the statewide percentage of 17.5%.

Table 78: Adults who Engage in Heavy or Binge Drinking, Palm Beach County and Florida, Select Years 2007-2016

	Palm Beach County	Florida
2002	17.1%	16.4%
2007	14.6%	16.2%
2010	14.8%	15.0%
2013	17.0%	17.6%
2016	17.8%	17.5%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2019

Children who engage in some level of alcohol consumption are more likely to engage in high levels of alcohol consumption as young adults. Health outcomes can be negatively affected by alcohol consumption, which has been shown to cause conditions such as liver disease later on in life. The table below shows the percent of middle school students who have used alcohol in the past 30 days in Palm Beach County and Florida in 2008, 2010, 2012, 2014, and 2016. In 2016, 9.2% of middle school students used alcohol in the past 30 days which constitutes a 20.0% decrease since the last reporting period (2014). At the state-level a 17.8% decrease was observed in 2016 compared to the previous reporting period.

Table 79: Percent of Middle School Students who Have Used Alcohol in the Past 30 Days, Palm Beach County and Florida, Select Years 2010-2016

	Palm Beach County	Florida
2008	16.5%	17.3%
2010	19.1%	16.8%
2012	11.9%	12.3%
2014	11.5%	10.1%
2016	9.2%	8.3%

Source: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS)
Compiled by: Health Council of Southeast Florida, 2019

[15] http://www.who.int/features/qa/66/en/

Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks. The table below shows the percent of middle school student reporting binge drinking in Palm Beach County and Florida for the years 2008, 2010, 2012, 2014, and 2016. Among the years shown, the percent of middle school students who reported binge drinking was the lowest in 2016, the last reporting period, at 3.3%, slightly higher than the statewide percentage (3.2%).

Table 80: Percent of Middle School Students Reporting Binge Drinking, Palm Beach County and Florida, Select Years 2010-2016

	Palm Beach County	Florida
2008	5.9%	6.2%
2010	6.6%	6.9%
2012	4.2%	4.7%
2014	4.2%	3.9%
2016	3.3%	3.2%

Source: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS)
Compiled by: Health Council of Southeast Florida, 2019

High school students who engage in alcohol consumption are more likely to engage in alcohol consumption as adults, potentially resulting in negative health outcomes later in life. The table below shows the percent of high school students who have used alcohol in the past 30 days in Palm Beach County and Florida in 2008, 2010, 2012, 2014, and 2016. Based on the years shown, at the county- and state-level, there has been a decrease in the percentage of high school students who have used alcohol in the past 30 days. In 2016, the countywide rate was 27.0% compared to 25.5% at the state-level.

Table 81: Percent of High School Students who Have Used Alcohol in the Past 30 days, Palm Beach County and Florida, Select Years 2010-2016

	Palm Beach County	Florida
2008	42.2%	39.5%
2010	41.8%	38.0%
2012	38.0%	33.9%
2014	34.1%	28.4%
2016	27.0%	25.5%

Source: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS)
Compiled by: Health Council of Southeast Florida, 2019

Binge drinking among high school students can be especially precarious as many students are beginning to drive at this time. The table below illustrates the percent of high school students reporting binge drinking in Palm Beach County and Florida in 2008, 2010, 2012, 2014, and 2016. Even though both geographies have experienced a decline in the percentage of high school student who report binge drinking among the reporting years, a more pronounced decreased was observed in 2016 at the county-level compared to the state overall (38.4% decrease compared to a 20.4% decrease).

TABLE 82: PERCENT OF HIGH SCHOOL STUDENTS REPORTING BINGE DRINKING, PALM BEACH COUNTY AND FLORIDA, SELECT YEARS 2010-2016

	Palm Beach County	Florida
2008	21.8%	21.5%
2010	21.0%	19.6%
2012	18.1%	16.4%
2014	15.9%	13.7%
2016	9.8%	10.9%

Source: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS)
Compiled by: Health Council of Southeast Florida, 2019

The following table highlights the age-adjusted death rate due to drug overdose in Palm Beach County and Florida. In 2017, Palm Beach County residents experienced a death rate that was 2.2 times greater than the rate observed at the state level (60.2 per 1,000 and 27.2 per 1,000, respectively). Since 2015, the number of deaths due to drug overdose has increased dramatically in Palm Beach County with a 123.0% increase.

TABLE 83: DRUG OVERDOSE DEATHS, PALM BEACH COUNTY, 2015-2017

	Palm Beach County	Florida
	Age-Adjusted Death Rate per 1,000	Age-Adjusted Death Rate per 1,000
2015	27.4	16.6
2016	54.8	25.0
2017	60.2	27.2

2017, Source: University of Florida, College of Medicine, Florida Drug-Related Outcomes Surveillance and Tracking system (FROST)
Compiled by: Health Council of Southeast Florida, 2019

In 2017, there were 509 hospital discharges due to opioid-involved non-fatal overdose, as a principal diagnosis, among Palm Beach County residents. Furthermore, a total of 1,064 instances due to opioid-involved non-fatal overdose were observed when Other diagnosis (1-30) were taking into consideration. In other words, Opioid-involved non-fatal overdose was captured in patients' records in 1,064 instances (i.e. Other diagnosis 1-30). With the inclusion of principal diagnosis, poisoning by adverse effect of/and underdosing of other opioids (ICD-10 T40.2X) appeared in the patients' records in 627 instances; which represent close to 40.0% of total instances observed.

TABLE 84: HOSPITALIZATIONS ASSOCIATED WITH OPIOID INVOLVED NON-FATAL OVERDOSE, PALM BEACH COUNTY, 2017

ICD-10 Codes	Description	Principal Diagnosis	Other Diagnosis Instances						
			1	2	3	4	5	6-30	Total
T40.0X	Poisoning by, adverse effect of and underdosing of opium	3	0	1	3	0	1	7	15
T40.1X	Poisoning by and adverse effect of heroin	277	8	6	11	17	11	40	370
T40.2X	Poisoning by, adverse effect of and underdosing of other opioids	120	5	25	19	28	34	396	627
T40.3X	Poisoning by, adverse effect of and underdosing of methadone	11	1	0	0	1	2	7	22
T40.4X	Poisoning by, adverse effect of and underdosing of other synthetic narcotics	24	5	6	2	2	2	41	82
T40.60	Poisoning by, adverse effect of and underdosing of unspecified narcotics	73	5	14	19	20	20	293	444
T40.69	Poisoning by, adverse effect of and underdosing of other narcotics	1	0	0	1	0	2	9	13
Total Instances		**509**	**24**	**52**	**55**	**68**	**72**	**793**	**1,573**

Source: Florida Agency for Health Care Administration, Hospital Inpatient Data File, 2017
Compiled by: Health Council of Southeast Florida, 2019

In 2017, there were close to 3,000 Emergency Department (ED) visits due to opioid-involved non-fatal overdose, as a principal diagnosis, among Palm Beach County residents; which represent 88.2% of total instances observed when Other diagnosis (1-9) are taken into consideration. Additionally, poisoning by/and adverse effect of heroin (ICD-10 T40.1X) accounted for 75.2% of total instances observed (principal diagnosis in addition to Other diagnosis 1-9).

TABLE 85: EMERGENCY DEPARTMENT VISITS ASSOCIATED WITH OPIOID INVOLVED NON-FATAL OVERDOSE, PALM BEACH COUNTY, 2017

ICD-10 Codes	Description	Principal Diagnosis	Other diagnosis Instances						
			1	2	3	4	5	6-9	Total
T40.0X	Poisoning by, adverse effect of and underdosing of opium	15	3	1	1	0	0	0	20
T40.1X	Poisoning by and adverse effect of heroin	2,405	104	19	3	1	1	0	2,533
T40.2X	Poisoning by, adverse effect of and underdosing of other opioids	206	80	32	11	9	3	10	351
T40.3X	Poisoning by, adverse effect of and underdosing of methadone	9	0	1	0	0	0	0	10
T40.4X	Poisoning by, adverse effect of and underdosing of other synthetic narcotics	40	25	9	1	0	0	0	75
T40.60	Poisoning by, adverse effect of and underdosing of unspecified narcotics	315	67	8	3	3	1	2	399
T40.69	Poisoning by, adverse effect of and underdosing of other narcotics	6	1	0	0	0	1	0	8
	Total Instances	**2,996**	**280**	**70**	**19**	**13**	**6**	**12**	**3,396**

Source: Florida Agency for Health Care Administration, Emergency Department Data File, 2017
Compiled by: Health Council of Southeast Florida, 2019

VIOLENCE AND INJURY

SUICIDE

Within the US, suicide is one of the leading causes of death among young people. It is the third leading cause of death among 15-24 year olds and the second leading cause of death among 25-34 year olds. The long-term goal of public health is to reduce people's risk for suicidal behavior by addressing factors at the individual, familial, community, and societal levels of the social ecology.[16]

The table below portrays the age-adjusted suicide death rate per 100,000 population in Palm Beach County and Florida for the years 2013-2017. Since 2013, Palm Beach County residents and residents in the State overall have exhibited similar suicide death rates; however, in 2017 Palm Beach County experienced a rate of 12.2 per 100,000 lower than the statewide rate of 14.1 suicide deaths per 100,000.

[16] https://www.cdc.gov/violenceprevention/pdf/asap_suicide_issue2-a.pdf

TABLE 86: AGE-ADJUSTED SUICIDE DEATH RATE, PALM BEACH COUNTY AND FLORIDA, 2013-2017

	Palm Beach County		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
2013	214	14.4	2,892	13.8
2014	236	15.0	2,961	13.8
2015	229	15.5	3,152	14.5
2016	230	15.2	3,122	14.1
2017	199	12.2	3,187	14.1

Source: Florida Department of Health, Bureau of Vital Statistics
ICD-10 Code(s): X60-X84, Y87.0
Compiled by: Health Council of Southeast Florida, 2019

A look at the suicide count by age can provide insight into what specific age group(s) should be targeted to help prevent deaths by suicide. The following table depicts the suicide death count in Palm Beach County according to age by selected three-year rolling periods. It is important to note that historically residents between the ages of 50 and 64 have exhibited a higher number of deaths by suicide than any other age group, and this figure has been increasing over time for this age category. Between 2015 and 2017, the second highest number of deaths due to suicide was observed among residents between the ages of 35 and 49 (140); followed by 19-34 (130), and those between the ages of 65 and 79 (121).

TABLE 87: SUICIDE DEATH COUNT BY AGE, PALM BEACH COUNTY, 2011-2017 (3-YEAR ROLLING)

	0-18	19-34	35-49	50-64	65-79	80+	Total
2011-2013	11	94	178	196	87	51	617
2012-2014	12	104	157	202	118	62	655
2013-2015	11	126	147	216	125	54	679
2014-2016	14	145	143	211	131	51	695
2015-2017	13	130	140	214	121	40	658

Source: Florida Department of Health, Bureau of Vital Statistics
ICD-10 Code(s): X60-X84, Y87.0
Compiled by: Health Council of Southeast Florida, 2019

A breakdown of the crude suicide rate helps to determine trends in suicide deaths among specific age groups and it allows for sound comparisons between the different age categories based on respective population size. When this component is taken into account, it is observed residents between the ages of 50 and 64 have historically exhibited a higher suicide death rate than any other age group (please refer to table below); and between 2015-2017, the suicide death rate among this population was 25.7 per 100,000 population. The second highest suicide death rate in 2015-2017 was observed among residents between the ages of 65 and 79 at 18.8 deaths per 100,000 population, followed by age group 35-49 (18.5 per 100,000), and 19-34 (16.8 per 100,000).

TABLE 88: CRUDE SUICIDE DEATH RATE BY AGE, PALM BEACH COUNTY, 2011-2013 (3-YEAR ROLLING)

	0-18	19-34	35-49	50-64	65-79	80+	Total
2011-2013	1.3	12.9	23.0	25.2	15.3	16.6	15.4
2012-2014	1.4	14.1	20.5	25.5	20.2	19.8	16.2
2013-2015	1.3	16.7	19.3	26.8*	20.7	17.1	16.6
2014-2016	1.6	19.0	18.9	25.8	21.1	16.0	16.8
2015-2017	1.5	16.8	18.5	25.7	18.8	12.5	15.7

Source: Florida Department of Health, Bureau of Vital Statistics
ICD-10 Code(s): X60-X84, Y87.0
Compiled by: Health Council of Southeast Florida, 2019

MORBIDITY

Morbidity is another term for illness. The tables and figures below illustrate the numbers and rates of hospitalizations for the following disease: coronary heart disease, diabetes, stroke, Chronic Lower Respiratory Disease (CLRD), cancer, Alzheimer's disease, enteric disease, overweight and obesity and infectious disease.

CORONARY HEATH DISEASE

Coronary heart disease (CHD) is the leading cause of death for both men and women in the United States. Per the CDC, about 610,000 people die of heart disease in the United States every year, causing 1 in every 4 deaths.

The table below shows the counts and age-adjusted hospitalization rates from coronary heart disease from 2010-2014. The rate in the county has steadily decreased over time from a rate of 296.9 per 100,000 in 2010 down to 4,987 per 100,000 in 2014. Palm Beach County has remained below the state rate each of the last five years.

TABLE 89: AGE-ADJUSTED HOSPITALIZATIONS FROM OR WITH CORONARY HEART DISEASE, PALM BEACH COUNTY AND FLORIDA, 2010-2014

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2010	6,115	296.9	98,075	375.6
2011	5,756	279.8	91,344	345.0
2012	5,405	264.4	85,179	338.0
2013	4,945	237.5	79,631	309.4
2014	4,987	235.2	78,494	299.4

Source: Florida Agency for Health Care Administration (AHCA)

Notes: ICD-9-CM Code(s): 49-CM-414, 429.2. Include primary diagnosis only

Compiled by: Health Council of Southeast Florida, 2016

The table below shows the percent of adults who have ever been told they had hypertension in Palm Beach County between 2002-2013. Over the last decade the percentage of adults living in Palm Beach County who have been told they had hypertension has increased from 26.8% in 2002 to 34.4% in 2013. Although the county rates have increase, they have remained below the state rate throughout this time period.

TABLE 90: ADULTS WHO HAVE EVER BEEN TOLD THEY HAD HYPERTENSION, PALM BEACH COUNTY AND FLORIDA, 2002, 2007, 2010, 2013

Year	Palm Beach County	Florida
2002	26.8%	27.7%
2007	25.0%	28.2%
2010	29.3%	34.3%
2013	34.4%	34.6%

Source: Florida Behavioral Risk Factor Surveillance System (BRFSS), 2013

Compiled by: Health Council of Southeast Florida, 2016

The table below shows the counts and rate of preventable hospitalizations of people under age 65 from hypertension in Palm Beach County and Florida. The rates have fluctuated between 2010-2014. In 2014, for the first time in three years, the rate in Palm Beach County (37.5) was higher than the state rate (36.5).

TABLE 91: PREVENTABLE HOSPITALIZATIONS UNDER 65 FROM HYPERTENSION, PALM BEACH COUNTY AND FLORIDA, 2010-2014

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2010	360	34.9	6,663	43.0
2011	434	41.9	6,478	41.6
2012	392	37.7	6,435	41.2
2013	400	38.1	6,061	38.3
2014	397	37.5	5,831	36.5

Source: Florida Agency for Health Care Administration (AHCA)

Compiled by: Health Council of Southeast Florida, 2016

The following table describes the rate of hospitalizations from or with coronary heart disease in Palm Beach County and Florida between 2010-2014. Over the last five years, the rate of hospitalizations from or with coronary heart disease has steadily decreased from 296.9 per 100,000 in 2010 to 235.2 per 100,000 in 2014. Although the state rates followed the same pattern, Palm Beach County rates have remained below the state levels continuously.

TABLE 92: HOSPITALIZATIONS FROM OR WITH CORONARY HEART DISEASE, PALM BEACH COUNTY AND FLORIDA, 2010-2014

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2010	6,115	296.9	98,075	375.6
2011	5,756	279.8	91,344	345.0
2012	5,405	264.4	85,179	338.0
2013	4,945	237.5	79,631	309.4
2014	4,987	235.2	78,494	299.4

Source: Florida Agency on Health Care Administration (AHCA)

Compiled by: Health Council of Southeast Florida, 2016

Proper diagnosis is critical for heart health and preventing heart disease. Per the CDC, about 47% of sudden cardiac deaths occur outside of the hospital. This suggests that many people with heart disease do not act on early warning signs. The table below illustrates the percentage of adults who have ever been told they had angina or coronary heart disease in Palm Beach County and in Florida. In 2013, 6.3% of adults in Palm Beach County were told they had angina or coronary heart disease, slightly higher than the state rate of 5.0%.

TABLE 93: ADULT WHO HAVE EVER BEEN TOLD THEY HAD ANGINA OR CORONARY HEART DISEASE, PALM BEACH COUNTY AND FLORIDA, 2013

Year	Palm Beach County	Florida
2013	6.3%	5.0%

Source: Florida Behavioral Risk Factor Surveillance System (BRFSS)

Compiled by: Health Council of Southeast Florida, 2016

The following table depicts the counts and rates of hospitalizations from congestive heart failure in Palm Beach County and in Florida. Rates for both Palm Beach County and the state have declined since 2010. In Palm Beach County, the rate of hospitalizations from congestive heart failure has fallen from 138.9 in 2010 to 75.5 in 2014. Although this is an improvement, the county rate (75.5) was significantly higher than the state (62.5) in 2014.

TABLE 94: HOSPITALIZATIONS FROM CONGESTIVE HEART FAILURE, PALM BEACH COUNTY AND FLORIDA, 2010-2014

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2010	3,229	138.9	34,914	133.5
2011	2,804	122.0	29,371	111.0
2012	2,427	104.9	23,399	90.7
2013	2,194	91.7	19,296	73.1
2014	1,830	75.5	16,799	62.5

Source: Florida Agency for Health Care Administration (AHCA)

Compiled by: Health Council of Southeast Florida, 2016

DIABETES

Diabetes is a disease in which blood glucose levels are abnormal. Diabetes can have disastrous effects to a person's health if left untreated or improperly managed (blindness, kidney failure, loss of limbs, etc.). The World Health Organization states that total deaths from diabetes are projected to rise by more than 50% in the next 10 years. Most notably, they are projected to increase by over 80% in upper-middle income countries.

The table below portrays and number of hospitalizations and age-adjusted hospitalization rates per 100,000 population from or with diabetes since 2013. From 2013 through 2016, Palm Beach County residents experienced a 13.2% increase in the number of hospitalizations from or with diabetes; with a slight decrease observed in 2017. In 2017, the age-adjusted hospitalization rate in Palm Beach County was 1,826.6 per 100,000 population; lower than the statewide rate of 2,338.9 per 100,000 population.

TABLE 95: HOSPITALIZATIONS FROM OR WITH DIABETES, PALM BEACH COUNTY AND FLORIDA, 2013-2017

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2013	33,860	1,711.9	570,622	2,279.3
2014	36,212	1,797.9	594,637	2,321.2
2015	37,574	1,835.0	617,606	2,350.4
2016	38,330	1,847.3	632,161	2,344.5
2017	38,679	1,826.6	648,827	2,338.9

Source: Florida Agency for Health Care Administration (AHCA) Hospital Inpatient Data, 2017
Compiled by: Health Council of Southeast Florida, 2019

The table below illustrates the number of hospitalizations and age-adjusted hospitalization rates from or with diabetes by race in Palm Beach County and Florida between 2013 and 2017. Even though rates have fluctuated between this time frame for white and black residents in Palm Beach County and statewide, black residents in both geographies have experienced substantially higher hospitalization rates than white residents. For instance, in 2017 the age-adjusted hospitalization rate for Palm Beach County black residents was 3,492.2 per 100,000 population compared to 1,416.9 per 100,000 among white residents.

TABLE 96: HOSPITALIZATIONS FROM OR WITH DIABETES BY RACE, PALM BEACH COUNTY AND FLORIDA, 2013-2017

	Palm Beach County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2013	22,945	1,268.1	6,946	3,408.9	402,850	1,848.5	113,714	4,124.6
2014	25,228	1,387.8	7,629	3,602.0	429,922	1,934.1	118,915	4,167.7
2015	26,574	1,453.1	8,191	3,666.5	448,118	1,969.4	125,002	4,210.2
2016	26,727	1,450.4	8,316	3,562.3	459,431	1,974.8	128,038	4,143.1
2017	26,659	1,416.9	8,551	3,492.2	468,807	1,960.6	132,055	4,119.2

Source: Florida Agency for Health Care Administration (AHCA) Hospital Inpatient Data, 2017
Compiled by: Health Council of Southeast Florida, 2019

The subsequent table stratifies the number of hospitalizations and respective age-adjusted rates from or with diabetes by year and ethnic identification in Palm Beach County and the State of Florida. When both geographies are compared, a greater disparity is observed in Palm Beach County with Hispanic residents facing a higher rate than non-Hispanic residents. It is noteworthy that higher rates, for both groups, are observed at the state-level. In 2017, Hispanic residents in Palm Beach County experienced a rate of 1,926.7 per 100,000 population compared to 1,812.5 per 100,000 among non-Hispanic residents.

TABLE 97: HOSPITALIZATIONS FROM OR WITH DIABETES BY ETHNICITY, PALM BEACH COUNTY AND FLORIDA, 2013-2017

	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2013	3,963	1,869.1	29,348	1,685.1	101,034	2,496.9	461,876	2,240.4
2014	4,384	2,000.3	30,751	1,737.9	102,391	2,410.1	479,795	2,285.8
2015	4,624	1,992.4	32,256	1,805.0	108,102	2,412.6	500,829	2,341.5
2016	5,042	2,071.7	32,621	1,813.7	111,900	2,365.2	510,175	2,339.6
2017	4,983	1,926.7	32,984	1,812.5	115,209	2,313.4	524,309	2,350.6

Source: Florida Agency for Health Care Administration (AHCA), Hospital Inpatient Data, 2017
Compiled by: Health Council of Southeast Florida, 2019

In 2017, there were 3,137 hospital discharges due to diabetes as a principal diagnosis among Palm Beach County residents (Please refer to Table 98). Table 98 also depicts contributing diagnosis (Other diagnosis 1-6) and respective instances in which diabetes was captured in the patient's record stratified by age. It is important to note that Other diagnosis 6 accounted for the greatest number of instances (6,705) and constitutes close to 20.0% of the total (primary diagnosis in addition to Other diagnosis 1-6). Residents aged 65 and older accounted for the greatest number of instances with 19,880 or 58.3% of the total.

TABLE 98: HOSPITALIZATIONS FROM DIABETES BY AGE, PALM BEACH COUNTY AND FLORIDA, 2017

	Principal Diagnosis	Other Diagnosis						Total
		1	2	3	4	5	6	
0-17	136	22	20	11	5	1	0	195
18-44	678	504	566	483	396	305	218	3,150
45-64	1,197	1,396	1,987	2,038	1,657	1,432	1,192	10,899
65 and over	1,126	2,484	4,132	3,752	3,176	2,796	2,414	19,880
Total	3,137	4,406	6,705	6,284	5,234	4,534	3,824	34,124

Source: Florida Agency for Health Care Administration (AHCA), Hospital Inpatient Data File, 2017
Compiled by: Health Council of Southeast Florida, 2019

Per the CDC, 9 out of 10 people with prediabetes, a condition when a person's blood sugar level is higher than normal but not high enough yet to be diagnosed as type 2 diabetes, do not know they have it.

The following tables depicts the percentage of adults who have ever been told they had diabetes in Palm Beach County and the State of Florida from 2007 through 2016. In 2017, close to 11.0% of Palm Beach County residents have ever been told they had diabetes compared to approximately 12.0% at the state level. Between 2007 and 2016, Palm Beach County experienced a 21.3% in increase in the number of residents who reported they have ever been told they had diabetes; while at the state level a 35.6% increase was observed.

TABLE 99: ADULTS WHO HAVE EVER BEEN TOLD THEY HAD DIABETES, PALM BEACH COUNTY AND FLORIDA, SELECT YEARS 2007-2016

	Palm Beach County	Florida
2007	8.9%	8.7%
2010	10.1%	10.4%
2013	11.0%	11.2%
2016	10.8%	11.8%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2019

The table below shows the count and rate of preventable hospitalizations under 65 from diabetes in Palm Beach County and Florida between 2010-2014. Rates for Palm Beach County and Florida have increased throughout this time frame. In 2014 the rate of preventable hospitalizations under age 65 from diabetes in Palm Beach County was 125.0 per 100,000 compared to the state rate of 140.5 per 100,000.

TABLE 100: PREVENTABLE HOSPITALIZATIONS UNDER 65 FROM DIABETES, PALM BEACH COUNTY AND FLORIDA, 2010-2014

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2010	1,219	118.2	19,329	124.7
2011	1,179	113.9	20,087	129.1
2012	1,211	116.6	20,325	130.1
2013	1,141	108.6	21,208	134.2
2014	1,323	125.0	22,415	140.5

Source: Florida Agency for Health Care Administration (AHCA)

Compiled by: Health Council of Southeast Florida, 2016

The table below portrays the number of emergency room visits due to diabetes in Palm Beach County and the state. Though the number of emergency room visits in Palm Beach County did drop from 2012 to 2013, they increased more than any other year from 2013 (7,541) to 2014 (9,263).

TABLE 101: EMERGENCY ROOM VISITS DUE TO DIABETES, PALM BEACH COUNTY AND FLORIDA, 2010-2014

Year	Palm Beach County	Florida
2010	6,828	110,699
2011	7,198	115,287
2012	7,889	121,825
2013	7,541	121,977
2014	9,263	148,098

Source: Florida Agency for Health Care Administration (AHCA)

Compiled by: Health Council of Southeast Florida, 2016

STROKE

Per the CDC, on average one American dies from a stroke every four minutes. Stroke is the fifth leading cause of death in the United States and is a major cause of adult disability.

The subsequent table illustrates the number of hospitalizations due to stroke and respective age-adjusted rates per 100,000 population in Palm Beach County and the State of Florida between 2013 and 2017. In 2017, the age-adjusted rate due to stroke in Palm Beach County was 185.7 per 100,000 population; which is lower that the statewide rate of 231.6 per 100,000 population. It is important to note that even though a decreasing trend has been observed in both geographies during this time frame (2013-2017), this could be the result of the introduction of the ICD-10 coding methodology in 2015 which differ from previous years.

TABLE 102: AGE-ADJUSTED HOSPITALIZATIONS FROM STROKE, PALM BEACH COUNTY AND FLORIDA, 2013-2017

Year	Palm Beach County		Florida	
	Count	Rate per 100,000	Count	Rate per 100,000
2013	4,406	203.4	66,659	256.0
2014	4,530	204.8	66,968	250.8
2015	4,396	195.4	67,046	244.0
2016	4,347	190.7	64,740	228.8
2017	4,287	185.7	67,273	231.6

Source: Florida Agency for Health Care Administration (AHCA), Hospital Inpatient Data File
ICD-9 Code(s): 430-438. Includes primary diagnosis only. ICD-10-CM Code(s):I60-I63, I65-I67, I69, G45.4. Includes primary diagnosis only.
Compiled by: Health Council of Southeast Florida, 2019

In 2017, there were 4,287 hospital discharges due to stroke as a principal diagnosis among Palm Beach County residents (Please refer to Table 102). When contributing diagnoses, aside from primary diagnosis, are taken into consideration (Other diagnosis 1-30), 7,539 instances were observed. In other words, 7,539 instances due to stroke were captured in the patient's record in Other diagnosis 1 through 30. Residents aged 65 and older accounted for the greatest number of instances (8,555), which constitutes 72.3% of the total number of instances.

TABLE 103: HOSPITALIZATIONS FROM STROKE BY AGE, PALM BEACH COUNTY, 2017

Age Group	Principal	Other Diagnosis Instances						Total Diagnostic Instances
		1	2	3	4	5	6-30	
65 and over	3,098	988	671	506	379	309	2,604	8,555
45-64	1,000	354	218	159	144	97	751	2,723
18-44	170	73	53	35	24	24	110	489
0-17	19	9	9	5	4	2	11	59
Palm Beach County	**4,287**	**1,424**	**951**	**705**	**551**	**432**	**3,476**	**11,826**

Source: Florida Agency for Health Care Administration (AHCA), Hospital Inpatient Data File, 2017
ICD-10 Code(s): I60-I63, I65-I67, I69, G45.4
Compiled by: Health Council of Southeast Florida, 2019

The table below depicts the percentage of adults who have ever been told they had a stroke, in Palm Beach County and Florida. In 2013, the percentage of adults in Palm Beach County who have been told they had a stroke was 2.2%, below the state rate of 3.7%.

TABLE 104: ADULTS WHO EVER BEEN TOLD THEY HAD A STROKE, PALM BEACH COUNTY AND FLORIDA, 2007, 2010, 2013

Year	Palm Beach County	Florida
2007	2.7%	3.1%
2010	1.6%	3.5%
2013	2.2%	3.7%

Source: Florida Behavioral Risk Factor Surveillance System (BRFSS)

Compiled by: Health Council of Southeast Florida, 2016

CHRONIC LOWER RESPIRATORY DISEASE (CLRD)

Chronic obstructed pulmonary disease, emphysema, chronic bronchitis and other respiratory illnesses are all grouped together under the name Chronic Lower Respiratory Disease (CLRD). These are a group of disease that affect the airways and other structures of the lungs. Per the CDC, the following groups were more likely to report COPD: people aged 65-74 years, Non-Hispanic Whites, women, individuals who were unemployed, retired, or unable to work, individuals with less than a high school education, people with lower incomes, individuals who were divorced, widowed, or separated, current or former smokers and those with a history of asthma.

Table 105 highlights the number of hospitalizations due to CLRD and respective age-adjusted rates per 100,000 population in Palm Beach County and the State of Florida overall. Rates for both geographies have fluctuated between 2013 and 2017 and for the most part, the statewide rate is higher than the countywide rate. For instance, in 2017 the rate observed in Palm Beach County was 345.1 per 100,000 population compared to 362.5 per 100,000 at the state level.

TABLE 105: HOSPITALIZATIONS FROM C.L.R.D., PALM BEACH COUNTY AND FLORIDA, 2013-2017

	Palm Beach County		Florida	
Year	Count	Rate per 100,000	Count	Rate per 100,000
2013	5,342	304.1	85,454	359.0
2014	5,283	291.7	84,451	345.6
2015	5,625	311.7	84,277	339.4
2016	6,381	361.1	89,715	357.2
2017	6,549	345.1	95,136	362.5

Source: Florida Agency for Health Care Administration (AHCA)
ICD-9-CM Code(s): 490-494,496. Includes primary diagnosis only. ICD-10-CM Code(s): J20.9, J21, J40-J45, J47. Includes primary diagnosis only.
Compiled by: Health Council of Southeast Florida, 2019

In 2017, there were 6,549 hospital discharges due to CLRD as a principal diagnosis among Palm Beach County residents (Please refer to Table 106). When contributing diagnosis are taken into consideration (Other diagnosis 1-30), a total of 31,745 instances due to CLRD were observed (i.e. CLRD appeared in the patient's record in a sequence other than primary diagnosis). Residents aged 65 and older accounted for the greatest number of instances (24,418) which comprises 63.8% of the total number of instances observed due to CLRD (primary diagnosis and contributing Other diagnosis 1-30).

TABLE 106: HOSPITALIZATIONS FROM C.L.R.D. BY AGE, PALM BEACH COUNTY AND FLORIDA, 2017

		Other Diagnosis Instances						Total Diagnostic Instances
Age Group	Principal Diagnosis	1	2	3	4	5	6-30	
Ages 65 and over	3,722	1,609	2,067	2,277	2,104	1,912	10,727	24,418
Ages 45-64	1,446	586	782	844	793	735	3,493	8,679
Ages 18-44	299	338	380	363	329	273	807	2,789
Ages 0-17	1,082	531	295	196	129	69	106	2,408
Palm Beach County	**6,549**	**3,064**	**3,524**	**3,680**	**3,355**	**2,989**	**15,133**	**38,294**

Source: Florida Agency for Health Care Administration (AHCA), Hospital Inpatient Data File, 2017
ICD-10-CM Code(s): J20.9, J21, J40-45, J47

Compiled by: Health Council of Southeast Florida, 2019

The table below shows the percentage of adults who have ever been told they have chronic obstructive pulmonary disease, emphysema or chronic bronchitis. In 2013 the percentage of adults who were told this was 5.5%, lower than the state percentage of 7.4%.

TABLE 107: ADULTS WHO EVER BEEN TOLD THEY HAD CHRONIC OBSTRUCTIVE PULMONARY DISEASE, EMPHYSEMA OR CHRONIC BRONCHITIS, PALM BEACH COUNTY AND FLORIDA, 2013

Year	Palm Beach County	Florida
2013	5.5%	7.4%

Source: Florida Behavioral Risk Factor Surveillance System (BRFSS)

Compiled by: Health Council of Southeast Florida, 2016

CANCER

Cancer has a major impact on individuals, their families, community and society. The National Cancer Institute projected that the most common cancers in 2016 would be breast cancer, lung and bronchus cancer, prostate cancer, colon and rectum cancer, bladder cancer, melanoma of the skin, non-Hodgkin lymphoma, thyroid cancer, kidney and renal pelvis cancer, leukemia, endometrial cancer, and pancreatic cancer.

The following table lists the age-adjusted cancer incidence count and rates in Palm Beach County and the state. Between 2013-2014 the county and state saw increases in the age-adjusted incidences of cancer. Palm Beach County had a rate of 255.3 per 100,000 compared to the state rate of 364.7 per 100,000 in 2014.

TABLE 108: AGE-ADJUSTED CANCER INCIDENCE, PALM BEACH COUNTY AND FLORIDA, 2009-2013

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2009	8,420	447.3	107,161	453.4
2010	8,530	434.0	107,258	441.1
2011	8,436	258.4	110,428	378.5
2012	8,617	260.0	109,818	368.2
2013	8,714	255.3	112,657	364.7

Source: University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the percentage of adults who have ever been told they had any type of cancer. In 2013, Palm Beach County had the same rate as the state of Florida (7.6%).

TABLE 109: ADULTS WHO HAVE EVER BEEN TOLD THEY HAD ANY TYPE OF CANCER (EXCEPT SKIN CANCER), PALM BEACH COUNTY AND FLORIDA, 2013

Year	Palm Beach County	Florida
2013	7.6%	7.6%

Source:, Florida Behavioral Risk Factor Surveillance System (BRFSS)
Compiled by: Health Council of Southeast Florida, 2016

The following table shows the count and rate for the age-adjusted cancer incidence broken down by race in Palm Beach County and Florida. Black & Other races show a significantly increase rate of cancer in both Palm Beach County and the state. The rate among Black & Other has steadily increased from 2009-2013 from 377.1 per 100,000 to 623.6 per 100,000. This rate is considerably higher than the state at the same time (580.5 per 100,000).

TABLE 110: AGE-ADJUSTED CANCER INCIDENCE BY RACE, PALM BEACH COUNTY AND FLORIDA, 2009-2013

Year	Palm Beach County				Florida			
	White		Black & Other		White		Black & Other	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2009	7,534	454.9	829	377.1	93,043	455.4	12,520	393.6
2010	7,611	439.7	862	376.4	93,292	443.5	13,082	404.4
2011	7,398	236.3	946	704.9	95,958	354.7	13,670	643.0
2012	7,643	241.3	915	623.2	95,291	346.7	13,779	589.2
2013	7,691	236.2	974	623.6	97,248	342.1	14,301	580.5

Source: University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2016

The table below depicts counts and rates for age-adjusted cancer incidence in Palm Beach County and Florida, broken down by ethnicity between 2009-2013. In 2013, the rate among Hispanics (428.8 per 100,000) was considerably higher when compared to non-Hispanics (246.0 per 100,000) in Palm Beach County. The disparity in Palm Beach County was greater than that of Florida (387.2 per 100,000) in 2013.

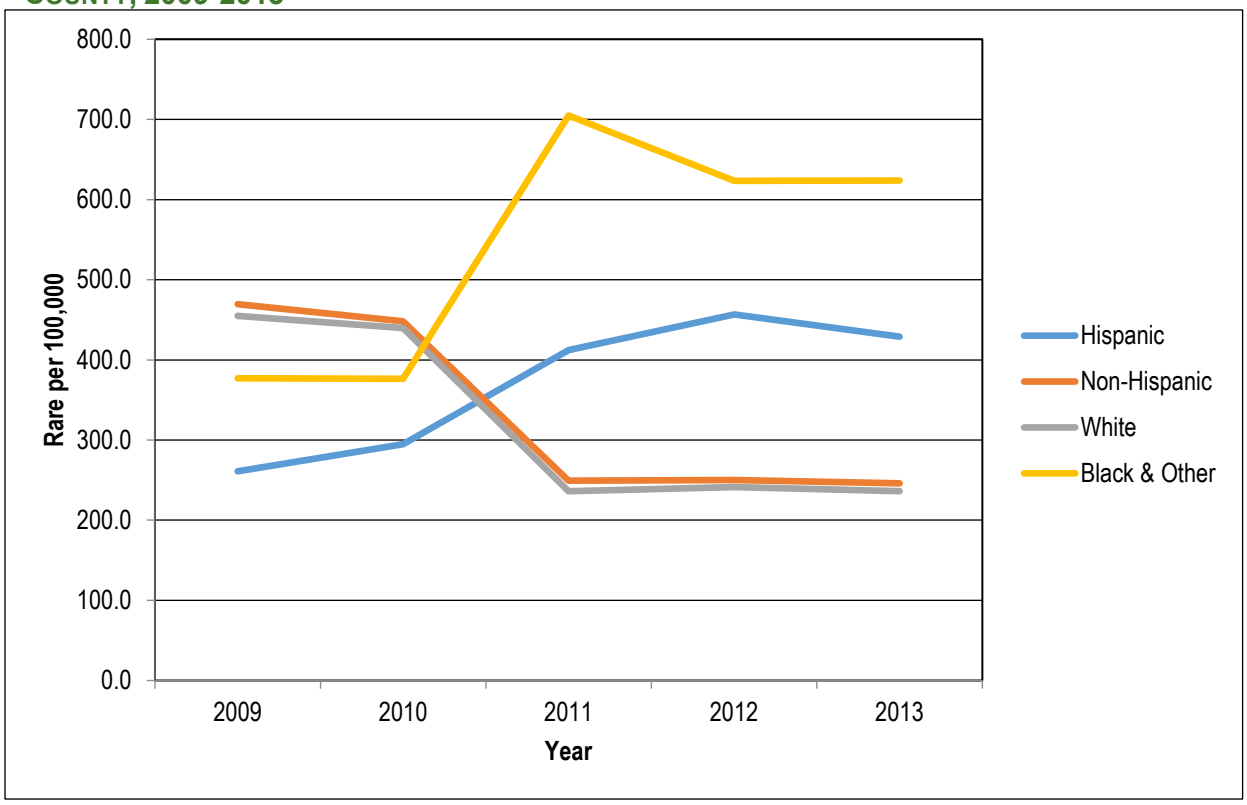
TABLE 111: AGE-ADJUSTED CANCER INCIDENCE BY ETHNICITY, PALM BEACH COUNTY AND FLORIDA, 2009-2013

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2009	470	261.0	7,882	469.5	12,546	339.6	93,581	472.1
2010	604	294.8	7,842	448.1	13,290	333.6	93,108	459.5
2011	592	412.2	7,784	249.4	13,941	395.9	95,780	373.3
2012	641	456.7	7,934	250.0	13,724	386.9	95,565	363.7
2013	646	428.8	8,025	246.0	14,515	387.2	97,564	359.5

Source: University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2016

The following figure provides a visual representation of the disparities seen among Black & Other and Hispanic ethnicities when comparing age-adjusted rates of cancer incidences by race and ethnicity. While there is an obvious disparity among both Black & Other and Hispanics, Black & Other races are shown to have the highest incidences of cancer.

FIGURE 7: AGE-ADJUSTED RATE OF CANCER INCIDENCE BY RACE AND ETHNICITY, PALM BEACH COUNTY, 2009-2013



CERVICAL CANCER

The table below depicts the age-adjusted cervical cancer incidence by race in Palm Beach County and Florida between 2009-2012. The rate among whites has decreased steadily in the county and state during this time from. In 2013 the rate among whites in Palm Beach County (2.1 per 100,000) was lower than the state in the same year (4.0 per 100,000). The rate among Black & Other however, was significantly higher. In 2013 the rate of incidence among Blacks & Other was 13.0 per 100,000. This was just above the state rate (12.6 per 100,000).

TABLE 112: AGE-ADJUSTED CERVICAL CANCER INCIDENCE BY RACE, PALM BEACH COUNTY AND FLORIDA, 2009-2013

Year	Palm Beach County				Florida			
	White		Black & Other		White		Black & Other	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2009	41	7.8	17	13.4	721	9.0	204	11.0
2010	40	6.3	11	7.5	643	7.8	207	10.8
2011	49	2.6	14	16.0	759	4.5	195	13.5
2012	38	2.0	24	25.3	683	4.0	201	12.7
2013	41	2.1	13	13.0	700	4.0	209	12.6

Source: University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2016

The following table shows the age-adjusted cervical cancer incidence by ethnicity in Palm Beach County and Florida between 2009-2012. The rate among Hispanics is much higher than Non-Hispanics in the county and state; the rate among Hispanics in Palm Beach County was 8.5 per 100,000 compared to the state 8.1 per 100,000 in 2013.

TABLE 113: AGE-ADJUSTED CERVICAL CANCER INCIDENCE BY ETHNICITY, PALM BEACH COUNTY AND FLORIDA, 2009-2013

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2009		1.8	56	9.6	200	9.8	732	9.3
2010		4.4	46	6.9	156	7.2	688	8.4
2011	11	12.2	53	2.9	199	8.6	752	4.7
2012		10.2	53	2.8	177	7.7	705	4.3
2013		8.5	46	2.4	199	8.1	712	4.2

Source: University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2016

COLORECTAL CANCER

The following table shows the age-adjusted colorectal cancer incidence rate by race in Palm Beach County and Florida between 2009-2012. Although the rates are lower in the county when compared to Florida, a large disparity can be seen when comparing the rate of whites versus Black & Other races. In 2013 the rate among Black & Other was 54.4 per 100,000, significantly higher than whites 20.5 per 100,000.

TABLE 114: AGE-ADJUSTED COLORECTAL CANCER INCIDENCE BY RACE, PALM BEACH COUNTY AND FLORIDA, 2009-2013

Year	Palm Beach County				Florida			
	White		Black & Other		White		Black & Other	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2009	610	33.5	83	40.6	8,210	38.5	1,204	39.4
2010	621	33.9	75	34.1	7,806	35.9	1,234	39.8
2011	590	18.9	96	71.6	8,295	30.7	1,265	59.5
2012	572	18.1	82	55.8	7,907	28.8	1,278	54.7
2013	667	20.5	85	54.4	9,073	31.9	1,459	59.2

Source: University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2016

The following table shows the age-adjusted colorectal cancer incidence rate by ethnicity in Palm Beach County and Florida between 2009-2012. Although the rates are lower in the county when compared to Florida, a large disparity can be seen when comparing the rate of Hispanics and Non-Hispanics. In 2013 the rate among Hispanics was 40.0 per 100,000 compared to Non-Hispanics rate of 21.2 per 100,000 in Palm Beach County.

TABLE 115: AGE-ADJUSTED COLORECTAL CANCER INCIDENCE BY ETHNICITY, PALM BEACH COUNTY AND FLORIDA, 2009-2013

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2009	36	23.2	655	36.1	1,329	36.9	8,144	39.4
2010	62	32.1	628	33.9	1,267	32.4	7,778	37.4
2011	53	36.9	628	20.1	1,448	41.2	8,095	31.6
2012	59	42.1	595	18.8	1,311	37.0	7,883	30.0
2013	60	40.0	692	21.2	1,522	40.7	9,048	33.4

Source: University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2016

BREAST CANCER

The table below depicts the age-adjusted breast cancers incidence rate by race in Palm Beach County and Florida between 2009-2012. The rates among Black & Other are significantly higher when compared to Whites in the county and state. In Palm Beach County, the rate among Black & Other Races (140.9 per 100,000) was higher than the state (130.9 per 100,000) in 2013.

TABLE 116: AGE-ADJUSTED BREAST CANCER INCIDENCE BY RACE, PALM BEACH COUNTY AND FLORIDA, 2009-2013

Year	Palm Beach County				Florida			
	White		Black & Other		White		Black & Other	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2009	1,005	126.8	115	93.1	11,869	117.5	1,765	97.1
2010	1,023	124.7	136	97.4	12,126	114.9	1,818	98.2
2011	965	52.8	139	158.5	12,230	73.4	2,000	139.5
2012	1,066	57.3	140	147.7	12,753	75.2	2,058	131.3
2013	1,067	55.6	137	140.9	12,973	74.2	2,147	130.9

Source: University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2016

The table below depicts the rate of age-adjusted breast cancer incidence by ethnicity in Palm Beach County and Florida between 2009-2013. During this time the rate among Hispanics has fluctuated with but has remained higher than the state rate since 2011. In 2013 the rate among Hispanics was 92.9 per 100,000, much higher than the state (82.0 per 100,000). At the same time, the rate among Non-Hispanics has steadily decreased in the county and state.

TABLE 117: AGE-ADJUSTED BREAST CANCER INCIDENCE BY ETHNICITY, PALM BEACH COUNTY AND FLORIDA, 2009-2013

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2009	67	65.7	1,054	129.9	1,659	82.2	12,048	122.5
2010	89	77.8	1,066	127.9	1,742	79.9	12,182	120.4
2011	78	86.8	1,018	55.7	1,840	80.6	12,326	77.9
2012	92	105.7	1,110	59.3	1,950	84.8	12,877	79.4
2013	86	92.9	1,110	57.8	1,991	82.0	13,188	79.0

Source: University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2016

PROSTATE CANCER

The following table depicts the age-adjusted prostate cancer incidence by race in Palm Beach County and Florida between 2009-2013. The rate among Black & Other races is significantly higher than Whites at the county and state level. The rate in Palm Beach County has also steadily increased between 2009-2013 and has remained much higher than the state level for Black & Other races. In 2013, the rate among Black & Other races in the county was 331.6 per 100,000 compared to the state rate of 271.4 per 100,000.

TABLE 118: AGE-ADJUSTED PROSTATE CANCER INCIDENCE BY RACE, PALM BEACH COUNTY AND FLORIDA, 2009-2013

Year	Palm Beach County				Florida			
	White		Black & Other		White		Black & Other	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2009	770	102.5	156	163.6	11,273	114.2	2,257	164.8
2010	852	104.8	187	187.6	10,978	104.8	2,257	158.6
2011	878	68.8	206	444.3	11,044	108.9	2,406	355.3
2012	728	56.6	166	319.0	9,114	88.1	2,187	290.0
2013	726	55.0	186	331.6	9,061	84.1	2,182	271.4

Source: University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2016

The table below shows the age-adjusted prostate cancer incidence by ethnicity in Palm Beach County and Florida between 2009-2013. Since 2011, the incidence of prostate cancer among Hispanics has been significantly higher than those of Non-Hispanics. The disparity can be seen at the county and state level, although rates among Hispanics in the county (166.4 per 100,000) are much higher than the state (125.2 per 100,000).

TABLE 119: AGE-ADJUSTED PROSTATE CANCER INCIDENCE BY ETHNICITY, PALM BEACH COUNTY AND FLORIDA, 2009-2013

Year	Palm Beach County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2009	72	92.2	858	112.5	1,752	109.8	11,837	123.8
2010	85	98.6	942	116.0	1,668	95.3	11,557	114.5
2011	96	178.7	986	77.7	1,792	147.9	11,693	121.7
2012	69	132.3	824	64.1	1,502	123.4	9,828	99.4
2013	94	166.4	815	61.8	1,628	125.2	9,669	94.1

Source: University of Miami (FL) Medical School, Florida Cancer Data System
Compiled by: Health Council of Southeast Florida, 2016

Alzheimer's Disease

The following table shows the number and percentage of probable Alzheimer's cases among people age 60+ in Palm Beach County. In 2015, 12.11% of the total population 60+ were determined to be probable Alzheimer's cases according to the Department of Elder Affairs.

Table 120: Probable Alzheimer's Cases in 60+, Palm Beach County, 2014-2015

	2014	2015
Total 60+ Population	386,625	394,448
Probable Alzheimer's Cases	47,227	47,768
% of 60+ Population	12.22	12.11

Source: Department of Elder Affairs, 2014 and 2015 County Profiles

Compiled by: Area Agency on Aging of Palm Beach/Treasure Coast, Inc., 2016

Enteric Disease

Enteric disease is acquired through contaminated food and water, by contact with animals or their environments, or by contact with feces of an infected person. Enteric diseases have profound effects on intestinal absorption, nutrition, and childhood development.

The rate of enteric disease decreased from 2012-2013 at the county and state level, only to sharply increase again between 2013-2014. In 2014 the rate in of enteric disease in Palm Beach County was 76.0 per 100,000, higher than the state rate of 71.4 per 100,000.

Table 121: Enteric Disease, Palm Beach County and Florida, 2010-2014

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2010	706	53.5	11,600	61.6
2011	713	53.7	12,568	66.4
2012	731	54.8	12,001	63.0
2013	646	47.8	11,013	57.0
2014	1,036	76.0	13,950	71.4

Source: Florida Department of Health, Bureau of Epidemiology

Compiled by: Health Council of Southeast Florida, 2016

Overweight and Obesity

Overweight and obesity are complex health issues that can have profound negative impacts on an individual and community's health outcome if left untreated. Both overweight and obesity imply a condition of a person being of excess weight. Overweight means having more body weight than is considered normal or healthy for one's age or build while obesity is the condition of being obese, i.e., a body mass index (BMI) over 30. The overall increase in obesity among the nation and state is greatly influenced by a person's community and their ability to make healthy choices. Per the CDC, children and adults who are obese are at an increased risk of several serious health conditions including heart disease, type 2 diabetes, and cancer.

The following table represents The percentage of high school students who have been told they are overweight or obese has mostly increased from 2012 to 2018. The county's percentage has remained below that of the state; in 2018, the percentages were 29.7% and 30.5% respectively.

Table 122: Percent of Middle School Students who are Overweight or Obese, Palm Beach County and Florida, Select Years 2012-2018

	Palm Beach County	Florida
2012	30.5%	28.5%
2014	27.0%	28.2%
2016	26.0%	29.5%
2018	28.3%	30.3%

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS)
Compiled by: Health Council of Southeast Florida, 2019

The table below depicts the percentage of high school students who have been told they are overweight or obese has mostly increased from 2012 to 2018. The county's percentage has remained below that of the state; in 2018, the percentages were 29.7% and 30.5% respectively.

Table 123: Percent of High School Students who are Overweight or Obese, Palm Beach County and Florida, Select Years 2012-2018

	Palm Beach County	Florida
2012	24.4%	25.9%
2014	27.6%	27.4%
2016	27.1%	29.3%
2018	29.7%	30.5%

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS)
Compiled by: Health Council of Southeast Florida, 2019

The table below highlights the percentage of adults who are overweight in Palm Beach County and Florida from 2007 through 2016. Since 2007, the percentage of adults who are overweight has been decreasing at the state- and county-level with a more pronounced decrease observed in Palm Beach County. For instance, in 2016, 32.1% of adults in Palm Beach County were overweight which represents a 20.1% decrease since 2013; compared to a 1.6% decrease observed at the state-level for the same time frame.

TABLE 124: ADULTS WHO ARE OVERWEIGHT, PALM BEACH COUNTY AND FLORIDA, SELECT YEARS 2007-2016

	Palm Beach County	Florida
2007	43.1%	38.0%
2010	41.8%	37.8%
2013	40.2%	36.4%
2016	32.1%	35.8%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2019

By contrast, the percentage of adults who are obese in Palm Beach County and Florida has been increasing since 2007, except for 2013 in which the percentage of adults in Florida overall who were obese increased slightly from the previous year (please refer to Table 125). In 2016, close to 21.0% of adults in Palm Beach County were obese compared to 27.4% statewide.

TABLE 125: ADULTS WHO ARE OBESE, PALM BEACH COUNTY AND FLORIDA, SELECT YEARS 2007-2016

	Palm Beach County	Florida
2007	14.5%	24.1%
2010	19.4%	27.2%
2013	19.9%	26.4%
2016	20.8%	27.4%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion
Compiled by: Health Council of Southeast Florida, 2019

INFECTIOUS DISEASE

TUBERCULOSIS

The table below shows the rate of tuberculosis cases in Palm Beach County and Florida between 2011-2015. Rates have fluctuated at the county and state level throughout this time and since 2013, the rate of enteric disease in the county have been above those of the state.

TABLE 126: TUBERCULOSIS CASES, PALM BEACH COUNTY AND FLORIDA, 2011-2015

	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	59	4.4	754	4.0
2012	40	3.0	678	3.6
2013	55	4.1	651	3.4
2014	50	3.7	595	3.0
2015	43	3.1	602	3.0

Source: Florida Department of Health, Division of Disease Control and Health Protection, Tuberculosis Section

Compiled by: Health Council of Southeast Florida, 2016

REPORTABLE DISEASES

The table below shows the rate of reportable disease cases in Palm Beach County and Florida between 2010-2014. The state and county saw the most noticeable increase in cases between 2013-2014. In that year, the county (113.2 per 100,000) was slightly below the state's rate (117.9 per 100,000).

TABLE 127: TOTAL REPORTABLE CASES, PALM BEACH COUNTY AND FLORIDA, 2010-2014

	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2010	1,144	86.6	19,990	106.2
2011	1,263	95.2	20,696	109.3
2012	1,199	89.9	20,128	105.7
2013	1,258	93.2	19,803	102.5
2014	1,542	113.2	23,050	117.9

Source: Florida Department of Health, Bureau of Epidemiology

Compiled by: Health Council of Southeast Florida, 2016

HIV Incidence Rate

The table below shows the rate of HIV cases for Palm Beach County and Florida between 2011-2015. Both county and state had the same rate of 23.5 per 100,000 in 2014. In 2015, Palm Beach County showed a small improvement (21.0 per 100,000) while the state showed a slight increase (24.5 per 100,000).

Table 128: HIV Cases, Palm Beach County and Florida, 2011-2015

	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	315	23.7	4,674	24.7
2012	267	20.0	4,501	23.6
2013	322	23.9	4,374	22.6
2014	320	23.5	4,600	23.5
2015	290	21.0	4,868	24.5

Source: Florida Department of Health, HIV/AIDS Section

Note: These data represent reported new cases of HIV

Compiled by: Health Council of Southeast Florida, 2016

AIDS Incidence

The table below shows the rate of AIDS cases in Palm Beach County and Florida between 2011-2015. Since 2013 both the county and state have seen a decrease in the rate of AIDS cases, however Palm Beach County's rates have remained slightly higher than the state during this time. In 2015, even after a decrease from the year before, the county rate of 11.9 per 100,000 was still higher than the state's 11.2 per 100,000.

Table 129: AIDS Cases, Palm Beach County and Florida, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	219	16.5	3,023	16.0
2012	210	15.8	2,849	15.0
2013	218	16.1	2,929	15.2
2014	172	12.6	2,291	11.7
2015	164	11.9	2,218	11.2

Source: Florida Department of Health, HIV/AIDS Section

Note: Generally, AIDS cases remained fairly stable in early 2000s, with an increase in 2004 due to increased CD4 testing statewide. Electronic laboratory reporting delays in late 2007 decreased cases in that year, while contributing to a spike in 2008. The expansion of electronic lab reporting increased the timeliness of reporting, which further contributed to the artificial spike in 2008 followed by an artificial dip in 2009 & 2010. Cases reported in correctional facilities are excluded from county totals, but are included in state total.

Compiled by: Health Council of Southeast Florida, 2016

Sexually Transmitted Infections/Diseases

The following table shows the total rate of sexually transmitted infections and disease in Palm Beach County and Florida from 2011-2015. Palm Beach County's rates have remained below the state level throughout this time, although the county rates have also seen an increasing trend. The rate rose from 344.0 per 100,000 in 2011 to 488.9 per 100,000 in 2015.

Table 130: Total Gonorrhea, Chlamydia and Infectious Syphilis, Palm Beach County and Florida, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	4,566	344.0	96,923	511.9
2012	4,752	356.5	98,777	518.7
2013	5,676	420.4	103,566	536.1
2014	5,955	437.1	105,461	539.5
2015	6,755	488.9	116,929	588.7

Source: Florida Department of Health, Bureau of STD Prevention & Control

Compiled by: Health Council of Southeast Florida, 2016

MORTALITY

Mortality is a term used when referring to death.

LEADING CAUSES OF DEATH

The table below shows the leading causes of death in Palm Beach County in 2015. The most common cause of death was heart disease, responsible for 24.7% of deaths, followed by cancer (23.1%).

Years of Potential Life Lost is an estimate of premature mortality and is the number of years of life lost among persons who die before a predetermined age (75 years).[17] Cancer deaths had the highest rate of years of potential life lost (YPLL), with 1,542.1 per 100,000. Unintentional injury was the second-highest cause of death with a rate of potential life lost (YPLL), with 1,526.3 per 100,000.

TABLE 131: LEADING CAUSES OF DEATH, PALM BEACH COUNTY, 2015

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-Adjusted Death Rate Per 100,000	3-Year Age-Adjusted Death Rate Per 100,000	YPLL < 75 Per 100,000 Under 75
All Causes	14,431	100.0%	1,044.5	586.7	579.7	7,125.6
Heart Disease	3,560	24.7%	257.7	126.0	126.9	781.5
Cancer	3,340	23.1%	241.7	140.1	140.5	1,542.1
Stroke	945	6.5%	68.4	33.1	30.7	190.4
Unintentional Injury	802	5.6%	58.0	51.6	43.5	1,526.3
Chronic Lower Respiratory Disease	732	5.1%	53.0	27.0	26.3	155.4
Alzheimer's Disease	624	4.3%	45.2	19.4	18.5	13.9
Diabetes	274	1.9%	19.8	11.9	12.1	141.9
Nephritis, Nephrotic Syndrome, & Nephrosis	249	1.7%	18.0	9.1	9.3	54.3
Parkinson's Disease	245	1.7%	17.7	8.5	7.8	14.7
Suicide	229	1.6%	16.6	15.7	15.1	486.4
Chronic Liver Disease and Cirrhosis	211	1.5%	15.3	11.1	10.2	229.3
Influenza and Pneumonia	183	1.3%	13.2	6.6	6.8	42.1
Septicemia	172	1.2%	12.4	7.1	6.5	78.0
Hypertension	143	1.0%	10.4	5.4	5.2	43.0
Benign Neoplasm	113	0.8%	8.2	4.4	4.4	38.0

Source: Florida Department of Health, Office of Health Statistics and Assessment
Compiled by: Health Council of Southeast Florida, 2016

[17] FloridaCHARTS User's Guide

The table below shows the age-adjusted death rate in Palm Beach County and Florida from 2011-2015. The rate in Palm Beach County has steadily increased from 2011-2015. In 2015 the rate in Palm Beach County was 586.7 per 100,000, less than the state's rate (679.8 per 100,000.)

TABLE 132: AGE-ADJUSTED DEATH RATE, PALM BEACH COUNTY AND FLORIDA, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	12,941	562.3	172,856	677.9
2012	13,234	569.9	175,849	680.7
2013	13,515	570.9	180,014	679.3
2014	13,922	581.5	185,038	683.5
2015	14,431	586.7	191,488	679.8

Source: Florida Department of Health, Bureau of Vital Statistics

Compiled by: Health Council of Southeast Florida, 2016

HEART DISEASE DEATHS

The table below depicts the rate of deaths from major cardiovascular disease in Palm Beach County and Florida from 2011-2015. Rates have fluctuated at the county and state level during this time frame. In 2015, the rate in Palm Beach County was 169.0 per 100,000, which was less than the rate in Florida as a whole (204.6 per 100,000).

TABLE 133: DEATHS FROM MAJOR CARDIOVASCULAR DISEASE, PALM BEACH COUNTY AND FLORIDA, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	4,400	172.6	52,527	198.4
2012	4,485	175.0	53,802	200.6
2013	4,480	170.0	54,958	199.5
2014	4,439	165.9	57,410	202.9
2015	4,769	169.0	60,632	204.6

Source: Florida Department of Health, Bureau of Vital Statistics

Compiled by: Health Council of Southeast Florida, 2016

The following table shows the rate of deaths from hypertension in Palm Beach County and Florida from 2011-2015. In 2015, Palm Beach County (5.4 per 100,000) was below the state (7.4 per 100,000). Both the county's rate and state's rate had improved slightly from the previous year.

TABLE 134: DEATHS FROM HYPERTENSIONS, PALM BEACH COUNTY AND FLORIDA, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	116	5.1	1,798	6.8
2012	106	4.4	1,944	7.2
2013	117	4.7	2,140	7.8
2014	133	5.5	2,174	7.7
2015	143	5.4	2,185	7.4

Source: Florida Department of Health, Bureau of Vital Statistics

Compiled by: Health Council of Southeast Florida, 2016

The table below portrays the deaths from coronary heart disease by gender from Palm Beach County and Florida between 2010-2015. The rate is much higher among males (112.1 per 100,000) than females (60.9 per 100,000) in Palm Beach County. This trend is also seen at the state level.

TABLE 135: DEATHS FROM CORONARY HEART DISEASE BY GENDER, PALM BEACH COUNTY AND FLORIDA, 2010-2015

Year	Palm Beach County				Florida			
	Male		Female		Male		Female	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2010	1,363	127.7	1,023	66	15,866	143.2	12,578	80.6
2011	1,282	119.4	1,097	71	15,470	136.5	12,216	77.3
2012	1,371	126.7	1,148	72.2	15,635	136.2	12,291	76.8
2013	1,256	113.9	1,011	62.5	15,580	131.8	12,131	74
2014	1,269	112.1	920	57	16,026	131.8	12,185	72.8
2015	1,308	112.1	1,049	60.9	16,582	130.1	12,214	69.7

Source: Florida Department of Health, Bureau of Vital Statistics

Compiled by: Health Council of Southeast Florida, 2016

Stroke Deaths

The table below shows the rate of deaths from stroke in Palm Beach County and Florida from 2011-2015. Rates in both the county and state have been on an increasing trend. In 2015 the rate in the county (33.1 per 100,000) was lower than the state (38.0 per 100,000), as it was the four years prior.

Table 136: Deaths from Stroke, Palm Beach County and Florida, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	700	27.5	8,327	31.5
2012	701	28.5	8,372	31.2
2013	754	28.9	8,611	31.3
2014	789	29.7	9,605	33.8
2015	945	33.1	11,410	38.0

Source: Florida Department of Health, Bureau of Vital Statistics

Compiled by: Health Council of Southeast Florida, 2016

Cancer Deaths

The following table shows the rate of deaths from cancer in Palm Beach County and Florida from 2011-2015. The rates in the county have varied from 2011-2015, but have remained below that of the state. In 2015, the rate of deaths from cancer in the county was 140.1 per 100,000.

Table 137: Deaths from Cancer, Palm Beach County and Florida, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	3,156	140.5	41,221	159.9
2012	3,208	144.7	41,696	160.3
2013	3,218	140.6	42,350	158.7
2014	3,241	140.7	42,330	155.5
2015	3,340	140.1	43,877	154.3

Source: Florida Department of Health, Bureau of Vital Statistics

Compiled by: Health Council of Southeast Florida, 2016

The table below portrays the rate of tobacco-related cancer deaths of persons 35 and over in Palm Beach County and Florida from 2011-2015. The rate in Palm Beach County has been higher than the state each, other than 2013. In 2015, the rate in the rate of deaths in the county was 174.3 per 100,000 and the state's rate was 172.8 per 100,000.

TABLE 138: TOBACCO-RELATED CANCER DEATHS OF PERSONS 35 AND OVER, PALM BEACH COUNTY AND FLORIDA, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	1,413	174.9	18,861	172.9
2012	1,430	177.5	19,098	174.8
2013	1,406	172.5	19,228	173.4
2014	1,482	180.4	19,036	169.8
2015	1,457	174.3	19,769	172.8

Source: Florida Department of Health, Bureau of Vital Statistics

Compiled by: Health Council of Southeast Florida, 2016

UNINTENTIONAL INJURY DEATHS

The table below displays the rate of deaths from unintentional injuries in Palm Beach County and Florida from 2011-2015. Though the rate in the county was lower than the state from 2011-2014, there was a significant increase at both levels in 2015. In 2015, the rate of deaths in Palm Beach County was 51.6 per 100,000 compared to the state's rate of 46.2 per 100,000.

TABLE 139: DEATHS FROM UNINTENTIONAL INJURIES, PALM BEACH COUNTY AND FLORIDA, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	521	34.0	8,475	40.2
2012	533	32.6	8,561	39.7
2013	634	39.7	8,534	38.8
2014	622	39.1	9,128	41.1
2015	802	51.6	10,346	46.2

Source: Florida Department of Health, Bureau of Vital Statistics

Compiled by: Health Council of Southeast Florida, 2016

HIV/AIDS Deaths

The following table shows the rate of deaths from HIV/AIDS in Palm Beach County and Florida from 2011-2015. The counts in the county have remained similar during this time, however the rate has been higher than the state. In 2015 the rate of deaths from HIV/AIDS in Palm Beach County was 4.8 per 100,000 while the state's rate was 4.0 per 100,000.

Table 140: Deaths From HIV/AIDS, Palm Beach County and Florida, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	65	5.0	1,005	5.1
2012	65	4.8	923	4.6
2013	69	4.9	935	4.5
2014	64	4.4	878	4.2
2015	66	4.8	873	4.0

Source: FloridaCHARTS, Florida Department of Health, Bureau of Vital Statistics, 2015

Compiled by: Health Council of Southeast Florida, 2016

HEALTH RESOURCE AVAILABILITY AND ACCESS

HOSPITAL UTILIZATION

The following table shows the total hospital emergency department utilization among facilities in Palm Beach County for the 2015 calendar year. JFK Medical Center received the most visits (14.8%) followed by St. Mary's Medical Center (11.2%).

TABLE 141: HOSPITAL EMERGENCY DEPARTMENT UTILIZATION, PALM BEACH COUNTY, JANUARY-DECEMBER 2015

Facility Name	Visits	% of Total
JFK Medical Center	72,981	14.80%
St Mary's Medical Center	55,574	11.20%
Bethesda Hospital East	46,056	9.30%
Boca Raton Regional Hospital	39,954	8.10%
Palms West Hospital	38,979	7.90%
Wellington Regional Medical Center	38,671	7.80%
West Boca Medical Center	31,532	6.40%
Delray Medical Center	30,428	6.20%
Good Samaritan Medical Center	29,730	6.00%
Jupiter Medical Center	25,532	5.20%
Lakeside Medical Center	23,764	4.80%
Palm Beach Gardens Medical Center	22,476	4.50%
West Palm Hospital	21,731	4.40%
Bethesda Hospital West	17,121	3.50%
Total	494,529	494,529

Source: Health Council of Southeast Florida Hospital Utilization Reports, 2015

Compiled by: Health Council of Southeast Florida, 2016

The table below shows the number and percent of total visits of hospital emergency department top ten principal diagnosis groupings in Palm Beach County for the 2015 calendar year. Injury and Poisoning was the leading principal diagnosis grouping (24.2%) followed by Symptoms, Signs, and Ill-Defined Conditions (21.2%).

TABLE 142: HOSPITAL EMERGENCY DEPARTMENT TOP TEN PRINCIPAL DIAGNOSIS GROUPINGS, PALM BEACH COUNTY, JANUARY-DECEMBER 2015

Principal Diagnosis Groupings	Visits	Percent
Injury and Poisoning	119,698	24.2%
Symptoms, Signs, and Ill-Defined Conditions	104,715	21.2%
Diseases of the Respiratory System	47,143	9.5%
Musculoskeletal System and Connective Tissue	32,795	6.6%
Diseases of the Genitourinary System	30,352	6.1%
Diseases of the Digestive System	30,024	6.1%
Diseases of the Nervous System and Sense Organs	27,026	5.5%
Mental, Behavioral and Neurodevelopmental Disorders	19,031	3.8%
Diseases of the Skin and Subcutaneous Tissue	18,731	3.8%
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	14,250	2.9%

Source: Florida Health Finder, AHCA Emergency Department Data, 2015

Compiled by: Health Council of Southeast Florida, 2016

The table below shows the count and rate of preventable hospitalizations among residents under 65 from all conditions in Palm Beach County and Florida between 2013-2017.

Preventable hospitalizations are determined using the Agency for Health Research and Quality (AHRQ) Ambulatory Sensitive ICD-10 Codes. Conditions that fall under this designation include asthma, diabetes, or dehydration and are conditions in which timely and more effective care may decrease hospitalizations.

High rates of hospitalizations for ambulatory sensitive conditions could be indicative of ineffective or insufficient prevention efforts, a shortage of primary care health services and resources or other issues creating barriers to obtaining timely care. The rate in the county and state have decreased steadily during the time period shown. In 2017, the rate in Palm Beach County was 1,128.8 preventable hospitalizations per 100,000 population; lower than the statewide rate of 1,033.3 per 100,000.

TABLE 143: PREVENTABLE HOSPITALIZATIONS UNDER 65 FROM ALL CONDITIONS, PALM BEACH COUNTY AND FLORIDA, 2013-2017

	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2013	12,045	1,147.5	187,020	1,183.6
2014	11,945	1,128.6	188,273	1,181.9
2015	11,965	1,120.6	186,540	1,158.4
2016	12,245	1,139.7	184,205	1,130.3
2017	11,114	1,026.9	170,312	1,033.3

Source: Florida Agency for Health Care Administration (AHCA)
Compiled by: Health Council of Southeast Florida, 2019

The table below displays the count and rate of adult psychiatric beds in Palm Beach County and Florida between 2011-2015. While the rate in the county has fluctuate slightly, the rate for the state has slowly increased. Palm Beach County has sustained a rate below the state since 2011. In 2015, the rate in the county was 16.2 per 100,000 compared to the state rate of 21.1 per 100,000.

TABLE 144: ADULT PSYCHIATRIC BEDS, PALM BEACH COUNTY AND FLORIDA, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	212	16.0	3,714	19.6
2012	224	16.8	3,736	19.6
2013	224	16.6	3,862	20.0
2014	224	16.4	3,968	20.3
2015	224	16.2	4,182	21.1

Source: Florida Agency for Health Care Administration (AHCA)

Compiled by: Health Council of Southeast Florida, 2016

The table below displays the count and rate of child and adolescent psychiatric beds in Palm Beach County and Florida between 2011-2015. The rate in Palm Beach County has remained 2.0 per 100,000 since 2011. This has always below the state rate which has decreased to 2.6 per 100,000 in 2015.

TABLE 145: CHILD AND ADOLESCENT PSYCHIATRIC BEDS, PALM BEACH COUNTY AND FLORIDA, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	27	2.0	592	3.1
2012	27	2.0	522	2.7
2013	27	2.0	520	2.7
2014	27	2.0	538	2.8
2015	27	2.0	513	2.6

Source: Florida Agency for Health Care Administration (AHCA)

Compiled by: Health Council of Southeast Florida, 2016

The table below displays the count and rate of nursing home beds in Palm Beach County and Florida between 2011-2015. The rate in the county has remained higher than that of the state throughout this time. In 2015 the rate in Palm Beach County was 458.7 per 100,000 and the state was 421.0 per 100,000.

TABLE 146: TOTAL NURSING HOME BEDS, PALM BEACH COUNTY AND FLORIDA, 2011-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2011	6,415	483.3	82,932	438.0
2012	6,415	481.2	83,157	436.7
2013	6,337	469.4	83,419	431.8
2014	6,337	465.1	83,414	426.7
2015	6,337	458.7	83,613	421.0

Source: FLHealthCHARTS, Florida Agency for Health Care Administration (AHCA)

Compiled by: Health Council of Southeast Florida, 2016

HEALTH CARE PROVIDER SUPPLY

PHYSICIANS

The table below shows the count and rate of total licensed Florida Physicians in Palm Beach County and Florida for each fiscal year from 2011-2016. Palm Beach County has had a higher rate of physicians when compared to the state each fiscal year since 2011. In 2015-2016 there were 303.6 per 100,000 population in Palm Beach County, compared with 249 per 100,000 for the state.

TABLE 147: TOTAL LICENSED FLORIDA PHYSICIANS, PALM BEACH COUNTY AND FLORIDA, FY 2011-2012 THROUGH FY 2015-2016

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
FY 11-12	4,165	313.8	49,270	260.2
FY 12-13	4,277	320.8	50,586	265.6
FY 13-14	4,369	323.6	53,259	275.7
FY 14-15	4,246	311.7	50,679	259.3
FY 15-16	4,195	303.6	49,456	249

Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance, 2016

Compiled by: Health Council of Southeast Florida, 2016

DENTISTS

The table below shows the count and rate of total licensed Florida Dentists in Palm Beach County and Florida for each fiscal year from 2011-2016. Palm Beach County has had a higher rate of dentists when compared to the state each fiscal year since 2011. In 2015-2016 there were 78.2 per 100,000 population in Palm Beach County, compared with 55.3 per 100,000 for the state.

TABLE 148: TOTAL LICENSED FLORIDA DENTISTS, PALM BEACH COUNTY AND FLORIDA, FY 2011-2012 THROUGH FY 2015-2016

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
FY 11-12	1,016	76.5	10,118	53.4
FY 12-13	1,050	78.8	10,443	54.8
FY 13-14	975	72.2	10,396	53.8
FY 14-15	1,151	84.5	11,635	59.5
FY 15-16	1,080	78.2	10,986	55.3

Source: FloridaCHARTS, Florida Department of Health, Division of Medical Quality Assurance, 2016

Compiled by: Health Council of Southeast Florida

NURSES

The following table details the nurse-student ratio in school's grades K-12 in Palm Beach County and Florida from 2010-2015. The nurse-student ratio in school's grades K-12 has been substantially lower than that of the state from 2010-2014. In 2014, the ratio in the county was 851.3 per 100,000 compared to 2,168.9 per 100,000.

TABLE 149: NURSE-STUDENT RATIO IN SCHOOLS GRADES K-12, PALM BEACH COUNTY AND FLORIDA, 2011-2015

Year	Palm Beach County	Florida
2010	994.5	2,260.8
2011	838.9	2,452.8
2012	832.0	2,257.0
2013	842.0	2,237.0
2014	851.3	2,168.9

Source: FloridaCHARTS, Florida Department of Health, School Health Services Program, 2014

Compiled by: Health Council of Southeast Florida, 2016

Federal Health Professional Shortage Area (HPSA)

Health Professional Shortage Area (HPSAs) are populations, areas or institutions that were designated by the Health Resources and Services Administration (HRSA) to have shortages of primary health care, dental or mental providers. In order to be designated as HPSA, several criteria are referenced including: a rational need for services, a provider population ratio that falls below a set standard, and an occurrence of current health providers being over-utilized or inaccessible.

HPSA scores range from 1 to 25 for primary care and mental health, 1 to 26 for dental health, with higher scores indicating greater need. All Federally Qualified Health Centers and Rural Health Clinics that provide health services regardless of the ability to pay receive automatic facility HPSA designation.

When looking at the tables, HPSA FTE refers to the number of practitioners providing ambulatory patient care in the HPSA expressed as full-time equivalents.

PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREA

The following table depicts the primary care health professional shortage areas in Palm Beach County as of December, 2016. HPSA are scored on a scale of 0-25 with higher scores indicating greater need. Genesis Community Health demonstrated the highest need (HPSA Score 18) followed by Health Care District of Palm Beach County and Low Income – Boca Raton (HPSA Score 17). Three HPSA's had an HPSA score of 16: Low Income – Greenacres, Foundcare Health Center, and Low Income – Boynton Beach.

TABLE 150: PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS, PALM BEACH COUNTY, AS OF DECEMBER 2016

HPSA Name	Designation Type	HPSA FTE	HPSA Score
Low Income - Delray Beach	HPSA Population	5.0	8
Low Income - Lantana/Lake Worth	HPSA Population	8.0	10
Low Income - Boynton Beach	HPSA Population	1.0	16
Low Income - West Palm Beach	HPSA Population	24.0	11
Low Income - Greenacres	HPSA Population	0.0	16
Low Income - Boca Raton	HPSA Population	0.0	17
Low Income/Migrant Farmworker - Belle Glade/Pahokee/Palm Beach	HPSA Population	7.0	9
Health Care District of Palm Beach County	Comprehensive Health Center	--	17
Florida Community Health Centers, Inc.	Comprehensive Health Center	--	15
Foundcare Health Center	Comprehensive Health Center	--	16
South Bay Correctional Facility	Correctional Facility	1.0	9
Genesis Community Health	Comprehensive Health Center	--	18

Source: U.S. Department of Health and Human Services, Health Resources and Service Administration, 2016

Compiled by: Health Council of Southeast Florida, 2016

Dental Care Health Professional Shortage Area

The following table depicts the dental care health professional shortage areas in Palm Beach County as of December 2016. HPSA are scored on a scale of 0-26 with higher scores indicating greater need. Foundcare Health Center demonstrated the highest need (HPSA Score 23), followed by Health Care District of Palm Beach County (HPSA Score 20).

Table 151: Dental Health Professional Shortage Areas, Palm Beach County, as of December, 2016

HPSA Name	Designation Type	HPSA FTE	HPSA Score
Health Care District of Palm Beach County	Comprehensive Health Center	--	20
Florida Community Health Centers, Inc.	Comprehensive Health Center	--	13
Foundcare Health Center	Comprehensive Health Center	--	23
South Bay Correctional Facility	Correctional Facility	1.00	6
Genesis Community Health	Comprehensive Health Center	--	19
Low Income-West Palm Beach	HPSA Population	9.00	16

Source: U.S. Department of Health and Human Services, Health Resources and Service Administration, 2016

Compiled by: Health Council of Southeast Florida, 2016

Mental Health Care Professional Shortage Area

The following table depicts the mental health professional shortage areas in Palm Beach County as of December 2016. HPSA are scored on a scale of 0-25 with higher scores indicating greater need. Foundcare Health Center demonstrates the greatest need for mental health care professionals (HPSA Score 21), followed by Genesis Community Health (HPSA Score 19).

Table 152: Mental Health Professional Shortage Areas, Palm Beach County, as of December, 2016

HPSA Name	Designation Type	HPSA FTE	HPSA Score
Health Care District of Palm Beach County	Comprehensive Health Center	--	17
Florida Community Health Centers, Inc.	Comprehensive Health Center	--	14
Foundcare Health Center	Comprehensive Health Center	--	21
Genesis Community Health	Comprehensive Health Center	--	19

Source: U.S. Department of Health and Human Services, Health Resources and Service Administration, 2016

Compiled by: Health Council of Southeast Florida, 2016

Federal Medically Underserved Areas/Populations

Medically Underserved Areas/Populations (MUAs/MUPs) are designated by Health Resources Service Administration (HRSA) using the following indicators: provider per 1,000 population ratio, percent of population at 100% of the Federal Poverty Level (FPL), percent of the population 65 and over, and infant mortality rate.

Eligibility of for MUA/P designation depends on the Index of Medical Underservice (IMU) calculated for the area or population proposed for designation. Under the established criteria, an area or population with an IMU of 62.0 or below qualifies for designation. The IMU scale is from 0 to 100, where represents completely underserved and 100 represents best served or least underserved. The IMU is calculated by assigning values to the four demographic and health indicators previously mentions, then adding the weighted values together. The figure below depicts the IMU scoring process.

Figure 8: Index of Medical Underservice

MUPs are comprised of groups of individuals who face economic, cultural or linguistic barriers to accessing health care. MUAs are a who county or a group of urban census tracts in which residents have a shortage of personal health services.[18]

The table below shows the Medically Underserved Areas/Populations (MUA/Ps) in Palm Beach County designated as of December, 2016. There are a total of eight designated MUA/Ps in the county. The area with the lowest score is 'Low Inc – Delray Beach' (IMU 46.70) followed by 'Low Inc- Greenacres (IMU 47.50).

Table 153: Medically Underserved Populations and Areas, Palm Beach County, as of December, 2016

Name	Identification Number	Index of Medical Underservice Score	MUA/P Designation Date
Low Inc - Boynton Beach	00570	56.20	9/4/2002
Low Inc - West Palm Beach	07064	59.90	6/22/2001
Low Inc - Greenacres	07245	47.50	7/25/2002
Low Inc - Boca Raton	07246	57.80	7/26/2002
Low Inc - Delray Beach	07279	46.70	8/28/2002
Low Inc - Lantana/ Lake Worth	07280	58.90	8/28/2002
Low Inc/ M F W - Belle Glade/ Pahokee	07531	53.60	5/11/1994
Low Income - Jupiter	07817	61.20	4/15/2011

Source: U.S. Department of Health and Human Services, Health Resources and Service Administration, 2016

Compiled by: Health Council of Southeast Florida, 2016

[18] https://bhw.hrsa.gov/shortage-designation/muap-process

HEALTH INSURANCE

Stable health insurance coverage helps individuals get into the health care system. Uninsured people are: less likely to receive medical care, more likely to die early and more likely to have poor health status.[19] Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do receive care, burdens them with medical bills. Access to comprehensive, quality care services is imperative for the achievement of health equity and for increasing the quality of a healthy life for everyone.

The table below shows the percentage of adults with any type of health care insurance coverage in Palm Beach County and Florida from 2002-2013. Palm Beach County has had a higher percentage of adults with health care insurance coverage than the state each year the survey was taken since 2002. In 2013, 79.7% of adults had health insurance coverage, compared with 77.1% across the state.

TABLE 154: ADULTS WITH ANY TYPE OF HEALTH CARE INSURANCE COVERAGE, PALM BEACH COUNTY AND FLORIDA, 2002, 2007, 2010, 2013

Year	Palm Beach County	Florida
2002	86.3%	81.3%
2007	83.4%	81.4%
2010	89.7%	83.0%
2013	79.7%	77.1%

Source: Florida Behavioral Risk Factor Surveillance System (BRFSS)

Compiled by: Health Council of Southeast Florida, 2016

[19] https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

The table below shows health insurance coverage for individuals with disabilities in Palm Beach County and Florida in 2014. A majority of individuals with disabilities in Palm Beach County had some type of health insurance coverage.

TABLE 155: HEALTH INSURANCE COVERAGE FOR INDIVIDUALS WITH DISABILITIES, PALM BEACH COUNTY AND FLORIDA, 2014

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Total (Civilian Noninstitutionalized) Population:	1,346,364	1,346,364	19,049,447	19,049,447
Under 18 years:	271,050	20.1%	4,011,668	21.1%
With a disability:	8,142	0.6%	162,502	0.9%
With health insurance coverage:	7,474	0.6%	151,641	0.8%
No health insurance coverage	668	0.0%	10,861	0.1%
18 to 64 years:	779,606	57.9%	11,584,574	60.8%
With a disability:	56,416	4.2%	1,159,319	6.1%
With health insurance coverage:	45,176	3.4%	918,933	4.8%
No health insurance coverage	11,240	0.8%	240,386	1.3%
65 years and over:	295,708	22.0%	3,453,205	18.1%
With a disability:	92,935	6.9%	1,170,648	6.1%
With health insurance coverage:	92,077	6.8%	1,158,800	6.1%
No health insurance coverage	858	0.1%	11,848	0.1%

Source: U.S. Census Bureau, American Community Survey (ACS)
Compiled by: Health Council of Southeast Florida, 2016

UNINSURED

The following table depicts the total number of uninsured residents in Palm Beach County and respective percentages stratified by age group and gender. In 2017, the highest uninsured rate derived from residents between the ages of 26 and 34 with 30.5%, followed by residents aged 19 through 25 (27.6%). Additionally, 16.6% of males were uninsured compared to 13.3% of female residents.

TABLE 156: UNINSURED BY AGE AND GENDER, PALM BEACH COUNTY, 2017

	Total	Number Uninsured	Percent Uninsured
Total civilian noninstitutionalized population	1,414,266	209,909	14.8%
AGE			
0-18	295,100	29,318	9.9%
19-25	114,059	31,444	27.6%
26-34	144,861	44,120	30.5%
35-44	163,964	38,756	23.6%
45-54	191,063	35,182	18.4%
55-64	181,668	26,083	14.4%
65 years and older	323,551	5,006	1.5%
SEX			
Male	682,628	112,943	16.5%
Female	731,638	96,966	13.3%

Source: U.S. Census Bureau, American Community Survey (ACS), 2017
Complied by: Health Council of Southeast Florida, 2019

Table 57 expands on the population ages 65 and older illustrated on the previous table by comparing the countywide uninsured rate to the statewide rate, as well as the percentage of this population with health insurance. Compared to the State of Florida overall, residents of Palm Beach County ages 65 and older have similar uninsured rates (1.5% compared to 1.4%, respectively).

TABLE 157: POPULATION 65+ WITH AND WITHOUT INSURANCE, PALM BEACH COUNTY AND FLORIDA, 2017

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Total civilian noninstitutionalized population	1,414,266	100.0%	19,967,931	100.0%
Population 65+	323,551	22.9%	3,859,065	19.3%
Population 65+	323,551	100.0%	3,859,065	100.0%
With Health Insurance	318,545	98.5%	3,805,580	98.6%
Without Health Insurance	5,006	1.5%	53,485	1.4%

Source: U.S. Census Bureau, American Community Survey (ACS), 2017
Compiled by: Health Council of Southeast Florida, 2019

The following illustrates the total number of uninsured residents in Palm Beach County and respective percentages stratified by race and ethnicity. In 2017, close to 47.0% of residents who identified as Native Hawaiian/Other Pacific Islander were uninsured; followed by those who identified as American Indian and Alaska Native (39.5%); and Some Other race with 32.1%. The lowest uninsured rate derived from White, non-Hispanic residents with 8.2%.

TABLE 158: UNINSURED BY RACE AND ETHNICITY, PALM BEACH COUNTY, 2017

	Total	Number Uninsured	Percent Uninsured
Total civilian noninstitutionalized population	1,414,266	209,909	14.8%
RACE AND ETHNICITY			
White alone	1,050,091	13,4752	12.8%
Black or African American	260,101	53,009	20.4%
American Indian and Alaska Native	2,258	892	39.5%
Asian	37,198	5,229	14.1%
Native Hawaiian/Other Pacific Islander	510	238	46.7%
Some other race	33,512	10,756	32.1%
Two or more races	30,596	5,033	16.4%
Hispanic or Latino (of any race)	302,262	82,532	27.3%
White alone, not Hispanic or Latino	792,771	65,274	8.2%

Source: U.S. Census Bureau, American Community Survey (ACS), 2017

Compiled by: Health Council of Southeast Florida, 2019

The following table portrays uninsured rates in Palm Beach County according to selected age groups and stratified by the Census County Division (CCD). The largest uninsured rate overall derived from residents between the ages of 18 and 64 (22.1%), followed by residents under 18 years of age with close to 10.0%. The three highest uninsured rates for residents between the ages of 18 and 64 derived from Glades CCD (41.6%), followed by Lake Worth CCD (36.4%), and Belle Glade-Pahokee CCD with 32.2%.

Among residents under the age of 18, the following CCDs experienced the highest uninsured rates: Lake Worth CCD (15.5%), West Palm Beach CCD (12.1%), and Belle Glade-Pahokee CCD with 10.5%.

TABLE 159: UNINSURED BY CENSUS COUNTY DIVISION, PALM BEACH COUNTY, 2017

	Percent Uninsured			
	Total civilian noninstitutionalized population	Under 18 years	18 to 64 years	65 years and older
Palm Beach County	14.8%	9.9%	22.1%	1.5%
Belle Glade-Pahokee CCD	22.40%	10.5%	32.2%	5.9%
Boca Raton CCD	8.40%	7.1%	13.0%	0.7%
Boynton Beach-Delray Beach CCD	13.10%	9.8%	21.1%	1.2%
Glades CCD	27.80%	0.0%	41.6%	0.0%
Jupiter CCD	10.50%	5.4%	16.1%	1.0%
Lake Worth CCD	26.10%	15.5%	36.4%	3.5%
Riviera Beach CCD	13.20%	8.9%	19.6%	0.6%
Royal Palm Beach-West Jupiter CCD	10.50%	6.7%	15.1%	1.2%
Sunshine Parkway CCD	10.10%	7.5%	14.7%	1.6%
Western Community CCD	9.20%	7.9%	11.9%	0.4%
West Palm Beach CCD	20.30%	12.1%	28.8%	2.4%

Source: U.S. Census Bureau, American Community Survey (ACS), 2017

Compiled by: Health Council of Southeast Florida, 2019

MEDICAID

The table below shows the medial monthly Medicaid enrollment rates for Palm Beach County and Florida between 2009-2015. Though the rates for both the county and state have been on the increasing trend during this time, Palm Beach County has consistently lower rates of median monthly Medicaid enrollment. In 2015, the rate in Palm Beach County was 16,305.00 per 100,000 compared to the states 19,938.20 per 100,000.

TABLE 160: MEDIAN MONTHLY MEDICAID ENROLLMENT, PALM BEACH COUNTY AND FLORIDA, 2009-2015

Year	Palm Beach County		Florida	
	Count	Rate	Count	Rate
2009	139,313	10,603.40	2,678,520	14,314.60
2010	163,003	12,345.80	2,995,439	15,916.00
2011	173,243	13,052.20	3,128,693	16,524.10
2012	185,263	13,897.30	3,352,966	17,607.80
2013	198,730	14,719.90	3,611,417	18,693.70
2014	206,973	15,192.00	3,714,376	19,001.30
2015	225,275	16,305.00	3,959,891	19,938.20

Source: Florida Agency for Healthcare Administration (AHCA)

Compiled by: Health Council of Southeast Florida, 2016

FLORIDA KIDCARE

The table below depicts the rate of children under 5 covered by MediKids in Palm Beach County and Florida. To be eligible, families must fall within 133.01%-200% of the federal poverty line. From 2004-2014 the rate of children under 5 covered by MediKids has continuously increased and has remained above the state rate each year. In 2014, 3% of children under 5 in Palm Beach County and 2.7% in the state were covered by MediKids.

TABLE 161: CHILDREN UNDER 5 COVERED BY MEDIKIDS, PALM BEACH COUNTY AND FLORIDA, 2004-2014

Year	Palm Beach County		Florida	
	Count	Rate (%)	Count	Rate (%)
2004	2,780	3.8	35,348	3.3
2005	1,703	2.4	22,249	2.1
2006	1,306	1.8	16,827	1.5
2007	1,674	2.3	22,916	2.1
2008	2,163	2.9	29,901	2.6
2009	1,647	2.2	23,873	2.1
2010	2,435	3.5	33,495	3.2
2011	2,465	3.5	35,019	3.3
2012	2,318	3.2	34,045	3.2
2013	2,205	3.1	31,904	2.9
2014	2,165	3	29,947	2.7

Source: Florida Agency for Health Care Administration (AHCA)

Compiled by: Health Council of Southeast Florida, 2016

The following table illustrates the number of children in Palm Beach County enrolled in Florida's Children's Health Insurance Program (CHIP). The number of children enrolled has decreased significantly from 2011-2015. In December 2015, 13,973 children were enrolled in CHIP.

TABLE 162: CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP), TITLE XXI, ENROLLMENT, PALM BEACH COUNTY, 2011-2015

Month	2011	2012	2013	2014	2015
January	21,031	20,711	20,870	21,039	16,819
February	20,626	20,936	21,132	21,074	16,486
March	20,857	21,201	21,040	21,217	16,736
April	20,853	21,150	21,254	21,237	16,757
May	20,719	21,247	21,535	20,760	16,970
June	20,889	21,365	21,496	20,365	16,953
July	20,679	21,233	21,464	20,204	16,780
August	20,565	21,410	21,658	20,045	16,287
September	20,756	21,390	21,529	19,427	15,871
October	20,796	21,042	20,375	18,677	14,483
November	20,686	21,258	21,343	18,002	14,104
December	20,685	21,063	20,375	17,108	13,973

Source: Florida Agency for Health Care Administration, Florida CHIP Monthly Enrollment Reports

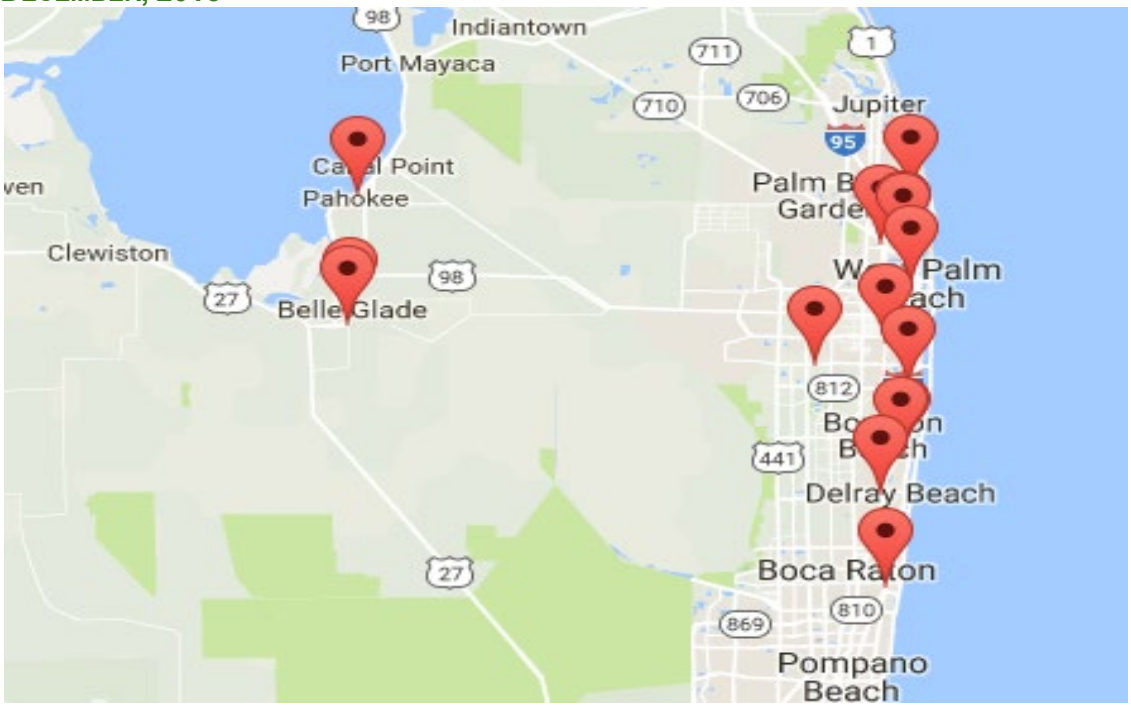
Compiled by: Health Council of Southeast Florida, 2016

FEDERALLY QUALIFIED HEALTH CENTERS (FQHC)

Federally Qualified Health Centers (FQHCs) include all organizations receiving greats under Section 330 of the Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHC must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.[20]

The figure below provides a visual depiction of the distribution of Federally Qualified Health Centers in Palm Beach County, as of December, 2016.

FIGURE 9: MAP OF FEDERALLY QUALIFIED HEALTH CENTERS (FQHC), PALM BEACH COUNTY, AS OF DECEMBER, 2016



[20] https://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html

COMMUNITY PERSPECTIVE

In order to glean the valuable insight from the community's residents, the Health Council of Southeast Florida (HCSEF) utilized a number of strategies including the Local Public Health System Assessment, community focus groups, and key informant interviews. While gathering primary, qualitative data is the most time-consuming and challenging piece of the process, it is a critical element to a comprehensive needs assessment. The purpose of this portion of the process was to collect the thoughts, opinions and concerns from various constituents in the community, including community stakeholders and residents.

THE LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

In August 2016, the Florida Department of Health in Palm Beach County (DOH-Palm Beach), in partnership with the Health Care District of Palm Beach County (HCD), undertook an initiative to conduct an assessment of the public health system in Palm Beach County. This Local Public Health System Assessment (LPHSA) was the first step in a larger comprehensive community health needs assessment occurring within the county. The Health Council of Southeast Florida (HCSEF) was retained to assist with the facilitation of the LPHSA process of gathering and analyzing information from community partners. This report is developed from the qualitative, primary data obtained directly from internal and external community stakeholders. These stakeholders represent a broad variety of agencies, providers, and community members, which were identified and engaged by DOH-Palm Beach and HCD, in collaboration with HCSEF, for this assessment process.

The results of this assessment seek to identify and improve the overall health and well-being of the residents of Palm Beach County. The role of HCSEF in the community assessment is to collect and interpret data and present the results as a part of the overall community health assessment project. The recommendations provided in this report offer guidance for the local public health system partners in Palm Beach County

BACKGROUND

The National Public Health Performance Standards (NPHPS) were developed by the Centers for Disease Control and Prevention (CDC), American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), National Network of Public Health Institutes (NNPHI) and the Public Health Foundation (PHF). This collaborative effort by these agencies is intended to improve the practice of public health and the performance of public health systems. The NPHPS assessment instruments are used to guide state and local jurisdictions in evaluating the performance of their public health systems against a set of optimal or model standards. NPHPS assessments help answer questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the ten Essential Public Health Services being provided in our system?" The information obtained from conducting these assessments provides a better understanding of how the local public health system and governing entities perform.

The assessment instrument is framed around the following Ten Essential Public Health Services:

1. Monitor Health Status to Identify Community Health Problems
2. Diagnose and Investigate Health Problems and Health Hazards in the Community

3. Inform, Educate, and Empower People about Health Issues
4. Mobilize Community Partnerships to Identify and Solve Health Problems
5. Develop Policies and Plans that Support Individual and Community Health Efforts
6. Enforce Laws and Regulations that Protect Health and Ensure Safety
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable
8. Assure a Competent Public and Personal Health Care Workforce
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
10. Research for New Insights and Innovative Solutions to Health Problems

For each of these Essential Services, there are model standards that describe or correspond to the quality and performance of activities conducted at the local level of the public health system. The thirty total model standards demonstrate the optimal level of performance for their respective activities.

The program is designed in the spirit of continuous quality improvement for local public health system partners, and has been identified by the CDC and other national public health entities as being a necessary foundation for public health activity.

PURPOSE

The Local Public Health System Assessment promotes continuous improvement through performance evaluation of the current local public health system. The Health Council of Southeast Florida uses this assessment as a working tool to:

- Better understand current system functioning and performance
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement
- Articulate the value that quality improvement initiatives will bring to the public health system
- Develop an initial work plan with specific quality improvement strategies to achieve goals
- Begin taking action for achieving performance and quality improvement in one or more targeted areas
- Re-assess the progress of improvement efforts at regular intervals.

METHODOLOGY

The Local Public Health System Assessment was conducted over the course of two meetings in Palm Beach County, Florida. HCSEF facilitated the LPHSA by engaging a diverse group of community stakeholders representing the local public health system in Palm Beach County. Stakeholders were asked to evaluate the performance of their local public health system in each of the 10 Essential Public Health Services (EPHS). Each Essential Service was ultimately given

a composite value, determined by aggregation of the scores given to the individual activities that contribute to each Essential Service. These scores range from a minimum value of 0% (indicating that no activity is performed pursuant to the standards) to a maximum of 100% (meaning that all activities associated with the standards are performed at optimal levels).

On August 12, 2016, 16 local internal stakeholders - members of the Florida Department of Health in Palm Beach and the Health Care District of Palm Beach County – gathered at the Health Department to assess Essential Services 1, 2, 5, 6, and 10. On August 26, 2016, thirty local external stakeholders, including members of both the local health department and the Palm Beach Health Care District, gathered at Mounts Botanical Garden to assess Essential Services 3, 4, 7, 8, and 9. Over the course of these two meetings, the local public health system partners assessed the performance of the public health system in Palm Beach County, relative to the national standards set by the NPHPS. Activities of all public health system partners and agencies that contribute to the local public health system, including public, private, and voluntary entities, were assessed.

In each meeting for the LPHSA, HCSEF gave an overview of the Essential Public Health Services, and the purpose of completing the assessment. Attendees engaged in discussion, facilitated by the HCSEF staff, assessing the local public health system's current level of activity, in comparison to the specific performance measures detailed by each model standard. Participants rated the LPHS's performance of each model standard using a nominal scale, in which 0% is no activity and 100% is maximum activity (see Table 156). Participants' votes on these model standards were gathered using portable electronic keypads. Results, captured in real time, were displayed instantly after each vote. In the event of a tie, participants discussed the performance measure in order to reach a consensus.

The table below shows the response options participants were given.

TABLE 163: PERFORMANCE MEASURES RESPONSE OPTIONS

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

The Florida of Department of Health in Palm Beach County also chose to complete two optional questionnaires: a Priority Rating Questionnaire and an Agency Contribution Questionnaire. These tools enhance the accuracy of the assessment process. The Agency Contribution Questionnaire asks stakeholders to consider the contribution of the local health department to each Model Standard. The Priority Rating Questionnaire allows participants to prioritize the importance of each Model Standard in the community. This supplemental information enhances the assessment process and strengthens the performance improvement activities that result from it.[21] At the conclusion of both the August 16, 2016, and the August 26, 2016, meetings, hard copies of these two questionnaires were distributed to all

[21] National Association of County & City Health Officials (NACCHO). Local Assessment Instrument Version 3.0

participants. The results were recorded manually in the NPHPS assessment score sheets and compiled using the report tool from NACCHO/CDC. This assessment includes the aggregate data from these questionnaires.

Community health partners must understand the potential data limitations associated with this assessment process and how to appropriately interpret the assessment results to effectively evaluate and improve the local public health system. The assessment collects data based on the input of a diverse set of stakeholders, with different backgrounds, expertise, and experiences. This process of information gathering incorporates an element of subjectivity and bias. These limitations can be minimized through the use of particular assessment methods, however, the assessment methods are not fully standardized and these differences may introduce an element of measurement error. The results and recommendations should be used only for quality and performance improvement purposes. Furthermore, the assessment does not reflect the performance or priorities of any single agency or organization.

RESULTS

The Local Public Health System Assessment asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" The figures below provide an overview of the system's performance in each of the Ten Essential Public Health Services, as assessed by stakeholders in Palm Beach County. The score for each Essential Service is a composite value. These scores reflect the votes of all participating stakeholders on the model standards that contribute to each Essential Service. The scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels). The findings accompany recommendations and opportunities provided by the CDC for the community's consideration as they move forward with health planning from a systems perspective.

The following table includes the summary scores for each of the ten essential services as well as the two optional questionnaires.

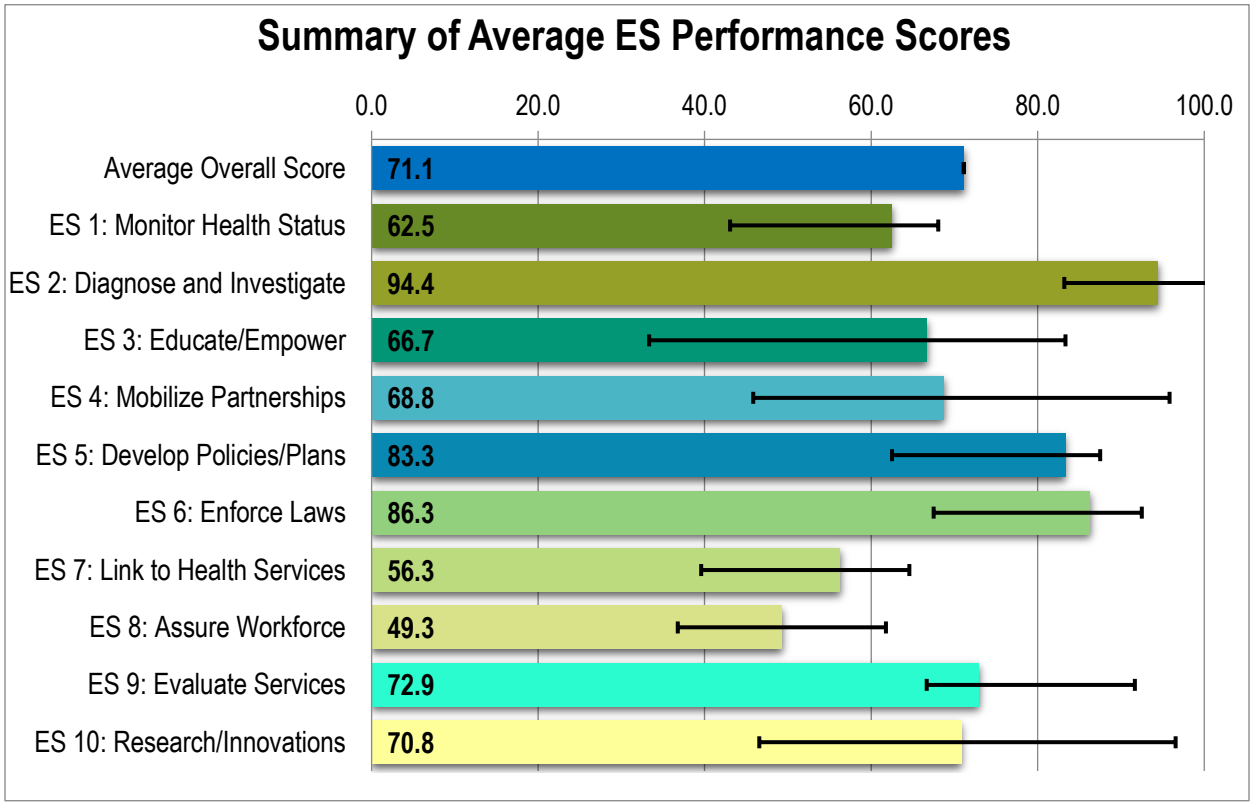
TABLE 164: OVERALL PERFORMANCE SCORES, PRIORITY RATINGS AND AGENCY CONTRIBUTION SCORES BY ESSENTIAL SERVICE

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	62.5	8.3	75.0
ES 2: Diagnose and Investigate	94.4	9.7	100.0
ES 3: Educate/Empower	66.7	9.0	75.0
ES 4: Mobilize Partnerships	68.8	8.5	75.0
ES 5: Develop Policies/Plans	83.3	8.5	87.5
ES 6: Enforce Laws	86.3	8.7	83.3
ES 7: Link to Health Services	56.3	9.0	75.0
ES 8: Assure Workforce	49.3	8.0	62.5
ES 9: Evaluate Services	72.9	8.7	75.0
ES 10: Research/Innovations	70.8	8.0	75.0
Average Overall Score	**71.1**	**8.6**	**78.3**
Median Score	**69.8**	**8.6**	**75.0**

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

The figure below displays the average score for each Essential Service, as well as the overall average assessment score across all ten Essential Services. The black bars indicate the range of performance score responses within each Essential Service.

FIGURE 10: SUMMARY OF AVERAGE ESSENTIAL SERVICE PERFORMANCE SCORES



Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

As seen above, one of the Ten Essential Public Health Services (EPHS) was given a performance score below 50%, indicating a self-assessment of moderate or lower performance when compared to the standards. This low score for Essential Public Health Service 8 (Assure Workforce) indicates there may be opportunities within the Palm Beach County public health system to better assure a competent public and personal health care workforce.

While these scores provide an immediate sense of the greatest strengths and weakness of the Palm Beach County public health system, caution should be exercised when reviewing them. A low performance score may not necessarily indicate that improvement is warranted, nor does a high score indicate that there is no need for improvement. These scores are provided as guidelines. Stakeholders and partners should review and discuss these scores to effectively identify strategies for improvement.

PERFORMANCE ASSESSMENT INSTRUMENT RESULTS

The following section contains detailed information on the self-assessed performance ratings of each Essential Service. The collective scores for the model standards under each Essential Service are provided, as are the strengths and opportunities and recommendations for improvement within the system, as described by stakeholders during the assessment process.

Essential Public Health Service 1

Monitor Health Status to Identify Community Health Problems

The Local Public Health System Strengths in this area were:

- Partners seek out CHA as a reference document when pursuing grants or other funding
- Active use of social media to relay information to public
- Surveillance and agencies gathering data across the county
    - County efficiently collects and reports data to appropriate agencies

Overall, according to the LPHSA, the community meets this standard significantly, but indicated the following areas as opportunities to improve.

- Ensure that all community members and stakeholders are aware of the CHA and CHIP
    - Address CHA and CHIP at interagency meetings
- Provide public access to CHA and CHIP through a public website
- Work to gather and provide more detailed, lower-level data (i.e. census tract)
- Share services data with individuals and agencies within networks
- Ensure that collected data is entered in a timely manner
    - Address manpower and prioritization issues surrounding data collection and processing

The following table displays the scores for each performance measure under the three model standards for Public Health Essential Service 1.

TABLE 165: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 1

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	**Model Standard: Population-Based Community Health Assessment (CHA)** *At what level does the local public health system:*	
1.1.1	Conduct regular community health assessments?	75
1.1.2	Continuously update the community health assessment with current information?	50
1.1.3	Promote the use of the community health assessment among community members and partners?	50
1.2	**Model Standard: Current Technology to Manage and Communicate Population Health Data** *At what level does the local public health system:*	
1.2.1	Use the best available technology and methods to display data on the public's health?	75
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	75
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	50
1.3	**Model Standard: Maintenance of Population Health Registries** *At what level does the local public health system:*	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	50
1.3.2	Use information from population health registries in community health assessments or other analyses?	75

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 2

Diagnose and Investigate Health Problems and Health Hazards

The Local Public Health System Strengths in this area were:

- High level of cooperation by all partners involved
- Many built-in redundancies for protection
- Effective use of newsletters and electronic reporting
- Creation of first electronic county manual
    - Used as a model by other communities
    - Very user-friendly
    - Includes emergency contact information at multiple levels
- Detailed county emergency plans for various emergency and disaster scenarios
    - All sectors are addressed in emergency plans
    - Many practice drills are conducted, involving multiple agencies
    - Yearly trainings enforce steps and knowledge

Overall, according to the LPHSA, the community does an optimal job meeting this standard, but indicated the following areas as opportunities to improve.

- Improve efficiency of data reporting by all partners
- Reach out and involve more agencies as partners
- Make emergency manual available to the greater community for use and improved coordination
- Facilitate an interagency meeting to discuss improvements

The table below displays the scores for each performance measure under the three model standards for Public Health Essential Service 2.

TABLE 166: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 2

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	**Model Standard: Identification and Surveillance of Health Threats** *At what level does the local public health system:*	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	100
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	100
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	75
2.2	**Model Standard: Investigation and Response to Public Health Threats and Emergencies** *At what level does the local public health system:*	
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	100
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	75
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	100
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	75
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	100
2.3	**Model Standard: Laboratory Support for Investigation of Health Threats** *At what level does the local public health system:*	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	100
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	100
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	100

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 3

Inform, Educate, and Empower People about Health Issues

The Local Public Health System Strengths in this area included:

- Continuous development of new and effective ways to disseminate public health messages
- Broad-reaching health education classes by partner agencies
    - Closing the Gap program increases access to health education classes
- Only county with a nurse in every school
    - High return-to-class rate
    - Extensive interaction with students, staff, and parents
- County and Department of Health all have media contacts or spokespersons
- School district does a commendable job of communicating emergency information
- Trainings available for numerous sectors of the population, through a variety of agencies

Overall, according to the LPHSA, the community significantly meets this standard, but indicated the following areas as opportunities to improve:

- Continue to build a comprehensive understanding of the needs of all sectors of the community and how to best communicate with and provide information to them
- Improve usage of social media and technology as a tool for distributing public health information
- Work with tourism industry to ensure correct and consistent messaging

The table below displays the scores for each performance measure under the 3 model standards for Public Health Essential Service 3.

TABLE 167: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 3

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	**Model Standard: Health Education and Promotion** *At what level does the local public health system:*	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	50
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	75
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	50
3.2	**Model Standard: Health Communication** *At what level does the local public health system:*	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	75
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	75
3.2.3	Identify and train spokespersons on public health issues?	75
3.3	**Model Standard: Risk Communication** *At what level does the local public health system:*	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	75
3.3.2	Make sure resources are available for a rapid emergency communication response?	75
3.3.3	Provide risk communication training for employees and volunteers?	50

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 4

Mobilize Community Partnerships to Identify and Solve Health Problems

The Local Public Health System Strengths in this area were:

- Improved focus on mental and behavioral health
- Consistent improvement on community participation
- Good sources of information and planning resources
    - Birth to 22: Youth Master Plan
- Continual improvement of partner and interagency collaboration
- Prioritization by Health Care District of determining best ways to effectively reach out and work with all facets of the community

Overall, according to the LPHSA, the community significantly meets this standard, but indicated the following areas as opportunities to improve:

- Work to create a central resource for community members to "fact check" and find credible health information
- Simplify information resources to enable all individuals to easily find the information they need
- Encourage organizations to work together to:
    - Improve communication and outreach efforts
    - Avoid unnecessary duplication of efforts and services
    - Maximize efficiency

The following table displays the scores for each performance measure under the two model standards for Public Health Essential Service 4.

TABLE 168: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 4

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	**Model Standard: Constituency Development** *At what level does the local public health system:*	
4.1.1	Maintain a complete and current directory of community organizations?	75
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	50
4.1.3	Encourage constituents to participate in activities to improve community health?	75
4.1.4	Create forums for communication of public health issues?	50
4.2	**Model Standard: Community Partnerships** *At what level does the local public health system:*	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	75
4.2.2	Establish a broad-based community health improvement committee?	75
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	75

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 5

Develop Policies and Plans that Support Individual and Community Health Efforts

The Local Public Health System Strengths in this area were:

- Excellent support from Board of County Commissioners and Palm Beach County
    - Buildings and cars supplied for use by the Department of Health
- Partnership with Palm Beach County School District to influence changes to state law
- Collaboration with numerous individuals and agencies, including funding partners
    - Workgroup sessions held multiple times a year
- Effective system for identifying a broad spectrum of community representatives
- Annual public review of CHIP, including a review of objectives every two years
- An established, comprehensive emergency response plan
    - Tested on a regular basis
    - Drills conducted several times a year
    - Includes many agencies as partners

Overall, according to the LPHSA, the community does an optimal job meeting this standard, but indicated the following areas as opportunities to improve:

- Develop improved intra- and interagency collaboration
- Ensure that policies in all agencies are reviewed regularly and updated as necessary

The following table displays the scores for each performance measure under the four model standards for Public Health Essential Service 5.

TABLE 169: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 5

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	**Model Standard: Governmental Presence at the Local Level** *At what level does the local public health system:*	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	100
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	100
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	50
5.2	**Model Standard: Public Health Policy Development** *At what level does the local public health system:*	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	75
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	75
5.2.3	Review existing policies at least every three to five years?	75
5.3	**Model Standard: Community Health Improvement Process and Strategic Planning** *At what level does the local public health system:*	
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	75
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	75
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	75
5.4	**Model Standard: Plan for Public Health Emergencies** *At what level does the local public health system:*	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	100
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	100

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 6

Enforce Laws and Regulations that Protect Health and Ensure Safety

The Local Public Health System Strengths in this area were:

- Numerous attorneys either in employ or who volunteer their time and services
- Department of Health is proactive about addressing public health issues (such as TB and water quality)
    - Providing educational information on issues such as childcare, septic tanks, swimming safety, etc.
- Annual review of existing laws and regulations
- Continual education of public health partners
- Ongoing efforts ensure public health partners' compliance with laws and regulations

Overall, according to the LPHSA, the community did an optimal job at meeting this standard, but indicated the following areas as opportunities to improve:

- Enhance the walkability of various parts of the community
- Provide more educational outreach, especially within the local public health system

The table below displays the scores for each performance measure under the three model standards for Public Health Essential Service 6.

TABLE 170: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 6

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	**Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	100
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	75
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	100
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100
6.2	**Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	75
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	75
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	75
6.3	**Model Standard: Enforcement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	100
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	100
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	100
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	75
6.3.5	Evaluate how well local organizations comply with public health laws?	75

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 7

Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

The Local Public Health System Strengths in this area were:

- Expansion of Safe Schools homeless program
- Progress is being made with regards to mental health and availability of providers
- Advancements being made in efforts to best link patients to services
    - Working with county food pantries to share information on food assistance benefits
    - Dispersion of KidCare enrollment packets to schools; packets provided to each child
    - Increased Insurance Navigator staff at hospitals to assist in patient enrollment

Overall, according to the LPHSA, the community significantly met this standard and indicated the following areas as opportunities to improve:

- Continue efforts to best link patients with the appropriate care
- Educate community on the importance of preventative medicine
- Work to determine the best way to reach and engage the community on health issues
    - Health fairs, family fun day
    - Incentivize people to be healthy
    - More engagement about home-based care
- Promote technology-centered messaging, following technology trends (Google, YouTube, etc.)
- Provide education about costs and alternatives of Emergency Room utilization

The table below displays the scores for each performance measure under the two model standards for Public Health Essential Service 7.

TABLE 171: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 7

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	**Model Standard: Identification of Personal Health Service Needs of Populations** *At what level does the local public health system:*	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	50
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	50
7.1.4	Understand the reasons that people do not get the care they need?	75
7.2	**Model Standard: Assuring the Linkage of People to Personal Health Services** *At what level does the local public health system:*	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	50
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	50
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	75
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	50

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 8

Assure a Competent Public and Personal Health Care Workforce

The Local Public Health System Strengths in this area were:

- Internal means of tracking public health jobs, within agencies
- Free public health seminars are held monthly through the Department of Health
- Some agencies mandate cultural competency training for staff
- Department of Health has a trainer on staff
- Palm Beach Medical Society Project Access is working to provide competent community health workers in many aspects of care
- Tuition reimbursement is available (for those that qualify)

Overall, according to the LPHSA, the community moderately met this standard, and indicated the following areas as opportunities to improve:

- Incentivize teaching in the nursing field in order to increase the low number of teachers
- Expand available means of in-person or on-site local public health training
- Provide and ensure participation in public health-specific cultural competency training
- Develop incentives for participation in training such as:
    - Tuition reimbursement
    - CEUs or CMEs

The following table displays the scores for each performance measure under the four model standards for Public Health Essential Service 8.

TABLE 172: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 8

	ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce	
8.1	**Model Standard: Workforce Assessment, Planning, and Development** *At what level does the local public health system:*	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	25
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	25
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	25
8.2	**Model Standard: Public Health Workforce Standards** *At what level does the local public health system:*	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	75
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	50
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	50
8.3	**Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring** *At what level does the local public health system:*	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	50
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	50
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	25
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	50
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	50
8.4	**Model Standard: Public Health Leadership Development** *At what level does the local public health system:*	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	50
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	75
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	75
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	75

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 9

Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

The Local Public Health System Strengths in this area were:

- Regular reevaluations conducted based on priorities and goals of previous CHIP
- Monthly community assessments conducted by the Department of Health
- Numerous quality population-based services providing intervention and outreach for health issues
    - Black infant mortality program
    - Department of Health Center for Equity
    - Youth Community Conversations
- Florida Institute for Health Innovation meets quarterly for collaboration
- Health Resources and Services Administration shows many organizations performing well

Overall, according to the LPHSA, the community significantly met this standard and indicated the following areas as opportunities to improve:

- While organizations perform well, there is room for improvement and collaboration, sharing of best practices
    - Ensure that agencies work together in such a way as to avoid overlap and inefficiencies that can result from redundancy
- Develop a forum for local public health agencies to share best practices and map strengths
- Ensure that all organizations are being used to their full potential for health prevention, education and outreach (i.e. remember that there is more to the YMCA than just basketball)

The table below displays the scores for each performance measure under the three model standards for Public Health Essential Service 9.

TABLE 173: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 9

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	**Model Standard: Evaluation of Population-Based Health Services** *At what level does the local public health system:*	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	50
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	50
9.1.3	Identify gaps in the provision of population-based health services?	75
9.1.4	Use evaluation findings to improve plans and services?	75
9.2	**Model Standard: Evaluation of Personal Health Services** *At what level does the local public health system:*	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	75
9.2.2	Compare the quality of personal health services to established guidelines?	75
9.2.3	Measure satisfaction with personal health services?	75
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	75
9.2.5	Use evaluation findings to improve services and program delivery?	75
9.3	**Model Standard: Evaluation of the Local Public Health System** *At what level does the local public health system:*	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	75
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	100
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	75
9.3.4	Use results from the evaluation process to improve the LPHS?	75

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Essential Public Health Service 10

Research for New Insights and Innovative Solutions to Health Problems

The Local Public Health System Strengths in this area were:

- Abundant research studies conducted by numerous partners
    - Hospitals
    - Department of Health and its residents
- Students from nearby universities partner with the Department of Health to conduct research and for projects and capstones
- Department of Health is known as a research- and academic-oriented health department
- Free flow of information between local public health agencies
- Many local colleges and universities are active participants in the local public health community and with the Department of Health
    - Professors volunteer their time and assist in managing and analyzing datasets at the Department of Health

Overall, according to the LPHSA, the community significantly met this standard and indicated the following areas as opportunities to improve:

- Allocate time and resources for employees to dedicate specifically to conducting research
- Develop a more systematic approach to partnering with local colleges and universities

The following table displays the scores for each performance measure under the three model standards for Public Health Essential Service 10.

TABLE 174: SUMMARY OF PERFORMANCE MEASURES PUBLIC HEALTH ESSENTIAL SERVICE 10

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		
10.1	**Model Standard: Fostering Innovation** *At what level does the local public health system:*	
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	75
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	75
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	75
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	75
10.2	**Model Standard: Linkage with Institutions of Higher Learning and/or Research** *At what level does the local public health system:*	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	75
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	75
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	75
10.3	**Model Standard: Capacity to Initiate or Participate in Research** *At what level does the local public health system:*	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	75
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	50
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?	75
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	50

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

Priority Rating Questionnaire

As a supplement to the performance scoring, the local public health partners in Palm Beach County completed a Priority Rating Questionnaire. This questionnaire allows participants to provide their individual priority rankings for each Model Standard. At the conclusion of the August 12, 2016, and the August 26, 2016, meetings, hard copies of the questionnaire were administrated to all attendees.

The four quadrants in the table below are determined by the resultant aggregate priority ratings of the Model Standards for the Essential Services and how each compares with its corresponding performance score. The results aid in pinpointing recommended areas of high priority for improvement within the local public health system.

Table 175: Essential Service Model Standard Priority Ranking

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

The table below displays the priority rating and the performance score given to each Essential Service's Model Standard.

TABLE 176: SUMMARY OF PRIORITY RATING AND PERFORMANCE SCORES BY MODEL STANDARD

Quadrant	Model Standard	Performance Score (%)	Priority Rating
Quadrant A	9.1 Evaluation of Population Health	62.5	9
Quadrant A	7.2 Assure Linkage	56.3	9
Quadrant A	7.1 Personal Health Services Needs	56.3	9
Quadrant A	3.3 Risk Communication	66.7	9
Quadrant A	3.1 Health Education/Promotion	58.3	9
Quadrant A	1.1 Community Health Assessment	58.3	9
Quadrant B	9.3 Evaluation of LPHS	81.3	9
Quadrant B	6.2 Improve Laws	75.0	9
Quadrant B	6.1 Review Laws	93.8	9
Quadrant B	5.4 Emergency Plan	100.0	9
Quadrant B	5.3 CHIP/Strategic Planning	75.0	9
Quadrant B	4.2 Community Partnerships	75.0	9
Quadrant B	3.2 Health Communication	75.0	9
Quadrant B	2.3 Laboratories	100.0	9
Quadrant B	2.2 Emergency Response	91.7	10
Quadrant B	2.1 Identification/Surveillance	91.7	10
Quadrant C	10.2 Academic Linkages	75.0	8
Quadrant C	10.1 Foster Innovation	75.0	8
Quadrant C	9.2 Evaluation of Personal Health	75.0	8
Quadrant C	6.3 Enforce Laws	90.0	8
Quadrant C	5.2 Policy Development	75.0	8
Quadrant C	5.1 Governmental Presence	83.3	8
Quadrant D	10.3 Research Capacity	62.5	8
Quadrant D	8.4 Leadership Development	68.8	8
Quadrant D	8.3 Continuing Education	45.0	8
Quadrant D	8.2 Workforce Standards	58.3	8
Quadrant D	8.1 Workforce Assessment	25.0	8
Quadrant D	4.1 Constituency Development	62.5	8
Quadrant D	1.3 Registries	62.5	8
Quadrant D	1.2 Current Technology	66.7	8

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

The figure below displays the 30 model standards by the priority-to-performance quadrant classification determined by this assessment process.

The green quadrant on the top right includes model standards given high priority and a high performance score. Palm Beach County's local public health system performs these 10 activities well, and it is important that they maintain these efforts. Palm Beach County's LPHSA ranked all model standards of Essential Service 2 (Monitor Health Status) in this category.

The blue quadrant contains model standards identified as having low priority and high performance. These are 6 areas performing well within the county, but to which consideration may be given to reduce effort, as they are ranked with low priority in the Local Public Health System Assessment.

The pink quadrant on the bottom left contains activities with low priority and low performance. This assessment determined that there is room for improvement in these 8 areas, but they do not require immediate or substantial attention at present, due to the low priority these areas were assigned during the LPHSA. Palm Beach County's LPHSA ranked all model standards of Essential Service 8 (Assure Workforce) in this category.

The yellow quadrant on the top left contains 6 activities that the LPHSA indicated need increased attention. These 6 areas were ranked with low performance and high priority. This quadrant includes all model standards from Essential Service 7 (Link to Health Services).

FIGURE 11: PRIORITY AND PERFORMANCE QUADRANT

High Priority, Low Performance	High Priority, High Performance
1.1 Community Health Assessment 3.1 Health Education/Promotion 3.3 Risk Communication 7.1 Personal Health Services Needs 7.2 Assure Linkages 9.1 Evaluation of Population Health	2.1 Identification/Surveillance 2.2 Emergency Response 2.3 Laboratories 3.2 Health Communication 4.2 Community Partnerships 5.3 CHIP/Strategic Planning 5.4 Emergency Planning 6.1 Review Laws 6.2 Improve Laws 9.3 Evaluation of LPHS
Low Priority, Low Performance	**Low Priority, High Performance**
1.2 Current Technology 1.3 Registries 4.1 Constituency development 8.1 Workforce Assessment 8.2 Workforce Standards 8.3 Continuing Education 8.4 Leadership Development 10.3 Research Capacity	5.1 Governmental Presence 5.2 Policy Development 6.3 Enforce Laws 9.2 Evaluation of Personal Health 10.1 Foster Innovation 10.2 Academic Linkages

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

LOCAL HEALTH DEPARTMENT QUESTIONNAIRE

In addition to the Priority Rating Questionnaire, the local public health partners in Palm Beach County chose to complete the Local Health Department (LHD) Contribution assessment. This supplemental questionnaire allows participants to provide their individual assessment of the contribution of the local health department with respect to each Model Standard. At the conclusion of the August 12, 2016, and the August 26, 2016, meetings, hardcopy questionnaires were administrated to all participants. The four quadrants in the table below are based on the performance rating of each Essential Service or Model Standard and how it compares with the respective contribution of the local health department. The results provide recommended areas for attention to improve the local public health system.

TABLE 177: ESSENTIAL SERVICE MODEL STANDARD AGENCY CONTRIBUTION RANKING

Quadrant A	(High Agency Contribution and Low Performance) – These activities may need increased attention.
Quadrant B	(High Agency Contribution and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Agency Contribution and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.
Quadrant D	(Low Agency Contribution and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

The table below displays the Local Health Department contribution rating and Performance Score rating of each Essential Service's Model Standards.

TABLE 178: SUMMARY OF CONTRIBUTIONS AND PERFORMANCE SCORES BY MODEL STANDARD

Quadrant	Model Standard	LHD Contribution (%)	Performance Score (%)
Quadrant B	6.1 Review Laws	100.0	93.8
Quadrant B	5.4 Emergency Plan	100.0	100.0
Quadrant B	5.3 CHIP/Strategic Planning	100.0	75.0
Quadrant B	2.3 Laboratories	100.0	100.0
Quadrant B	2.2 Emergency Response	100.0	91.7
Quadrant B	2.1 Identification/Surveillance	100.0	91.7
Quadrant C	10.2 Academic Linkages	75.0	75.0
Quadrant C	10.1 Foster Innovation	75.0	75.0
Quadrant C	9.3 Evaluation of LPHS	75.0	81.3
Quadrant C	9.2 Evaluation of Personal Health	75.0	75.0
Quadrant C	6.3 Enforce Laws	75.0	90.0
Quadrant C	6.2 Improve Laws	75.0	75.0
Quadrant C	5.2 Policy Development	75.0	75.0
Quadrant C	5.1 Governmental Presence	75.0	83.3
Quadrant C	4.2 Community Partnerships	75.0	75.0
Quadrant C	3.2 Health Communication	75.0	75.0
Quadrant D	10.3 Research Capacity	75.0	62.5
Quadrant D	9.1 Evaluation of Population Health	75.0	62.5
Quadrant D	8.4 Leadership Development	75.0	68.8
Quadrant D	8.3 Continuing Education	50.0	45.0
Quadrant D	8.2 Workforce Standards	75.0	58.3
Quadrant D	8.1 Workforce Assessment	50.0	25.0
Quadrant D	7.2 Assure Linkage	75.0	56.3
Quadrant D	7.1 Personal Health Services Needs	75.0	56.3
Quadrant D	4.1 Constituency Development	75.0	62.5
Quadrant D	3.3 Risk Communication	75.0	66.7
Quadrant D	3.1 Health Education/Promotion	75.0	58.3
Quadrant D	1.3 Registries	75.0	62.5
Quadrant D	1.2 Current Technology	75.0	66.7
Quadrant D	1.1 Community Health Assessment	75.0	58.3

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

The following figure reflects the 30 model standards by quadrant ranking.

The green quadrant on the top right contains model standards that were ranked as having a high local health department contribution and a high performance score. Palm Beach County's local public health system performs these activities well, with a high level of support from the local health department. It is important to maintain these efforts. Palm Beach County's LPHSA indicated that all model standards under Essential Service 2 (Diagnose and Investigate) fell into this quadrant.

The blue quadrant contains model standards identified as having low local health department contribution and high performance. These activities are being performed well throughout the county, with efforts from many community partners, including the health department.

The pink quadrant on the bottom left contains activities with low local health department contribution and a low performance score. There is room for improvement in these areas at the local health department and throughout the local public health system. Palm Beach County's LPHSA indicated that all model standards of Essential Services 1 (Monitor Health Status), 7 (Link to Health Services), and 8 (Assure Workforce) fell into this category.

The yellow quadrant is reserved for activities that may need increased attention and support from outside the local health department. These are areas of low performance and high local health department contribution. No model standards ranked in this category in Palm Beach County's Local Public Health System Assessment.

FIGURE 12: LOCAL HEALTH DEPARTMENT CONTRIBUTION AND PERFORMANCE QUADRANTS

High LHD Contribution, Low Performance	**High LHD Contribution, High Performance**
No Model Standards	2.1 Identification/Surveillance 2.2 Emergency Response 2.3 Laboratories 5.3 CHIP/Strategic Planning 5.4 Emergency Plan 6.1 Review Laws
Low LHD Contribution, Low Performance	**Low LHD Contribution, High Performance**
1.1 Community Health Assessment 1.2 Current Technology 1.3 Registries 3.1 Health Education/Promotion 3.3 Risk Communication 4.1 Constituency Development 7.1 Personal Health Services Needs 7.2 Assure Linkage 8.1 Workforce Assessment 8.2 Workforce Standards 8.3 Continuing Education 8.4 Leadership Development 9.1 Evaluation of Population Health 10.3 Research	3.2 Health Communication 4.2 Community Partnerships 5.1 Governmental Presence 5.2 Policy Development 6.2 Improve Laws 6.3 Enforce Laws 9.2 Evaluation of Personal Health 9.3 Evaluation of LPHS 10.1 Foster Innovation 10.2 Academic Linkages

Source: Palm Beach County Local Public Health System Assessment Report, 2016
Compiled by: Health Council of Southeast Florida, 2016

CONCLUSION

The results of this Local Public Health System Assessment are the product of an investment of time and invaluable insight by the participants and make up a critical component of the county's health assessment and performance improvement plan process. This report highlights assets and strengths of the Palm Beach County public health system that local agencies and stakeholders should strive to capitalize and build on. In addition, it identifies areas of weakness and concern in the local public health system, and pinpoints opportunities for improvement. The assessment is intended to help guide the planning efforts of local health and human service agencies in Palm Beach County. Drawing upon the results of this assessment, public health leaders can partner to institute changes within their local public health system to elevate available health services.

Community Focus Groups

The Health Council of Southeast Florida conducted focus groups during September, 2016 through November, 2016 to obtain insight and knowledge from the residents of Palm Beach County. The goal of each focus group discussion was to understand the experiences and unique needs of the community and its residents with an emphasis on health issues and health services. The following section outlines the focus group methodology and provides a summary of the common themes identified throughout the discussions.

Methodology

The Health Council of Southeast Florida (HCSEF) has developed and fine-tuned protocols and questions for community focus groups. Local community organizations aided in the recruitment of participants and provided a location for the discussion. The following segments of the population were recruited: individuals residing in the Glades communities, individuals over 65 years of age, the youth, the homeless, low-income populations, individuals with primary languages other than English (Haitian-Creole and Spanish) and individuals with disabilities.

Prior to starting each focus group, participants were given a demographic questionnaire to complete. Assistance was provided to individuals requiring it. In order to incentivize the process, HCSEF provided refreshments and gift cards to all individuals that participated.

Each of the fourteen focus groups had between 8 and 22 participants. The groups had concrete questions and probes to utilize if they were needed to further the discussion and lasted approximately 60 to 90 minutes. The participants were assured that no names would be included in the summarization of answers. Only common themes expressed by participants from across different focus groups were included in this report. Thus not everything said in the groups were included in the summary.

The following tables depict the information collected from the demographic questionnaires.

TABLE 172: SITE, DATE, TIME AND NUMBER OF PARTICIPANTS IN FOCUS GROUPS

Site	Date	Time	# of Participants
Adopt-a-Family	9/12/2016	12:00PM	8
Extended Hands Community Outreach	9/26/2016	10:00AM	17
Jewish Family & Children's Service	9/29/2016	1:00PM	8
Mid-County Senior Center	10/13/2016	1:30PM	16
Coalition for Independent Living Options - Palm Beach County	10/19/2016	10:00AM	14
Glades Initiative	10/31/2016	10:00AM	15
Glades Initiative	11/2/2016	10:00AM	15
Ruth & Norman Rales Jewish Family Services	11/3/2016	9:30AM	18
Villa Regina	11/3/2016	3:00PM	22
Farmworker Coordinating Council	11/7/2016	10:00AM	15
Youth Empowerment Center	11/7/2016	4:30PM	11
The Lord's Place - Burckle Place	11/8/2016	5:30PM	12
The Lord's Place - Men's Campus	11/10/2016	6:00PM	15
Bridges at Pahokee	11/15/2016	5:30PM	11

TABLE 173: FOCUS GROUPS ZIP CODES

Zip Code	City	# of Participants	% of Participants
33401	West Palm Beach	27	14%
33403	West Palm Beach	1	1%
33404	West Palm Beach	3	2%
33406	West Palm Beach	1	1%
33407	West Palm Beach	12	6%
33411	West Palm Beach	4	2%
33413	West Palm Beach	3	2%
33415	West Palm Beach	1	1%
33417	West Palm Beach	19	10%
33418	Palm Beach Gardens	3	2%
33426	Boynton Beach	1	1%
33430	Belle Glade	30	15%
33433	Boca Raton	2	1%
33435	Boynton Beach	15	8%
33437	Boynton Beach	1	1%
33446	Delray Beach	5	3%
33458	Jupiter	1	1%
33460	Lake Worth	23	12%
33461	Lake Worth	10	5%
33463	Lake Worth	5	3%
33467	Lake Worth	2	1%
33476	Pahokee	9	5%
33477	Jupiter	1	1%
33481	Boca Raton	1	1%
33483	Delray Beach	1	1%
33484	Delray Beach	7	4%
33487	Boca Raton	1	1%
33493	South Bay	1	1%
33496	Boca Raton	1	1%
Out of County		4	2%
No Response		2	1%

TABLE 174: FOCUS GROUPS GENDER

Gender	# of Participants	% of Participants
Female	138	70%
Male	57	29%
No Response	2	1%

TABLE 175: FOCUS GROUPS AGE

Age Group	# of Participants	% of Participants
0-18 years	13	7%
19-24 years	8	4%
25-44 years	38	19%
45-64 years	66	34%
65-84 years	61	31%
85+ years	9	5%
No Response	2	1%

TABLE 176: FOCUS GROUPS RACE

Race	# of Participants	% of Participants
Asian	2	1%
Black or African American	91	46%
Native Hawaiin or Other Pacific Islander	1	1%
American Indian, Alaskan Native, or Indigenous	3	2%
White/Caucasian	86	44%
No Response	14	7%

TABLE 177: FOCUS GROUPS ETHNICITY

Ethnicity	# of Participants	% of Participants
Hispanic or Latino	44	22%
Non-Hispanic or Non-Latino	126	64%
No Response	27	14%

TABLE 178: FOCUS GROUPS EDUCATIONAL ATTAINMENT

Educational Attainment	# of Participants	% of Participants
6th Grade or <	20	10%
Some Middle School or Some High School, no Diploma (Grades 7-11)	32	16%
High School graduate or GED (grade 12)	55	28%
Some College, No Degree	35	18%
Associate's Degree/Certificate from Vocational, Business or Trade School	16	8%
4 yrs of college or higher, with Bachelor's degree or higher	28	14%
Other:	6	3%
No Response	5	3%

TABLE 179: FOCUS GROUPS EMPLOYMENT

Employment	# of Participants	% of Participants
35 or more hrs per week	17	9%
< 35 hours per week	17	9%
Unemployed	79	40%
Other: Retired/Disabled/Maternity Leave	52	26%
No Response	32	16%

TABLE 180: FOCUS GROUPS ANNUAL INCOME

Annual Income	# of Participants	% of Participants
$0 - $20,000	99	50%
$20,001 - $40,000	19	10%
$40,001 - $60,000	10	5%
$60,001 - $80,000	6	3%
$80,001 - $100,00	1	1%
$100,001 or more	4	2%
No Response	40	20%
Prefer Not to Answer	18	9%

TABLE 181: FOCUS GROUPS INSURANCE COVERAGE

Insurance Coverage	# of Participants	% of Participants
Yes (Medicaid, Medicare, Private Insurance)	145	74%
No	26	13%
Don't Know/Not Sure	7	4%
Prefer Not to Answer	7	4%
No Response	12	6%

RESULTS

Fourteen focus groups were conducted with a total of 197 participants in four different languages: English, Haitian-Creole, Spanish, and American Sign Language. Twelve questions were asked to focus group participants beginning with questions related to overall quality of life in the community. In addition, probes were utilized to clarify responses and glean additional information. The following information are the common themes that emerged during the focus groups with relation to the community, health services and the health care system.

Quality of Life

- A majority of residents feel safe
    - Some areas regarded as unsafe or avoided (drugs, crimes and prostitution)
- Good place to raise children and grow old
    - Many recreational areas throughout county
    - Services and activities available for children and elderly

Key Health Issues

- Diabetes
- Mental health
    - Stress, anxiety, trauma and depression
- Substance abuse
    - Heroin and synthetic drugs
    - Alcohol abuse
- Heart disease and hypertension
- Obesity
- Cancer
- Asthma/COPD
    - Especially in the Glades communities

Causes of Health Issues

- Lack of knowledge and education regarding the existing community services and programs
- Lack of health education
    - Exercise
    - Healthy cooking and nutrition
    - Understanding health coverage and navigating the health care system
- Lack of access to affordable health coverage and services
    - Mental health and oral health services

Barriers to Care

- Lack of continuation of care and communication among health care providers
    - Shortage of providers accepting specific insurance coverages, especially specialists
- Long wait times
- Transportation

- Affordability
    - Health insurance
    - Healthy, nutritious food
- Language barriers

Community Strengths/Assets

- Safety Nets
    - Department of Health
    - Health Care District
    - Hospitals, urgent care clinics/facilities
    - Federally Qualified Health Centers
- Community parks, walking and bike trails
- Resources for families
    - Senior centers
    - Youth centers and clubs
- Community health fairs

Health Services Needed

- Specialists
    - Mental health and oral health providers
- Broader safety net coverage
- Education
    - Healthy cooking, nutrition
    - Healthy lifestyles
    - Navigators to help understand the health care system
- Affordable health care coverage
- Interpreters available at physician offices, clinics, hospitals, pharmacies

Opportunities to Note

- Increase marketing and outreach of existing services currently available
- Community policing
- Improve physician communication
- Increase health education
    - Preventative care
- Increase access to physicians
    - Specialists
    - Extended health service hours
    - Shortage in rural areas
- Free or low-cost health coverage

KEY INFORMANT INTERVIEWS

The Health Council of Southeast Florida conducted 21 interviews with key community stakeholders and members in 2016. The purpose was to collect first-hand information from a wide range of community leaders who have expertise about the county, its residents and its resources. The individuals selected for the interviews included leaders, representatives, or members of medically underserved, low-income and minority populations, as well as funders, members of law enforcement, and leaders of community organizations. Their particular knowledge and understanding can provide insight on the nature of problems and give recommendations for solutions and future planning.

METHODOLOGY

The Health Council of Southeast Florida (HCSEF) developed protocols, scripts and questions for key informant interviews. Interview appointments were scheduled and each interview was conducted by a trained facilitator via telephone. The interviews lasted on average 30-45 minutes. Prior to beginning the interview, the facilitator provided an overview of the process and assured the confidentiality of all comments, names and other identifying information during reporting.

RESULTS

Twenty-one key informant interviews were conducted throughout 2016. A total of ten questions were asked and probes were used to clarify information and glean additional insight. The following information are the common themes that emerged during the key informant interviews.

<u>Key Health Issues</u>

- Mental health
    - Stress, anxiety, trauma and depression
- Obesity
- Heart disease and hypertension
- Diabetes
- Poor nutrition and diet
- Substance abuse
    - Alcohol abuse
    - Heroin and drug addiction

<u>Populations with Unmet Needs</u>

- Low income residents
- Uneducated
- Minority populations
- Uninsured, Underinsured
- Elderly
- Homeless

<u>Community Strengths/Assets</u>

- Hospitals
- Clinics, Safety Net Providers
    - Department of Health
    - Health Care District
- Non-profit organizations
- Faith-based institutions
- Parks, trails, beaches, sidewalks, playgrounds

Challenges and Barriers in Maintaining Health

- Lack of awareness of programs and services
- Lack of health education
- Lack of health care coverage
- Lack of providers accepting (certain types of) health insurance in county
    - Dentists
    - Specialists
- Transportation
- Lack of focus and interest on prevention
- Income disparity
- Limited access to resources to maintain healthy lifestyle
    - Healthy foods
- Lengthy wait times
- Language barriers
- Duplication of services

Opportunities to Note

- Education
    - Prevention
    - Healthy lifestyle
    - Navigation of health care system
- Increasing the awareness of resources in the community
- Increasing collaboration and coordination between community organizations and agencies

Suggestions

- Community policing
- Educate and engage the community
- Develop walk-in clinics with extended hours
- Partner with the local community-based organizations
- Focus on prevention and early Identification

SUMMARY OF CHANGES

June 2019

- Added priority areas to Methodology section
- Added "Population 65+ With A Disability, Palm Beach County And Florida, 2017" Table
- Updated "Poverty Status In The Past 12 Months By Age And Gender, Palm Beach County And Florida, 2014" Table To "Poverty Status In The Past 12 Months By Age And Gender, Palm Beach County And Florida, 2017"
- Updated "Poverty Status In The Past 12 Months By Race And Ethnicity, Palm Beach County, 2014" Table To "Poverty Status In The Past 12 Months By Race And Ethnicity, Palm Beach County, 2017"
- Updated "Older Americans Act, Meals Clients, Palm Beach County, 2010-2015" Table To "Older Americans Act, Meals Clients, Palm Beach County, 2013-2018"
- Updated" Infant Death Per 1,000 Live Births, Palm Beach County And Florida, 2011-2015" Table To "Infant Death Per 1,000 Live Births, Palm Beach County And Florida, 2013-2017"
- Updated" Infant Death Per 1,000 Live Births By Race, Palm Beach County And Florida, 2011-2015" Table To "Infant Death Per 1,000 Live Births By Race, Palm Beach County And Florida, 2013-2017"
- Updated" Infant Death Per 1,000 Live Births By Ethnicity, Palm Beach County And Florida, 2011-2015" Table To "Infant Death Per 1,000 Live Births By Ethnicity, Palm Beach County And Florida, 2013-2017"
- Updated "Mothers Who Initiate Breastfeeding, Palm Beach County And Florida, 2011-2015" Table To "Mothers Who Initiate Breastfeeding, Palm Beach County And Florida, 2013-2017"
- Added "Adults Who Had Poor Mental Health On >14 Of The Past 30 Days, Palm Beach County And Florida, Select Years From 2007-2016" Figure
- Added "Adults Who Have Ever Been Told They Had A Depressive Disorder, Palm Beach County And Florida, 2013 And 2016" Figure
- Added "Hospitalizations Due To Mental, Behavioral, And Neurodevelopmental Disorders, July 1, 2017 – June 30, 2018, Palm Beach County Residents" Table
- Added "Emergency Department Visits Due To Mental, Behavioral, And Neurodevelopmental Disorders, July 1, 2017 – June 30, 2018, Palm Beach County Residents" Table
- Updated "Adults Who Engage In Heavy Or Binge Drinking, Palm Beach County And Florida, 2002, 2007, 2010, 2013" Table To "Adults Who Engage In Heavy Or Binge Drinking, Palm Beach County And Florida, Select Years 2007-2016"
- Updated "Percent Of Middle School Students Who Have Used Alcohol In The Past 30 Days, Palm Beach County And Florida, 2004, 2006, 2008, 2010, 2012 Palm Beach County" Table To "Percent Of Middle School Students Who Have Used Alcohol In The Past 30 Days, Palm Beach County And Florida, Select Years 2010-2016"
- Updated "Percent Of Middle School Students Reporting Binge Drinking, Palm Beach County And Florida, 2004, 2006, 2008, 2010, 2012 Palm Beach County" Table To "Percent Of High School Students Who Have Used Alcohol In The Past 30 Days, Palm Beach County And Florida, Select Years 2010-2016"
- Added "Drug Overdose Deaths, Palm Beach County, 2015-2017"
- Added "Hospitalizations Associated With Opioid Involved Non-Fatal Overdose, Palm Beach County, 2017"
- Added "Emergency Department Visits Associated With Opioid Involved Non-Fatal Overdose, Palm Beach County, 2017"
- Updated "Age-Adjusted Suicide Death Rate, Palm Beach County And Florida, 2011-2015" Table To "Age-Adjusted Suicide Death Rate, Palm Beach County And Florida, 2013-2017"

- Updated “Suicide Death Count By Age, Palm Beach County, 2009-2015 (3-Year Rolling)” Table To Updated “Suicide Death Count By Age, Palm Beach County, 2011-2017 (3-Year Rolling)”
- Updated “Crude Suicide Death Rate By Age, Palm Beach County, 2009-2015 (3-Year Rolling)” Table To “Crude Suicide Death Rate By Age, Palm Beach County, 2011-2013 (3-Year Rolling)”
- Updated “Hospitalizations From Or With Diabetes, Palm Beach County And Florida, 2010-2014” Table To “Hospitalizations From Or With Diabetes, Palm Beach County And Florida, 2013-2017”
- Updated “Hospitalizations From Or With Diabetes By Ethnicity, Palm Beach County And Florida, 2010-2014” Table To “Hospitalizations From Or With Diabetes By Ethnicity, Palm Beach County And Florida, 2013-2017”
- Added “Hospitalizations From Diabetes By Age, Palm Beach County And Florida, 2017”
- Updated “Adults Who Have Ever Been Told They Had Diabetes, Palm Beach County And Florida, 2002, 2007, 2010, 2013” Table To “Adults Who Have Ever Been Told They Had Diabetes, Palm Beach County And Florida, Select Years 2007-2016”
- Updated “Age-Adjusted Hospitalizations From Stroke, Palm Beach County And Florida, 2010-2014” Table To “Age-Adjusted Hospitalizations From Stroke, Palm Beach County And Florida, 2013-2017”
- Added “Hospitalizations From Stroke By Age, Palm Beach County, 2017”
- Updated “Hospitalizations From C.L.R.D., Palm Beach County And Florida, 2010-2014” Table To “Hospitalizations From C.L.R.D., Palm Beach County And Florida, 2013-2017”
- Added “Hospitalizations From C.L.R.D. By Age, Palm Beach County And Florida, 2017” Table
- Changed “Percent Of Middle School Students With BMI At Or Above 95th Percentile, Palm Beach County And Florida, 2006, 2008, 2010, 2012” Table To “Percent of Middle School Students who are Overweight of Obese, Palm Beach County and Florida, Select Years 2012-2018”
- Updated “Percent Of High School Students With BMI At Or Above 95th Percentile, Palm Beach County And Florida, 2006, 2008, 2010, 2012” Table To “Percent Of High School Students who are Overweight of Obese, Palm Beach County and Florida, Select Years 2012-2018”
- Updated “Adults Who Are Overweight, Palm Beach County And Florida, 2002, 2007, 2010, 2013 “Table To “Adults Who Are Overweight, Palm Beach County And Florida, Select Years 2007-2016”
- Updated “Preventable Hospitalizations Under 65 From All Conditions, Palm Beach County And Florida, 2010-2014” Table To “Preventable Hospitalizations Under 65 From All Conditions, Palm Beach County And Florida, 2013-2017”
- Updated “Uninsured By Age And Gender, Palm Beach County, 2014´Table To “Uninsured By Age And Gender, Palm Beach County, 2017”
- Added “Population 65+ With And Without Insurance, Palm Beach County And Florida, 2017” Table
- Updated “Uninsured By Race And Ethnicity, Palm Beach County, 2014” Table To “Uninsured By Race And Ethnicity, Palm Beach County, 2017”
- Updated “Uninsured By Census County Division, Palm Beach County, 2014” Table To “Uninsured By Census County Division, Palm Beach County, 2017”
- Added Advisory Council list to Appendices section

CONCLUSION

This report was a collaborative effort by community members with the goal of providing residents access to quality health and human services. This community health needs assessment will provide a better understanding of the health needs in the county and will help guide future planning efforts to improve the overall health and quality of life in Palm Beach County. The data collected and presented throughout this assessment will prove to be a valuable asset to the community as a whole moving forward.

APPENDIX

Appendix A: CHIP Implementation Focus Groups

Through the engagement of the Florida Department of Health in Palm Beach County and the Health Care District, the Health Council of Southeast Florida (HCSEF) conducted four focus groups between April 2018 through June 2018. The purpose of these focus groups was to present the 2016 Palm Beach County Community Health Improvement Plan (CHIP) to residents and collect their thoughts and feedback on the plan.

METHODOLOGY

HCSEF partnered with local community organizations in specific geographic locations to schedule focus groups and recruit participants. Individuals from various sub-populations participated and provided feedback summarized in this report, sub-populations included: the aging population (over 65 years of age), mothers and women of child-bearing age, residents of the Glades communities, and low-income individuals. Using a 'health equity' lens and being inclusive to all residents of Palm Beach County, discussions were facilitated in English, Spanish, and Haitian Creole. HCSEF staff recited the same script at the beginning of each focus group to explain the purpose of gathering individuals, the process of collecting and summarizing their feedback, and what the Community Health Improvement Plan. This is important because not all residents of the county are aware of the CHIP or the process required to create the document and plan. Another tool was developed specifically for these focus groups, listing questions and probes specific to the Palm Beach County CHIP activities, and used as a guide for each group discussion.

All participants were asked to complete a demographic form, which allowed HCSEF to record the demographic profile of the population providing feedback. Each focus group lasted approximately 60 to 90 minutes; to incentivize participation, HCSEF offered refreshments and provided a twenty-dollar gift card to all participants. Participants were assured that no names or identifying information would be included in the summary and report of this primary data collection. Once all focus groups were complete, HSEF compiled and analyzed the data; only feedback and remarks made by participants across the four focus groups were included in the summary below. Therefore, not everything shared in the groups are documented in the results.

TABLE 182: SITE, DATE, TIME, LANGUAGE SPOKEN AND NUMBER OF PARTICIPANTS IN FOCUS GROUPS

Site	Date	Time	Language	# of Participants
Bridges at Belle Glade	4/17/2018	5:00 PM	Haitian Creole	11
Bridges at Belle Glade	4/24/2018	5:00 PM	Spanish	12
Lord's Place – Halle Place	6/6/2018	5:30 PM	English	11
North County Senior Center	6/12/2018	12:30 PM	English	10
Total				**45**

Thoughts and Reactions to the Palm Beach County CHIP

- Acknowledgment of the stigma around mental and behavioral health, from the community as well as health providers
- Discussion around stress (personal and societal) being a root cause of many health issues
- Desire for an easier, less stressful application and enrollment process for safety net services i.e. health and human services
- Agreement that more residents need to be aware of community resources available
- The cost of health insurance, health care, and prescriptions is unaffordable for most and a barrier to healthy living

Feedback & Opportunities to Enhance the Implementation of the Palm Beach County CHIP

- Expand community outreach to increase awareness or resources and services available:
    - Who: general public, mothers, youth, seniors
    - What: mental and behavioral health services, health and nutrition education, support groups for diseases, incorporate a focus on community empowerment
    - How: continue engagement and conversations with the community, e.g. focus groups, community conversations, community advocates, community events, health fairs, etc.
    - Where: schools, parks, community centers, churches, senior centers were all suggestions given
    - Marketing: clear and easy-to-read signage on buildings and outreach materials; mail flyers, Spanish and Haitian Creole languages included, work with faith-based organizations, word-of-mouth
    - Incentive Suggestions: guest speakers focused on empowerment, necessities e.g. diapers, food, gift cards, etc.
- Share eligibility requirements for services i.e. Health Care District, Medicaid, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), etc. in multiple easy to understand formats e.g. paper and electronic, in Spanish and Haitian Creole, attention to literacy level
- Simplify the application and enrollment process for services and employment opportunities to be more user-friendly, i.e. available in all languages, in-person assistance, paper applications available for individuals who do not own or use electronic devices (low-income, senior, foreign-born populations)
- Always include Spanish and Haitian Creole materials for general services, education, and outreach

Other Observations Noted:

- Residents of Belle Glade feel that there has been a decrease in breastfeeding resources
- Residents of the Glades region experience extreme working conditions, sometimes unhealthy ones
- The aging population would like to see more information shared and support services for Dementia, Alzheimer's, depression/isolation i.e. identifying warning signs, support groups, where to start for help
- Many residents shared expressed the care they receive throughout Palm Beach County could be of higher quality, specifically how they are treated i.e. cultural competency
- Participants shared a dire need for preventative and extensive dental care
- As whole, residents are eager to be engaged and want to be active participants in improving the health and wellbeing of themselves, their families, and their communities.

FOCUS GROUP DISCUSSION:
GUIDELINES AND QUESTIONS

A. Introduction:

Hello and welcome to our focus group! A focus group is simply a gathering of people who have something in common. Each of you is here today as a resident of Palm Beach County; and have a unique perspective on the services that are provided in your communities.

My name is _____ and I represent The Health Council of Southeast Florida, Inc. and we are working with the Department of Health in Palm Beach County and the Healthcare District to implement the Palm Beach County Community Health Improvement Plan (CHIP). The CHIP was created after the Community Health Needs Assessment was completed in December 2016. Engaged community partners reviewed the data collected and had extensive conversations to determine the priority areas for the next three years.

Local policymakers and healthcare providers focus on the health care needs that were highlighted throughout the Community Health Needs Assessment. The three priority areas for the 2016-2021 Palm Beach County Community Health Improvement Plan are:

1. Mental and Behavioral Health
2. Active Living and Healthy Lifestyles
3. Access to Care and Services

We will be talking in general about the quality of life in your community and about the health needs that you and your families may have. The purpose is to understand what you think about the Community Health Improvement Plan, what you believe are the most pressing healthcare needs of your community, and the factors that influence an individual's health and health care. Your input is very important to us.

Our goal is to have everyone here feel comfortable and able to speak openly, share their thoughts, ideas and experiences honestly. There are no wrong answers. So please feel free to share your experiences and your point of view, even if it is different from what others have said.

Your comments will be summarized in a report, but nobody here will be identified by name. We will not be using your name when we report the results of the study. Because we are taking notes of this discussion so that we can write our report, it is important for everyone to speak up and that only one person talks at a time.

My role will be to ask questions and listen. It is important for us to hear from all of you because you all have different and valuable experiences. You will be receiving a Walmart card gift for participating in our discussion.

Does anyone have any questions before we begin? If there are no additional questions, we will begin.

FOCUS GROUP DEMOGRAPHIC FORM

Please complete this form. You do not need to answer any question that makes you uncomfortable. If you have any questions, please ask us!

1. What ZIP code do you live in? _____

2. What is your age? (Check only one)

[ ] 0 – 18 years
[ ] 19 – 24 years
[ ] 25 – 44 years
[ ] 45 – 64 years
[ ] 65 – 84 years
[ ] 85+ years

3. What is your gender? (Check only one)

[ ] Female
[ ] Male

4. What race do you identify with most? (Check only one)

[ ] Asian
[ ] Black or African American
[ ] Native Hawaiian or Other Pacific Islander
[ ] American Indian, Alaskan Native, or Indigenous
[ ] White /Caucasian

5. What ethnicity do you identify with most? (Check only one)

[ ] Hispanic or Latino
[ ] Non Hispanic or Non Latino

6. What is the highest grade or year in school you have completed? (Check only one)

[ ] 6th grade or less
[ ] Some middle school or some high school, no diploma (grades 7 -11)
[ ] High school graduate or GED (grade 12)
[ ] Some college, No degree
[ ] Associate's degree/Certificate from vocational, business, or trade school
[ ] 4-years of college or higher, with bachelor's degree or higher
[ ] Other: _____
[ ] No answer

7. Do you work now? (Check only one)

[ ] Work 35 or more hours per week
[ ] Work less than 35 hours per week
[ ] Unemployed
[ ] Other: _____
[ ] No answer

8. Do you and your family have any kind of health care coverage, private carrier, Medicaid, Medicare, Florida KidCare, or any other (please specify). (Check only one)

[ ] Yes, please specify: _____
[ ] No
[ ] Do not know
[ ] Prefer not to answer

9. What is your annual household income from all sources, including money from jobs, social security, unemployment benefits, public assistance, and retirement income? (Check only one)

[ ] $0 - $20,000
[ ] $20,001 - $40,000
[ ] $40,001 - $60,000
[ ] $60,001 - $80,000
[ ] $80,001 - $100,000
[ ] $100,101 or more
[ ] Prefer not to answer

Palm Beach County
Community Health Improvement Plan Implementation
Resident Focus Group Questionnaire

First Thoughts and Reactions

1. What are your initial thoughts and reaction to the three priority areas (Mental and Behavioral Health, Active Living and Healthy Lifestyles, and Access to Care and Services) identified?

   Probes:
   - Is there something missing
   - Do the goals, objectives, and strategies address community gaps and needs
   - What would you like to see added?

Health Issues and Challenges

2. What mental health support services and intervention programs are you aware of in Palm Beach County?

   Probes:
   - Hotlines to call
   - Providers (hospitals, centers, schools)
   - Community trainings/workshops
   - Screenings

3. Please share what programs you know of in Palm Beach County that provide education and resources to help individuals

   Probes (if listing an organization, please share what they do i.e. services provided):
   - Eat healthier
   - Exercise more
   - Initiate breastfeeding
   - Prevent mosquito-borne illnesses i.e. Zika
   - Seek and receive prenatal care
   - Prevent, manage, improve diabetes

4. If you do not know of any programs for these specific health issues/conditions, what would you like to see more of in the community related to these issues/conditions?

   Probes:
   - Education – what does that look like?
   - Outreach – where?
   - Services – for whom? Delivered where?

5. What do you think is causing the health issues and conditions we have discussed?

Probes:

- Individual behavior
  - Activities or behaviors of specific groups
  - Dietary behaviors
  - Attitudes and beliefs
  - Cultural or community norms or beliefs in the community around what it means to be "healthy"
  - Stress and anxiety
  - Physical activity, exercise
  - Education

Probes:

- Physical environment
  - Aspects of the built environment
  - Sidewalks
  - Transportation routes
  - Places to engage in activity
  - Lack of places to exercise
  - Access to healthy foods
  - Access to preventative services
  - Access to basic health care
  - Affordability/Health Insurance

Health Care Access and Barriers

6. What are the challenges or barriers you see in maintaining or improving your or your family's health?

   Probes:

   - What are the main problems you have faced getting health care services in your neighborhood /community?
   - Have you been able to overcome any of these problems? If so, how did you do it?

7. How can these challenges be addressed and solved in a way that will affect you?

   Probes:

   - Grassroots level change
   - In your neighborhood
   - In your workplace

Health System

8. What does the community have that helps people to improve or maintain health? What are some of the community's assets and strengths as related to the health of community residents?

Probes:

- Shifting social and community norms and beliefs
- Public health awareness
- Opportunities to exercise
- Access to fresh produce, healthier diet
- Areas for families to gather
- Sense of community safety
- Access to preventative services
- Access to basic health care
- Access to policy makers and local elected officials

Suggestions and Comments

9. What ideas or suggestions do you have to improve the health of the community?

10. Please share any other comments you have related to the Community Health Improvement Plan or overall health of Palm Beach County.

Appendix B: Palm Beach County Advisory Council

First Name	Last Name	Organization
Dr. Alina	Alonso	Florida Department of Health Palm Beach County
Belma	Andric, MD	Health Care District of PBC
Evelyn	Baily	Sandy Hook Promise
Nancy	Banner	Health Care District Board Member
Laura	Barry	Community Partners
Ale	Barthe	Caridad Center
Helen	Dickey	Jerome Golden Center for Behavioral Health
Ann	Berner	Southeast Florida Behavioral Health Network
Dr. Seth	Bernstein	United Way of Palm Bech County
Thomas	Boiton	Citizens for Improved Transit
Yolette	Bonnet	FoundCare
Tiffany	Jones	Jupiter Medical Center
Liz	Cabral	United Way of Palm Beach County
Sally	Chester	Homeless Coalition
Don	Chester	St Mary's Medical Center
Jennice	Chewlin	Chewlin & Associates
Roxanna	Childs	Families First
Tom	Cleare	Health Care District of PBC
John D.	Couris	Jupiter Medical Center
Steve	Craig	CareerSource Palm Beach County
Norman	Cushon	CareerSource Palm Beach County
Julia	Dattolo	CareerSource Palm Beach County
Darcy	Davis	Health Care District of PBC
Florenzia	Davis	Tabernacle Missionary Baptist Church
Dr. Linda	DePiano	Jerome Golden Center for Behavioral Health
Karis	Engle	Glades Initiative
Jamie	Estremera-Fitzgerald	Area Agency on Aging
Jerry	Fedele	Boca Raton Regional Hospital
Molly	Ferguson	Florida Community Health Centers
Louis	Ferri	Palm Tran
Tammy K.	Fields	Palm Beach County Youth Services Department
Clinton B.	Forbes	Palm Tran
Graciela	Giraldo	WellCare Health Plans, Inc.
Judy	Goodman, Esq	Health Advocate
Abigail	Goodwin	Palm Health Foundation
Sue	Goulding	Jupiter Medical Center

Angeleta	Gray	Health Care District Board Member
Julia	Hale	Lakeside Health Advisory Board
Danielle	Hanson	United Way of Palm Bech County
Karen	Harris	Health Care District of PBC
Shannon	Hawkins	Quantum Foundation
Liliana	Herrera	Area Agency on Aging
Sonja	Holbrook	Palm Beach County
Chris	Irizarry	Health Care District of PBC
Barbara	Jacobowitz	Keiser University
Kevin	Jones	Tabernacle Missionary Baptist Church
Jeff	Kadel	Palm Beach County Substance Awareness Coalition
Laura	Kallus	Caridad Center
Jason	Hagensick	YMCA of South Palm Beach County
David	Kendle	C.L. Brumback Primary Care Clinics Board Member
Christine	Koehn	The Farris Foundation
Julie	Kreafle	United Way of Palm Beach County, Hunger Relief Plan
Jerry	Leakey	Legal Aid Society
Wilhelmina	Lewis	Florida Community Health Centers
Sharon	L'Herrou	211 Palm Beach Treasure Coast
Brian	Lohmann	Health Care District Board Member
Taruna	Malhotra	Palm Beach County Board of County Comissioners
Maria	Marmora	Delray Medical Center
Dr. Oneka B.	Marriott	FoundCare
David	Martin Rafaidus	PBC Department of Community Services
Patrick	McNamara	Palm Health Foundation
Valerie	Miyares	The School District of Palm Beach County
Jeremy	Morse	Mental Health Association
Katherine	Murphy	National Association of Mental Illness
Valerie	Neilson	Transportation Planning Agency
Robin	Nierman	YMCA of South Palm Beach County
Randy	Palo	Children's Services Council of PBC
Amy	Pepper	MyClinic
Richard	Radcliffe	The Palm Beach County League of Cities, Inc.
Robert	Rease	Lakeside Health Advisory Board
Adam	Reback	Florida Department of Health Palm Beach County
Heidi	Reever	University of Florida/IFAS Extension Family Nutrition Program (FNP) in Palm Beach County
Carol	Roberts	Health Care District Board Member
Donia	Roberts	Lakeside Health Advisory Board Member
Rick	Roche	Health Care District of PBC
Cady	Sandler	Children's Services Council of PBC
Jennifer	Schneider	Children's Home Society

Patrice	Schroeder	211 Palm Beach Treasure Coast
Lindsay	Slattery-Cerny	The FL LINC Project/ Florida Council for Community Mental Health/ SEFBHN
Andrea	Stephenson-Royster	Health Council of Southeast Florida
Lauren	Stoops	Palm Beach County Medical Society
Marjorie	Sullivan	Palm Health Foundation
Olivia	Tartakow	Alpert Jewish Family & Children's Service
Sheri	Testani	Delray Medical Center
Tanya	Tibby	Palm Beach County Youth Services Department
Paula	Triana	The School District of Palm Beach County
Lisa	Vreeland	Florida Department of Health Palm Beach County
Jon	Van Arnam	Palm Beach County
Geraldine	Diaz-Granados	Assistant to Philip Ward
Debby	Walters	Diabetes Coalition of Palm Beach County
DeAnna	Warren	Genesis Community Health
Nikasha	Wells	Palm Tran
Gus	Wessel	PBC Community Services - Youth Services
Cindy	Wides	Alpert Jewish Family & Children's Service
Tenna	Wiles	Palm Beach County Medical Society
Lisa	Williams-Taylor	Children's Services Council of PBC
Usleur	Cook	Florida Department of Health Palm Beach County