

DOH - PALM BEACH

HEALTH EQUITY PLAN



2022 - 2025



UPDATED JULY 2022

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I. VISION

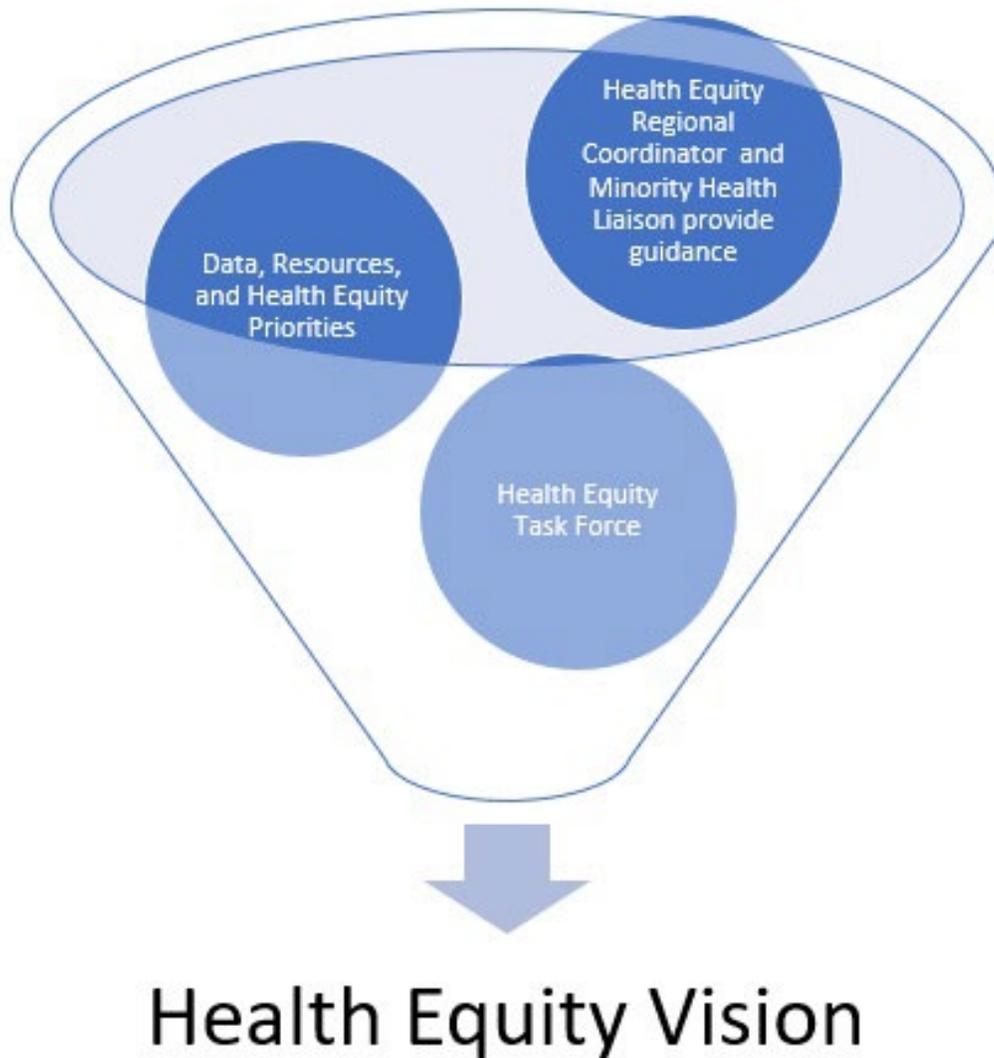


The mission of the Florida Department of Health in Palm Beach County and the inclusion of members representing community organizations that address the Social Determinants of Health guided our vision pursuit. Our vision brainstorming and development was led by the Minority Health Liaison using visioning facilitation guidance provided by the National Association of County and City Health Officials (NACCHO). With such guidance, the Health Equity Taskforce coalesced a shared vision that encompassed a shared community aspiration for all of Palm Beach County.

The vision for the Palm Beach County Health Equity Plan is:

“To create a healthy community that works together to increase access, wellness, safety and fulfillment for all.”

Our Vision statement defines what we want to achieve and provides guidance and direction in developing activities to address disparity gaps in Palm Beach County.



II. PURPOSE OF THE HEALTH EQUITY PLAN

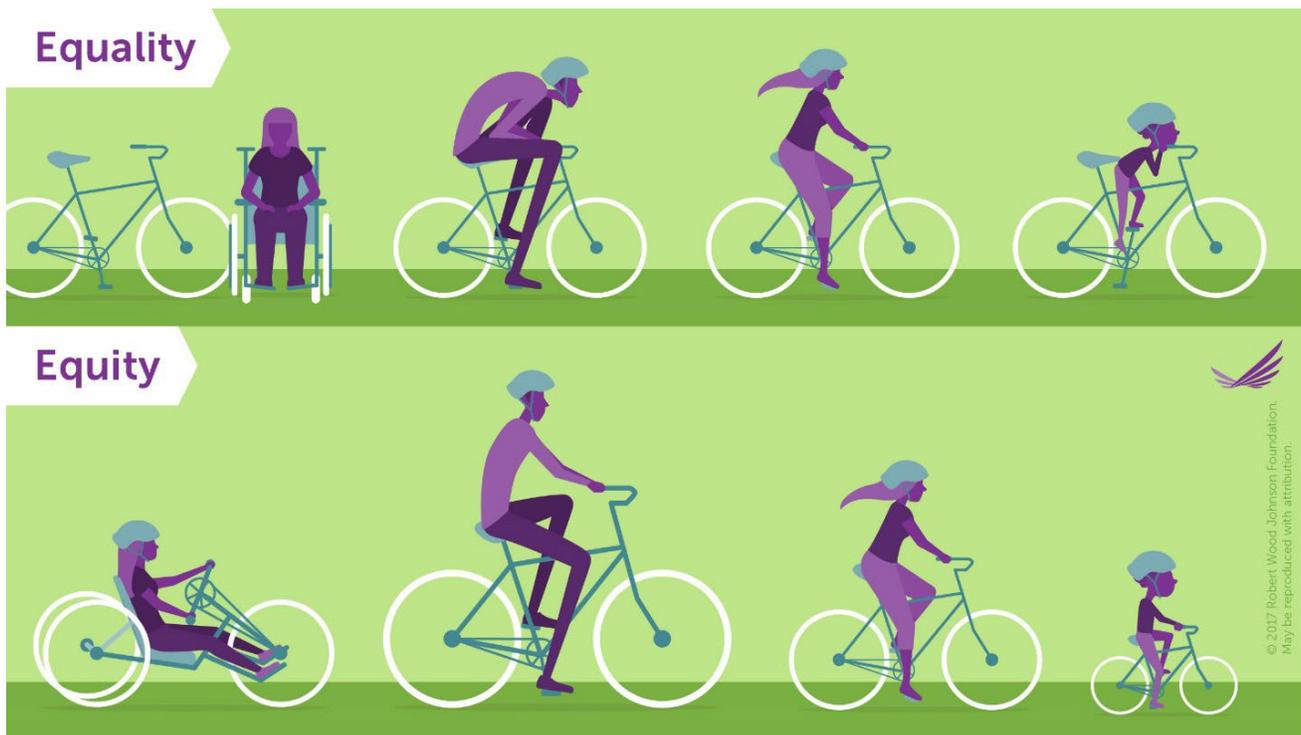
Health Equity is achieved when everyone can attain optimal health.

The Florida Department of Health’s Office of Minority Health and Health Equity (OMHHE) works with government agencies and community organizations to address the barriers inhibiting populations from reaching optimal health. A focus on health equity means recognizing and eliminating the systemic barriers that have produced disparities in achieving wellness. In response to Chapter 2021-1700 of the Florida Statute, effective July 1, 2021, each county health department (CHD) has been provided resources to create a Health Equity Plan to address health disparities in their communities.

The Health Equity Plan should guide counties in their efforts to create and improve systems and opportunities to achieve optimal health for all residents, especially vulnerable populations. County organizations have a critical role in addressing the social determinants of health (SDOHs) by fostering multi-sector and multi-level partnerships, conducting surveillance, and integrating data from multiple sources, and leading approaches to develop upstream policies and solutions. This plan acknowledges that collaborative initiatives to address the SDOHs are the most effective at reducing health disparities.

The purpose of the Health Equity Plan is to increase health equity within Palm Beach County. To develop this plan, Palm Beach County health department followed the Florida Department of Health’s approach of multi-sector engagement to analyze data and resources, coordinate existing efforts, and establish collaborative initiatives. This plan addresses key SDOH indicators affecting health disparities within Palm Beach County. This Health Equity Plan is not a county health department plan; it is a county-wide Health Equity Plan through which the Health Equity Taskforce, including a variety of government, non-profit, and other community organizations, align to address the SDOH impact health and well-being in the county.

III. DEFINITIONS



Health equity is achieved when everyone can attain optimal health

Health inequities are systematic differences in the opportunities groups have to achieve optimal health, leading to avoidable differences in health outcomes.

Health disparities are the quantifiable differences, when comparing two groups, on a particular measure of health. Health disparities are typically reported as rate, proportion, mean, or some other measure.

Equality each individual or group of people is given the same resources or opportunities.

Social determinants of health are the conditions in which people are born, grow, learn, work, live, worship, and age that influence the health of people and communities.

IV. PARTICIPATION

The Florida Department of Health in Palm Beach County is a service organization responsible for the health of over a million residents in Palm Beach County. The department shares responsibility for primary care of the medically indigent population of the county with the private sector by providing millions of services annually through its six health centers.



The Florida Department of Health in Palm Beach County has served as the model agency for the State of Florida and many other States throughout the country, making the county credible. In 2022, Palm Beach County was named a winner of the 2020-2021 Culture of Health Prize awarded by the Robert Wood Johnson Foundation. The RWJF Culture of Health Prize honors and elevates communities for working at the forefront of advancing health, opportunity, and equity. Palm Beach County was nationally recognized for pursuing innovative ideas and bringing partners together to rally around a shared vision of health.

Cross-sector collaborations and partnerships are essential components of improving health and well-being. Cross-sector collaboration uncovers the impact of education, health care access and quality, economic stability, social and community context, neighborhood and built environment and other factors influencing the well-being of populations. Cross-sector partners provide the range of expertise necessary to develop and implement the Health Equity Plan.

We recruited partners who address the social determinants of health and facilitated a vision brainstorming meeting. This increased coordination and engagement among the partners to establish a common, shared goal. Once a shared vision was highlighted, members shared barriers and disparity gaps to mobilize change via cross-sector collaboration opportunities.

A. Minority Health Liaison

The Minority Health Liaison supports the Office of Minority Health and Health Equity in advancing health equity and improving health outcomes of racial and ethnic minorities and other vulnerable populations through partnership engagement, health equity planning, and implementation of health equity projects to improve social determinants of health. The Minority Health Liaison facilitates health equity discussions, initiatives, and collaborations related to elevating the shared efforts of the county.

Minority Health Liaison: Kimberly Mondestin

Minority Health Liaison Backup: Merlene Ramnon, PhD, MPH, MSN, RN

B. Health Equity Team

The Health Equity Team includes individuals that each represent a different program within the CHD. Members were recruited by introduction the Health Equity Program to all departments and having individual meetings with various department heads to illicit buy-in. Department representatives were invited to a meeting to discuss scope of work and discuss areas where Health Equity can be advanced in various areas. Members shared experience and expertise regarding data and committed to serving as a resource to help the task force advance Health Equity in Palm Beach County.

The Health Equity Team explores opportunities to improve health equity efforts within the county health department. Members of the Health Equity Team assess the current understanding of health equity within their program and strategize ways to improve it. The Health Equity Team also relays information and data concerning key health disparities and SDOH in Palm Beach County to the Health Equity Taskforce. The Minority Health Liaison guides these discussions and the implementation of initiatives. The membership of the Health Equity Team is listed below.

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Health Equity Plan

Name	Title	Program
Dr. Merlene Ramnon	Community Health Promotion and Education Director	Community Health Division/ Public Health Residency Program
Dr. Alina Alonso	CHD Director	DOH Palm Beach
Shamilla Lutchman	Program Manager	Preparedness
Inez Williams	Health Educator	Healthiest Weight Florida
Celena Boland	Nursing Consultant	Maternal & Infant Health
Marilyn Martinez	Nutrition Supervisor	Health Access
Tanya Creightney	Health Educator	Community Health Division
Marie B Estime	Health Educator	Community Health Division
Nicolette Sas	Tobacco Program Supervisor	Tobacco Free Florida
Lisa Vreeland	Chief	Performance Improvement/Accreditation
Adam Reback	Government Consultant	Quality Improvement
Alma Martinez	Manager	Performance Improvement/Accreditation
Lawanta Stewart	Center Administrator	Health Access
Bostella Walker	Center Administrator	DOH Palm Beach
Jill Ruben	Nursing Consultant	Health Center
Natalie Kenton	Government Consultant	Opioid
Leonie Reeves-Hutchinson	Nursing Director	Maternal & Child Health
Karen Thomas	Program Manager	Epidemiology
Kerry-Ann Walker	Nursing Consultant	Maternal & Infant Health
Rafael Reyes	Director	Environmental Health
Connie Upshaw	Nursing Consultant	Health Access
Manon Morin	Center Admin	Health Access
Dr. Kingsley Anurugwo	Resident Doctor	Public Health
Dr. Thaint Naing	Resident Doctor	Public Health
Dr. Nikhil Gupta	Resident Doctor	Public Health
Dr. Moses Braimoh	Resident Doctor	Public Health

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Health Equity Plan

The Health Equity Team met on the below dates during the health equity planning process. Since the Health Equity Plan was completed, the Health Equity Team has met at least quarterly to track progress.

Meeting Date	Topic/Purpose
02/18/2022	Health Equity Program Introduction
3/18/2022	Present barriers from HE Task Force; solidify health disparity focus and April event.
4/1/2022	Identify specific SDOH for priorities health disparity. Complete SDOH tables and impact statements for HE Plan Draft
5/20/2022	Review the working HE goals & objectives created by Taskforce and provide feedback
6/9/2022	*Meeting with Quality Improvement Team to assist with metrics.
7/22/2022	Review Health Equity Plan and discuss updates and changes to the program

C. Health Equity Taskforce

The Health Equity Taskforce includes CHD staff and representatives from various organizations that provide services to address various SDOH. Members of this Taskforce were recruited by outreach and collaborative efforts. Various local organizations who are in actively in the community providing services to residents were contacted to introduce the Health Equity program. The taskforce members brought their knowledge about community needs and SDOH. Collaboration within this group addresses upstream factors to achieve health equity. The Health Equity Taskforce wrote the Palm Beach County Health Equity Plan and oversaw the design and implementation of projects. Health Equity Taskforce members are listed below.

Name	Title	Organization	Social Determinant of Health
Merlene Ramnon	Community Health Promotion and Education Director	Department of Health – Palm Beach	Health Care Access and Quality / Social and Community Context / Education
Mindy Rose	Librarian	PBC Libraries	Education
Dr. Raj Kumar	ER Physician	Belle Glade/Pahokee Physician Group	Health Care Access and Quality
Inez Williams	Health Program Educator	Healthiest Weight FL	Social and Community Context
Micah Robbins	PBCBHC Director of Special Projects	Palm Beach County Behavioral Health	Health Care Access/ Social and Community Context
Hillary Gale	Food Systems Manager	Feeding Palm Beach	Economic Stability / Neighborhood and Built Environment
Brittani Coore	Community Impact Director	American Heart Association	Social and Community Context
Kathryn Mathieu	Quality & Patient Care Manager	DOH HIV/AIDS Program	Health Care Access/ Social and Community Context
Tammy Fields	Director	Palm Beach County Youth Services Department	Social and Community Context
Nicolette Sas	Tobacco Supervisor	Tobacco Free FL	Social and Community Context

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Health Equity Plan

The Health Equity Taskforce met on the below dates during the health equity planning process. Since the Health Equity Plan was completed, the Health Equity Taskforce has continued to meet at least quarterly to track progress.

Meeting Date	Organizations	Topic/Purpose
3/11/2022	PBC Libraries, Tobacco Free FL, DOH HIV/AIDS, Healthiest Weight FL, American Heart Association, Feeding Palm Beach, PBC Youth Services, Bell Glade/Pahokee Physician	HE Program introduction; vision statement brainstorming, barrier/disparity gaps discussion
4/8/2022	PBC Libraries, Tobacco Free FL, DOH HIV/AIDS, Healthiest Weight FL, American Heart Association, Feeding Palm Beach, PBC Youth Services, Bell Glade/Pahokee Physician	Discuss prioritized health disparity and corresponding data findings from HE Team. Set broad goals to inform objective and activity planning.
4/22/2022	PBC Libraries, Tobacco Free FL, DOH HIV/AIDS, Healthiest Weight FL, American Heart Association, Feeding Palm Beach, PBC Youth Services, Bell Glade/Pahokee Physician	Set short-, medium-, and long-term goals and objectives for county HE Plan. Review CHIP to extract plan alignment.
5/6/2022	Tobacco Free FL, DOH HIV/AIDS, Healthiest Weight FL, American Heart Association, Feeding Palm Beach, PBC Youth Services, Bell Glade/Pahokee Physician	Continue goals and objectives brainstorming.
5/27/2022	Feeding Palm Beach, PBC Youth Services, Healthiest Weight FL, Tobacco Free FL, DOH HIV/AIDS	Brainstorm SDOH Projects and continue drafting goals & objectives
6/10/2022	PBC Youth Services, Healthiest Weight FL, Tobacco Free FL	Refine SDOH Projects. Add metrics to objectives, identify lead entities, and input evaluation measures
7/08/2022	Feeding Palm Beach, PBC Youth Services, Healthiest Weight FL, Tobacco Free FL, DOH HIV/AIDS, Bell Glade/Pahokee Physician	Review HE Plan standards tool and understand systematic vs behavioral and upstream vs. downstream interventions for SDOH Projects

D. Coalition

The Coalition discussed strategies to improve the health of the community. The strategies focused on the social determinants of health: education access and quality, health care access and quality, economic stability, social and community context, and neighborhood and built environment. Membership includes community leaders working to address each SDOH, as well as any relevant sub-SDOHs.

The Coalition assisted the Health Equity Taskforce by reviewing their Health Equity Plan for feasibility. Various stakeholders who comprise the coalition met to review the Health Equity Plan draft according to systems, policies, and programs already in place. The coalition directed the taskforce SDOH Project planning and streamlined the prioritized population selection based on information available by large organizations with similar community efforts. The coalition approved the goals and objectives based on alignment with other established community plans and provided considerations for partnership opportunities and lead entity organizations based on similar efforts and strategies.

Name	Title	Organization
Dr. Alina Alonso	CHD Director	DOH Palm Beach
Sheree Williston	VP of Health Strategies	American Heart Association
Dr. James Green	Director	PBC Community Services Department
Sandra Despagne	FIMR Program Director	Florida Institute for Health Innovation
Randy Palo	Director of Program	Children Services Council PBC
Dr. Seth Bernstein	Executive Vice President of Community Investments	United Way PBC

E. Regional Health Equity Coordinators

There are eight Regional Health Equity Coordinators. These coordinators provide the Minority Health Liaison, Health Equity Team, and Health Equity Taskforce with technical assistance, training, and project coordination.

Name	Region
Quincy Wimberly	Capital
Lesli Ahonkhai	Central
Carrie Rickman	Emerald Coast
Diane Padilla	North Central
Ida Wright	Northeast
Pascale Edouard	Southeast
Frank Diaz-Gines	Southwest
Rafik Brooks	West Central

V. HEALTH EQUITY ASSESSMENT, TRAINING, AND PROMOTION

A. Health Equity Assessments

To improve health outcomes in Florida, it is critical to assess the knowledge, skills, organizational practices, and infrastructure necessary to health inequities. Health equity assessments are needed to achieve the following:

- Establish a baseline measure of capacity, skills, and areas for improvement to support health equity-focused activities
- Meet [Public Health Administration Board \(PHAB\) Standards and Measures 11.1.4A](#) which states, “The health department must provide an assessment of cultural and linguistic competence.”
- Provide ongoing measures to assess progress towards identified goals developed to address health inequities
- Guide CHD strategic, health improvement, and workforce development planning
- Support training to advance health equity as a workforce and organizational practice

Palm Beach County will be conducting health equity assessments during the duration of this Health Equity Plan to examine the capacity and knowledge of County Health Department staff and county to address social determinants of health. Below are the dates where assessments were distributed and the partners who participated.

Date	Assessment Name	Organizations Assessed
03/2022	2022 Community Health Assessment	Health Council of Southeast Florida

B. County Health Equity Training

Assessing the capacity and knowledge of health equity, will be an ongoing activity through trainings that will help the Minority Health Liaison identify knowledge gaps and create training plans for the Health Equity Taskforce, the Coalition, and other county partners. Below are the dates, SDOH training topics, and organizations who attended training.

Date	Topics	Organization(s) receiving trainings
5/11/22	Disability: Culture, Treatment, and Assessment Didactic Training by PBC Youth Services	Taskforce & CHD Team

C. County Health Department Health Equity Training

The Florida Department of Health (DOH) in Palm Beach recognizes that ongoing training in health equity and cultural competency are critical for creating a sustainable health equity focus. At a minimum, all DOH-Palm Beach staff receive the *Cultural Awareness: Introduction to Cultural Competency* and *Addressing Health Equity: A Public Health Essential* training. In addition, the Health Equity Team provides regular training to staff on health equity and cultural competency. The training is recorded below.

Date	Topics	Number of Staff in Attendance
TBD		

D. Minority Health Liaison Training

The Office of Minority Health and Health Equity and the Health Equity Regional Coordinator provide training and technical support to the Minority Health Liaison on topics such as: the health equity planning process and goals, facilitation and prioritization techniques, reporting requirements, and taking a systems approach to address health disparities. The Minority Health Liaison training is recorded below.

Date	Topics
2/22 - 2/24/2022	OMHHE Onboarding Liaison & Coordinator Training; ToP Facilitation
3/22/2022	ClearPoint Training
5/10 – 6/14/2022 (weekly)	Grant Writing Course Training
5/11/2022	Disability: Culture, Treatment, and Assessment Didactic Training by PBC Youth Services
5/19/2022	FL Health CHARTS Training
7/14/2022	ClearPoint Training

E. National Minority Health Month Promotion



The Florida Department of Health in Palm Beach County held a National Minority Health Event on April 23, 2022, at Palm Beach Atlantic University. This event was promoted via local media and through the local university. Our prioritized health disparity for the Health Equity Plan is Obesity, therefore, we collaborated with the Palm Beach County Healthiest Weight Florida Program.

The goal of this event was to bring awareness about Obesity to the residents of Palm Beach County in an interactive way. We created a Health Equity Jeopardy game, to educate people about Obesity facts and inform them about the data in Palm Beach County that affects all residents. As a prize for participating, we gave out promotional items such as water bottles and step-tracker watches. We also set up a BMI station, equipped with a scale to help participants calculate their BMI and understand the correlation between BMI and obesity. One of our taskforce members speaks both Haitian Creole and Spanish, therefore, we were able to interact with our Haitian and Hispanic residents.



Furthermore, we had representation from other programs at the Palm Beach Department of Health (Tobacco Free Florida, Diabetes Prevention, and SNAP-Ed), as those programs address the factors that affect and/or are affected by Obesity. As a result, we directly engaged with about 100 members at our booth making this event a success!

VI. PRIORITIZING A HEALTH DISPARITY

In January 2022, the Health Council of Southeast Florida presented the Palm Beach County’s Community Health Assessment (CHA) findings. The CHA provides data on the overall health of a community and uncovers target priority areas where a population may have increased risk for poor health outcomes. Some of the pertinent disparities documented the Palm Beach County CHA were Obesity, Infant Mortality, Mental Health, and various Chronic Diseases, such as cardiovascular diseases, hypertension, cancer, and HIV/AIDS. Following the NACCHO prioritization matrices guide, the County Health Department (CHD) Health Equity Team established a set of criteria for prioritizing a county health disparity. The following are the criteria used to select Palm Beach County’s health equity disparity focus, with consideration to vulnerable and marginalized populations:

- Impact of disparity
- Availability of resources to address disparity (staff, money, equipment)
- Magnitude of disparity (population affected and # of individuals)
- Expertise to implement solution
- Effectiveness of solution
- Ease of implementation/maintenance
- Potential negative consequences if disparity persists
- Impact on community health
- Feasibility of intervention

Given such criteria and using the multi-voting prioritization method, the CHD Health Equity Team reached a consensus and selected Obesity as the health disparity focus for the Health Equity Plan. When considering the impact of Obesity, members found that obesity can cause negative adverse effects in other areas (e.g., mental health and chronic diseases) if not addressed.

The Health Equity Team identified and reviewed health disparities data in Palm Beach County. Data was pulled from the 2022 County Health Assessment (CHA).

Health Disparity Objective: Decrease the percentage of residents in Palm Beach County who are overweight or obese.

- By December 31, 2025, increase the percent of adults who are at a healthy weight from 37.8% (2019) to 38.8%.
- By December 31, 2025, increase the percent of middle-school and high-school student who are at a healthy weight from 69.4% (2020) to 70%.

Data concerning Obesity were extracted from credible resources. Specifically, the 2022 Palm Beach County Community Health Assessment (CHA) and Florida Charts were the main sources used to gather data. Data regarding obesity in Palm Beach County are as follows:

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Percent of Middle and High School Students with BMI at or Above 95th Percentile, By Race and Ethnicity

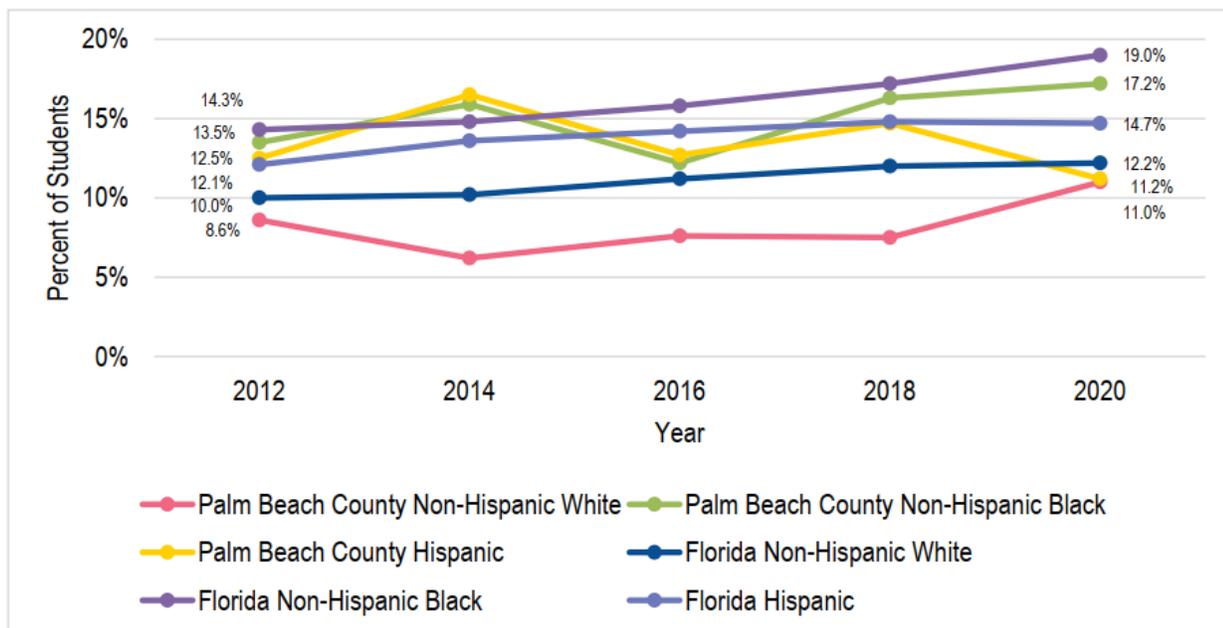
The table and graph below show the percentage of middle and high school students with a BMI at or above the 95th percentile by race in 2012, 2014, 2016, 2018, and 2020. For each year reported, Non-Hispanic Black and Hispanic students had much higher rates than Non-Hispanic Whites in Palm Beach County and Florida. The highest rate for the county was found among Non-Hispanic Black students in 2020 at 17.2%

Table 158: Percent of Middle and High School Students with BMI at or Above 95th Percentile, By Race and Ethnicity, Palm Beach County and Florida, 2010, 2012, 2014, 2016, 2018, 2020

Year	Palm Beach County			Florida		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2012	8.6%	13.5%	12.5%	10.0%	14.3%	12.1%
2014	6.2%	15.9%	16.5%	10.2%	14.8%	13.6%
2016	7.6%	12.2%	12.7%	11.2%	15.8%	14.2%
2018	7.5%	16.3%	14.7%	12.0%	17.2%	14.8%
2020	11.0%	17.2%	11.2%	12.2%	19.0%	14.7%

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2020
Compiled by: Health Council of Southeast Florida, 2021

Figure 70: Percent of Middle and High School Students with BMI at or Above 95th Percentile, By Race, Palm Beach County and Florida, 2012-2020



Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2020

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Underweight, Healthy Weight, Overweight, and Obese Students in First, Third, and Sixth Grades

This table shows Palm Beach County students in first, third, and sixth grades that were underweight, a healthy weight, and overweight or obese during the 2020 – 2021 school year. As the grade increased, the percentage of overweight or obese students increased and the percentage of healthy weight students decreased. Most notably, the percentage of sixth graders who were overweight or obese was close to half of the entire grade at 46.0%.

Table 162: Percent of Adults Who Are Overweight, By Race and Ethnicity, Palm Beach County and Florida, 2007, 2010, 2013, 2016, 2019

Year	Palm Beach County			Florida		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2007	46.0%	39.7%	33.4%	38.2%	36.4%	37.5%
2010	42.6%	32.1%	37.2%	37.9%	36.3%	37.3%
2013	36.4%	55.4%	49.9%	35.8%	36.9%	38.6%
2016	33.2%	40.8%	27.9%	35.3%	32.7%	40.4%
2019	32.4%	46.7%	35.1%	37.8%	35.1%	39.1%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2021

Percent of Adults who are Overweight, By Race and Ethnicity

This table shows the percentage of adults who were overweight by race and ethnicity in Palm Beach County and Florida in 2007, 2010, 2013, 2016 and 2019. The percentage of adults of all races in Palm Beach County and Florida fluctuated from 2007 to 2019. In 2019, Non-Hispanic Black adults had the highest rate in Palm Beach County at 46.7%, which was much higher than the Florida rate of 35.1%.

Table 159: Underweight, Healthy Weight, and Overweight or Obese Students in First, Third, and Sixth Grades, Palm Beach County, School Year 2020-2021

Grade	Underweight		Healthy Weight		Overweight or Obese	
	Number	Percent	Number	Percent	Number	Percent
First Grade	250	2.9%	4,976	58.2%	3,330	38.9%
Third Grade	201	2.4%	4,597	54.2%	3,683	43.4%
Sixth Grade	159	2.4%	3,399	51.6%	3,029	46.0%

Source: Florida Department of Health Palm Beach County, 2021
Compiled by: Health Council of Southeast Florida, 2021

Percent of Adults Who Are Obese

The table below shows the percentage of adults who were obese in Palm Beach County and Florida in 2007, 2010, 2013, and 2016. The percentage of Palm Beach County adults increased steadily from 2007 to 2019. In 2019, almost a quarter (24.3%) of all reported adults were obese in Palm Beach County. This was slightly below the state rate of 27.0%.

Table 163: Percent of Adults Who Are Obese, Palm Beach County and Florida, 2007, 2010, 2013, 2016, 2019

Year	Palm Beach County	Florida
2007	14.5%	24.1%
2010	19.4%	27.2%
2013	19.9%	26.4%
2016	20.8%	27.4%
2019	24.3%	27.0%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
 Compiled by: Health Council of Southeast Florida, 2021

Percent of Adults who are Obese, By Race and Ethnicity

The following table and graph show the percentage of adults who were obese in 2007, 2010, 2013, 2016, and 2019 in Palm Beach County and Florida by race and ethnicity. Rates fluctuated for all races in Palm Beach County across all years. In 2019, Non-Hispanic Black adults (28.1%) and Hispanic adults (28.0%) had much higher rates of obesity than Non-Hispanic White adults (22.4%) in Palm Beach County. However, the Palm Beach County rates were slightly lower than the Florida rates for all races in 2019.

Table 164: Percent of Adults Who Are Obese, By Race and Ethnicity, Palm Beach County and Florida, 2007, 2010, 2013, 2016, 2019

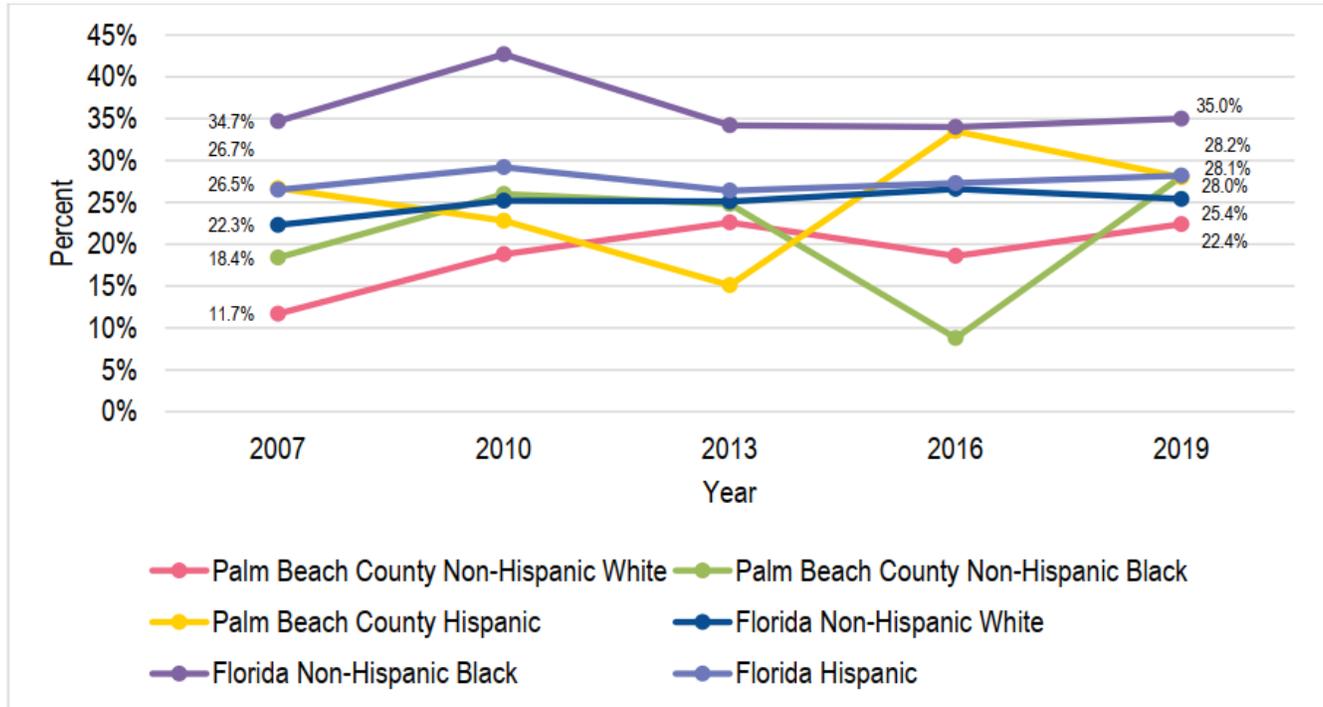
Year	Palm Beach County			Florida		
	Non-Hispanic White	Non-Hispanic Black	Hispanic	Non-Hispanic White	Non-Hispanic Black	Hispanic
2007	11.7%	18.4%	26.7%	22.3%	34.7%	26.5%
2010	18.8%	26.0%	22.8%	25.2%	42.7%	29.2%
2013	22.6%	24.8%	15.1%	25.1%	34.2%	26.4%
2016	18.6%	8.8%	33.5%	26.6%	34.0%	27.3%
2019	22.4%	28.1%	28.0%	25.4%	35.0%	28.2%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
 Compiled by: Health Council of Southeast Florida, 2021

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Figure 75: Percent of Adults Who Are Obese, By Race and Ethnicity, Palm Beach County and Florida, 2007, 2010, 2013, 2016, 2019



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, 2019

VII. SDOH DATA

Social Determinants of Health (SDOHs) are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes. The SDOHs can be broken into the following categories: education access and quality, health care access and quality, neighborhood and built environment, social and community context, and economic stability. The Health Equity Team identified multiple SDOHs that impact Obesity which are listed below.

Social Determinants of Health



A. Education Access and Quality



Educational Attainment

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

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

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

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

Educational Attainment, By Race and Ethnicity

The table below shows educational attainment by race and ethnicity in Palm Beach County and Florida in 2019. According to the most recent U.S. Census data, a larger percentage of White residents (91.1%) obtained a high school diploma or higher as compared to Black residents (79.7%). When comparing the attainment of a bachelor’s degree or higher among these populations, the percentage of Black residents (20.7%) to do so was nearly half that of White residents (40.2%). 95.4% of White, non-Hispanic residents obtained a high school degree or higher compared to 74.2% of Hispanic or Latino residents in Palm Beach County. Furthermore, while 44.3% of White, non-Hispanic Palm Beach County residents obtained a bachelor’s degree or higher, only 24.6% of Hispanic and Latino residents did so. These disparities in educational attainment in certain races and ethnicities are similar across the state.

Table 50: Educational Attainment, By Race and Ethnicity, Palm Beach County and Florida, 5-Year Estimate, 2019

	Palm Beach County		Florida	
	Count	Percent	Count	Percent
Race				
White alone	827,974	--	11,715,824	--
High school graduate or higher	753,986	91.1%	10,496,811	89.60%
Bachelor's degree or higher	332,910	40.2%	3,684,564	31.40%
Black alone	171,988	--	2,128,338	--
High school graduate or higher	137,035	79.7%	1,770,884	83.2%
Bachelor's degree or higher	34,647	20.1%	410,209	19.3%
American Indian or Alaska Native alone	2,215	--	42,481	--
High school graduate or higher	1,361	61.4%	34,536	81.3%
Bachelor's degree or higher	459	20.7%	9,275	21.8%
Asian alone	29,180	--	413,815	--
High school graduate or higher	25,484	87.3%	360,972	87.2%
Bachelor's degree or higher	14,750	50.5%	207,163	50.1%
Native Hawaiian and Other Pacific Islander alone	502	--	8,391	--
High school graduate or higher	456	90.8%	7,133	85.0%
Bachelor's degree or higher	154	30.7%	1,928	23.0%
Some other race alone	24,970	--	400,744	--
High school graduate or higher	17,174	68.8%	304,134	75.9%
Bachelor's degree or higher	4,998	20.0%	78,408	19.6%
Two or more races	15,165	--	256,152	--
High school graduate or higher	13,104	86.4%	223,692	87.3%
Bachelor's degree or higher	5,422	35.8%	80,154	31.3%
Ethnicity				
Hispanic or Latino Origin	208,943	--	3,527,296	--
High school graduate or higher	155,097	74.2%	2,802,184	79.4%
Bachelor's degree or higher	51,327	24.6%	869,137	24.6%
White alone, not Hispanic or Latino	649,821	--	8,744,092	--
High school graduate or higher	619,671	95.4%	8,121,633	92.9%
Bachelor's degree or higher	287,746	44.3%	2,926,992	33.5%

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

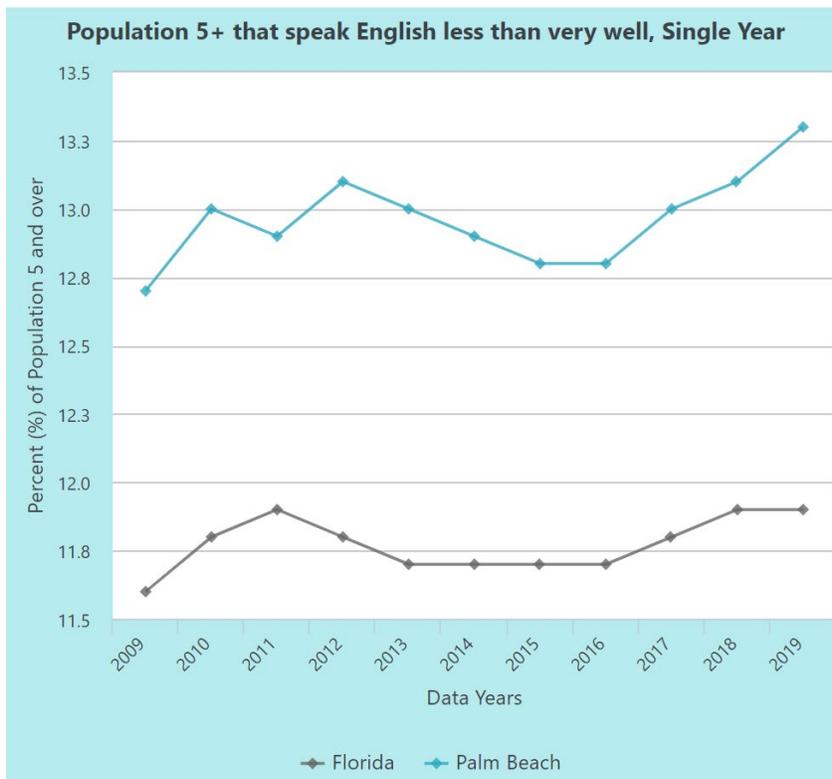
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Population 5+ that speak English less than very well, Percent of Population 5 and over

This is the number of people over 5 years old who do not speak English well. Although the population is becoming more diverse, having limited English proficiency in the United States can still be a barrier to accessing health care services and understanding health information. In 2019, the percentage of Population 5+ that speak English less than very well in Palm Beach County was 13.3 compared to Florida at 11.9. The line graph shows change over time when there are at least three years of data.

Population 5+ that speak English less than very well, Percentage of Population 5 and over, Single Year								
Data Year	Palm Beach				Florida			
	Count	Denom	Percent (%)	MOV	Count	Denom	Percent (%)	MOV
2019	185,518	1,389,825	13.3*	0.1	2,353,336	19,773,422	11.9	0.0
2018	179,427	1,372,096	13.1*	0.1	2,313,865	19,480,719	11.9	0.0
2017	176,069	1,353,509	13.0*	0.1	2,271,001	19,173,085	11.8	0.0
2016	169,305	1,326,541	12.8*	0.1	2,199,976	18,840,238	11.7	0.0
2015	167,531	1,307,499	12.8*	0.1	2,167,671	18,564,715	11.7	0.0
2014	165,960	1,288,298	12.9*	0.1	2,136,685	18,284,956	11.7	0.0
2013	165,206	1,268,614	13.0*	0.1	2,107,585	18,014,852	11.7	0.0
2012	163,665	1,253,474	13.1*	0.1	2,095,813	17,808,954	11.8	0.0
2011	160,185	1,238,642	12.9*	0.1	2,088,716	17,609,600	11.9	0.0
2010	159,412	1,228,545	13.0*	0.1	2,063,298	17,431,114	11.8	0.0
2009	151,115	1,191,922	12.7*	0.1	1,979,927	17,076,753	11.6	0.0



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The table below represents the number of residents who are 65 years and older with limited English proficiency. As shown in the table, the rate of limited English proficiency in this population has a steady yearly increase. Lack of English proficiency can serve as a barrier to accessing healthcare services and following care instructions. Furthermore, this limits and individual's understanding of healthy eating and an active lifestyle.

Limited English Proficiency (Aged 65 Years and Older), Percentage of Individuals 65+ with known language status, Single Year								
Data Year	Palm Beach				Florida			
	Count	Denom	Percent (%)	MOV	Count	Denom	Percent (%)	MOV
2020	38,019	355,630	10.7*	0.1	553,613	4,347,912	12.7	0.0
2019	36,447	346,044	10.5*	0.1	543,602	4,205,428	12.9	0.0
2018	34,736	336,908	10.3*	0.1	527,004	4,064,376	13.0	0.0
2017	33,390	328,507	10.2*	0.1	511,567	3,926,889	13.0	0.0
2016	30,839	318,068	9.7*	0.1	488,812	3,797,625	12.9	0.0
2015	29,576	308,771	9.6*	0.1	471,027	3,650,991	12.9	0.0
2014	28,495	300,710	9.5*	0.1	452,715	3,518,560	12.9	0.0
2013	26,700	293,436	9.1*	0.1	434,225	3,399,925	12.8	0.0
2012	25,516	287,366	8.9*	0.1	420,701	3,297,564	12.8	0.0
2011	24,352	282,380	8.6*	0.1	405,879	3,206,453	12.7	0.0
2010	22,233	278,559	8.0*	0.1	388,919	3,134,105	12.4	0.0

The impact of Education Access and Quality on Obesity

The tables and graphs show the rates of educational attainment by race and ethnicity and the rates of individuals who do not speak English well. Education Access and Quality impacts Obesity by the disproportion of higher education among races which results in limited awareness and lack of knowledge of how to eat healthy. To improve Obesity, Palm Beach County will review strategies to increase informational materials that are age and linguistically appropriate, specifically in audio and visual media.

Education Access and Quality		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Obesity
Attainment	Black and Hispanic	Lack of access to healthy foods. Lack of knowledge of how to eat healthy, cultural eating habits. Lack of resources to afford healthy options. Large families, cost.
Language	5 years and older – Hispanic, 65+	Communication barriers. Cultural and closed communities typically mean individuals will follow each other's behaviors and eating habits.
Higher Education	Black and Hispanic	Access, awareness, culture. Lack of knowledge of how to eat healthy. Understanding available resources such as food banks.

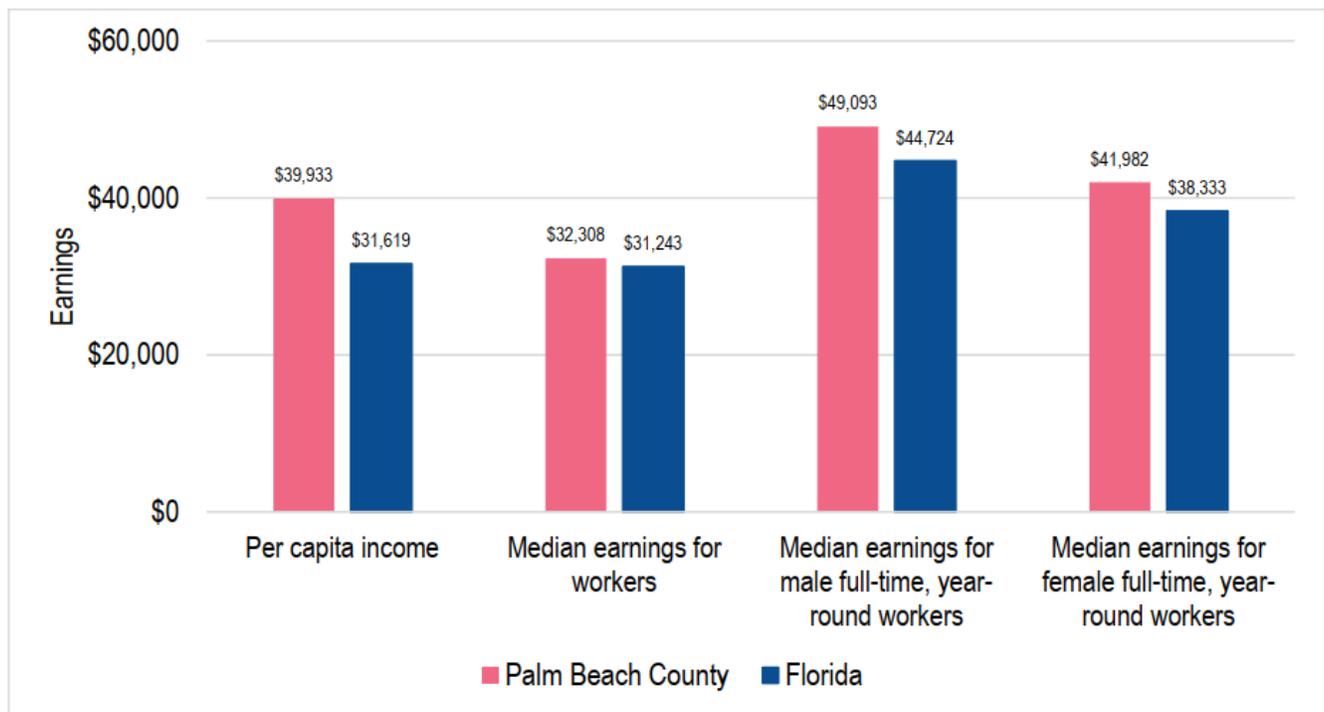
B. Economic Stability



Per Capita Income and Earnings

Income is widely recognized as a social determinant of health. Income can determine an individual’s access to health care services. Per capita income measures the amount of income earned per person in a region. The following graph shows the per capita income and earnings in Palm Beach County and Florida in 2019. Palm Beach County recorded a higher per capita income (\$39,933), median earnings for workers overall (\$32,308), median earnings for male full-time, year-round workers (\$49,093), and median earnings for female full-time, year-round workers (\$41,982) than the state of Florida in 2019.

Figure 14: Per Capita Income and Earnings, Palm Beach County and Florida, 2019



Source: U.S Census Bureau, American Community Survey, 2019

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Health Equity Plan

The table below shows population distribution and employment/income rates based on various indicators by race and ethnicity.

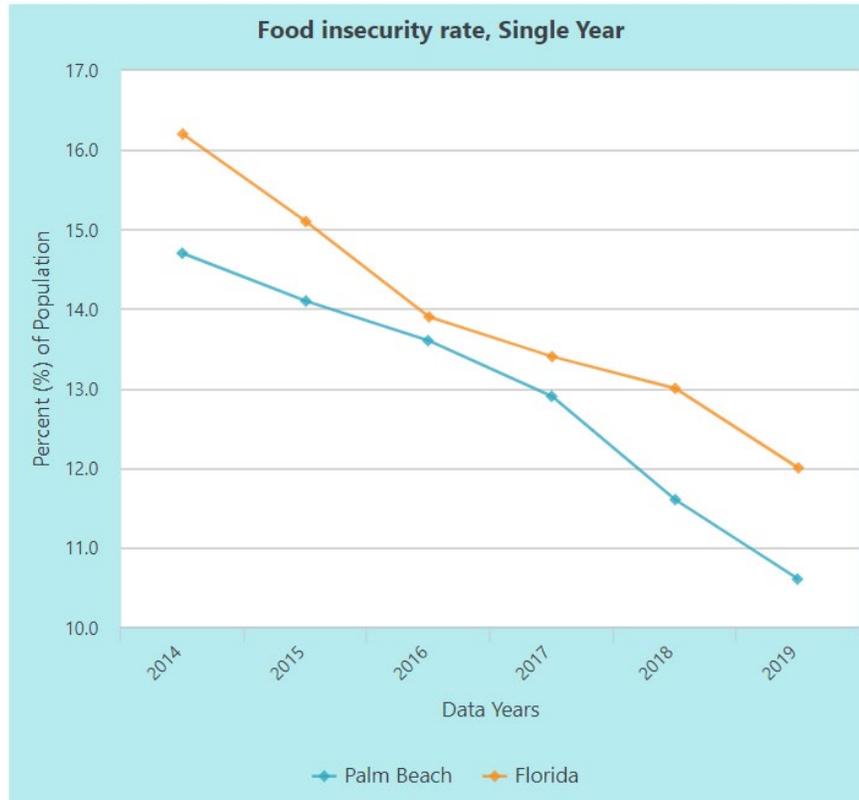
Health Equity Profile - Palm Beach County, Florida 2020																
Indicator	Measure	Year(s)	RACE/ETHNICITY					COUNTY RATE RATIOS				STATE RATE RATIOS				
			Total	White	Black	Other Race	Hispanic	Non-Hispanic	Black/White	Other Race/White	Hispanic/Non-Hispanic	Non-Hispanic/Hispanic	Black/White	Other Race/White	Hispanic/Non-Hispanic	Non-Hispanic/Hispanic
Population																
Population	Total Population	2020	1,469,904	74.6%	19.8%	5.5%	23.4%	76.6%	0.3:1	0.1:1	0.3:1	3.3:1	0.2:1	0.1:1	0.4:1	2.7:1
Population under 18	Population under 18	2020	279,895	64.3%	27.8%	7.9%	32%	68%	0.4:1	0.1:1	0.5:1	2.1:1	0.3:1	0.1:1	0.5:1	2.1:1
Population 18-64	Population 18-64	2020	832,007	72.3%	21.7%	6%	26.1%	73.9%	0.3:1	0.1:1	0.4:1	2.8:1	0.2:1	0.1:1	0.4:1	2.5:1
Population 65 and Over	Population 65+	2020	358,002	88.2%	9.2%	2.6%	10.3%	89.7%	0.1:1	0:1	0.1:1	8.7:1	0.1:1	0:1	0.2:1	5.3:1
Income and Employment																
Income Inequality	Index	2015-19	0.5219													
Median household income	Dollars	2015-19	\$63,299	\$67,966	\$47,646	\$46,163	\$52,297	\$71,963	0.7:1	0.7:1	0.7:1	1.4:1	0.7:1	0.8:1	0.8:1	1.3:1
Households with 1 worker	Percent	2015-19	34.9													
Individuals below poverty level	Percent	2015-19	12.2	10.1	19.4	14.3	17.6	7.7	1.9:1	1.4:1	2.3:1	0.4:1	1.8:1	1.3:1	1.8:1	0.6:1
Children under 18 below poverty level	Percent	2015-19	18.1	14.2	27.5	28.4	23.9	7.3	1.9:1	2:1	3.3:1	0.3:1	1.9:1	1.6:1	2:1	0.5:1
Unemployed civilian labor force	Percent	2015-19	5.9	5	9.9	4.2	5.9	4.5	2:1	0.8:1	1.3:1	0.8:1	1.9:1	1.2:1	1.1:1	0.9:1
Civilian labor force employed in management, business, science, or arts	Percent	2015-19	37.3													

Food insecurity refers to a lack of available financial resources for food at the household level. Food insecurity is a social determinant of health. People experiencing food insecurity often consume a nutrient-poor diet, which may contribute to the development of obesity, heart disease, hypertension, diabetes, and other chronic diseases. In 2019, Food insecurity rate in Palm Beach County was 10.6 compared to Florida at 12. The line graph shows change over time when there are at least three years of data.

Food insecurity rate, Percentage of Population, Single Year		
	Palm Beach	Florida
Data Year	Percent (%)	Percent (%)
2019	10.6	12.0
2018	11.6	13.0
2017	12.9	13.4
2016	13.6	13.9
2015	14.1	15.1
2014	14.7	16.2

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Health Equity Plan



This section examines financial conditions, poverty rates, and the cost of living for older Floridians. The portrayal of the financial conditions of older adults is detailed in the bar graph, which includes information about income relative to rates of homeownership and partnership status in the consideration of cost of living.

Federal Poverty Level	Value
Single-Person Household	\$12,140
Two-Person Household	\$16,460
125% Single-Person Household	\$15,175
125% Two-Person Household	\$20,575

Source: U.S. Department of Health & Human Services, 2021

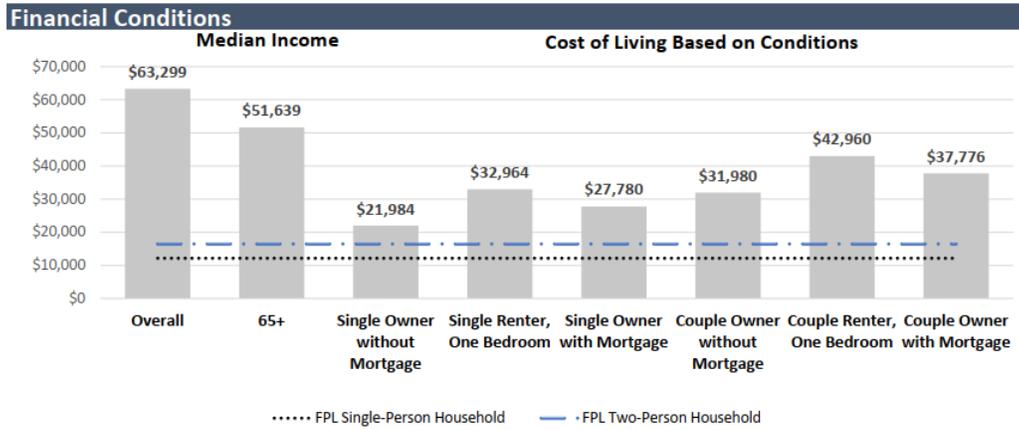
Poverty	Value	Percent
At Poverty Level	381,085	85%
Below 125% of Poverty Level	40,459	9%
Minority At Poverty Level	75,345	17%
Minority Below 125% of Poverty Level	16,524	4%

Source: AGID 2014-18 ACS

Employed Persons (Aged 65 Years and Older), Percentage of Civilian non-institutionalized population 65+, Single Year								
Data Year	Palm Beach				Florida			
	Count	Denom	Percent (%)	MOV	Count	Denom	Percent (%)	MOV
2020	60,502	350,755	17.2*	0.1	645,833	4,278,253	15.1	0.0
2019	57,938	341,284	17.0*	0.1	609,813	4,136,741	14.7	0.0
2018	55,345	332,108	16.7*	0.1	578,362	3,996,130	14.5	0.0
2017	52,401	323,551	16.2*	0.1	551,120	3,859,065	14.3	0.0
2016	49,137	313,100	15.7*	0.1	520,420	3,729,881	14.0	0.0
2015	46,533	303,824	15.3*	0.1	490,762	3,585,097	13.7	0.0
2014	43,866	295,708	14.8*	0.1	466,043	3,453,205	13.5	0.0
2013	41,379	288,505	14.3*	0.1	446,695	3,335,007	13.4	0.0
2012	39,821	282,405	14.1*	0.1	430,389	3,232,380	13.3	0.0

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Health Equity Plan



Cost of living is an index of how much income retired older adults require to meet their basic needs to live in their community without assistance.
 Source: U.S. Census Bureau, 2015-2019 ACS and Elder Index. (2020). The Elder Index™ [Public Dataset]. Boston, MA: Gerontology Institute, University of Massachusetts Boston. Retrieved from Elderindex.org, 201

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Health Equity Plan

This section is pulled from the Palm Beach Descriptive Statistics and t-test. It examines social determinants of health measures for disabled residents in Palm Beach County ages 18-65. The middle column displays the percentage of resident with a disability and the right column represents the total number of respondents.

36% of residents with disabilities earn more than \$75,000 yearly. On the contrary, 12% of residents with disabilities reported being financially insecure. Consequently, 19% of disabled residents do not have enough money for balanced meals.

<i>Social Determinants of Health Measures</i>		
Income		
Less than \$10,000	0.04	178
Less than \$15,000 (\$10,000 to less than \$15,000)	0.02	178
Less than \$20,000 (\$15,000 to less than \$20,000)	0.12	178
Less than \$25,000 (\$20,000 to less than \$25,000)	0.11	178
Less than \$35,000 (\$25,000 to less than \$35,000)	0.12	178
Less than \$50,000 (\$35,000 to less than \$50,000)	0.14	178
Less than \$75,000 (\$50,000 to less than \$75,000)	0.09	178
\$75,000 or more	0.36	178
Education		
Never attended school or only attended kindergarten	0.02	213
Grades 1 through 8 (Elementary)	0.02	213
Grades 9 through 11 (Some High School)	0.09	213
Grades 12 or GED (High School Graduate)	0.23	213
College 1 Year to 3 Years (Some college or tech school)	0.37	213
College 4 years or more (College Graduate)	0.28	213
Not Able to Pay Bills in Last 12 Months (Yes=1)	0.14	179
Moved More than 2 Times in Last 12 Months (Yes=1)	0.12	181
Consider Neighborhood Unsafe (Yes=1)	0.07	177
Food Insecure-Not Enough Money for Food (Yes=1)	0.24	179
Food Insecure-Not Enough Money for Balanced Meals (Yes=1)	0.19	179
Financially Insecure (Yes=1)	0.12	178
Could Not Take Medication Because of Cost (Yes=1)	0.08	202
Experience Stress Most or All of the Time (Yes=1)	0.15	178
Last Medical Checkup Within Past 12 Months (Yes=1)	0.70	211
Health Care Coverage (Yes=1)	0.83	212
Most Important Reason for Delayed Medical Care-Transportation (Yes=1)	0.05	201

The impact of Economic Stability on Obesity

The tables and graphs show per capita income, population distribution, and food insecurity data. Economic Stability impacts Obesity primarily through race, ethnicity, gender, and age. To improve Obesity, Palm Beach County will be addressing poverty and low-income populations to achieve a lower food insecurity rate.

Economic Stability		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Obesity
Income	65+, workers, disabled	Lower income requires individuals to purchase food that is more affordable which may mean unhealthy options.
Employment	Race: Black, Other, non-Hispanic	Lower employment rates contribute to a financial barrier which may lead to poverty and unhealthy options.
Poverty	Black, Hispanic	Lack of opportunity to purchase whole foods that are nutritious.
Food Insecurity	65+, Single owner with or without mortgage, Disabled	Lack of availability of health food options. Grocery stores and markets not in reasonable reach Individuals will eat what is affordable and close to them due to lack of options.

C. Neighborhood and Built Environment



Vehicles Available by Household

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

Table 66: Vehicles Available by Household, Palm Beach County and Florida, 5-Year Estimate, 2019

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

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

Housing Tenure

Research has shown that housing insecurity has a significant impact on health outcomes and health equity. Programs that target housing affordability and the quality of housing can have a subsequent, if indirect, positive impact on health. This is significant for programs to consider as they target specific populations in their outreach to improve overall health in the community. As depicted in the table below, most housing units in both Palm Beach County (68.9%) and the state of Florida (65.4%) were owner-occupied in 2019. However, nearly one-third of units in Palm Beach County (31.1%) and Florida (34.6%) were renter-occupied.

Table 60: Housing Tenure, Palm Beach County and Florida, 5-Year Estimate, 2019

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

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

Gross Rent as a Percentage of Household Income (GRAPHI)

Gross Rent as a Percentage of Household Income (GRAPHI) is a measure that describes the percent of household income that is allocated to rent payments. The U.S. Department of Housing and Urban Development defines cost burdened families as those who pay more than 30% of their income on housing. These residents may be living near poverty with challenges affording necessities such as food, transportation, and medical care. The table below shows GRAPHI in Palm Beach County and Florida in 2019. Overall, 59.3% of Palm Beach County units paying rent in 2019 had a GRAPHI of over 30% compared to the state’s percent of 56.3%.

Table 64: Gross Rent as a Percentage of Income (GRAPHI), Palm Beach County and Florida, 5-Year Estimate, 2019

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

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

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Health Equity Plan

Total Arrests

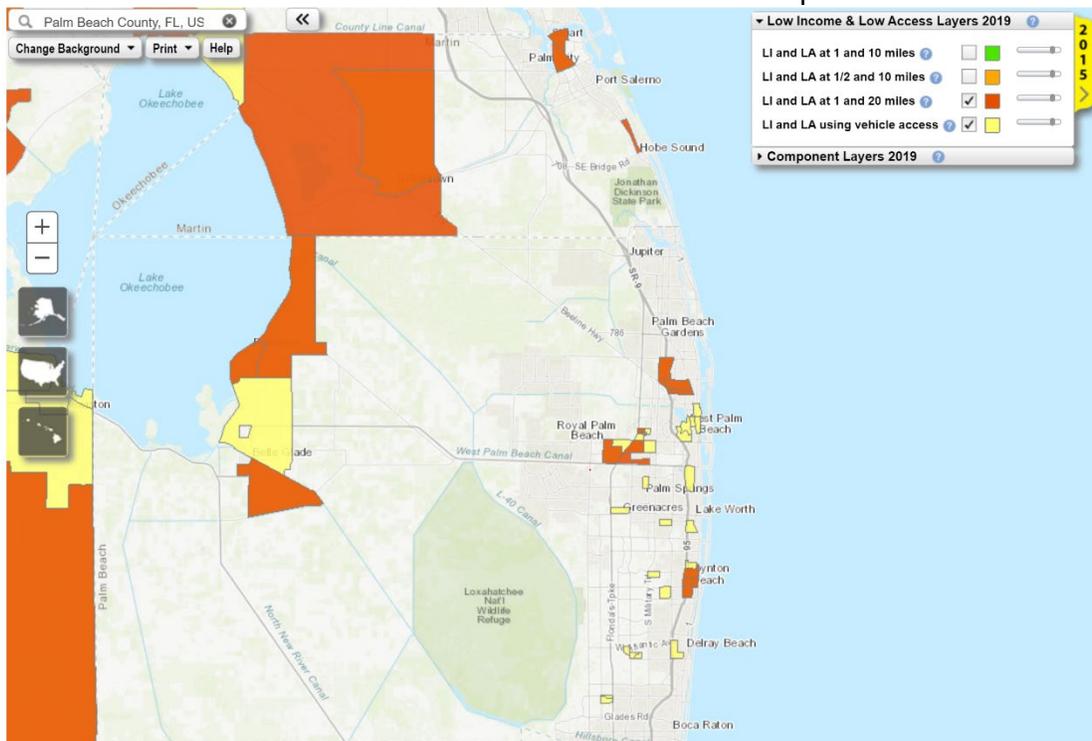
Total arrests serve as one indicator of crime in a community. The following table depicts total arrests in Palm Beach County in 2018 and 2019. The number of total arrests for both adults and juveniles in Palm Beach County decreased from 2018 to 2019. In 2019, there were 37,272 adult arrests, compared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

Table 69: Total Arrests, Palm Beach County, 2018 and 2019

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

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

The following graph displays food access. The red regions display low-income census tracts where a significant number or share of residents is more than 1 mile (urban) or 20 miles (rural) from the nearest supermarket. The yellow regions are low-income census tract where more than 100 housing units do not have a vehicle and are more than ½ mile from the nearest supermarket, or a significant number or share of residents are more than 20 miles from the nearest supermarket.

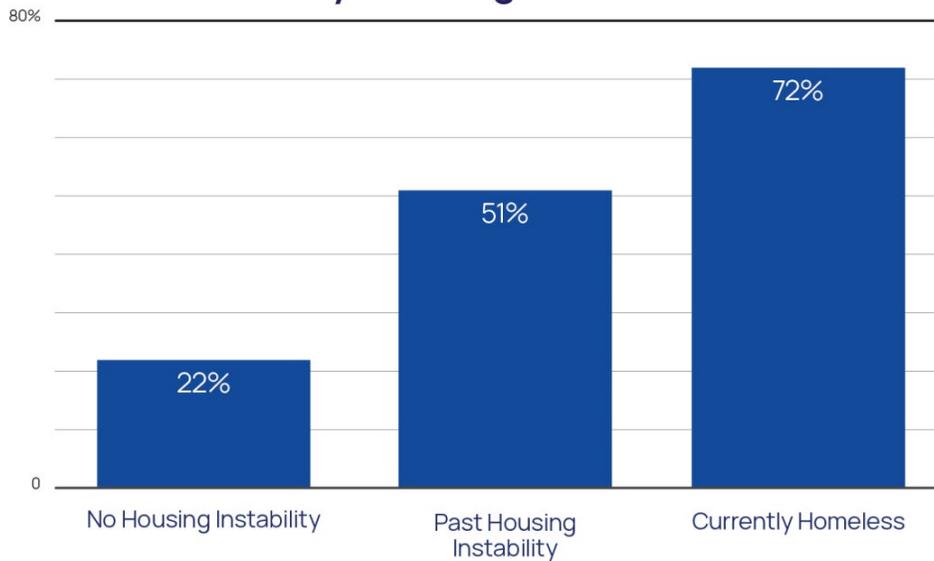


Screenshot obtained from USDA Food Access Research Atlas April 27, 2021

Food Insecurity

Experiences of food insecurity were high among LGBTQ youth who reported housing instability or homelessness. LGBTQ youth who reported past housing instability or current homelessness also had more than three times greater odds (aOR = 3.53) of reporting food insecurity in the last month, compared to their peers who did not report any housing instability. Compared to 22% of youth who had not experienced housing instability, 51% of youth who reported past housing instability and 72% of youth who were currently homeless reported that they had experienced food insecurity (worrying about food running out or not having enough to eat) in the last month.

Rates of Food Insecurity among LGBTQ Youth by Housing Status



Data was retrieved from the Trevor Project 2021 Homelessness Report, which uses data from the 2021 National Survey on LGBTQ Youth Mental Health. Being that data concerning the LGBTQ population in Palm Beach is still being expanded, we can assume the data to be relatively true for Palm Beach County.

The impact of Neighborhood and Built Environment on Obesity

The tables and graph show housing costs and occupancy, transportation access, safety rates, and food deserts in Palm Beach County. Neighborhood and built environment impact Obesity by affecting an individual’s reach and affordability of healthy foods and activities. To improve Obesity, Palm Beach County will be exploring intervention options for housing costs and increasing community efforts to continue the downward trend of crime, which will increase safety.

Neighborhood and Built Environment		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Housing	Palm Beach Residents, LGBTQ	Housing costs for almost half of palm beach county residents are 35% or more of monthly income. This leaves little room to fund proper food and exercise activities.
Transportation	Palm Beach residents	More than half the county population has either 1 or more vehicles. This allows access to food and exercise resources. 6% of the population have transportation barriers.
Safety	Palm beach residents	Arrest rates are an indicator of community safety levels. Rates have decreased from 2018 to 2019, meaning residents may feel safer to engage in community health activities and services.
Access to nutritional food	Low-income neighborhoods, LGBTQ+	Limited access to nutritional foods can create food deserts. The health outcomes of residents residing in low-income areas and LGBTQ+ residents with unstable housing may correlate to lack of access to healthy food and result in high obesity rates and comorbidities.

D. Social and Community Context



The table below shows various behavior indicator rates by race and ethnicity.

Indicator	Measure	Year(s)	Total	RACE/ETHNICITY					COUNTY RATE RATIOS			STATE RATE RATIOS			
				White	Black	Other Race	Hispanic	Non-Hispanic	Black/White	Other Race/White	Hispanic/Non-Hispanic	Black/White	Other Race/White	Hispanic/Non-Hispanic	
Behaviors and Exposures															
Adults who are current smokers	Percent	2019	11	12.1	8.1		9.5		0.7:1				0.8:1		
Adults who engage in heavy or binge drinking	Percent	2019	15.9	19.9	8		11.3		0.4:1				0.7:1		
Adults who are obese	Percent	2019	24.3	22.4	28.1		28		1.3:1				1.4:1		
Adults who are overweight	Percent	2019	35.2	32.4	46.7		35.1		1.4:1				0.9:1		
Adults who are sedentary	Percent	2019	25.6	23.1	31.4		28.6		1.4:1				1.2:1		
Adults who are inactive or insufficiently active	Percent	2016	58.5	49.3	73.4		73		1.5:1				1.2:1		

When comparing homosexual minority females to straight females, we found that lesbian (OR 1.49; 95% CI 1.31–1.70) and bisexual (OR 1.43; 95% CI 1.29–1.59) females had higher odds of being obese. Gay males had lower odds of being obese than their straight counterparts (OR 0.77; 95% CI 0.69–0.86). Being that data concerning the LGBTQ population in Palm Beach is still being expanded, we can assume the data to be relatively true for Palm Beach County.

Table 4

Logistic regression of obesity (BMI ≥ 30) on sexual identity status and by sex.

Sexual Identity Status	Full Sample	Male	Female
Lesbian or gay	1.02 (0.94, 1.11)	0.77 (0.69, 0.86) *	1.49 (1.31, 1.70) *
Bisexual	1.29 (1.18, 1.42) *	1.15 (0.98, 1.35)	1.43 (1.29, 1.59) *
Other/Don't know/Not Sure	0.88 (0.78, 1.00) *	0.84 (0.68, 1.05)	0.92 (0.79, 1.06)
Straight	ref	ref	ref

[Open in a separate window](#)

* The odds ratios presented are significant. Ref = reference category and odds ratio and its 95% confident interval are presented in the Table.

The impact of social and community context on Obesity

The tables show behavior and exposures by race and likelihood of obesity by sexual orientation. Social and Community Context impacts Obesity by lack of access to resources, lack of knowledge and social support. To improve Obesity, Palm Beach County will be developing strategies to build community alliances to increase local awareness of Obesity and involve the community in the process to give residents a sense of ownership and responsibility.

Social and Community Context		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Social Integration	Blacks & Hispanics	Lack of knowledge and integration related to other groups in terms of physical activities. Poverty impacts choices. Lack safe place to partake in health promotion activities.
Support Systems	Blacks & Hispanics; LGBTQ+	Support system is very limited because support pool is restricted to same community. Community supports the same community of habits. Generational habits impact decision making. Inability to recognize obesity as an issue. Also lack of social support in due to sexual orientation can lead to isolation and may contribute to unhealthy eating and obesity.
Community Engagement	Blacks & Hispanics	Lack of community engagement, lack of knowledge, lack of trust, fear of new experiences leading to resources not being accessed. Inability to access resources because of high cost. Little to no community activity available for adults.
Activity Level	Blacks & Hispanics	Low activity levels lead to obesity which then puts this population at higher risk for other comorbidities.

E. Health Care Access and Quality



Uninsured Individuals, By Census County Division (CCD)

The following table shows the percentage of uninsured individuals in Palm Beach County by Census County Division (CCD) in 2019. The CCD with the largest percentage of uninsured individuals was the Lake Worth CCD with 23.6% of the total population uninsured. The Belle Glade-Pahokee CCD also had the second largest percentage of uninsured individuals (21.9%). The highest percentage of those 65 years and older that were uninsured was found in the Boca Raton CCD (31.4%) and Boynton Beach-Delray Beach CCD (31.4%).

Table 317: Uninsured Individuals, By Census County Division, Palm Beach County, 2019

	Percent of Total Population Uninsured			
	Total civilian noninstitutionalized population	Under 19 years	19 to 64 years	65 years and older
Palm Beach County	13.0%	20.6%	55.9%	23.5%
Belle Glade-Pahokee CCD	21.9%	30.1%	57.2%	12.7%
Boca Raton CCD	6.8%	17.4%	51.2%	31.4%
Boynton Beach-Delray Beach CCD	11.2%	15.9%	52.7%	31.4%
Glades CCD	-	-	-	-
Jupiter CCD	9.3%	20.3%	56.6%	23.2%
Lake Worth CCD	23.6%	24.2%	60.0%	15.9%
Riviera Beach CCD	11.7%	20.0%	57.4%	22.6%
Royal Palm Beach-West Jupiter CCD	8.9%	21.1%	57.8%	21.2%
Sunshine Parkway CCD	8.2%	23.5%	53.8%	22.8%
Western Community CCD	-	-	-	-
West Palm Beach CCD	18.5%	22.1%	59.8%	18.0%

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

Uninsured individuals, By Race and Ethnicity

The table below shows the percentage of uninsured individuals by race and ethnicity in Palm Beach County in 2019. The groups with the highest percentage of uninsured individuals in 2019 were ‘Native Hawaiian and Other Pacific Islander alone’ (52.4%), ‘American Indian and Alaska Native alone’ (41.0%), and ‘Some other race alone’ (32.5%). ‘White alone, not Hispanic or Latino’ had the lowest percentage of uninsured individuals with 7.1% uninsured.

Table 316: Uninsured Individuals, By Race and Ethnicity, Palm Beach County, 2019

	Total	Number Uninsured	Percent Uninsured
Civilian noninstitutionalized population	1,451,973	189,280	13.0%
Race			
White alone	1,069,522	120,559	11.3%
Black or African American alone	268,756	46,173	17.2%
American Indian and Alaska Native alone	3,039	1,245	41.0%
Asian alone	39,371	4,711	12.0%
Native Hawaiian and Other Pacific Islander alone	527	276	52.4%
Some other race alone	37,407	12,147	32.5%
Two or more races	33,351	4,169	12.5%
Ethnicity			
Hispanic or Latino (of any race)	325,889	78,677	24.1%
White alone, not Hispanic or Latino	793,335	56,232	7.1%

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

Federal Medically Underserved Populations and Areas

The following table shows the Federal Medically Underserved Populations and Areas in Palm Beach County as of October 2021. There were 8 total designated populations and areas throughout the county. The two lowest IMU scores were given to Low Inc - Delray Beach with a score of 46.7 and Low Inc – Greenacres with a score of 47.5. Each MUA/P receives an Index of Medical Underservice (IMU) score calculated for the designated area or population. An area or population with an IMU score of 62.0 or below qualifies that area or population as a MUA/P, and scores can be between 0 and 100. The following figure shows the score process for MUA/Ps.

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Table 312: Federal Medically Underserved Populations and Areas, Palm Beach County, As of October 2021

Service Area Name	MUA/P ID	Index of Medical Underservice Score	Rural Status	Designation Date
Low Inc - Boca Raton	07246	57.8	Non-Rural	07/26/2002
Low Inc - Boynton Beach	00570	56.2	Non-Rural	09/04/2002
Low Inc - Delray Beach	07279	46.7	Non-Rural	08/28/2002
Low Inc - Greenacres	07245	47.5	Non-Rural	07/25/2002
Low Inc - Lantana/ Lake Worth	07280	58.9	Non-Rural	08/28/2002
Low Inc - West Palm Beach	07064	59.9	Non-Rural	06/22/2001
Low Inc/ M F W - Belle Glade/ Pahokee	07531	53.6	Rural	05/11/1994
Low Income - Jupiter	07817	61.2	Non-Rural	04/15/2011

Source: U.S. Department of Health and Human Services, Health Resources and Service Administration, 2021
 Compiled by: Health Council of Southeast Florida, 2021

Primary Care Health Professional Shortage Areas

The table below shows the Primary Care Health Professional Shortage Areas in Palm Beach County as of October 2021. There were 9 total Primary Care HPSA designations in Palm Beach County. As previously mentioned, Primary Care areas can receive a score between 0 and 25.

Table 309: Primary Care Health Professional Shortage Areas, Palm Beach County, As of October 2021

HPSA Name	Designation Type	HPSA FTE Short	HPSA Score	Rural Status
Boca Raton	Low Income Population HPSA	0.77	13	Non-Rural
Belle Glade/Pahokee	Low Income Migrant Farmworker Population HPSA	4.942	15	Rural
West Palm Beach	Low Income Population HPSA	25.382	15	Non-Rural
Lantana/Lake Worth	Low Income Population HPSA	11.61	18	Non-Rural
Florida Community Health Centers, Inc.	Federally Qualified Health Center	n/a	19	Non-Rural
FoundCare, Inc.	Federally Qualified Health Center	n/a	19	Non-Rural
Genesis Community Health, Inc.	Federally Qualified Health Center	n/a	21	Non-Rural
Health Care District of Palm Beach County	Federally Qualified Health Center	n/a	21	Non-Rural
Florida Atlantic University	Federally Qualified Health Center Look-alike	n/a	14	Non-Rural

Source: U.S. Department of Health and Human Services, Health Resources and Service Administration, 2021
 Compiled by: Health Council of Southeast Florida, 2021

The impact of Health Care Access and Quality on Obesity

The tables show uninsured individuals by census-race and ethnicity, and primary care professional shortage areas. Health Care Access and Quality impacts Obesity by the lack of primary care availability and coverage along with educational resources. To improve Obesity, Palm Beach County will be addressing the need for more primary care clinics and low-cost coverage to achieve healthier outcomes. Palm Beach County will also be incorporating obesity surveys in QI protocol and strengthening “warm hand-off” procedures by implementing follow up systems.

Health Care Access and Quality		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts (Health Disparity)
Insurance Coverage	American Indian, Pacific Islanders, other	Residents without insurance may be more hesitant to seek medial/professional care due to out of pocket costs.
Provider Availability	Low-income residents in non-rural areas	Lack of primary care professionals can cause a decrease in the quality of care due to shortened appointment and health assessment times for patients.
Quality of Care	Low-income residents in non-rural areas	Lower quality of care due to lack of provider availability can reduce the presence of preventative care, which can lead to morbidity and unaddressed pre-obese behaviors.

VIII. SDOH PROJECTS

The Minority Health Liaison recruited and engaged members across the county, including government agencies, nonprofits, private businesses, and community organizations, to join the Health Equity Taskforce. The Minority Health Liaison took into consideration the prioritized health disparity and the impactful SDOHs identified by the Health Equity Team during recruitment.

A. Data Review

The Health Equity Taskforce reviewed data, including health disparities and SDOHs provided by the Health Equity Team. The Health Equity Taskforce also researched evidence-based and promising approaches to improve the identified SDOHs. The Health Equity Taskforce considered the policies, systems and environments that lead to inequities.

B. Barrier Identification

Members of the Health Equity Taskforce worked collaboratively to identify their organizations' barriers to fully addressing the SDOHs relevant to their organization's mission. Common themes were explored as well as collaborative strategies to overcome barriers.

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Partners	SDOH	Partner Barriers	Collaborative Strategies
Feeding Palm Beach	Neighborhood & Built environment	Safe/active public Transportation	Collaboration with county/city public transportation such as Palm Tran.
DOH Palm Beach HIV/AIDS Program	Social & community context	Availability of Social services, community resources/activities	Community intervention. Bringing services into community
PBC Public Library	Education Access	Graduation rate gap	Increase availability of educational support groups (tutoring, etc.) in and out of school with youth centers and public libraries
American Heart Association	Education Access, Social & community context	Resources and informationals that are age and language appropriate	Research resources already available and identify languages that are missing
Healthiest Weight FL	Education Access, Social & community context	Knowledge about healthy eating	Engage early childcare education (ECE) centers with healthy eating protocols and healthy eating education for children
PBC Youth Services	Social & community context	Adverse childhood experiences	Integration of ACE conversations in classrooms with School Board District collaboration
PBC Youth Services	Education Access, Neighborhood & Built environment	Lack of school training and trade programs	Partner with institutions to increase availability of trade school programs that are low cost.
PBC Youth Services, PBC Public Library	Neighborhood & Built environment	Cost/availability of affordable housing and living expenses; Unlivable wages	Housing & economic/job assistance program informationals with partner organizations in appropriate languages.
Belle Glade/Pahokee Physician	Education Access, Health Care Access	Health Literacy; navigating healthcare/insurance system	Partner with insurance companies to implement educational sessions that are language appropriate
Belle Glade/Pahokee Physician	Neighborhood & Built environment	Access to close-by care	Recruiting more healthcare professionals to work in distant and rural areas of the county. Consider partnership with health care programs to recruit new graduates

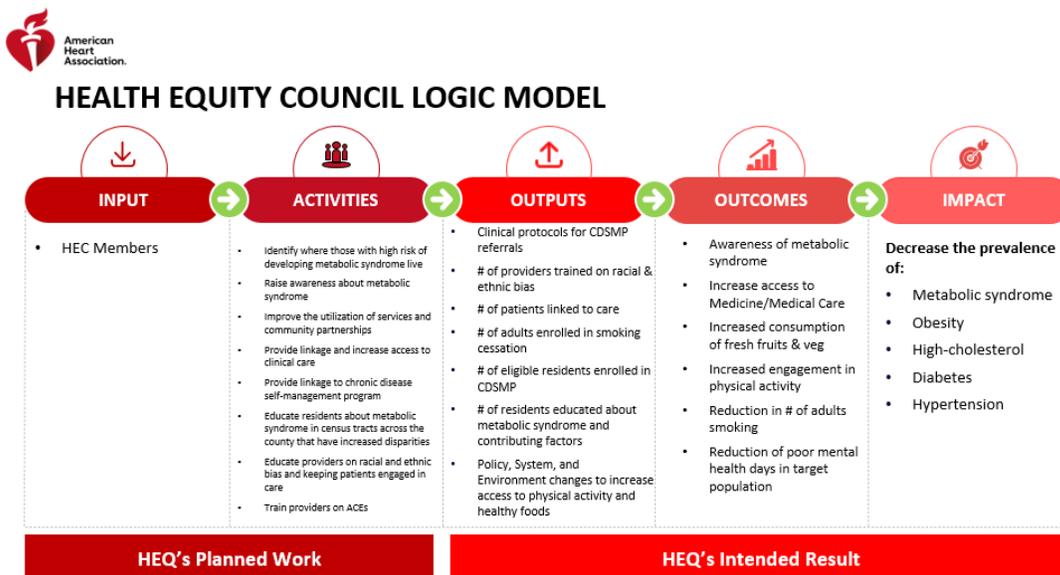
C. Community Projects

The Health Equity Taskforce used data and evidence-based strategies to collaboratively design community projects to address the SDOHs. During project design, the Health Equity Taskforce considered the policies, systems and environments that lead to inequities. Projects included short, medium, and long-term goals with measurable objectives. These projects are to be reviewed by the Health Equity Coalition to ensure feasibility.

In selecting a priority population, the Health Equity Taskforce identified low-income families in areas of food insecurity as a group being affected most by Obesity. With the guidance of the Health Equity Coalition, the American Heart Association Health Equity Logic Model was adopted. Using the model, the target population was refined and identified as the following:

Target Population: *Palm Beach residents with one or more metabolic syndrome conditions (high blood pressure, diabetes, cholesterol, and obesity) with consideration of poverty level and census track.*

Obesity lends itself to other co-morbidities, therefore considering metabolic syndrome conditions with relation to poverty level allows for a wholistic approach to advancing health equity and bridging the gap of disparity of Obesity in Palm Beach County.



IX. HEALTH EQUITY PLAN OBJECTIVES

Project I: Increase Food Pantries and Food Trucks to Priority Population Census Tracts

Background

Food insecurity may be long term or temporary and may be influenced by a number of factors including income, employment, race/ethnicity, and disability. Families who reside in food deserts are more susceptible to obesity due to lack of access. Areas of low income and low access, with and without a vehicle, exists throughout Palm Beach County and poverty is prevalent in various census tracts. Income can determine an individual's access to health care services and healthy living opportunities. Barriers include transportation, availability of social services, and wages that are incomparable to living expenses. According to the 2020 Florida Charts – Palm Beach County, the median household income of Black, Hispanic, and Other Races household were within a \$5,000 range of each other, yet below the total average for the county, with the household income of white families averaging higher than the county's median. In 2020, there were 18.2% of households of residents ages 65 and older with annual income less than \$20,000 and 85% of older residents were at poverty level. Economic stability contributes to food insecurity and residing in areas that are in poverty census tracts can limit individuals from accessing healthy nutritious foods, hence increasing susceptibility to obesity.

According to the 2022 Palm Beach County Community Health Assessment (CHA), the census tracts showing high poverty levels are predominantly in Belle Glade-Pahokee and Glades County Census Division. Subsequently, those zip codes also experience a higher obesity crude prevalence percentage, as indicated by the American Heart Association Palm Beach County ZIP Codes with One or More Metabolic Syndrome Condition map (2021 Estimates).

As stated in Healthy People 2030, adults who are food insecure may be at an increased risk for a variety of negative health outcomes and health disparities. For example, a study found that food-insecure adults may be at an increased risk for obesity.¹ Another study found higher rates of chronic disease in low-income, food-insecure adults between the ages of 18 and 65.² Food-insecure children may also be at an increased risk for a variety of negative health outcomes, including obesity.

In this project, the Health Equity Taskforce of Palm Beach County aims to increase the use of community food gardens and pantries, particularly in food deserts and poverty population census tracts by building awareness of community food gardens. Following the leadership of United Way Hunger Relief, the taskforce aims to provide opportunities for fresh food throughout the community and reduce food insecurity rates to increase healthy weight in residents of Palm Beach County. Furthermore, the taskforce aims to provide education about health insurance enrollment to uninsured residents by disseminating information and hosting informational sessions about how to obtain coverage, especially to parents. Such activities to reduce the proportions of residents who are uninsured to increase access to care and healthy weight interventions.

1. Holben DH, Pheley AM. Diabetes risk and obesity in food-insecure households in rural Appalachian Ohio [Internet]. *Prev Chronic Dis.* 2006[cited 2017 Nov 27];3(3). Available from: http://www.cdc.gov/pcd/issues/2006/jul/05_0127.htm

2. Seligman HK, Laraia BA, Kushel MB. Food insecurity is associated with chronic disease among low-income NHANES participants [Internet]. *J Nutr.* 2010 [cited 2017 Nov 27];140(2):304-10. Available from: <http://doi.org/10.3945/jn.109.112573>

Evidence – Based Literature (Healthy People 2030)

Evidence-based literature regarding healthy eating, particularly concerning vulnerable populations in poverty census tracts, were considered and is listed below:

Neighborhood and Built Environment Domain: Access to Foods that Support Healthy Eating Patterns

Evidence shows that poor nutrition and an unhealthy diet are risk factors for high blood pressure, diabetes, and cancer. According to the 2015—2020 Dietary Guidelines for Americans, healthy eating patterns include: a variety of vegetables; fruits, especially whole fruits; grains, at least half of which are whole grains; fat-free or low-fat dairy; protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), unsalted nuts and seeds, and soy products; and oils. Some research has shown that increased access to healthy foods corresponds with healthier dietary practices.

There are barriers to, and disparities in, the accessibility and availability of foods that support healthy eating patterns, which include the following:

- Living without a vehicle or access to convenient public transportation, or not having food venues with healthy choices within walking distance.
- Living in a food desert, which has a higher share of convenience stores that tend to carry foods of lower nutritional quality
- Affordability of healthier food items

Improving access to foods that support healthy eating patterns is one method for addressing health disparities and population health. Several strategies that aim to “improve diet by altering food environments” are being considered and implemented. For example, a study has shown that a small financial incentive increased the use of Supplemental Nutrition Assistance Program (SNAP) benefits in participating farmers markets – resulting in increased access to healthy foods. Several strategies have also been proposed to encourage more equitable access to healthy food choices, such as, “attracting and opening supermarkets in underserved neighborhoods, selling healthy foods at reduced prices, and limiting the total number of per capita fast-food restaurants in a community.”

The full literature can be viewed at:

<https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-foods-support-healthy-eating-patterns>

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	Key Partners	Lead Point Entity	Evaluation Measure	Baseline Value	Target Value	SDOH Area
Long-Term Goal: Increase access to healthy, affordable food for all Palm Beach County residents.						
<p>Objective: By 2027, reduce the proportion of residents who experience food insecurity from 10.6% in 2019 to 6.6%.</p> <p><i>Activity:</i> Monitor food bank progress with kitchen expansion and food processing facilities and ability to deliver meals to seniors (year-round) and students (summer and after school)</p> <p><i>Activity:</i> Support local food pantries through the implementation of healthy procurement/donation policies.</p> <p><i>Activity:</i> Build awareness of community food gardens and educate residents on healthy eating, especially in poverty census tracts and food deserts.</p>	United Way – Hunger Relief, Palm Beach County Food Bank, American Heart Association	United Way – Hunger Relief	<p>Number of kitchens expanded and food processing facilities</p> <p>Number of meals delivered</p> <p>Number of policies implemented</p> <p>Number of residents learning about services</p>	10.6% (2019)	6.6%	<p>Neighborhood & Built Environment</p> <p>Economic Stability</p> <p>Education Quality & Access</p>
Medium-Term Goal: Increase Palm Beach County residents’ knowledge about low to no-cost services.						
<p>Objective: By 2025, increase the proportion of Palm Beach County adults with a personal doctor from 75.6% in 2019 to 78.9%.</p> <p><i>Activity:</i> Create a social marketing campaign to promote awareness that “every resident has access to a medical home.” Including information sharing related to low-to-no cost services</p>	AHA; Federally Qualified Health Centers; Palm Beach County Medical Society (Project Access)	DOH Palm Beach	<p>Number of materials shared</p> <p>Number of residents reached</p> <p>Number of residents reporting having a primary doctor</p> <p>Frequency at which residents visit primary doctor</p>	75.6% (2019)	78.9%	<p>Economic Stability</p> <p>Health Care Access & Quality</p>

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<p><i>Activity:</i> Implement follow up protocol to strengthen current hand-off procedures to specialists, such as nutritionists, in healthcare process for obese individuals who may be at risk for other health related issues.</p> <p><i>Activity:</i> Identify obese and overweight population from healthcare QI protocol and determine if resident resides in a food desert.</p>						
<p>Short-Term Goal: Increase health care access, especially to residents who reside in poverty census tracts and who are screened as food insecure.</p>						
<p>Objective: By 2023, reduce the proportion of residents (ages 0-64) who are uninsured from 17.4% (2020) to 12.8%</p> <p><i>Strategy:</i> Disseminate information and host informational sessions about how to obtain coverage, especially to parents.</p> <p><i>Strategy:</i> Increase health literacy by conducting community forums and outreach campaigns that are linguistically and age appropriate.</p>	<p>Health Care District of Palm Beach County</p>	<p>DOH Palm Beach</p>	<p>Medicare enrollment</p> <p>Number materials distributed</p> <p>Number of attendees at informational sessions</p>	<p>17.4 % (2020)</p>	<p>12.8%</p>	<p>Education Quality & Access</p> <p>Health Care Access & Quality</p>

PROJECT II: ESTABLISH RECOGNITION AND EDUCATIONAL PROGRAMS WITH PRIVATE COMPANIES/ORGANIZATIONS AND CITY MUNICIPALITIES.

Background

By establishing partnerships with local fitness centers, community recreational centers and private companies and organizations, it allows residents a greater opportunity to develop healthy lifestyles. Developing a gym and produce prescription membership program with insurance and local gym and recreational centers would allow residents with low-income and/or underlying medical conditions opportunities to engage with their local environment to achieve optimal health outcomes. Incorporating an educational element (such as virtual fitness guides and how-to fitness demonstrations) would allow residents to further capitalize on healthy lifestyle activities.

Incorporating an incentive program for partnering companies/organization and city municipalities would establish positive reinforcement and accountability. Recognizing the efforts that companies and cities are doing to help residents achieve healthier weight, specifically in census tracts with high metabolic syndrome and poverty rates, would create an upstream framework to address obesity in Palm Beach County and promote cross collaboration of companies/organizations with similar goals.

In this project, the Health Equity Taskforce of Palm Beach County aims to decrease the percentage of residents who are overweight or obese by implementing a follow up protocol to strengthen current hand-off procedures to specialists, such as nutritionists, in healthcare process for obese individuals who may be at risk for other health related issues. The taskforce also aims to engage DOH Health Care centers and social media platforms with visual and audio media about healthy living that are linguistically and age appropriate. Furthermore, the creation of committees, both for youth and community, with resident inclusion, will be used to promote healthy community efforts. Strategies to attain these goals include establishing partnership with youth focused organizations, such as Birth to 22 and Children's Services Council, and recruiting community members (parents, religious leaders, mentors, etc.) to actively participate with municipalities to develop healthy weight communities.

Evidence – Based Strategies (Healthy People 2030)

Evidence-based approaches to healthy eating, particularly concerning vulnerable populations, were considered and are listed below:

Obesity: Worksite Programs

The Guide to Community Preventive Services evidence based resource recommends worksite programs intended to improve diet and/or physical activity behaviors based on strong evidence of their effectiveness for reducing weight among employees. Worksite nutrition and physical activity program interventions are designed to improve health-related behaviors and health outcomes. Policy strategies may also change rules and procedures for employees such as health insurance benefits or costs or money for health club membership.

Objectives Related to this evidence-based approach

- Reduce the proportion of adults with obesity — NWS-03
- Increase the proportion of worksites that offer an employee physical activity program — ECBP-D04
- Increase the proportion of worksites that offer an employee nutrition program — ECBP-D05

Obesity Prevention and Control: Digital Health Interventions for Adolescents with Overweight or Obesity

The Community Preventive Services Task Force (CPSTF) recommends digital health interventions to help adolescents who are overweight or have obesity to manage their weight. In the interventions, trained moderators, supervised by health care providers, help adolescents learn about healthy behaviors and teach them how to use the program's website, mobile app, or wearable devices. Adolescents record their weight and their dietary or physical activity behaviors, and they track progress toward goals. CPSTF found that these interventions lead to small but meaningful weight loss.

Objectives Related to this evidence-based resource

- Reduce the proportion of children and adolescents with obesity — NWS-04

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	Lead Entity and Unit	Lead Point Person	Evaluation Measure	Baseline Value	Target Value	SDOH Area(s)
Long-Term SDOH Goal: Increase community-based activities to increase options for physical activity in the community						
<p>Objective: By 2027, reduce the proportion of adults who are sedentary from 25.6% in 2019 to 24.4%. (Among Black residents: 31.4% in 2019 to 25% in 2027; among Hispanic residents: 28.6% in 2019 to 24% in 2027).</p> <p><i>Activity:</i> Expand existing community campaigns promoting activity and exercise using programs such as Let's Move</p> <p><i>Activity:</i> Disseminate healthy eating information by engaging DOH health care centers and social media platforms with visual/audio elements that are linguistically and age appropriate.</p> <p><i>Activity:</i> Identify materials about healthy weight that already created by reputable agencies and identify where to disseminate information.</p>	American Heart Association; YMCA of South Palm Beach County; School District of Palm Beach County	DOH Palm Beach	Number of participants in community exercise programs Number of attendees at community forums QI Data of BMI	25.6% (2019)	24.4%	Economic Stability Health Care Access & Quality
Medium-Term SDOH Goal: Implement programs that encourage municipalities to be recognized as healthy weight communities by incorporating resident input.						
<p>Objective: By 2024, increase the number of municipalities recognized as Healthy Weight Communities from 0 to 3.</p> <p><i>Strategy:</i> Develop and promote consistent information and campaigns/initiatives to residents on healthy choices through education and outreach.</p> <p><i>Strategy:</i> Create liaison style committee with resident</p>	DOH-Palm Beach County; Palm Beach County Safety Council (TBD)	DOH-Palm Beach	Number of FDOH Healthy Weight Community Champions awardees Number of community residents participating in county health activities/programs	0 municipalities awarded in 2020 * Pending municipalities awarded in 2021	3 municipalities awardees	Neighborhood & Built Environment Social & Community Context

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<p>inclusion to form partnerships with public/private sector organizations</p> <p><i>Activity:</i> Recruit community members / parents / community mentors to actively participate with municipalities to develop healthy weight communities.</p>						
<p>Short-Term SDOH Goal: Promote healthy weight activities among youth with family participation to motivate healthy behaviors</p>						
<p>Objective: By 2023, increase physical activity of middle and high school students from 18.1% (2020) to 18.4%.</p> <p><i>Strategy:</i> Create a youth driven committee in Palm Beach County after school programs by recruiting students from the student Council or other student body leader groups to advocate for healthy and active living amongst peers.</p> <p><i>Activity:</i> Promote the American Heart Association Kids Heart Challenge to engage students in physical activity and educate students about keeping their hearts and brains healthy and helping others.</p> <p><i>Activity:</i> Establish partnership with Prime Time, CSC and/or Birth to 22 to advance healthy weight and physical activities efforts in youth</p> <p><i>Activity:</i> Engage with sponsors to support and partner with fitness influencers who can reach younger population to promote healthy lifestyle.</p> <p><i>Strategy:</i> Collaborate with school nurses to implement</p>	<p>School District of Palm Beach County; AHA, Prime Time; Birth to 22; CSC; Social Media Influencers (TBD)</p>	<p>School District of Palm Beach County (TBD)</p>	<p>Number of schools participating in AHA Kids Heart Challenge</p> <p>Number of youth (under 18) engaging in school and community sports and recreational activities</p> <p>Number of lesson plan downloads</p> <p>Youth Risk Behavior Survey (YRBS) Data</p>	<p>18.1%</p>	<p>18.4%</p>	<p>Social & Community Context</p> <p>Education Quality & Access</p>

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healthy strategy education in schools to encourage attainment with consideration to ACE.						
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PROJECT ALIGNMENT TABLE

Palm Beach County SDOH Project	2017-2021 Florida State Improvement Plan (SHIP)	Healthy People 2030	2017-2022 Palm Beach County Community Health Improvement Plan	United Way Hunger Relief Plan
<p>Increase Food Pantries and Food Trucks to Priority Population Census Tracts</p>	<p>SHIP Priority 5 HW1: Improve the food environment and nutrition habits across the lifespan to increase healthy weight.</p>	<p>NWS-01, AH-04, AH-R03 AHS-07, AHS-9, AH-01</p>	<p>Active Living and Health Lifestyles Strategy 2.2.1. & 2.2.2: Implement programs that provide residents with opportunities to live a healthy lifestyle.</p> <p>Active Living and Health Lifestyles Strategy 2.2.1. & 2.2.2 Activity: Increase access to affordable, healthy fruits and vegetables by decreasing food deserts</p> <p>Active Living and Health Lifestyles Strategy 2.1.1 and 2.1.2: Develop and promote consistent information and campaigns/initiatives to residents on healthy choices through education and outreach.</p>	<p>Goal #7: All Palm Beach County Residents Will Be Able to Access Healthy, Affordable Food in Their Community.</p>

<p style="text-align: center;">Establish Incentive and Educational Programs with Private Companies/ Organizations and City Municipalities</p>	<p>SHIP Priority 5 HW1: Improve the food environment and nutrition habits across the lifespan to increase healthy weight.</p> <p>SHIP Priority 5 HW2: Promote policy, systems and environmental approaches to increasing physical activity opportunities within the built environment for Floridians of all ages through coordination with local governments and stakeholders such as the Florida Department of Transportation, the Florida Recreation and Parks Association, East Central Florida Regional Planning Council, the Florida Department of Agriculture and Consumer Services, the Florida Department of Education and Florida Action for Healthy Kids.</p>	<p>NWS-03— Reduce the proportion of adults with obesity</p> <p>ECBP-D04— Increase the proportion of worksites that offer an employee physical activity program</p> <p>PA-01—Reduce the proportion of adults who do no physical activity in their free time</p>	<p>Active Living and Health Lifestyles Goal 2: Promote health and reduce disease risk through healthy lifestyles</p> <p>Active Living and Health Lifestyles Strategy 2.1.1 & 2.1.2: Develop and promote consistent information and campaigns/initiatives to residents on healthy choices through education and outreach</p> <p>Active Living and Health Lifestyles Strategy 2.1.1 & 2.1.2 Activity: Expand the number of municipalities recognized as Healthy Weight Communities</p> <p>Active Living and Health Lifestyles Strategy 2.1.1 and 2.1.2: Develop and promote consistent information and campaigns/initiatives to residents on healthy choices through education and outreach.</p>	
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X. PERFORMANCE TRACKING AND REPORTING

Ongoing communication is critical to the achievement of health equity goals and the institutionalization of a health equity focus. The successes of Health Equity Plan projects are shared with OMHHE, partners, other CHDs, CHD staff, and the Central Office through systematic information-sharing, networking, collecting, and reporting on knowledge gained, so that lessons learned can be replicated in other counties and programs. Regional Health Equity Coordinators facilitate systematic communication within their region.

The Minority Health Liaison serves as the point of contact in their county for sharing progress updates, implementation barriers, and practices associated with the Health Equity Plan. The Minority Health Liaison is responsible for gathering data and monitoring and reporting progress achieved on the goals and objectives of the Health Equity Plan. At least quarterly, the Minority Health Liaison meets with the Health Equity Taskforce to discuss progress and barriers. The Minority Health Liaison tracks and submits indicator values to the OMHHE within 15 days of the quarter end.

Annually, the Minority Health Liaison submits a Health Equity Plan Annual Report assessing progress toward reaching goals, objectives, achievements, obstacles, and revisions to the Regional Health Equity Coordinator and Coalition. The Regional Health Equity Coordinator and Coalition leaders provide feedback to the Minority Health Liaison and the Health Equity Taskforce from these annual reports. The Minority Health Liaison then submits the completed report to OMHHE by July 15th annually.

XI. REVISIONS

Annually, the Health Equity Taskforce reviews the Health Equity Plan to identify strengths, opportunities for improvement, and lessons learned. This information is then used to revise the plan as needed.

Revision	Revised By	Revision Date	Rationale for Revision