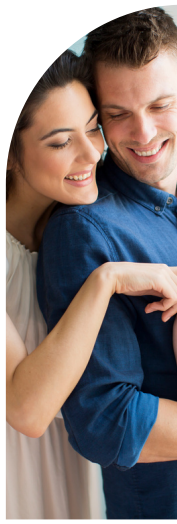
Florida HEALTH
Okeechobee County

OKEECHOBEE COUNTY

2022 COMMUNITY HEALTH ASSESSMENT



PREPARED BY
HEALTH COUNCIL OF SOUTHEAST FLORIDA

Table of Contents

Table of Tables

Table of Figures

Acknowledgements

We would like to express our sincerest thanks to the Okeechobee County partnering organizations and residents who made this Community Health Assessment possible. Their participation, input, and efforts created this assessment and gave a voice to the community, inspiring change for a healthier future for Okeechobee County. Thank you to all who participated and who work continuously to understand and improve the health of Okeechobee County.

This Okeechobee County Community Health Assessment is dedicated to the residents of Okeechobee County.

"Coming together is a beginning. Keeping together is progress. Working together is success."

-Henry Ford

Partnering Organizations

211 Palm Beach and Treasure Coast
Adache Salerno Learning Center
Alpha Ministries
Alzheimer's Association
American Cancer Society
Area Agency on Aging of Palm Beach/Treasure Coast
Big Brothers Big Sisters
Breakthrough Recovery Services
BTC Builders, Inc.
Camelot Community Care
Center State Bank
Central Florida Treatment Center - Fort Pierce
Centro Campesino
Changing Tree Wellness Centers
Children's Home Society of Florida
Christ Fellowship Church
City of Okeechobee
Coalition for Independent Living
Communities Connected for Kids
CORE (Comprehensive Offender Rehabilitation & Education)
Devereux Advanced Behavioral Health
Early Learning Coalition of Indian River, Martin, Okeechobee
East Coast Migrant Head Start Project
Event Managers LLC
Everglades AHEC
Evolution Research Group
Faith Farm Ministries
Florida Atlantic University
Florida Community Health Centers, Inc.
Florida Department of Children and Families
Florida Department of Health in Okeechobee County
Florida Department of Juvenile Justice
Florida Rural Legal Services
Fort Drum Community Church
Glades Media Group
HCA Healthcare
Heartland Library Cooperative
Helping People Succeed
Hibiscus Children's Center
Hospice of Okeechobee
Inner Truth Project
Indian River State College
Lake Okeechobee Rural Health Network
Legacy Behavioral Health
LOT Health Services
Magellan Health
Martha's House
Mary's Home of the Treasure Coast
Mental Health Association in Indian River County
Miami Children's Health Plan
Molina Health Care
New Horizons of the Treasure Coast and Okeechobee
Office of the State Attorney
Okeechobee County
Okeechobee County State Housing Initiative Partnership
Okeechobee County School District
Okeechobee County Senior Services
Okeechobee County Sheriff's Office
Okeechobee County Tax Collector
Okeechobee Ford
Pregnancy Center of Okeechobee
Real Life Children's Ranch
Sexual Assault Assistance Program of the Treasure Coast
Suncoast Mental Health Center
Tobacco Free Florida Okeechobee County
Treasure Coast Food Bank
Tucker Group Real Estate Brokerage
UBS Financial Services, Inc.
United Way of St. Lucie and Okeechobee Counties
YMCA Treasure Coast
QuitDoc Foundation Okeechobee County

Executive Summary

The Okeechobee County Community Health Assessment strives to identify unmet health needs of residents and to inform and guide future health planning initiatives to meet those needs. In 2022, Florida Department of Health in Okeechobee County engaged the Health Council of Southeast Florida (HCSEF) to facilitate a comprehensive, county-wide health needs assessment for Okeechobee County. As part of the Community Health Assessment Report, data was collected and analyzed at a county level. HCSEF also collected, compiled, and analyzed primary data to capture the community's perspective.

This report is organized into four main sections and their description and highlights can be seen in the table below.

Table 1: Community Health Assessment Key Insights

Section and Description	Highlights
Demographic and Socioeconomic Profile The Demographic and Socioeconomic Profile includes data on many of the key demographic and social and economic status indicators, such as population, income, poverty status, educational attainment, employment, housing and transportation.	• In 2020, Okeechobee County had 41,611 residents, representing 0.2% of Florida's total population. • Okeechobee County was less diverse than the state, with the population comprised of 82.4% White residents, 8.7% Black residents, and 25.8% Hispanic residents (of any race). • In 2020, 77.2% of Okeechobee County residents aged 25 years and older had a high school degree or higher. • Between 2016 and 2020, the unemployed civilian labor force in Okeechobee County decreased by nearly half, from 11.2% in 2016 to 5.3% in 2020.
Health Status Profile The Health Status Profile provides details on various indicators including: COVID-19; maternal and child health (such as prenatal care, birth rates, infant and fetal mortality, child immunization rates); behavioral health; hospital utilization; and morbidity and mortality trends.	• Okeechobee County experienced a significantly higher COVID-19 death rate compared to that of the state of Florida, with rates significantly higher among Black and Hispanic Okeechobee County residents. As of November 2022, less than half of the Okeechobee County population had been fully vaccinated against COVID-19. • Notably, in 2020, there were no infant deaths in Okeechobee County. However, in previous years, there were significant disparities, as infant mortality rates among Black and Hispanic Okeechobee County residents were significantly higher compared to their White and non-Hispanic counterparts. • In 2020, the age-adjusted death rate from suicide in Okeechobee County exceeded that of Florida.

	• In 2019, approximately one-fifth of Okeechobee County adults were current smokers (20.1%), compared to 14.8% of the Florida adult population overall. • In 2020, the top five leading causes of death in Okeechobee County were heart disease, cancer, COVID-19, unintentional injury, and stroke. Heart disease accounted for 23.1% of deaths among Okeechobee County residents in 2020.
Health Resources Availability and Access Profile The Health Resources Availability and Access Profile presents information pertaining to the obtainability of health care resources in Okeechobee County and includes information on health insurance coverage, Federally Qualified Health Centers (FQHCs), and medically underserved populations and areas (MUPs/MUAs).	• Okeechobee County has a significantly lower rates of health care professionals compared to the state, including but not limited to licensed physicians, licensed dentists, registered nurses, licensed clinical social workers, and licensed mental health counselors. Notably, there are no licensed psychologists in Okeechobee County. • Less adults in Okeechobee County (76.5%) had some type of health care insurance coverage compared to their counterparts in the state of Florida (84.2%).
Community Perspective The Community Perspective section includes insight gleaned from individuals and organizations in the community through resident focus groups and key informant interviews.	• Focus groups were conducted with a total of 128 Okeechobee County residents who stated that poor mental health, substance use, chronic health conditions, conditions related to aging, accidents and unintentional injuries, teen births, overweight and obesity, dental conditions, and pollution were among the top health issues with which they, their families, or their communities struggle with. • Key informant interviews were conducted with stakeholders who serve Okeechobee County. During these interviews, common themes around the challenges that the community faces when trying to improve or maintain their health included: the lack of transportation, lack of mental health services, limited providers and specialty care, lack of insurance, food insecurity, the built environment, and the “cowboy culture” which contributes to tobacco and substance use.

Methodology

In 2022, the Florida Department of Health in Okeechobee County engaged the Health Council of Southeast Florida (HCSEF) to facilitate a comprehensive health assessment for Okeechobee County to identify health indicators within the community that present areas of concern, gaps in care or services, and opportunities for improvement. Specifically, the Community Health Assessment includes information and data on the following areas:

- Demographic Characteristics
- Socioeconomic Characteristics
- Maternal and Child Health
- COVID-19
- Behavioral Health
- Death, Illness, and Injury
- Infectious Diseases
- Health Resource Availability and Access

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

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

Vision and Values

On September 23, 2022, partners from across the Okeechobee County local public health system convened to determine the vision for the Community Health Assessment (CHA) process. This group also identified key values that will guide their work moving forward.

To determine the vision for this work, the group discussed five open-ended questions, citing examples, experiences, and inspirations. These questions were discussed as follows:

1. What does a healthy Okeechobee County mean to you?
2. What are important characteristics of a health community for all who live, work, and play here?
3. How do you envision the local health system in the next five years?
4. What does a health Okeechobee County have?
5. What do people in a health Okeechobee County know?

Ultimately, the group determined that their vision is as follows:

> ***A healthy Okeechobee County in which health and social services, resources, and programs are available, accessible, and culturally appropriate to allow residents to understand their health needs, to know where they can obtain services, and to truly thrive. A healthy Okeechobee County has environmental, programmatic, and structural supports to serve all residents equitably through a cohesive system of care, ensuring that the strength of Okeechobee County – its sense of community – is leveraged to reach all residents and provide the foundation for them to achieve their optimal health and wellbeing.***

After brainstorming the core components of their vision, the group determined their core values. Using a WordCloud, meeting participants entered key words that embodied the values of the community, providing a basis for action and expectations for community participation throughout the process. The following values were decided upon:

1. ***Collaboration, cooperation, and teamwork among partners throughout the local public health system, including medical partners and social service partners***
2. ***The fostering of trust and respect among residents and providers to ensure the successful delivery and promotion of services and programs so these resources are utilized to their fullest potential***
3. ***Equity and cultural sensitivity in the delivery of services, programs, promotions, and health education to ensure health improvement and the advancement of health literacy among residents***
4. ***Accountability and commitment from partners across the local public health system to ensure all residents receive information and services successfully***
5. ***Client-centered approaches, putting the residents first in all services and programs***

Meeting invitees who were unable to attend the September 23, 2022 session were given an opportunity to provide input on the vision and values following the meeting. During this time, meeting attendees were also able to provide additional feedback or comments on the determined vision and values. This process ensured that the vision and values above captured the sentiment of the group and met the expectations of all partners involved in the process. Ultimately, the vision and values were approved unanimously by the group in October 2022.

Demographic and Socioeconomic Profile

Okeechobee County covers 892 square miles of land and water in the southeast region of the state. Okeechobee County sits on the northern shore of Lake Okeechobee, which is the largest lake in Florida and second largest body of freshwater in the contiguous United States.[1] Okeechobee City is the only city located in Okeechobee County and is the county seat. Bordering Okeechobee County is Indian River County to the northeast, Martin and St. Lucie County to the east, Glades and Hendry Counties to the southwest, Highlands County to the west, and Polk and Osceola County to the northwest.

In 2020, Okeechobee County had a total population of 41,611 residents, which accounted for approximately 0.2% of the state's population. The county's population is continuing to grow, as there was a 1.1% total population increase from 2019 to 2020. The median age among Okeechobee County residents was 40.9 years compared to that of Florida residents at 42.2 years. Black or African American residents comprise 8.7% of the population while Hispanic/Latino residents make up 25.8% of the population.[2]

Demographics include population estimates by race, sex, ethnicity, age, English language proficiency, household type, population density, etc., which may factor into health outcomes.[3] The aim of the demographic and socioeconomic profile in this report is to provide context for the remaining sections by providing an overview of the demographic and socioeconomic characteristics of Okeechobee County residents. Further insight on characteristics provide context on the health care needs of a community and are considered both indicators and predictors for health care utilization and health outcomes. In addition, the demographic and socioeconomic profile of Okeechobee County provides information important in the identification of barriers to assessing health care services.

The data presented within this report is specific to Okeechobee County and is used in comparison with data from the state of Florida as well as the surrounding counties. Notably, the report includes references to the Healthy People 2030 target goals, which are provided as a benchmark to potentially aid in future health planning and goal setting activities.

[1] Okeechobee County Florida Board of County Commissioners (n.d). About the County. https://www.co.okeechobee.fl.us/government/about-the-county
[2] United States Census Bureau. (2021) Quick Facts: Okeechobee County Florida. https://www.census.gov/quickfacts/fact/table/okeechobeecountyflorida/PST040221
[3] Centers for Disease Control and Prevention (2020). Populations and vulnerabilities. https://ephtracking.cdc.gov/showPcMain.action

Demographic Characteristics

Population

Total Population

The table and graph below show the total population for both Okeechobee County and Florida, as well as the percentage of Okeechobee County residents among all Florida residents, in 2020. According to the U.S Census Bureau, the total population in Okeechobee County was 41,611 in 2020, and Okeechobee County residents accounted for 0.2% of Florida's total population of 21,216,924.

Table 2: Total Population, Count and Percent of Total Population, Okeechobee County and Florida, 2020

Okeechobee County		Florida	
Population	Percent	Population	Percent
41,611	0.2%	21,216,924	100.0%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Population by Census County Division

A Census County Division (CCD) is an established area set by the U.S. Census Bureau and state and local governments. CCDs are an important way to analyze and depict data by smaller sub-sections of the county.[4]

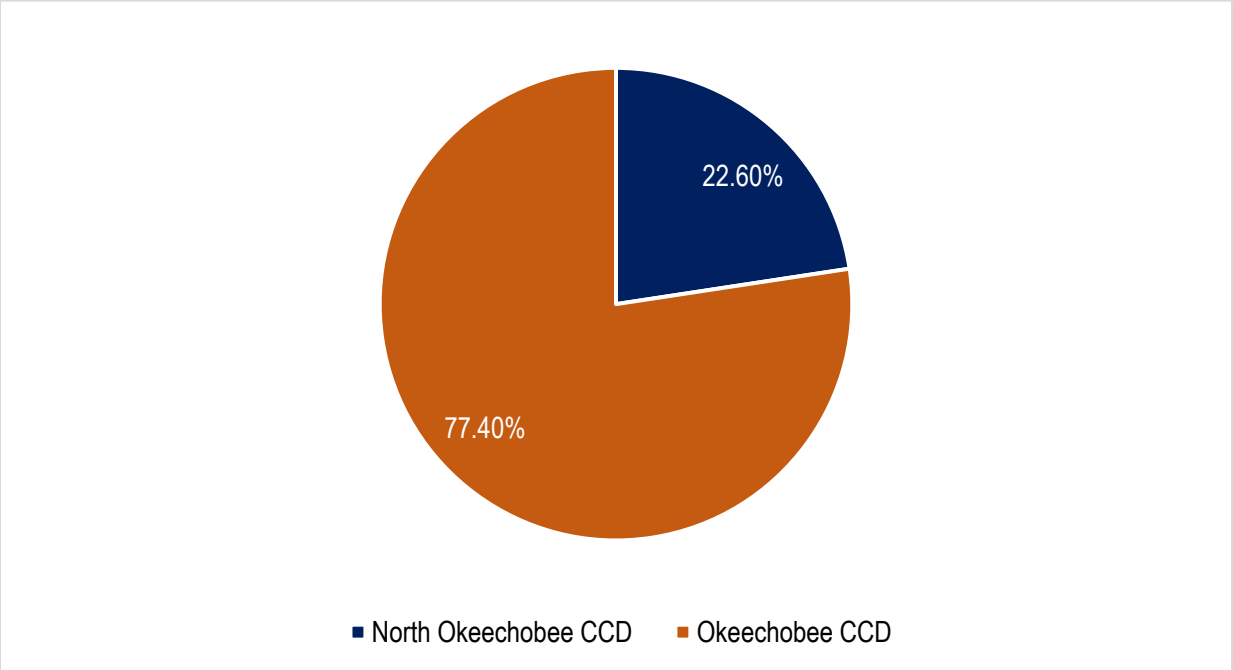
In Okeechobee County, there are two established CCDs, North Okeechobee and Okeechobee. The table below shows the population by CCD in Okeechobee County in 2020. Okeechobee CCD was the most populous with 32,194 residents, accounting for 77.4% of the total population in Okeechobee County. Comparatively, North Okeechobee CCD was less populous with 9,417 residents, accounting for 22.6% of the total population in Okeechobee County in 2020.

Table 3: Population by County Census Division, Count and Percent of Total Population, Okeechobee County, 2020

Census Count Division (CCD)	Count	Percent
Total Population	41,611	100.0%
North Okeechobee CCD	9,417	22.6%
Okeechobee CCD	32,194	77.4%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 1: Population by County Census Division, Okeechobee County, 2020



Source: U.S Census Bureau, American Community Survey, 2020

[4] U.S. Census Bureau. (2013). *The Federal Register*. Retrieved from https://www.federalregister.gov/documents/2018/11/13/2018-24566/census-county-divisions-ccds-and-equivalent-entities-for-the-2020-census-final-criteria

Population Change by Age Group

Population growth is a key factor used to determine the composition and need of a community. As populations grow and age, needs will evolve and services will expand.[5]

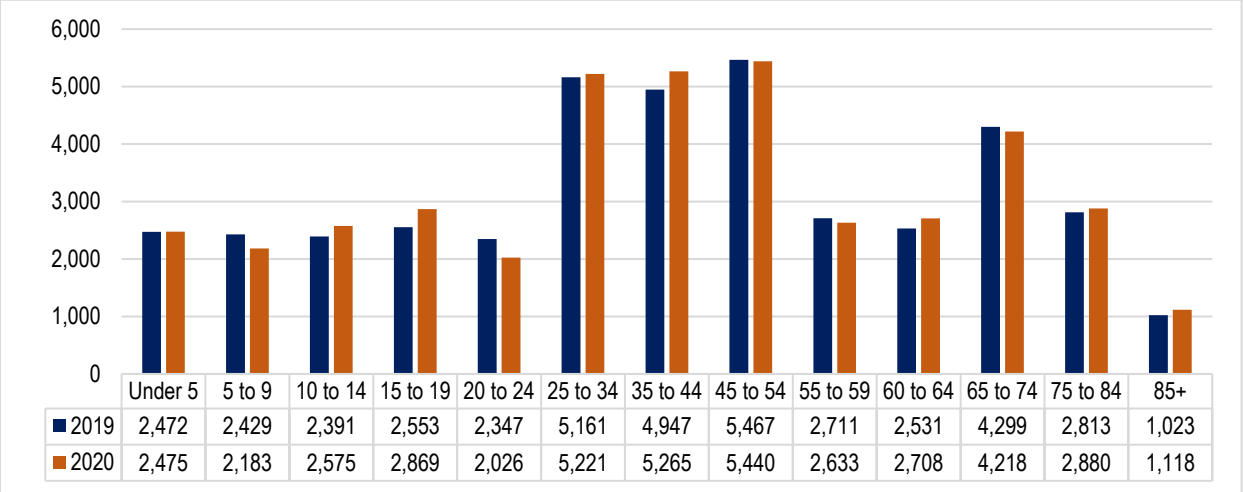
The table below shows the total and percent population change by age group from 2019 to 2020 in Okeechobee County. The population of Okeechobee County grew by 1.1%, from 41,144 in 2019 to 41,611 in 2020. During this timeframe, the largest population increase was reported among those aged 15 to 19 years old (12.4%), and the largest population decrease was among those aged 20 to 24 years old (13.7%). Additionally, the median age among Okeechobee County residents decreased from 41.1 to 40.9 years old from 2019 to 2020.

Table 4: Population Change by Age Group, Count and Percent of Total Population, Okeechobee County, 5-Year Estimate, 2019-2020

Age Group	2019 Population	2020 Population	Percent Change 2019-2020
Total population	41,144	41,611	1.1%
Under 5 years	2,472	2,475	0.1%
5 to 9 years	2,429	2,183	-10.1%
10 to 14 years	2,391	2,575	7.7%
15 to 19 years	2,553	2,869	12.4%
20 to 24 years	2,347	2,026	-13.7%
25 to 34 years	5,161	5,221	1.2%
35 to 44 years	4,947	5,265	6.4%
45 to 54 years	5,467	5,440	-0.5%
55 to 59 years	2,711	2,633	-2.9%
60 to 64 years	2,531	2,708	7.0%
65 to 74 years	4,299	4,218	-1.9%
75 to 84 years	2,813	2,880	2.4%
85 years and over	1,023	1,118	9.3%
Median age (years)	41.1	40.9	-0.5%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 2: Population Change by Age Group, Okeechobee County, 2020



Source: U.S Census Bureau, American Community Survey, 2020

[5] Delgado, P., Binzer, K., Shah, A., Ekberg, J., Arrieta, J., & Allwood, D. (2021, June 8). Accelerating population health improvement. The BMJ. Retrieved October 14, 2022, from https://doi.org/10.1136/bmj.n966

Population by Sex

Sex at birth can have significant influence on health outcomes, as the prevalence and severity of certain diseases often vary between male and female populations. For example, research indicates that males are at a greater risk of acquiring COVID-19 and experience more severe symptoms compared to their female counterparts.[6]

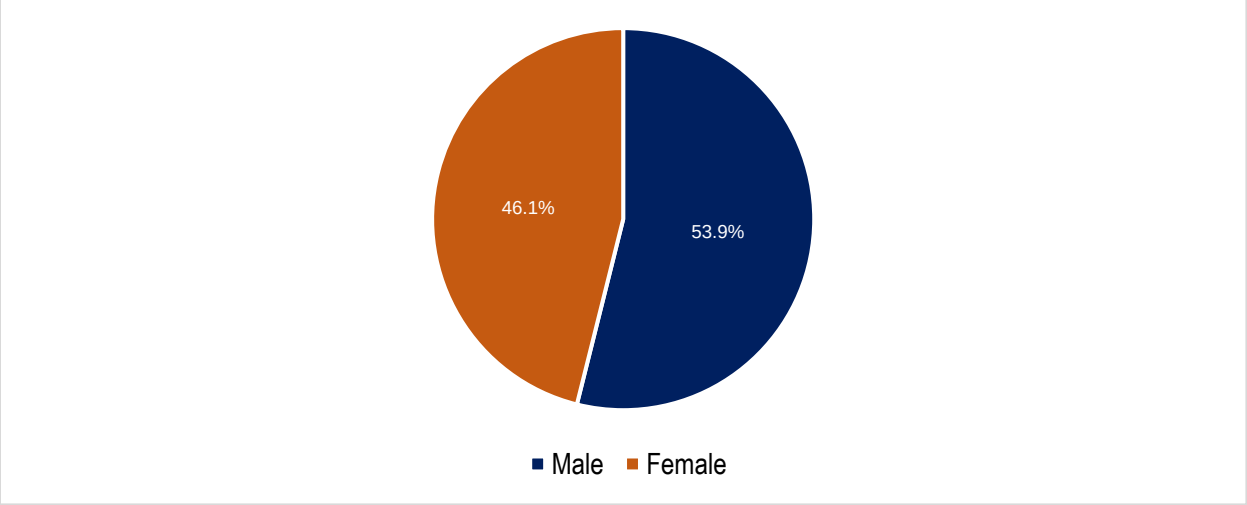
The table and chart below show the total population by sex in Okeechobee County and Florida in 2020. Among Okeechobee County residents, 53.9% of the population were male and 46.1% were female . Comparatively, among Florida residents, 48.9% of the population were male and 51.1% were female .

Table 5: Total Population by Sex, Count and Percent of Total Population, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Total population	41,611	100.0%	21,216,924	100.0%
Male	22,417	53.9%	10,374,594	48.9%
Female	19,194	46.1%	10,842,330	51.1%
Sex ratio (males per 100 females)	116.8	--	95.7	--

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 3: Total Population by Sex, Percent of Total Population, Okeechobee County, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[6] Mayo Clinic Proceedings (2020). *Covid-19 and sex differences: Mechanisms and biomarkers*. Retrieved from https://doi.org/10.1016/j.mayocp.2020.07.024

Population by Age

According to the World Health Organization, the population is aging at a much faster pace than ever before and one out of six people will be 60 years or older by 2030.[7] The table below shows the population by age in Okeechobee County and Florida in 2020. Among Okeechobee County residents, 21.3% were under the age of 18 years and 81.7% were 18 years and over. Similarly, 19.9% of population in Florida were under 18 years and 78.7% were 18 years and over. Additionally, 23.6% of Okeechobee County residents were 62 years and over compared to 24.3% of all Florida residents, demonstrating that the county has a slightly younger population than the state.

Table 6: Population by Age, Count and Percent of Total Population, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Total population	41,611	100.0%	21,216,924	100.0%
Under 5 years	2,475	5.9%	1,133,390	5.3%
5 to 9 years	2,183	5.2%	1,133,024	5.3%
10 to 14 years	2,575	6.2%	1,221,553	5.8%
15 to 19 years	2,869	6.9%	1,209,024	5.7%
20 to 24 years	2,026	4.9%	1,264,607	6.0%
25 to 34 years	5,221	12.5%	2,766,491	13.0%
35 to 44 years	5,265	12.7%	2,567,758	12.1%
45 to 54 years	5,440	13.1%	2,733,769	12.9%
55 to 59 years	2,633	6.3%	1,467,493	6.9%
60 to 64 years	2,708	6.5%	1,371,903	6.5%
65 to 74 years	4,218	10.1%	2,393,704	11.3%
75 to 84 years	2,880	6.9%	1,376,064	6.5%
85 years and over	1,118	2.7%	578,144	2.7%
Median age (years)	40.9	--	42.2	--
Under 18 years	8,861	21.3%	4,214,444	19.9%
16 years and over	33,981	81.7%	17,486,583	82.4%
18 years and over	32,750	78.7%	17,002,480	80.1%
21 years and over	31,091	74.7%	16,262,271	76.6%
62 years and over	9,807	23.6%	5,148,235	24.3%
65 years and over	8,216	19.7%	4,347,912	20.5%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

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

Population by Census County Division, By Sex and Age, Okeechobee County CCDs

The analysis of populations by Census County Division (CCD) can provide insight into the specific makeup of smaller sub-sections of a county.

The table below shows the population by CCD by sex and age in Okeechobee County in 2020. For this report, the Okeechobee County CCDs include North Okeechobee CCD and Okeechobee CCD. Among these areas, the North Okeechobee CCD had the highest median age (42.2 years). In each of the CCDs in this region, there is a larger percentage of males compared to females.

Table 7: Population by Census County Division by Sex and Age, Count and Percent of Total Population, Okeechobee County CCDs, 5-Year Estimate, 2020

	North Okeechobee CCD		Okeechobee CCD	
	Count	Percent	Count	Percent
Total population	9,417	100.0%	32,194	100.0%
Sex				
Male	6,065	64.4%	16,352	50.8%
Female	3,352	35.6%	15,842	49.2%
Age				
Median age	42.2	--	40.6	--

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Population by Race and Ethnicity

The table below shows the population by race and ethnicity in Okeechobee County and Florida in 2020. According to the American Community Survey conducted by the U.S. Census Bureau, 82.4% of the population in Okeechobee County were White and 8.7% were Black or African American in 2020. During this same year, 71.6% of the population in Florida were White and 15.9% were Black or African American.

Additionally, 25.8% of Okeechobee County residents were Hispanic, while 74.2% were non-Hispanic, the same as across the state. This is significant as research indicates certain racial and ethnic groups experience health disparities, which ultimately impact an individual's ability to achieve optimal health.[8]

Table 8: Population by Race and Ethnicity, Count and Percent of Total Population, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Total population	41,611	100.0%	21,216,924	100.0%
One race	40,282	96.8%	19,939,907	94.0%
Two or more races	1,329	3.2%	1,277,017	6.0%
One race	40,282	96.8%	19,939,907	94.0%
White	34,308	82.4%	15,199,588	71.6%
Black or African American	3,621	8.7%	3,381,061	15.9%
American Indian and Alaska Native	233	0.6%	55,655	0.3%
Cherokee tribal grouping	0	0.0%	8,324	0.0%
Chippewa tribal grouping	0	0.0%	1,669	0.0%
Navajo tribal grouping	0	0.0%	857	0.0%
Sioux tribal grouping	0	0.0%	991	0.0%
Asian	393	0.9%	590,668	2.8%
Asian Indian	0	0.0%	173,493	0.8%
Chinese	17	0.0%	106,312	0.5%
Filipino	240	0.6%	105,869	0.5%
Japanese	0	0.0%	14,510	0.1%
Korean	11	0.0%	27,484	0.1%
Vietnamese	0	0.0%	83,136	0.4%
Other Asian	125	0.3%	79,864	0.4%
Native Hawaiian and Other Pacific Islander	83	0.2%	13,339	0.1%
Native Hawaiian	20	0.0%	2,881	0.0%
Guamanian or Chamorro	46	0.10%	3,002	0.0%
Samoan	17	0.0%	1,432	0.0%
Other Pacific Islander	0	0.0%	6,024	0.0%
Some other race	1,644	4.0%	699,596	3.3%
Two or more races	1,329	3.2%	1,277,017	6.0%

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

Hispanic or Latino (of any race)	10,755	25.8%	5,468,826	25.8%
Mexican	7,777	18.7%	709,870	3.3%
Puerto Rican	595	1.4%	1,155,423	5.4%
Cuban	652	1.6%	1,532,516	7.2%
Other Hispanic or Latino	1,731	4.2%	2,071,017	9.8%
Not Hispanic or Latino	30,856	74.2%	15,748,098	74.2%
White alone	26,036	62.6%	11,331,222	53.4%
Black or African American alone	3,373	8.1%	3,231,108	15.2%
American Indian and Alaska Native alone	233	0.6%	39,070	0.2%
Asian alone	393	0.9%	579,476	2.7%
Native Hawaiian and Other Pacific Islander alone	74	0.2%	10,889	0.1%
Some other race alone	109	0.3%	90,892	0.4%
Two or more races	638	1.5%	465,441	2.2%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 4: Population by Race, Okeechobee County and Florida, 2020

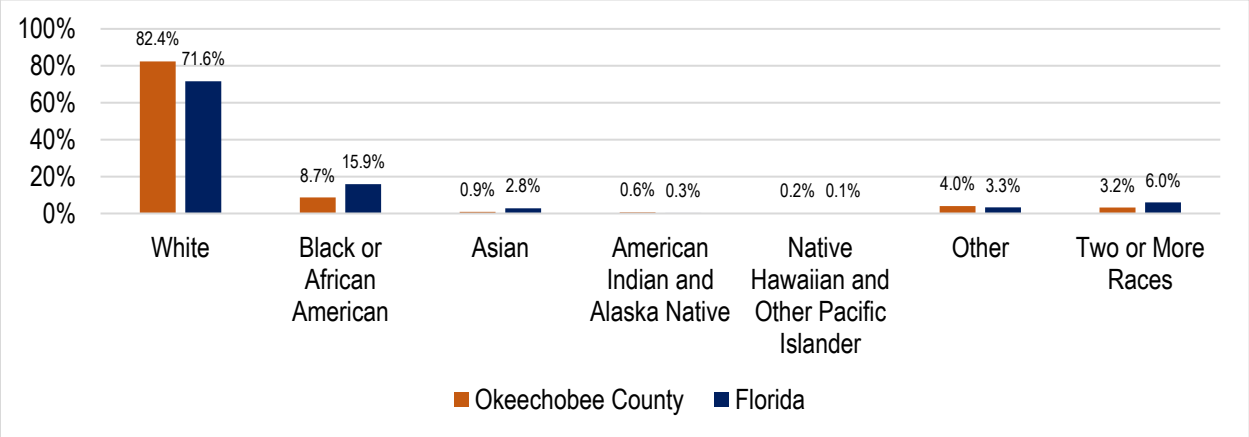
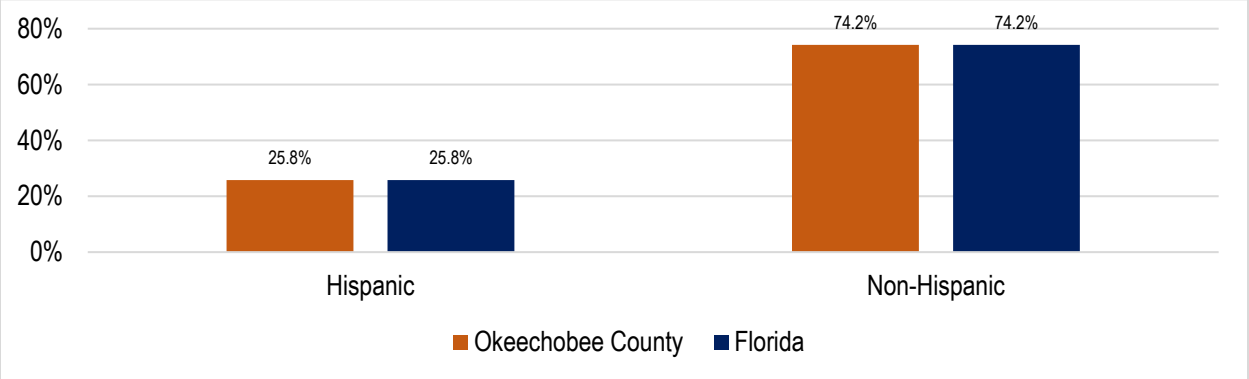


Figure 5: Population by Ethnicity, Okeechobee County and Florida, 2020



Source: U.S Census Bureau, American Community Survey, 2020

Population by Census County Division, By Race and Ethnicity, Okeechobee County CCDs

The table below shows the population by Census County Division (CCD) by race and ethnicity in Okeechobee County CCDs in 2020. Okeechobee County CCD reported a higher percentage of Hispanic or Latino residents in 2020 (26.2%) compared to North Okeechobee CCD (24.7%). The Okeechobee CCD population was 83.6% White and 6.2% Black or African American. In the North Okeechobee County CCD, the population was slightly more diverse, comprised of 78.5% White residents and 17.4% Black or African American residents.

Table 9: Population by Census County Division by Race and Ethnicity, Count and Percent of Total Population, Okeechobee County CCDs, 5-Year Estimate, 2020

	North Okeechobee CCD		Okeechobee CCD	
	Count	Percent	Count	Percent
Total population	9,417	100.0%	32,194	100.0%
One race	9,130	97.0%	31,152	96.8%
White	7,393	78.5%	26,915	83.6%
Black or African American	1,637	17.4%	1,984	6.2%
American Indian and Alaska Native	4	0.0%	229	0.7%
Asian	0	0.0%	393	1.2%
Native Hawaiian and Other Pacific Islander	20	0.2%	63	0.2%
Some other race	76	0.8%	1,568	4.9%
Two or more races	287	3.0%	1,042	3.2%
Hispanic or Latino (of any race)	2,330	24.7%	8,425	26.2%
Not Hispanic or Latino	7,087	75.3%	23,769	73.8%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Population by Language Spoken at Home

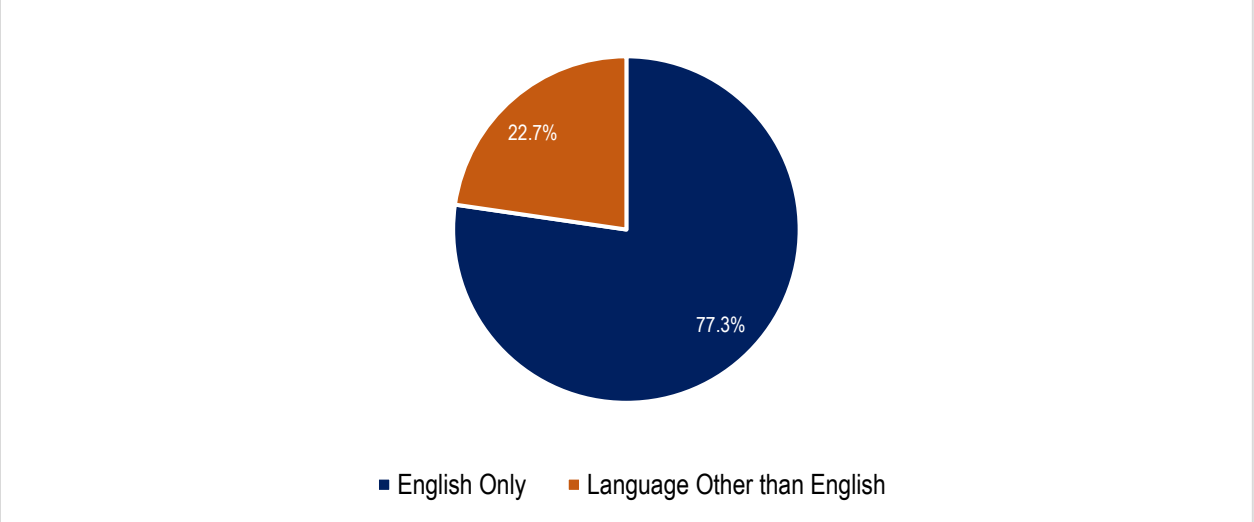
Language can serve as a barrier to accessing and obtaining necessary medical care.[9] The table below shows the population by language spoken at home in Okeechobee County in 2020. As reported, 22.7% of the population 5 years and over spoke a language other than English at home. Among this group, 9.0% spoke English less than "very well." English (77.3%) was the most common language spoken at home followed by Spanish (22.7%) in Okeechobee County.

Table 10: Population by Language Spoken at Home, Count and Percent of Population 5 Years and Over, Okeechobee County, 5-Year Estimate, 2020

	Okeechobee County		
	Total Population	Percent of Population	Percent of Specified Language Speakers Who Speak English Less Than "Very Well"
Population 5 years and over	39,136	100.0%	--
English only	30,247	77.3%	--
Language other than English	8,889	22.7%	9.0%
Spanish	8,316	21.2%	8.8%
Other Indo-European languages	304	0.8%	0.2%
Asian and Pacific Islander languages	180	0.5%	0.0%
Other languages	89	0.2%	0.0%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 6: Language Spoken at Home, Okeechobee County, 2020



Source: U.S Census Bureau, American Community Survey, 2020

[9] Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of Language Barriers for Healthcare: A Systematic Review. Oman medical journal, 35(2), e122. https://doi.org/10.5001/omj.2020.40

Population by Place of Birth

The social and cultural contexts of one's place of birth can influence thoughts and behaviors, as well as other factors, such as language(s) spoken. The table below shows the population by birthplace in Okeechobee County and Florida in 2020. Of Okeechobee County's population, 11.6% were foreign-born in 2020. Among foreign-born residents, 0.2% were born in Europe, 0.9% were born in Asia, 0.1% were born in Africa, and 10.4% were born in a region of America other than the United States. Additionally, Florida had a higher foreign-born population compared to Okeechobee County (20.8% and 11.6%, respectively).

Table 11: Population by Place of Birth, Count and Percent of Total Population, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Total Population	41,611	100.0%	21,216,924	100.0%
Total Foreign-Born Population	4,844	11.6%	4,410,199	20.8%
Europe	100	0.2%	416,176	2.0%
Northern Europe	61	0.1%	99,672	0.5%
Western Europe	5	0.0%	91,851	0.4%
Southern Europe	34	0.1%	72,302	0.3%
Eastern Europe	0	0.0%	151,934	0.7%
Other Eastern	0	0.0%	8,600	0.0%
Europe, n.e.c.	0	0.0%	417	0.0%
Asia	382	0.9%	471,629	2.2%
Eastern Asia	11	0.0%	101,897	0.5%
South Central Asia	98	0.2%	135,833	0.6%
South Eastern Asia	251	0.6%	170,401	0.8%
Western Asia	22	0.1%	60,167	0.3%
Africa	28	0.1%	79,891	0.4%
Eastern Africa	0	0.0%	15,346	0.1%
Middle Africa	0	0.0%	3,184	0.0%
Northern Africa	0	0.0%	27,229	0.1%
Southern Africa	13	0.0%	11,973	0.1%
Western Africa	15	0.0%	20,037	0.1%
Africa, n.e.c.	0	0.0%	2,122	0.0%
Oceania	0	0.0%	9,553	0.0%
Americas	4,334	10.4%	3,432,950	16.2%
Latin America	3,979	9.6%	3,319,373	15.6%
Central America	2,535	6.1%	637,718	3.0%
South America	800	1.9%	888,587	4.2%
Northern America	355	0.9%	113,577	0.5%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Population by Place of Birth, Americas

The table below shows the population by place of birth, specifically in the Americas, in Okeechobee County and Florida in 2020. Among the foreign-born population in Okeechobee County, 10.4% of these residents were born in a region of the Americas. Most of these residents were born in Latin America (9.6%). Residents born in Central America made up 6.1% of foreign-born residents in Okeechobee County, followed by residents born in South America (1.9%).

Table 12: Population by Place of Birth – Americas, Count and Percent of Total Population, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Total Population	41,611	100.0%	21,216,924	100.0%
Total Foreign-Born Population	4,844	11.6%	4,410,199	20.8%
Americas:	4,334	10.4%	3,432,950	16.2%
Latin America:	3,979	9.6%	3,319,373	15.6%
Caribbean:	644	1.5%	1,793,068	8.5%
Bahamas	20	0.0%	17,896	0.1%
Barbados	0	0.0%	6,661	0.0%
Cuba	438	1.1%	1,006,311	4.7%
Dominica	0	0.0%	6,549	0.0%
Dominican Republic	38	0.1%	130,410	0.6%
Grenada	0	0.0%	3,466	0.0%
Haiti	34	0.1%	327,125	1.5%
Jamaica	82	0.2%	223,950	1.1%
St. Vincent and the Grenadines	0	0.0%	2,797	0.0%
Trinidad and Tobago	32	0.1%	45,306	0.2%
West Indies	0	0.0%	2,995	0.0%
Other Caribbean	0	0.0%	19,602	0.1%
Central America:	2,535	6.1%	637,718	3.0%
Belize	0	0.0%	3,876	0.0%
Costa Rica	0	0.0%	15,422	0.1%
El Salvador	14	0.0%	48,410	0.2%
Guatemala	179	0.4%	84,814	0.4%
Honduras	180	0.4%	103,851	0.5%
Mexico	2,122	5.1%	257,933	1.2%
Nicaragua	11	0.0%	101,534	0.5%
Panama	29	0.1%	21,475	0.1%
Other Central America	0	0.0%	403	0.0%
South America:	800	1.9%	888,587	4.2%
Argentina	56	0.1%	56,562	0.3%

Bolivia	0	0.0%	11,415	0.1%
Brazil	18	0.0%	108,750	0.5%
Chile	0	0.0%	21,767	0.1%
Colombia	444	1.1%	282,164	1.3%
Ecuador	0	0.0%	51,694	0.2%
Guyana	0	0.0%	35,544	0.2%
Peru	32	0.1%	93,278	0.4%
Uruguay	0	0.0%	14,197	0.1%
Venezuela	217	0.5%	207,571	1.0%
Other South America	33	0.1%	5,645	0.0%
Northern America:	355	0.9%	113,577	0.5%
Canada	355	0.9%	112,596	0.5%
Other Northern America	0	0.0%	981	0.0%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Grandparents Living with Their Own Grandchildren

Research indicates that grandparents who raise their grandchildren experience positive impacts, including the satisfaction associated with raising and providing for a child. However, research also shows that grandparents may feel isolated from peers, experience physical and emotional challenges associated with parenting, or experience shame due to the perceived stigma associated with raising a grandchild.[10]

The table below shows the number and percentage of grandparents living with and responsible for their own grandchildren under 18 years of age based on the length of time responsible for their grandchildren in Okeechobee County and Florida in 2020. In Okeechobee County, 51.4% of grandparents living with their grandchildren under 18 years of age were responsible for their grandchildren. Among these grandparents, 22.5% had been responsible for their grandchildren under 18 years of age for five years or longer.

Table 13: Grandparents Living with Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren and Length of Time Responsible for Own Grandchildren for The Population 30 Years and Over, Count and Percent of Total Number of Grandparents, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Total Number of Grandparents	26,795	100.0%	13,844,536	100.0%
Number of Grandparents living with own grandchildren under 18 years	1,180	4.4%	501,216	3.6%
Grandparent responsible for own grandchildren under 18 years	607	51.4%	146,197	29.2%
Grandparent responsible less than 6 months	37	3.1%	12,856	2.6%
Grandparent responsible 6 to 11 months	216	18.3%	13,091	2.6%
Grandparent responsible 1 or 2 years	52	4.4%	31,493	6.3%
Grandparent responsible 3 or 4 years	36	3.1%	21,954	4.4%
Grandparent responsible 5 years or more	266	22.5%	66,803	13.3%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

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

Population Living with a Disability

One in four adults report having a disability in the United States. Living with a disability may present additional medical and socioeconomic complications for residents, which have been on the rise in recent years largely due to the effects of the COVID-19 pandemic.[11]

The table below shows the total population living with a disability in Okeechobee County by CCD and Florida in 2020. In the state of Florida, 13.6% of the population was living with a disability in 2020. Comparatively, the percentage was higher in Okeechobee County, with 16.9% of the population living with a disability at the time. Among Okeechobee County CCDs, the percentage of the population living with a disability was slightly higher in the Okeechobee CCD (17.0%) than in the North Okeechobee CCD (16.6%).

Table 14: Population Living with a Disability, Count and Percent of Population with a Disability, Okeechobee County CCD's and Florida, 5-Year Estimate, 2020

Geographic Area	Population with a Disability	Percent of Total Population
Florida	2,840,938	13.6%
Okeechobee County, Florida	6,516	16.9%
North Okeechobee CCD	1,140	16.6%
Okeechobee CCD	5,376	17.0%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[11] Disability and Health Journal (2020). The public health response to the COVID-19 pandemic for people with disabilities, *13*(4). Retrieved from https://doi.org/10.1016/j.dhjo.2020.100943

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

In addition to the health and socioeconomic disparities that people with disabilities experience, disparities based on sex, age, race, and ethnicity can further exacerbate issues. Certain racial and ethnic populations experience health disparities at an increased rate compared to their White, non-Hispanic counterparts. Understanding the intersection of these factors among those with disabilities can help programs and policymakers better address the complex issues at hand for these populations.[12]

The table below shows the population with a disability by sex, age, race, and ethnicity in Okeechobee County and Florida in 2020, with the proportion being higher in the county than the state (16.9% and 13.6%, respectively). Among Okeechobee County residents, a higher proportion of female residents report having a disability (18.0%) compared to their male counterparts (15.8%). The percentage of the population living with a disability was highest among those aged 75 years and older (42.9%) and lowest among those aged five years or younger (2.3%). Regarding race, 20.6% of Black or African American residents and 20.5% of Native Hawaiian and Other Pacific Islanders reported living with a disability compared to 17.3% of White residents. With respect to ethnicity, 20.4% of non-Hispanic residents reported living with a disability compared to 6.5% of Hispanic or Latino residents.

Table 15: Population with a Disability by Sex, Age, Race, and Ethnicity, Count and Percent of Total Civilian Noninstitutionalized Population, Okeechobee County and Florida, 5-Year Estimate, 2020

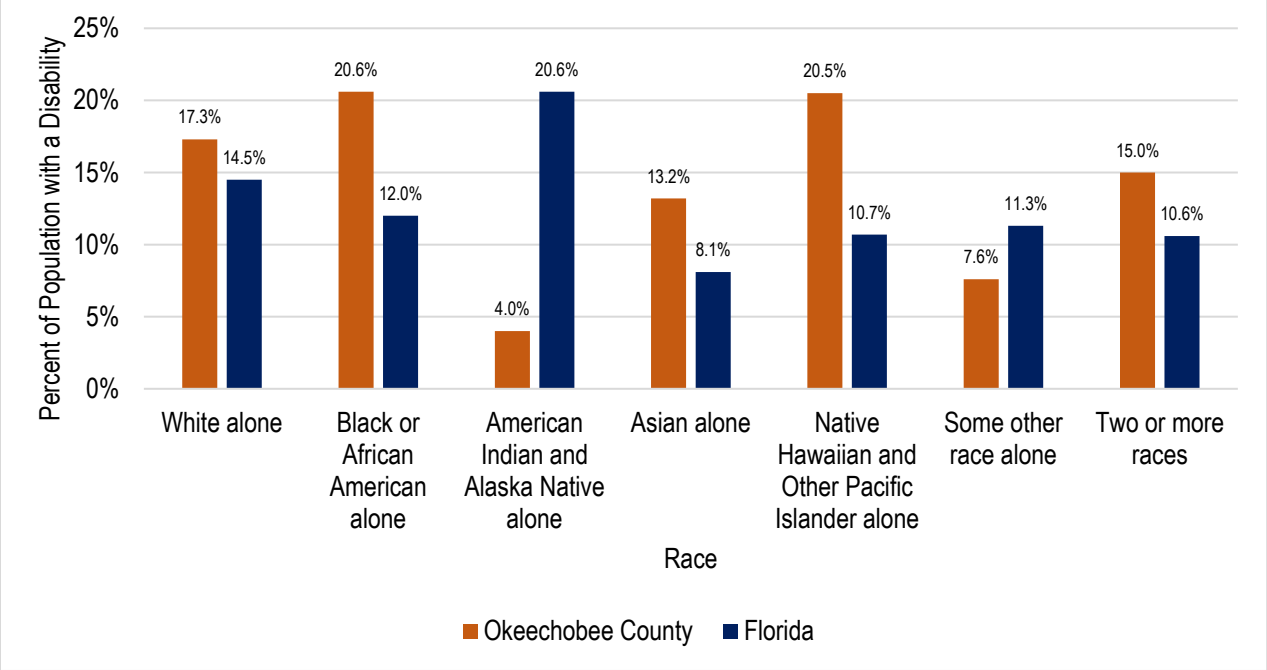
	Okeechobee County			Florida		
	Total	With a disability	Percent with a disability	Total	With a disability	Percent with a disability
Total civilian noninstitutionalized population	38,560	6,516	16.9%	20,897,188	2,840,938	13.6%
Sex						
Male	19,518	3,090	15.8%	10,131,676	1,378,203	13.6%
Female	19,042	3,426	18.0%	10,765,512	1,462,735	13.6%
Age						
Under 5 years	2,475	56	2.3%	1,133,262	6,579	0.6%
5 to 17 years	5,967	679	11.4%	3,072,505	191,654	6.2%
18 to 34 years	7,428	413	5.6%	4,392,087	282,618	6.4%
35 to 64 years	14,710	2,546	17.3%	8,021,081	970,147	12.1%
65 to 74 years	4,112	1,164	28.3%	2,374,163	531,532	22.4%
75 years and over	3,868	1,658	42.9%	1,904,090	858,408	45.1%
Race						
White alone	32,986	5,706	17.3%	15,006,651	2,175,228	14.5%
Black or African American alone	2,082	428	20.6%	3,279,787	394,047	12.0%

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

American Indian and Alaska Native alone	223	9	4.0%	54,076	11,156	20.6%
Asian alone	393	52	13.2%	587,020	47,360	8.1%
Native Hawaiian and Other Pacific Islander alone	83	17	20.5%	13,142	1,401	10.7%
Some other race alone	1,561	119	7.6%	692,372	78,194	11.3%
Two or more races	1,232	185	15.0%	1,264,140	133,552	10.6%
Ethnicity						
White alone, not Hispanic or Latino	25,390	5,177	20.4%	11,173,532	1,785,677	16.0%
Hispanic or Latino (of any race)	9,754	633	6.5%	5,417,381	558,673	10.3%

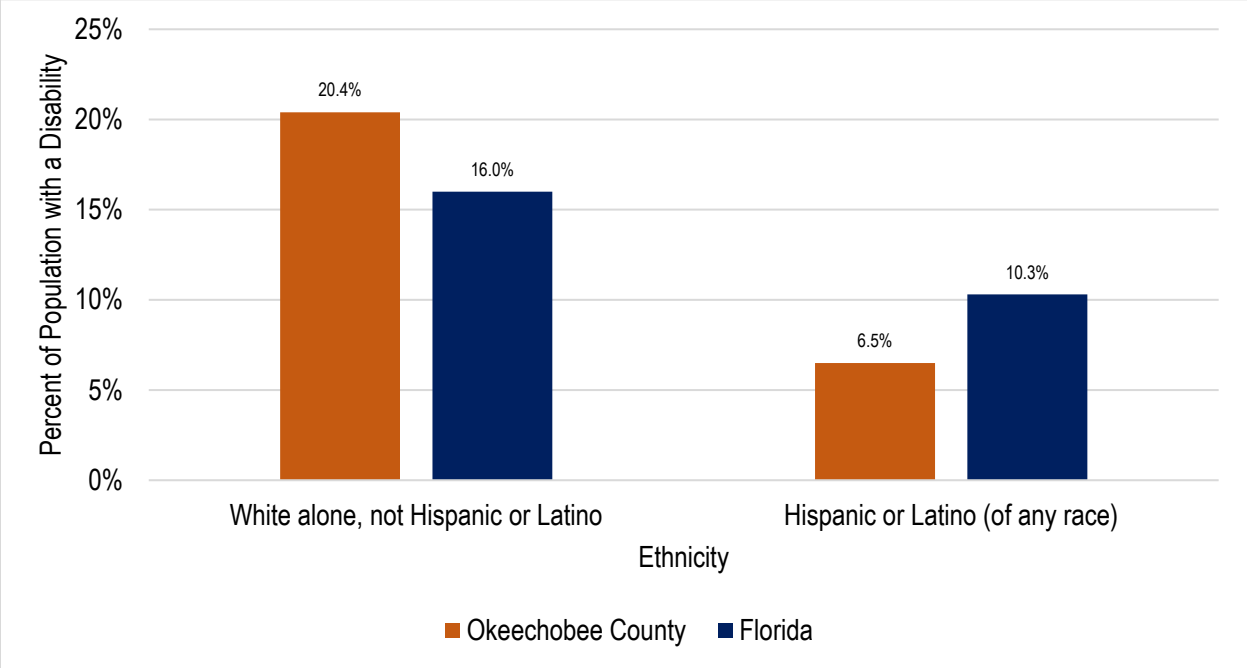
Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 7: Population with a Disability by Race, Percent of Population with a Disability, Okeechobee County and Florida, 2020



Source: U.S Census Bureau, American Community Survey, 2020

Figure 8: Population with a Disability by Ethnicity, Percent of Population with a Disability, Okeechobee County and Florida, 2020



Source: U.S Census Bureau, American Community Survey, 2020

Population Living with a Disability, By Race and Ethnicity, Okeechobee County CCDs

The table below shows the population with a disability by sex, age, race, and ethnicity in Okeechobee County Census County Divisions (CCDs) in 2020.

Among Okeechobee CCD residents, a slightly higher proportion of females reported living with a disability than males (17.7% and 16.2%, respectively). The percentage of the population living with a disability was higher among those aged 75 years and over (41.1%) and lowest among those aged five years or younger (2.6%). Notably, in the Okeechobee CCD, a disproportionately high proportion (27.7%) of residents who identified as Native Hawaiian and other Pacific Islander alone reported living with a disability. With respect to ethnicity, a lower proportion of Hispanic or Latino residents reported living with a disability compared to their non-Hispanic counterparts (7.2% and 20.4%, respectively).

Among the North Okeechobee CCD residents, a higher proportion of females (19.4%) than males (14.0%) reported living with a disability in 2020. The percentage of the population living with a disability was higher among those aged 75 years and over (50.8%) and lowest among those aged five years or younger (0.0%). Of all racial groups reported, residents who identified as some other race had the highest percentage living with a disability (100.0%). Further, a much lower proportion of Hispanic or Latino residents (2.3%) reported living with a disability compared to 20.4% of the non-Hispanic population.

Table 16: Population Living with a Disability by Race and Ethnicity, Count and Percent of Total Civilian Noninstitutionalized Population, Okeechobee County CCD's, 5-Year Estimate, 2020

	North Okeechobee CCD			Okeechobee CCD		
	Total	With a disability	Percent with a disability	Total	With a disability	Percent with a disability
Total civilian noninstitutionalized population	6,848	1,140	16.6%	31,712	5,376	17.0%
Sex						
Male	3,496	489	14.0%	16,022	2,601	16.2%
Female	3,352	651	19.4%	15,690	2,775	17.7%
Age						
Under 5 years	334	0	0.0%	2,141	56	2.6%
5 to 17 years	1,055	98	9.3%	4,912	581	11.8%
18 to 34 years	1,003	23	2.3%	6,425	390	6.1%
35 to 64 years	3,034	410	13.5%	11,676	2,136	18.3%
65 to 74 years	733	259	35.3%	3,379	905	26.8%
75 years and over	689	350	50.8%	3,179	1,308	41.1%
Race						
White alone	6,410	1,079	16.8%	26,576	4,627	17.4%
Black or African American alone	213	34	16.0%	1,869	394	21.1%
American Indian and Alaska Native alone	4	0	0.0%	219	9	4.1%
Asian alone	0	0	-	393	52	13.2%
Native Hawaiian and Other Pacific Islander alone	20	0	0.0%	63	17	27.0%
Some other race alone	6	6	100.0%	1,555	113	7.3%
Two or more races	195	21	10.8%	1,037	164	15.8%
Ethnicity						
White alone, not Hispanic or Latino	5,152	1,051	20.4%	20,238	4,126	20.4%
Hispanic or Latino (of any race)	1,452	34	2.3%	8,302	599	7.2%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Population with a Disability by Age and Type

Those with disabilities often face greater barriers accessing healthcare compared to those without a disability. For instance, research indicates that disability status is associated with a greater risk of delayed or forgone care.[13] Social and environmental challenges that those with disabilities experience include lower educational attainment, lower incomes, and higher unemployment, all of which can contribute to poor health outcomes.[14]

The table below shows the population with a disability by age and type of disability in Okeechobee County and Florida in 2020. Among residents with a disability in Okeechobee County, 10.1% had an ambulatory difficulty, 7.2% had a cognitive difficulty, 6.8% had an independent living difficulty, 5.0% had a hearing difficulty, 3.5% had a vision difficulty, and 3.5% had a self-care difficulty. Among all types of disabilities, the age group with the highest percentage of residents with a disability was those aged 65 years and over.

[13] Kaye, H.S. (2019). Disability-related disparities in access to healthcare before (2008-2010) and after (2015-2017) the affordable care act. Retrieved from https://doi.org/10.2105/AJPH.2019.305056

[14] World Bank. (n.d.). *Disability inclusion overview*. Retrieved from https://www.worldbank.org/en/topic/disability

Table 17: Population with a Disability by Age and Type, Count and Percent of Total Civilian Noninstitutionalized Population, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County			Florida		
	Total	With a disability	Percent with a disability	Total	With a disability	Percent with a disability
Total civilian non-institutionalized population	36,560	6,516	16.9%	20,897,188	2,840,938	13.6%
With a hearing difficulty	--	1,931	5.0%	--	805,198	3.9%
Population under 18 years	8,442	165	2.0%	4,205,767	23,215	0.6%
Population 18 to 64 years	22,138	587	2.7%	12,413,168	222,298	1.8%
Population 65 years and over	7,980	1,179	14.8%	4,278,253	559,685	13.1%
With a vision difficulty	--	1,340	3.5%	--	549,865	2.6%
Population under 18 years	8,442	170	2.0%	4,205,767	33,640	0.8%
Population 18 to 64 years	22,138	552	2.5%	12,413,168	251,833	2.0%
Population 65 years and over	7,980	618	7.7%	4,278,253	264,392	6.2%
With a cognitive difficulty	--	2,595	7.2%	--	1,047,744	5.3%
Population under 18 years	5,967	465	7.8%	3,072,505	152,234	5.0%
Population 18 to 64 years	22,138	1,318	6.0%	12,413,168	543,191	4.4%
Population 65 years and over	7,980	812	10.2%	4,278,253	352,319	8.2%
With an ambulatory difficulty	--	3,653	10.1%	--	1,502,275	7.6%
Population under 18 years	5,967	47	0.8%	3,072,505	19,992	0.7%
Population 18 to 64 years	22,138	1,635	7.4%	12,413,168	602,297	4.9%
Population 65 years and over	7,980	1,971	24.7%	4,278,253	879,986	20.6%
With a self-care difficulty	--	1,261	3.5%	--	550,631	2.8%

Population under 18 years	5,967	88	1.5%	3,072,505	31,113	1.0%
Population 18 to 64 years	22,138	489	2.2%	12,413,168	218,961	1.8%
Population 65 years and over	7,980	684	8.6%	4,278,253	300,557	7.0%
With an independent living difficulty	--	2,043	6.8%	--	997,727	6.0%
Population 18 to 64 years	22,138	923	4.2%	12,413,168	453,099	3.7%
Population 65 years and over	7,980	1,120	14.0%	4,278,253	544,628	12.7%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Socioeconomic Characteristics

Poverty

Poverty is associated with increased socioeconomic challenges, limited access to healthcare, and lower healthcare utilization rates. Cost barriers are prevalent for those living in poverty, and necessary medical appointments and medications are often neglected due to financial complications. Additionally, research indicates that during the COVID-19 pandemic, low-income or part-time workers were most impacted by unemployment, and residents experiencing poverty, as a result, are still recovering from the pandemic recession.[15] Notably, the data shown below includes figures from the initial year of the pandemic. As more data becomes available, the long-term impact of the pandemic on the prevalence of poverty in Okeechobee County can be assessed.

Poverty Guidelines

The table below shows the official poverty guidelines for the State of Florida in 2020, which reflect the income thresholds based on household and family size at that time. For a family of four, the poverty guideline was $32,750 (125% of the Federal Poverty Level). The 2020 Federal Poverty Guidelines were used throughout this report to provide data related to demographics and socioeconomic status and allow for accurate and mindful data comparisons.

Table 18: Poverty Guidelines, Income Threshold, Florida, 2020

Household /Family Size	100%	125%	133%	135%	150%	200%	250%
1	$12,760	$15,950	$16,971	$17,226	$19,140	$25,520	$31,900
2	$17,240	$21,550	$22,929	$23,274	$25,860	$34,480	$43,100
3	$21,720	$27,150	$28,888	$29,322	$32,580	$43,440	$54,300
4	$26,200	$32,750	$34,846	$35,370	$39,300	$52,400	$65,500
5	$30,680	$38,350	$40,804	$41,418	$46,020	$61,360	$76,700
6	$35,160	$43,950	$46,763	$47,466	$52,740	$70,320	$87,900
7	$39,640	$49,550	$52,721	$53,514	$59,460	$79,280	$99,100
8	$44,120	$55,150	$58,680	$59,562	$66,180	$88,240	$110,300
9	$48,600	$60,750	$64,638	$65,610	$72,900	$97,200	$121,500
10	$53,080	$66,350	$70,596	$71,658	$79,620	$106,160	$132,700

Source: The United States Department of Health and Human Services, 2020
Compiled by: Health Council of Southeast Florida, 2022

[15] World Economic Forum (2021). COVID-19: This is how many Americans now live below the poverty line. Retrieved from https://www.weforum.org/agenda/2021/09/poverty-america-united-states-covid-coronavirus-pandemic/

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

The table below shows poverty status by age and sex in Okeechobee County and Florida in 2020. In Okeechobee County, 17.8% of residents were living below the poverty line. In the United States, a higher percentage of females were in poverty (14.0%) compared to males (11.6%).[16] A similar trend is seen in Okeechobee County, with 19.2% of females living in poverty compared to 16.5% of males. Among county residents under 18 years of age, 29.1% were living below the poverty line, which represented the largest group of individuals living below the poverty line among all age groups. Importantly, 28.6% of related children of households with the householder under 18 years of age were living below the poverty line. Related children in a family include the householder's own children and all other children who are related to the householder by birth, marriage, or adoption.

The Healthy People 2030 national target is to reduce the proportion of people living below the poverty line to 8.0%.[17] Okeechobee County has not yet met this target as 17.8% of residents were living in poverty as of 2020.

Table 19: Poverty Status in the Past 12 Months by Age and Sex, Count and Percent of Population for Whom Poverty Status is Determined, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County			Florida		
	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level
Population for whom poverty status is determined	38,243	6,818	17.8%	20,793,628	2,772,939	13.3%
Age						
Under 18 years	8,125	2,361	29.1%	4,145,349	773,801	18.7%
Related children of householder under 18 years	8,065	2,309	28.6%	4,125,880	755,962	18.3%
18 to 64 years	22,138	3,785	17.1%	12,370,026	1,549,183	12.5%
65 years and over	7,980	672	8.4%	4,278,253	449,955	10.5%
Sex						
Male	19,398	3,203	16.5%	10,103,370	1,239,481	12.3%
Female	18,845	3,615	19.2%	10,690,258	1,533,458	14.3%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[16] U.S. Census Bureau (2020) American Community Survey.
[17] Reduce the proportion of people living in poverty — SDOH-01 (n.d.). In Health People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01

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

The table below shows the poverty status by age and sex for Okeechobee County CCDs in 2020. The Okeechobee CCD had a higher percentage of residents living below the poverty line (18.3%) compared to the North Okeechobee CCD (15.8%). In the Okeechobee CCD, 27.8% of residents under 18 years were living in poverty. Of those living in poverty in the Okeechobee CCD, 20.7% were female and 15.9% were male. In the North Okeechobee CCD, 36.4% of residents under 18 years were living in poverty. Of those living in poverty in the North Okeechobee CCD, 19.3% were male and 12.0% were female.

Table 20: Poverty Status by Census County Division by Age and Sex, Count and Percent of Population for Whom Poverty Status is Determined, Okeechobee County CCDs, 5-Year Estimate, 2020

	North Okeechobee CCD		Okeechobee CCD	
	Total	Percent below poverty level	Total	Percent below poverty level
Population for whom poverty status is determined	1,047	15.8%	5,771	18.3%
Age				
Under 18 years	428	36.4%	1,933	27.8%
Related children of householder under 18 years	428	36.4%	1,881	27.3%
18 to 64 years	520	12.9%	3,265	18.0%
35 to 64 years	334	11.0%	2,126	18.2%
65 years and over	99	7.0%	573	8.7%
Sex				
Male	662	19.3%	2,541	15.9%
Female	385	12.0%	3,230	20.7%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

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

Poverty status is associated with a decreased ability to access quality care and services in a timely manner.[18] It is, Thus, imperative to consider the population's racial and ethnic composition when developing and targeting programming intended to improve the health of the community. Additionally, the CDC reported that the COVID-19 pandemic disproportionately impacted racial and ethnic groups, which experienced higher COVID-19 rates, hospitalizations, and deaths compared to their White non-Hispanic counterparts. The impact of the COVID-19 pandemic, combined with socioeconomic factors like poverty, is likely to further exacerbate these issues experienced by many residents.[19]

The table and graphs below show poverty status in the past 12 months by race and ethnicity in Okeechobee County and Florida in 2020. The county had a higher proportion of residents living below the poverty level compared to the state (17.8% and 13.3%, respectively). In this year, American Indian and Alaskan Native residents had the highest poverty rate in Okeechobee County (61.9%), followed by Black or African American residents (29.9%). In contrast, Black or African American residents had the highest poverty rate in the state of Florida (20.7%). Notably, 27.2% of Hispanic or Latino residents in Okeechobee County were living below the poverty level compared to 12.8% of White, non-Hispanic residents.

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

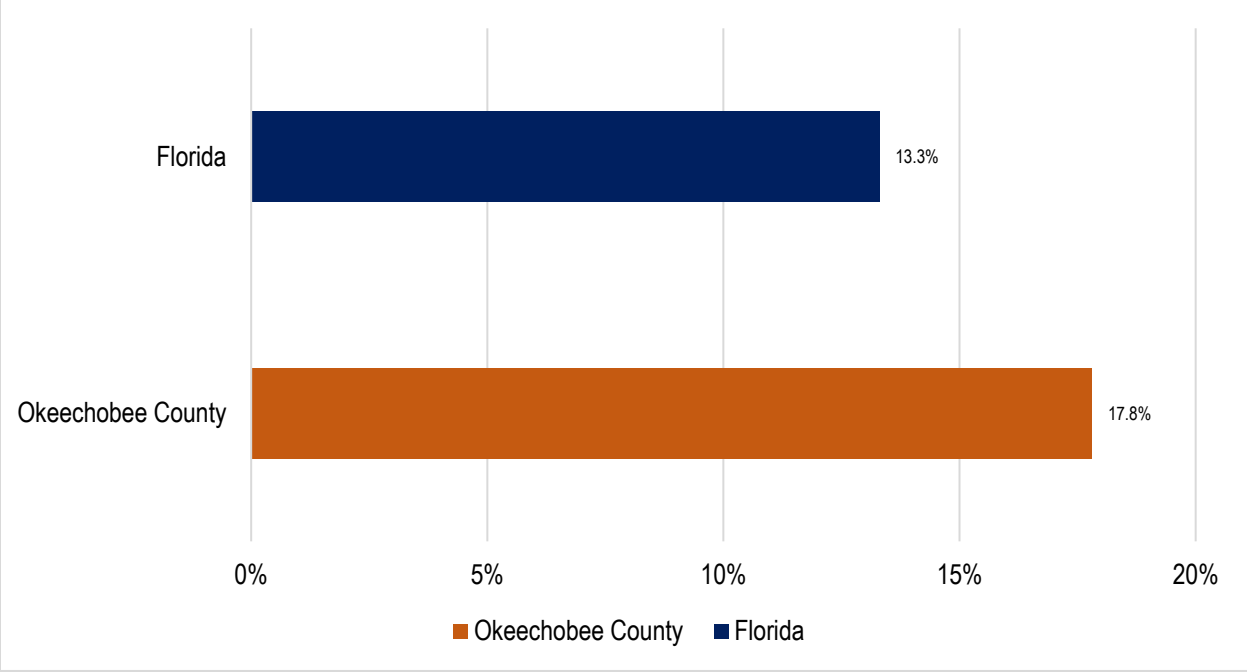
[19] Centers for Disease control and Prevention. (2022). Health equity considerations for racial and ethnic minority groups. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html

Table 21: Poverty Status in the Past 12 Months by Race and Ethnicity, Count and Percent of Population for Whom Poverty Status is Determined, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County			Florida		
	Total	Below poverty level	Percent below poverty level	Total	Below poverty level	Percent below poverty level
Population for whom poverty status is determined	38,243	6,818	17.8%	20,793,628	2,772,939	13.3%
Race						
White alone	32,669	5,576	17.1%	14,934,916	1,715,595	11.5%
Black or African American alone	2,082	622	29.9%	3,261,008	673,421	20.7%
American Indian and Alaska Native alone	223	138	61.9%	53,853	8,705	16.2%
Asian alone	393	0	0.0%	583,948	69,508	11.9%
Native Hawaiian and Other Pacific Islander alone	83	0	0.0%	13,028	2,094	16.1%
Some other race alone	1,561	258	16.5%	689,219	128,890	18.7%
Two or more races	1,232	224	18.2%	1,257,656	174,726	13.9%
Ethnicity						
Hispanic or Latino origin (of any race)	9,662	2,628	27.2%	5,397,545	887,135	16.4%
White alone, not Hispanic or Latino	25,165	3,213	12.8%	11,114,537	1,083,283	9.7%

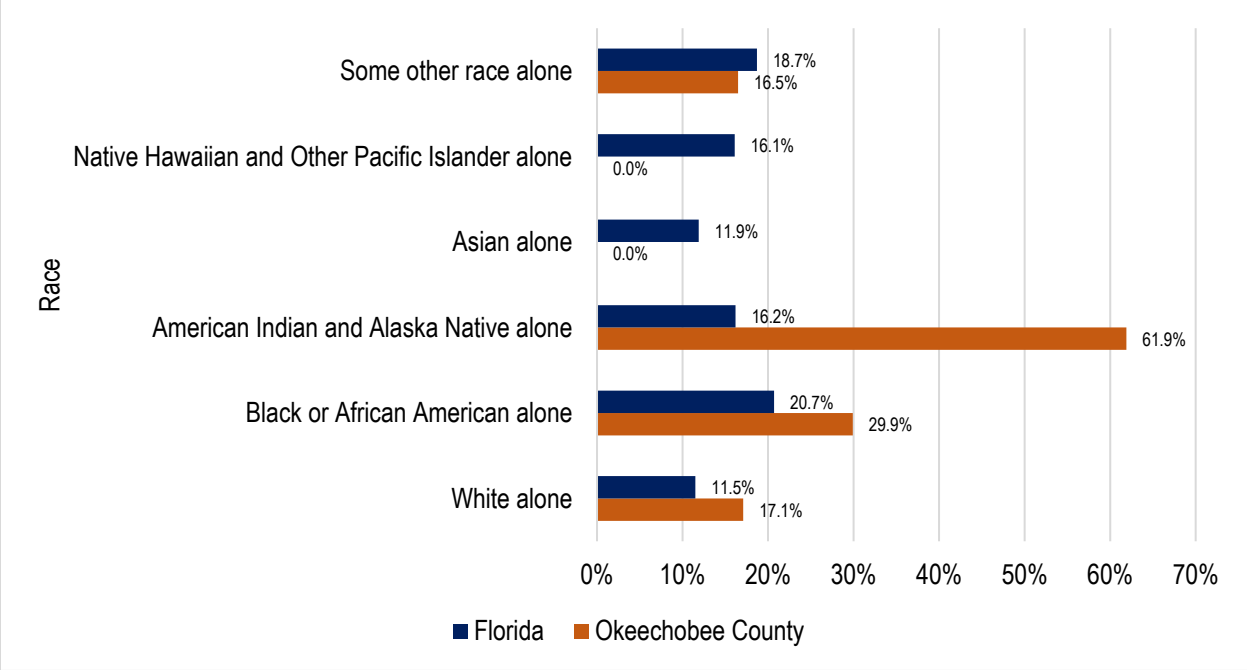
Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 9: Poverty Status in the Past 12 Months, Percent of Population for Whom Poverty Status is Determined, Okeechobee County and Florida, 2020



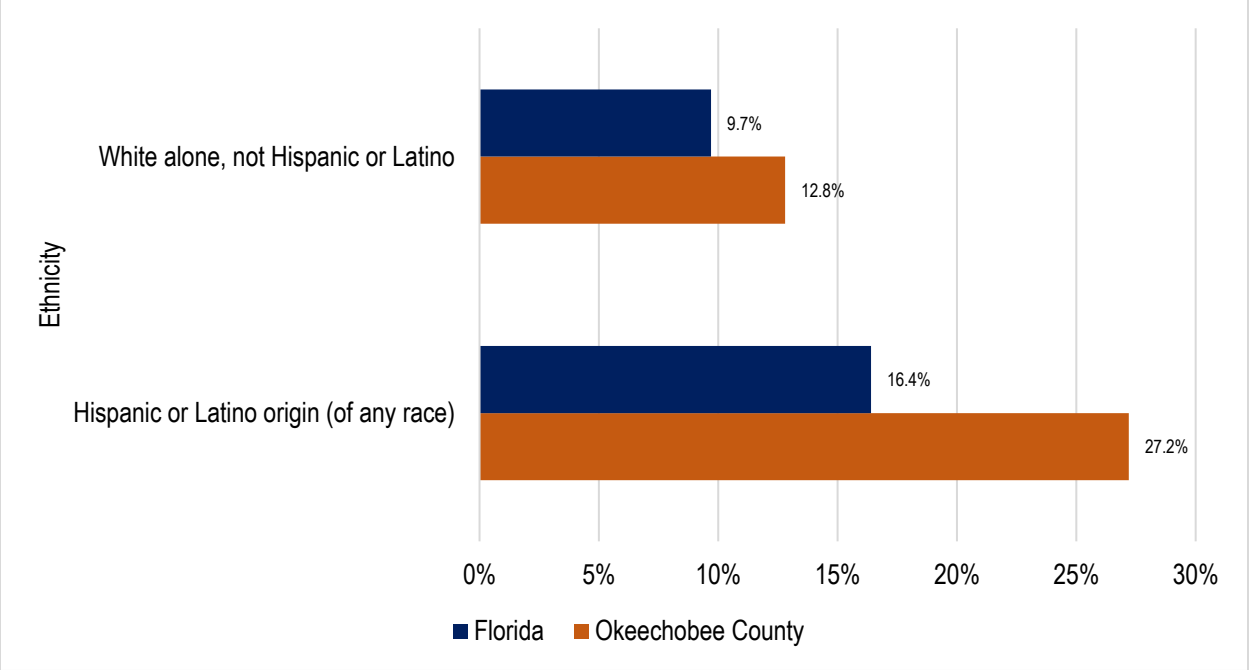
Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 10: Poverty Status in the Past 12 Months by Race, Percent of Population for Whom Poverty Status is Determined, Okeechobee County and Florida, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 11: Poverty Status in the Past 12 Months by Ethnicity, Count and Percent of Population for Whom Poverty Status is Determined, Okeechobee County and Florida, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Poverty Status in the Past 12 Months, By Families

Families who live in poverty experience social stigma and stressors and have limited ability to access basic needs. Research indicates that children are aware of economic burdens and worry about social support and family well-being. Additionally, parents of families living in poverty are shown to be concerned with unsafe or inadequate living conditions, unreliable transportation, and access to needed services due to financial barriers.[20]

The table below shows poverty status in the past 12 months among families in Okeechobee County and Florida in 2020. Approximately 12.9% of families in Okeechobee County were below the poverty level compared to 9.4% of families in Florida. Among families living in poverty in Okeechobee County, 23.5% had related children under the age of 18 years old.

Table 22: Poverty Status in the Past 12 Months by Families, Count and Percent of Families, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Total	Percent below poverty level	Total	Percent below poverty level
Families	9,837	12.9%	5,118,059	9.4%
With related children of householder under 18 years	4,283	23.5%	2,095,476	15.2%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

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

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

Poverty disproportionately impacts communities of color. In the United States, 11.4% of the total population was living in poverty; however, poverty was highest among Black residents at 19.5% and lowest among non-Hispanic, White residents at 8.1%.[21] Importantly, the pandemic exacerbated both economic and health disparities for families, especially for people of color, young adults, women, parents of young children, and low-income workers.[22] While these figures are from the first year of the pandemic, further analysis on the full impact of the pandemic will be conducted as more recent data becomes available.

The table and figures below show the poverty status in the past 12 months among families by race and ethnicity in Okeechobee County and Florida in 2020. Overall, 12.9% of Okeechobee County residents were living below the poverty level, with the highest proportion among Black or African American families compared to other races (31.2%). This disparity exceeded that at the state level, with 16.9% of Black or African American families in Florida living below the poverty level.

Disparities also exist when analyzing poverty status by ethnicity. In Okeechobee County, 22.3% of families whose householder was of Hispanic or Latino origin were living below the poverty level, compared to 8.4% of families whose householder was not of Hispanic or Latino origin. This disparity again exceeded the disparity at the state level, with 13.6% of families whose householder was of Hispanic or Latino origin in Florida living below the poverty level.

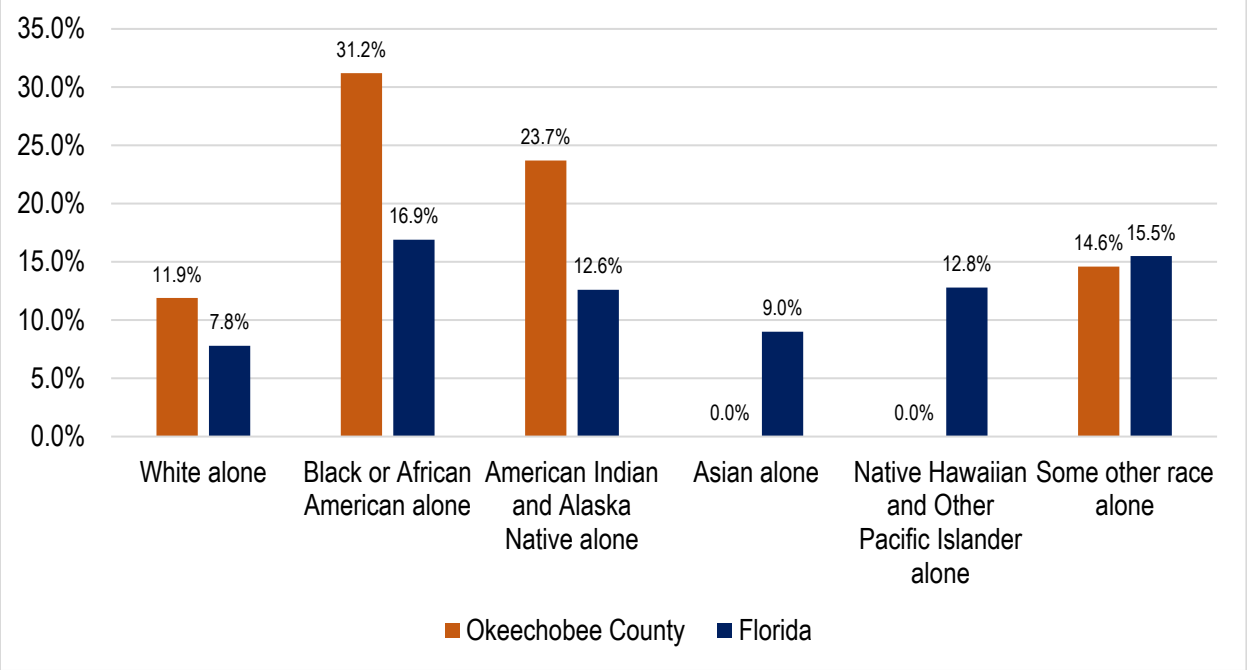
[21] Creamer, J. (2022). Poverty in the United States: 2021. Census.gov. Retrieved from https://www.census.gov/library/publications/2022/demo/p60-277.html
[22] Office of Human Services Policy (2021). The Impact of the first year of the COVID-19 pandemic and recession on families with low incomes. Retrieved from https://aspe.hhs.gov/sites/default/files/2021-09/low-income-covid-19-impacts.pdf

Table 23: Poverty Status in the Last 12 Months, Families by Race and Ethnicity, Count and Percent of Families, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Total	Percent below poverty level	Total	Percent below poverty level
Families	9,837	12.9%	5,118,059	9.4%
Race				
Families with a householder who is:				
White alone	8,504	11.9%	3,871,941	7.8%
Black or African American alone	555	31.2%	700,021	16.9%
American Indian and Alaska Native alone	38	23.7%	12,533	12.6%
Asian alone	121	0.0%	134,608	9.0%
Native Hawaiian and Other Pacific Islander alone	11	0.0%	2,486	12.8%
Some other race alone	350	14.6%	149,248	15.5%
Two or more races	258	7.4%	247,222	10.5%
Ethnicity				
Families with a householder who is:				
Hispanic or Latino origin (of any race)	2,159	22.3%	1,229,041	13.6%
White alone, not Hispanic or Latino	6,912	8.4%	2,983,423	6.0%

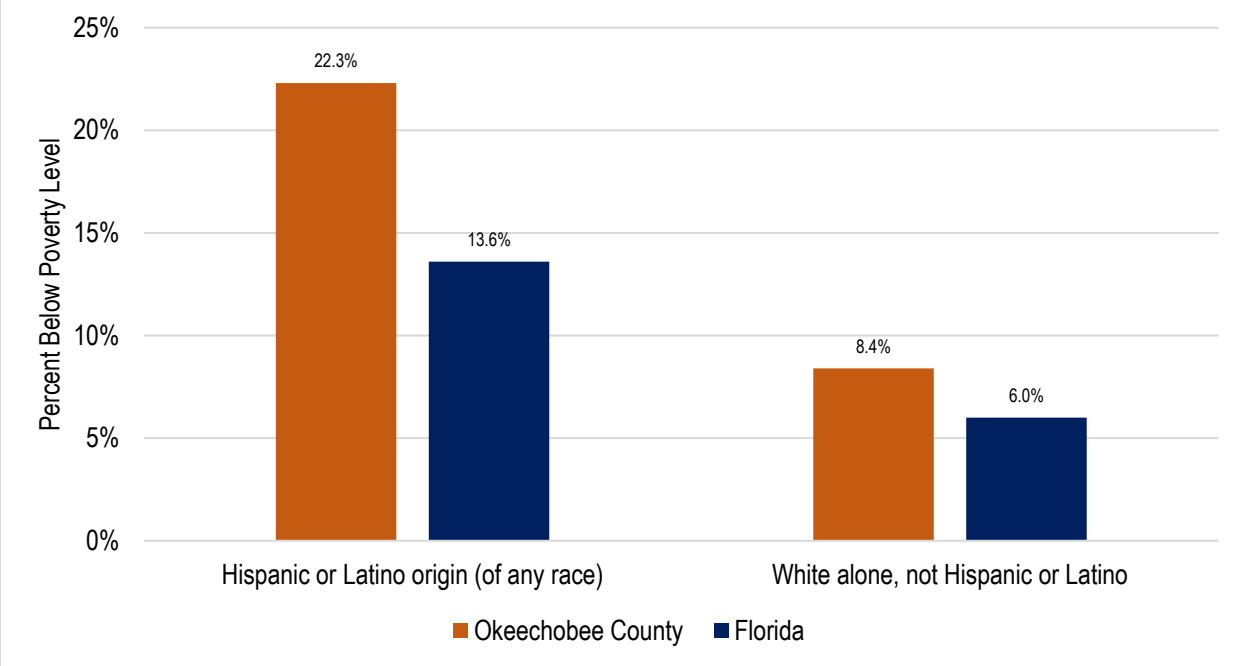
Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 12: Poverty Status in the Last 12 Months, Families by Race, Percent of Families, Okeechobee County and Florida, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 13: Poverty Status in the Last 12 Months, Families by Ethnicity, Percent of Families, Okeechobee County and Florida, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

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

The table below shows poverty status by Census County Division (CCD) by race and ethnicity in Okeechobee County CCDs in 2020. The Okeechobee CCD reported a higher percentage of residents living below the poverty level (18.3%) compared to the North Okeechobee CCD (15.8%). In the Okeechobee CCD, the proportion of those living below the poverty level was highest among American Indian and Alaskan Native residents (63.0%) compared to all other races. In the North Okeechobee CCD, 100.0% of all residents classified as some other race alone lived below the poverty level, the highest percentage among all races in North Okeechobee CCD. Notably, in both the North Okeechobee CCD and Okeechobee CCD, a greater percentage of Hispanic or Latino residents were living below the poverty level than their non-Hispanic Counterparts.

Table 24: Poverty Status by Census County Division by Race and Ethnicity, Count and Percent of Population for Whom Poverty Status is Determined, Okeechobee County CCDs, 5-Year Estimate, 2020

	North Okeechobee CCD		Okeechobee CCD	
	Total	Percent below poverty level	Total	Percent below poverty level
Population for whom poverty status is determined	1,047	15.8%	5,771	18.3%
Race				
White alone	1,013	16.3%	4,563	17.2%
Black or African American alone	23	10.8%	599	32.0%
American Indian and Alaska Native alone	0	0.0%	138	63.0%
Asian alone	0	0.0%	0	0.0%
Native Hawaiian and Other Pacific Islander alone	0	0.0%	0	0.0%
Some other race alone	6	100.0%	252	16.2%
Two or more races	5	2.6%	219	21.1%
Ethnicity				
Hispanic or Latino origin (of any race)	651	44.8%	1,977	24.1%
White alone, not Hispanic or Latino	368	7.4%	2,845	14.1%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

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

Recently, there has been an increase in the proportion of grandparents that assumed the role of primary caregiver for grandchildren, also referred to as a grand family. Grandparents are considered particularly vulnerable to poor health, social isolation from peers, and depression. Grand families may also face increased stress due to legal, financial, school-based, parenting, and relationship-related issues.[23]

The table below shows the poverty status of grandparents living with their grandchildren under 18 years of age in Okeechobee County and Florida in 2020. Among Okeechobee County grandparents living with their own grandchildren, 11.6% reported an income below the poverty level, a proportion lower than that of the state's (12.8%). Further, among grandparents, a higher proportion of those responsible for their own grandchildren lived below the poverty level compared to grandparents who were not responsible for their grandchildren (7.3% and 4.3%, respectively).

Table 25: Poverty Status in the Past 12 Months of Grandparents Living with Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren, Count and Percent of Total Grandparents Living with Own Grandchildren Under 18 Years of Age, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Total Grandparents Living with own Grandchildren under 18 Years of Age	1,180	100.0%	501,216	100.0%
Income in the past 12 months below poverty level	137	11.6%	63,928	12.8%
Grandparent responsible for own grandchildren under 18 years	86	7.3%	24,660	4.9%
Grandparent not responsible for own grandchildren under 18 years	51	4.3%	39,268	7.8%
Income in the past 12 months at or above poverty level	1,043	88.4%	437,288	87.2%
Grandparent responsible for own grandchildren under 18 years	521	44.2%	121,537	24.2%
Grandparent not responsible for own grandchildren under 18 years	522	44.2%	315,751	63.0%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

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

Poverty Status in the Past 12 Months of Grandparents Living with Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren, By Families, Okeechobee County CCDs, 2020

Understanding the poverty status among grandparents caring for grandchildren by Census County Division (CCD) can provide further insight into needs of specific areas within the county. The table below shows the poverty status of grandparents living with their own grandchildren under 18 years of age in the Okeechobee County Census County Division (CCDs) in 2020. In the North Okeechobee CCD, 10.8% of grandparents living with their grandchildren lived below the poverty level, which was slightly lower than the proportion in the Okeechobee CCD (11.8%). In both CCDs, a higher proportion of grandparents who were responsible for their own grandchildren were living below the poverty level compared to grandparents who were not responsible for their own grandchildren.

Table 26: Poverty Status in the Past 12 Months of Grandparents Living with Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren by Families, Count and Percent of Total Grandparents Living with Own Grandchildren Under 18 Years of Age, Okeechobee County CCDs, 5-Year Estimate, 2020

	North Okeechobee CCD		Okeechobee CCD	
	Count	Percent	Count	Percent
Total Grandparents Living with own Grandchildren under 18 Years of Age	203	100.0%	977	100.0%
Income in the past 12 months below poverty level	22	10.8%	115	11.8%
Grandparent responsible for own grandchildren under 18 years	22	10.8%	64	6.6%
Grandparent not responsible for own grandchildren under 18 years	0	0.0%	51	5.2%
Income in the past 12 months at or above poverty level	181	89.2%	862	88.2%
Grandparent responsible for own grandchildren under 18 years	59	29.1%	462	47.3%
Grandparent not responsible for own grandchildren under 18 years	122	60.1%	400	40.9%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

ALICE Population

Asset Limited, Income Constrained, and Employed (ALICE) households struggle to afford daily necessities and are living paycheck to paycheck. Residents of ALICE households are employed but are still at risk of poverty. The ALICE threshold can be defined as when a resident or family earns more than the federal poverty level but is still earning less than the basic cost of living.[24]

The table below shows the percentage of ALICE households compared to the percentage of households in poverty in Okeechobee County and Florida in 2018. In Okeechobee County, there were 13,759 total households, 38.0% of which were considered ALICE households and 20% of which were living in poverty. The percentage of ALICE households and the percentage of households in poverty were both higher in Okeechobee County compared to Florida.

Table 27: ALICE Population, Count and Percent of Total Households, Okeechobee County and Florida, 2018

	Total Households	% ALICE Households	% Households in Poverty
Okeechobee County	13,759	38.0%	20.0%
Florida	--	33.0%	13.0%

Source: United Way, ALICE Report, 2018
Compiled by: Health Council of Southeast Florida, 2022

ALICE Population, Palm Beach County CCDs

The table below shows the percentage of ALICE households in each Okeechobee County CCD in 2018. The percentage of ALICE households was higher in the Okeechobee CCD (59.0%) compared to the North Okeechobee CCD (55.0%).

Table 28: ALICE Population, Count and Percent of Total Households, Okeechobee County CCDs, 2018

Census County Division (CCD)	Total Households	% ALICE Households
North Okeechobee CCD	2,385	55.0%
Okeechobee CCD	11,374	59.0%

Source: United Way, ALICE Report, 2018
Compiled by: Health Council of Southeast Florida, 2022

[24] UnitedForALICE. (n.d.). *About Us*. Retrieved from https://www.unitedforalice.org/meet-alice

Income

Income is considered a social determinant of health as it impacts an individual's access to healthcare and resources. Those with stable income are more likely to have improved health outcomes than their counterparts without a stable income. High healthcare costs can significantly influence health-seeking behaviors and health care utilization. Often, individuals will forego necessary medical services or medications due to cost, exacerbating future medical expenses as conditions worsen. Because income also influences transportation, timely care, and access to health insurance, low-income individuals are negatively impacted. Importantly, as income inequality increases within the United States, health disparities among certain populations also increase.[25]

As a result of the COVID-19 pandemic and subsequent recession, certain populations, especially low-income individuals, have been disproportionately impacted. The U.S. Department of Health and Human Services reported that the economic effects of the pandemic resulted in reduced access to healthcare and healthy foods, particularly among low-income families of color. Low-income families also face increased stress levels associated with the pandemic, including social isolation, intimate partner violence, and the risk of child mistreatment.[26] Please note that while the data below includes figures during the beginning of the pandemic, as more recent data becomes available, the full impact of the pandemic on income in Okeechobee County and the associated impacts can be further assessed.

Per Capita Income and Earnings

As mentioned, income impacts an individual's access to healthcare and resources. Per capita income refers to the amount of income earned before taxes per person in a region.

The table and figure below show the per capita income and earnings in Okeechobee County and Florida in 2020. Compared to the state, Okeechobee County recorded a lower per capita income ($23,133); lower median earnings for workers ($30,127); lower median earnings for male full-time, year-round workers ($39,881); and lower median earnings for female full-time, year-round workers ($35,543). Notably, the per capita income and earnings in 2020 in Okeechobee County ($23,133) was almost $10,000 less than that in Florida ($32,848).

Table 29: Per Capita Income and Earnings, Okeechobee County and Florida, 5-Year Estimate, 2020

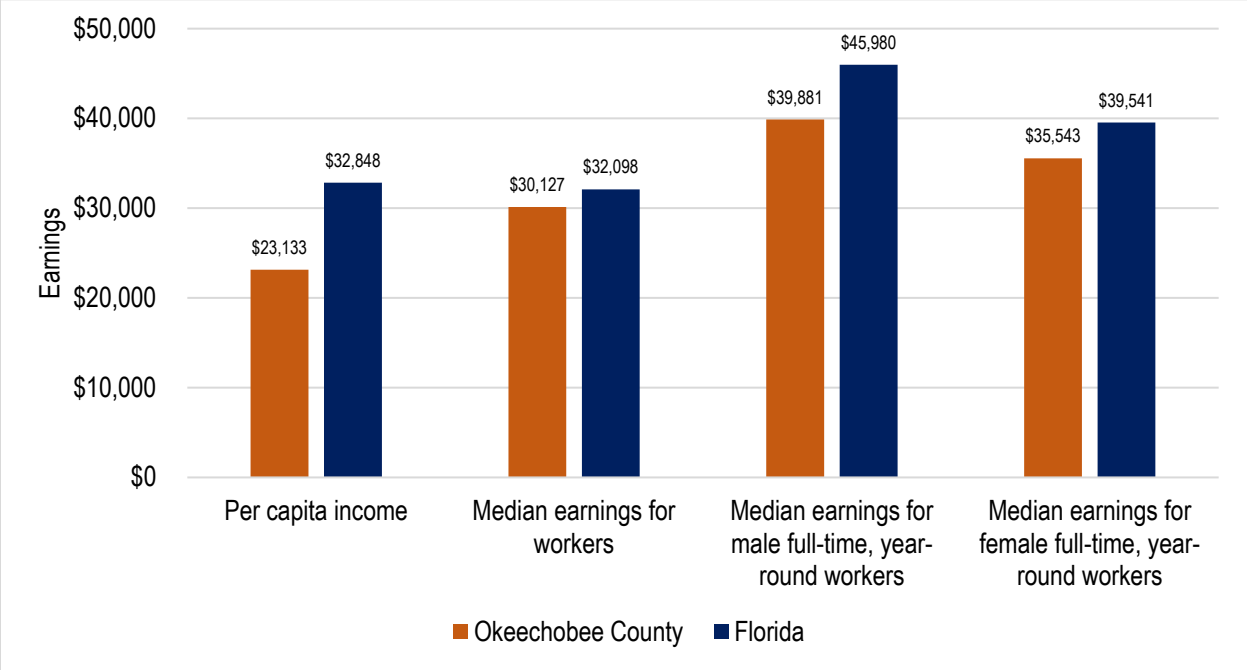
	Okeechobee County	Florida
Per capita income	$23,133	$32,848
Median earnings for workers	$30,127	$32,098
Median earnings for male full-time, year-round workers	$39,881	$45,980
Median earnings for female full-time, year-round workers	$35,543	$39,541

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

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

[26] U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (2021). The impact of the first year of the COVID-19 pandemic and recession on families with low incomes. Retrieved from https://aspe.hhs.gov/sites/default/files/2021-09/low-income-covid-19-impacts.pdf

Figure 14: Per Capita Income and Earnings, Okeechobee County and Florida, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Household Income and Benefits

Household income refers to earnings per household, which impacts access to housing, healthcare, and nutritious food, among other key social determinants of health. Household income and benefits can provide further insight into resident needs or barriers in a community.

The table below shows the household income and benefits in Okeechobee County and Florida in 2020. The percentage of households with earnings in Okeechobee County (66.1%) was lower than the percentage in Florida (72.7%). The median household income in Okeechobee County was significantly lower than the state median, at $46,097 and $57,703, respectively. Further, the percentage of households that received income from social security was higher among Okeechobee County residents (39.6%) compared to state residents (37.6%). Notably, the percentage of households that received income from other benefits, such as retirement (23.0%), supplemental security (5.3%), cash public assistance (3.3%), and food stamp/SNAP benefits (18.5%) was higher among Okeechobee County residents compared to Florida residents.

Table 30: Household Income and Benefits, Count and Percent of Total Households, Okeechobee County and Florida, 5-Year Estimate, 2020

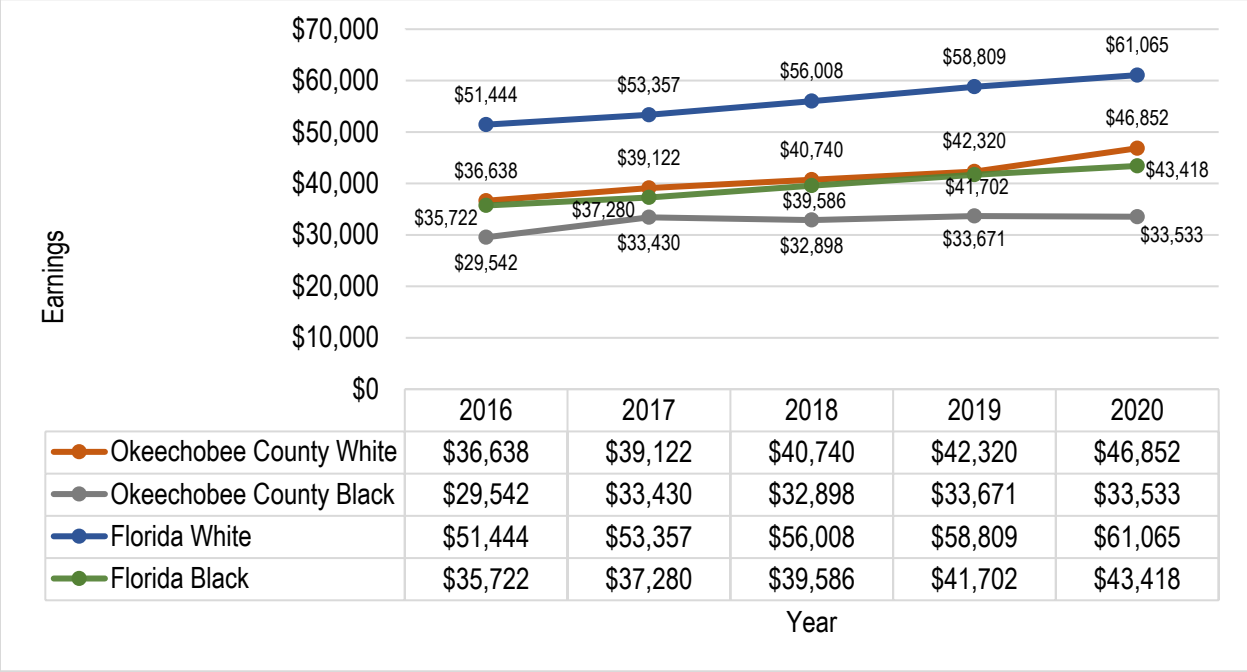
	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Total households	14,601	100.0%	7,931,313	100.0%
Less than $10,000	932	6.4%	494,959	6.2%
$10,000 to $14,999	942	6.5%	329,848	4.2%
$15,000 to $24,999	1,842	12.6%	737,220	9.3%
$25,000 to $34,999	1,766	12.1%	788,025	9.9%
$35,000 to $49,999	2,631	18.0%	1,094,783	13.8%
$50,000 to $74,999	2,515	17.2%	1,453,714	18.3%
$75,000 to $99,999	1,412	9.7%	990,657	12.5%
$100,000 to $149,999	1,657	11.3%	1,088,541	13.7%
$150,000 to $199,999	485	3.3%	443,475	5.6%
$200,000 or more	419	2.9%	510,091	6.4%
Median household income	$46,097	--	$57,703	--
Mean household income	$63,077	--	$83,104	--
With earnings	9,652	66.1%	5,763,419	72.7%
Mean earnings	$65,532	--	$82,864	--
With Social Security	5,789	39.6%	2,978,751	37.6%
Mean Social Security income	$20,880	--	$20,545	--
With retirement income	3,362	23.0%	1,797,631	22.7%
Mean retirement income	$22,690	--	$30,158	--
With Supplemental Security Income	774	5.3%	396,002	5.0%
Mean Supplemental Security Income	$10,443	--	$10,060	--
With cash public assistance income	489	3.3%	177,524	2.2%
Mean cash public assistance income	$2,424	--	$2,600	--
With Food Stamp/SNAP benefits in the past 12 months	2,706	18.5%	1,044,055	13.2%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Household Income and Benefits by Race

The figure below shows the household income and benefits by race in Okeechobee County and Florida from 2016 to 2020. Most recently in 2020, White residents in both Okeechobee County and Florida had 1.4 times higher yearly earnings compared to Black residents. White residents earned $46,852 per year, while Black residents earned $33,533.

Figure 15: Household Income and Benefits by Race, Annual Earnings, Okeechobee County and Florida, 5-Year Estimate, 2016 - 2020



	2016	2017	2018	2019	2020
Okeechobee County White	$36,638	$39,122	$40,740	$42,320	$46,852
Okeechobee County Black	$29,542	$33,430	$32,898	$33,671	$33,533
Florida White	$51,444	$53,357	$56,008	$58,809	$61,065
Florida Black	$35,722	$37,280	$39,586	$41,702	$43,418

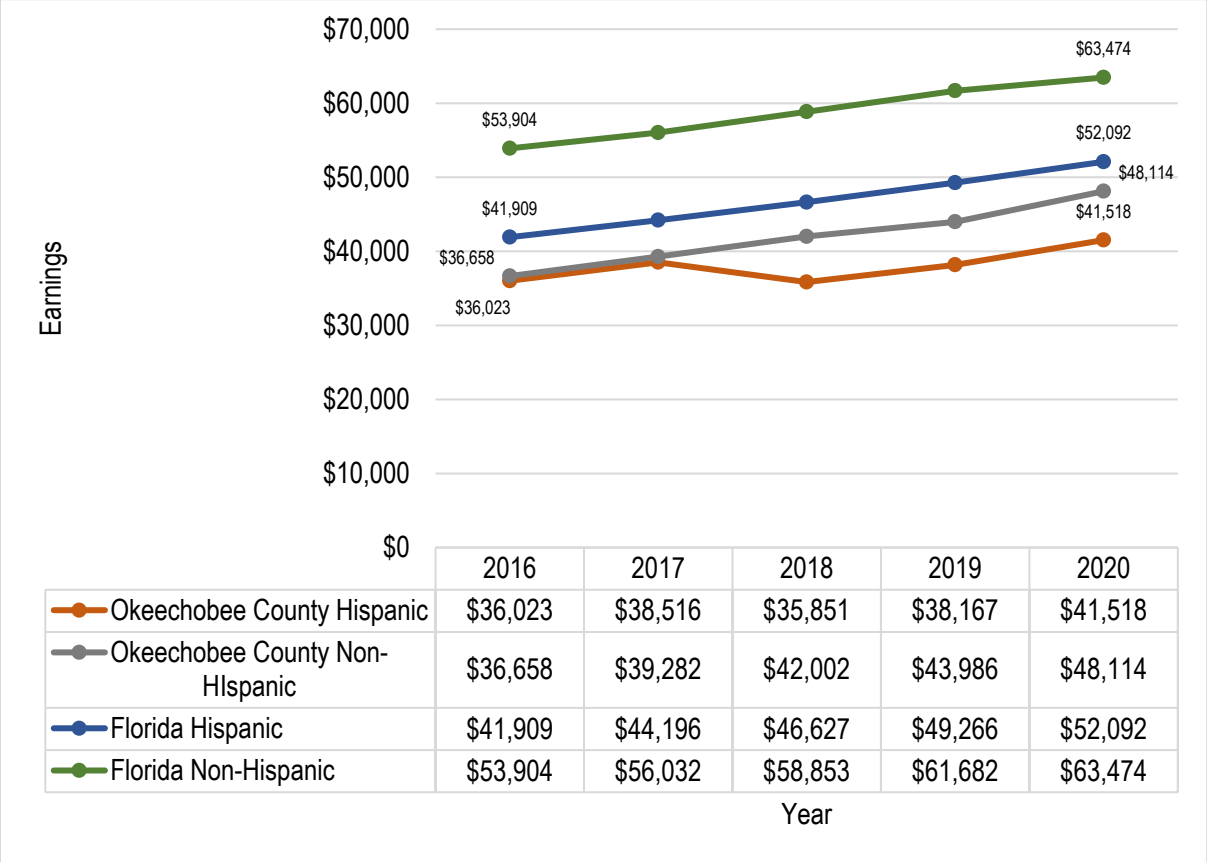
Year

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Household Income and Benefits by Ethnicity

The figure below shows the household income and benefits by ethnicity in Okeechobee County and Florida from 2016 to 2020. Overall, non-Hispanic residents in both Okeechobee County and Florida had higher yearly earnings compared to Hispanic residents in Okeechobee County and Florida during this specific timeframe. Most recently, in 2020, non-Hispanic residents in Okeechobee County earned $48,114 per year while Hispanic residents earned $41,518 per year.

Figure 16: Household Income and Benefits by Ethnicity, Annual Earnings, Okeechobee County and Florida, 5-Year Estimate, 2020



	2016	2017	2018	2019	2020
Okeechobee County Hispanic	$36,023	$38,516	$35,851	$38,167	$41,518
Okeechobee County Non-HIspanic	$36,658	$39,282	$42,002	$43,986	$48,114
Florida Hispanic	$41,909	$44,196	$46,627	$49,266	$52,092
Florida Non-Hispanic	$53,904	$56,032	$58,853	$61,682	$63,474

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Family Income

Income and income inequality impact one's ability to access healthcare and available resources. While the data below includes figures from the beginning of the pandemic, it is widely known that low-income families were disproportionately impacted economically by the pandemic.[27] As more data becomes available, the full impact of the pandemic can be assessed.

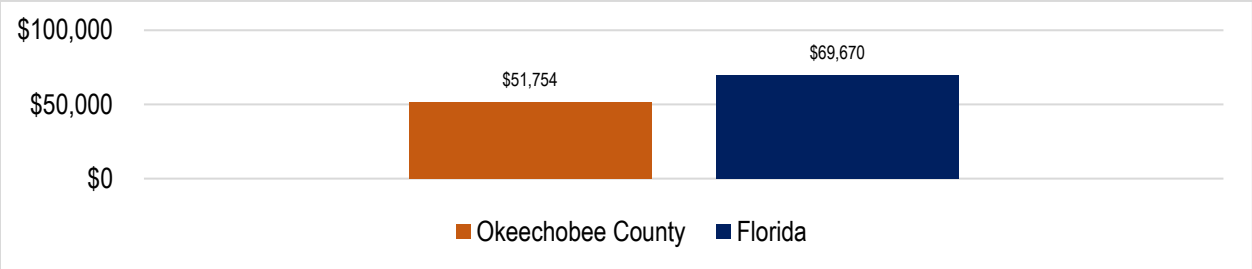
The table and figure below show family income in Okeechobee County and Florida in 2020. The median family income was lower in Okeechobee County ($51,754) compared to the state of Florida ($69,670). The highest proportion of families in Okeechobee County reported a family income of $35,000 to $49,999 (19.4%), followed by $50,000 to $74,999 (18.6%), $100,000 to $149,999 (13.7%), and $25,000 to $34,999 (13.0%).

Table 31: Family Income, Count and Percent, Count and Percent of Families, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Families	9,837	100.0%	5,118,059	100.0%
Less than $10,000	394	4.0%	189,291	3.7%
$10,000 to $14,999	287	2.9%	117,705	2.3%
$15,000 to $24,999	847	8.6%	339,526	6.6%
$25,000 to $34,999	1,278	13.0%	440,535	8.6%
$35,000 to $49,999	1,909	19.4%	679,432	13.3%
$50,000 to $74,999	1,834	18.6%	976,357	19.1%
$75,000 to $99,999	1,241	12.6%	727,613	14.2%
$100,000 to $149,999	1,351	13.7%	856,216	16.7%
$150,000 to $199,999	438	4.5%	366,981	7.2%
$200,000 or more	258	2.6%	424,403	8.3%
Median family income	$51,754	--	$69,670	--
Mean family income	$67,201	--	$96,492	--

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 17: Median Family Income, Annual Earnings, Okeechobee County and Florida, 5-Year Estimate, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[27] Office of Human Services Policy (2021). The Impact of the first year of the COVID-19 pandemic and recession on families with low incomes. Retrieved from https://aspe.hhs.gov/sites/default/files/2021-09/low-income-covid-19-impacts.pdf

GINI Index

The GINI Index is a measurement of income distribution throughout the county. Based on the residents' net income, the value will vary between 0 and 1. A value of 0 indicates perfect equality, where there is a proportional distribution of income among the residents. A value of 1 indicates perfect inequality, where one household possesses all of the income and other households do not have an income. The GINI Index helps identify high levels of income inequality, which may ultimately lead to slower gross domestic product growth, a reduction in economic mobility, increased individual debt, and an increase in poverty rates. Importantly, the Gini Index provided below is based on 2020 5-year estimates, so it is likely that the figures have changed further as a result of the economic impacts of the pandemic.

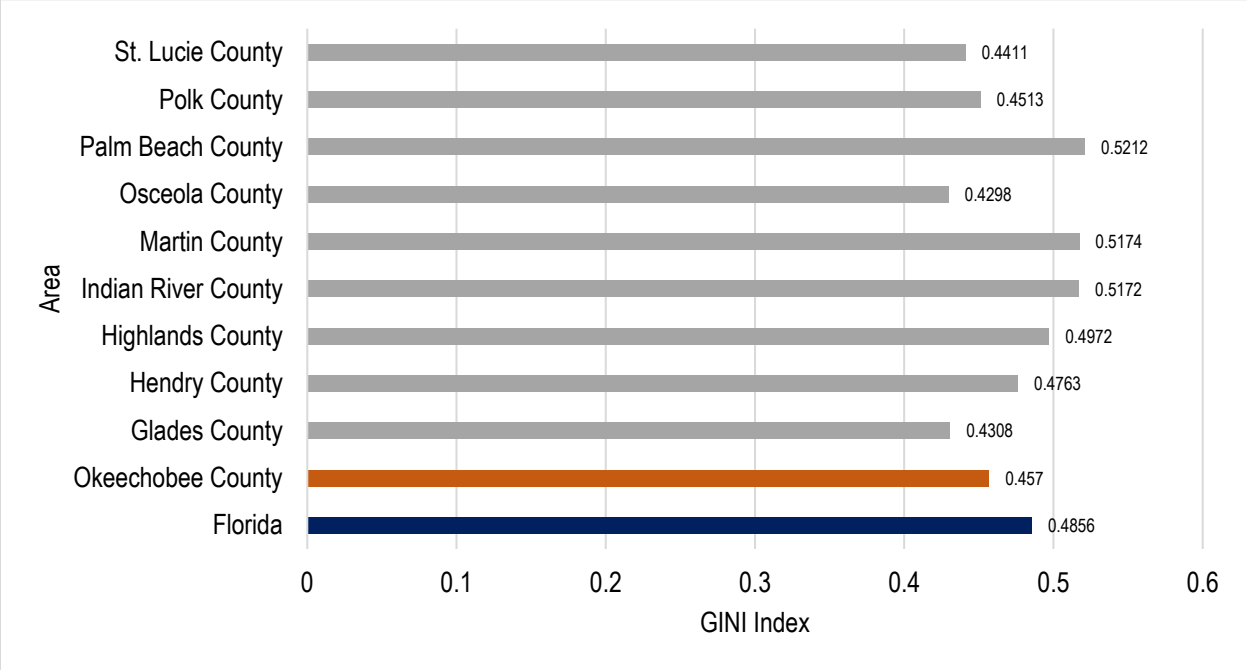
The table and figure below show the GINI Index in Okeechobee County, surrounding counties, and the state of Florida in 2020. Okeechobee County reported a GINI Index of 0.4570, which was lower than that of the state of Florida (0.4856). This indicates that the Okeechobee County income distribution is slightly more equitable than that of the state of Florida. With respect to surrounding counties, the GINI index in Okeechobee County is higher than Glades County (0.4308), Osceola County (0.4298), Polk County (0.4513), and St. Lucie County (0.4411), but lower than Hendry County (0.4763), Highlands County (0.4972), Indian River County (0.5172), Martin County (0.517), and Palm Beach County (0.5212).

Table 32: GINI Index, Okeechobee County, Florida, and Surrounding Counties, 5-Year Estimate, 2020

Area	GINI Index
Florida	0.4856
Okeechobee County	0.4570
Surrounding Counties:	
Glades County	0.4308
Hendry County	0.4763
Highlands County	0.4972
Indian River County	0.5172
Martin County	0.5174
Osceola County	0.4298
Palm Beach County	0.5212
Polk County	0.4513
St. Lucie County	0.4411

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 18: GINI Index, Okeechobee County, Florida, and Surrounding Counties, 5-Year Estimate, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Public Assistance Benefits

Public assistance benefits serve as a valuable resource for community members. Such benefits provide a minimum level of financial security to those in need, usually based on low-income means-tested eligibility criteria, and buffer adverse health outcomes associated with socioeconomic disparities.[28]

Notably, due to the COVID-19 pandemic and subsequent recession, there has been an increased demand for many public assistance programs as socioeconomic disparities increase. As a result, many public assistance programs adapted the delivery of services, while taking safety precautions into account, to adequately meet the increased demand. For example, the Food and Nutrition Service (FNS) granted a waiver to allow schools to provide grab-and-go lunches for students during the transition to remote learning.[29] As more recent data becomes available, the impact of the pandemic on public assistance benefit utilization in Okeechobee County can be further assessed.

[28] Shahidi, F.V., Ramraj, C., Sod-Erdene, O., et al. (2019). The impact of social assistance programs on population health: A systematic review of research in high income countries. *BMC Public Health.* 19 (2).
[29] U.S. Department of Agriculture, Food and Nutrition Service. (2021). Nationwide waiver to allow specific school meal pattern flexibility for school year 2021-2022. Retrieved from https://www.fns.usda.gov/cn/covid-19-child-nutrition-response-90

Households Receiving Cash Public Assistance Income / Receiving Food Stamps / SNAP Benefits

The analysis of households receiving cash public assistance income, food stamps, or SNAP benefits provides further insight on the makeup and needs of the community. The Supplemental Nutrition Assistance Program, formerly known as the Food Stamp Program, provides food benefits, access to nutritious foods, and food education to low-income households. Benefits are provided by the Florida Department of Children and Families Office of Economic Self-Sufficiency on an electronic benefit transfer card for families to purchase eligible foods.[30]

The table below shows the percent of households receiving cash public assistance income, food stamps, or SNAP benefits in Okeechobee County and Florida in 2020. A higher proportion of Okeechobee County households received food stamps or SNAP benefits (18.5%) compared to Florida households (13.2%). Of the Okeechobee County households that received cash public assistance income, food stamps or SNAP benefits, 82.1% were White and 13.3% were Black or African American. Additionally, in 2020, 31.7% percent of households receiving food stamps or SNAP benefits were of Hispanic or Latino origin (of any race) in Okeechobee County compared to 36.1% in Florida. Among the households receiving food stamps or SNAP benefits, 54.4% were White alone, not Hispanic or Latino in Okeechobee County, compared to 34.0% in Florida.

Table 33: Households Receiving Cash Public Assistance Income / Receiving Food Stamps / SNAP Benefits, Count and Percent of Households Receiving Cash Public Assistance Income / Receiving Food Stamps / SNAP Benefits, Okeechobee County and Florida, by Race/Ethnicity, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Total	Percent	Total	Percent
Households receiving food stamps / SNAP	2,706	18.5%	1,044,055	13.2%
Race				
White alone	2,221	82.1%	622,492	59.6%
Black or African American alone	360	13.3%	288,842	27.7%
American Indian and Alaska Native alone	0	0.0%	3,393	0.3%
Asian alone	0	0.0%	13,221	1.3%
Native Hawaiian and Other Pacific Islander alone	0	0.0%	459	0.0%
Some other race alone	87	3.2%	46,847	4.5%
Two or more races	38	1.4%	68,801	6.6%
Ethnicity				
Hispanic or Latino origin (of any race)	858	31.7%	377,243	36.1%
White alone, not Hispanic or Latino	1,471	54.4%	354,815	34.0%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[30] Florida Department of Children and Families (n.d.). Supplemental Nutrition Assistance Program (SNAP). Retrieved from https://www.myflfamilies.com/service-programs/access/snap/

Free and Reduced Lunch Status

The number of elementary school students eligible for free/reduced lunch divided by the number of enrolled students, expressed as a percent.

The National School Lunch Program (NSLP), established in 1946 under the Richard B. Russell National School Lunch Act, provides free and reduced-price lunches to schoolchildren from economically disadvantaged families. An increase in this percentage indicates a greater proportion of students are economically disadvantaged. Research indicates that when free and reduced lunches are offered at school, food insecurity, obesity rates, and poor health outcomes decline among students. In addition, school meal nutrition standards set by the National School Lunch Program have an overall positive impact on students' well-being and sustains their ability to learn throughout the day.[31]

The table below shows free and reduced lunch status in Okeechobee County and Florida during the 2021-2022 school year. During this time, a higher proportion of Okeechobee County Kindergarten, Elementary, and Middle School students were eligible for free and reduced lunch compared to there statewide counterparts. On the contrary, 0% of Pre-K students in Okeechobee County were eligible for free and reduced lunch compared to 61% of Pre-K students in Florida.

Table 34: Free and Reduced Lunch Status, Percent of Total Students, Okeechobee County and Florida, School Year 2021 – 2022

Proportion Eligible for Free and Reduced Lunch	Okeechobee County	Florida
Pre-Kindergarten Students	0.0%	61.0%
Kindergarten Students	64.6%	53.4%
Elementary School Students	59.4%	56.6%
Middle School Students	56.0%	55.1%

Source: Florida Department of Education, 2022
Compiled by: Health Council of Southeast Florida, 2022

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

Students Qualifying for Free and Reduced Lunch, By School

The table below shows free and reduced lunch statuses for all of Okeechobee County schools during the 2021-2022 school year. All students in Central Elementary School, Yearling Middle School, North Elementary School, Everglades Elementary School, Seminole Elementary School, and Osceola Middle School were eligible, qualified for free and reduced lunch, and attended a Provision 2 school. Furthermore, the multiplier set by the USDA National School Lunch Program was applicable in calculating the rate among Okeechobee County students.

Table 35: Students Qualifying for Free and Reduced Lunch by School, Count and Percent of Total Students, Okeechobee County, School Year 2021 -2022

	Total Students	Rate with Multiplier if Applicable	# of Direct Certification CEP Students
Central Elementary School	515	100.0%	348
Okeechobee High School	1,593	94.8%	944
South Elementary School	630	97.1%	383
Okeechobee Achievement Academy	252	82.5%	130
Yearling Middle School	693	100.0%	471
North Elementary School	575	100.0%	381
Everglades Elementary School	666	100.0%	470
Seminole Elementary School	468	100.0%	354
Osceola Middle School	699	100.0%	479
Okeechobee Virtual Franchise	148	33.1%	31
Student Serv./Special Programs	*	*	*
Tantie	63	0.0%	0

Notes: Free = The student is eligible for free lunch; Reduced = The student is eligible for reduced price lunch; Provision 2 = The student is enrolled in a USDA-approved Provision 2 school; Direct Cert = The student is enrolled in a USDA-approved Community Eligibility Provision (CEP) school and is identified as eligible for free meals based upon the Direct Certification Determination or the extension of eligibility to the household due to eligibility of an identified direct certified student; Rate with Multiplier if Applicable = The number of CEP code C and D students multiplied by the USDA National School Lunch Program multiplier, is set at 1.6 (If this number is greater than the total members, it is capped at the membership value.).
Source: Florida Department of Education, 2022
Compiled by: Health Council of Southeast Florida, 2022

SNAP Participation

Research indicates that food insecurity increases the risk of adverse health outcomes and complicates the ability to manage illness. Those who are food insecure or lack consistent access to food throughout the year due to limited resources, spend more on medical care than those of food secure households. Additionally, evidence demonstrates a correlation between food insecurity and chronic health conditions among children, working-age adults, and seniors. Among children, food insecurity is linked to the development of chronic health conditions such as asthma, cognitive and behavioral problems, anxiety and depression, and overall poor health. The United States' anti-hunger program, the Supplemental Nutrition Assistance Program (SNAP), provides nutrition assistance for low-income families. SNAP works to improve food insecurity, by offering benefits that enable families to purchase healthier diets, as well as save money to spend on necessary medical care and other health promoting activities. As an example, elderly SNAP participants are less likely to forgo fulfilling prescribed medications due to cost.[32]

The table below shows SNAP participation by ZIP code among age groups in Okeechobee County as of August 2022. Notably, over 50% of the population in ZIP code 34972 received SNAP benefits in August 2022 (51.2%). The ZIP code with the second highest percentage of the population receiving SNAP benefits was 34974 at 48.1%, while, in ZIP code 34973 only 0.7% of the population received SNAP benefits.

Table 36: SNAP Participation, Count and Percent of SNAP Recipients, Okeechobee County, 2022

ZIP Code		Age 17 & Under Receiving SNAP	Age 18-59 Receiving SNAP	Age 60 & Above Receiving SNAP	Total SNAP Recipients	Percentage of the Population SNAP
34972	Basinger	2,037	1,397	609	4,037	51.2%
34973	Okeechobee	20	25	13	58	0.7%
34974	Okeechobee	1,573	1,436	782	3,791	48.1%

Source: Florida Department of Children and Families. Southeast Region, Office of Economic Self-Sufficiency, 2022
Compiled by: Health Council of Southeast Florida, 2022

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

Older Americans Act, Meals Clients

The Older Americans Act was passed by the United States Congress in 1965 as a response to concerns about the lack of social services for the elderly population. In recent years, the Older Americans Act authorizes a large scope of social and nutritional services for elderly individuals and their caregivers.[33]

The table below shows the number and percentage of Older American Act meals clients in Okeechobee County from 2016 to 2020. The total population aged 60 and over increased from 2016 (9,421) to 2020 (10,924) in Okeechobee County, indicating an increased need for these services. The percentage of active congregate and home delivered meals clients among this population also increased overall from 2.9% in 2016 to 4.1% in 2020.

Table 37: Older Americans Act, Meals Clients, Okeechobee County, 2016-2020

Year	60+ Population	Congregate Meals Clients Active During the Year*	Home Delivered Meals Clients Active During the Year*	Congregate and Home Delivered Meals Active Clients as a % of 60+ Population	Number of Clients on the Home Delivered Meals Waitlist During the Year*	Clients on the Home Delivered Meals Waitlist as a % of 60+ Population
2016	9,421	127	146	2.9%	95	1.0%
2017	10,230	122	155	2.7%	109	1.1%
2018	10,529	155	141	2.8%	128	1.2%
2019	10,666	226	147	3.5%	152	1.4%
2020	10,924	255	194	4.1%	108	1.0%

Note: The waitlists are only a fraction of the need. They depend upon a person's awareness of services and their willingness to be listed on a waitlist once they find out that they may not be able to receive services immediately.
*Source: Area Agency on Aging of Palm Beach/Treasure Coast, Inc. Client Information Registration Tracking System (CIRTS), 2020
Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

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

Homelessness

Homelessness within a community is associated with increased morbidity rates.[34] Homeless populations often experience poorer health outcomes compared to their sheltered counterparts due to barriers such as lack of access to health insurance and medical care, resulting in neglected medical conditions and direct medical complications due to being unsheltered. As a result of the poor health outcomes, research indicates that individuals who experience homelessness rely heavily on emergency department visits for healthcare.[35] Emergency department visits yield much higher costs compared to routine medical care, which creates uncertainty and complications for unstably housed or unsheltered individuals seeking care. Research also indicates that the COVID-19 pandemic has impacted rates of underlying health conditions, stigma, and marginalization, disenfranchising the unhoused population from receiving proper health care and social services. Additionally, living conditions for unsheltered individuals potentiate the risk of COVID-19 transmission and adverse outcomes.[36]

Homeless Count by Continuum of Care

The table below shows homeless counts in Okeechobee County and Florida from 2017 to 2022. It is important to note that the 2021 point-in-time counts are not comparable to the previous years' counts due to COVID-19 related safety concerns that affected the annual count of unsheltered homeless individuals. As such, only sheltered individuals were counted in Okeechobee County and across the state, which was not in line with the previous years' counts and resulted in underreporting. Aside from 2021, the homeless count by Continuum of Care includes both sheltered and unsheltered individuals. Based on available data, from 2019 to 2022, the count of individuals experiencing homelessness in Okeechobee County increased from 48 to 79.

Table 38: Homeless Count by Continuum of Care, Count and Percent Change of Homeless Population, Okeechobee County and Florida, 2017-2022

Year	Okeechobee County		Florida	
	Count	Percent Change	Count	Percent Change
2018	50	--	29,717	--
2019	48	-4.0%	28,590	-3.8%
2020	48	0.0%	27,679	-3.2%
2021*	n/a	--	21,141	-23.6%
2022	79	--	25,810	22.1%

Note: *The 2021 Point in Time Count numbers are not comparable to the previous years' counts. Typically, Continuums of Care (CoCs) conduct a PIT Count of both sheltered and unsheltered households. In 2021, due to COVID-19 related safety concerns, only six of the 27 CoCs conducted such a count; 10 CoCs did not conduct an unsheltered count; and others conducted a modified form of the unsheltered count. All CoCs conducted a sheltered PIT count. For those that did not conduct an unsheltered count, the CoCs reported zero unsheltered persons, resulting in an undercount of homelessness.
Source: Council on Homelessness, Annual Report, 2021
Compiled by: Health Council of Southeast Florida, 2022

[34] Liu, M., Hwang, S.W. Health care for homeless people. *Nat Rev Dis Primers* **7**, 5 (2021). https://doi.org/10.1038/s41572-020-00241-2
[35] Trick, W.E., Rachman, F., Hinami, K. et al. (2021). Variability in comorbidites and health services use across homeless typologies: multicenter data linkage between healthcare and homeless systems. BMC Public Health 21, 917. https://doi.org/10.1186/s12889-021-10958-8
[36] Rodriguez, N.M., Lahey, A.M., MacNeill, J.J. et al. (2021). Homelessness during COVID-19: challenges, responses, and lessons learned from homeless service providers in Tippecanoe County, Indiana. *BMC Public Health (21)*1657. https://doi.org/10.1186/s12889-021-11687-8

Homeless Students by District

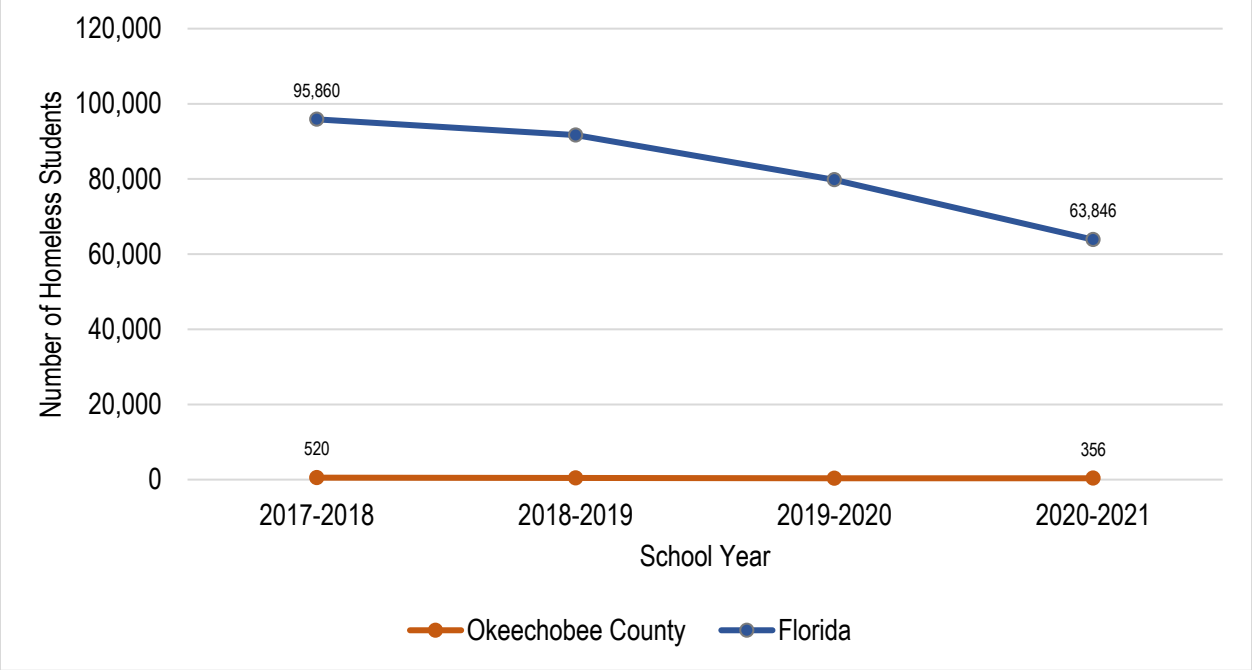
Students experiencing homelessness experience worse health outcomes compared to their counterparts. Further, this population often face barriers, such as food insecurity, which may impact their attendance, learning, and school performance.[37] The table and figure below show homeless student counts by district in Okeechobee County and Florida from the 2017-2018 school year to the 2020-2021 school year. Among students in Okeechobee County, the number of students experiencing homelessness decreased overall from 520 in the 2017-2018 school year to 352 in the 2019-2020 school year, then increased slightly to 356 in the 2020-2021 school year.

Table 39: Homeless Students by District, Count and Percent Change of Homeless Students, Okeechobee County and Florida, School Years 2017-2018 Through 2020-2021

School Year	Okeechobee County		Florida	
	Count	Percent Change	Count	Percent Change
2017-2018	520	--	95,860	--
2018-2019	432	-0.2%	91,675	0.0%
2019-2020	352	-0.2%	79,781	-0.1%
2020-2021	356	0.0%	63,846	-0.2%

Source: Florida Department of Education, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 19: Homeless Students by District, Number of Homeless Students, Okeechobee County and Florida, School Years 2017-2018 Through 2020-2021



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[37] J. J. Cutuli, Sandra M. Ahumada, Janette E. Herbers, Theresa L. Lafavor, Ann S. Masten & Charles N. Oberg (2017) Adversity and children experiencing family homelessness: implications for health, Journal of Children and Poverty, 23:1, 41-55, DOI: 10.1080/10796126.2016.1198753

Education

Education is critical to the growth, development, and economic mobility of individuals, and evidence demonstrates a strong correlation between education and health, with those with higher educational attainment levels experiencing better health outcomes.[38] Starting in 2020, the education system faced many challenges as the spread of the COVID-19 pandemic led many school districts to pause in-person learning and shift to virtual learning conducted online outside of the traditional school setting. The transition to remote learning during the beginning of the pandemic increased stress for children and resulted in revised testing practices. Research indicates that remote testing practices are a major concern for student stress due to the exam duration, mode of question navigation, and technical problems that may arise.[39] It is important to note, this section includes figures from the beginning of the pandemic. The full impact of the COVID-19 pandemic on education in Okeechobee County can be assessed as additional data becomes available.

School Enrollment

The experiences that children have in learning programs influence their development and growth.[40] Educational programs and early learning programs are critical to childhood social and emotional development, serving as a catalyst for children to develop skills, relationships, and interests that shape their future. Studies have shown that early learning programs lead to enhanced literacy, language, math, and self-regulation skills. For children who are dual language learners or are from lower income households, positive results were greater when early learning programs were attended.[41] School enrollment is also an indication of population growth and can inform service delivery planning, as schools are often an avenue for health education and service delivery. Thus, understanding school enrollment is useful as agencies plan and implement programs.

The table below shows the count and percent of school enrollment in Okeechobee County and Florida in 2020. In 2020, 8,347 Okeechobee County residents aged 3 years and over were enrolled in a form of school. Notably, 24.9% of students were enrolled in elementary school (grades 1-4), 25.9% of students were enrolled in elementary school (grades 5-8), and 24.6% of students were enrolled in high school (grades 9-12) in Okeechobee County, which were higher than the state percentages. However, 16.8% of Okeechobee County students were enrolled in college or graduate school, compared to 28.8% of Florida students overall.

Table 40: School Enrollment, Count and Percent of Population Age 3 Years and Over Enrolled in School, Okeechobee County and Florida, 5-Year Estimate, 2020

School Enrollment	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Population age 3 years and over enrolled in school	8,347	100.0%	4,774,888	100.0%
Nursery school, preschool	466	5.6%	295,763	6.2%
Kindergarten	204	2.4%	230,566	4.8%
Elementary school (grades 1-4)	2,081	24.9%	914,948	19.2%
Elementary school (grades 5-8)	2,159	25.9%	969,367	20.3%
High school (grades 9-12)	2,057	24.6%	989,566	20.7%
College or graduate school	1,400	16.8%	1,374,678	28.8%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[38] Zajacova, A., Lawrence, E. M. (2018). The relationship between education and health: reducing disparities through a contextual approach. Retrieved from https://doi.org/10.1146/annurev-publhealth-031816-044628
[39] Elsalem, L., Al-Azzam, N., Jum'ah, A. A., Obeidat, N., Sindiani, A. M., & Kheirallah, K. A. (2020). Stress and behavioral changes with remote E-exams during the COVID-19 pandemic: A cross-sectional study among undergraduates of Medical Sciences. Annals of Medicine and Surgery. Retrieved October 13, 2022, from https://doi.org/10.1016/j.amsu.2020.10.058
[40] Donoghue, E. A. (2017). Quality Early Education and Child Care from Birth to Kindergarten. Pediatrics: Official Journal of the American Academy of Pediatrics, 140(2). https://doi.org/10.1542.peds.2017-1488.
[41] Ansari, A., Pianta, R. C., Whittaker, J. E., Vitiello, V., & Ruzek, E. (2021). Enrollment in public-prekindergarten and school readiness skills at kindergarten entry: Differential associations by home language, income, and program characteristics. Early Childhood Research Quarterly, 54, 60–71. https://doi.org/10.1016/j.ecresq.2020.07.011

School Enrollment by Type

The table below shows school enrollment by grade for private and public schools in Okeechobee County and Florida in 2020. Across most categories, including kindergarten, grades 1 through 4, grades 5 through 8, grades 9 through 12, and undergraduate college, more individuals were enrolled in public schools as compared to private schools. The biggest gap between public and private school enrollment in Okeechobee County was seen in grades 5 through 8, where 1,977 students were enrolled in public school and 182 students were enrolled in private school. Regarding graduate schools, more students were enrolled in private schools (106) than public schools (74) in Okeechobee County.

Table 41: School Enrollment by Type, Count of Total Population Age 3 Years and Over, Okeechobee County and Florida, 1-Year Estimate, 2020

School Enrollment	Okeechobee County	Florida
Total Population Age 3 Years and Over	40,056	20,549,478
Enrolled in school	8,347	4,774,888
Enrolled in nursery school, preschool:	446	295,763
Public school	240	160,977
Private school	206	134,786
Enrolled in kindergarten:	204	230,566
Public school	172	191,996
Private school	32	38,570
Enrolled in grade 1 to grade 4:	2,081	914,948
Public school	1,879	788,118
Private school	202	126,830
Enrolled in grade 5 to grade 8:	2,159	969,367
Public school	1,977	831,464
Private school	182	137,903
Enrolled in grade 9 to grade 12:	2,057	989,566
Public school	1,757	871,233
Private school	300	118,333
Enrolled in college undergraduate years:	1,220	1,109,577
Public school	1,022	883,418
Private school	198	226,159
Enrolled in graduate or professional school:	180	265,101
Public school	74	157,507
Private school	106	107,594
Not enrolled in school	31,709	15,774,590

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Educational Attainment

Individuals with higher educational attainment have been found to live healthier and longer lives compared to those with less education attainment.[42] Education can help to secure stable employment, financial security, and employer-sponsored health insurance, which are associated with increased access to care and material resources. As such, educational attainment can serve as an important health-related socio-economic indicator when considering the health and well-being of a community.[43]

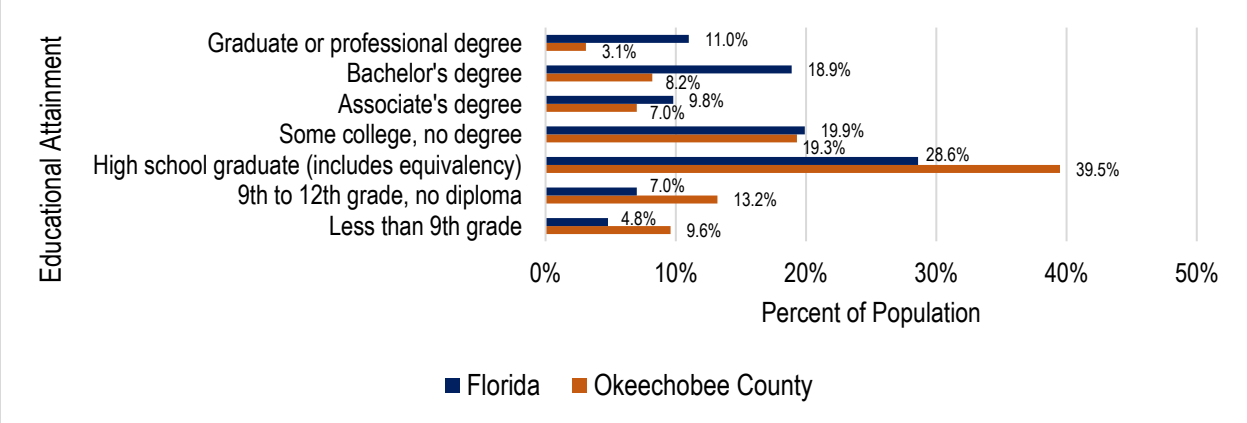
The table and figure below show educational attainment among residents in Okeechobee County and Florida in 2020. Among the Okeechobee County population that was aged 25 years or older in 2020, 19.3% obtained some college with no degree, which was comparable to the state's percentage of 19.9%. Comparatively, a much lower percentage of residents age 25 years or over obtained a Bachelor's degree or higher in Okeechobee County (11.3%) compared to the state (29.9%).

Table 42: Educational Attainment, Count and Percent of Population Age 25 Years and Over, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Population Age 25 years and over	28,952	100.0%	14,965,745	100.0%
Less than 9th grade	2,784	9.6%	718,909	4.8%
9th to 12th grade, no diploma	3,824	13.2%	1,048,674	7.0%
High school graduate (includes equivalency)	11,434	39.5%	4,276,237	28.6%
Some college, no degree	5,591	19.3%	2,981,480	19.9%
Associate's degree	2,036	7.0%	1,468,744	9.8%
Bachelor's degree	2,387	8.2%	2,827,938	18.9%
Graduate or professional degree	896	3.1%	1,643,763	11.0%
High school graduate or higher	22,344	77.2%	13,198,162	88.2%
Bachelor's degree or higher	3,283	11.3%	4,471,701	29.9%

Source: U.S Census Bureau, American Community Survey, 2020; Compiled by: Health Council of Southeast Florida, 2022

Figure 20: Educational Attainment, Percent of Population Age 25 Years and Over, Okeechobee County and Florida, 5-Year Estimate, 2020



Source: U.S Census Bureau, American Community Survey, 2020; Compiled by: Health Council of Southeast Florida, 2022

[42] Zajacova, A., Lawrence, E. M. (2018). The relationship between education and health: reducing disparities through a contextual approach. Retrieved from https://doi.org/10.1146/annurev-publhealth-031816-044628

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

Educational Attainment by Race and Ethnicity

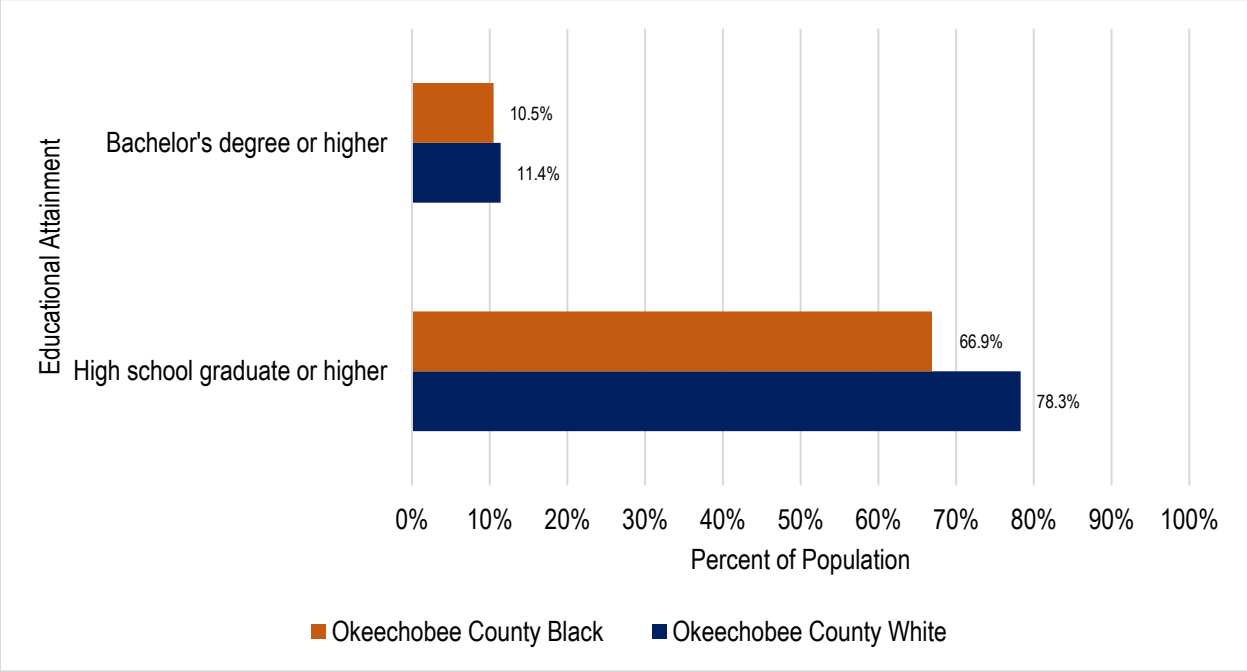
The table and figures below show educational attainment by race and ethnicity in Okeechobee County and Florida in 2020. In 2020, the highest proportion of those who complete high school or higher was among Asian residents (92.3%), followed by American Indian or Alaska Native residents (83.9%) and White residents (78.3%). Conversely, compared to White residents, this proportion was 1.2 times lower among Black residents (66.9%) and 1.4 times lower among Native Hawaiian and other Pacific Islanders (57.4%). With respect to those who attained a bachelor's degree or higher, the proportion was significantly higher among Asian residents (50.6%) than all other reported races, with the proportion being the lowest among both American Indian or Alaska Native residents and those who identify as some other race (0.0%). In terms of ethnicity, the proportion of White, non-Hispanic residents who obtained a high school degree or higher was 1.5 times higher compared to the proportion among Hispanic or Latino residents in Okeechobee County (84.5% and 55.4%, respectively). Further, while 12.6% of White, non-Hispanic Okeechobee County residents obtained a Bachelor's degree or higher, only 5.9% of Hispanic or Latino residents did so, a 2.1 times difference.

Figure 21: Educational Attainment by Race and Ethnicity, Count and Percent of Total Population, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Race				
White alone	25,211	--	11,715,824	--
High school graduate or higher	19,728	78.3%	10,496,811	89.6%
Bachelor's degree or higher	2,870	11.4%	3,684,564	31.4%
Black alone	2,289	--	2,128,338	--
High school graduate or higher	1,531	66.9%	1,770,884	83.2%
Bachelor's degree or higher	240	10.5%	410,209	19.3%
American Indian or Alaska Native alone	87	--	42,481	--
High school graduate or higher	73	83.9%	34,536	81.3%
Bachelor's degree or higher	0	0.0%	9,275	21.8%
Asian alone	271	--	413,815	--
High school graduate or higher	250	92.3%	360,972	87.2%
Bachelor's degree or higher	137	50.6%	207,163	50.1%
Native Hawaiian and Other Pacific Islander alone	68	--	8,391	--
High school graduate or higher	39	57.4%	7,133	85.0%
Bachelor's degree or higher	8	11.8%	1,928	23.0%
Some other race alone	547	--	400,744	--
High school graduate or higher	366	66.9%	304,134	75.9%
Bachelor's degree or higher	0	0.0%	78,408	19.6%
Two or more races	479	--	256,152	--
High school graduate or higher	357	74.5%	223,692	87.3%
Bachelor's degree or higher	28	5.8%	80,154	31.3%
Ethnicity				
Hispanic or Latino Origin	5,955	--	3,527,296	--
High school graduate or higher	3,297	55.4%	2,802,184	79.4%
Bachelor's degree or higher	352	5.9%	869,137	24.6%
White alone, not Hispanic or Latino	20,029	--	8,744,092	--
High school graduate or higher	16,920	84.5%	8,121,633	92.9%
Bachelor's degree or higher	2,518	12.6%	2,926,992	33.5%

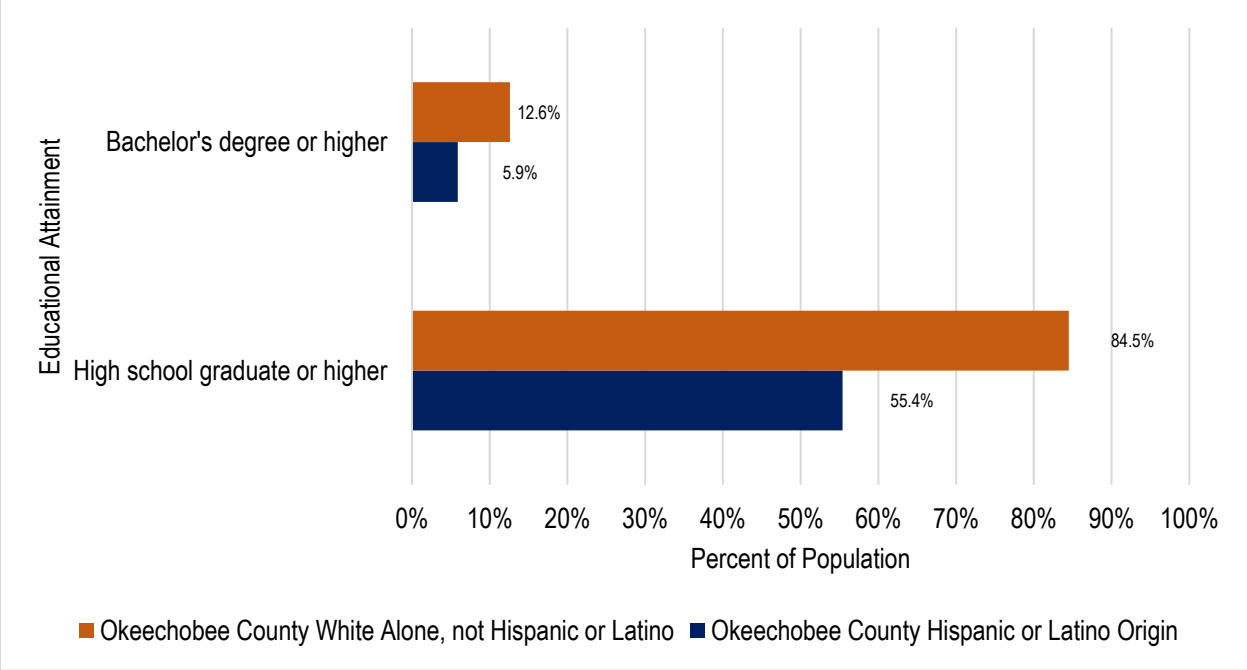
Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 22: Educational Attainment by Race, Percent of Total Population, Okeechobee County, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 23: Educational Attainment by Ethnicity, Percent by Total Population, Okeechobee County, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

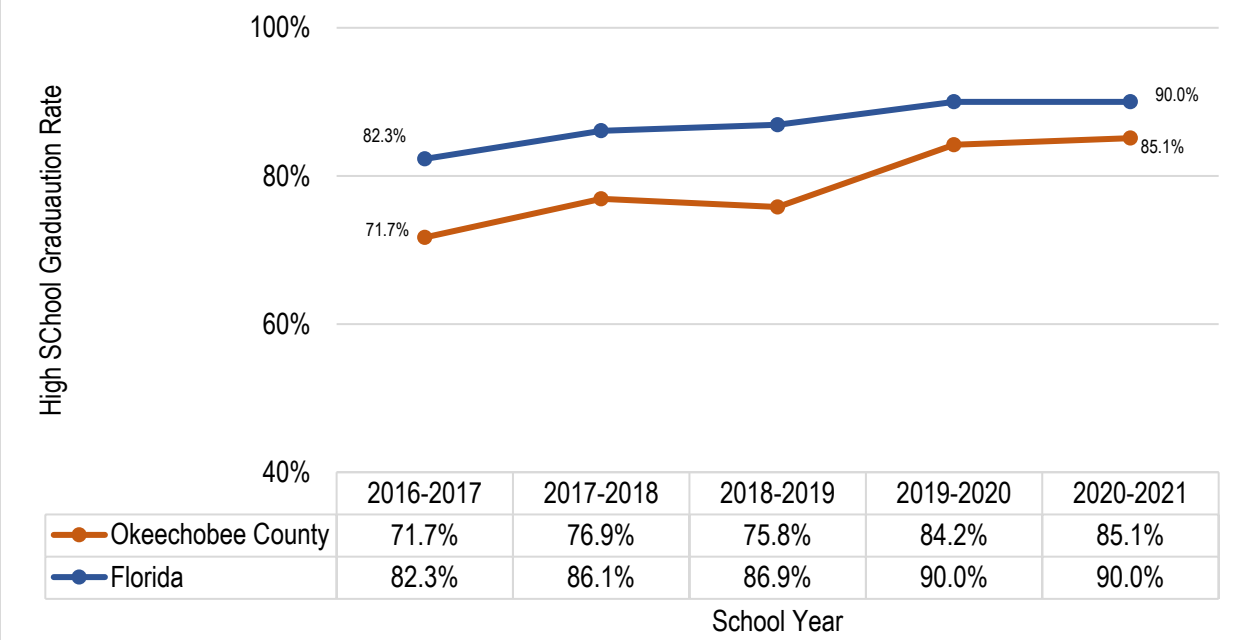
High School Graduation Rates

Health disparities exists between those who attain higher education compared to those who attain lower levels of education. Additionally, research indicates that health inequities due to educational attainment become prevalent in early adulthood.[44]

The figure below shows the high school graduation rates in Okeechobee County a Florida from the 2016-2017 school year through the 2020-2021 school year. While the high school graduation rate in Okeechobee County fluctuated slightly during this timeframe, it increased overall from 71.7% in the 2016-2017 school year to 85.1% in the 2020-2021 school year.

The Healthy People 2030 national target is to increase the proportion of high school students who graduate in four years after starting ninth grade to 90.7%. The most recent national data shows that 85.8% of students graduated with a regular diploma in the 2018 – 2019 school year four years after starting ninth grade.[45] While the Florida and Okeechobee County rates below do not specify graduation within four years of starting ninth grade, the data does show that Okeechobee County has not met the target graduation rate, though there has been a steady increase over time from 71.7% in the 2016-2017 school year to 85.1% in the 2020-2021 school year.

Figure 24: High School Graduation Rates, Percent of Total Population, Okeechobee County and Florida, School Years 2016-2017 Through 2020-2021



	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Okeechobee County	71.7%	76.9%	75.8%	84.2%	85.1%
Florida	82.3%	86.1%	86.9%	90.0%	90.0%

School Year

Source: Florida Department of Education, 2021
Compiled by: Health Council of Southeast Florida, 2022

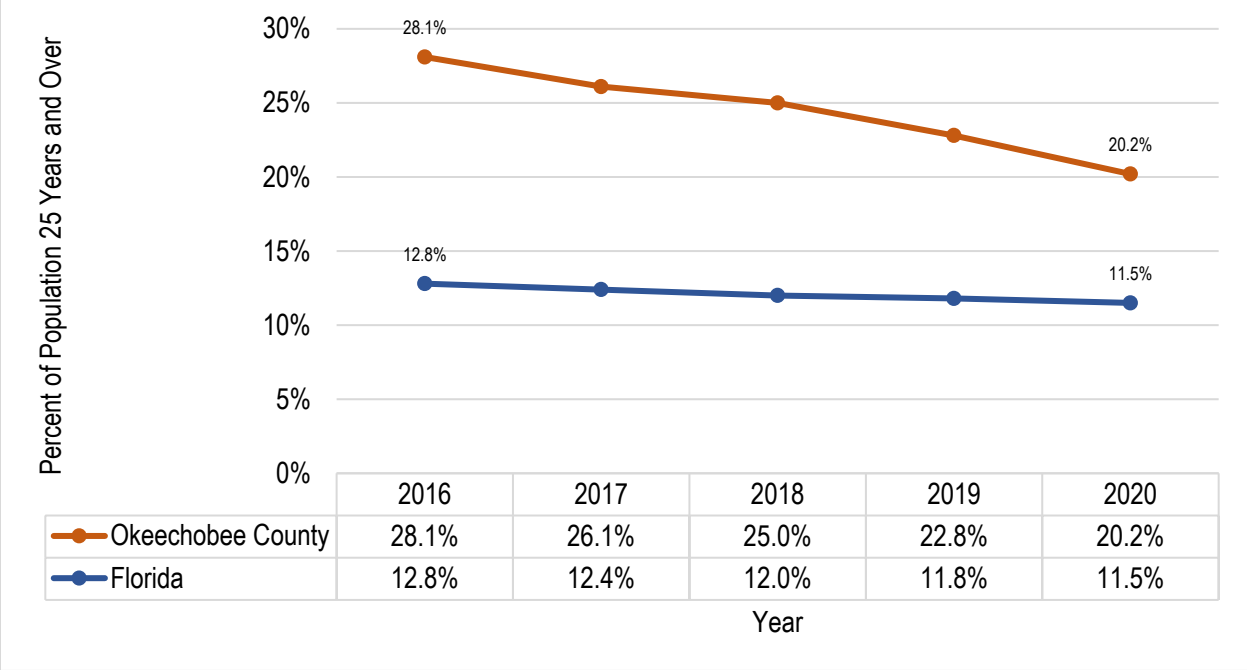
[44] J.O. Lee, R. Kosterman, T.M. Jones, T.I. Herrenkohl, I.C. Rhew, R.F. Catalano, J.D. Hawkins, (2016). Mechanisms linking high school graduation to health disparities in young adulthood: a longitudinal analysis of the role of health behaviours, psychosocial stressors, and health insurance. *Science Direct. (139).* 61-69. https://doi.org/10.1016/j.puhe.2016.06.010

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

Individuals 25 Years and Over with No High School Diploma

Research indicates that health disparities exist among those with low educational attainment and low health literacy, with individuals with lower educational attainment experiencing worse health outcomes.[46] The figure below shows the percentage of the population aged 25 years and older with no high school diploma in Okeechobee County and Florida from 2016 to 2020. In Okeechobee County, the proportion decreased from 28.1% in 2016 to 20.2% in 2020. However, the proportion in Okeechobee County was either over or almost double the percentage in Florida each year during this timeframe.

Figure 25: Individuals 25 Years and Over with No High School Diploma, Percent of Population 25 Years and Over, Okeechobee County and Florida, 2016 – 2020



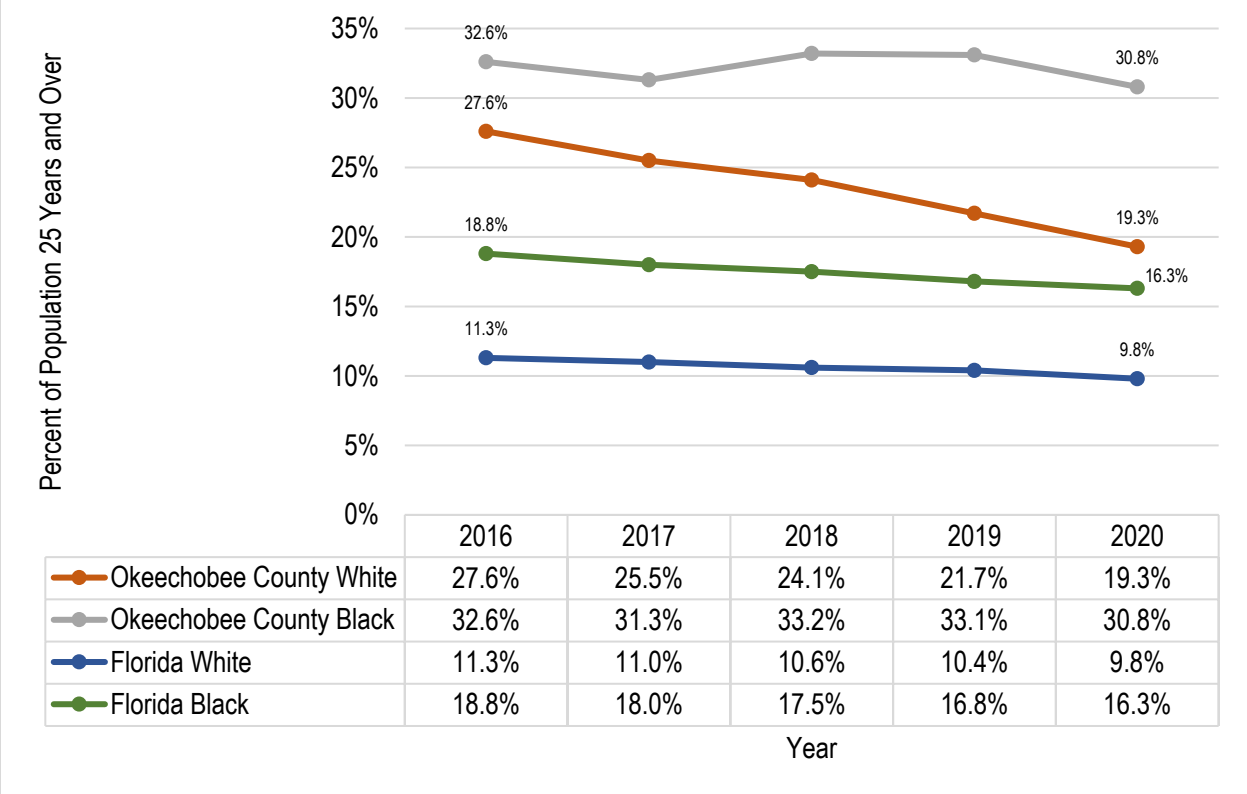
Source: Florida Department of Education, 2021
Compiled by: Health Council of Southeast Florida, 2022

[46] Fleary, S. A., Ettienne, R., & A., K. D. (2019). *Social disparities in health literacy in the United States*. HLRP: Health Literacy Research and Practice. Retrieved October 13, 2022, from https://doi.org/10.3928/24748307-20190131-01

Individuals 25 Years and Over with No High School Diploma by Race

This figure shows the percentage of the population aged 25 years and older with no high school diploma by race in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the percentage of Okeechobee Black residents aged 25 years and older with no high school diploma fluctuated slightly, ultimately decreasing from 32.6% in 2016 to 30.8% in 2020, and was higher than the percentage of White Okeechobee County residents each year. The percentage of Okeechobee County White residents aged 25 years and older with no high school diploma decreased from 27.6% in 2016 to 19.3% in 2020. Most recently, in 2020, the proportion was 1.6 times higher among Black residents in Okeechobee County compared to White residents.

Figure 26: Individuals 25 Years and Over with No High School Diploma by Race, Percent of Population 25 Years and Over, Okeechobee County and Florida, 2016 - 2020



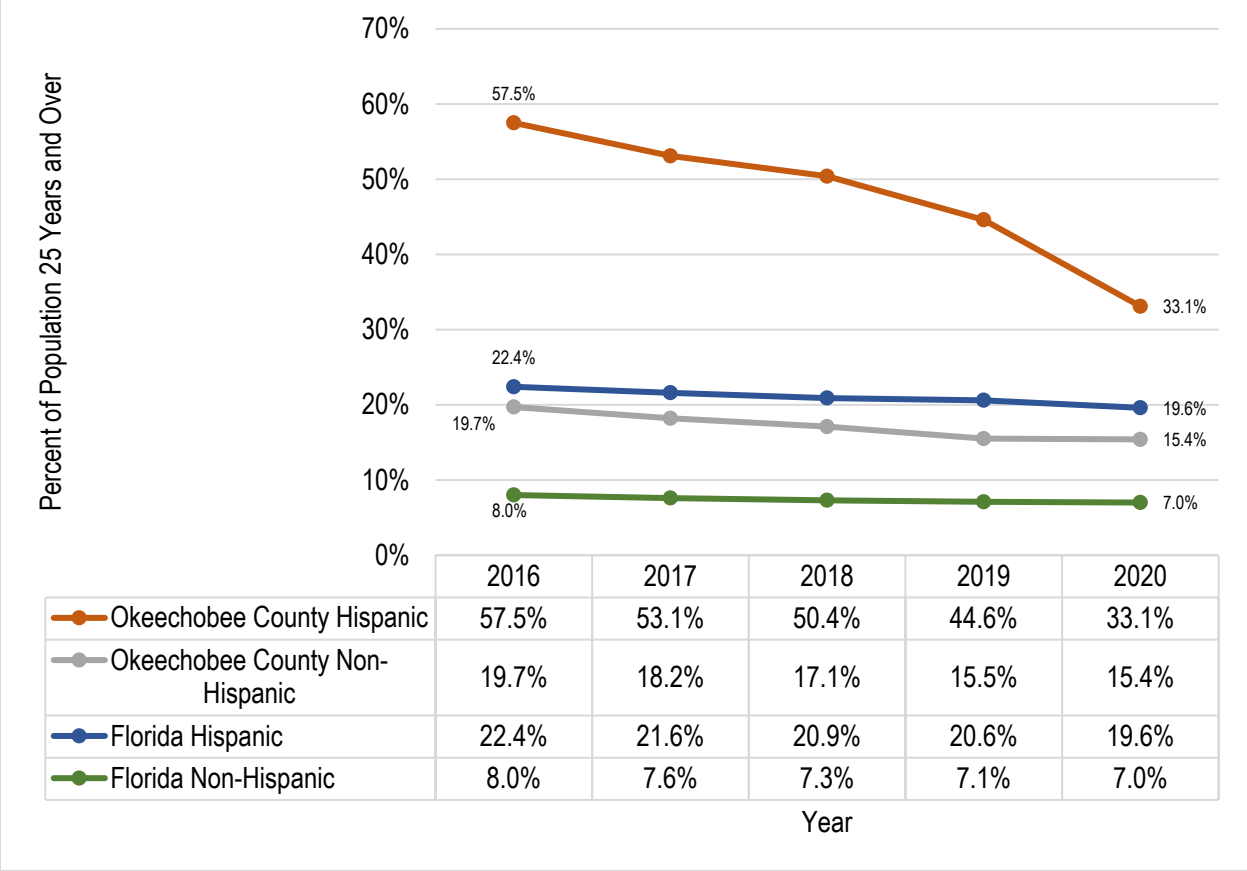
	2016	2017	2018	2019	2020
Okeechobee County White	27.6%	25.5%	24.1%	21.7%	19.3%
Okeechobee County Black	32.6%	31.3%	33.2%	33.1%	30.8%
Florida White	11.3%	11.0%	10.6%	10.4%	9.8%
Florida Black	18.8%	18.0%	17.5%	16.8%	16.3%

Source: Florida Department of Education, 2021
Compiled by: Health Council of Southeast Florida, 2022

Individuals 25 Years and Over with No High School Diploma by Ethnicity

The figure below shows the percentage of the population aged 25 years and older with no high school diploma by ethnicity in Okeechobee County and Florida in 2020. Overall, individuals aged 25 years and older with no high school diploma decreased among Hispanic and non-Hispanic residents in Okeechobee County from 2016 to 2020. Most recently, in 2020, the percentage of individuals aged 25 years and over with no high school diploma was 33.1% among Okeechobee County Hispanic residents, over double the percentage among Okeechobee County non-Hispanic residents (15.4%).

Figure 27: Individuals 25 Years and Over with No High School Diploma by Ethnicity, Percent of Population 25 Years and Over, Okeechobee County and Florida, 2020



	2016	2017	2018	2019	2020
Okeechobee County Hispanic	57.5%	53.1%	50.4%	44.6%	33.1%
Okeechobee County Non-Hispanic	19.7%	18.2%	17.1%	15.5%	15.4%
Florida Hispanic	22.4%	21.6%	20.9%	20.6%	19.6%
Florida Non-Hispanic	8.0%	7.6%	7.3%	7.1%	7.0%

Source: Florida Department of Education, 2021
Compiled by: Health Council of Southeast Florida, 2022

School Grades by Year

School grades are an indicator used to measure the performance of individual schools at the county level. The Florida Department of Education issues individual school grades to communicate to parents and the public about how well each school is serving its students. On March 23, 2020, the Florida Department of Education (FDOE) Emergency Order No. 2020-EO-1 was issued and all spring K-12 statewide assessment tests for the 2019-2020 school year were canceled in response to the COVID-19 pandemic. To note, accountability measures for the 2019-2020 school year were not fully calculated as the statewide assessment data was not made available. In addition, on April 09, 2021, the Florida Department of Education Emergency Order No. 2021-EO-02 made the 2020-2021 school year school grades optional and gave schools the ability to choose to opt-in to this measure. For the schools that proceeded to opt-in, school grades were determined based on learning gains from the 2018-2019 school year to the 2020-2021 school year, to account for the cancellation of spring statewide assessment tests for the 2019-2020 school year.[47]

The table below shows the school grades received by Okeechobee County schools by academic year from the 2015-2016 school year to the 2020-2021 school year. A full list of grades by school is included in Appendix A. Overall, the distribution of school grades fluctuated from the 2015-2016 school year to the 2018-2019 school year. In the 2018-2019 school year, two schools (33.3%) received a B grade, three schools (50.0%) received a C grade, and one school (16.7%) received no grade. Notably, four schools (66.7%) in Okeechobee County opted to receive "No Grade" in accordance with the Florida Department of Education Emergency Order No. 2021-EO-02 in the 2020-2021 school year. However, the two schools that did receive a grade during this school year received a C grade or above, with one school (16.7%) receiving a B grade and one school (16.7%) receiving a C grade.

Figure 28: School Grades by Year (Average), Count and Percent of School Grades, Okeechobee County, 2015-2016 School Year Through 2020-2021 School Year

School Grade	2015 – 2016		2016 – 2017		2017 – 2018		2018 – 2019		2020-2021	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
A	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
B	2	33.3%	0	0.0%	1	16.7%	2	33.3%	1	16.7%
C	2	33.3%	5	83.3%	4	66.7%	3	50.0%	1	16.7%
D	1	16.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
F	0	0.0%	0	0.0%	1	16.7%	0	0.0%	0	0.0%
No Grade	1	16.7%	1	16.7%	0	0.0%	1	16.7%	4	66.7%

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

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

Total Students Passing, Score Of 3 and Above

The table below shows the percentage of total students passing with a score of three and above in Okeechobee County and Florida from the 2017-2018 school year through the 2021-2022 school year. In both English Language Arts and Mathematics Achievement Levels 3+, Okeechobee County's percentage was lower than the state's overall percentage each year from the 2017-2018 school year through the 2021-2022 school year. Most recently in the 2021-2022 school year, the percentage of total students passing with a score of three and above in English Language Arts in Okeechobee County was 42.4%, whereas the percentage in Florida overall was 51.8%. Additionally, the percentage of total students passing with a score of three and above in Mathematics was 45.6% in Okeechobee County compared to 51.0% in Florida overall. It is important to note that due to the COVID-19 pandemic, Spring K-12 statewide assessments were canceled by Executive Order No. 2020-EO-1 in the 2019-2020 school year. As a result, school accountability measures were not calculated for the 2019 – 2020 school year.

Table 43: Total Students Passing with a Score of 3 and Above, Percent of Total Students, Okeechobee County and Florida, School Years 2017-2018 Through 2021-2022

School Year	Okeechobee County	Florida	Okeechobee County	Florida
	English Language Arts Achievement Levels 3+		Mathematics Achievement Levels 3+	
2017-2018	42.8%	54.2%	53.7%	57.3%
2018-2019	45.3%	55.4%	55.1%	57.9%
2019-2020	--*	--*	--*	--*
2020-2021	41.1%	51.7%	43.3%	50.9%
2021-2022	42.4%	51.8%	45.6%	51.0%

Note: *Pursuant to Florida Department of Education Emergency Order No. 2020-EO-1, spring K-12 statewide assessment test administrations for the 2019-20 school year were canceled and accountability measures reliant on such data were not calculated for the 2019-20 school year. Additionally, in April 2020, the U.S. Department of Education provided a Report Card waiver for requirements related to certain assessments and accountability that are based on data from the 2019-20 school year.
Source: Florida Department of Education, 2022
Compiled by: Health Council of Southeast Florida, 2022

Business and Employment

Employment and stable income are associated with positive health outcomes and access to healthcare and health insurance. Employment status also impacts an individual's ability to live in a safe neighborhood, obtain education for themselves or their children, secure childcare services, and purchase healthy food. Research indicates that mortality rates and rates of chronic disease are lower among employed individuals compared to non-employed individuals. Employment status is also known to impact mental health, reducing the risk of depression and psychological stress due to increased stability.[48]

Recently, due to the COVID-19 pandemic and subsequent recession, businesses temporarily or permanently closed, resulting in either the loss of jobs for non-essential employees or a transition to working from home. As a result, the loss of employment among individuals was associated with decreased mental health compared to their working from home counterparts whose mental health increased.[49] Because employment plays a significant role in health, both mental and physical, it is important to further analyze employment status and employee characteristics of a community to better understand a population.

[48] Adams, J. E. (2018). Improving individual and community health through better employment opportunities. *Health affairs.* https://doi.org/10.1377/hblog20180507.274276

[49] McDowell, C. P., (2021). Associations between employment changes and mental health: US data from during the covid-19 pandemic. https://doi.org/10.3389/fpsyg.2021.631510

Employment Status

Research indicates that employment is associated with health benefits for both individuals and communities. Mortality and chronic disease rates such as heart disease, diabetes, and stroke are lower among those employed compared to those unemployed. Further, employment may reduce the risk of depression and improve overall mental health.[50]

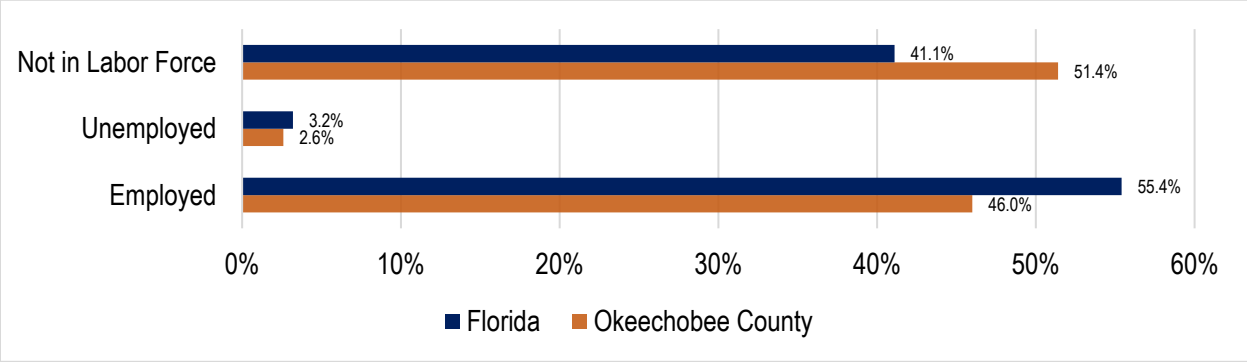
The table and figure below show the employment status for Okeechobee County and Florida residents in 2020. Among the Okeechobee County population ages 16 years and older in 2020, 48.6% were in the civilian labor force. However, this is almost 10% lower than the percentage of Florida residents. Among Okeechobee County residents over 16 years old, 46.0% were employed and 2.6% were unemployed. Among Florida residents aged 16 years and older in 2020, 58.6% were in the civilian labor force, 55.24% of which were employed and 3.2% were unemployed. Additionally, Okeechobee County had an unemployment rate of 5.3% in 2020 compared to the state rate of 5.4%.

Table 44: Employment Status, Count and Percent of Population 16 Years and Over, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Population 16 years and over	33,981	100.0%	17,486,583	100.0%
In labor force	16,519	48.6%	10,308,068	58.9%
Civilian labor force	16,519	48.6%	10,240,825	58.6%
Employed	15,648	46.0%	9,684,712	55.4%
Unemployed	871	2.6%	556,113	3.2%
Armed Forces	0	0.0%	67,243	0.4%
Not in labor force	17,462	51.4%	7,178,515	41.1%
Civilian labor force	16,519	--	10,240,825	--
Unemployment Rate	--	5.3%	--	5.4%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 29: Employment Status, Percent of Population 16 Years and Over, Okeechobee County and Florida, 5-Year Estimate, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

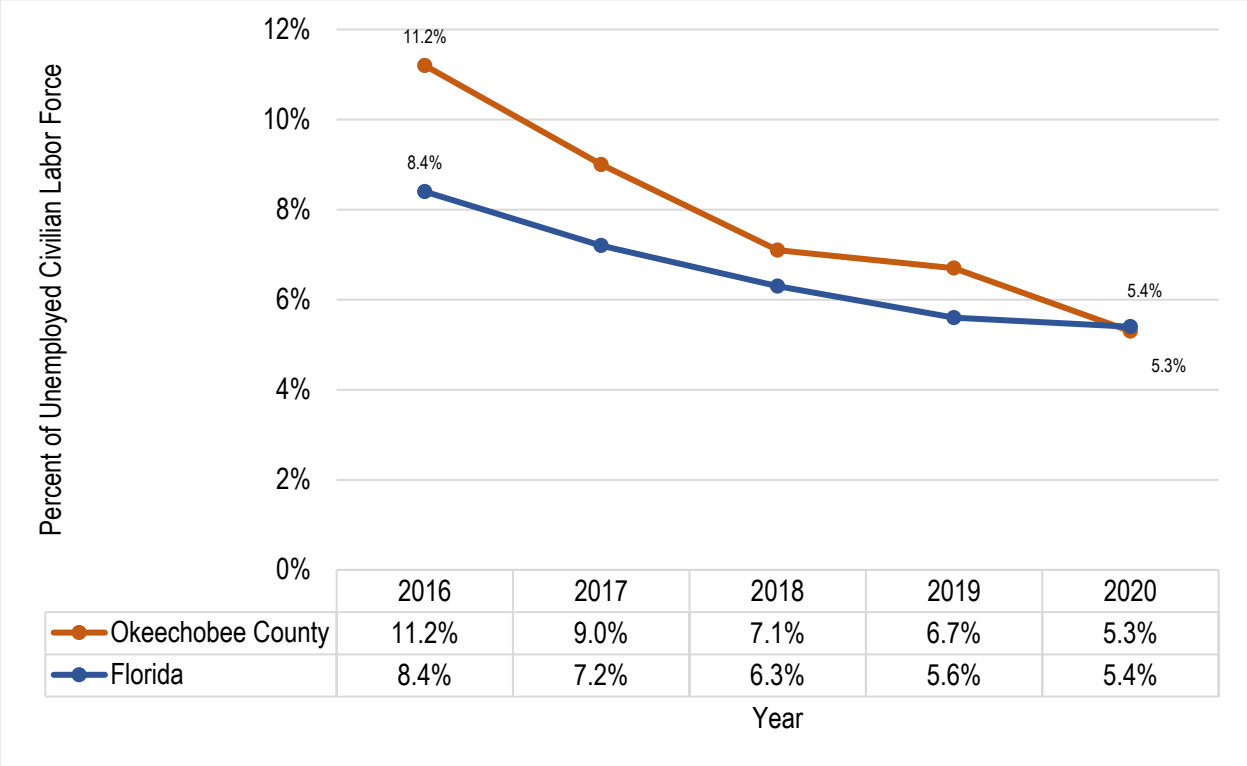
[50] Adams, J. E. (2018). Improving individual and community health through better employment opportunities. *Health affairs.* https://doi.org/10.1377/hblog20180507.274276

Unemployed Civilian Labor Force

Unemployment has adverse health consequences and can lead to lost wages and medical benefits, which ultimately can result in decreased access to care for individuals and their families. For these reasons, it is important to analyze unemployment as an indicator to health. Importantly, the data presented below include pre-pandemic figures. The recession that resulted from the COVID-19 pandemic exacerbated unemployment rates and pre-existing employment disparities, so it is possible that once more recent data becomes available, we will see an increase in the rate.[51]

The figure below shows the unemployed civilian labor force in Okeechobee County and Florida from 2016 to 2020. Overall, in Okeechobee County, there was a decrease in the unemployed civilian labor force from 11.2% in 2016 to 5.3% in 2020, dropping below the proportion in the state overall for the first time in years (5.4%).

Figure 30: Unemployed Civilian Labor Force, Percent of Unemployed Civilian Labor Force, Okeechobee County and Florida, 5-year Estimate, 2020



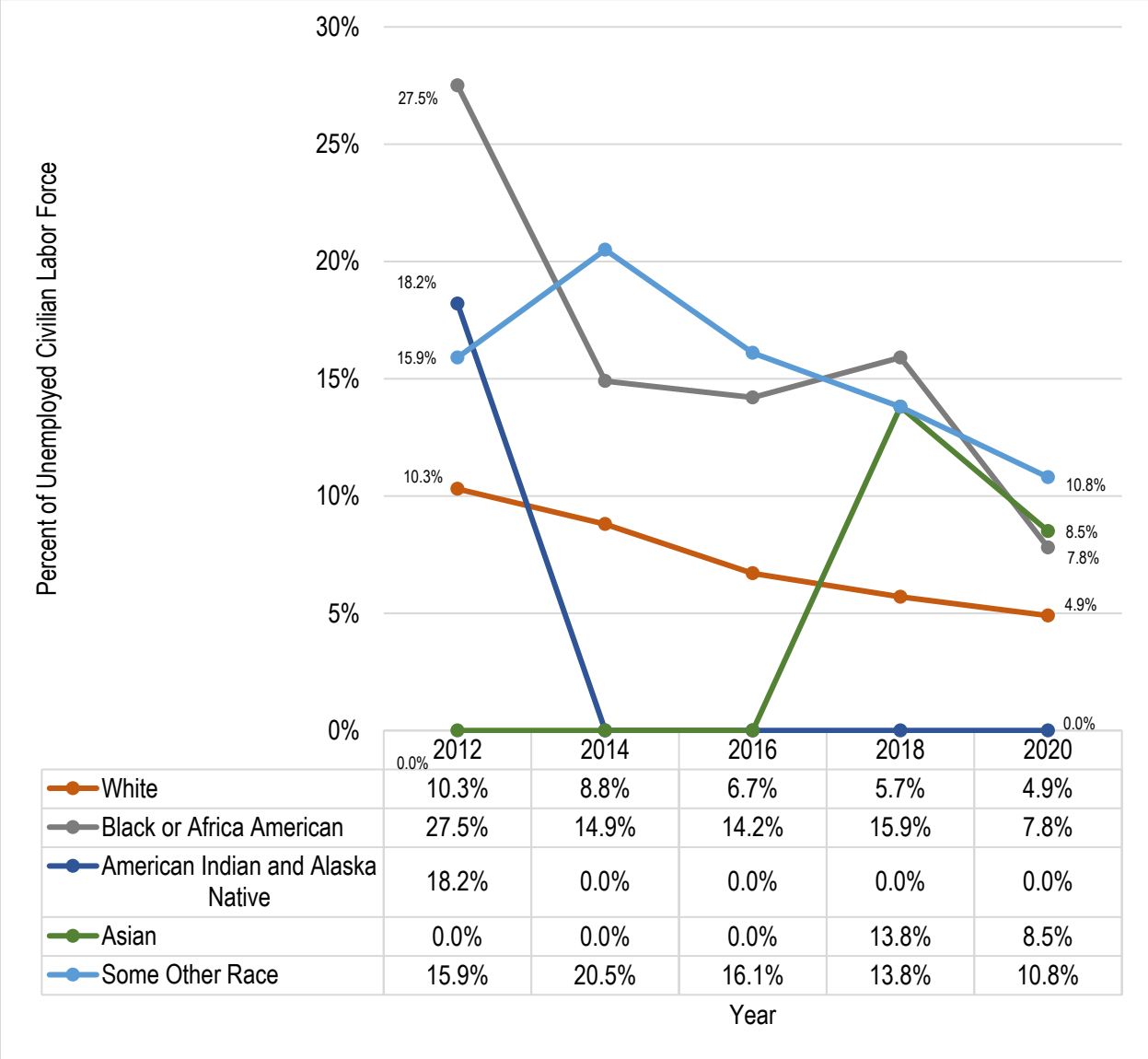
Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[51] Office of Human Services Policy (2021). The Impact of the first year of the COVID-19 pandemic and recession on families with low incomes. Retrieved from https://aspe.hhs.gov/sites/default/files/2021-09/low-income-covid-19-impacts.pdf

Unemployed Civilian Labor Force by Race

The figure below shows the unemployed labor force by race in Okeechobee County from in 2012, 2014, 2016, 2018, and 2020. Among each race, the unemployed labor force fluctuated but decreased overall during this timeframe, apart from Asian residents. Most recently in 2020, 10.8% of residents identifying as some other race, 8.5% of Asian residents, 7.8% of Black or African American residents, and 4.9% of White residents were in the unemployed civilian labor force, while the proportion was 0% among American Indian and Alaska Native residents.

Figure 31: Unemployed Civilian Labor Force by Race, Percent of Unemployed Civilian Labor Force, Okeechobee County and Florida, 5-year Estimate, 2020



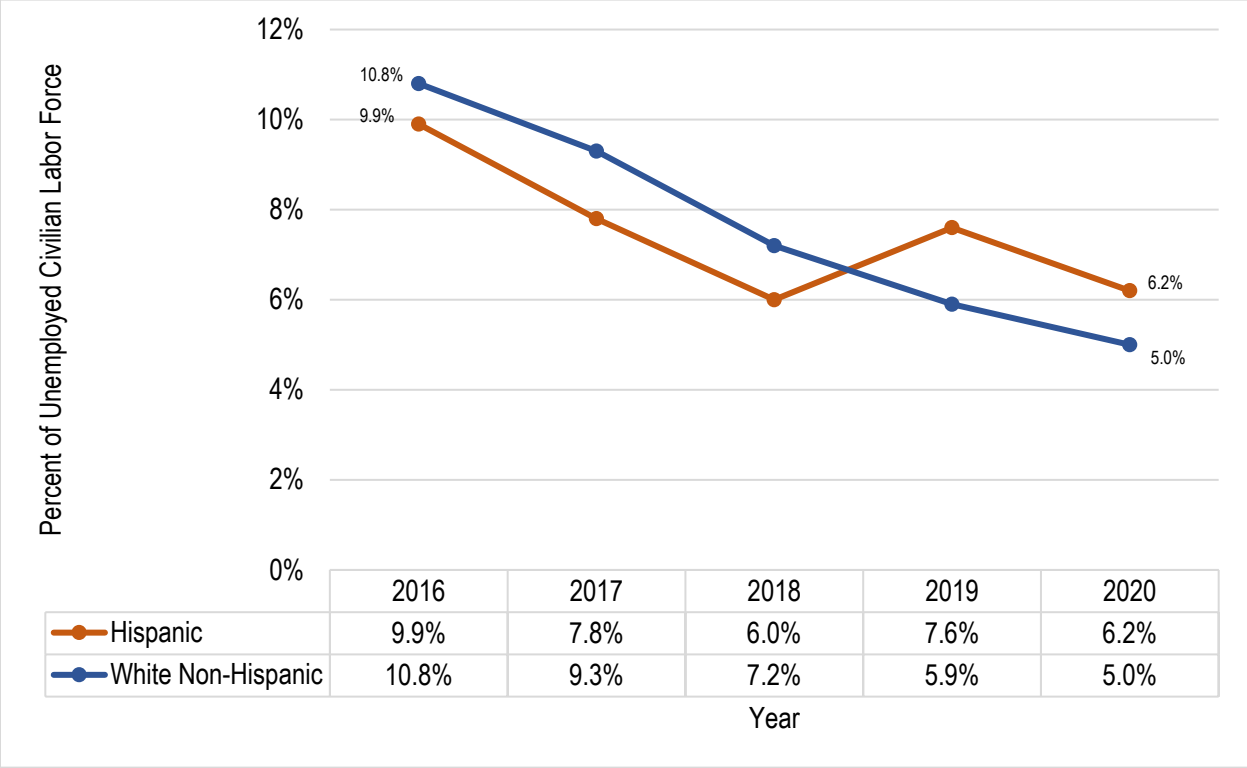
	2012	2014	2016	2018	2020
White	10.3%	8.8%	6.7%	5.7%	4.9%
Black or Africa American	27.5%	14.9%	14.2%	15.9%	7.8%
American Indian and Alaska Native	18.2%	0.0%	0.0%	0.0%	0.0%
Asian	0.0%	0.0%	0.0%	13.8%	8.5%
Some Other Race	15.9%	20.5%	16.1%	13.8%	10.8%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Unemployed Civilian Labor Force by Ethnicity

The figure below shows the unemployed labor force by ethnicity in Okeechobee County from 2016 to 2020. Overall, there was a decrease in unemployed civilian labor force among both Hispanic and White, non-Hispanic residents in Okeechobee County during this timeframe. Most recently in 2020, 6.2% of Hispanic residents and 5.0% of non-Hispanic residents in Okeechobee County were in the unemployed civilian labor force.

Figure 32: Unemployed Civilian Labor Force by Ethnicity, Percent of Unemployed Civilian Labor Force, Okeechobee County and Florida, 5-year Estimate, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Employment by Industry

The analysis of employment by industry provides further insight on the socioeconomic makeup of communities. Industry sectors provide insight on a worker's potential health risks, working hours, and economic status. According to research, "blue collar" workers often report longer working hours and increased physical demands, which are commonly reported among lower socioeconomic classes. Alternatively, "white collar" workers often report mentally or emotionally demanding jobs, which may impact work-life balance.[52]

The table below shows employment by industry for both Okeechobee County and Florida in 2020. Among Okeechobee County civilian workers aged 16 years and older, the largest percentage worked in educational services, health care, and social assistance industries (22.8%), followed by construction (11.4%), retail trade (11.4%), and arts, entertainment, and recreation, and accommodation and food services (10.5%). Similarly, in the state of Florida overall, the largest percentage of civilian workers aged 16 years and older worked in educational services, health care, and social assistance (21.1%).

Table 45: Employment by Industry, Count and Percent of Civilian Employed Population 16 Years and Over, Okeechobee County and Florida, 5-Year Estimate, 2020

Industry	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Civilian employed population 16 years and over	15,648	100.0%	9,684,712	100.0%
Agriculture, forestry, fishing and hunting, and mining	1,079	6.9%	84,576	0.9%
Construction	1,784	11.4%	761,223	7.9%
Manufacturing	814	5.2%	492,488	5.1%
Wholesale trade	274	1.8%	252,628	2.6%
Retail trade	1,784	11.4%	1,207,296	12.5%
Transportation and warehousing, and utilities	1,153	7.4%	561,801	5.8%
Information	76	0.5%	168,168	1.7%
Finance and insurance, and real estate and rental and leasing	345	2.2%	745,885	7.7%
Professional, scientific, and management, and administrative and waste management services	1,354	8.7%	1,284,832	13.3%
Educational services, and health care and social assistance	3,575	22.8%	2,039,904	21.1%
Arts, entertainment, and recreation, and accommodation and food services	1,642	10.5%	1,157,703	12.0%
Other services, except public administration	621	4.0%	511,504	5.3%
Public administration	1,147	7.3%	416,704	4.3%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[52] Väisänen, D., Kallings, L. V., Andersson, G., Wallin, P., Hemmingsson, E., & Ekblom-Bak, E. (2020). *Lifestyle-associated health risk indicators across a wide range of occupational groups: A cross-sectional analysis in 72,855 workers - BMC Public Health*. BioMed Central. Retrieved from https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09755-6

Employment by Occupation

Similar to employment by industry, employment data based on occupation can provide further insight on resident lifestyles and health needs. Research has found that workers with lower educational and occupational status are more likely to report poor self-rated health, limited physical functioning, and absence due to illness.[53]

The table below shows the occupation categories for Okeechobee County and Florida residents in 2020. Among all Okeechobee County civilian workers aged 16 years and older, 18.7% worked in natural resources, construction, and maintenance occupations, 22.3% worked in service occupations, 27.1% worked in management, business, science and arts occupations, 18.4% worked in sales and office occupations, and 13.5% worked in production, transportation, and material moving occupations.

Table 46: Employment by Occupation, Count and Percent of Civilian Employed Population 16 Years and Over, Okeechobee County and Florida, 5-Year Estimate, 2020

Occupation	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Civilian employed population 16 years and over	15,648	100.0%	9,684,712	100.0%
Management, business, science, and arts occupations	4,236	27.1%	3,520,614	36.4%
Service occupations	3,494	22.3%	1,898,161	19.6%
Sales and office occupations	2,882	18.4%	2,354,471	24.3%
Natural resources, construction, and maintenance occupations	2,926	18.7%	899,472	9.3%
Production, transportation, and material moving occupations	2,110	13.5%	1,011,994	10.4%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

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

Employment by Class of Worker

The table below shows the percentage of the working population by class of worker in Okeechobee County and Florida in 2020. Notably, for those who worked two or more jobs, the data below refers to the job where the person worked the greatest number of hours. Among all Okeechobee County residents in the civilian employed population aged 16 years and over, 67.2% were private wage and salary workers, 61.5% were employees of private companies, 12.1% were local government workers, 8.3% were self-employed in own not incorporated business workers and unpaid family workers, 6.6% were state government workers, 5.7% were self-employed in own incorporated business workers, 5.0% were private not-for profit wage and salary workers, and 0.9% were federal government workers. Interestingly, there were more local and state government workers, self-employed in own not incorporated business workers, and unpaid family workers in Okeechobee County compared to the state overall.

Table 47: Employment by Class of Worker, Count and Percent of Civilian Employed Population 16 Years and Over, Okeechobee County and Florida, 5-Year Estimate, 2020

Class of Worker	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Civilian employed population 16 years and over	15,648	100.0%	9,684,712	100.0%
Private for-profit wage and salary workers	10,519	67.2%	7,337,506	75.8%
Employee of private company workers	9,624	61.5%	6,752,553	69.7%
Self-employed in own incorporated business workers	895	5.7%	584,953	6.0%
Private not-for-profit wage and salary workers	783	5.0%	623,577	6.4%
Local government workers	1,886	12.1%	656,871	6.8%
State government workers	1,028	6.6%	282,102	2.9%
Federal government workers	139	0.9%	193,058	2.0%
Self-employed in own not incorporated business workers and unpaid family workers	1,293	8.3%	591,598	6.1%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Housing

There is a direct connection between housing and health. In fact, housing has been deemed an important social determinant of health, leading policy makers and health care professionals to recognize housing issues as public health issues in recent years.[54] Research shows that community-wide efforts to stabilize housing have improved health outcomes and decreased health care costs for residents. [55]

Due to the economic impact of the COVID-19 pandemic, housing issues are likely to persist in the United States for many families. According to Habitat for Humanity, over 30% of adults reported that their families could not afford all of their needs, including rent, mortgage, and utility bills in early 2020. Additionally, approximately 20% of households did not pay rent by the first of the month in June 2020 as the pandemic spread.[56] As a social determinant of health, housing is critical to understanding a community's health status and planning future efforts to improve health and quality of life for residents.

Housing Occupancy

Vacant housing units can have unfavorable effects on a community over time. For instance, visibly abandoned properties can decrease surrounding home values and lead to environmental issues, resulting in decreased community confidence and unhealthy conditions in the neighborhood. [57]

The table below shows housing occupancy and vacancy rates in Okeechobee County and Florida in 2020. Overall, 22.1% of Okeechobee County housing units were vacant in 2020, compared to 17.1% of all housing units in Florida. Further, the rental vacancy rate in Okeechobee County (4.9) exceeded the homeowner vacancy rate (2.8).

Table 48: Housing Occupancy, Total Housing Units, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Total housing units	18,734	100.0%	9,562,324	100.0%
Occupied housing units	14,601	77.9%	7,931,313	82.9%
Vacant housing units	4,133	22.1%	1,631,011	17.1%
Homeowner vacancy rate	2.8	--	2.1	--
Rental vacancy rate	4.9	--	8.2	--

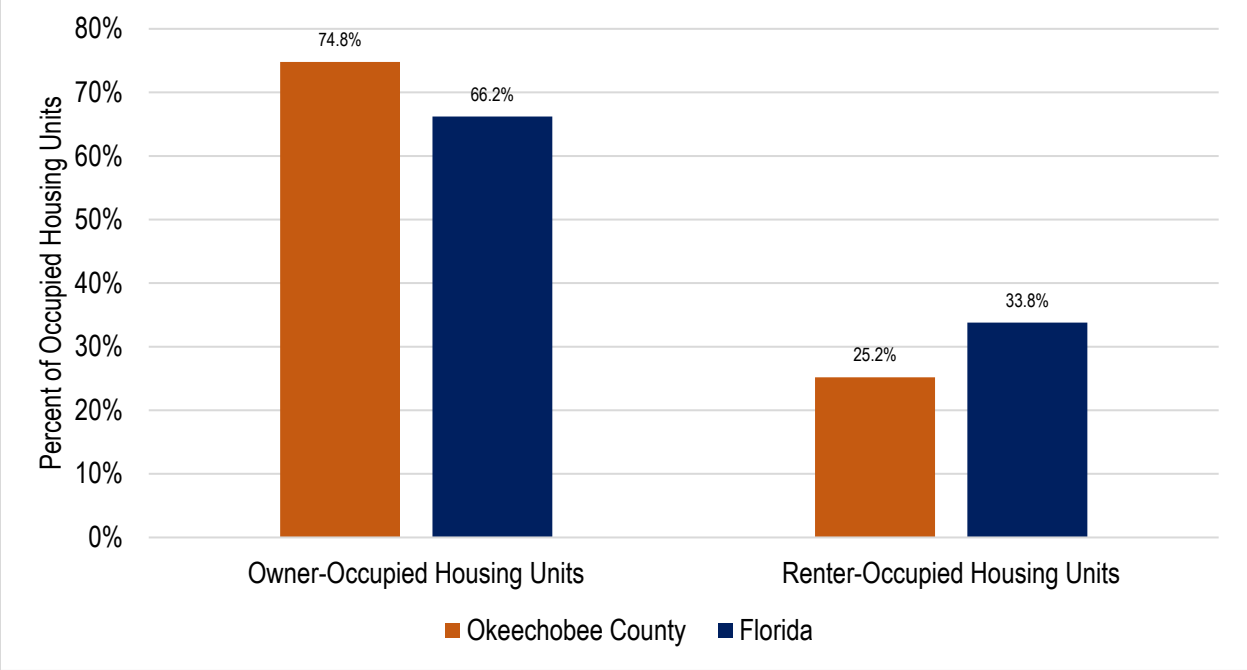
Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[54] The Journal of the American Medical Association. (2018, January 2). Housing as Health. JAMA. Retrieved September 2, 2022, from https://jamanetwork.com/journals/jama/article-abstract/2667710
[55] Taylor, L. (2018). Housing and health: an overview of the literature. *Health Affairs*. https:// 10.1377/hpb20180313.396577
[56] Habitat for Humanity. (2020). 7 findings on COVID-19's impact on housing. Retrieved from https://www.habitat.org/stories/7-findings-covid-19s-impact-housing
[57] Mallach, A. (2018). *The Empty House Next Door: Understanding and reducing vacancy and hypervacancy in the United States*. Lincoln Institute of Land Policy. Retrieved from The Empty House Next Door: Understanding and Reducing Vacancy and Hypervacancy in the United States (nhc.org)

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 positive impact on health.[58] The figure below shows the housing tenure in Okeechobee County and Florida in 2020. A greater proportion of Okeechobee County residents lived in owner-occupied housing units (74.8%) compared to renter-occupied housing units (25.2%) in 2020. Additionally, a higher proportion of Okeechobee County residents lived in owner-occupied units (74.8%) compared to the state of Florida (66.2%).

Figure 33: Housing Tenure, Percent of Occupied Housing Units, Okeechobee County and Florida, 5-Year Estimate, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[58] Swope, C. B., & Hernández, D. (2019). Housing as a determinant of health equity: A conceptual model. National Institutes of Health US National Library of Medicine. https://doi.org/10.1016/j.socscimed.2019.112571

Housing Value

Research suggests that housing stability, or in other words, the ability to maintain an affordable, quality residential home, is significantly dependent on the economy's stability. There is a direct relationship between economic activity and housing values. Values of residential homes are also a strong indicator of a community's cost of living, which can impact a resident's ability to access care, afford quality childcare, and obtain needed medical prescriptions and treatments.[59]

The table below shows the housing value of owner-occupied units in Okeechobee County and Florida in 2020. During this year, Okeechobee County had a higher proportion of owner-occupied units that cost $149,999 and less (16.5%) compared to Florida (11.0%). Notably, 27.6% of Okeechobee County owner-occupied unites were valued at $50,000 to 99,9999 in 2020. Overall, the median value of housing units in Okeechobee County was $116,500 in 2020, which was just over half the median value of Florida owner-occupied units ($232,000).

Table 49: Housing Value, Owner-Occupied Units, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Owner-occupied units	10,921	100.0%	5,250,878	100.0%
Less than $50,000	1,791	16.1%	343,667	6.5%
$50,000 to $99,999	3,014	27.6%	500,332	9.5%
$100,000 to $149,999	1,803	16.5%	575,187	11.0%
$150,000 to $199,999	1,820	16.7%	761,311	14.5%
$200,000 to $299,999	1,503	13.8%	1,304,637	24.8%
$300,000 to $499,999	835	7.6%	1,166,748	22.2%
$500,000 to $999,999	160	1.5%	457,385	8.7%
$1,000,000 or more	25	0.2%	141,611	2.7%
Median (dollars)	$116,500.00	--	$232,000.00	--

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[59] Jones, A., & Grigsby-Toussaint, D. S. (2020). Housing stability and the residential context of the COVID-19 pandemic. Cities & Health, 5(sup1). Retrieved from Full article: Housing stability and the residential context of the COVID-19 pandemic (tandfonline.com)

Evictions

Research shows that eviction rates in the United States have gone up significantly in the last two decades. Eviction contributes to negative health impacts due to the increased stress and insecurity from economic and social issues.[60] The table below shows the number and rate of evictions filed per 100 renters in Okeechobee County and Florida in 2018. Okeechobee County had a lower eviction rate (3.4%) as compared to Florida's eviction rate (4.1%). In 2018, there were 0.42 evictions per day in Okeechobee County, compared to 349 evictions per day in the state of Florida.

Table 50: Evictions, Okeechobee County and Florida, 5-Year Estimate, 2018

	Okeechobee County	Florida
Eviction Count	152	127,000
Eviction Rate	3.4%	4.1%
Evictions Per Day	0.42	349

Source: Eviction Lab, 2018
Compiled by: Health Council of Southeast Florida, 2022

[60] Hoke, M. K., & Boen, C. E. (2021, February 4). The health impacts of eviction: Evidence from the National Longitudinal Study of adolescent to Adult Health. Science Direct. Retrieved August 18, 2022, from https://www.sciencedirect.com/science/article/abs/pii/S0277953621000745

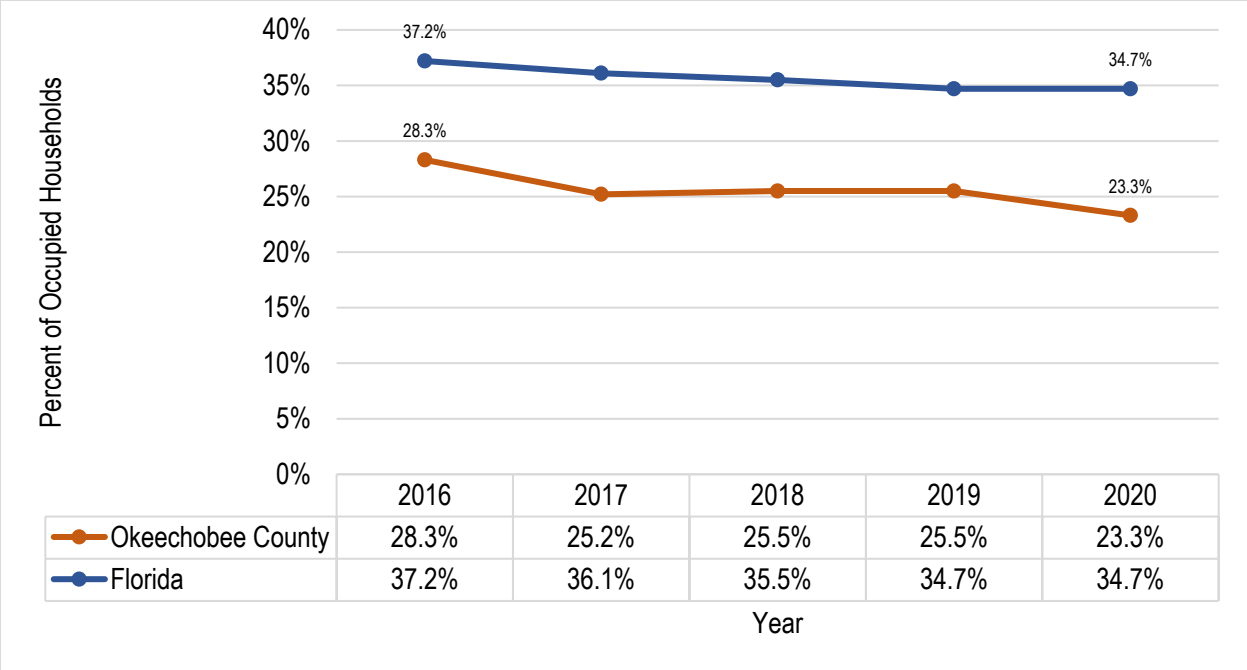
High Monthly Housing Costs

Housing affordability refers to the impact of housing costs on household income. Notably, in recent years, housing costs have risen at a faster rate than incomes, posing an affordability issue for many communities. Implementing affordable housing programs can ensure residents have a stable, affordable place to live and helps reduce household costs, ultimately impacting residents' ability to afford other essentials, such as healthy foods and healthcare.[61] [62]

The figure below shows the occupied households that had monthly housing costs of 30% or more of the household income in Okeechobee County and Florida from 2016 to 2020. The proportion of Okeechobee County occupied households with monthly housing costs exceeding 30% of the household income decreased from 2016 (28.3%) to 2020 (23.3%). Okeechobee County consistently had lower proportions of occupied households with monthly housing costs exceeding 30% of the household income compared to the state of Florida overall.

The Healthy People 2030 national target is to reduce the proportion of families that spend more than 30% of income on housing to 25.5%.[63] Okeechobee County has met this target as of 2017 (25.2%) and continued to meet the target through 2020 (23.3%).

Table 51: Occupied Households with Monthly Housing Costs 30% or More of Household Income, Percent of Occupied Households, Okeechobee County and Florida, 5-Year Estimate, 2020



	2016	2017	2018	2019	2020
Okeechobee County	28.3%	25.2%	25.5%	25.5%	23.3%
Florida	37.2%	36.1%	35.5%	34.7%	34.7%

Source: US Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

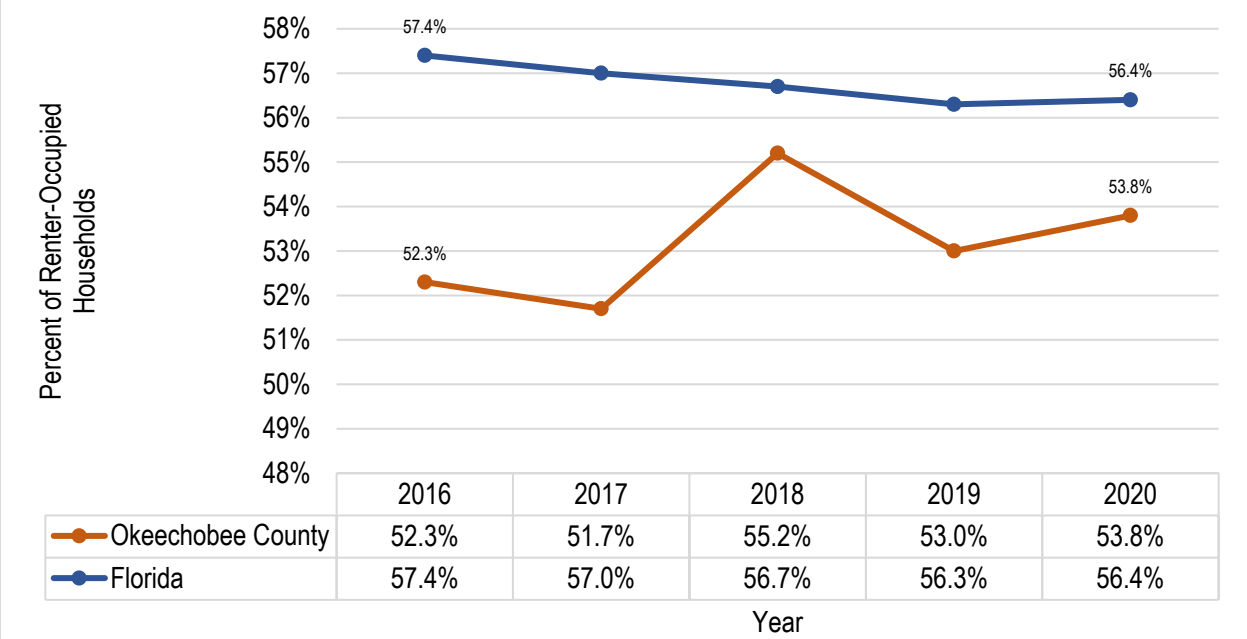
[61] Campbell, C., & Shamsuddin, S. (2021). Housing cost burden, material hardship, and well-being. Taylor & Francis. Retrieved August 18, 2022, from https://www.tandfonline.com/doi/abs/10.1080/10511482.2021.1882532
[62] U.S. Department of Health and Human Services. (n.d.). Reduce the proportion of families that spend more than 30 percent of income on housing - SDOH-04. Healthy People 2030. Retrieved August 18, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04
[63] U.S. Department of Health and Human Services. (n.d.). Reduce the proportion of families that spend more than 30 percent of income on housing - SDOH-04. Healthy People 2030. Retrieved August 18, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

Renter Occupied Housing Units with Gross Rent Costing 30% or More of Household Income

Similar to owner-occupied properties, economic stability impacts the fluctuation of rental rates, and thus affordability. If housing prices increase, then theory suggests that rental rates will increase as well.[64] The figure below shows the renter-occupied households with rent costing 30% or more of the household income in Okeechobee County and Florida between 2016 and 2020. During this timeframe, Okeechobee County consistently had a lower proportion of renters with gross rent costing 30% or more of the household income compared to the state of Florida overall. While the proportion of Florida renter-occupied households with gross rent costing 30% or more of household income generally decreased from 2016 (57.4%) to 2020 (56.4%), the proportion in Okeechobee County increased overall from 2016 (52.3%) to 2020 (53.8%). Notably, the proportion of renter-occupied households with gross rent costing 30% or more of the household income reached a five-year high in 2018, when 55.2% of renter-occupied units had a gross rent that costed 30% or more of household income.

The Healthy People 2030 national target is to reduce the proportion of families that spend more than 30% of income on housing to 25.5%.[65] While this indicator focuses specifically on renter occupied housing units with a gross rent costing 30% of more of household income, a decrease in this data would indicate progress towards the overall target.

Table 52: Renter-Occupied Households with Gross Rent Costing 30% or More of Household Income, Percent of Renter-Occupied Households, Okeechobee County and Florida, 5-Year Estimate, 2020



	2016	2017	2018	2019	2020
Okeechobee County	52.3%	51.7%	55.2%	53.0%	53.8%
Florida	57.4%	57.0%	56.7%	56.3%	56.4%

Source: US Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[64] Federal Reserve Board. (2017). The Effect of Housing Supply Regulation on Housing Affordability. Retrieved August 19, 2022, from https://aei.org/wp-content/uploads/2017/04/Overview-Talk-Panel-5.pdf
[65] U.S. Department of Health and Human Services. (n.d.). Reduce the proportion of families that spend more than 30 percent of income on housing - SDOH-04. Healthy People 2030. Retrieved August 18, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

Gross Rent

Research has shown that the rental burden has increased in the United States in recent years, in part due to the lack of rental housing policies in place. Additionally, income, household composition, and location are also contributors to this rental burden. Rising housing costs, including rental rates, can increase economic burden on residents, and, as such, are an important indicator in understanding the health and quality of life of residents in a community.[66]

The table below shows the gross rent in Okeechobee County and Florida in 2020. Okeechobee County had 3,310 occupied rental units during this year. The median cost of rent was $833 in Okeechobee County, which is significantly less than the state's median cost of $1,218. The highest proportion of occupied rental units cost $500-$999 in Okeechobee County in 2020 (54.7%), whereas the highest proportion of Florida rental units cost $1,000-$1,499 (39.2%).

Table 53: Gross Rent, Count and Percent of Occupied Units Paying Rent, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Occupied units paying rent	3,310	100.0%	2,568,612	100.0%
Less than $500	491	14.8%	127,458	5.0%
$500 to $999	1,811	54.7%	670,290	26.1%
$1,000 to $1,499	725	21.9%	1,007,382	39.2%
$1,500 to $1,999	223	6.7%	503,829	19.6%
$2,000 to $2,499	0	0.0%	159,888	6.2%
$2,500 to $2,999	0	0.0%	55,337	2.2%
$3,000 or more	60	1.8%	44,428	1.7%
Median (dollars)	$833.00	--	$1,218.00	--
No rent paid	370	--	111,823	--

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[66] SAGE Journals. (2018). Rent Burden and the Great Recession in the USA. Retrieved 2022, from https://journals.sagepub.com/doi/abs/10.1177/0042098016665953.

Gross Rent as a Percentage of Household Income (GRAPHI)

Gross Rent as a Percentage of Household Income (GRAPHI) is a measure used to determine how much of a household's income is allocated towards the rent. Over time, national housing guidelines have suggested residents should not contribute more than 30% of the household income to their gross rent amount. It has been found that when a higher proportion than this is spent on rent, households are at an increased risk of experiencing financial hardship, commonly resulting in near-poverty situations.[67]

The table below shows GRAPHI in Okeechobee County and Florida in 2020. In 2020, 9.8% of Okeechobee County occupied units paying rent had a GRAPHI between 30.0% and 34.9%. An additional 44.0% of Okeechobee County occupied units paying rents had a GRAPHI of 35.0% or more. Comparatively, in Florida in 2020, 46.8% of occupied units had a GRAPHI of 35.0% or more.

The Healthy People 2030 national target is to reduce the proportion of families that spend more than 30% of income on housing to 25.5%.[68] It is important to note that while the Healthy People 2030 target focuses on income spent towards housing in general in the United States, the U.S. Census data available for Okeechobee County and Florida specifically captures income towards rent. Therefore, the information below reflects a smaller subset of the Healthy People 2030 national target topic. Thus, a decrease would indicate progress towards the overall goal.

Table 54: Gross Rent as a Percentage of Household Income (GRAPHI), Count and Percent of Occupied Units Paying Rent (Excluding Units Where GRAPHI Cannot be Computed), Okeechobee County and Florida, 5-Year Estimate, 2020

Gross Rent as a Percentage of Household Income (GRAPHI)	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Occupied units paying rent (excluding units where GRAPHI cannot be computed)	3,192	100.0%	2,504,099	100.0%
Less than 15.0 percent	468	14.7%	221,625	8.9%
15.0 to 19.9 percent	379	11.9%	268,577	10.7%
20.0 to 24.9 percent	317	9.9%	310,230	12.4%
25.0 to 29.9 percent	313	9.8%	292,708	11.7%
30.0 to 34.9 percent	312	9.8%	239,568	9.6%
35.0 percent or more	1,403	44.0%	1,171,391	46.8%
Not computed	488	--	176,336	--

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[67] Gross Rent as a Percent of Household Income. The Central Wisconsin Economy, LLC. (2022). Retrieved August 19, 2022, from http://www.thecentralwisconsineconomy.org/GRAPI.html#:~:text=Gross%20Rent%20as%20a%20Percent%20of%20Household%20Income,often%20living%20in%20either%20poverty%20or%20near%20poverty.

[68] U.S. Department of Health and Human Services. (n.d.). Reduce the proportion of families that spend more than 30 percent of income on housing - SDOH-04. Healthy People 2030. Retrieved August 18, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

Households and Householders Living Alone

Household structures vary and it has become common to cohabitate, live with non-relatives, or even live alone. Having a strong social circle can mitigate some of negative mental health outcomes, like depression and loneliness, that living alone can contribute to.[69] Research shows that affluence is another indicator dependent on the household structure. Married couples tend to have higher affluence compared to single-person households and unmarried couples who are cohabitating. [70]

The table below shows households and householders living alone in Okeechobee County and Florida 2020. Okeechobee County and Florida shared several similarities when it comes to the household structure. Married-couple households made up 49.9% of all the family households in Okeechobee County, which was slightly higher than the proportion of Florida's married-couple households (46.9%). Okeechobee County also had a slightly lower proportion of householders living alone among all the nonfamily households (25.3%) when compared to Florida (28.6%).

Table 55: Households and Householders Living Alone, Count and Percent of Occupied Housing Units, Okeechobee County and Florida, 5-Year Estimate, 2020

	Okeechobee County		Florida	
	Occupied housing units	Percent	Occupied housing units	Percent
Occupied Housing Units	14,601	100.0%	7,931,313	100.0%
Family households	9,837	67.4%	5,118,059	64.5%
Married-couple family	7,292	49.9%	3,721,358	46.9%
Male householder, no spouse present	678	4.6%	392,029	4.9%
Female householder, no spouse present	1,867	12.8%	1,004,672	12.7%
Nonfamily households	4,764	32.6%	2,813,254	35.5%
Householder living alone	3,689	25.3%	2,267,320	28.6%
Householder 65 years and over	1,699	11.6%	1,040,208	13.1%
With related children of householder under 18 years	4,283	29.3%	2,095,476	26.4%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[69] Aging and Mental Health. (2017). *Living alone and depression: The modifying role of the perceived neighborhood environment*. Taylor & Francis. Retrieved August 19, 2022, from https://www.tandfonline.com/doi/abs/10.1080/13607863.2016.1191060
[70] Journal of Population Sciences. (2021). US disparities in affluence by household structure, 1959 to 2017. Retrieved August 19, 2022, from https://www.jstor.org/stable/pdf/27032930.pdf

Transportation

Transportation barriers can lead to delayed or missed medical appointments, medication pick-ups, and access to other resources and activities that foster positive health outcomes. These barriers disproportionately affect those who live in areas where public transportation is unavailable, low-income families, and those who have chronic health conditions.[71] Consequently, poor management of health leads to worse health outcomes.[72]

Vehicles Available by Household

Vehicle availability directly impacts transportation options and access to resources and services. The number of vehicles per household is affected by the surrounding built environment, household structure, and household financial situations.[73]

The table below shows the vehicles available per household in Okeechobee County and Florida in 2020. In both Okeechobee County and Florida, the highest proportion of households had at least one vehicle available (38.6% and 39.1%, respectively). During this year, 3.6% of Okeechobee County households had no vehicles available, compared to 6.1% of Florida households.

Table 56: Vehicles Available by Household, Count and Percent of Occupied Housing Units, Okeechobee County and Florida, 5-Year Estimate, 2020

Vehicles Available	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Occupied housing units	14,601	100.0%	7,931,313	100.0%
No vehicles available	530	3.6%	485,183	6.1%
1 vehicle available	5,637	38.6%	3,102,212	39.1%
2 vehicles available	5,618	38.5%	3,039,276	38.3%
3 or more vehicles available	2,816	19.3%	1,304,642	16.4%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[71] Transportation barriers to health care in the United States: Findings from the National Health Interview Survey. American Journal of Public Health. (2020). Retrieved September 2, 2022, from https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2020.305579
[72] Science Direct. (2022, March 7). Addressing transportation barriers to health care during the COVID-19 pandemic: Perspectives of Care Coordinators. Transportation Research Part A: Policy and Practice. Retrieved September 2, 2022, from https://www.sciencedirect.com/science/article/pii/S096585642200057X
[73] Blumenberg, E., Brown, A., & Schouten, A. (2018, December 17). Car-deficit households: Determinants and implications for household travel in the U.S. - transportation. SpringerLink. Retrieved August 22, 2022, from https://link.springer.com/article/10.1007/s11116-018-9956-6

Workers Who Commute to Work Using Public Transit

Well-designed and well-used public transportation systems can improve the health of communities by offering low-cost transportation options that reduce automobile congestion and the associated environmental and health impacts. Public transportation systems offer solutions to families who face transportation barriers, which is one of the major issues related to access to health care. Public transportation also offers accessibility options for the elderly, disabled, and young adults.[74] However, ill-maintained systems may result in low ridership due to the inconvenience of routes or bus stops, inconvenient timing options, or a lack of accessibility, especially for those with disabilities.

The table below shows workers who commute to work using public transit by age in Okeechobee County and Florida in 2020. As a note, public transport excludes the use of taxicabs in this data. In Okeechobee County, public transportation use was highest among workers aged 25 to 44 years (61.5%) followed by workers aged 45 to 54 years (38.0%). The median age of workers who used public transportation in 2020 was 44.8 years of age in Okeechobee County compared to 40.4 years of age in the state of Florida.

Table 57: Workers Who Commute to Work Using Public Transit by Age, Count and Percent of Workers 16 Years and Older, Okeechobee County and Florida, 5-year Estimate, 2020

	Okeechobee County				Florida			
	Total	Drove Alone	Car-pooled	Public Transport*	Total	Drove Alone	Carpooled	Public Transport*
Workers 16 years and over	15,417	12,422	1,492	192	9,559,753	7,431,583	878,107	154,580
Age								
16 to 19 years	3.2%	3.8%	0.7%	0.0%	2.7%	2.4%	5.2%	4.5%
20 to 24 years	9.0%	7.7%	15.4%	0.0%	8.7%	8.6%	11.0%	12.9%
25 to 44 years	43.7%	42.1%	58.8%	61.5%	42.8%	43.0%	46.1%	40.7%
45 to 54 years	23.4%	25.1%	14.5%	38.0%	21.6%	21.8%	20.3%	19.7%
55 to 59 years	9.6%	9.3%	6.2%	0.0%	10.2%	10.3%	8.1%	9.7%
60 years +	11.2%	12.1%	4.4%	0.5%	14.0%	13.9%	9.3%	12.5%
Median age	42.2	43.3	35.1	44.8	42.9	43.1	39.4	40.4

*Note: Public Transport excludes the use of taxicabs
Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

[74] Public transportation facts. American Public Transportation Association. (2021, July 7). Retrieved August 22, 2022, from https://www.apta.com/news-publications/public-transportation-facts/

Workers Who Commute to Work Using Public Transit by Race and Ethnicity

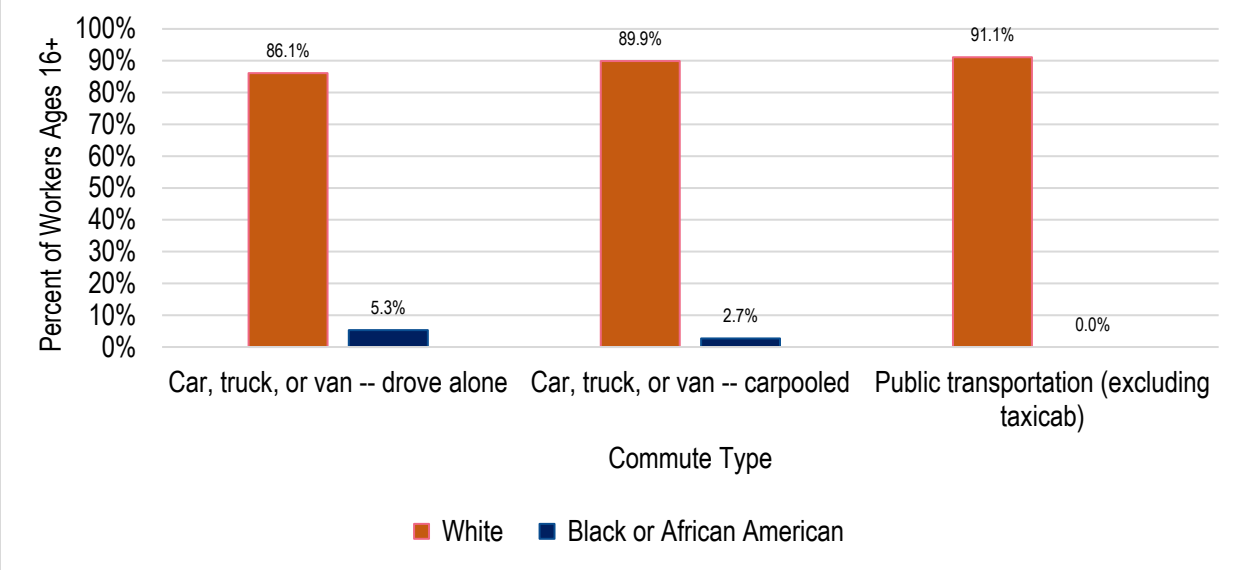
The table and figure below show the proportion of workers who commute to work using public transportation by race and ethnicity in Okeechobee County and Florida in 2020. As mentioned previously, public transport excludes the use of taxicabs. Among all workers 16 years and over, a total of only 192 workers used public transportation in Okeechobee County. Notably, in Okeechobee County, 91.1% of the workers that used public transportation in 2020 were White and 91.1% were of Hispanic or Latino origin. In the state of Florida, 19.1% of workers aged 16 years and over were White, and 36.1% were of Hispanic or Latino origin.

Table 58: Workers Who Commute to Work Using Public Transit by Race and Ethnicity, Count and Percent of Workers 16 Years and Older, Okeechobee County and Florida, 5-year Estimate, 2020

	Okeechobee County				Florida			
	Total	Drove Alone	Car-pooled	Public Transport*	Total	Drove Alone	Car-pooled	Public Transport*
Workers 16 years and over	15,417	12,422	1,492	192	9,559,753	7,431,583	878,107	154,580
Race								
One race	96.6%	98.1%	96.0%	100.0%	94.2%	94.6%	92.8%	94.0%
White	85.0%	86.1%	89.9%	91.1%	71.8%	72.6%	66.4%	44.5%
Black or African American	5.0%	5.3%	2.7%	0.0%	15.6%	15.6%	16.3%	41.2%
American Indian and Alaska Native	0.2%	0.2%	0.0%	0.0%	0.2%	0.2%	0.4%	0.4%
Asian	1.5%	1.7%	0.6%	0.0%	3.0%	2.9%	4.3%	2.9%
Native Hawaiian/ Other Pacific Islander	0.2%	0.2%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%
Some other race	4.7%	4.5%	2.7%	8.9%	3.5%	3.3%	5.4%	5.0%
Two or more races	3.4%	1.9%	4.0%	0.0%	5.8%	5.4%	7.2%	6.0%
Ethnicity								
Hispanic or Latino origin (of any race)	26.2%	24.6%	33.8%	91.1%	27.9%	27.1%	37.9%	36.1%
White alone, not Hispanic or Latino	65.0%	66.5%	58.9%	0.0%	51.9%	52.9%	39.9%	19.1%

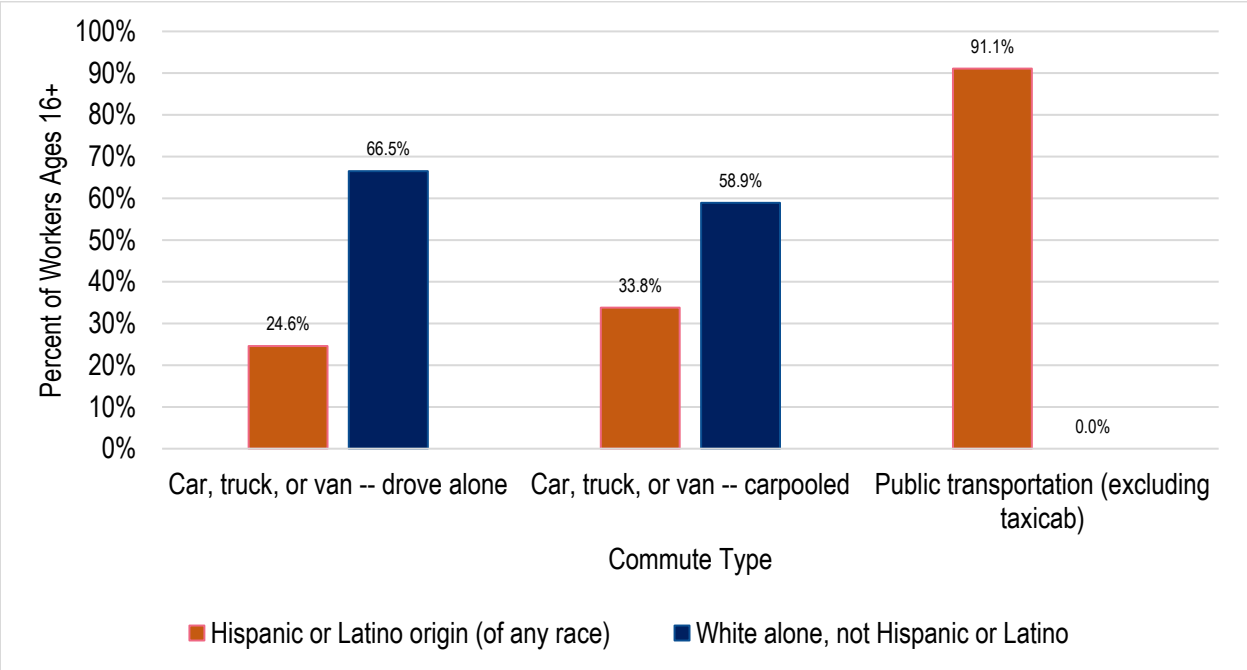
*Note: Public transport excludes the use of taxicabs.
Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 34: Workers Who Commute to Work Using Public Transit by Race, Percent of Workers 16 Years and Older, Okeechobee County, 5-year Estimate, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 35: Workers Who Commute to Work Using Public Transit by Ethnicity, Percent of Workers 16 Years and Older, Okeechobee County, 5-year Estimate, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Crime

Exposure to crime and violence, both directly and indirectly, can contribute to negative short- and long-term health outcomes. For example, research suggests higher rates of neighborhood safety fears may lead to poorer self-rated physical and mental health. Additionally, exposure to crime and violence has been associated with reductions in park use and park-based physical activity and higher levels of depression, among other negative health outcomes, such as injuries, disability, and death. [75]

It is important to note that 2020 crime rates in Okeechobee County may have been impacted by the COVID-19 pandemic. Lockdowns and other restrictions may have led to reductions in certain types of crimes, while crimes such as intimate partner violence, battery, and homicide may have increased.[76]

.

Total Arrests

Over the last couple of decades, there has been an increase in pretrial jail sentences and arrests in rural counties. A lack of resources and education, county-level poverty, and police expenditures can contribute to higher arrests rates.[77]

The table shows the total adult and juvenile arrests and the arrest rate per 100,000 population in Okeechobee County from 2018 to 2020. The overall arrest rate decreased for both adults and juveniles from 2018 (5,150.8 per 100,000 population) to 2020 (3,894.4 per 100,000). Most recently, in 2020, there were 1,544 adult arrests and 96 juvenile arrests in Okeechobee County.

There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 target is to reduce the proportion of children with a parent or guardian who has served time in jail to 5.2%.[78] An additional Healthy People 2030 national target is to reduce the rate of minors and young adults and minors committing violent crimes from 249.0 arrests per 100,000 adolescents and young adults aged 10 to 24 years for perpetration of violent crimes (murder and non-negligent manslaughter, robbery, and aggravated assaults) in 2018 to 199.2 per 100,000.[79] A reduction in these numbers would indicate progress towards a safer and healthier community.

Table 59: Total Arrests, Count and Rate per 100,000 Population, Okeechobee County, 2018 - 2020

Year	Population	Total Arrests	Arrest Rate per 100,000	Total Adult Arrests	Total Juvenile Arrests
2018	41,120	2,118	5,150.8	1,887	231
2019	41,808	2,127	5,087.5	1,936	191
2020	42,112	1,640	3,894.4	1,544	96

Source: Florida Department of Law Enforcement (FDLE), 2020
Compiled by: Health Council of Southeast Florida, 2022

[75] U.S. Department of Health and Human Services. (n.d.). Crime and violence. Crime and Violence - Healthy People 2030. Retrieved September 2, 2022, from https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/crime-and-violence

[76] Boman, JH, Gallupe, O (2020). Has COVID-19 Changed Crime? Crime Rates in the United States during the Pandemic. American Journal of Criminal Justice, 1–9. Advance online publication. https://link.springer.com/article/10.1007/s12103-020-09551-3

[77] Journal of Technology in Human Services (2018). Exploring the urban–rural incarceration divide: Drivers of local jail incarceration rates in the United States. Taylor & Francis. Retrieved August 22, 2022, from https://www.tandfonline.com/doi/abs/10.1080/15228835.2017.1417955

[78] US Department of Health and Human Services. Healthy People 2030. Reduce the proportion of children with a parent or guardian who has served time in jail – SDOH-05. https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context/reduce-proportion-children-parent-or-guardianwho-has-served-time-jail-sdoh-05

[79] U.S. Department of Health and Human Services. (n.d.). Reduce the rate of minors and young adults committing violent crimes - ah-10. Reduce the rate of minors and young adults committing violent crimes - AH-10 - Healthy People 2030. Retrieved September 2, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/adolescents/reduce-rate-minors-and-young-adults-committing-violent-crimes-ah-10

Arrests by Charge, Index Arrests

There is growing research surrounding the relationship between health care access and crime. Counties with higher rates of uninsured individuals are at higher risk for partaking in criminal behavior, particularly property and violent crimes that lead to arrests.[80] Improving access to health care allows individuals to receive the mental health services needed, which in turn can help improve emotional and social well-being, decision-making skills, and how stress is handled.

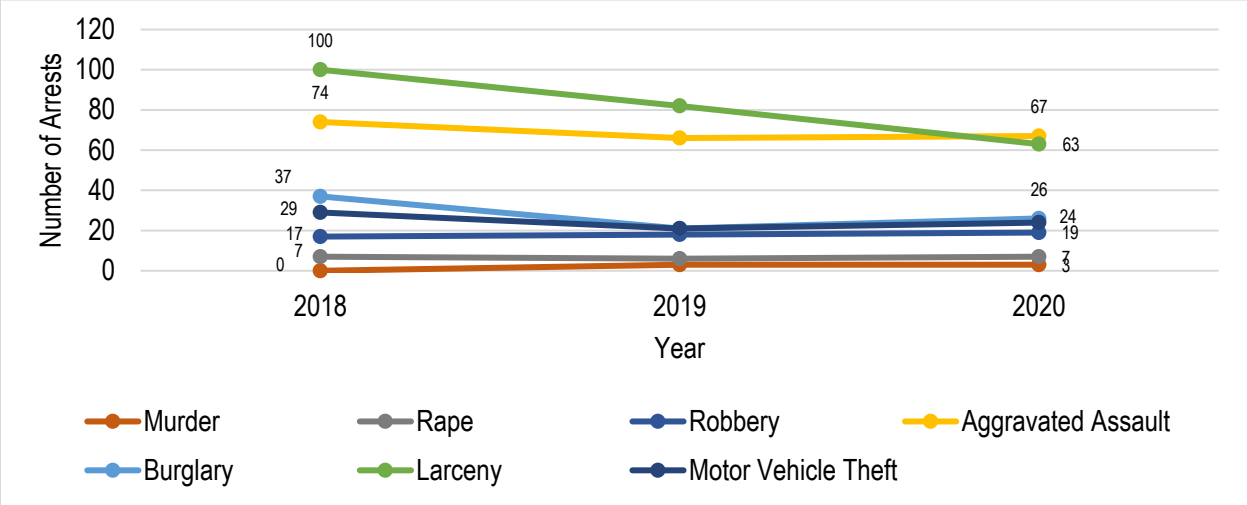
The table and figure below show arrests by charge in Okeechobee County between 2018 and 2020. Charges include murder, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft. Most recently, in 2020, there were 67 arrests for aggravated assault and 63 arrests for larceny in Okeechobee County. The third leading cause of arrest in Okeechobee County was burglary (26 arrests) in 2020.

Table 60: Arrests by Charge, Index Arrests, Okeechobee County, 2018 - 2020

Year	Murder	Rape	Robbery	Aggravated Assault	Burglary	Larceny	Motor Vehicle Theft
2018	0	7	17	74	37	100	29
2019	3	6	18	66	21	82	21
2020	3	7	19	67	26	63	24

Source: Florida Department of Law Enforcement (FDLE), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 36: Arrests by Charge, Index Arrests, Okeechobee County, 2018 - 2020



Source: Florida Department of Law Enforcement (FDLE), 2020
Compiled by: Health Council of Southeast Florida, 2022

[80] Vogler, J. (2017, September 26). Access to health care and criminal behavior: Short-run evidence from the ACA Medicaid expansions. Social Science Research Network. Retrieved August 23, 2022, from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3042267

Arrests by Charge, Part II Arrests

Part II arrests are arrests that include manslaughter, kidnap/abduction, arson, simple assault, drug arrests, bribery, embezzlement, fraud, counterfeit/forgery, extortion/blackmail, intimidation, prostitution, non-forcible sex offenses, stolen property, DUI, destruction/vandalism, gambling, weapons violations, liquor law violations, and other miscellaneous offenses.[81] Notably, over the past two decades, more programs are being implemented to utilize substance use treatment in lieu of criminal arrests that contribute to mass incarceration. Evidence suggests that collaboration among law enforcement, criminal justice, healthcare, and academic institutions can disrupt the cycle of crime, improve the substance use epidemic, and promote a higher level of public health and safety.[82]

This table below shows Part II arrests by charge in Okeechobee County between 2018 and 2020. Most recently, in 2020, most Part II arrests in Okeechobee County were for charges of drugs (297), simple assault (221), and DUI (94).

Table 61: Arrests by Charge, Part II Arrests, Okeechobee County, 2018-2020

Year	Manslaughter	Kidnap/ Abduction	Arson	Simple Assault	Drug Arrest	Prostitution	Non-Forcible Sex Offenses	Stolen Property	DUI	Weapons Violations
2018	0	2	0	276	466	0	7	10	76	12
2019	0	0	0	290	400	0	8	11	141	13
2020	0	2	1	221	297	0	11	4	94	15

Source: Florida Department of Law Enforcement (FDLE), 2020
Compiled by: Health Council of Southeast Florida, 2022

[81] Florida Department of Law Enforcement. (n.d.). UCR arrest data. Retrieved from https://www.fdle.state.fl.us/FSAC/Data-Statistics/UCR-Arrest-Data
[82] Health & Justice. (2021, March 10). Pre-arrest diversion to addiction treatment by law enforcement: Protocol for the community-level policing initiative to reduce addiction-related harm, including crime - health & justice. BioMed Central. Retrieved August 23, 2022, from https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-021-00134-w

Domestic Violence by Offense Type by Victim's Relationship to Offender

Domestic violence is a pattern of abusive behavior that is used by one partner to gain power and manipulation over the other partner in a relationship. Domestic violence does not refer to just physical abuse. Domestic violence can also include sexual, emotional, economic, and psychological abuse.[83]

The table below shows domestic violence offenses by type and by the victim's relationship to the offender in Okeechobee County in 2020. Simple assault offenses made up 137 incidents, the equivalent of 88.4% of the total domestic violence offenses in 2020. Cohabitants and spouses were the most likely offenders for simple assault (53 and 27, respectively).

The Healthy People 2023 objective set for this target area is to reduce intimate partner violence (i.e., contact sexual violence, physical violence, and stalking) across the lifespan.[84] However, there is no national target specific to this indicator, as the objective currently has developmental status, meaning it is a high-priority public health issue that has evidence-based interventions to address it, but doesn't yet have reliable baseline data.

Table 62: Domestic Violence by Offense Type by Victim's Relationship to Offender, Okeechobee County, 2020

Offense	Victim Relationship to Offender							
	Spouse	Parent	Child	Sibling	Other Family	Cohabitant	Other	Total
Aggravated Assault	6	0	0	2	1	6	0	15
Aggravated Stalking	0	0	0	0	0	0	0	0
Criminal Homicide	0	0	0	0	1	0	0	1
Fondling	0	0	0	0	0	2	0	2
Manslaughter	0	0	0	0	0	0	0	0
Rape - Attempted	0	0	0	0	0	0	0	0
Rape - Committed	0	0	0	0	0	0	0	0
Simple Assault	27	17	15	15	8	53	2	137
Stalking	0	0	0	0	0	0	0	0
Threat/Intimidation	0	0	0	0	0	0	0	0

Source: Florida Department of Law Enforcement, Crime in Florida Abstract, 2020
Compiled by: Health Council of Southeast Florida, 2022

[83] *Domestic violence*. The United States Department of Justice. (2022, July 29). Retrieved August 23, 2022, from https://www.justice.gov/ovw/domestic-violence
[84] U.S. Department of Health and Human Services. Healthy People 2030. Reduce intimate partner violence– IPV-D04.. https://health.gov/healthypeople/objectives-and-data/browse-objectives/violence-prevention/reduce-intimate-partner-violence-ivp-d04

Health Status Profile

Monitoring the health status of a community by examining health indicators over time provides key insights into the overall health and wellbeing of a community and its residents, as well as health behaviors influenced by the environment and the potential challenges and barriers residents face when accessing needed health resources in their everyday lives. Researchers, policymakers, community and governmental organizations, and the general public can use population level health information to inform public policy, direct public health efforts, and plan health programs and initiatives which seek to improve health outcomes and access to the social determinants of health, such as quality health care, healthy and affordable food, economic stability, good living conditions, and quality education.[85] Additionally, by examining how health outcomes differ among various racial and ethnic groups, targeted policies and programs can reduce health disparities and alleviate health inequities.

This section explores several health indicators, including indicators related to maternal and child health, vaccine preventable diseases, oral health, behavioral health, morbidity, and mortality. Maternal and child health in a community is important to examine, as their well-being determines the health of future generations. Focusing on maternal and child health can prevent future health challenges for families, communities, and the health care system.[86] Vaccines are also a very important aspect of public health and can significantly reduce the burden of disease in a community. While vaccines are widely used and understood by many to be safe, there are still many barriers individuals face when considering receiving vaccines or vaccinating their children, such as vaccine hesitancy or lack of health insurance. Understanding vaccine preventable diseases statistics in a community gives insight into what additional outreach and education efforts are needed to increase vaccine uptake. Oral health and behavioral health are also key public health indicators to examine, as associated problems often cause pain, other diseases, or disability, all of which can lead to mental health issues and increased cost for both the individual and health care system.[87] Lastly, patterns and outcomes related to morbidity, or the rate of disease in a population, and mortality, or the rate of death in a population, are very important to examine to further understand the upstream factors impacting population health outcomes. Examining morbidity and mortality over time shows the progression or severity of conditions and can be useful tools for evaluating community factors related to the social determinants of health and their impact on individuals, as well as strategically focusing future public health efforts.[88]

An important consideration throughout this section is the impact of the COVID-19 pandemic. While many of these indicators are evaluated over time, the most recent data available was from 2020 or 2021 in some cases. Accessing care during the COVID-19 pandemic became an issue for many, either due to fear or limited available resources, and was exacerbated due to existing socioeconomic disadvantages in many communities. As such, this could have decreased rates of certain health conditions due to underreporting.[89] However, research shows that certain underlying health conditions exacerbated the risk and progression of COVID-19, increasing the impact and symbiotic nature of comorbidities, which could have potentially increased the rate of certain health conditions.[90] Such considerations are explored in this section where applicable.

[85] World Health Organization. (n.d.). Assessment of essential public health functions. Surveillance and monitoring of health-related indicators. Retrieved from http://www.emro.who.int/about-who/public-health-functions/surveillance-and-monitoring-of-health-related-indicators.html
[86] Maternal, Infant, and Child Health Workgroup. (n.d.). In Healthy People 2030. Retrieved from https://health.gov/healthypeople/about/workgroups/maternal-infant-and-child-health-workgroup
[87] Oral Conditions. (n.d.). In Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions
[88] Hernandez JBR, Kim PY. Epidemiology Morbidity And Mortality. (Updated 2021, October 9). In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK547668/
[89] Núñez A, Sreeganga SD, Ramaprasad A. Access to Healthcare during COVID-19. Int J Environ Res Public Health. 2021 Mar 14;18(6):2980. doi: 10.3390/ijerph18062980. PMID: 33799417; PMCID: PMC7999346.
[90] Sanyaolu, A., Okorie, C., Marinkovic, A. et al. Comorbidity and its Impact on Patients with COVID-19. SN Compr. Clin. Med. 2, 1069–1076 (2020). https://doi.org/10.1007/s42399-020-00363-4

COVID-19

Since the initial cases COVID-19, the highly contagious disease rapidly spread throughout the world. As a result, mass lockdowns and public health measures were put into place to protect residents and slow the spread of the disease. Increased handwashing, the use of face masks, social distancing, and the avoidance of mass gatherings ensured that community members were protected from the spread of the virus as much as possible, especially when details were still emerging about the newly discovered COVID-19 disease. Additional measures, such as school closures and the closures of public spaces, were utilized to slow virus spread.[91] Unfortunately, of September 2022, there were over 600 million confirmed cases of COVID-19 and over 6.5 million deaths from the virus globally.[92]

COVID-19 symptoms often include respiratory symptoms similar to those of a cold, flu, or pneumonia. Possible symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and more. Notably, older adults and people with underlying medical conditions, such as heart or lung disease or diabetes, are at a greater risk for getting very sick from COVID-19.[93] These populations may experience heightened symptoms, hospitalization rates, and death rates when contracting the virus due to their underlying conditions. Additionally, some patients experience long-term health issues after infection, known as "long COVID" or "Post-COVID." Those who experience post-COVID may have a wide range of ongoing health problems after infection, lasting weeks, months, or longer. These conditions are most often found in people who had severe COVID-19 illness, but anyone who has been infected by the virus that causes COVID-19 can experience post-COVID, even if they had mild illness or no symptoms during their initial infection. Post-COVID conditions may include tiredness or fatigue that interferes with daily life, symptoms that get worse after physical or mental effort, fever, difficulty breathing or shortness of breath, cough, chest pain, heart palpitations, difficulty thinking or concentrating, dizziness, sleep problems, joint or muscle pain, rash, stomach pain, and more.[94] At the time of publication, professionals are still learning more about the long-term effects of COVID and the health consequences of long COVID or Post-COVID and associated conditions.[95]

The medical field worked quickly to develop vaccinations to protect community members against the worst effects of the COVID-19 virus. At the time of publication, the Food and Drug Administration (FDA) has authorized four vaccines for emergency use or full FDA-approval. Strict regulatory processes were set into place to facilitate the development of COVID-19 vaccines that meet the FDA's scientific standards, assuring safety and efficacy for all populations prior to use. These vaccines include Pfizer-BioNTech COVID-19 vaccines, Moderna COVID-19 vaccines, Janssen COVID-19 vaccine, and the Novavax COVID-19 Vaccine (Adjuvanted). In addition to initial vaccine series, the FDA has authorized emergency use or full approval for booster doses that address variants of the disease to protect against the emerging and evolving threats of COVID-19 as the virus changes over time.[96] One example of this is the COVID-19 Bivalent vaccine booster, which includes a component of the original virus strain to provide broad protection against COVID-19, as well as a component of the omicron variant to provide increased protection against COVID-19 caused by the omicron variant.[97] It is important to note that authorizations were sought by age groups as

[91] Pokhrel, S., & Chhetri, R. (2021). A Literature Review on Impact of COVID-19 Pandemic on Teaching and Learning. Higher Education for the Future. *Sage Journals,* 8(1), 133–141. https://doi.org/10.1177/2347631120983481

[92] World Health Organization. (2020). *WHO Coronavirus (COVID-19) Dashboard).* Retrieved from https://covid19.who.int/

[93] Centers for Disease Control and Prevention. (2022). *COVID-19: Symptoms.* Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

[94] Centers for Disease Control and Prevention. (2022). *Long COVID or Post-COVID Conditions.* Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html

[95] Centers for Disease Control and Prevention. (2021). *Basics of COVID-19.* Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19/basics-covid-19.html

[96] FDA. (2022). *COVID-19 Vaccines*. Retrieved from https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines

[97] FDA. (2022). *COVID-19 bivalent vaccine boosters.* Retrieved from https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-bivalent-vaccine-boosters#:~:text=Bivalent%20COVID%2D19%20Vaccine%20Boosters&text=The%20bivalent%20COVID%2D19%20vaccines,caused%20by%20the%20omicron%20variant.

the research was available and vetted, meaning that not all ages had access to vaccines, or the same vaccines, at the same time.[98]

The COVID-19 pandemic not only affected health indicators that are featured throughout this report, but it also affected socioeconomic indicators such as income, housing, employment, education, and more. At the time of publication, the impacts of the COVID-19 pandemic are still being analyzed and felt throughout Okeechobee County, Florida, and the world.

[98] U.S. Food and Drug Administration. (2020). *FDA News Release: FDA Takes Key Action in Fight Against COVID-19 By Issuing Emergency Use Authorization for First COVID-19 Vaccine*. Retrieved from https://www.fda.gov/news-events/press-announcements/fda-takes-key-action-fight-against-covid-19-issuing-emergency-use-authorization-first-covid-19

Cases

COVID-19 Daily New Cases per 100,000 Population

There were over 92 million confirmed cases of COVID-19 in the United States as of August 2022. Globally, there were over 500 million confirmed cases and over 6 million deaths due to the COVID-19 pandemic as of August 2022.[99] Because of advances in at-home testing and subsequent potential underreporting, these numbers may actually be higher. Importantly, vaccines are now available to prevent severe illness of COVID-19 and reduce transmission.[100]

The following table and figure show the rate per 100,000 population of daily new cases of COVID-19 in Okeechobee County and Florida from July 1, 2021 to July 1, 2022. While Okeechobee County and Florida followed similar trends of new case rate increases and decreases over during this timeframe, Okeechobee County consistently reported lower new case rates per 100,000 population compared to the state of Florida, except on September 1, 2021, October 1, 2021, and March 1, 2022. The highest rate of new cases in Okeechobee County occurred in September 2021 (168.0 per 100,000 population).

Daily new case rates serve as a key indicator for assessing the impact of the COVID-19 pandemic as this information shows point-in-time data allowing communities to draw comparisons and track trends over time. However, it is important to note that due to how cases are counted and how COVID-19 tests are reported (which exclude at-home tests and the infected population who may forego testing), the actual total COVID-19 cases during this timeframe was likely under-reported.

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

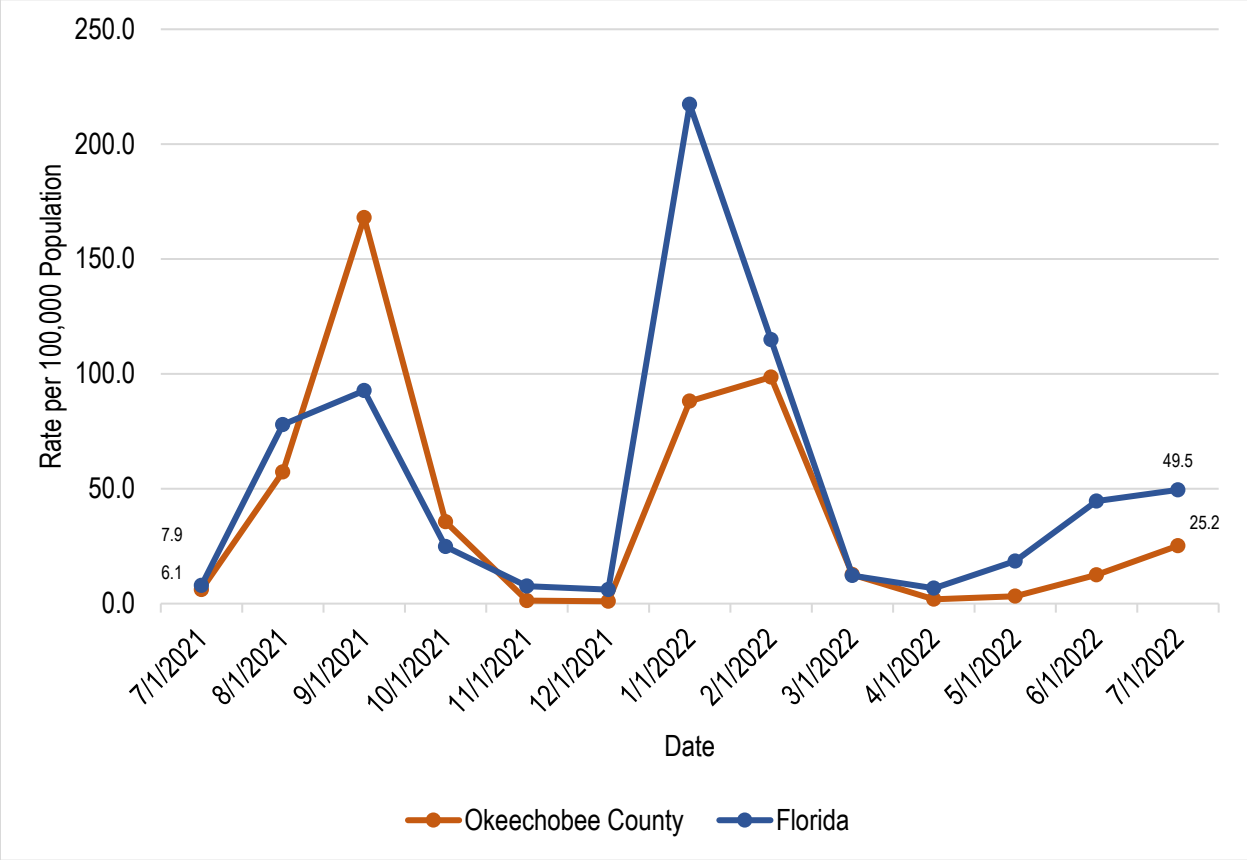
Table 63: COVID-19 Daily New Cases, Rate per 100,000 Population, Okeechobee County and Florida, 2021-2022

Date	Okeechobee County	Florida
July 1, 2021	6.1	7.9
August 1, 2021	57.3	77.9
September 1, 2021	168.0	92.7
October 1, 2021	35.6	24.8
November 1, 2021	1.3	7.6
December 1, 2021	1.0	6.1
January 1, 2022	88.1	217.3
February 1, 2022	98.6	114.9
March 1, 2022	12.6	12.2
April 1, 2022	1.9	6.7
May 1, 2022	3.2	18.5
June 1, 2022	12.5	44.6
July 1, 2022	25.2	49.5

Source: COVID Act Now, 2022
Compiled by: Health Council of Southeast Florida, 2022

[99] World Health Organization. (2022). *WHO Coronavirus (COVID-19) Dashboard).* Retrieved from https://covid19.who.int/
[100] U.S. Food and Drug Administration. (2020). *FDA News Release: FDA Takes Key Action in Fight Against COVID-19 By Issuing Emergency Use Authorization for First COVID-19 Vaccine*. Retrieved from https://www.fda.gov/news-events/press-announcements/fda-takes-key-action-fight-against-covid-19-issuing-emergency-use-authorization-first-covid-19

Figure 37: COVID-19 Daily New Cases, Rate per 100,000 Population, Okeechobee County and Florida, 2021-2022



Source: COVID Act Now, 2022
Compiled by: Health Council of Southeast Florida, 2022

Deaths

Deaths from COVID-19

COVID-19 has killed over 1 million Americans since it was first discovered in 2019.[101] Notably, the pandemic has disproportionately affected certain racial and ethnic groups during this time. Hispanic or Latino, non-Hispanic Black, and non-Hispanic American Indian or Alaska Native residents experienced higher infection rates and mortality rates in 2020 in the United States compared to their White non-Hispanic counterparts, depicting a stark disparity among these groups.[102]

The table and figure below show the count and rate per 100,000 population of deaths from COVID-19 in Okeechobee County and Florida in 2020. During 2020, the age-adjusted death rate from COVID-19 was higher in Okeechobee County (87.8 per 100,000 population) compared to the state of Florida overall (57.4 per 100,000 population).

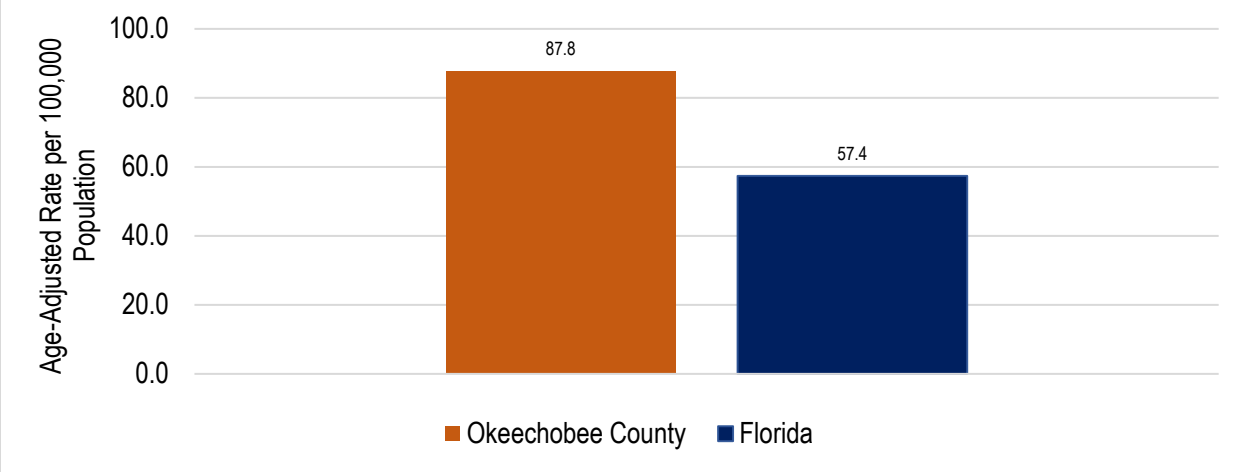
There is no Healthy People 2030 national target specific to this health indicator.

Table 64: Deaths from COVID-19, Count and Age-Adjusted Rate per 100,000 Population, Okeechobee County and Florida, 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2020	55	87.8	19,157	57.4

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 38: Deaths from COVID-19, Age-Adjusted Rate per 100,000 Population, Okeechobee County and Florida, 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[101] Centers for Disease Control and Prevention (CDC). (2022). *COVID Data Tracker.* Retrieved from https://covid.cdc.gov/covid-data-tracker/#datatracker-home
[102] Rossen, L. M., Gold, J., Ahmad, F. B., Sutton, P. D., & Branum, A. M. (2021). Trends in the distribution of COVID-19 deaths by age and race/ethnicity - United States, April 4-December 26, 2020. Annals of epidemiology, 62, 66–68. https://doi.org/10.1016/j.annepidem.2021.06.003

Deaths from COVID-19 by Race

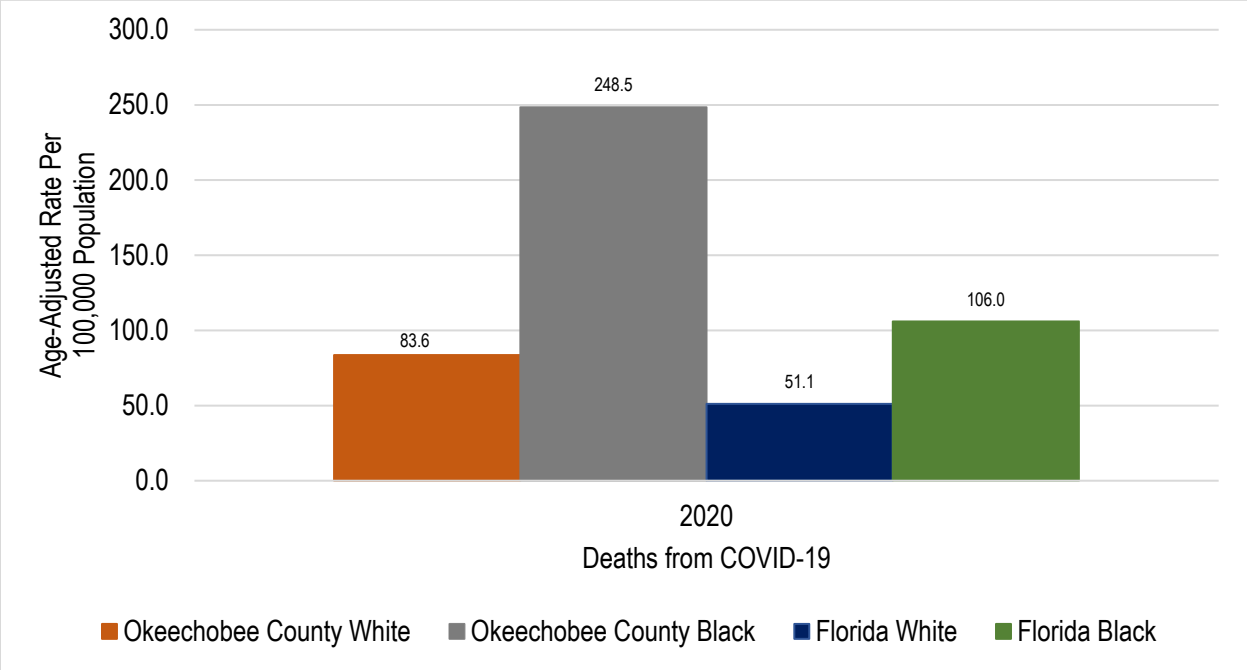
The table and figure below show the count and rate per 100,000 population of deaths from COVID-19 by race in Okeechobee County and Florida in 2020. In Okeechobee County and Florida, the COVID-19 death rate among Black residents was significantly higher than the rate among White residents. The rate among Black residents in Okeechobee County reached 248.5 per 100,000 population in 2020, while the rate among White residents was 83.6 per 100,000 population. The rate of deaths from COVID-19 among Black residents in Okeechobee County (248.5 per 100,000 population) was over double the rate among Black residents in Florida (106.0 per 100,000 population).

Table 65: Deaths from COVID-19 by Race, Count and Age-Adjusted Rate per 100,000 Population, Okeechobee County and Florida, 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2020	48	83.6	7	248.5	15,034	51.1	3,515	106.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 39: Deaths from COVID-19 by Race, Count and Age-Adjusted Rate Per 100,000 Population, Okeechobee County and Florida, 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from COVID-19 by Ethnicity

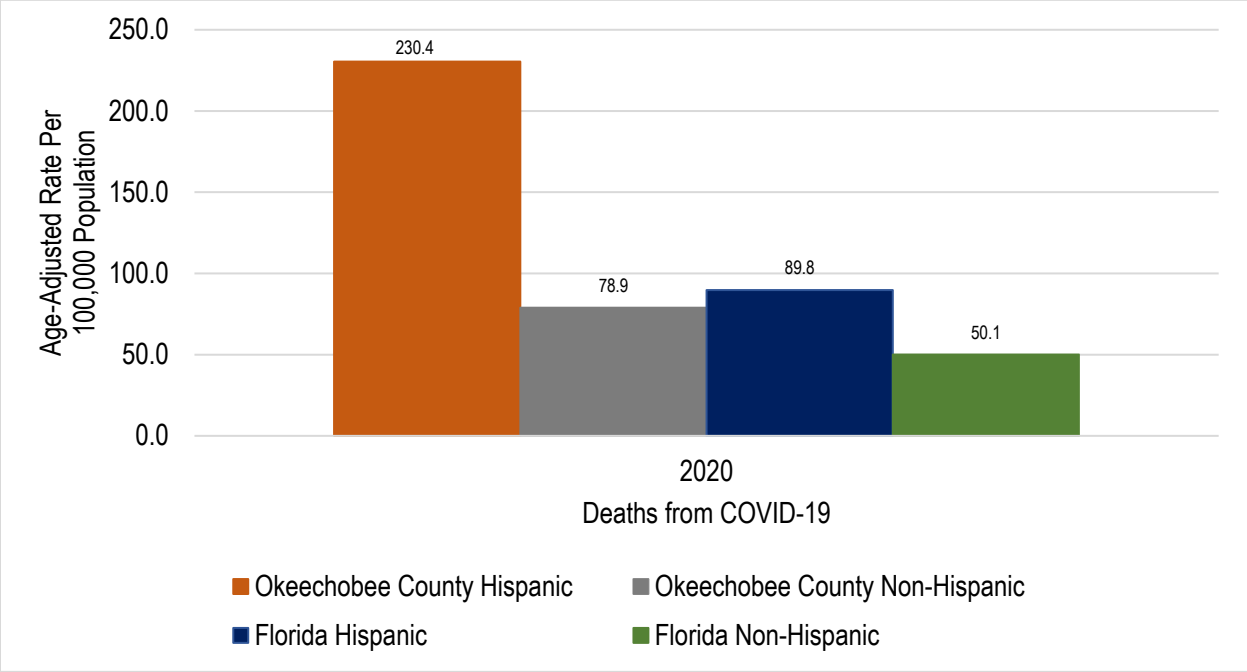
The table and figure below show the count and rate per 100,000 population of deaths from COVID-19 by ethnicity in Okeechobee County and Florida in 2020. The death rate from COVID-19 was highest among Hispanic residents in both Okeechobee County (230.4 per 100,000 population) and Florida (89.8 per 100,000 population) compared to their white counterparts in both areas. Additionally, the death rate among Hispanic Okeechobee County residents (230.4 per 100,000 population) was significantly higher than the rate among Hispanic Florida residents overall (89.8 per 100,000 population).

Table 66: Deaths From COVID-19 by Ethnicity, Count and Age-Adjusted Rate per 100,000 Population, Okeechobee County and Florida, 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2020	10	230.4	45	78.9	5,212	89.8	13,831	50.1

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 40: Deaths from COVID-19 by Ethnicity, Age-Adjusted Rate per 100,000 Population, Okeechobee County and Florida, 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Vaccinations

COVID-19 Vaccinations

The COVID-19 vaccination can help individuals develop protection from the virus that causes COVID-19. When residents are vaccinated, these vaccines can help reduce community transmission on a larger scale. Although the COVID-19 vaccine does not prevent all illness, it significantly lowers the risk of severe illness that may lead to hospitalization or death.[103] As of August 2022, 79% of the U.S. population had at least one dose of the COVID-19 vaccine and 67.4% were fully vaccinated. Additionally, 48.4% of the U.S. population had a first booster dose as of August 2022. Overall, over 803,000,000 vaccine doses were distributed and over 607,000,000 vaccine doses were administered in the United States as of August 2022.[104]

The table and figure below show the percentage of the total population vaccinated for COVID-19 in Okeechobee County and Florida from November 1, 2021 to November 2, 2022. Each month during this timeframe, a smaller proportion of Okeechobee County residents received the COVID-19 vaccination compared to the state of Florida overall. Most recently, as of November 2, 2022, 55.6% of Okeechobee County residents had received one dose of the COVID-19 vaccine and 47.5% had completed the vaccination series of either two doses in a series, or one dose of the Johnson & Johnson vaccine. Among all Okeechobee County residents, 16.8% had received a booster shot as of November 2, 2022. Comparatively, in the state of Florida overall, 81.6% of residents had received one dose, 68.8% had completed the series, and 29.7% had received a booster shot as of November 2, 2022.

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

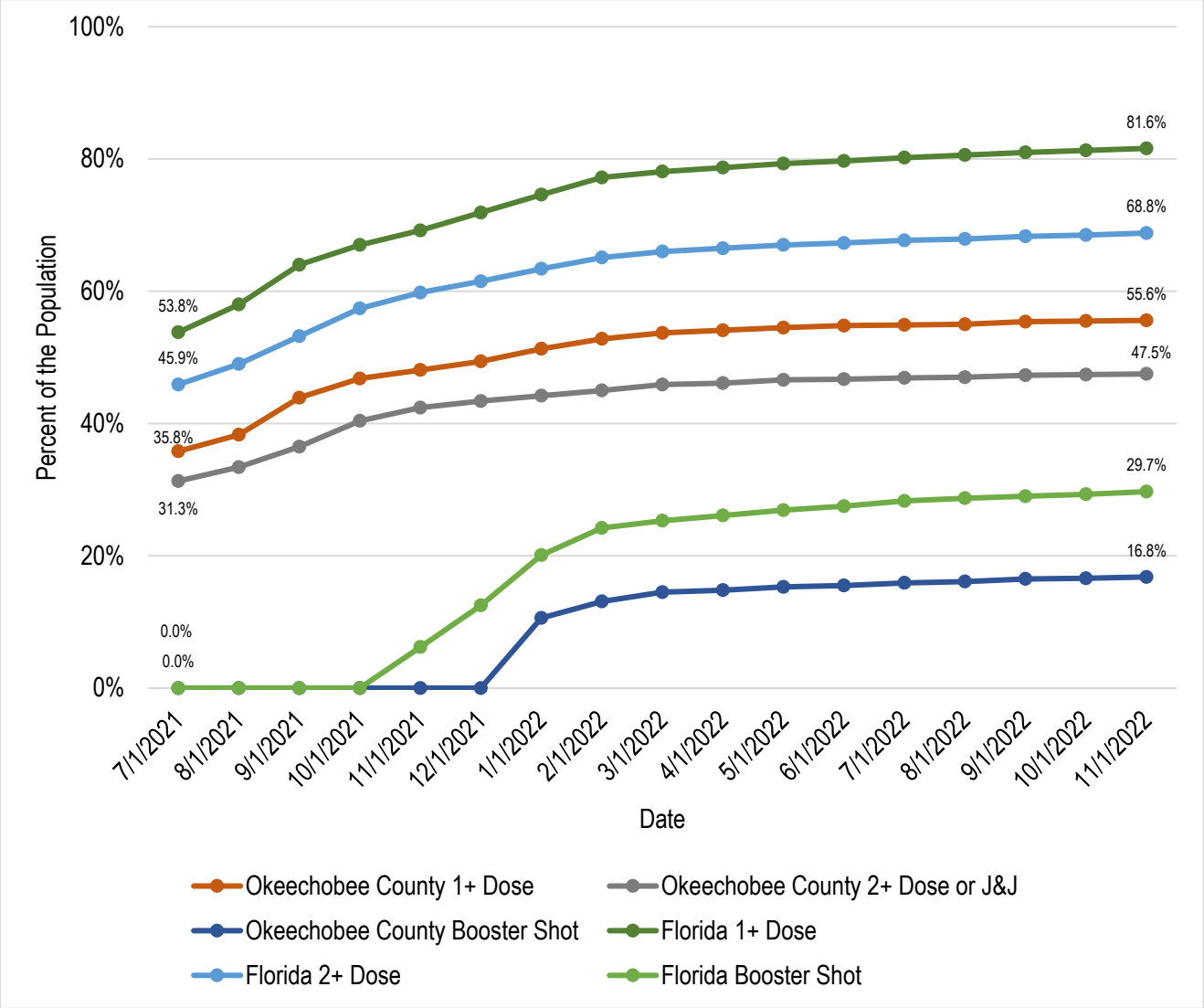
Table 67: COVID-19 Vaccinations, Percent of the Population, Okeechobee County and Florida, 2021-2022

Date	Okeechobee County			Florida		
	1+ Dose	2+ Dose or J&J	Booster Shot	1+ Dose	2+ Dose or J&J	Booster Shot
November 1, 2021	48.1%	42.4%	-	69.2%	59.8%	6.2%
December 1, 2021	49.4%	43.4%	-	71.9%	61.5%	12.5%
January 1, 2022	51.3%	44.2%	10.6%	74.6%	63.4%	20.1%
February 1, 2022	52.8%	45.0%	13.1%	77.2%	65.1%	24.2%
March 1, 2022	53.7%	45.9%	14.5%	78.1%	66.0%	25.3%
April 1, 2022	54.1%	46.1%	14.8%	78.7%	66.5%	26.1%
May 1, 2022	54.5%	46.6%	15.3%	79.3%	67.0%	26.9%
June 1, 2022	54.8%	46.7%	15.5%	79.7%	67.3%	27.5%
July 6, 2022*	54.9%	46.9%	15.9%	80.2%	67.7%	28.3%
August 3, 2022*	55.0%	47.0%	16.1%	80.6%	67.9%	28.7%
September 14, 2022*	55.4%	47.3%	16.5%	81.0%	68.3%	29.0%
October 5, 2022*	55.5%	47.4%	16.6%	81.3%	68.5%	29.3%
November 2, 2022*	55.6%	47.5%	16.8%	81.6%	68.8%	29.7%

Note: *As of June 2022, accessible COVID-19 vaccination data was no longer available in daily case intervals. This data is now available in weekly intervals.
Source: COVID Act Now, 2022 and Centers for Disease Control and Prevention, 2022
Compiled by: Health Council of Southeast Florida, 2022

[103] Centers for Disease Control and Prevention (CDC). (2022). *COVID-19: how to protect yourself and others.* Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html
[104] Centers for Disease Control and Prevention (CDC). (2022). *COVID-19 vaccinations in the United States.* Retrieved from https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-additional-dose-totalpop

Figure 41: COVID-19 Vaccinations, Percent of the Population, Okeechobee County and Florida, 2021-2022



Source: COVID Act Now, 2022 and Centers for Disease Control and Prevention, 2022
Compiled by: Health Council of Southeast Florida, 2022

Maternal and Child Health

Maternal and child health are critical for positive health outcomes throughout the lifespan. Services such as prenatal care and the Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefit both mother and baby, offering opportunities for health education, identification of health issues, and prevention of potential issues. In fact, mothers who receive no prenatal care are three times more likely to have babies with low birth weight and five times more likely to experience infant mortality compared to those babies born to mothers who do get care.[105] Health status indicators, such as a mother's pre-pregnancy BMI, are also associated with health outcomes for both mothers and babies. For example, a high pre-pregnancy BMI for a mother is associated with various adverse health outcomes for mothers and newborns, including gestational diabetes, hypertension, preeclampsia, cesarean delivery, preterm delivery, large size for gestational age, and infant death.[106] A mother's age during pregnancy, including teen pregnancies, can also influence risk for potential health outcomes. All factors of maternal and child health are important components in understanding the health of a community.

[105] U.S. Department of Health & Human Services Office On Women's Health. Prenatal Care. (2019). *Prenatal Care.* https://www.womenshealth.gov/a-z-topics/prenatal-care#:~:text=Babies%20of%20mothers%20who%20do,doctors%20to%20treat%20them%20early

[106] Gaillard, R., Durmuş, B., Hofman, A., Mackenbach, J. P., Steegers, E. A., & Jaddoe, V. W. (2013). Risk factors and outcomes of maternal obesity and excessive weight gain during pregnancy. Obesity (Silver Spring, Md.), 21(5), 1046–1055. https://doi.org/10.1002/oby.20088

Prenatal Care

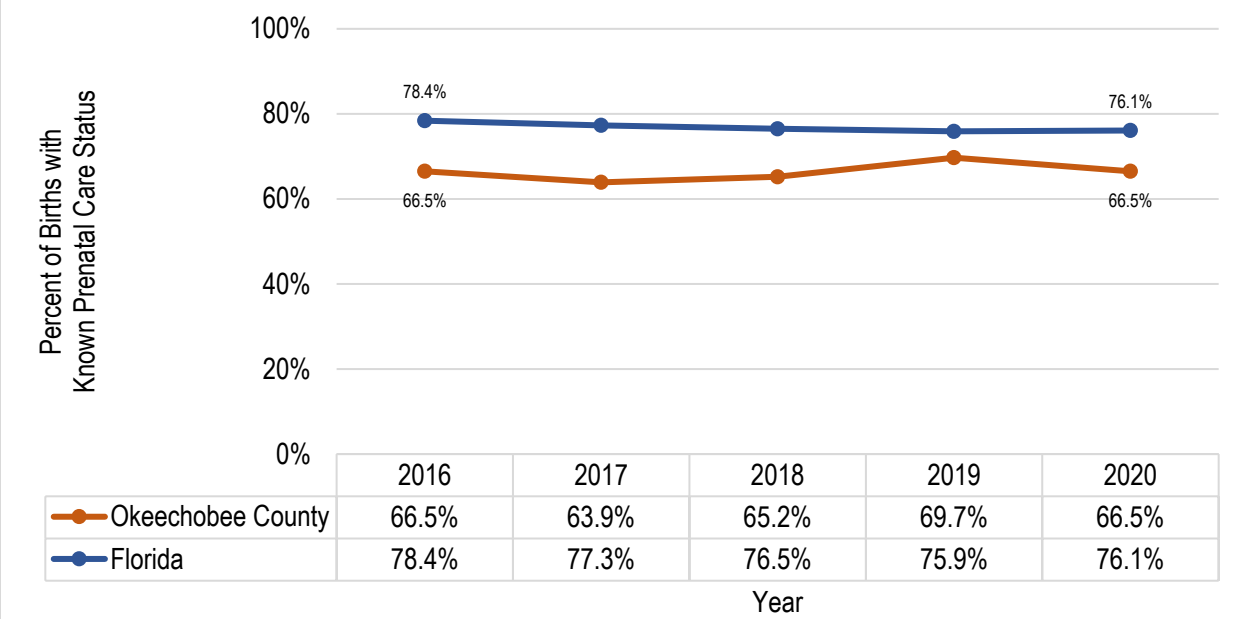
Births to Mothers with First Trimester Prenatal Care

Timely prenatal care improves the chances of a healthy pregnancy, which in turn promotes a healthy birth. Prenatal care can help prevent complications and provides an opportunity for education to promote a healthy pregnancy for both mother and baby.[107] The first trimester, which covers weeks 1 through 12 of pregnancy, is an important time for mothers to receive adequate and early prenatal care to identify, address, and prevent potential problems.[108]

The figure below shows the percentage of births to mothers with first trimester care among all mothers with known prenatal care status in Okeechobee County and Florida from 2016 to 2020. While the percentage of births to mothers with first trimester care in both Okeechobee County and Florida remained relatively constant over the timeframe, Okeechobee County had a lower percentage of births to mothers with first trimester prenatal care compared to the state of Florida each year. Most recently in Okeechobee County in 2020, the percentage of mothers with known prenatal care status who received first trimester care was 66.5%, which was lower than the percentage in Florida in the same year (76.1%).

There is no Healthy People 2030 national target specific to first trimester prenatal care. However, the most closely related Healthy People 2030 national target is to increase the proportion of women who receive early and adequate prenatal care to 80.5%.[109]

Figure 42: Births to Mothers with First Trimester Care, Percent of Births with Known Prenatal Care Status, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County	66.5%	63.9%	65.2%	69.7%	66.5%
Florida	78.4%	77.3%	76.5%	75.9%	76.1%

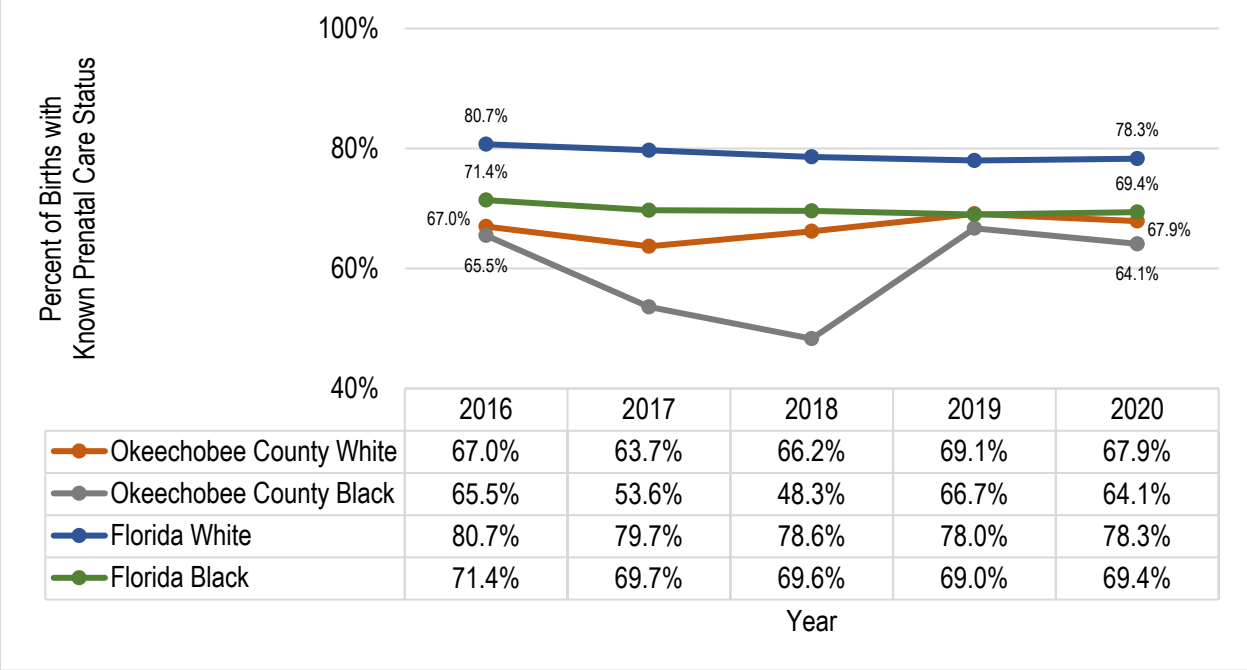
Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[107] U.S. Department of Health & Human Services National Institutes of Health. (2017). *What is Prenatal Care and Why Is It Important?* Retrieved from https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care
[108] Florida Department of Health. (2022). *Births to Mothers With 1st Trimester Prenatal Care*. Retrieved from https://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=Birth.DataViewer&cid=16
[109] U.S. Department of Health and Human Services. Healthy People 2030. Increase the proportion of pregnant women who receive early and adequate prenatal care — MICH-08 https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-pregnant-women-who-receive-early-and-adequate-prenatal-care-mich-08

Births to Mothers with First Trimester Prenatal Care by Race

The graph below shows the percentage of births to mothers with first trimester care by race among all mothers with known prenatal care status in Okeechobee County and Florida from 2016 to 2020. Racial disparities were found across the five-year timeframe in both Okeechobee County and Florida, where the percentage of Black mothers who gave birth and received first trimester prenatal care was lower than their White counterparts each year. In 2018, the disparity between Okeechobee Black and White mothers was most apparent, with only 48.3% of Okeechobee County Black mothers who gave birth receiving first trimester care compared to 66.2% of White mothers. Most recently in 2020, 67.9% of White mothers who gave birth in Okeechobee County received first trimester prenatal care compared to 64.1% of Black mothers.

Figure 43: Births to Mothers with First Trimester Care by Race, Percent of Births with Known Prenatal Care Status, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County White	67.0%	63.7%	66.2%	69.1%	67.9%
Okeechobee County Black	65.5%	53.6%	48.3%	66.7%	64.1%
Florida White	80.7%	79.7%	78.6%	78.0%	78.3%
Florida Black	71.4%	69.7%	69.6%	69.0%	69.4%

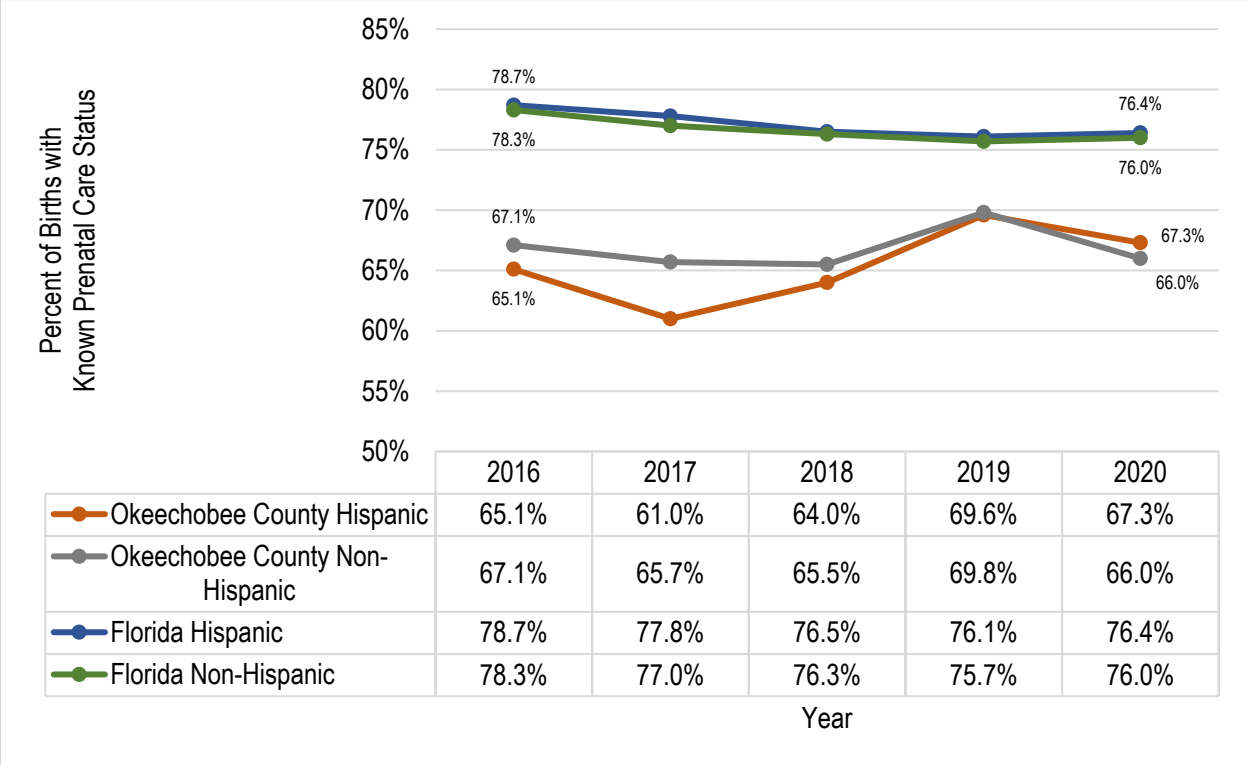
Year

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Births to Mothers with First Trimester Prenatal Care by Ethnicity

The graph below shows the percentage of births to mothers with first trimester care by ethnicity among all mothers with known prenatal care status in Okeechobee County and Florida from 2016 to 2020. During this timeframe, a lower percentage of Okeechobee County Hispanic and non-Hispanic mothers who gave birth received first trimester care compared to those of the state. The percentage of Hispanic and non-Hispanic mothers who gave birth in Okeechobee County who received first trimester care increased from 2017 to 2019, then decreased in 2020. Most recently, 67.3% of Hispanic mothers in Okeechobee County who gave birth received first trimester care compared to 66.0% of non-Hispanic mothers.

Figure 44: Births to Mothers with First Trimester Care by Ethnicity, Percent of Births with Known Prenatal Care Status, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County Hispanic	65.1%	61.0%	64.0%	69.6%	67.3%
Okeechobee County Non-Hispanic	67.1%	65.7%	65.5%	69.8%	66.0%
Florida Hispanic	78.7%	77.8%	76.5%	76.1%	76.4%
Florida Non-Hispanic	78.3%	77.0%	76.3%	75.7%	76.0%

Year

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

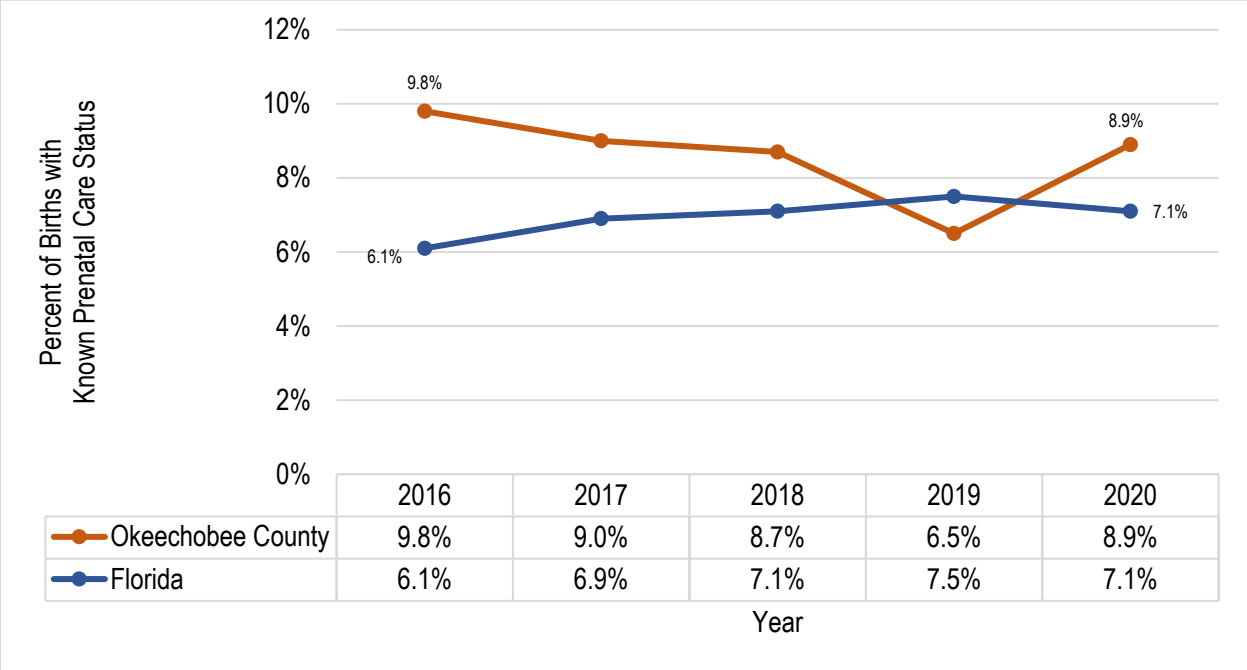
Births to Mothers with Third Trimester Care or No Prenatal Care

The third trimester begins in week 28 of pregnancy and lasts through delivery. During this trimester, fetal development continues.[110] Prenatal care in the third trimester provides an opportunity for doctors to continue to monitor the health of both mother and baby and address health problems that have been identified. Importantly, babies of mothers who do not get any type of prenatal care are three times more likely to have a low birth weight and five times more likely to die compared to babies born to mothers who do receive adequate and timely prenatal care.[111]

The figure below shows the percentage of births to mothers with third trimester (late) prenatal care or no prenatal care among mothers with known prenatal care status in Okeechobee County and Florida from 2016 to 2020. During this timeframe, there was a higher percentage of births to mothers in Okeechobee County who received third trimester (late) or no prenatal care compared to Florida in all years except 2019. Notably, the percentage of births to mothers with third trimester prenatal care or no prenatal care decreased from 2016 (9.8%) to 2019 (6.5%), then increased in 2020 (8.9%).

There is no Healthy People 2030 national target specific to third trimester or no prenatal care. However, the most closely related Healthy People 2030 national target is to increase the proportion of women who receive early and adequate prenatal care to 80.5%.[112]

Figure 45: Births to Mothers with Third Trimester Prenatal Care or No Prenatal Care, Percent of Births with Known Prenatal Care Status, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County	9.8%	9.0%	8.7%	6.5%	8.9%
Florida	6.1%	6.9%	7.1%	7.5%	7.1%

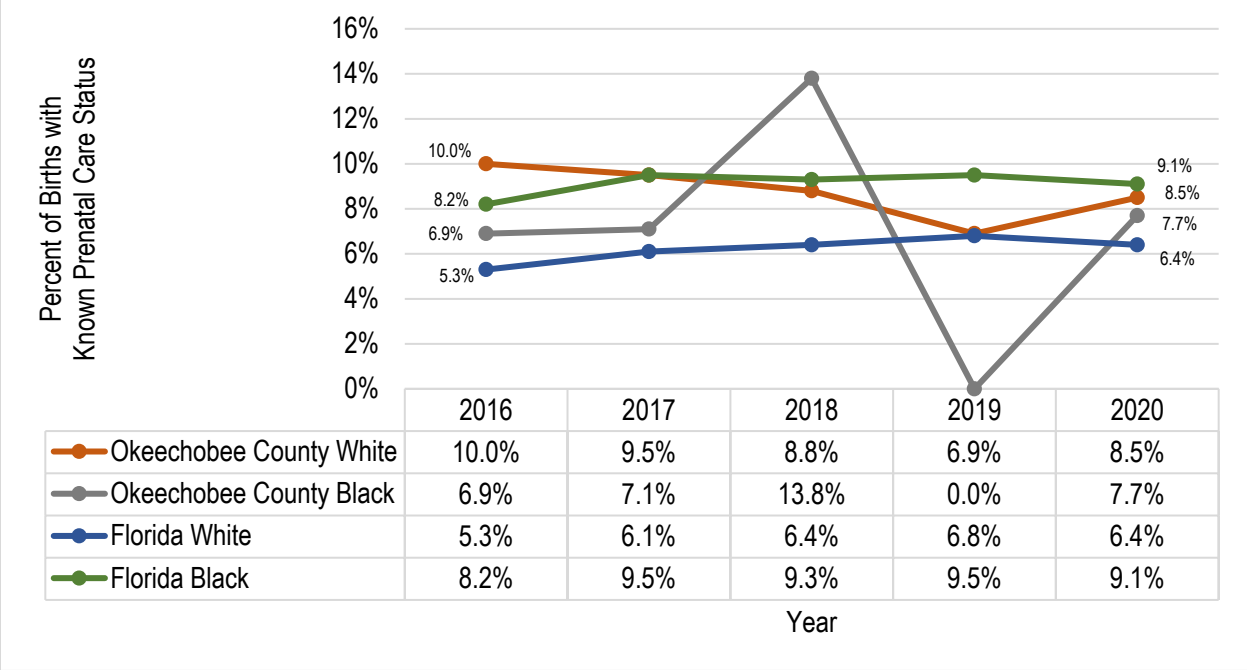
Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[110] Mayo Clinic. (2020). *Pregnancy Week by Week.* Retrieved from https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/fetal-development/art-20045997
[111] U.S. Department of Health & Human Services Office On Women's Health. Prenatal Care. (2019). *Prenatal Care.* https://www.womenshealth.gov/a-z-topics/prenatal-care#:~:text=Babies%20of%20mothers%20who%20do,doctors%20to%20treat%20them%20early
[112] U.S. Department of Health and Human Services. Healthy People 2030. Increase the proportion of pregnant women who receive early and adequate prenatal care — MICH-08 https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-pregnant-women-who-receive-early-and-adequate-prenatal-care-mich-08

Births to Mothers with Third Trimester Care or No Prenatal Care by Race

The figure below shows the percentage of births to mothers with third trimester (late) prenatal care or no prenatal care by race among mothers with known prenatal care status in Okeechobee County and Florida from 2016 to 2020. The percentage of births to mothers with third trimester (late) or no prenatal care among Okeechobee County Black mothers fluctuated during this timeframe, ultimately increasing from 2019 (0.0%) to 2020 (7.7%). The percentage of births to mothers with third trimester (late) or no prenatal care among Okeechobee County White mothers decreased from 2016 (10.0%) to 2019 (6.9%), then increased in 2020 (8.5%).

Figure 46: Births to Mothers with Third Trimester Prenatal Care or No Prenatal Care by Race, Percent of Births with Known Prenatal Care Status, Okeechobee County and Florida, 2016-2020

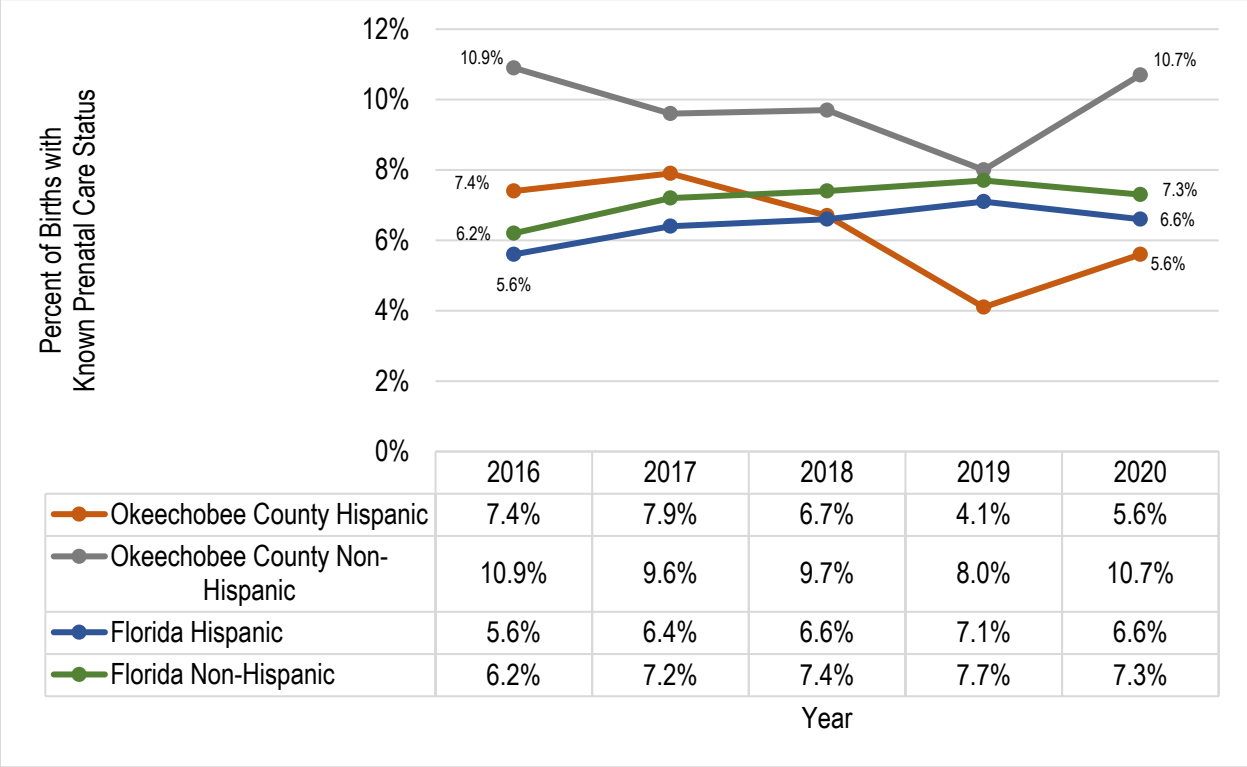


Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Births to Mothers with Third Trimester Care or No Prenatal Care by Ethnicity

The figure below shows the percentage of births to mothers with third trimester (late) prenatal care or no prenatal care by ethnicity among mothers with known prenatal care status in Okeechobee County and Florida from 2016 to 2020. In Okeechobee County, the percentage of births to mothers with third trimester (late) prenatal care or no prenatal care fluctuated but increased most recently among both Hispanic and non-Hispanic mothers. However, there was a clear disparity in Okeechobee County among mothers each year. Most recently in 2020, the percentage of births to mothers with third trimester (late) prenatal care or no prenatal care was 10.7% among non-Hispanic mothers and 5.6% among Hispanic mothers.

Figure 47: Births to Mothers with Third Trimester Prenatal Care or No Prenatal Care by Ethnicity, Percent of Births with Known Prenatal Care Status, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County Hispanic	7.4%	7.9%	6.7%	4.1%	5.6%
Okeechobee County Non-Hispanic	10.9%	9.6%	9.7%	8.0%	10.7%
Florida Hispanic	5.6%	6.4%	6.6%	7.1%	6.6%
Florida Non-Hispanic	6.2%	7.2%	7.4%	7.7%	7.3%

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Births to Mothers by Kotelchuck Prenatal Care Index and Mother's Education

The Kotelchuck Index, also known as the Adequacy of Prenatal Care Utilization (APNCU), provides a measure of the adequacy of prenatal care received by women throughout the course of their pregnancy. To determine the Kotelchuck Prenatal Care Index for each birth, a ratio of observed to expected visits is calculated and grouped into four categories: Inadequate (received less than 50% of expected visits), Intermediate (received 50%-79% of expected visits), Adequate (received 80%-109% of expected visits), and Adequate Plus (received 110% or more of expected visits). Importantly, because women at high-risk for pregnancy complications typically require additional appointments during their pregnancy, these women are more likely to have high rates of Adequate Plus prenatal care on the Kotelchuck Prenatal Care Index compared to their low-risk counterparts.[113]

The table and figure below show births to mothers by Kotelchuck Prenatal Care Index and mother's education in Okeechobee County in 2020. Most births in Okeechobee County occurred among women with a high school degree or GED or less education in 2020. Among Okeechobee County mothers with a high school degree or GED, 94 out of 221 births were to mothers who received inadequate or intermediate prenatal care, representing approximately 42.5% of all births to mothers with a high school degree or GED in Okeechobee County in 2020. Comparatively, among mothers with a Bachelor's, Master's, or Doctorate degree, 11 out of 48 births were to mothers who received inadequate or intermediate prenatal care, representing approximately 22.9% of all births to mothers with a Bachelor's, Master's, and Doctorate degrees.

There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 national target is to increase the proportion of pregnant women who receive early and adequate prenatal care from 76.4% in 2018 to 80.5%.[114]

[113] Florida Department of Health. (2022). *Births with Adequate Prenatal Care (Kotelchuck Index)*. Retrieved from https://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=Birth.DataViewer&cid=615

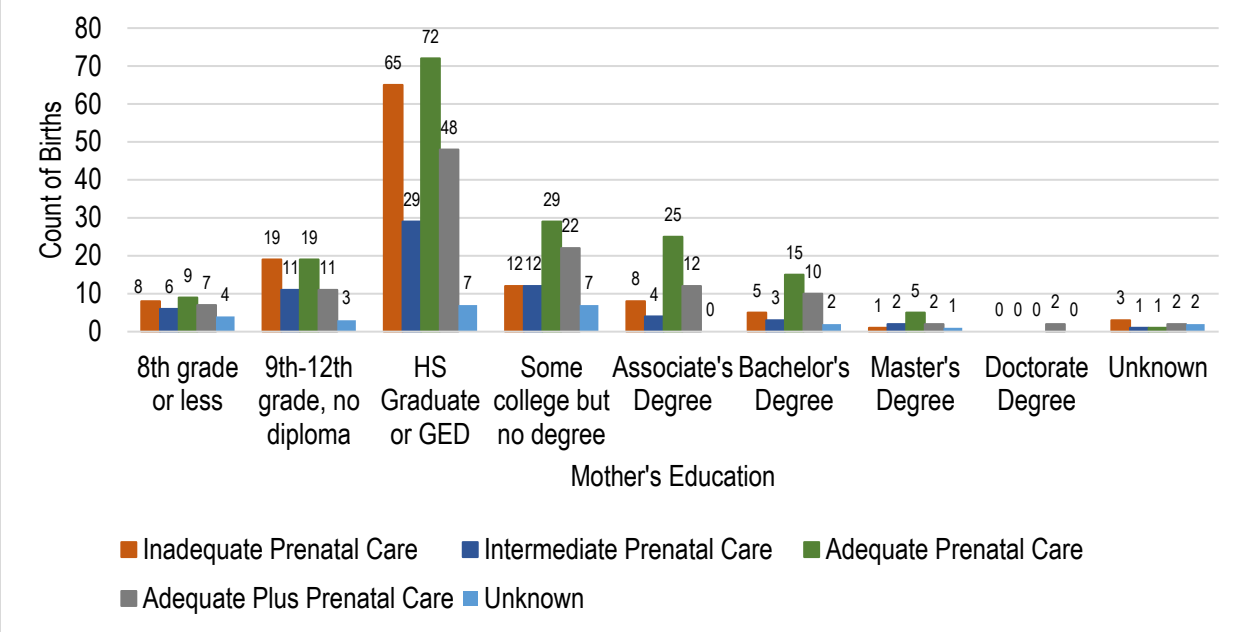
[114] U.S. Department of Health and Human Service. Healthy People 2030. Increase the proportion of pregnant women who receive early and adequate prenatal care — MICH-08 https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-pregnant-women-who-receive-early-and-adequate-prenatal-care-mich-08

Table 68: Births to Mothers by Kotelchuck Prenatal Care Index and Mother's Education, Count of Births, Okeechobee County, 2020

Mother's Education	Kotelchuck Prenatal Care Index, Resident Births					
	Inadequate Prenatal Care	Intermediate Prenatal Care	Adequate Prenatal Care	Adequate Plus Prenatal Care	Unknown	Total
8th grade or less	8	6	9	7	4	34
9th-12th grade, no diploma	19	11	19	11	3	63
HS Graduate or GED	65	29	72	48	7	221
Some college but no degree	12	12	29	22	7	82
Associate's Degree	8	4	25	12	0	49
Bachelor's Degree	5	3	15	10	2	35
Master's Degree	1	2	5	2	1	11
Doctorate Degree	0	0	0	2	0	2
Unknown	3	1	1	2	2	9
Total	121	68	175	116	26	506

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 48: Births to Mothers by Kotelchuck Prenatal Care Index and Mother's Education, Count of Births, Okeechobee County, 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

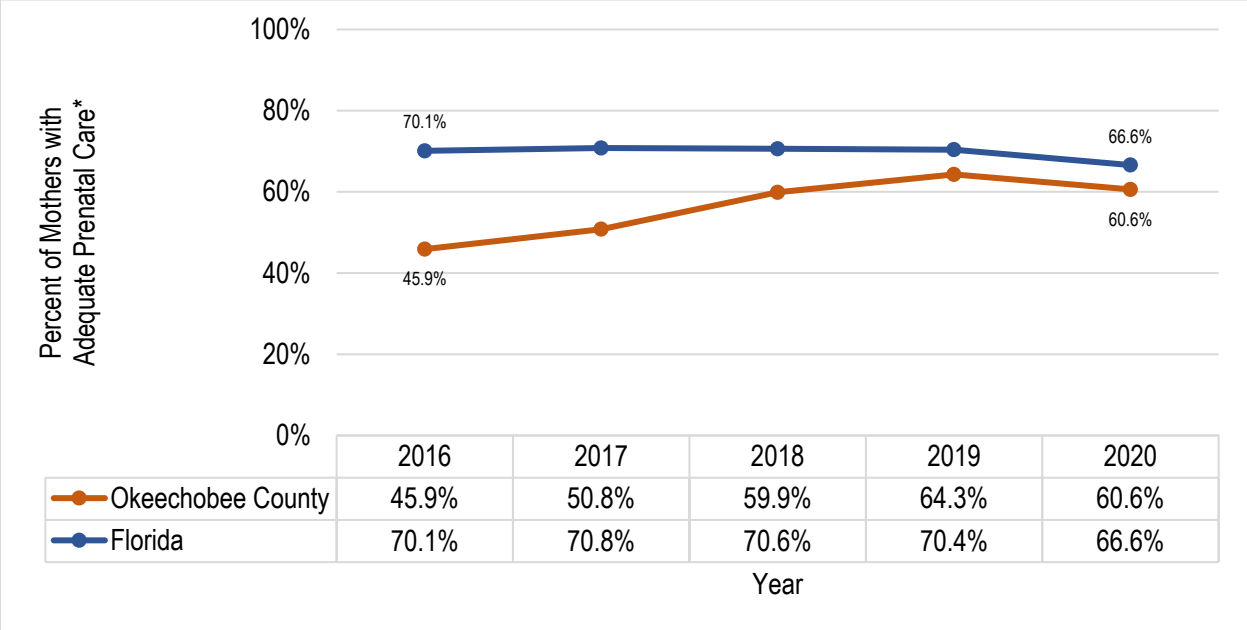
Births with Adequate Prenatal Care Based on the Kotelchuck Index

As mentioned previously, the Kotelchuck Index provides a calculation and categorization of prenatal care received for births based on the adequacy of prenatal care provided to a woman during the prenatal period. Mothers with Adequate prenatal care receive 80%-100% of expected prenatal visits over the course of their pregnancy. [115] Early, consistent prenatal care can help prevent and address health problems in both mothers and babies, making the Kotelchuck Index an important indicator for maternal and child health.[116]

The figure below shows births to mothers with adequate prenatal care based on the Kotelchuck Index in Okeechobee County and Florida from 2016 to 2020. In 2020, 60.6% of births in Okeechobee County were among pregnant residents who received adequate prenatal care based on the Kotelchuck Index, an increase from 45.9% in 2016 in Okeechobee County. For all years reported, a greater percentage of births in the state of Florida were among pregnant residents who received adequate prenatal care based on the Kotelchuck Index. Of note, pregnant residents with unknown prenatal care were excluded from calculations.

The Healthy People 2030 national target is to increase the proportion of pregnant women who receive early and adequate prenatal care from 76.4% in 2018 to 80.5%.[117] Although this indicator focuses on adequate care based on the Kotelchuck Index, an increase in these numbers would indicate progress towards the larger goal.

Figure 49: Births to Mothers with Adequate Prenatal Care Based on the Kotelchuck Index, Percent of Mothers with Adequate Prenatal Care, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County	45.9%	50.8%	59.9%	64.3%	60.6%
Florida	70.1%	70.8%	70.6%	70.4%	66.6%

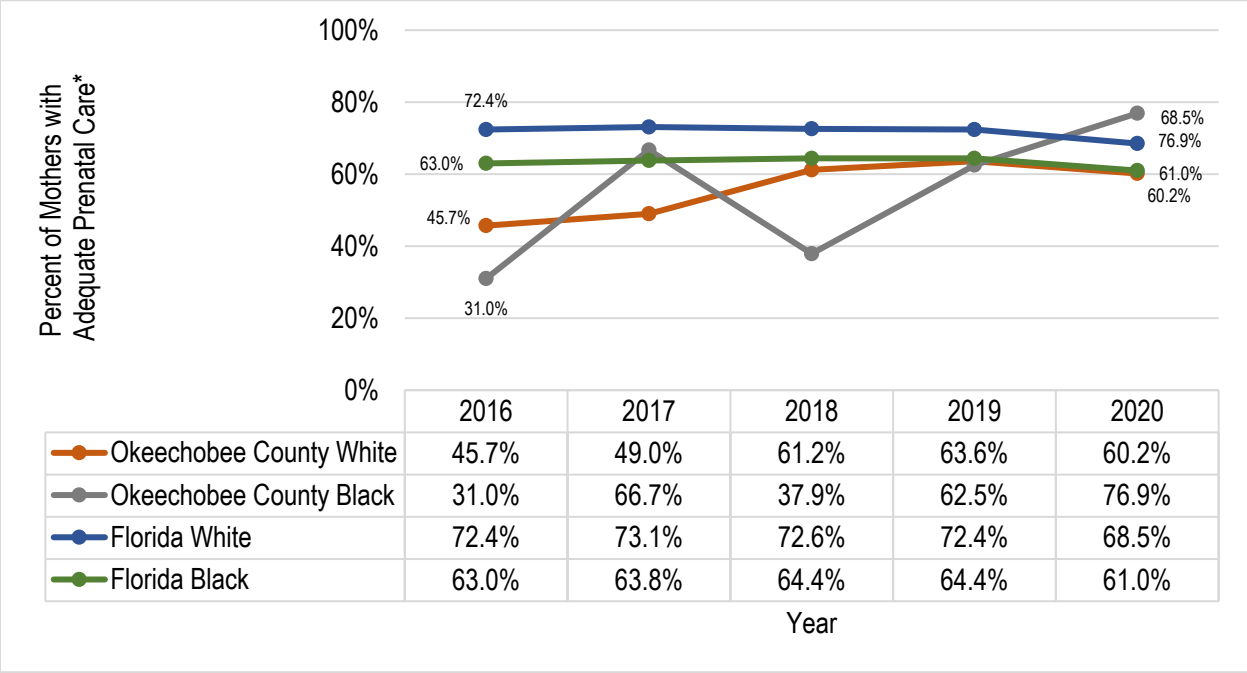
*Note: Percent is among mothers with known prenatal care levels.
Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[115] Florida Department of Health. (2022). *Births with Adequate Prenatal Care (Kotelchuck Index)*. Retrieved from https://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=Birth.DataViewer&cid=615
[116] U.S. Department of Health and Human Service. Healthy People 2030. Increase the proportion of pregnant women who receive early and adequate prenatal care — MICH-08 https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-pregnant-women-who-receive-early-and-adequate-prenatal-care-mich-08
[117] U.S. Department of Health and Human Service. Healthy People 2030. Increase the proportion of pregnant women who receive early and adequate prenatal care — MICH-08 https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-pregnant-women-who-receive-early-and-adequate-prenatal-care-mich-08

Births with Adequate Prenatal Care Based on the Kotelchuck Index by Race

The figure below shows the percentage of births to mothers with adequate prenatal care based on the Kotelchuck Index by race in Okeechobee County and Florida from 2016 to 2020. From 2016 to 2019, the percentage of births to Okeechobee County mothers who received adequate prenatal care based on the Kotelchuck Index was higher among White mothers compared to Black mothers. However, in 2020 in Okeechobee County, the percentage of births to Okeechobee County mothers who received adequate prenatal care based on the Kotelchuck index was 76.9% among Black mothers compared to 60.1% of White mothers. Of note, pregnant residents with unknown prenatal care were excluded from calculations.

Figure 50: Births to Mothers with Adequate Prenatal Care Based on the Kotelchuck Index by Race, Percent of Mothers with Adequate Prenatal Care, Okeechobee County and Florida,2016-2020

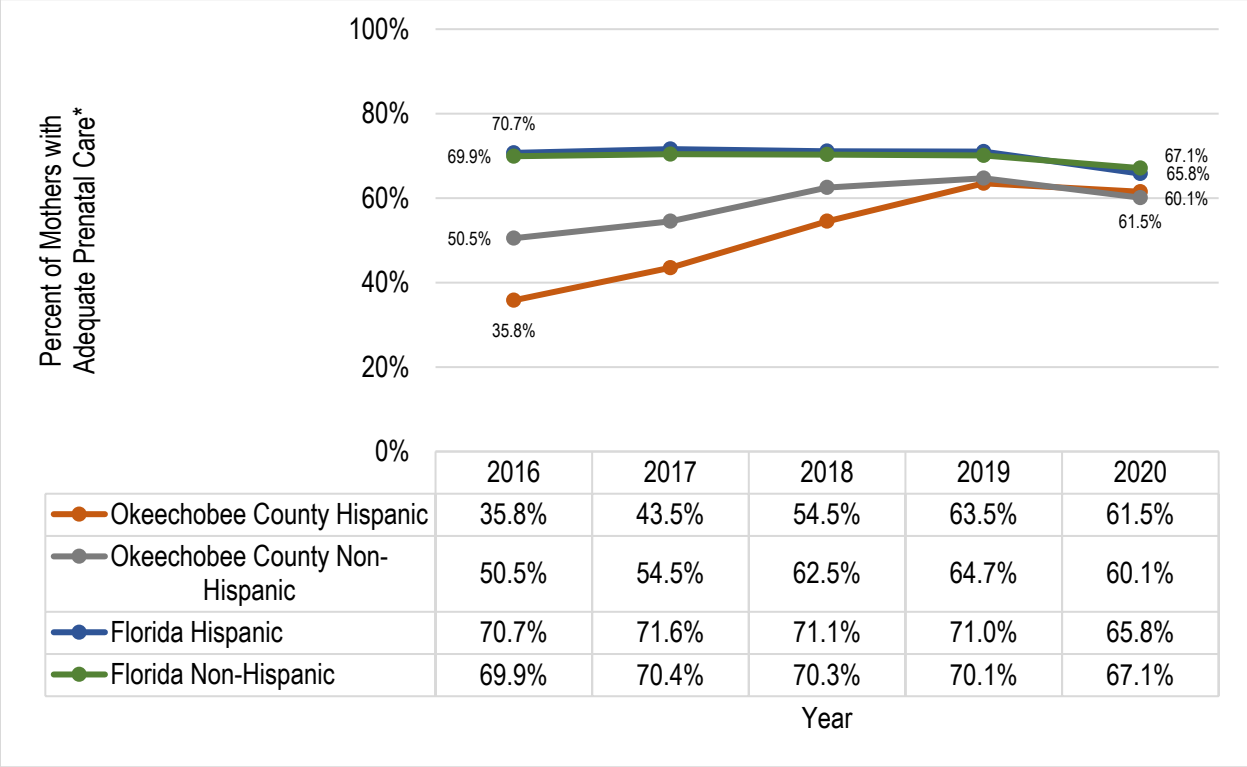


*Note: Percent is among mothers with known prenatal care levels.
Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Births with Adequate Prenatal Care Based on the Kotelchuck Index by Ethnicity

The figure below shows births to mothers with adequate prenatal care based on the Kotelchuck Index by ethnicity in Okeechobee County and Florida from 2016 to 2020. From 2016 to 2019, the percentage of births to mothers with adequate prenatal care based on the Kotelchuck Index was lower among Hispanic mothers compared to non-Hispanic mothers in Okeechobee County. Both groups reported a decrease in the percentage of births to mothers with adequate prenatal care based on the Kotelchuck Index from 2019 to 2020. Most recently in 2020, among Hispanic mothers, 61.5% of births occurred to mothers who received adequate prenatal care compared to 60.1% of births among non-Hispanic mothers in Okeechobee County. Of note, pregnant residents with unknown prenatal care were excluded from calculations.

Figure 51: Births to Mothers with Adequate Prenatal Care Based on the Kotelchuck Index by Ethnicity, Percent of Mothers with Adequate Prenatal Care, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County Hispanic	35.8%	43.5%	54.5%	63.5%	61.5%
Okeechobee County Non-Hispanic	50.5%	54.5%	62.5%	64.7%	60.1%
Florida Hispanic	70.7%	71.6%	71.1%	71.0%	65.8%
Florida Non-Hispanic	69.9%	70.4%	70.3%	70.1%	67.1%

Year

*Note: Percent is among mothers with known prenatal care levels.
Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Overweight and Obesity

A mother's obesity or overweight status can have negative health impacts on both the mother and their baby during pregnancy, delivery, and throughout the child's lifespan. Individuals who are overweight or obese while pregnant are more likely to have premature births, babies with birth defects, or babies who are large for their gestational age. Overweight or obese mothers are also more likely to have complications during labor and birth, increasing risks for both mother and baby. Babies of overweight or obese mothers are also at a higher risk of developing heart disease, diabetes, and obesity later in life.[118] [119]

Births by Mother's Pre-Pregnancy BMI

A healthy pre-pregnancy BMI can have significant effects on child development, including infant body size and childhood cognitive performance. A pre-pregnancy BMI that is underweight, overweight, or obese can negatively influence a child's health outcomes.[120]

The table and figure below show the total number of births by mother's pre-pregnancy BMI in Okeechobee County from 2016 to 2020. In 2016, 182 mothers who gave birth in Okeechobee County had a normal pre-pregnancy BMI, but by 2020, this count decreased to 149, despite an increase in overall counts of pregnant women.

The Healthy People 2030 national target is to increase the percentage of mothers with a healthy weight before pregnancy to 47.1%.[121] Okeechobee County has not yet met this target, with approximately 29% of births occurring to women with a normal weight in 2020.

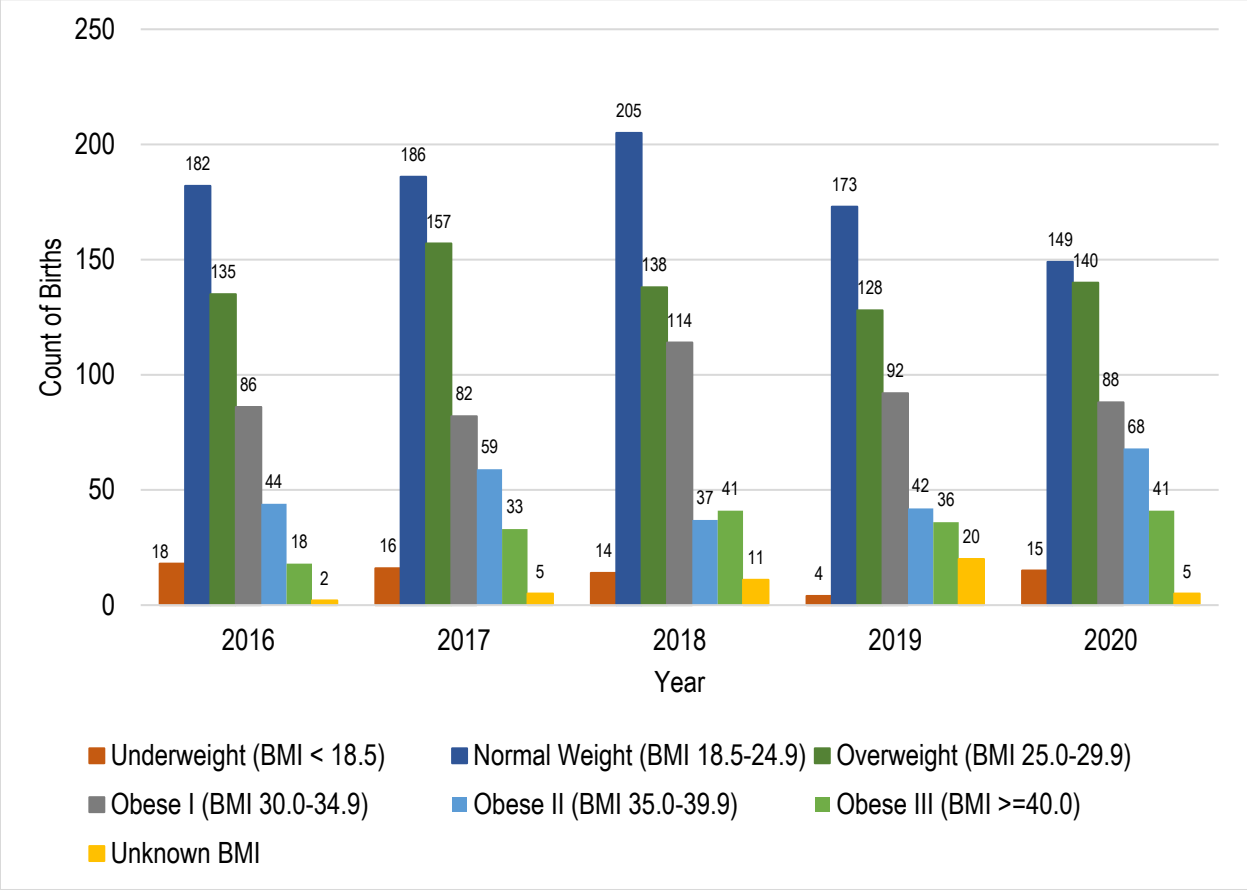
Table 69: Births by Mother's Pre-Pregnancy BMI, Count of Births, Okeechobee County, 2016-2020

Mother's Pre-Pregnancy BMI	2016	2017	2018	2019	2020	Total
Underweight (BMI < 18.5)	18	16	14	4	15	67
Normal Weight (BMI 18.5-24.9)	182	186	205	173	149	895
Overweight (BMI 25.0-29.9)	135	157	138	128	140	698
Obese I (BMI 30.0-34.9)	86	82	114	92	88	462
Obese II (BMI 35.0-39.9)	44	59	37	42	68	250
Obese III (BMI >=40.0)	18	33	41	36	41	169
Unknown BMI	2	5	11	20	5	43
Total	485	538	560	495	506	2,584

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[118] Fitzsimons, K. J., Modder, J., & Greer, I. A. (2009). Obesity in pregnancy: risks and management. Obstetric medicine, 2(2), 52–62. https://doi.org/10.1258/om.2009.090009
[119] Leddy, M. A., Power, M. L., & Schulkin, J. (2008). The impact of maternal obesity on maternal and fetal health. Reviews in obstetrics & gynecology, 1(4), 170–178.
[120] Li, C., Zeng, L., Wang, D. et al. (2019). Effect of maternal pre-pregnancy BMI and weekly gestational weight gain on the development of infants. Nutr J 18, 6. https://doi.org/10.1186/s12937-019-0432-8
[121] U.S. Department of Health and Human Services. Healthy People 2030. Increase the proportion of women who had a healthy weight before pregnancy – MICH 13. https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-women-who-had-healthy-weight-pregnancy-mich-13

Figure 52: Births by Mother's Pre-Pregnancy BMI, Count of Births, Okeechobee County, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Births by Mother's Pre-Pregnancy BMI by Race

The table below shows the total number of births relative to the mother's pre-pregnancy BMI by race in Okeechobee County from 2016 to 2020. Despite an overall decrease in the count of births to mothers with a normal pre-pregnancy BMI from 2016 (182) to 2020 (149), the number of Black mothers with a normal pre-pregnancy BMI increased from 6 in 2016 to 10 in 2020. Conversely, the number of White Okeechobee County mothers with a normal pre-pregnancy BMI decreased from 171 in 2016 to 135 in 2020.

Table 70: Births by Mother's Pre-Pregnancy BMI by Race, Count of Births, Okeechobee County, 2016-2020

Mother's Pre-Pregnancy BMI	Race	2016	2017	2018	2019	2020	Total
Underweight (< 18.5)	White	17	14	13	4	13	61
	Black	1	1	0	0	2	4
	Other	0	1	1	0	0	2
	Total	18	16	14	4	15	67
Normal Weight (18.5-24.9)	White	171	168	178	160	135	812
	Black	6	10	14	6	10	46
	Other	5	5	13	5	3	31
	Unknown	0	3	0	2	1	6
	Total	182	186	205	173	149	895
Overweight (25.0-29.9)	White	120	144	127	111	119	621
	Black	8	7	6	10	10	41
	Other	6	5	5	7	11	34
	Unknown	1	1	0	0	0	2
	Total	135	157	138	128	140	698
Obese I (30.0-34.9)	White	73	75	102	85	78	413
	Black	11	3	7	3	5	29
	Other	2	3	4	4	5	18
	Unknown	0	1	1	0	0	2
	Total	86	82	114	92	88	462
Obese II (BMI 35.0-39.9)	White	37	47	35	38	53	210
	Black	3	5	1	3	9	21
	Other	4	4	1	1	6	16
	Unknown	0	3	0	0	0	3
	Total	44	59	37	42	68	250
Obese III (BMI >=40.0)	White	16	23	30	32	32	133
	Black	0	3	2	4	4	13
	Other	1	6	8	0	5	20
	Unknown	1	1	1	0	0	3
	Total	18	33	41	36	41	169
Unknown BMI	White	1	4	9	20	3	37
	Black	0	0	1	0	0	1

	Other	1	1	0	0	1	3
	Unknown	0	0	1	0	1	2
	Total	2	5	11	20	5	43
Total	White	435	475	494	450	433	2,287
	Black	29	29	31	26	40	155
	Other	19	25	32	17	31	124
	Unknown	2	9	3	2	2	18
	Total	485	538	560	495	506	2,584

Note: Other races include American Indian, Chinese, Japanese, Filipino, Other Races, Asian Indian, Asian Other, Other Pacific Islander, and More than One Race; Source: Florida Department of Health, Bureau of Vital Statistics, 2020; Compiled by: Health Council of Southeast Florida, 2022

Births by Mother's Pre-Pregnancy BMI by Ethnicity

The table below shows the total number of births relative to the mother's pre-pregnancy BMI by ethnicity in Okeechobee County from 2016 to 2020. Between 2016 and 2020, the count of overall births to mothers with a normal pre-pregnancy BMI decreased from 182 to 149. Similarly, the count of births to Hispanic mothers with a normal pre-pregnancy BMI decreased from 56 in 2016 to 44 in 2020 and decreased among non-Hispanic mothers from 126 in 2016 to 105 in 2020.

Table 71: Births by Mother's Pre-Pregnancy BMI by Ethnicity, Count of Births, Okeechobee County, 2016-2020

Mother's Pre-Pregnancy BMI	Ethnicity	2016	2017	2018	2019	2020	Total
Underweight (< 18.5)	Hispanic	5	2	4	2	7	20
	Non-Hispanic	13	13	10	2	8	46
	Unknown	0	1	0	0	0	1
	Total	18	16	14	4	15	67
Normal Weight (18.5-24.9)	Hispanic	56	58	61	60	44	279
	Non-Hispanic	126	128	144	113	105	616
	Total	182	186	205	173	149	895
Overweight (25.0-29.9)	Hispanic	46	53	58	45	51	253
	Non-Hispanic	89	104	80	83	89	445
	Total	135	157	138	128	140	698
Obese I (30.0-34.9)	Hispanic	23	40	37	40	35	175
	Non-Hispanic	63	42	76	52	53	286
	Unknown	0	0	1	0	0	1
	Total	86	82	114	92	88	462
Obese II (BMI 35.0-39.9)	Hispanic	13	22	16	22	17	90
	Non-Hispanic	31	36	21	20	50	158
	Unknown	0	1	0	0	1	2
	Total	44	59	37	42	68	250
Obese III (BMI >=40.0)	Hispanic	7	9	8	14	13	51
	Non-Hispanic	11	24	32	22	28	117
	Unknown	0	0	1	0	0	1
	Total	18	33	41	36	41	169
Unknown BMI	Hispanic	0	2	3	6	1	12
	Non-Hispanic	2	3	8	14	4	31
	Total	2	5	11	20	5	43
Total	Hispanic	150	186	187	189	168	880
	Non-Hispanic	335	350	371	306	337	1,699
	Unknown	0	2	2	0	1	5
	Total	485	538	560	495	506	2,584

Data Note: Hispanic data includes Cuban, Puerto Rican, Mexican, and Other/Unknown Hispanic residents.
Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

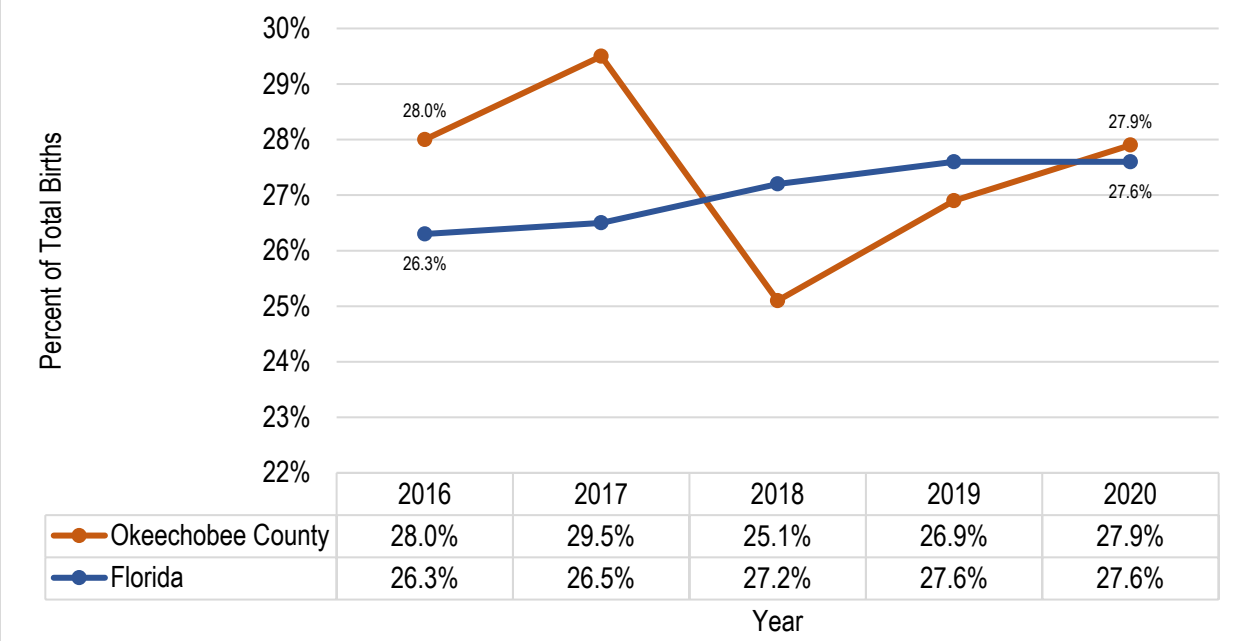
Births to Mothers Who Were Overweight at the Time Pregnancy Occurred

Maternal overweight and obesity can have negative effects on pregnancy outcomes and present risk factors for neonatal, childhood, and adult conditions. Such conditions include excessive weight gain, cardiovascular disease, diabetes mellitus, and behavioral disorders.[122] As such, it is important to understand how many births occur to mothers who were overweight at the time pregnancy occurred to better understand additional health risk.

The figure below shows the percent of total births to mothers who were overweight at the time pregnancy occurred in Okeechobee County and Florida from 2016 to 2020. Notably, in 2015, a five-year low of 25.1% of mothers were overweight at the time pregnancy occurred in Okeechobee County. From 2018 and 2020, the percent of total births to mothers who were overweight at the time pregnancy occurred increased in Okeechobee County from 25.1% to 27.9% and in Florida from 27.2% to 27.6%.

The Healthy People 2030 national target is to increase the percentage of mothers achieving a healthy weight before pregnancy to 47.1%.[123] Although the below data refers to overweight mothers, a reduction in this indicator would indicate progress towards the Healthy People 2030 target. However, Okeechobee County reported only a 0.1% overall decrease between 2016 and 2020.

Figure 53: Births to Mothers Who Were Overweight at the Time Pregnancy Occurred, Percent of Total Births, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County	28.0%	29.5%	25.1%	26.9%	27.9%
Florida	26.3%	26.5%	27.2%	27.6%	27.6%

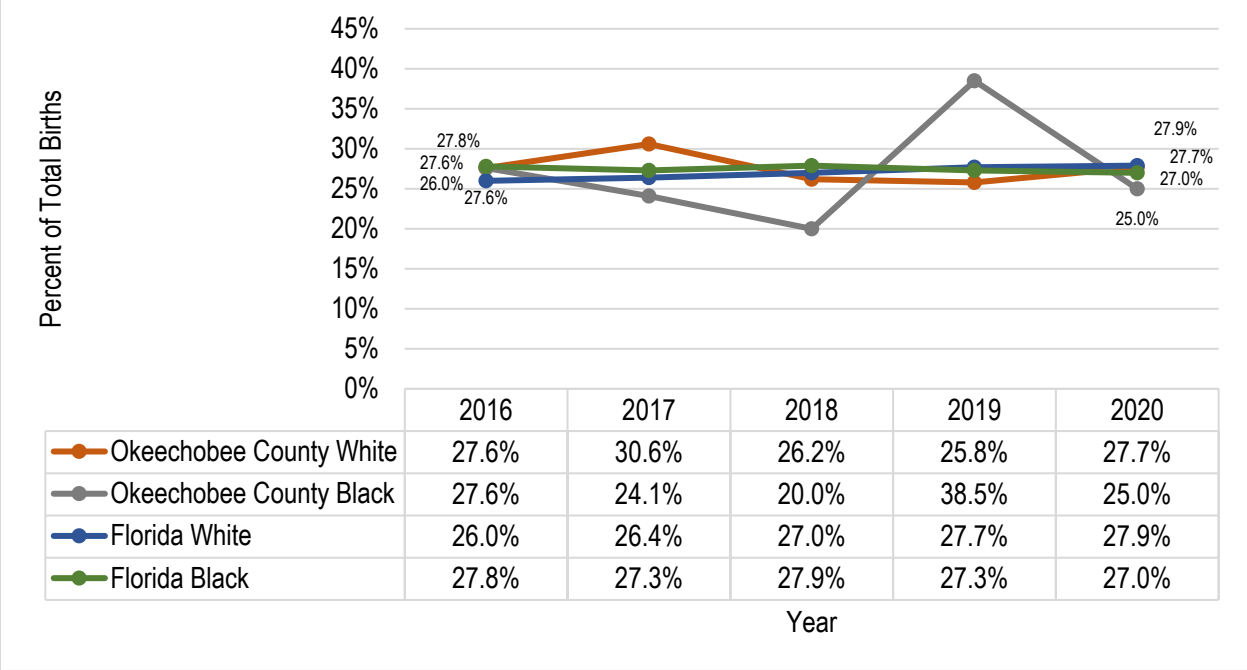
Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[122] Bardanzellu, F., Puddo, M., Giampietro, P. D., Fanos, V. (2020). The human breast milk metabolome in overweight and obese mothers. Frontiers in Immunology, 11. https://10.3389/fimmu.2020.01533
[123] U.S. Department of Health and Human Services. Healthy People 2030. Increase the proportion of women who had a healthy weight before pregnancy — MICH-13. https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-women-who-had-healthy-weight-pregnancy-mich-13

Births to Mothers Who Were Overweight at the Time Pregnancy Occurred by Race

The figure below shows the percent of total births to mothers who were overweight at the time pregnancy occurred by race in Okeechobee County and Florida from 2016 to 2020. The percentage of births to overweight Black mothers who were overweight was lower than that among White mothers in 2017, 2018, and 2020. Notably, there was a stark increase in the percentage of births to Black mothers who were overweight at the time pregnancy occurred from 2018 (20.0%) to 2019 (38.5%) and then a decrease in 2020 (25.0%). Most recently in 2020, the percentage of births to overweight White mothers in Okeechobee County was 27.7%.

Figure 54: Births to Mothers Who Were Overweight at the Time Pregnancy Occurred by Race, Percent of Total Births, Okeechobee County and Florida, 2016-2020



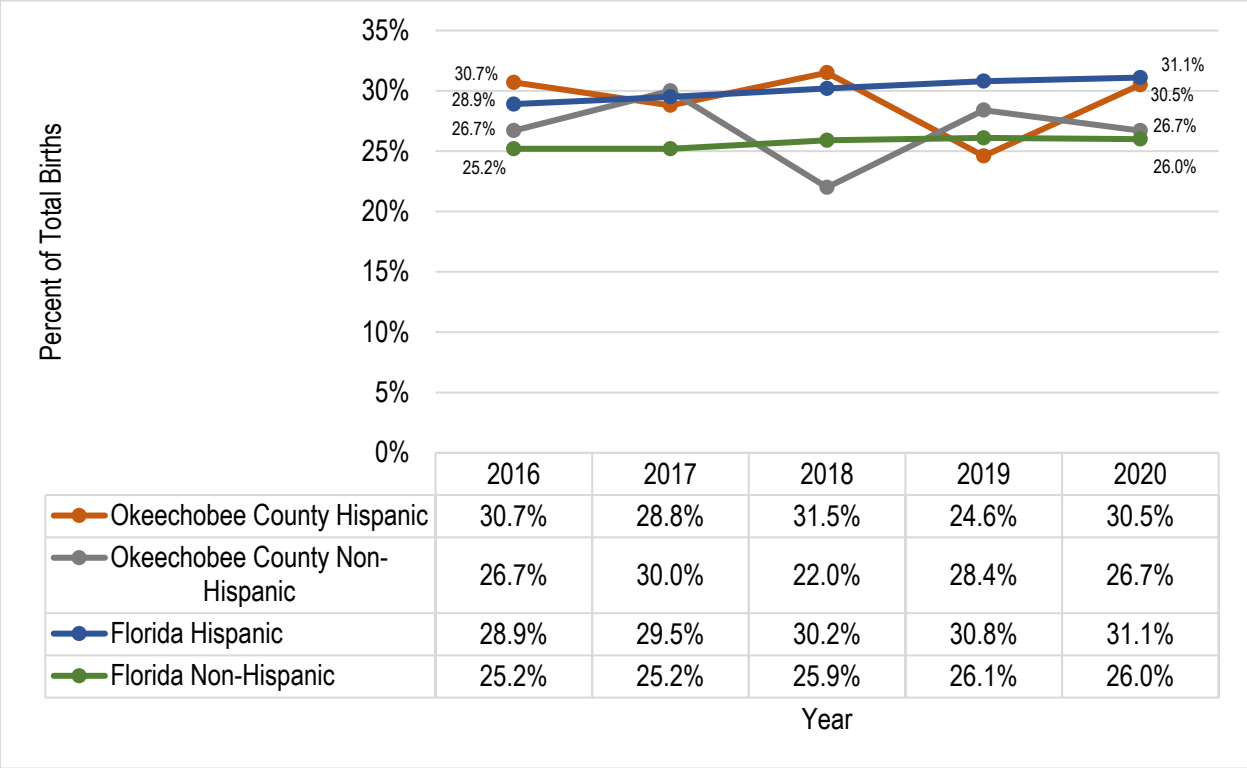
	2016	2017	2018	2019	2020
Okeechobee County White	27.6%	30.6%	26.2%	25.8%	27.7%
Okeechobee County Black	27.6%	24.1%	20.0%	38.5%	25.0%
Florida White	26.0%	26.4%	27.0%	27.7%	27.9%
Florida Black	27.8%	27.3%	27.9%	27.3%	27.0%

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Births to Mothers Who Were Overweight at the Time Pregnancy Occurred by Ethnicity

The figure below shows the percent of total births to mothers who were overweight at the time pregnancy occurred by ethnicity in Okeechobee County and Florida from 2016 to 2020. A greater percentage of Okeechobee County Hispanic mothers were overweight at the time pregnancy occurred in 2016, 2018, and 2020 compared to Okeechobee County non-Hispanic mothers. In 2020, 30.5% of Okeechobee County Hispanic mothers were overweight at the time pregnancy occurred compared to 26.7% of non-Hispanic mothers.

Figure 55: Births to Mothers Who Were Overweight at the Time Pregnancy Occurred by Ethnicity, Percent of Total Births, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County Hispanic	30.7%	28.8%	31.5%	24.6%	30.5%
Okeechobee County Non-Hispanic	26.7%	30.0%	22.0%	28.4%	26.7%
Florida Hispanic	28.9%	29.5%	30.2%	30.8%	31.1%
Florida Non-Hispanic	25.2%	25.2%	25.9%	26.1%	26.0%

Year

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

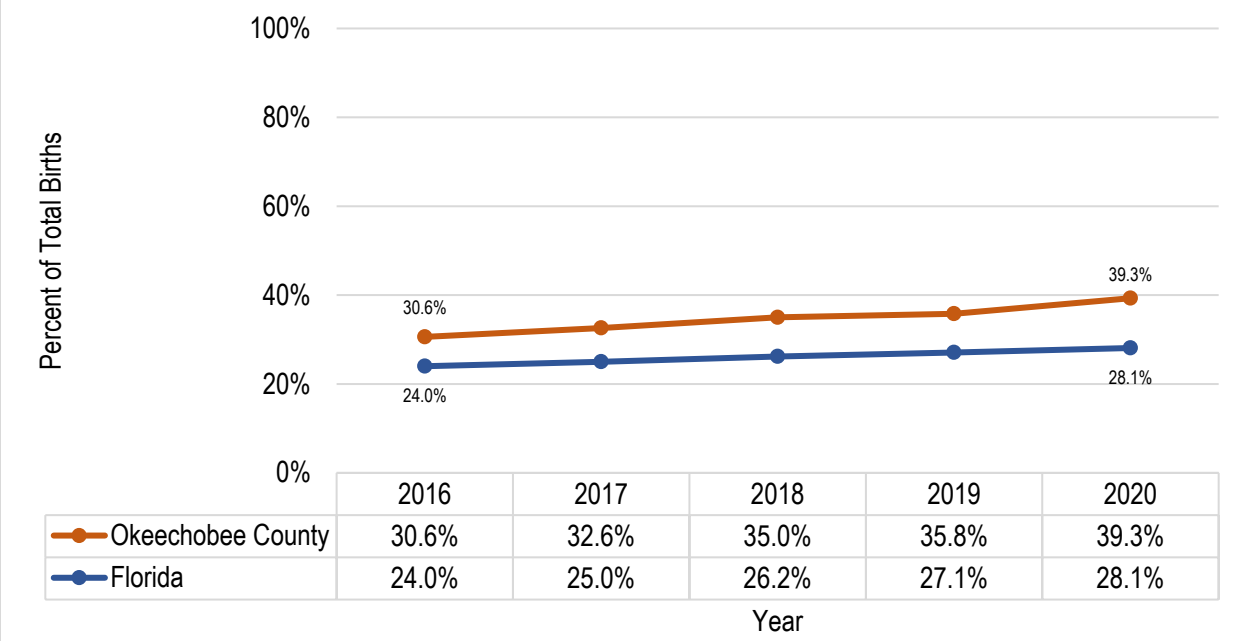
Births to Mothers Who Were Obese at the Time Pregnancy Occurred

As mentioned, a mother's overweight or obesity status during pregnancy is associated with increased risks for both the mother and the baby. Such risks include gestational diabetes, preeclampsia, and intrauterine death. Furthermore, research has shown that an estimated 11% of all neonatal deaths can be attributed to negative effects resulting from maternal overweight and obesity status.[124]

The figure below shows the percentage of births to obese mothers at the time pregnancy occurred in Okeechobee County and Florida from 2016 to 2020. Overall, the percentage of births to obese mothers at the time pregnancy occurred increased steadily in Okeechobee County and Florida from 2016 to 2020. Most recently in 2020, the percentage of births to obese mothers at the time pregnancy occurred was 39.3% in Okeechobee County and 28.1% in Florida overall.

The Healthy People 2030 national target is to increase the percentage of mothers achieving a healthy weight before pregnancy to 47.1%.[125] Although the below data refers to obese mothers, a reduction in this indicator would indicate progress towards the Healthy People 2030 target. However, Okeechobee County reported a steady increase from 2016 to 2020.

Figure 56: Births to Mothers Who Were Obese at the Time Pregnancy Occurred, Percent of Total Births, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County	30.6%	32.6%	35.0%	35.8%	39.3%
Florida	24.0%	25.0%	26.2%	27.1%	28.1%

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

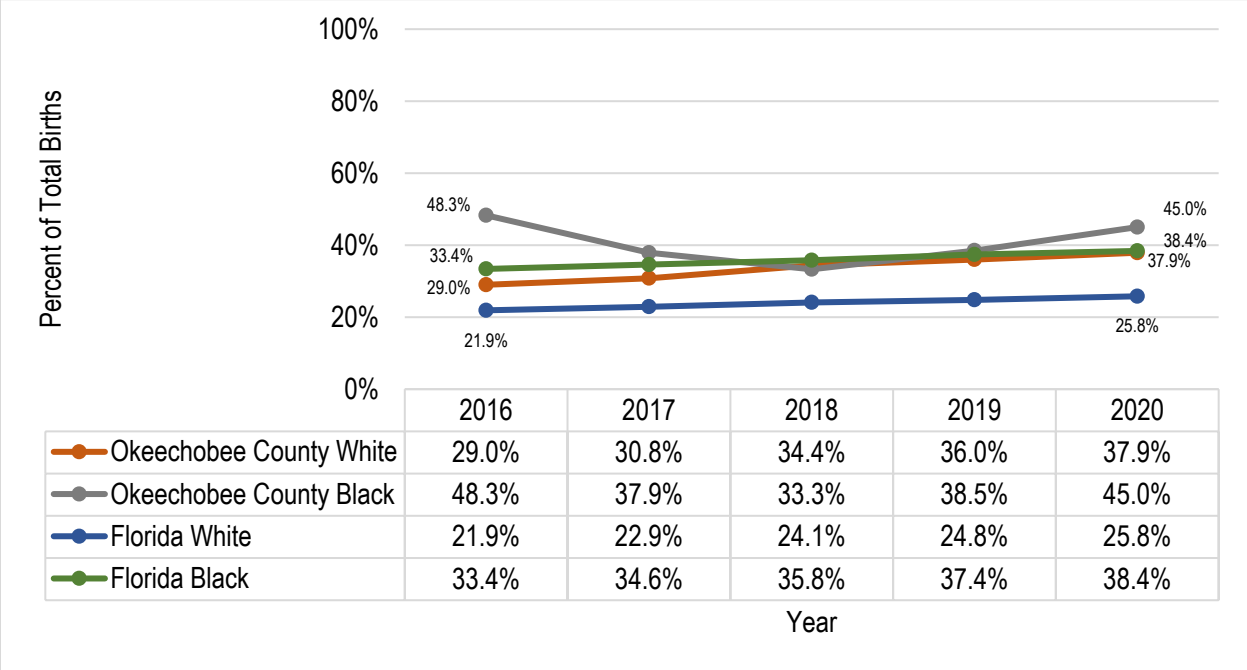
[124] Stubert, J., Reister, F., Hartmann, S., & Janni, W. (2018). The Risks Associated With Obesity in Pregnancy. *Deutsches Arzteblatt international*, *115*(16), 276–283. https://doi.org/10.3238/arztebl.2018.0276

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

Births to Mothers Who Were Obese at the Time Pregnancy Occurred by Race

The figure below shows the percentage of births to obese mothers at the time pregnancy occurred by race in Okeechobee County and Florida from 2016 to 2020. A higher percentage of Okeechobee County Black mothers were obese at the time pregnancy occurred compared to their White counterparts in 2016, 2017, 2019, and 2020. Most recently, in 2020, 45.0% of births were among Black mothers who were obese at the time pregnancy occurred, compared to 37.9% among White mothers. Across the state of Florida, the proportion of births to mothers who were obese at the time pregnancy occurred slightly increased between 2016 and 2020. During this time, a greater percentage of Black mothers in Florida were obese at the time pregnancy occurred compared to their White counterparts.

Figure 57: Births to Mothers Who Were Obese at the Time Pregnancy Occurred by Race, Percent of Total Births, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County White	29.0%	30.8%	34.4%	36.0%	37.9%
Okeechobee County Black	48.3%	37.9%	33.3%	38.5%	45.0%
Florida White	21.9%	22.9%	24.1%	24.8%	25.8%
Florida Black	33.4%	34.6%	35.8%	37.4%	38.4%

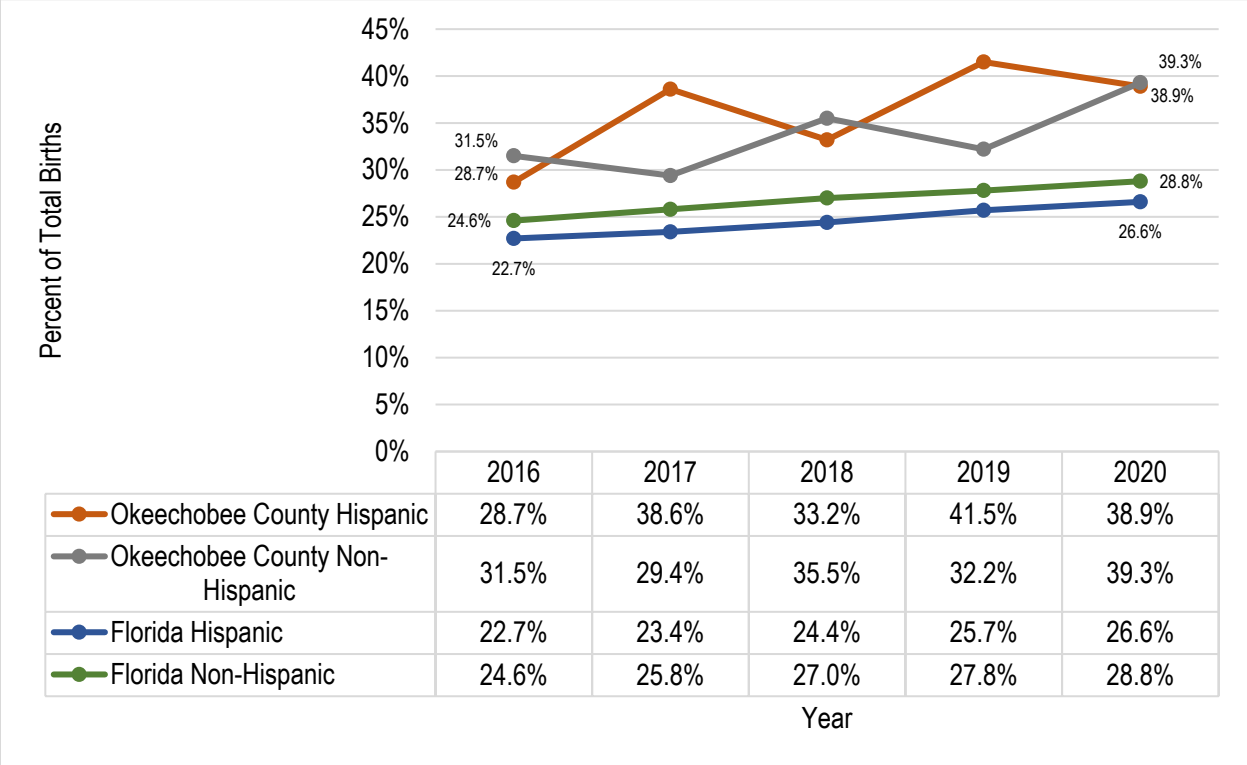
Year

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Births to Mothers Who Were Obese at the Time Pregnancy Occurred by Ethnicity

The figure below shows the percentage of births to obese mothers at the time pregnancy occurred by ethnicity in Okeechobee County and Florida from 2016 to 2020. A higher percentage of births to obese mothers occurred among Hispanic and non-Hispanic mothers in Okeechobee County compared to mothers in the state of Florida overall each year from 2016 to 2020. Most recently, in 2020, the proportion of births to mothers who were obese at the time pregnancy occurred reached 39.8% among Okeechobee County Hispanic mothers, compared to 26.6% among Florida Hispanic mothers, and 39.3% among Okeechobee County non-Hispanic mothers, compared to 28.8% among Florida non-Hispanic mothers.

Figure 58: Births to Mothers Who Were Obese at the Time Pregnancy Occurred by Ethnicity, Percent of Total Births, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County Hispanic	28.7%	38.6%	33.2%	41.5%	38.9%
Okeechobee County Non-Hispanic	31.5%	29.4%	35.5%	32.2%	39.3%
Florida Hispanic	22.7%	23.4%	24.4%	25.7%	26.6%
Florida Non-Hispanic	24.6%	25.8%	27.0%	27.8%	28.8%

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Women, Infants, and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally funded nutrition program that provides healthy food, nutrition education and counseling, breastfeeding support, and health care referrals for women and children in need throughout the state of Florida. Prenatal WIC participation among low-income women is associated with fewer premature deaths, lower incidence of very low and low birth weight, reduced infant mortality, and an increased likelihood of receiving prenatal care.[126] To be eligible for WIC services, families must meet specified income thresholds based on household size.

The Florida Department of Health provides the following chart for eligibility determination. Based on this table, eligible residents must have a total household income equal to or less than the amounts shown. Residents are also eligible if they are currently receiving Medicaid, Temporary Cash Assistance (TCA), or Food Assistance. It is important to note that residents do not have to participate in a public assistance program to qualify for WIC. [127]

Table 72: Women, Infants, and Children (WIC) Income Eligibility Determination, Based on Household Size, As of June 2022

Household Size	WIC Income Eligibility is Based on the Following Income Intervals				
	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	$25,142	$2,096	$1,048	$967	$484
2	$33,874	$2,823	$1,412	$1,303	$652
3	$42,606	$3,551	$1,776	$1,639	$820
4	$51,338	$4,279	$2,140	$1,975	$988
5	$60,070	$5,006	$2,503	$2,311	$1,156
6	$68,802	$5,734	$2,867	$2,647	$1,324
7	$77,534	$6,462	$3,231	$2,983	$1,492
8	$86,266	$7,189	$3,595	$3,318	$1,659

Note: For a pregnant woman, each unborn baby counts as 1 extra person in the house size. Those with more than 8 individuals in the household can contact their local WIC office for details.
Version Revised June 24, 2022
Source: Florida Department of Health, WIC and Nutrition Services, 2022

[126] U.S. Department of Agriculture. Food and Nutrition Service. (n.d). *About WIC: How WIC Helps*. Retrieved from https://www.fns.usda.gov/wic/about-wic-how-wic-helps
[127] Florida Department of Health. (2021). WIC eligibility information. Retrieved from http://www.floridahealth.gov/programs-and-services/wic/wic-eligibility.html

WIC Eligibles Served

As noted previously, prenatal WIC participation among low-income women is associated with lower incidences of premature deaths, very low and low birth weight, and infant mortality. Participation is also associated with an increased likelihood of receiving prenatal care, which has numerous benefits for both mother and baby throughout pregnancy and the lifespan.[128]

The table and figure below show the number of individuals eligible to receive WIC benefits who were served from 2017 to 2021 in Okeechobee County and Florida. Okeechobee County served a higher percentage of individuals eligible to receive WIC compared to the state of Florida overall each year from 2017 to 2021. In 2021, Okeechobee County reached a five-year high, serving 76.3% of eligible individuals. Conversely, the state of Florida reached a five-year low in 2021, serving 63.0% of eligible individuals overall.

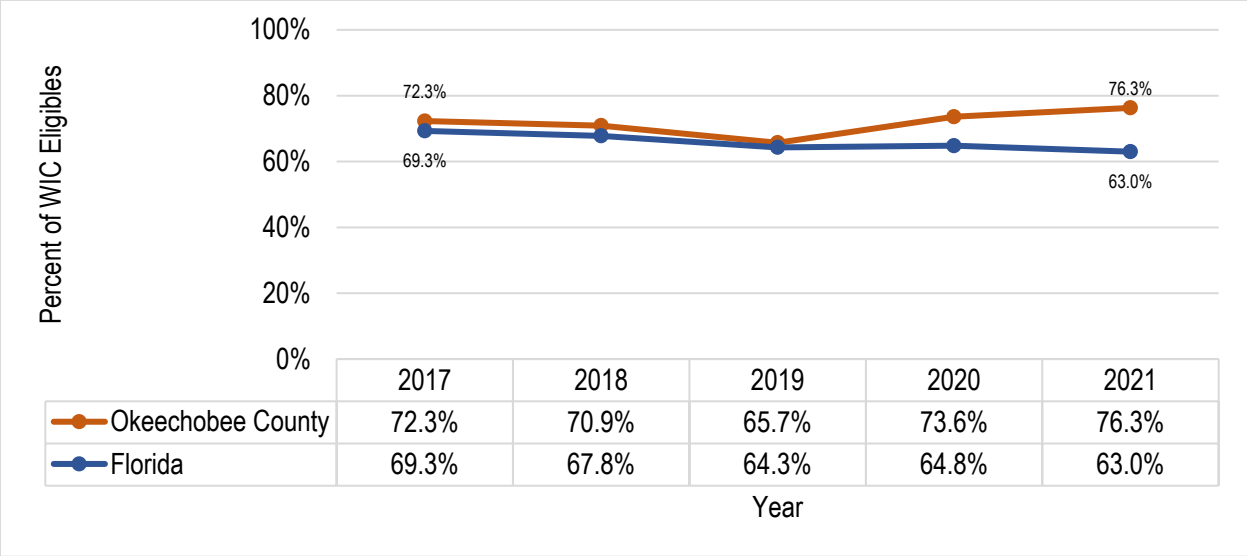
Healthy People 2030 has not set a national target for births to mothers participating in WIC.

Table 73: WIC Eligibles Served, Count and Percent of WIC Eligibles, Okeechobee County and Florida, 2017-2021

Year	Okeechobee County		Florida	
	Count	Percent	Count	Percent
2017	1,646	72.3%	462,116	69.3%
2018	1,613	70.9%	451,935	67.8%
2019	1,450	65.7%	427,068	64.3%
2020	1,490	73.6%	420,640	64.8%
2021	1,590	76.3%	400,966	63.0%

Source: Florida Department of Health, WIC & Nutrition Services, FLWiSE, 2021
Compiled by: Health Council of Southeast Florida, 2022

Figure 59: WIC Eligibles Served, Percent of WIC Eligibles, Okeechobee County and Florida, 2017-2021



Source: Florida Department of Health, WIC & Nutrition Services, FLWiSE, 2021
Compiled by: Health Council of Southeast Florida, 2022

[128] U.S. Department of Agriculture. Food and Nutrition Service. (n.d). *About WIC: How WIC Helps*. Retrieved from https://www.fns.usda.gov/wic/about-wic-how-wic-helps

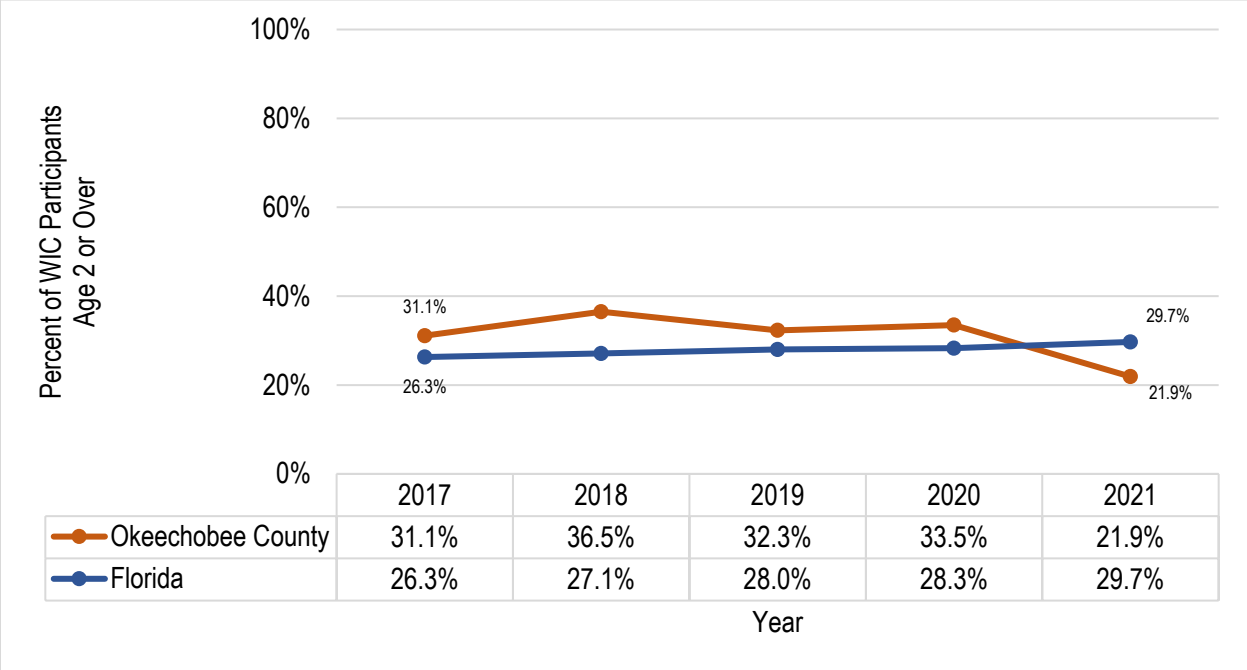
WIC Clients >=2 Years of Age who are Overweight or Obese

Obesity in childhood has been associated with chronic diseases such as type 2 diabetes, hypertension, and cardiovascular disease. Furthermore, obesity in childhood and adolescence can be linked to obesity in adulthood.[129]

The following figure shows the percentage of WIC children aged two years or older who were overweight or obese in Okeechobee County and Florida from 2017 to 2021. Most recently, the percentage of WIC children aged two years and older who were overweight or obese decreased from 33.5% in 2020 to 21.9% in 2021 in Okeechobee County. The percentage of WIC children aged two years and older who were overweight or obese in the state of Florida increased during this five-year period from 26.3% in 2017 to 29.7% in 2021.

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

Figure 60: WIC Clients who are Overweight or Obese (Aged 2 Years and Older), Percent of WIC Participants Age 2 or Over, Okeechobee County and Florida, 2017-2021



	2017	2018	2019	2020	2021
Okeechobee County	31.1%	36.5%	32.3%	33.5%	21.9%
Florida	26.3%	27.1%	28.0%	28.3%	29.7%

Source: Florida Department of Health, WIC & Nutrition Services, FLWiSE, 2021
Compiled by: Health Council of Southeast Florida, 2022

[129] Lee, E.Y., Yoon, KH. Epidemic obesity in children and adolescents: risk factors and prevention. Front. Med. 12, 658–666 (2018). https://doi.org/10.1007/s11684-018-0640-1

Birth Rates

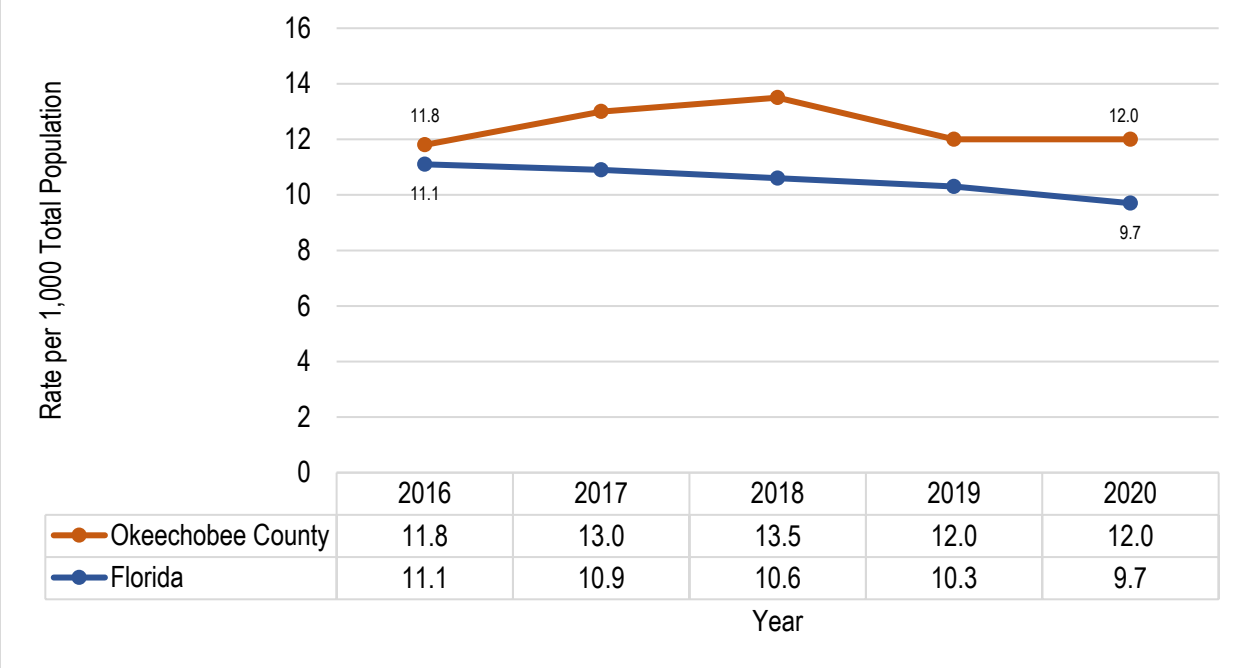
Resident Live Births

Live birth rates are an important indicator of sociological changes in a community, such as population changes. These rates can also provide context to maternal health outcomes, making this data important for understanding the health and wellbeing of the community.[130]

The figure below shows resident live births as a rate per 1,000 of the total population in Okeechobee County and Florida from 2016 to 2020. The total resident live birth rate was higher in Okeechobee County compared to the state of Florida throughout this period. Most recently, in 2020, the resident live birth rate in Okeechobee County was 12.0 per 1,000 total population compared to 9.7 per 1,000 total population in Florida.

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

Figure 61: Resident Live Births, Rate per 1,000 Total Population, Okeechobee County and Florida, 2016-2020



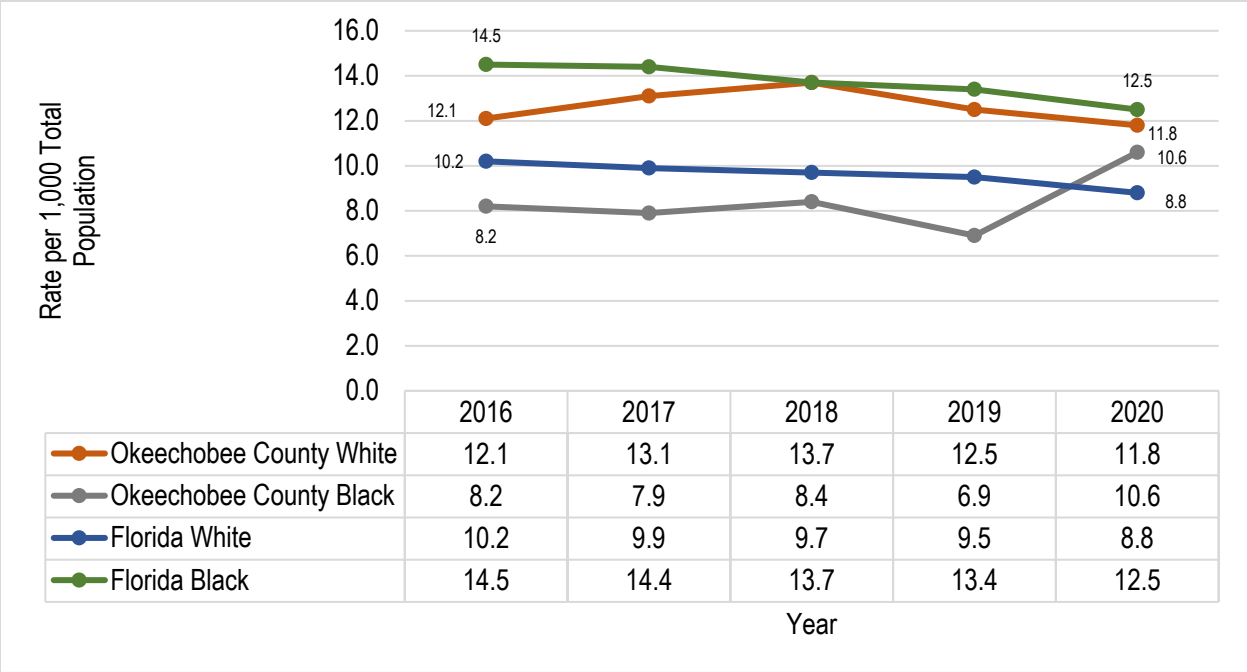
Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

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

Resident Live Births by Race

The figure below shows resident live births by race as a rate per 1,000 total population in Okeechobee County and Florida from 2016 to 2020. The rate of resident live births was consistently higher among Okeechobee County White residents compared to Black residents, although this rate increased among Black residents from 2017 to 2020. Most recently, the rate of resident live births among White residents fell from 12.5 per 1,000 total population in 2019 to 11.8 per 1,000 total population in 2020 while the rate increased from 6.9 per 1,000 total population to 10.6 per 1,000 total population among Black residents during that same timeframe.

Figure 62: Resident Live Births by Race, Rate per 1,000 Total Population, Okeechobee County and Florida, 2016-2020



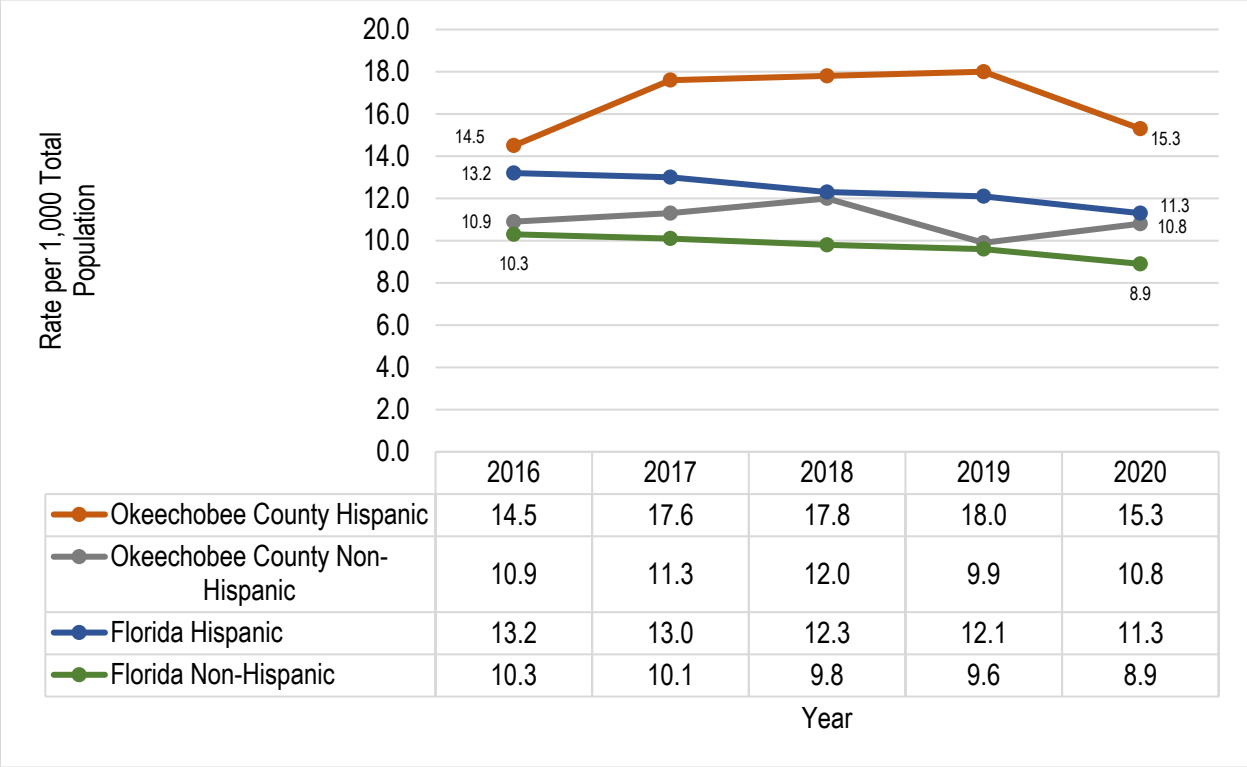
	2016	2017	2018	2019	2020
Okeechobee County White	12.1	13.1	13.7	12.5	11.8
Okeechobee County Black	8.2	7.9	8.4	6.9	10.6
Florida White	10.2	9.9	9.7	9.5	8.8
Florida Black	14.5	14.4	13.7	13.4	12.5

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Resident Live Births by Ethnicity

The figure below shows resident live births by ethnicity as a rate per 1,000 of the total population in Okeechobee County and Florida from 2016 to 2020. The rate among Okeechobee County Hispanic residents was consistently higher than the rate among non-Hispanic county residents each year between 2016 and 2020. Most recently from 2019 to 2020, the rate among Okeechobee County Hispanic residents decreased from 18.0 per 1,000 total population to 15.3 per 1,000 total population compared to the rate among non-Hispanic residents which decreased from 9.9 per 1,000 total population to 10.8 per 1,000 total population. The state of Florida reported a similar trend from 2019 to 2020, with the rate falling from 12.1 per 1,000 total population to 11.3 per 1,000 total population among Hispanic residents and from 9.6 per 1,000 population to 8.9 per 1,000 total population among non-Hispanic residents.

Figure 63: Resident Live Births by Ethnicity, Rate per 1,000 Total Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Resident Birth Rate by Location

The table and figure below show the resident birth rate per 1,000 total population by location in Florida, Okeechobee County, and the surrounding counties in 2020. Comparatively, Okeechobee County (12.0) had the second highest birth rate per 1,000 total population in the region in 2020, slightly below Hendry County (12.3). Across the state of Florida, the resident birth rate was 9.7 per 1,000 total population.

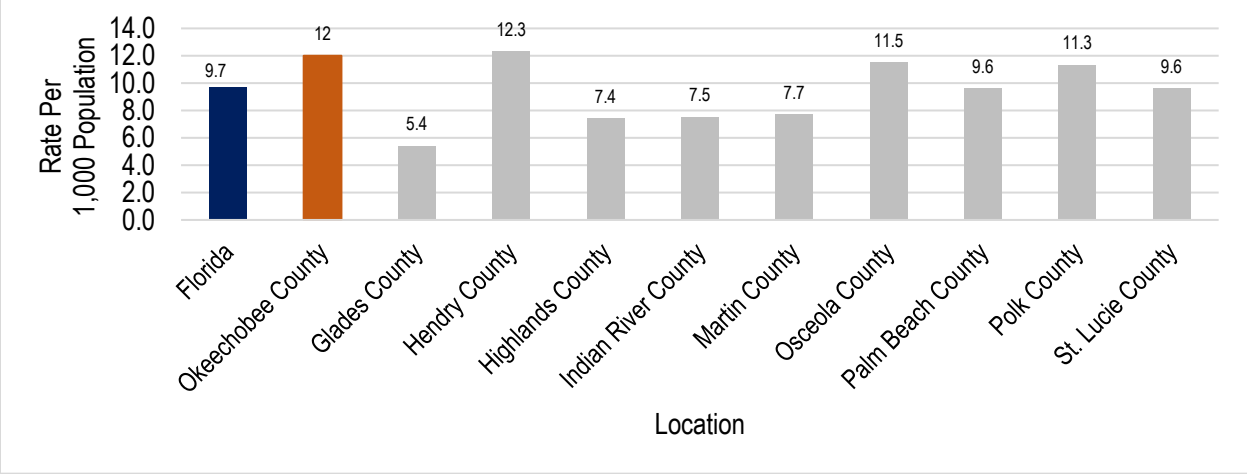
There is no Healthy People 2030 national target specific to this indicator.

Table 74: Resident Birth Rate by Location, Rate per 1,000 Total Population, Okeechobee County, Florida, and Surrounding Counties, 2020

Area	Count	Rate per 1,000 Total Population
Florida	209,645	9.7
Okeechobee County	506	12.0
Glades County	71	5.4
Hendry County	498	12.3
Highlands County	768	7.4
Indian River County	1,194	7.5
Martin County	1,247	7.7
Osceola County	4,482	11.5
Palm Beach County	14,112	9.6
Polk County	7,984	11.3
St. Lucie County	3,025	9.6

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 64: Resident Birth Rate by Location, Rate per 1,000 Total Population, Okeechobee County, Florida, and Surrounding Counties, 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020

Births by Mother's Age and Race

Advanced maternal age is related to preterm birth, fetal growth restriction, and stillbirth. Furthermore, advanced maternal age is associated with an increased risk for early fetal loss due to the impact on chromosomal and genetic disorders.[131] Additionally, babies born to teen mothers are more likely to be premature or have low birth weight.[132]

The table and figure below show the count of births by mother's age and race in Okeechobee County in 2020. Notably, the most births in Okeechobee County were to mothers aged 25-29 (146 total births). The most births occurred among White mothers in Okeechobee County, reaching 433 births in 2020, compared to 40 births among Black mothers, 31 births among mothers of some other race, and 2 births among mothers of an unknown race. Overall, there were 506 births in Okeechobee County in 2020.

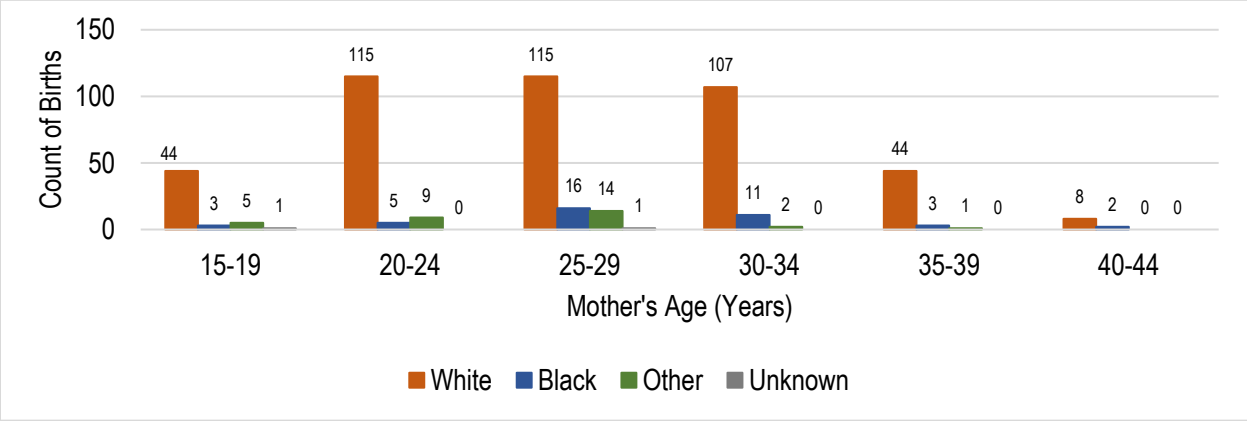
The Healthy People 2030 national target is to reduce pregnancies in adolescents from 43.4 per 1,000 females to 31.4 per 1,000 females.[133] While this indicator focuses on age and race related to the count of births, a decrease in these numbers would indicate progress towards a healthier community.

Table 75: Births by Mother's Age and Race, Count of Births, Okeechobee County, 2020

Mother's Age	Race				
	White	Black	Other	Unknown	Total
15-19	44	3	5	1	53
20-24	115	5	9	0	129
25-29	115	16	14	1	146
30-34	107	11	2	0	120
35-39	44	3	1	0	48
40-44	8	2	0	0	10
Total	433	40	31	2	506

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 65: Births by Mother's Age and Race, Count of Births, Okeechobee County, 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[131] Attali, E. & Yogev, Y. (2021). The impact of advanced maternal age on pregnancy outcome. Best practice & research clinical obstetrics & Gynecology (70). https://doi.org/10.1016/j.bpobgyn.2020.06.006
[132] U.S. Department of Health and Human Services. Healthy People 2030. Reduce pregnancies in adolescents — FP-03. https://health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning/reduce-pregnancies-adolescents-fp-03
[133] U.S. Department of Health and Human Services. Healthy People 2030. Reduce pregnancies in adolescents — FP-03. https://health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning/reduce-pregnancies-adolescents-fp-03

Births by Mother's Age and Ethnicity

As mentioned, advanced maternal age and teenage pregnancies are associated with increased risks.[134] [135] Understanding a mother's age can allow medical providers to take proper precautions and investigate, identify, and address issues throughout pregnancy.

The table and figure below show the count of births by mother's age and ethnicity in Okeechobee County in 2020. Most births were to mothers aged 25 to 29 years (146). Additionally, births to non-Hispanic mothers (337) accounted for nearly twice as many births as those to Hispanic mothers (168) in Okeechobee County in 2020.

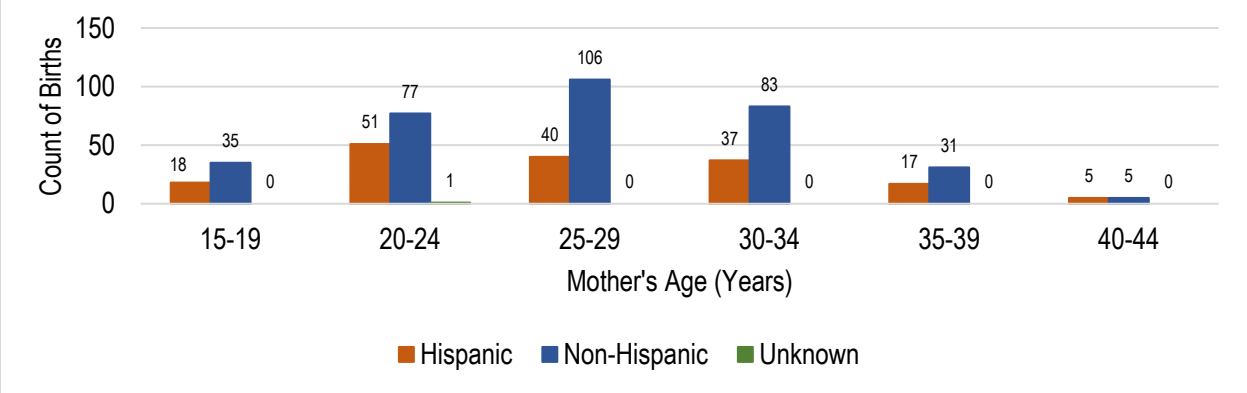
The Healthy People 2030 national target is to reduce pregnancies in adolescents from 43.4 per 1,000 females to 31.4 per 1,000 females.[136] While this indicator focuses on age and ethnicity related to the count of births, a decrease in these numbers would indicate progress towards a healthier community.

Table 76: Births by Mother's Age and Ethnicity, Count of Births, Okeechobee County, 2020

Mother's Age	Ethnicity			
	Hispanic	Non-Hispanic	Unknown	Total
15-19	18	35	0	53
20-24	51	77	1	129
25-29	40	106	0	146
30-34	37	83	0	120
35-39	17	31	0	48
40-44	5	5	0	10
Total	168	337	1	506

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 66: Births by Mother's Age and Ethnicity, Count of Births, Okeechobee County, 2020



Data Note: Hispanic data includes Cuban, Puerto Rican, Mexican, and Other/Unknown Hispanic residents.
Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[134] Attali, E. & Yogev, Y. (2021). The impact of advanced maternal age on pregnancy outcome. Best practice & research clinical obstetrics & Gynecology (70). https://doi.org/10.1016/j.bpobgyn.2020.06.006
[135] U.S. Department of Health and Human Services. Healthy People 2030. Reduce pregnancies in adolescents — FP-03. https://health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning/reduce-pregnancies-adolescents-fp-03
[136] U.S. Department of Health and Human Services. Healthy People 2030. Reduce pregnancies in adolescents — FP-03. https://health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning/reduce-pregnancies-adolescents-fp-03

Repeat Teenage Birth Rates

Teen mothers are more likely to experience negative health outcomes and birth experiences, including late or no prenatal care, gestational diabetes, hypertension, and anemia. Additionally, teen mothers are more likely to have inadequate maternal weight gain, influencing both mother and baby's health. Births to teen mothers are more likely to result in pre-term delivery and low infant birth weight. These factors influence the risk of child developmental delay, illness, and mortality. Teen mothers are also impacted by the social determinants of health. Research shows they are less likely to complete high school and more likely to live below the poverty level and rely on public assistance.[137]

Repeat Births to Mothers Aged 15-17 Years

As mentioned, teenage births are associated with adverse health outcomes and birth experiences.[138] Repeat births to teen mothers can further compound these issues. Adolescent pregnancies represent 13% of births in the United States, and most of these pregnancies are unplanned.[139] Because these pregnancies are associated with negative health outcomes, birth experiences, and socioeconomic disadvantages, it is important to understand trends related to repeat teenage birth rates in the community.

The table and figure below show repeat births to mothers aged 15 to 17 years in Okeechobee County and Florida from 2016 through 2020. While the count of repeat births to mothers aged 15 to 17 years was low each year during this timeframe, the percentage of total births to mothers aged 15 to 17 years was exponentially higher than the state of Florida overall from 2016 to 2019. Notably, in 2020, 0% of Okeechobee County births to mothers aged 15 to 17 years were repeat births compared to 6.2% of births to mothers aged 15 to 17 years in the state of Florida.

There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 national target is to reduce pregnancies in adolescents from 43.4 per 1,000 females to 31.4 per 1,000 females.[140]

Table 77: Repeat Births to Mothers Aged 15-17 Years, Count and Percent of Total Births to Mothers Aged 15-17, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Percent	Count	Percent
2016	2	14.3%	205	7.2%
2017	2	25.0%	197	7.7%
2018	1	33.3%	157	6.7%
2019	1	16.7%	135	6.3%
2020	0	0.0%	128	6.2%

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

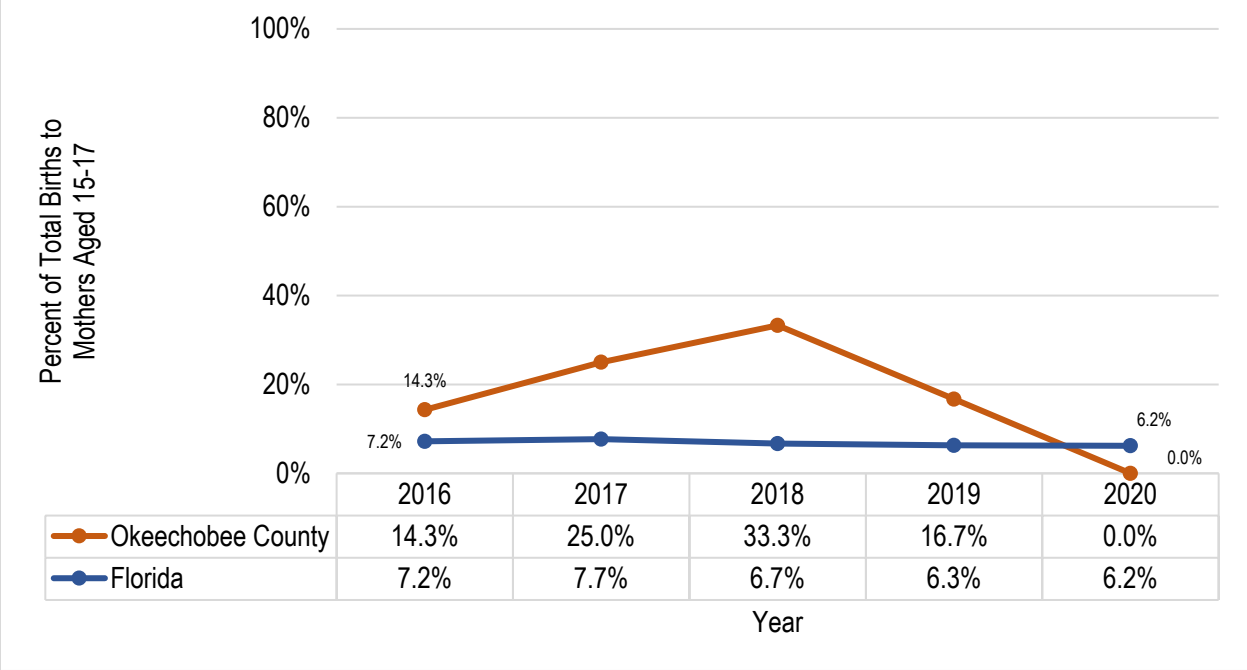
[137] Jean-Baptiste, E. (2019). Actual versus expected teen births and repeat teen births by county 2016 through 2019. Florida Department of Health, Division of Community Health Promotion, Bureau of Family Health Services. Retrieved from https://www.floridahealth.gov/%5C/programs-and-services/womens-health/family-planning/_documents/actual-versus-expected-teen-births-repeat-teen-births-county-2016-2018.pdf

[138] Jean-Baptiste, E. (2019). Actual versus expected teen births and repeat teen births by county 2016 through 2019. Florida Department of Health, Division of Community Health Promotion, Bureau of Family Health Services. Retrieved from https://www.floridahealth.gov/%5C/programs-and-services/womens-health/family-planning/_documents/actual-versus-expected-teen-births-repeat-teen-births-county-2016-2018.pdf

[139] Lin, C. J., Nowalk, M. P., Ncube, C. N., Aaraj, Y.A., Warshel, M., South-Paul, J. E. (2019). Long-term Outcomes for Teen Mothers Who Participated in a Mentoring Program to Prevent Repeat Teen Pregnancy. *Journal of the National Medical Association (111),* 3. 296-301. https://doi.org/10.1016/j.jnma.2018.10.014.

[140] U.S. Department of Health and Human Services. Healthy People 2030. Reduce pregnancies in adolescents — FP-03. https://health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning/reduce-pregnancies-adolescents-fp-03

Figure 67: Repeat Births to Mothers Aged 15-17 Years, Percent of Total Births to Mothers Aged 15-17, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Repeat Births to Mothers Aged 15-17 Years by Race

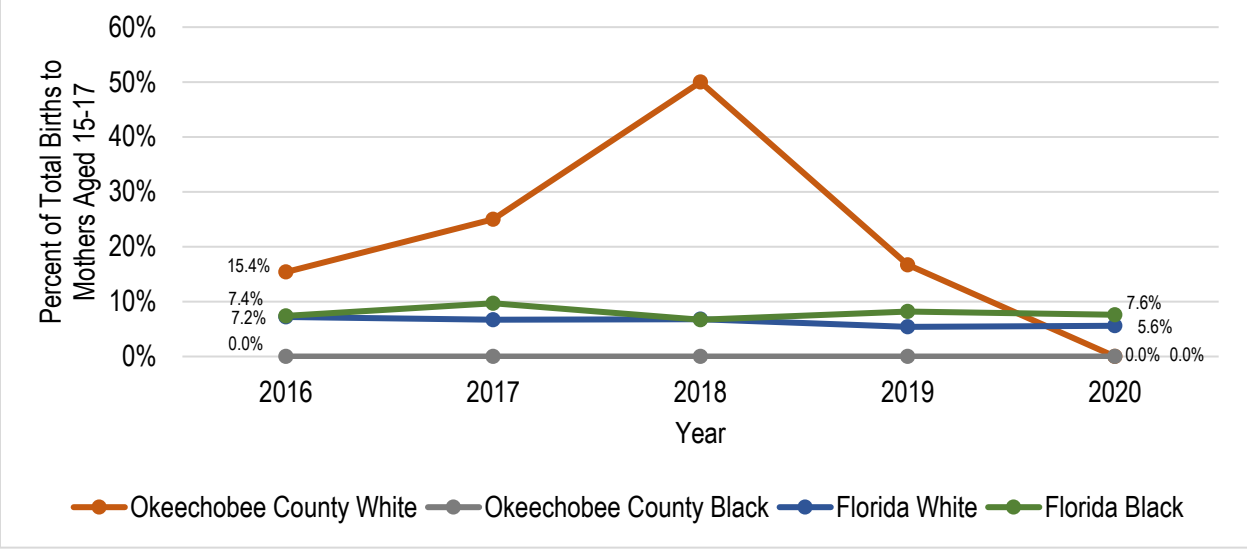
The table and figure below show repeat births to mothers aged 15 to 17 years by race in Okeechobee County and Florida from 2016 through 2020. Notably, there were 0 repeat births among Black mothers aged 15 to 17 years from 2016 to 2020 in Okeechobee County. While counts remained low among White Okeechobee County mothers aged 15 to 17 years, as a percent of total births to mothers aged 15 to 17, repeat births were significant in 2016 (15.4%), 2017 (25.0%), 2018 (50.0%), and 2019 (16.7%). Most recently, in 2020, there were no repeat births to White mothers aged 15 to 17 years in Okeechobee County. In the state of Florida, the percentage of repeat births to mothers aged 17 to 19 years was higher among Black mothers compared to their White counterparts each year from 2016 through 2020.

Table 78: Repeat Births to Mothers Aged 15-17 Years by Race, Count and Percent of Total Births to Mothers Aged 15-17, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
2016	2	15.4%	0	0.0%	129	7.2%	68	7.4%
2017	2	25.0%	0	0.0%	107	6.7%	80	9.7%
2018	1	50.0%	0	0.0%	99	6.8%	53	6.7%
2019	1	16.7%	0	0.0%	74	5.4%	56	8.2%
2020	0	0.0%	0	0.0%	71	5.6%	51	7.6%

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 68: Repeat Births to Mothers Aged 15-17 Years by Race, Percent of Total Births to Mothers Aged 15-17, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Repeat Births to Mothers Aged 15-17 Years by Ethnicity

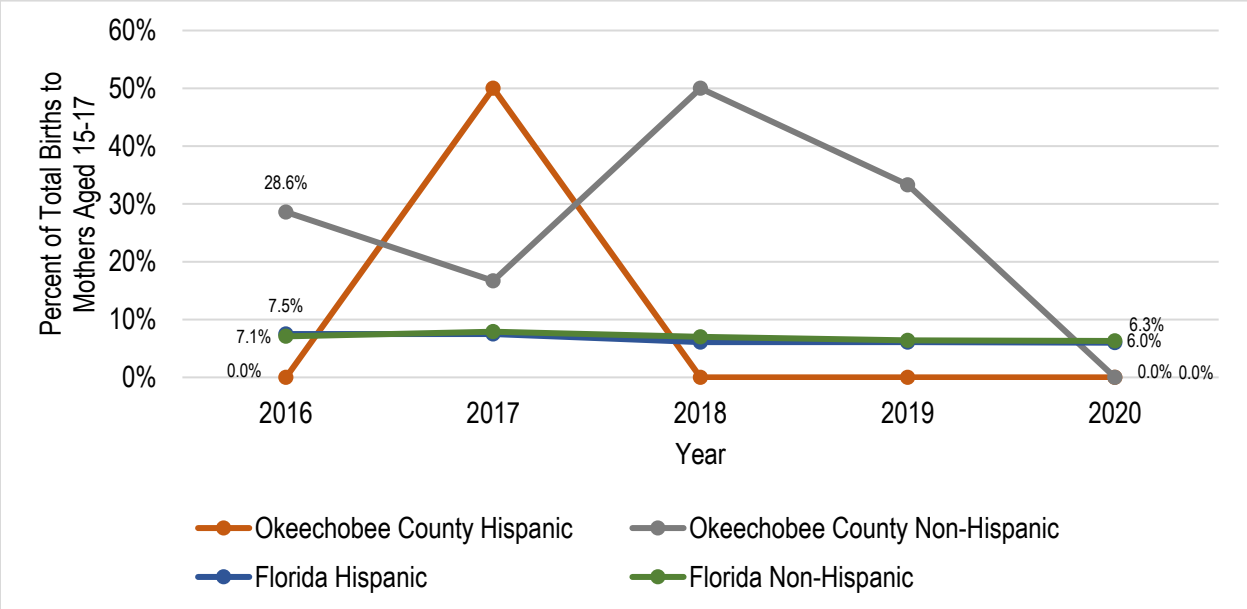
The table and figure below show repeat births to mothers aged 15 to 17 years by ethnicity in Okeechobee County and Florida from 2016 through 2020. In Okeechobee County, non-Hispanic mothers aged 15 to 17 years were more likely to have repeat births in 2016, 2018, and 2019, despite low counts overall. A similar trend was reported across the state of Florida, with non-Hispanic mothers aged 15 to 17 experiencing more repeat births than their Hispanic counterparts from 2017 to 2020. Notably, there were no repeat births to mothers aged 15 to 17 years in Okeechobee County in 2020.

Table 79: Repeat Births to Mothers Aged 15-17 Years by Ethnicity, Count and Percent of Total Births to Mothers Aged 15-17, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
2016	0	0.0%	2	28.6%	71	7.5%	134	7.1%
2017	1	50.0%	1	16.7%	69	7.5%	128	7.9%
2018	0	0.0%	1	50.0%	50	6.1%	106	7.0%
2019	0	0.0%	1	33.3%	51	6.1%	84	6.4%
2020	0	0.0%	0	0.0%	48	6.0%	79	6.3%

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 69: Repeat Births to Mothers Aged 15-17 Years by Ethnicity, Percent of Total Births to Mothers Aged 15-17, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Repeat Births to Mothers Aged 18-19 Years

As noted previously, teen mothers are more likely to experience negative health outcomes and birth experiences, including late or no prenatal care, gestational diabetes, hypertension, and anemia. These mothers are also more likely to have inadequate maternal weight gain, pre-term delivery, and low infant birth weight, impacting the risk of child developmental delay, illness, and mortality. Teen mothers are also less likely to complete high school and more likely to live below the poverty level and rely on public assistance.[141] Repeat births to teen mothers can further compound these issues and indicate a need for prevention efforts in a community.

The table and figure below show repeat births to mothers aged 18 to 19 years in Okeechobee County and Florida from 2016 to 2020. Repeat births to mothers aged 18 to 19 years have declined overall in both Okeechobee County and Florida over the past five years. In 2020, a five-year low was reported in both Okeechobee County, where 5.3% of births to mothers aged 18 to 19 years were repeat births, and Florida, where 15.5% of births to mothers aged 18 to 19 years were repeat births.

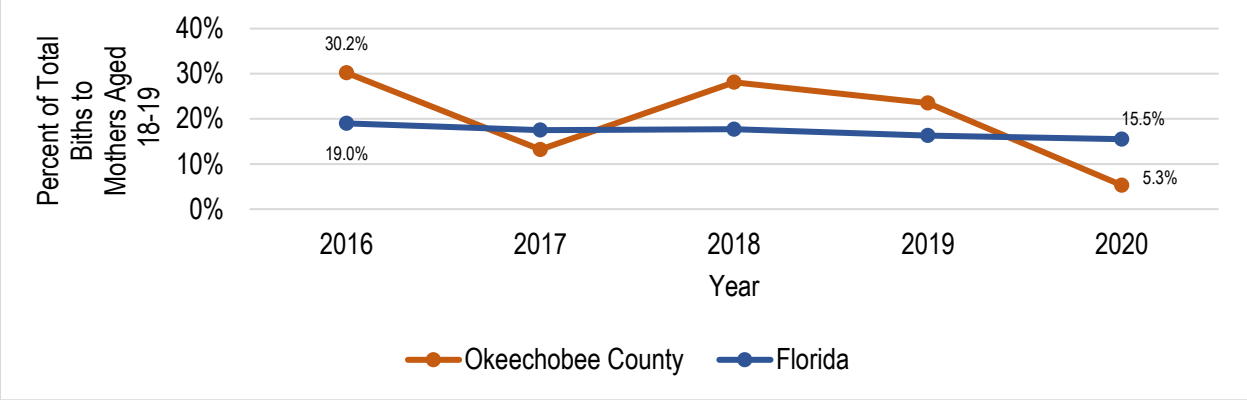
There is no Healthy People 2030 national target specific to this indicator of repeat births as a proportion of total births to mothers aged 18 to 19 years. The Healthy People 2030 national target is to reduce pregnancies in adolescents from 43.4 per 1,000 females to 31.4 per 1,000 females.[142]

Table 80: Repeat Births to Mothers Aged 18-19 Years, Count and Percent of Total Births to Mothers Aged 18-19, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Percent	Count	Percent
2016	13	30.2%	1,579	19.0%
2017	5	13.2%	1,429	17.5%
2018	9	28.1%	1,321	17.7%
2019	8	23.5%	1,206	16.3%
2020	2	5.3%	1,064	15.5%

Source: Florida Department of Health, Bureau of Vital Statistics, 2020; Compiled by: Health Council of Southeast Florida, 2022

Figure 70: Repeat Births to Mothers Aged 18-19 Years, Percent of Total Births to Mothers Aged 18-19, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020

[141] Jean-Baptiste, E. (2019). Actual versus expected teen births and repeat teen births by county 2016 through 2019. Florida Department of Health, Division of Community Health Promotion, Bureau of Family Health Services. Retrieved from https://www.floridahealth.gov/%5C/programs-and-services/womens-health/family-planning/_documents/actual-versus-expected-teen-births-repeat-teen-births-county-2016-2018.pdf

[142] U.S. Department of Health and Human Services. Healthy People 2030. Reduce pregnancies in adolescents — FP-03. https://health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning/reduce-pregnancies-adolescents-fp-03

Repeat Births to Mothers Aged 18-19 Years by Race

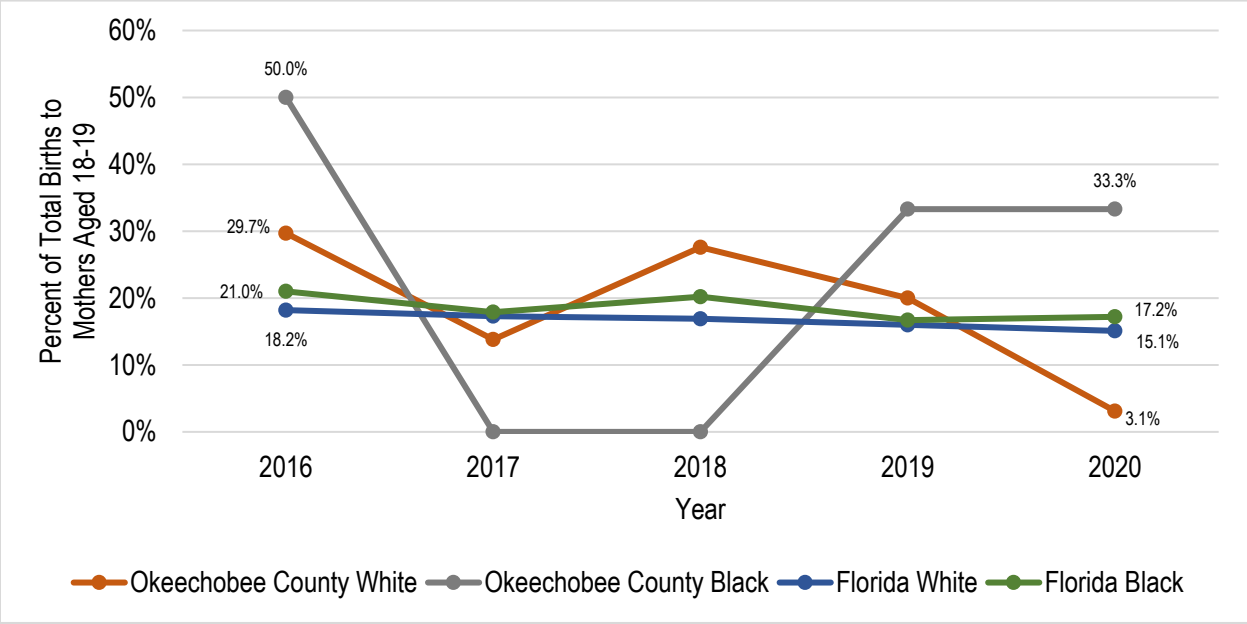
The table and figure below show repeat births to mothers aged 18 to 19 years by race in Okeechobee County and Florida from 2016 to 2020. Despite low counts overall, Black mothers aged 18 to 19 experienced a larger proportion of repeat births as a percent of all births to mothers aged 18 to 19 years in 2016, 2019, and 2020 in Okeechobee County. Notably, there were no repeat births to Black mothers aged 18 to 19 years in 2017 and 2018 in Okeechobee County. Across the state of Florida, a higher proportion of Black mothers aged 18 to 19 years experienced repeat births compared to their White counterparts from 2016 to 2020.

Table 81: Repeat Births to Mothers Aged 18-19 Years by Race, Count and Percent of Total Births to Mothers Aged 18-19, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
2016	11	29.7%	2	50.0%	993	18.2%	515	21.0%
2017	4	13.8%	0	0.0%	904	17.3%	440	17.9%
2018	8	27.6%	0	0.0%	828	16.9%	439	20.2%
2019	6	20.0%	1	33.3%	755	16.0%	377	16.7%
2020	1	3.1%	1	33.3%	659	15.1%	354	17.2%

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 71: Repeat Births to Mothers Aged 18-19 Years by Race, Percent of Total Births to Mothers Aged 18-19, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Repeat Births to Mothers Aged 18-19 Years by Ethnicity

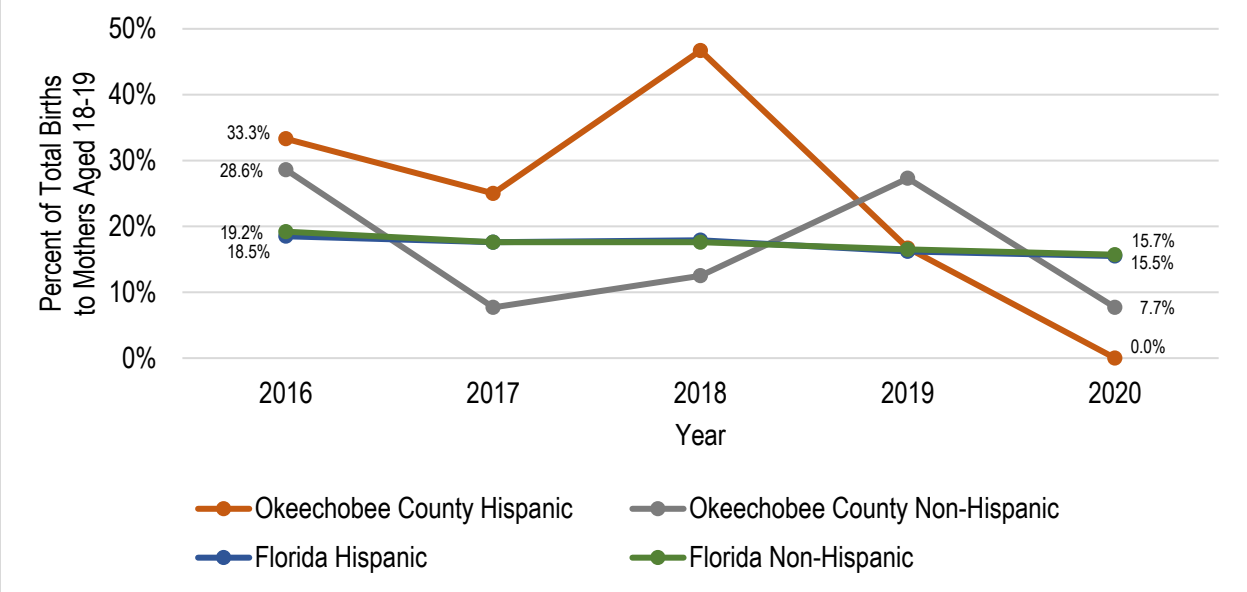
The table and figure below show repeat births to mothers aged 18 to 19 years by ethnicity in Okeechobee County and Florida from 2016 to 2020. While the percent of total births to mothers aged 18 to 19 years that were repeat births were relatively similar between ethnic groups in the state of Florida, greater disparities were reported in Okeechobee County. Most notably, in 2018 in Okeechobee County, 46.7% of births to Hispanic mothers aged 18 to 19 years were repeat births to these mothers, compared to 12.5% among non-Hispanic mothers aged 18 to 19 years. In 2020, there were 0 repeat births to Hispanic mothers aged 18 to 19 years old in Okeechobee County, compared to 7.7% among non-Hispanic mothers.

Table 82: Repeat Births to Mothers Aged 18-19 Years by Ethnicity, Count and Percent of Total Births to Mothers Aged 18-19, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
2016	5	33.3%	8	28.6%	488	18.5%	1,081	19.2%
2017	3	25.0%	2	7.7%	458	17.6%	968	17.6%
2018	7	46.7%	2	12.5%	441	17.9%	867	17.6%
2019	2	16.7%	6	27.3%	415	16.2%	785	16.5%
2020	0	0.0%	2	7.7%	386	15.5%	674	15.7%

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 72: Repeat Births to Mothers Aged 18-19 Years by Ethnicity, Percent of Total Births to Mothers Aged 18-19, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Birth Weight

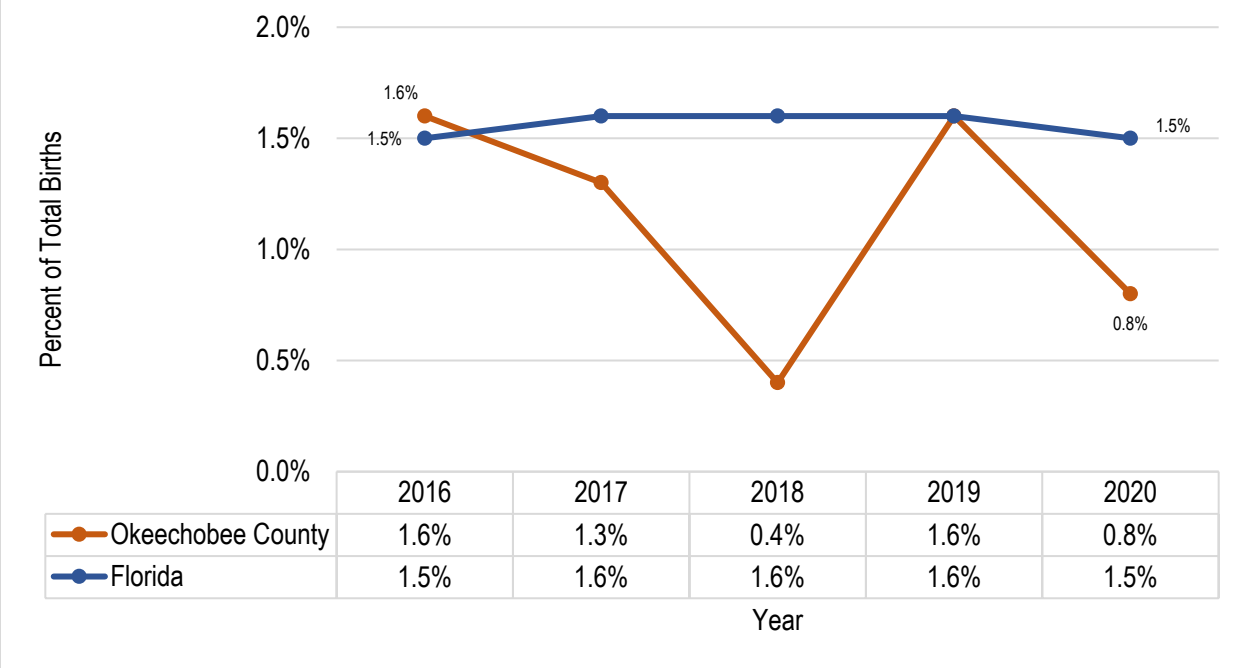
Live Births Under 1500 Grams (Very Low Birth Weight)

Very low birth weight, although rare, is associated with low oxygen levels at birth, trouble staying warm, trouble feeding and gaining weight, infection, breathing problems caused by immature lungs, nervous system problems, sudden infant death syndrome (SIDS), and more. Risks for long-term problems and disabilities, such as cerebral palsy, blindness, deafness, and developmental delay, also increase for babies with very low birth weight.[143]

The figure below shows live births under 1500 grams (very low birth weight) as a percent of total births in Okeechobee County and Florida from 2016 to 2020. The percentage of births that were under 1500 grams (very low birth weight) in Okeechobee County was less than or equal to that of Florida each year from 2017 through 2020. In 2020, 0.8% of births in Okeechobee County were under 1500 grams (very low birth weight) compared to 1.5% in the state of Florida.

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

Figure 73: Live Births Under 1500 Grams (Very Low Birth Weight), Percent of Total Births, Okeechobee County and Florida, 2016-2020



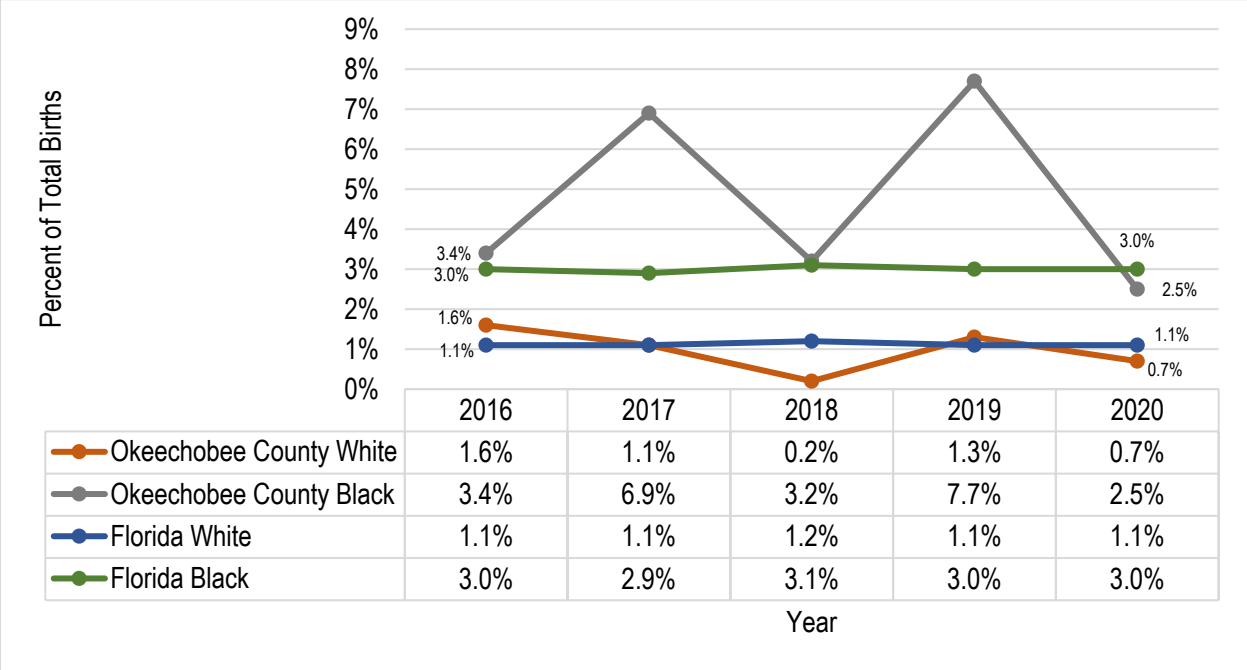
Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[143] Cedars Sinai. (2022). *Very Low Birth Weight.* Retrieved from https://www.cedars-sinai.org/health-library/diseases-and-conditions---pediatrics/v/very-low-birth-weight.html

Live Births Under 1500 Grams (Very Low Birth Weight) by Race

The figure below shows live births under 1500 grams (very low birth weight) as a percent of total births by race in Okeechobee County and Florida from 2016 to 2020. Each year during this timeframe, the percentage of live births under 1500 grams (very low birth weight) among Black residents was higher compared to the percentage among their White counterparts in both Okeechobee County and Florida. Most recently, in 2020 in Okeechobee County, 2.5% of births were under 1500 grams (very low birth weight) among Black residents compared to 0.7% among White residents. In this same year, 3.0% of births were under 1500 grams (very low birth weight) among Black residents, while 1.1% of births were under 1500 grams (very low birth weight) among White residents.

Figure 74: Live Births Under 1500 Grams (Very Low Birth Weight) by Race, Percent of Total Births, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County White	1.6%	1.1%	0.2%	1.3%	0.7%
Okeechobee County Black	3.4%	6.9%	3.2%	7.7%	2.5%
Florida White	1.1%	1.1%	1.2%	1.1%	1.1%
Florida Black	3.0%	2.9%	3.1%	3.0%	3.0%

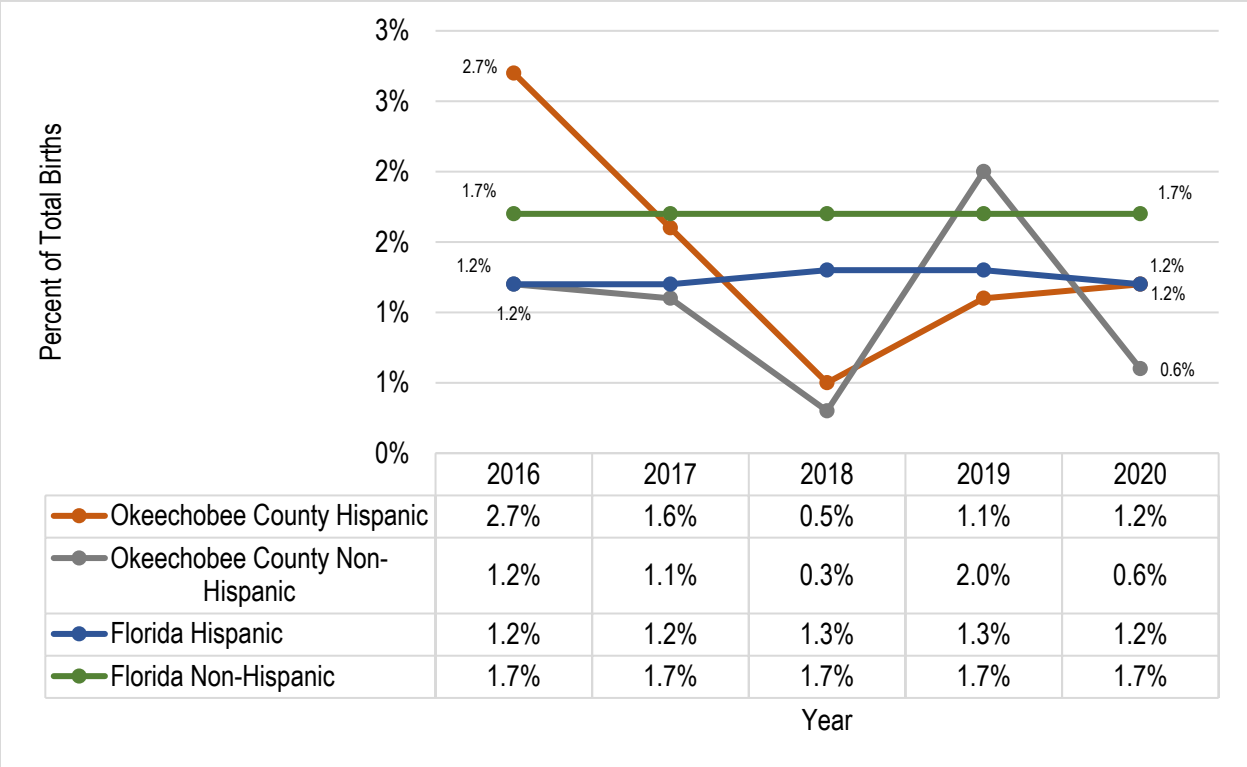
Year

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Live Births Under 1500 Grams (Very Low Birth Weight) by Ethnicity

The figure below shows live births under 1500 grams (very low birth weight) as a percent of total births by ethnicity in Okeechobee County and Florida from 2016 to 2020. The percentage of live births under 1500 grams (very low birth weight) fluctuated among births to Okeechobee County Hispanic and non-Hispanic residents but ultimately decreased from 2016 to 2020 in Okeechobee County. Most recently, in 2020, 1.2% of live births in Okeechobee County were under 1500 grams (very low birth weight) among births to Hispanic residents compared to 0.6% of live births among births to non-Hispanic residents.

Figure 75: Live Births Under 1500 Grams (Very Low Birth Weight) by Ethnicity, Percent of Total Births, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

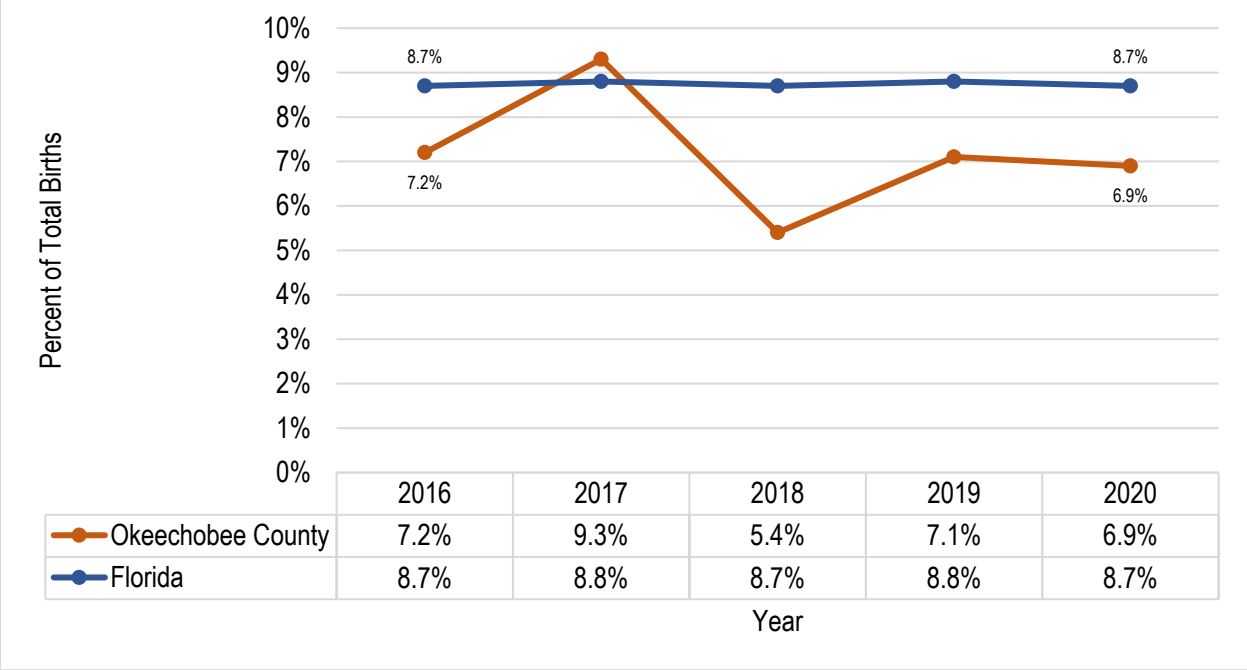
Live Births Under 2500 Grams (Low Birth Weight)

Low birth weight, a birth weight less than 2500 grams irrespective of gestational age, can lead to cognitive deficits, motor delays, cerebral palsy, and other behavior and psychological problems. Low birth weight infants are 20 times more likely to develop complications and die compared to normal weight infants. Furthermore, low birth weight infants have a higher risk of death and illness shortly after birth and a higher risk of developing non-communicable diseases throughout the lifespan, making this an important indicator of maternal health, nutrition, and healthcare delivery.[144]

The figure below shows live births under 2500 grams (low birth weight) as a percent of total births in Okeechobee County and Florida from 2016 to 2020. The percentage of births under 2500 grams (low birth weight) among births in Okeechobee County was lower compared to the state of Florida in 2016, 2018, 2019, and 2020. Most recently, in 2020, 6.9% of Okeechobee County births were under 2500 grams (low birth weight) compared to 8.7% in the state of Florida.

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

Figure 76: Live Births Under 2500 Grams (Low Birth Weight), Percent of Total Births, Okeechobee County and Florida, 2016-2020



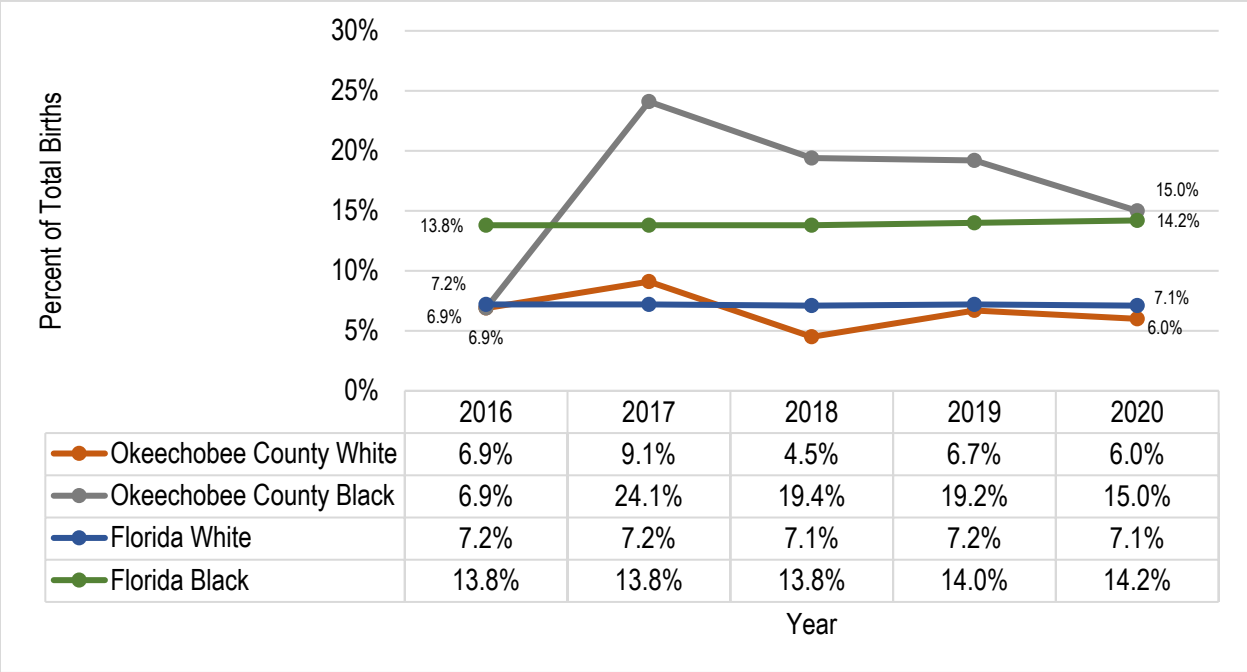
Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[144] K. C. Anil, P. L. Basel, S. Singh. (2020). Low birth weight and its associated risk factors: Health facility-based case-control study. *PIOS (15)*6. https://doi.org/10.1371/journal.pone.0234907

Live Births Under 2500 Grams (Low Birth Weight) by Race

The figure below shows live births under 2500 grams (low birth weight) as a percent of total births by race in Okeechobee County and Florida from 2016 to 2020. The percentage of live births under 2500 grams (low birth weight) among births to Black residents in Okeechobee County and Florida was higher compared to the percentage among births to their White counterparts each year from 2017 through 2020. Most recently, in 2020, 15.0% of births among Black residents were under 2500 grams (low birth weight) compared to 6.0% of births to White residents in Okeechobee County.

Figure 77: Live Births Under 2500 Grams (Low Birth Weight) by Race, Percent of Total Births, Okeechobee County and Florida, 2016-2020



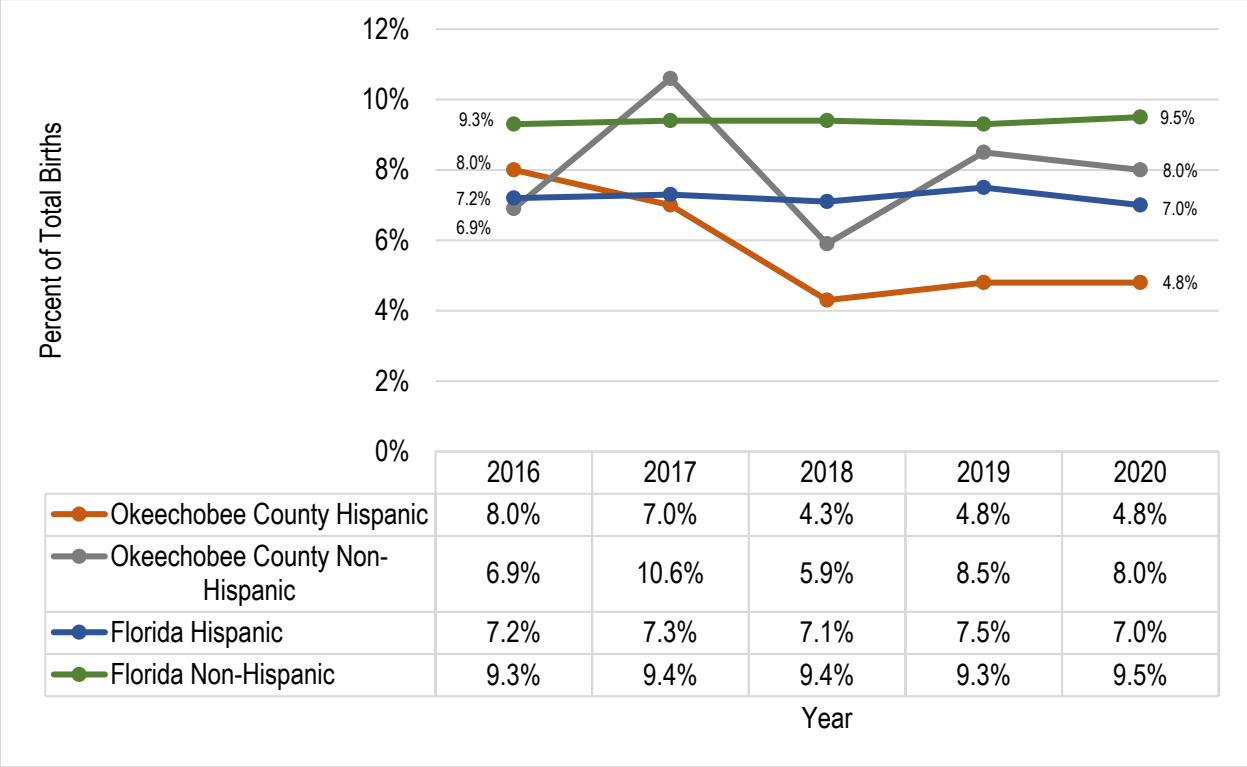
	2016	2017	2018	2019	2020
Okeechobee County White	6.9%	9.1%	4.5%	6.7%	6.0%
Okeechobee County Black	6.9%	24.1%	19.4%	19.2%	15.0%
Florida White	7.2%	7.2%	7.1%	7.2%	7.1%
Florida Black	13.8%	13.8%	13.8%	14.0%	14.2%

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Live Births Under 2500 Grams (Low Birth Weight) by Ethnicity

The figure below shows live births under 2500 grams (low birth weight) as a percent of total births by ethnicity in Okeechobee County and Florida from 2016 to 2020. In Okeechobee County, the percentage of live births under 2500 grams (low birth weight) among births to non-Hispanic residents was higher compared to that among births to Hispanic residents from 2017 through 2020. The state of Florida reported a similar trend. Most recently, in 2020, 8.0% of births were under 2500 grams (low birth weight) among births to non-Hispanic residents compared to 4.8% of births to Hispanic residents. In this same year, 9.5% of births to non-Hispanic residents were under 2500 grams (low birth weight) compared to 7.0% of births to Hispanic residents.

Figure 78: Live Births Under 2500 Grams (Low Birth Weight) by Ethnicity, Percent of Total Births, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County Hispanic	8.0%	7.0%	4.3%	4.8%	4.8%
Okeechobee County Non-Hispanic	6.9%	10.6%	5.9%	8.5%	8.0%
Florida Hispanic	7.2%	7.3%	7.1%	7.5%	7.0%
Florida Non-Hispanic	9.3%	9.4%	9.4%	9.3%	9.5%

Year

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Preterm Births (<37 Weeks Gestation)

Preterm births are births that occur before 37 weeks of pregnancy. In 2020, preterm birth affected one out of every ten infants in the United States. The final weeks of pregnancy are important stages of development for a baby, as the brain, lungs, and liver further develop during this time. Furthermore, babies who are born preterm, especially before 32 weeks, have higher rates of death and disability. Preterm birth and low birth weight accounted for approximately 17% of infant deaths in 2019.[145] The table and figure below show preterm births (<37 weeks gestation) as a percent of total births in Okeechobee County and Florida from 2016 to 2020. The percentage of births that were preterm (<37 weeks gestation) decreased in Okeechobee County from 2017 (11.5%) to 2019 (8.3%), then increased slightly to 10.3% in 2020. Similarly, the percentage of preterm births (<37 weeks gestation) in the state of Florida fluctuated during this timeframe, ultimately reaching 10.5% in 2020.

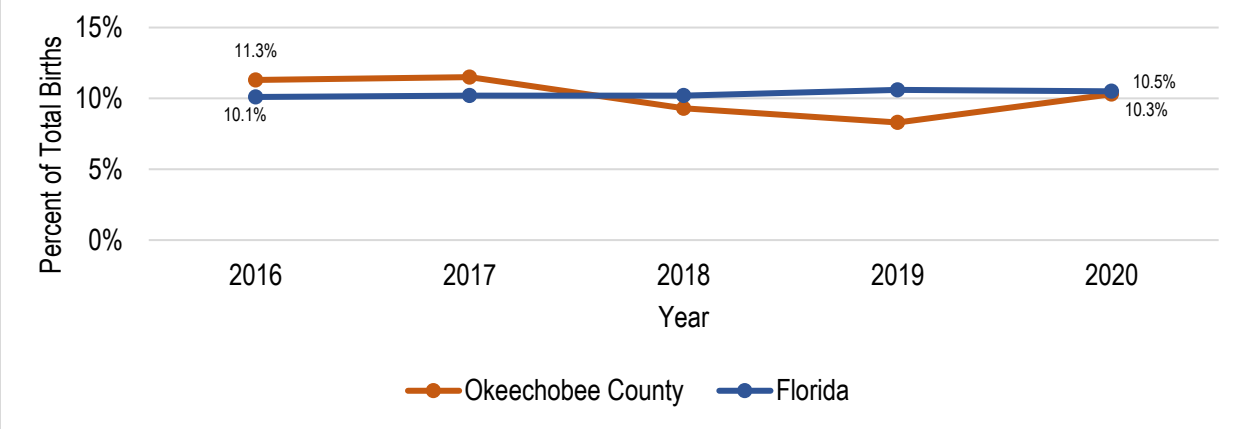
The Healthy People 2030 national target is to reduce preterm births from 10.0% of live births in 2018 to 9.4%.[146] Okeechobee County has not yet met this target.

Table 83: Preterm Births (<37 Weeks Gestation), Count and Percent of Total Births, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Percent	Count	Percent
2016	55	11.3%	22,812	10.1%
2017	62	11.5%	22,836	10.2%
2018	52	9.3%	22,680	10.2%
2019	41	8.3%	23,345	10.6%
2020	52	10.3%	21,916	10.5%

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 79: Preterm Births (<37 Weeks Gestation), Percent of Total Births, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[145] Centers for Disease Control and Prevention. (2021). Preterm Birth. Retrieved from https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm
[146] U.S. Department of Health and Human Services. Healthy People 2030. Reduce preterm births — MICH-07. https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-preterm-births-mich-07

Preterm Births (<37 Weeks Gestation) by Race

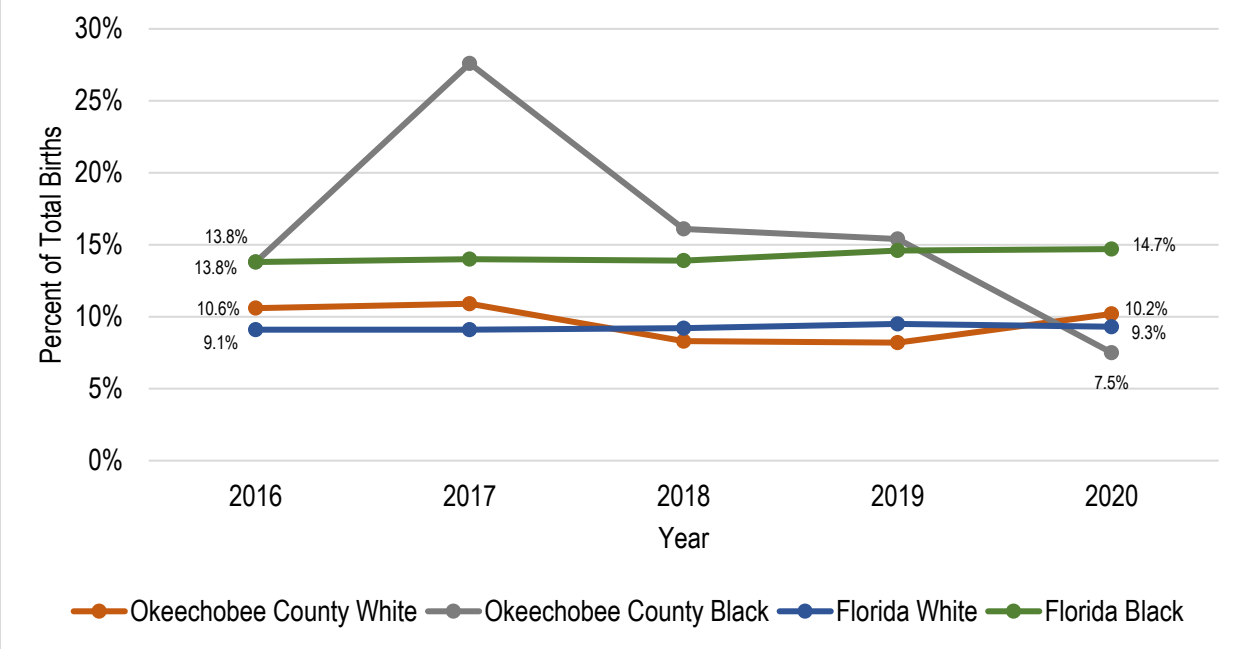
The table and figure below show preterm births (<37 weeks gestation) as a percent of total births by race in Okeechobee County and Florida from 2016 to 2020. The percentage of preterm births (<37 weeks gestation) to Black mothers was higher compared to births to White mothers in Okeechobee County between 2016 and 2019. The greatest disparity existed in 2017, when 27.6% of births to Black mothers were preterm births (<37 weeks gestation) in Okeechobee County compared to 10.9% of births to White mothers. Most recently in 2020, however, the percentage of preterm births (<37 weeks gestation) to White mothers was 10.2%, while the percentage of preterm births (<37 weeks gestation) to Black mothers was 7.5%.

Table 84: Preterm Births (<37 Weeks Gestation) by Race, Count and Percent of Total Births, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
2016	46	10.6%	4	13.8%	14,584	9.1%	6,818	13.8%
2017	52	10.9%	8	27.6%	14,400	9.1%	6,995	14.0%
2018	41	8.3%	5	16.1%	14,528	9.2%	6,771	13.9%
2019	37	8.2%	4	15.4%	14,738	9.5%	7,034	14.6%
2020	44	10.2%	3	7.5%	13,700	9.3%	6,761	14.7%

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 80: Preterm Births (<37 Weeks Gestation) by Race, Percent of Total Births, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Preterm Births (<37 Weeks Gestation) by Ethnicity

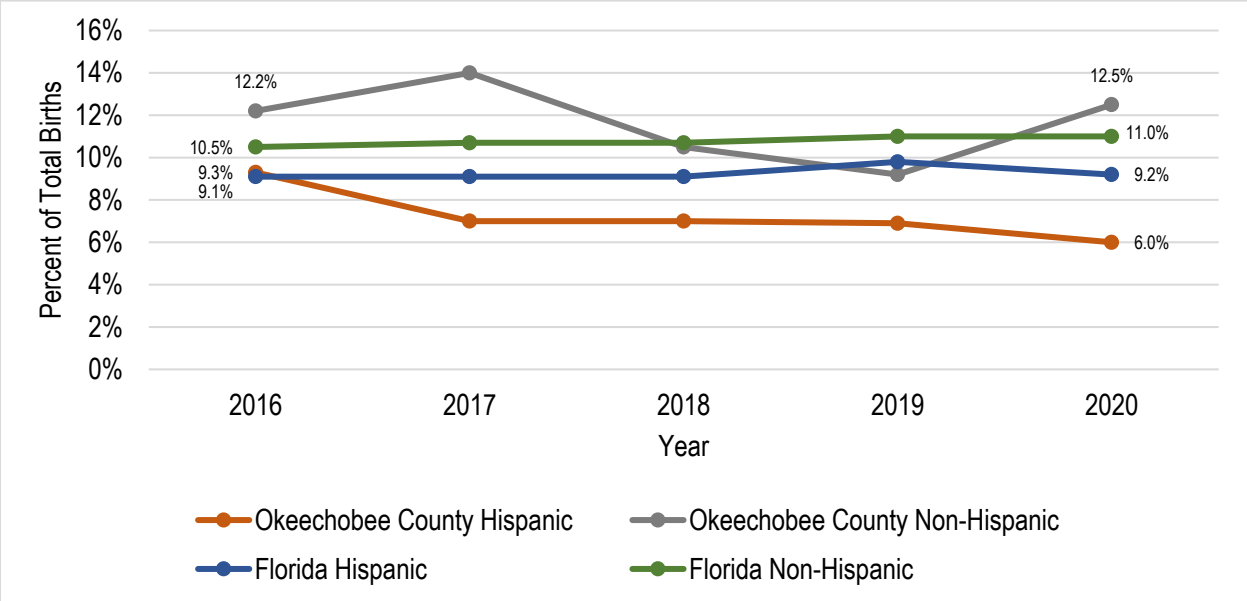
The table and figure below show preterm births (<37 weeks gestation) as a percent of total births by ethnicity in Okeechobee County and Florida from 2016 to 2020. In Okeechobee County and Florida, the percentage of preterm births (<37 weeks gestation) was higher among births to non-Hispanic mothers compared to their Hispanic counterparts from 2016 to 2020. Most recently, in 2020, 12.5% of births to non-Hispanic mothers were preterm (<37 weeks gestation) compared to 6.0% births to Hispanic mothers. In the state of Florida in 2020, 11.0% of births o non-Hispanic mothers were preterm (<37 weeks gestation) compared to 9.2% of births to Hispanic mothers.

Table 85: Preterm Births (<37 Weeks Gestation) by Ethnicity, Count and Percent of Total Births, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
2016	14	9.3%	41	12.2%	5,980	9.1%	16,642	10.5%
2017	13	7.0%	49	14.0%	6,068	9.1%	16,567	10.7%
2018	13	7.0%	39	10.5%	6,011	9.1%	16,318	10.7%
2019	13	6.9%	28	9.2%	6,621	9.8%	16,538	11.0%
2020	10	6.0%	42	12.5%	5,999	9.2%	15,650	11.0%

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 81: Preterm Births (<37 Weeks Gestation) by Ethnicity, Percent of Total Births, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Infant Mortality (Aged 0-364 Days)

Infant mortality, or the death of an infant before their first birthday, may be caused by several complications. In 2020, the top five leading causes of infant death in the United States were birth defects, preterm birth and low birth weight, sudden infant death syndrome (SIDS), injuries (e.g., suffocation), and maternal pregnancy complications. In the United States, the infant mortality rate was 5.4 deaths per 1,000 live births in 2020.[147]

The table and figure below show the infant mortality (aged 0-364 days) rate per 1,000 live births in Okeechobee County and Florida from 2016 to 2020. The infant mortality rate in Okeechobee County was higher than the rate in the state of Florida in 2016, 2017, and 2019. Notably, there were zero infant deaths in Okeechobee County in 2020.

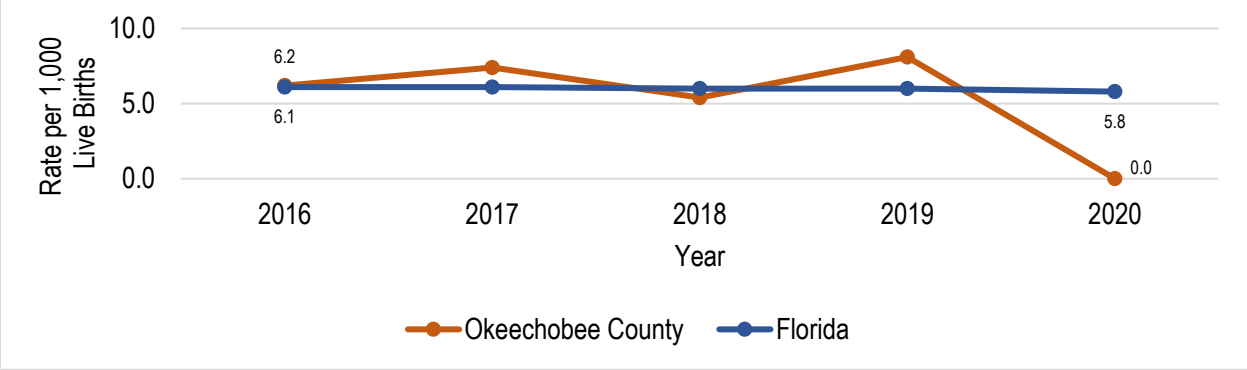
The Healthy People 2030 national target is to reduce the rate of infant deaths from 5.8 infant deaths per 1,000 live births (2017) to 5.0 per 1,000 live births.[148] In 2016, 2017, and 2019, Okeechobee County did not meet this target. However, as of 2020, Okeechobee County has reported a rate of 0.0 infant deaths per 1,000 live births, accomplishing the national target goal.

Table 86: Infant Mortality (Aged 0-364 Days), Count and Rate per 1,000 Live Births, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	3	6.2	1,380	6.1
2017	4	7.4	1,355	6.1
2018	3	5.4	1,334	6.0
2019	4	8.1	1,328	6.0
2020	0	0.0	1,213	5.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 82: Infant Mortality (Aged 0-364 Days), Rate per 1,000 Live Births, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[147] Centers for Disease Control and Prevention. (2021). *Infant Mortality*. Retrieved from https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm
[148] U.S. Department of Health and Human Services. Healthy People 2030. Reduce preterm births — MICH-07. https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-preterm-births-mich-07

Infant Mortality (Aged 0-364 Days) by Race

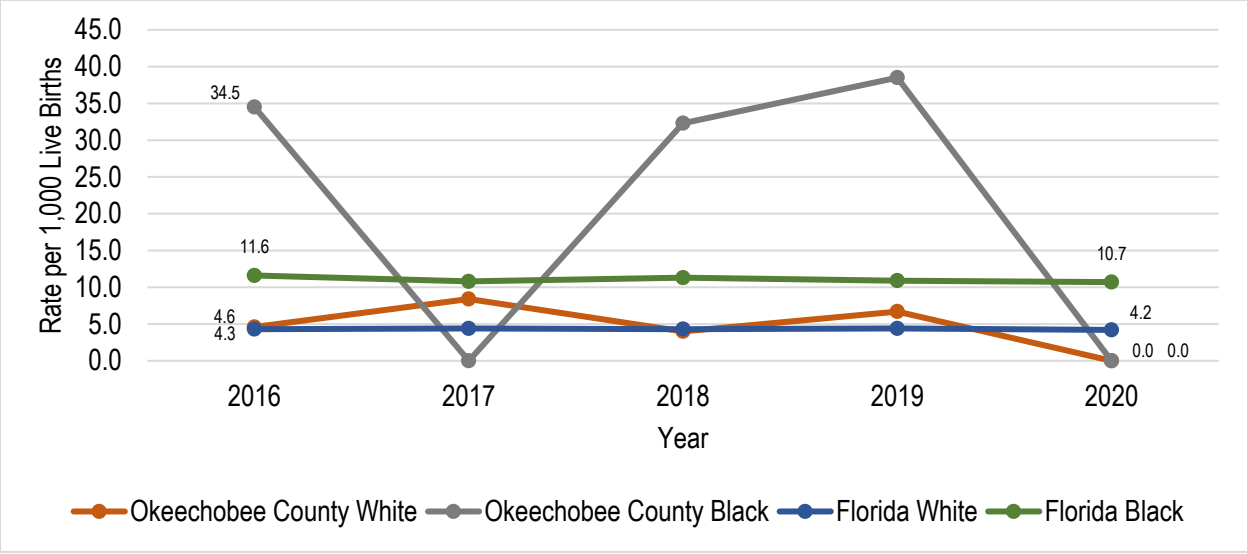
The table and figure below show the infant mortality (aged 0-364 days) rate per 1,000 live births by race in Okeechobee County and Florida from 2016 to 2020. In both Okeechobee County and Florida, the infant mortality rate was higher among Black infants compared to their White counterparts in most years. Notably, in 2019, the infant mortality rate reached 38.5 per 1,000 live births among Black Okeechobee County infants compared to 6.7 per 1,000 live births among White Okeechobee County infants. In 2020, there were no infant (0-364 days) deaths in Okeechobee County.

Table 87: Infant Mortality (Aged 0-364 Days) by Race, Count and Rate per 1,000 Live Births, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	2	4.6	1	34.5	694	4.3	575	11.6
2017	4	8.4	0	0.0	696	4.4	536	10.8
2018	2	4.0	1	32.3	677	4.3	547	11.3
2019	3	6.7	1	38.5	682	4.4	524	10.9
2020	0	0.0	0	0.0	627	4.2	491	10.7

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 83: Infant Mortality (Aged 0-364 Days) by Race, Rate per 1,000 Live Births, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Infant Mortality (Aged 0-364 Days) by Ethnicity

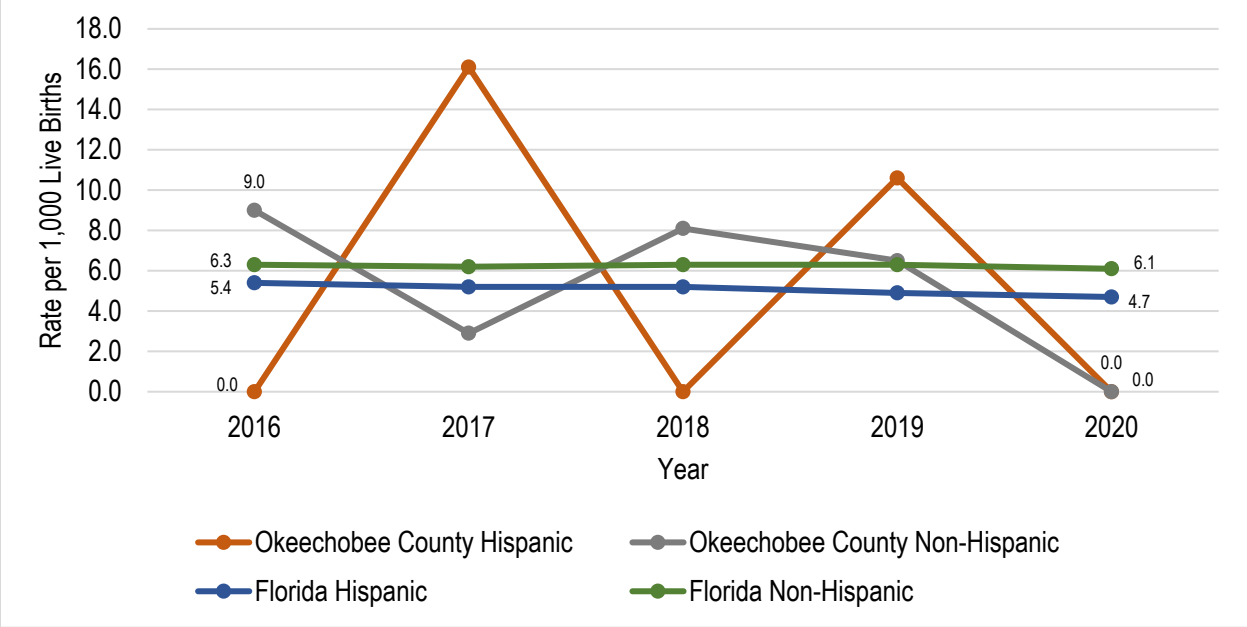
The table and figure below show the infant mortality (aged 0-364 days) rate per 1,000 live births by race in Okeechobee County and Florida from 2016 to 2020. In Okeechobee County, the infant mortality rate was higher among the non-Hispanic population in 2016 and 2018 and higher among the Hispanic population in 2017 and 2019. In Okeechobee County, there were no infant deaths among Hispanic or non-Hispanic populations in 2020.

Table 88: Infant Mortality (Aged 0-364 Days) by Ethnicity, Count and Rate per 1,000 Live Births, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	0	0.0	3	9.0	355	5.4	992	6.3
2017	3	16.1	1	2.9	350	5.2	964	6.2
2018	0	0.0	3	8.1	347	5.2	960	6.3
2019	2	10.6	2	6.5	332	4.9	955	6.3
2020	0	0.0	0	0.0	309	4.7	870	6.1

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 84: Infant Mortality (Aged 0-364 Days) by Ethnicity, Rate per 1,000 Live Births, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Fetal Deaths (Stillbirths)

Fetal deaths, also known as stillbirths, are influenced by risk factors such as maternal age; race; socio-economic status; smoking; certain medical conditions, such as obesity, diabetes, high blood pressure; multiple pregnancies; and a history of pregnancy loss. Research shows that stillbirth rates in the United States are higher than in many other industrialized countries, and approximately 25% of these stillbirths are potentially preventable.[149]

The table and figure below show the fetal death (stillbirth, or the death of a fetus after 20 weeks of gestation) rate per 1,000 deliveries in Okeechobee County and Florida from 2016 to 2020. In Okeechobee County, the fetal death rate fluctuated during this timeframe, ultimately increasing from 4.0 per 1,000 deliveries in 2019 to 7.8 per 1,000 deliveries in 2020. During these same years, the fetal death rate in the state of Florida overall was 6.8 per 1,000 deliveries.

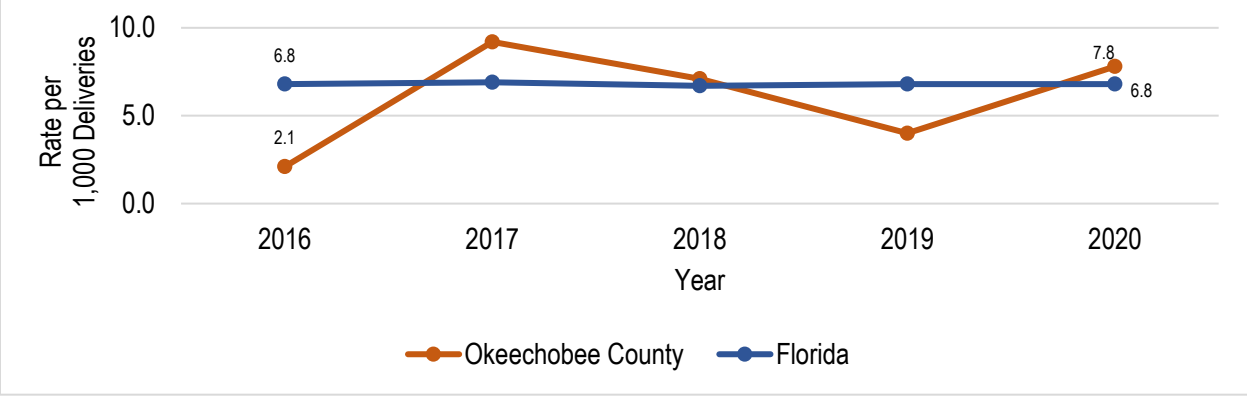
The Healthy People 2030 national target is to reduce the fetal death rate at 20 or more weeks of gestation from 5.9 fetal deaths per 1,000 live births and fetal deaths (2017) to 5.7 per 1,000 live births and fetal deaths.[150] Okeechobee County has not yet met this target, reaching 7.8 fetal deaths per 1,000 deliveries in 2020.

Table 89: Fetal Deaths (Stillbirths), Count and Rate per 1,000 Deliveries, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	1	2.1	1,548	6.8
2017	5	9.2	1,553	6.9
2018	4	7.1	1,495	6.7
2019	2	4.0	1,515	6.8
2020	4	7.8	1,445	6.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 85: Fetal Deaths (Stillbirths), Rate per 1,000 Deliveries, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[149] Dongarwar, D., Aggarwal, A., Barning, K., & Salihu, H. M. (2020). Trends in Stillbirths and Stillbirth Phenotypes in the United States: An Analysis of 131.5 Million Births. International journal of MCH and AIDS, 9(1), 146–148. https://doi.org/10.21106/ijma.344
[150] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the rate of fetal deaths at 20 or more weeks of gestation — MICH-01. https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-rate-fetal-deaths-20-or-more-weeks-gestation-mich-01

Fetal Deaths (Stillbirths) by Race

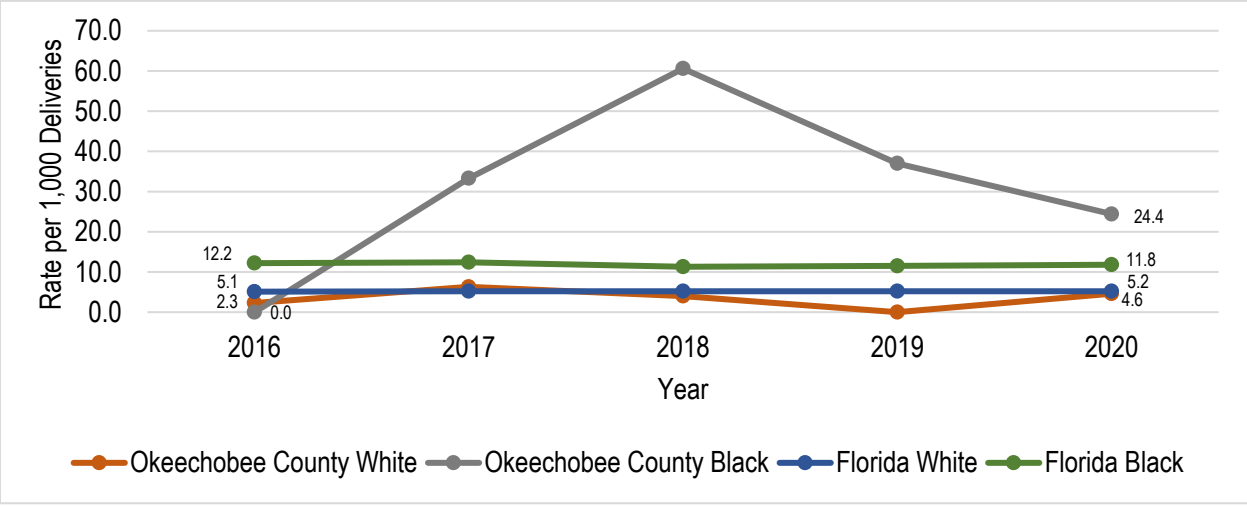
The table and figure below show fetal deaths (stillbirths, or the death of a fetus after 20 weeks of gestation) as a rate per 1,000 deliveries by race in Okeechobee County and Florida from 2016 to 2020. The rate of fetal deaths among Black residents was exponentially higher compared to their White counterparts in Okeechobee County between 2017 and 2020. Most notably, in 2018, the fetal death rate among deliveries to Black residents reached 60.6 per 1,000 deliveries in Okeechobee County compared to 4.0 among deliveries to White Okeechobee County residents in the same year. In 2020, the fetal death rate among deliveries made to Black residents was 24.4 per 1,000 deliveries compared to 4.6 per 1,000 deliveries among deliveries made to White residents in Okeechobee County. The state of Florida reported a similar trend, with the fetal death rate among Black residents much higher than among White residents each year. In 2020, the fetal death rate among deliveries made to Black residents in Florida was 11.8 per 1,000 deliveries compared to 5.2 per 1,000 deliveries made to White Florida residents.

Table 90: Fetal Deaths (Stillbirths) by Race, Count and Rate per 1,000 Deliveries, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	1	2.3	0	0.0	828	5.1	612	12.2
2017	3	6.3	1	33.3	823	5.2	627	12.4
2018	2	4.0	2	60.6	826	5.2	554	11.3
2019	0	0.0	1	37.0	814	5.2	559	11.5
2020	2	4.6	1	24.4	777	5.2	549	11.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 86: Fetal Deaths (Stillbirths) by Race, Rate per 1,000 Deliveries, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Fetal Deaths (Stillbirths) by Ethnicity

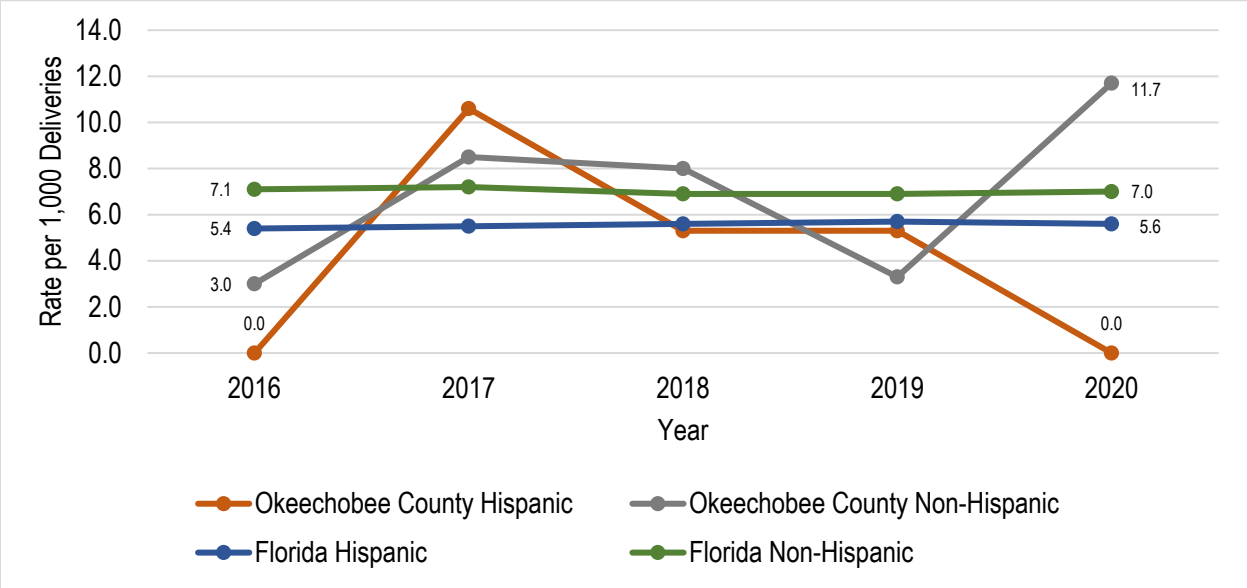
The table and figure below show fetal deaths (stillbirths, or the death of a fetus after 20 weeks of gestation) per 1,000 deliveries by ethnicity in Okeechobee County and Florida from 2016 to 2020. In Okeechobee County, the fetal death rate declined among Hispanic residents from 2017 (10.6 per 1,000 deliveries) to 2020 (0.0 per 1,000 deliveries) and declined among non-Hispanic residents from 2017 (8.5 per 1,000 deliveries) to 2019 (3.3 per 1,000 deliveries) but then increased in 2020 (11.7 per 1,000).

Table 91: Fetal Deaths (Stillbirths) by Ethnicity, Count and Rate per 1,000 Deliveries, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	0	0.0	1	3.0	357	5.4	1,129	7.1
2017	2	10.6	3	8.5	366	5.5	1,118	7.2
2018	1	5.3	3	8.0	375	5.6	1,054	6.9
2019	1	5.3	1	3.3	389	5.7	1,043	6.9
2020	0	0.0	4	11.7	366	5.6	994	7.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 87: Fetal Deaths (Stillbirths) by Ethnicity, Rate per 1,000 Deliveries, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Breastfeeding

Breastfeeding is a key determinant of child survival and aids in the prevention of childhood infections. Breastfeeding also provides an important source of nutritional benefits for infants. Furthermore, breastfeeding reduces mortality and morbidity from infectious diseases. Breastfeeding also provides an opportunity for skin-to-skin contact between mothers and infants and has been shown to be a protective factor against postpartum depression, making it a beneficial practice for both mother and baby.[151]

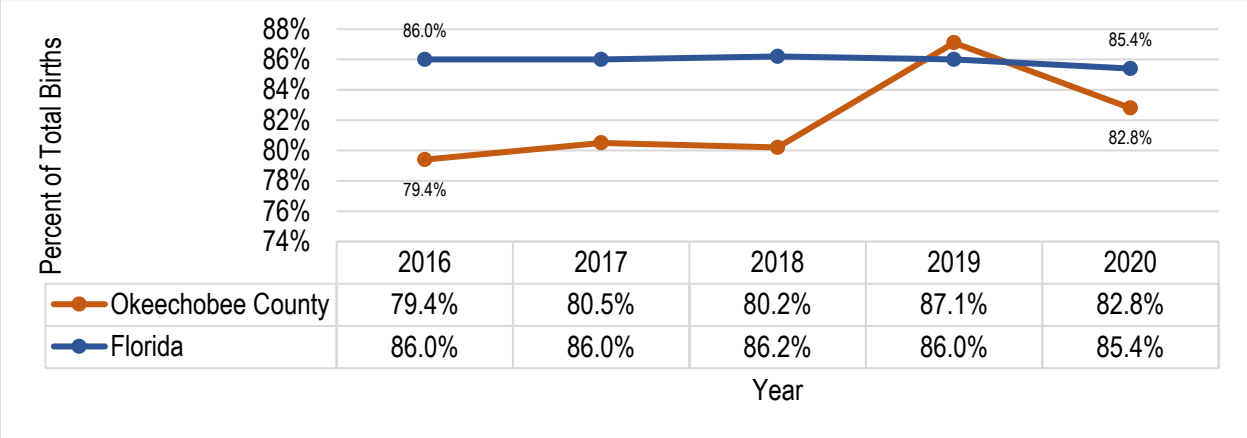
Mothers who Initiate Breastfeeding

As mentioned, breastfeeding offers key supports for both infants and mothers postpartum. Among children, the benefits of breastfeeding expand beyond the protective factors related to infectious disease and childhood infections. Research has shown that breastfeeding impacts children's brain, cognitive, and socio-emotional development. Among mothers, breastfeeding has been shown to influence mood, stress, and maternal care.[152]

The figure below shows the percentage of mothers who initiated breastfeeding as a portion of all births in Okeechobee County and Florida from 2016 to 2020. The percentage of mothers who initiated breastfeeding in Okeechobee County increased from 2016 (79.4%) to 2019 (87.1%), then slightly decreased in 2020 (82.8%). Comparatively, the percentage of mothers who initiated breastfeeding in the state of Florida fluctuated slightly but decreased overall from 2016 (86.0%) to 2020 (85.4%). The percentage of mothers in Okeechobee County who initiated breastfeeding was lower compared to the percentage in the state overall in 2016 2017, 2018, and 2020.

The Healthy People 2030 national target is to increase the percent of infants that are breastfed exclusively up to six months of age to 42.4%.[153] Although the data below does not show the percentage of infants who are exclusively breastfed for their first 6 months, each year from 2016 to 2020, over 85% of mothers initiated breastfeeding after birth.

Figure 88: Mothers who Initiate Breastfeeding, Percent of Total Births, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County	79.4%	80.5%	80.2%	87.1%	82.8%
Florida	86.0%	86.0%	86.2%	86.0%	85.4%

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[151] Yasmeen, T., Kumar, S., Sinha, S., Haque, M. A., Singh, V., and Sinha, S. (2019). Benefits of breastfeeding for early growth and long term obesity: a summarized review. International Journal of Medical Science and Diagnosis Research. (3)1. 190-194. Retrieved from https://www.researchgate.net/profile/Mohammad-Haque-19/publication/330701579_BENEFITS_OF_BREASTFEEDING_FOR_EARLY_GROWTH_AND_LONG_TERM_OBESITY_A_SUMMARIZED_REVIEW/links/5c4fe37f458515a4c747d281/BENEFITS-OF-BREASTFEEDING-FOR-EARLY-GROWTH-AND-LONG-TERM-OBESITY-A-SUMMARIZED-REVIEW.pdf

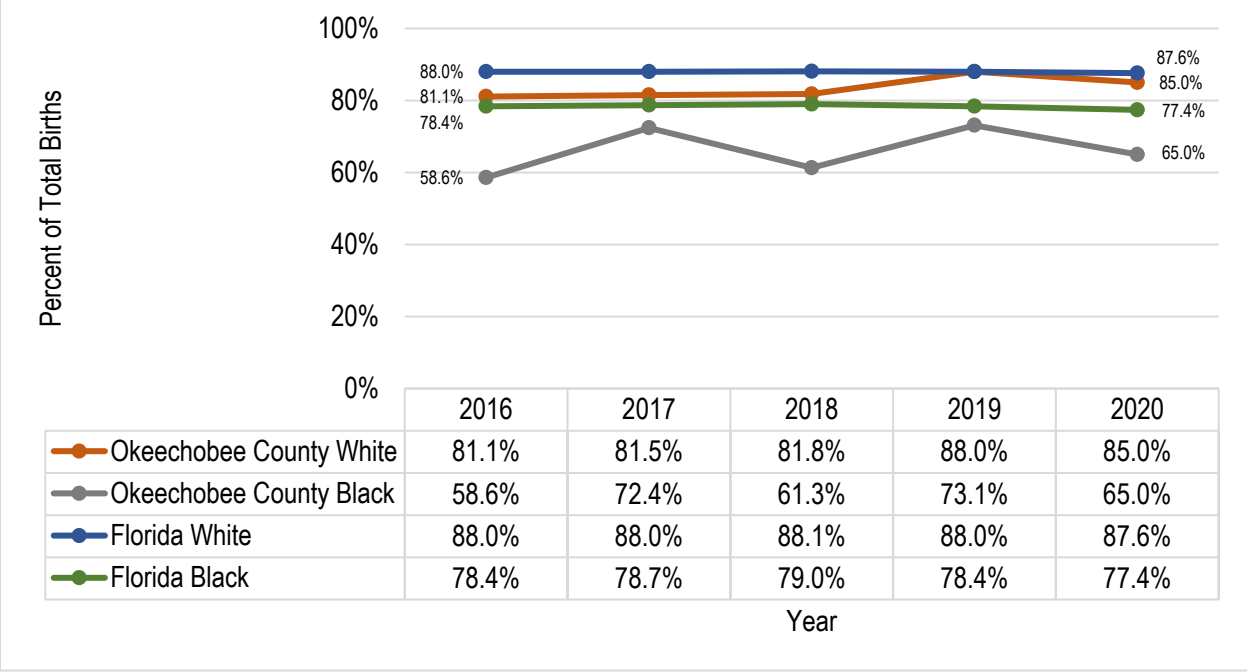
[152] Krol, K.M., Grossmann, T. (2018). Psychological effects of breastfeeding on children and mothers. *Bundesgesundheitsbl (61).* 977–985. https://doi.org/10.1007/s00103-018-2769-0

[153] U.S. Department of Health and Human Services. Healthy People 2030. Increase the proportion of infants who are breastfed exclusively through age 6 months – MICH-15. https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants/increase-proportion-infants-who-are-breastfed-exclusively-through-age-6-months-mich-15

Mothers who Initiate Breastfeeding by Race

The figure below shows the percentage of mothers who initiated breastfeeding as a portion of all births by race in Okeechobee County and Florida from 2016 to 2020. In Okeechobee County, a greater percentage of White mothers initiated breastfeeding than Black mothers from 2016 to 2020. Most recently, in 2020, 85.0% of White mothers initiated breastfeeding in Okeechobee County compared to 65.0% of Black mothers. The percentage of mothers who initiated breastfeeding was higher in the state of Florida overall compared to Okeechobee County in 2020 among both racial groups, where 87.6% of White mothers and 77.4% of Black mothers initiated breastfeeding.

Figure 89: Mothers who Initiate Breastfeeding by Race, Percent of Total Births, Okeechobee County and Florida, 2016-2020



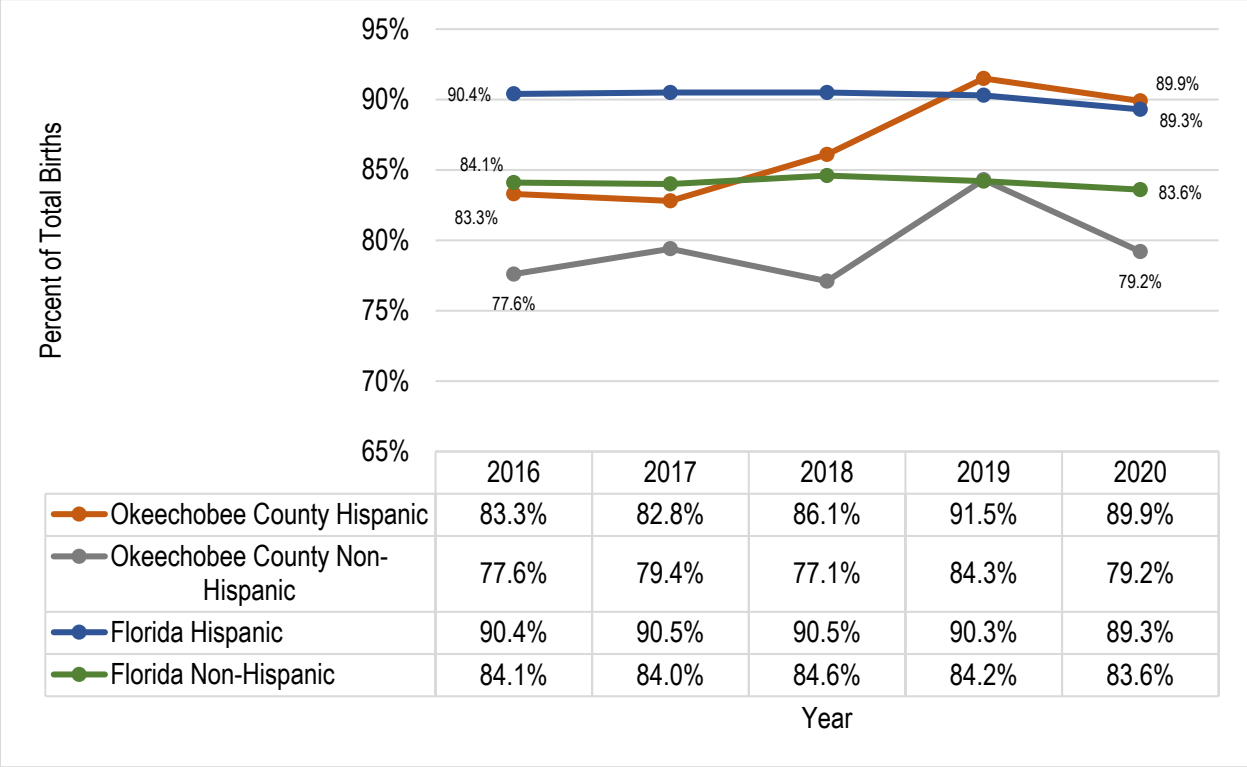
	2016	2017	2018	2019	2020
Okeechobee County White	81.1%	81.5%	81.8%	88.0%	85.0%
Okeechobee County Black	58.6%	72.4%	61.3%	73.1%	65.0%
Florida White	88.0%	88.0%	88.1%	88.0%	87.6%
Florida Black	78.4%	78.7%	79.0%	78.4%	77.4%

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Mothers who Initiate Breastfeeding by Ethnicity

The figure below shows the percentage of mothers who initiated breastfeeding as a portion of all births by ethnicity in Okeechobee County and Florida from 2016 to 2020. The percentage of mothers who initiated breastfeeding was higher among Hispanic mothers compared to non-Hispanic mothers in Okeechobee County from 2016 to 2020. A similar trend was seen throughout the state of Florida. Most recently, in 2020, 89.9% of Hispanic mothers and 79.2% of non-Hispanic mothers initiated breastfeeding in Okeechobee County. Notably, the percentage of Okeechobee County Hispanic mothers who initiated breastfeeding (89.9%) slightly exceeded the percentage across the state (89.3%) in 2020.

Figure 90: Mothers who Initiate Breastfeeding by Ethnicity, Percent of Total Births, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County Hispanic	83.3%	82.8%	86.1%	91.5%	89.9%
Okeechobee County Non-Hispanic	77.6%	79.4%	77.1%	84.3%	79.2%
Florida Hispanic	90.4%	90.5%	90.5%	90.3%	89.3%
Florida Non-Hispanic	84.1%	84.0%	84.6%	84.2%	83.6%

Year

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Childhood Immunization

Vaccinations are the most cost-effective mechanism for disease prevention, allowing individuals to protect themselves from specific bacteria and viruses and to protect their community through minimized disease spread. In fact, large-scale immunization programs have significantly reduced morbidity and mortality globally. Research has shown that, globally, 2.5 million lives are saved by vaccination against tuberculosis, poliomyelitis, diphtheria, tetanus, and measles every year.[154] In childhood, routine and timely vaccinations are essential in providing immunity before children are exposed to potentially life-threatening diseases.[155] Despite the documented effectiveness of these vaccines, maternal education, vaccination awareness, and misconceptions regarding vaccines have led to gaps in knowledge and coverage. Primary care intervention and increased education related to immunizations can help dispel myths and increase immunization uptakes in communities, providing effective protection from disease for individuals and communities.[156]

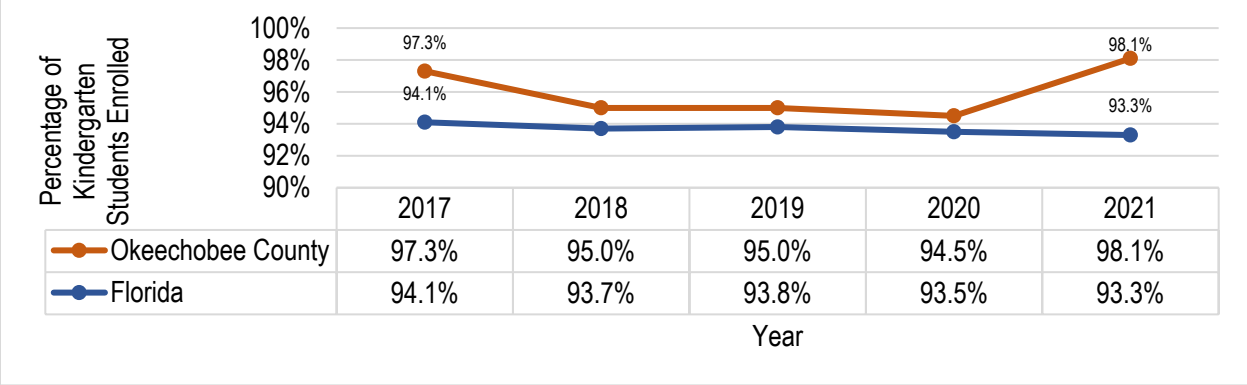
Immunization Levels in Kindergarten

Vaccines prevent children and those that they encounter from deadly diseases. By eliminating or greatly decreasing the spread of diseases through wide-spread immunization, which can result in herd immunity, vaccines can help keep the community at large safe while protecting individual children from diseases that once killed thousands of children.[157]

The figure below shows immunization levels in kindergarten in Okeechobee County and Florida from 2017 to 2021. Unfortunately, Okeechobee County immunization data was not available by race and ethnicity during this timeframe. The percentage of immunized kindergarten students was greater in Okeechobee County compared to the state of Florida overall from 2017 to 2021. Most recently, the percentage of kindergarten students who were immunized in Okeechobee County increased from 94.5% in 2020 to 98.1% in 2021, while the percentage decreased in Florida overall from 93.5% to 93.3% those same years.

The Healthy People 2030 national target is to maintain the vaccination coverage level of two doses of the MMR vaccine for children in kindergarten (94.7%).[158] While this indicator focuses on all immunizations for kindergarten children, Okeechobee County has achieved a proportion of 98.1% of kindergarten students vaccinated in 2021.

Figure 91: Immunization Levels in Kindergarten, Percentage of Kindergarten Students Enrolled, Okeechobee County and Florida, 2017-2021



	2017	2018	2019	2020	2021
Okeechobee County	97.3%	95.0%	95.0%	94.5%	98.1%
Florida	94.1%	93.7%	93.8%	93.5%	93.3%

Source: Florida Department of Health, Bureau of Immunization, 2021; Compiled by: Health Council of Southeast Florida, 2022

[154] Verulava, T., Jaiani, M., Lordkipanidze, A., Jorbenada, R., & Dangadaze, B. (2019). Mother's knowledge and attitudes towards child immunization in Georgia. *The Open Public Health Journal (12)*. 232-237. https://doi.org/10.2174/1874944501912010232
[155] Centers for Disease Control and Prevention. (2019). Vaccines for your children: why vaccinate. Retrieved from https://www.cdc.gov/vaccines/parents/why-vaccinate/index.html
[156] Verulava, T., Jaiani, M., Lordkipanidze, A., Jorbenada, R., & Dangadaze, B. (2019). Mother's knowledge and attitudes towards child immunization in Georgia. *The Open Public Health Journal (12)*. 232-237. https://doi.org/10.2174/1874944501912010232
[157] Stanford Children's Hospital. (n.d.). *Why Childhood Immunizations are important.* Retrieved from https://www.stanfordchildrens.org/en/topic/default?id=why-childhood-immunizations-are-important-1-4510
[158] U.S. Department of Health and Human Services. Healthy People 2030. Maintain the vaccination coverage level of 2 doses of the MMR vaccine for children in kindergarten – IID-04. https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccination/maintain-vaccination-coverage-level-2-doses-mmr-vaccine-children-kindergarten-iid-04

Vaccine Preventable Diseases

Vaccine Preventable Diseases: Diphtheria, Measles (Rubeola), Meningococcal Disease, Mumps, Pertussis, Poliomyelitis, Rubella, Tetanus, Varicella (Chickenpox)

Vaccines offer protection against many diseases for individuals of all ages. In early childhood, vaccines can provide essential immunity before a child is exposed to potentially life-threatening diseases. Additionally, due in large part to vaccination campaigns, many diseases have been eradicated or reduced to very low levels, creating safer communities for all residents. Vaccines are rigorously tested to ensure safety and effectiveness for recommended age groups. The Centers for Disease Control and Prevention (CDC) offers vaccine schedules to provide guidance on vaccination. [159]

The following table shows the count of reported cases of vaccine preventable diseases, including diphtheria, measles (rubeola), meningococcal disease, mumps, pertussis, poliomyelitis, rubella, tetanus, and varicella (chickenpox) in Okeechobee County and Florida from 2016 to 2020. Varicella (chickenpox) was the only vaccine preventable disease reported in Okeechobee County in 2016 (1) and 2017 (3). In 2018, there were three reported cases of varicella (chickenpox) and one reported case of pertussis. In 2019, there was one reported case of varicella (chickenpox) and Two reported cases of pertussis. Notably, in 2020, there were no reported cases of these vaccine preventable diseases in Okeechobee County.

Healthy People 2030 has not set a national target for a vaccine preventable disease rate for diphtheria, measles, mumps, pertussis, rubella, tetanus, and poliomyelitis. However, related national targets include: 1) to maintain the elimination of measles, rubella, congenital rubella syndrome, and poliomyelitis at 0 endemic cases and 2) to reduce cases of pertussis among infants to 2,387 cases.[160] [161]

Table 92: Vaccine Preventable Diseases: Diphtheria, Measles (Rubeola), Meningococcal Disease, Mumps, Pertussis, Poliomyelitis, Rubella, Tetanus, Varicella (Chickenpox), Counts, Okeechobee County and Florida, 2016-2020

Vaccine Preventable Disease	2016		2017		2018		2019		2020	
	OKC	Florida	OKC	Florida	OKC	Florida	OKC	Florida	OKC	Florida
Diphtheria	0	0	0	0	0	0	0	0	0	0
Measles (Rubeola)	0	5	0	3	0	15	0	3	0	1
Meningococc-al Disease	0	18	0	21	0	18	0	23	0	17
Mumps	0	16	0	74	0	55	0	134	0	20
Pertussis	0	334	0	358	1	326	2	391	0	216
Poliomyelitis	0	0	0	0	0	0	0	0	0	0
Rubella	0	1	0	0	0	0	0	0	0	0
Tetanus	0	5	0	2	0	1	0	4	0	4
Varicella (Chickenpox)	1	733	3	656	3	853	1	983	0	348

Source: Florida Department of Health, Bureau of Epidemiology, 2020; Compiled by: Health Council of Southeast Florida, 2022

[159] Centers for Disease Control and Prevention (CDC). (2019). *Why vaccinate?* Retrieved from https://www.cdc.gov/vaccines/parents/why-vaccinate/index.html
[160] US Department of Health and Human Services. Healthy People 2030. Maintain elimination of measles, rubella, congenital rubella syndrome, and polio – IID-01. https://health.gov/healthypeople/objectives-and-data/browse-objectives/infectious-disease/maintain-elimination-measles-rubella-congenital-rubella-syndrome-and-polio-iid-01
[161] US Department of Health and Human Services. Healthy People 2030. Reduce cases of pertussis among infants – IID-05. https://health.gov/healthypeople/objectives-and-data/browse-objectives/infectious-disease/reduce-cases-pertussis-among-infants-iid-05

Oral Health

Oral health, including periodontal disease, is associated with systemic conditions such as atherosclerotic vascular disease, pulmonary disease, diabetes, pregnancy-related complications, osteoporosis, and kidney disease, among others. Complications from these conditions can lead to significant morbidity and mortality outcomes. Notably, research has shown that some chronic conditions, such as diabetes, have a bidirectional relationship with periodontal disease, meaning that treating one condition positively impacts the other condition. Because both periodontal disease and other chronic conditions develop over time and progressively advance to become clinically significant, primary prevention is critical. Unfortunately, many individuals do not receive early and adequate primary care, leading these conditions to worsen over time and further compound, resulting in negative health consequences throughout the lifespan.[162]

Ambulatory Care Sensitive Hospitalizations from Dental Conditions (Aged 0-64 Years)

Oral health conditions, which typically tend to be progressive and cumulative when intervention does not occur, can have a negative impact on overall health outcomes. For example, tooth decay and periodontal disease are associated with life-threatening conditions such as sepsis, diabetes, and heart disease. Notably, both tooth decay and periodontal disease are among the most prevalent chronic diseases in the world.[163] Hospitalization data can indicate a need in the community, as hospitals typically serve as the last resort for untreated issues.

The table and figure below show the count and rate of hospitalizations from dental conditions among residents aged 0 to 64 years in Okeechobee County and Florida from 2016 to 2020. Unfortunately, specific count data was not available for Okeechobee County in 2020. There was a higher rate of ambulatory care sensitive hospitalizations for dental conditions among Okeechobee County residents aged 0 to 64 years compared to those in the state of Florida overall each year between 2016 and 2020. The rate of hospitalizations from dental conditions decreased from 18.1 per 100,000 population aged 0 to 64 years old in 2019 to 11.9 per 100,000 population aged 0 to 64 years in 2020, the lowest rate reported in the county in the five-year period.

There is no Healthy People 2030 national target specific to this indicator. However, regular visits to the dentist can help prevent oral disease and related problems that can lead to hospitalizations from dental conditions. Healthy People 2030 set a national target to increase the proportion of children, adolescents, and adults who use the oral health care system from 43.3% in 2016 to 45%.[164]

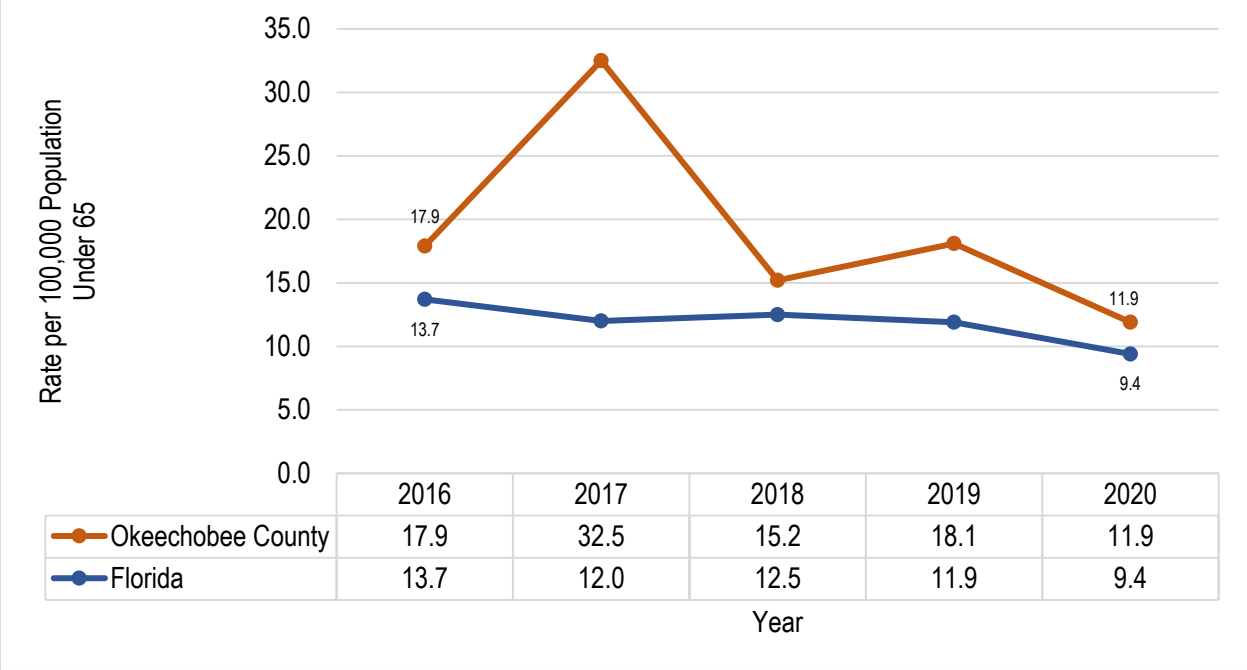
Table 93: Ambulatory Care Sensitive Hospitalizations from Dental Conditions (Aged 0-64 Years), Count and Rate per 100,000 Population Under 65, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	6	17.9	2,239	13.7
2017	11	32.5	1,974	12.0
2018	5	15.2	2,098	12.5
2019	6	18.1	2,008	11.9
2020	n/a	11.9	1,603	9.4

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[162] Kane, S. F. (2017). *The effects of oral health on systemic health.* General Dentistry (411), 35. Retrieved from https://www.agd.org/docs/default-source/self-instruction-(gendent)/gendent_nd17_aafp_kane.pdf
[163] Owens, P. L., Manski, R. J., Weiss, A. J. (2021). *Emergency Department Visits Involving Dental Conditions, 2018: Statistics Brief #280.* Retrieved from https://hcup-us.ahrq.gov/reports/statbriefs/sb280-Dental-ED-Visits-2018.pdf
[164] US Department of Health and Human Services. Healthy People 2030. Increase the use of the oral health care system – OH-08. https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care/increase-use-oral-health-care-system-oh-08

Figure 92: Ambulatory Care Sensitive Hospitalizations from Dental Conditions (Aged 0-64 Years), Rate per 100,000 Population Under 65, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County	17.9	32.5	15.2	18.1	11.9
Florida	13.7	12.0	12.5	11.9	9.4

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Emergency Department Visits from Dental Conditions (Aged 5 Years and Older)

As mentioned, untreated poor dental health conditions can lead to negative health outcomes, making these conditions an important component in understanding overall health and wellbeing.[165] Notably, studies have shown that someone visits a hospital emergency department for a dental condition every 15 seconds in the United States. In 2017, these hospital emergency department visits totaled approximately $2.7 billion.[166]

The table and figure below show the count and rate per 100,000 population aged 5 years and over of emergency department visits from dental conditions in Okeechobee County and Florida from 2016 to 2020. The rate of emergency department visits from dental conditions was exponentially higher in Okeechobee County compared to the state of Florida overall each year. In 2016, the rate of emergency department visits from dental conditions was 1,802.6 per 100,000 population aged 5 years and older in Okeechobee County, compared to 720.7 per 100,000 population aged 5 years and older in Florida. Since 2016, the rate among Okeechobee County residents aged 5 years and older fluctuated, decreasing most recently from 1,268.6 per 100,000 population 5 and over in 2019 to 911.1 per 100,000 population 5 and over in 2020. In Florida, the rate of emergency department visits from dental conditions among those aged 5 years and older decreased steadily from 720.h7 per 100,000 population aged 5 years and older in 2016 to 462.0 per 100,000 population aged 5 years and older in 2020.

There is no Healthy People 2030 national target specific to this indicator. However, regular visits to the dentist can help prevent oral disease and related problems that can lead to hospitalizations from dental conditions. Healthy People 2030 set a national target to increase the proportion of children, adolescents, and adults who use the oral health care system from 43.3% in 2016 to 45%.[167]

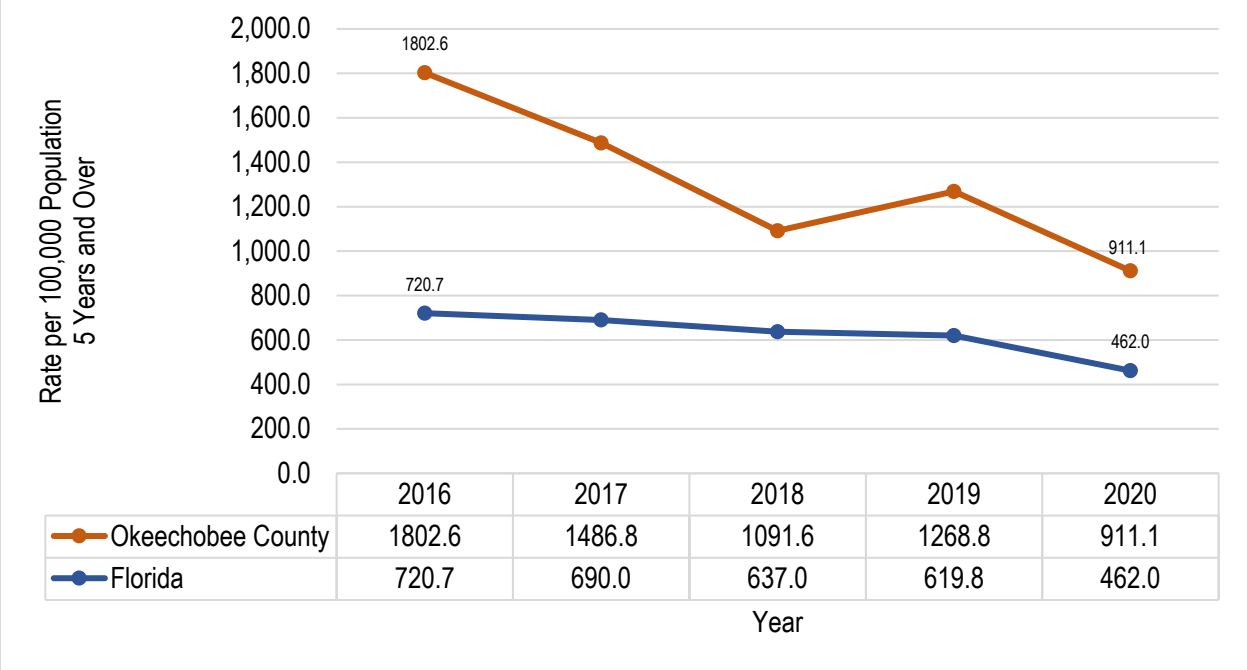
Table 94: Emergency Department Visits from Dental Conditions (Aged 5 Years and Older), Count and Rate per 100,000 Population 5 and Over, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	692	1,802.6	137,802	720.7
2017	578	1,486.8	134,087	690.0
2018	426	1,091.6	126,258	637.0
2019	493	1,268.8	124,737	619.8
2020	361	911.1	94,670	462.0

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[165] Owens, P. L., Manski, R. J., Weiss, A. J. (2021). *Emergency Department Visits Involving Dental Conditions, 2018: Statistics Brief #280.* Retrieved from https://hcup-us.ahrq.gov/reports/statbriefs/sb280-Dental-ED-Visits-2018.pdf
[166] American Dental Association Health Policy Institute. (2020). *Emergency Department Visits for Dental Conditions – A Snapshot.* Retrieved from https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic_0420_1.pdf?rev=2912d9465aef4958882a485ae5f00665&hash=4B00090BAF2BC8FCBEC83FE9B191F13B
[167] US Department of Health and Human Services. Healthy People 2030. Increase the use of the oral health care system – OH-08. https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care/increase-use-oral-health-care-system-oh-08

Figure 93: Emergency Department Visits from Dental Conditions (Aged 5 Years and Older), Rate per 100,000 Population 5 and Over, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County	1802.6	1486.8	1091.6	1268.8	911.1
Florida	720.7	690.0	637.0	619.8	462.0

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Behavioral Health

Behavioral health is a term that encompasses both mental health and substance use. Mental health focuses on emotional, psychological, and social wellbeing.[168] According to the Centers for Disease Control and Prevention (CDC), 11.3% of adults report regular feelings of worry, nervousness, or anxiety and 4.5% of adults report experiencing depression. Furthermore, poor mental health is associated with a variety of negative health outcomes, including reductions in life expectancy, quality of life, and financial stability. Additionally, there is an increased risk for intentional and unintentional injury, substance misuse, and other behavioral health issues for those experiencing poor mental health.[169] [170]

Substance use is associated with poor health outcomes, as well, including effects on brain development, increased risky behavior, and health issues such as heart disease, high blood pressure, sleep disorders, and more.[171] According to the CDC, drug overdoses continue to increase in the United States, with over 70,000 drug overdose deaths occurring in 2019. Of those deaths, over 70% involved opioids.[172] Opioids may include prescription opioids (i.e. oxycodone, hydrocodone, morphine, and methadone) or illicit opioids (i.e. fentanyl, heroin). While opioids are classified as painkillers and are prescribed by doctors in some treatment regimens, illicit use of prescription or synthetic opioids has led to worrisome trends related to addiction and death across the country.[173]

Mental Health

Adults with Good Mental Health

Mental health is a key determinant of a person's ability to relate to others, make decisions, and handle stress. Poor mental health can affect relationships, interactions, family dynamics, substance use, educational success, and work-related factors such as absenteeism, concentration, and productivity. Furthermore, mental health can influence the onset, development, and effects of physical illness. In fact, studies show that mental illness can reduce life expectancy by 20 years, and people with depression have a 40% higher chance of developing cardiac disease, hypertension, stroke, and diabetes compared to the general population.[174]

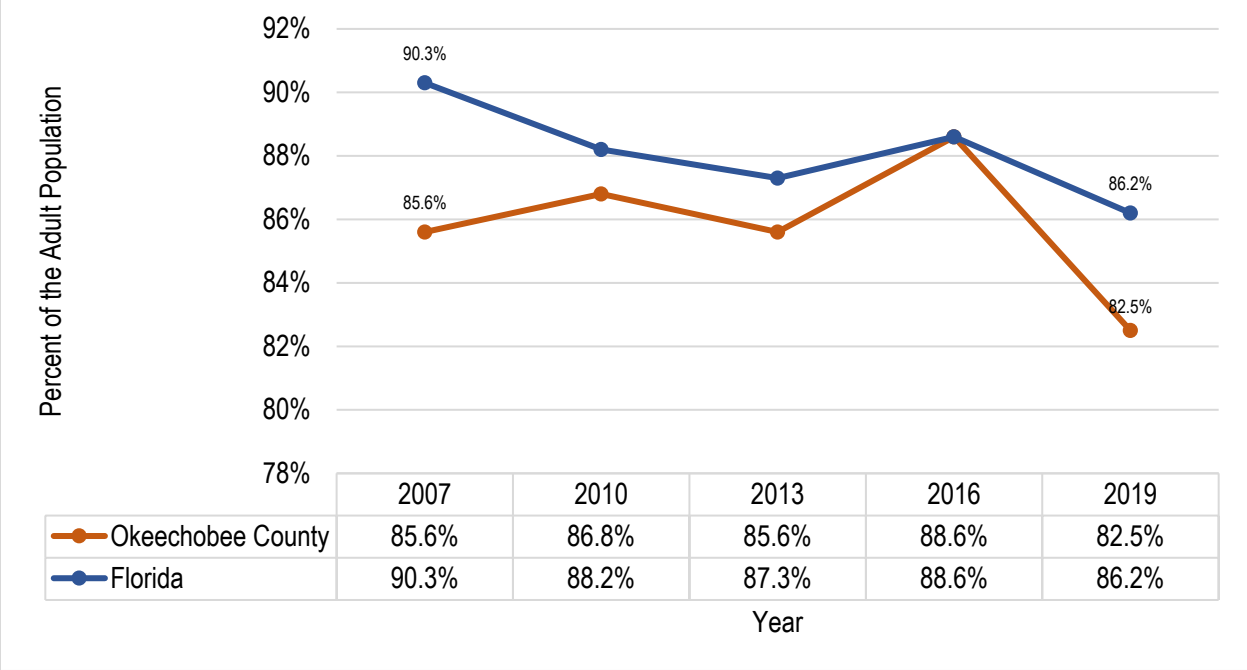
The figure below shows the proportion of adults with good mental health in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. A lower percentage of adults in Okeechobee County reported good mental health in 2007, 2010, 2013, and 2019 compared to the state of Florida overall. In 2016, the percentage of Okeechobee County adults with good mental health matched the percentage in the state (88.6%). From 2007 to 2019, the percentage of adults with good mental health fluctuated but ultimately decreased overall in both the county and the state. Most recently, in 2019, 82.5% of Okeechobee County adults reported good mental health compared to 86.2% in the state of Florida.

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

---

[168] Centers for Disease Control and Prevention. (2022). *Mental Health.* Retrieved from https://www.cdc.gov/mentalhealth/index.htm
[169] SAMHSA. (2019). *The National Survey on Drug Use and Health: 2019.* Retrieved from https://www.samhsa.gov/data/sites/default/files/reports/rpt29392/Assistant-Secretary-nsduh2019_presentation/Assistant-Secretary-nsduh2019_presentation.pdf
[170] Tulane University School of Public Health And Tropical Medicine. (2021). *Understanding Mental Health As a Public Health Issue*. Retrieved from https://publichealth.tulane.edu/blog/mental-health-public-health/
[171] Centers for Disease Control and Prevention. (2020). *Teen substance use and risks*. Retrieved from https://www.cdc.gov/ncbddd/fasd/features/teen-substance-use.html
[172] Centers for Disease Control and Prevention. (2022). *Opioids.* Retrieved from https://www.cdc.gov/opioids/index.html
[173] Centers for Disease Control and Prevention. (2022). *Opioid Basics.* Retrieved from https://www.cdc.gov/opioids/basics/index.html
[174] Tulane University School of Public Health and Tropical Medicine. (2021). *Understanding mental health as a public health issue.* Retrieved from https://publichealth.tulane.edu/blog/mental-health-public-health/

Figure 94: Adults with Good Mental Health, Percent of the Adult Population, Okeechobee County and Florida, 2007-2019

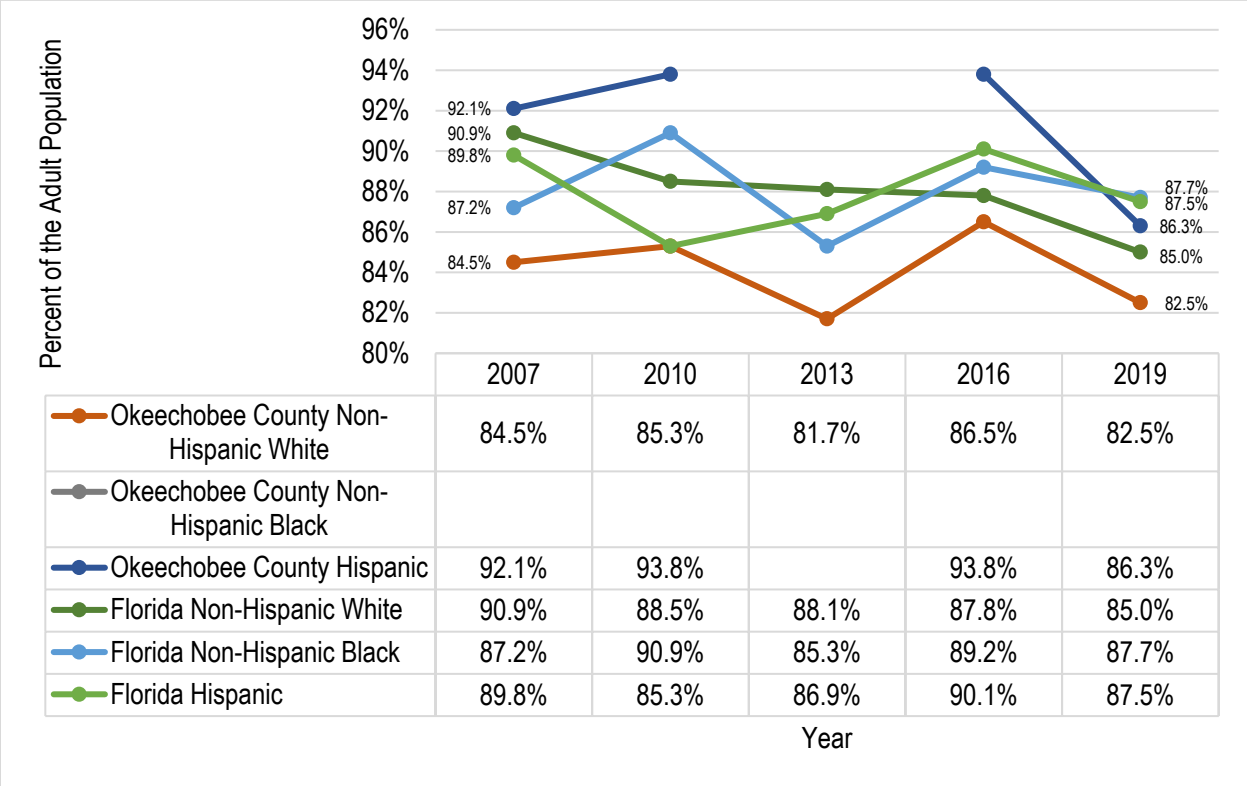


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

Adults with Good Mental Health by Race and Ethnicity

The figure below shows the percentage of adults with good mental health by race and ethnicity in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. Unfortunately, data was not available for Okeechobee County non-Hispanic Black residents in this timeframe. Data was also unavailable for Okeechobee County Hispanic residents in 2013. Despite fluctuation, the percentage of adults with good mental health generally decreased between 2007 and 2019 for all groups in Okeechobee County and Florida, except for Florida non-Hispanic Black residents. The percentage of Okeechobee County Hispanic adults who reported good mental health decreased the most from 2007 to 2019 compared to all other groups. In 2007, 92.1% of Okeechobee County Hispanic adults reported good mental health, but this percentage decreased to 86.3% in 2019. Additionally, 82.5% of Okeechobee County non-Hispanic White adults reported good mental health in 2019.

Figure 95: Adults with Good Mental Health by Race and Ethnicity, Percent of the Adult Population, Okeechobee County and Florida, 2007-2019



	2007	2010	2013	2016	2019
Okeechobee County Non-Hispanic White	84.5%	85.3%	81.7%	86.5%	82.5%
Okeechobee County Non-Hispanic Black					
Okeechobee County Hispanic	92.1%	93.8%		93.8%	86.3%
Florida Non-Hispanic White	90.9%	88.5%	88.1%	87.8%	85.0%
Florida Non-Hispanic Black	87.2%	90.9%	85.3%	89.2%	87.7%
Florida Hispanic	89.8%	85.3%	86.9%	90.1%	87.5%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

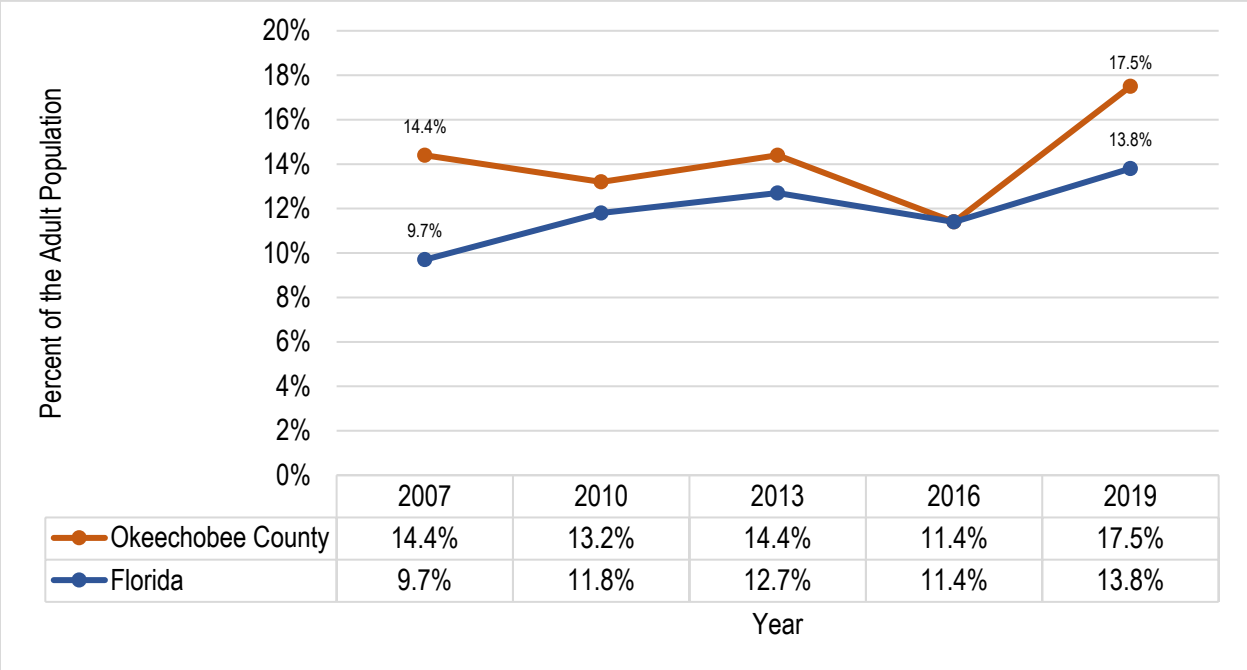
Adults who had Poor Mental Health on 14 or More of the Past 30 Days

As mentioned, poor mental health can impact nearly every aspect of an individual's life, creating complications in the workplace, family dynamics, social relationships, education, and more. Mental health can also have detrimental impacts on an individual's physical health, including increased risks of substance use, cardiac disease, hypertension, stroke, and diabetes.[175]

The figure below shows the percentage of adults who had poor mental health on 14 or more of the past 30 days in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. The percentage of adults with poor mental health on 14 or more of the past 30 days fluctuated but increased overall between 2007 and 2019 in Okeechobee County and Florida. In 2007, 14.4% of Okeechobee County adults and 9.7% of Florida adults reported having poor mental health on 14 or more of the past 30 days. In 2019, the percentage of adults who had poor mental health on 14 or more of the past 30 days increased to 17.5% among Okeechobee County adults and 13.8% among Florida adults overall.

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

Figure 96: Adults who had Poor Mental Health on 14 or More of the Past 30 Days, Percent of the Adult Population, Okeechobee County and Florida, 2007-2019



	2007	2010	2013	2016	2019
Okeechobee County	14.4%	13.2%	14.4%	11.4%	17.5%
Florida	9.7%	11.8%	12.7%	11.4%	13.8%

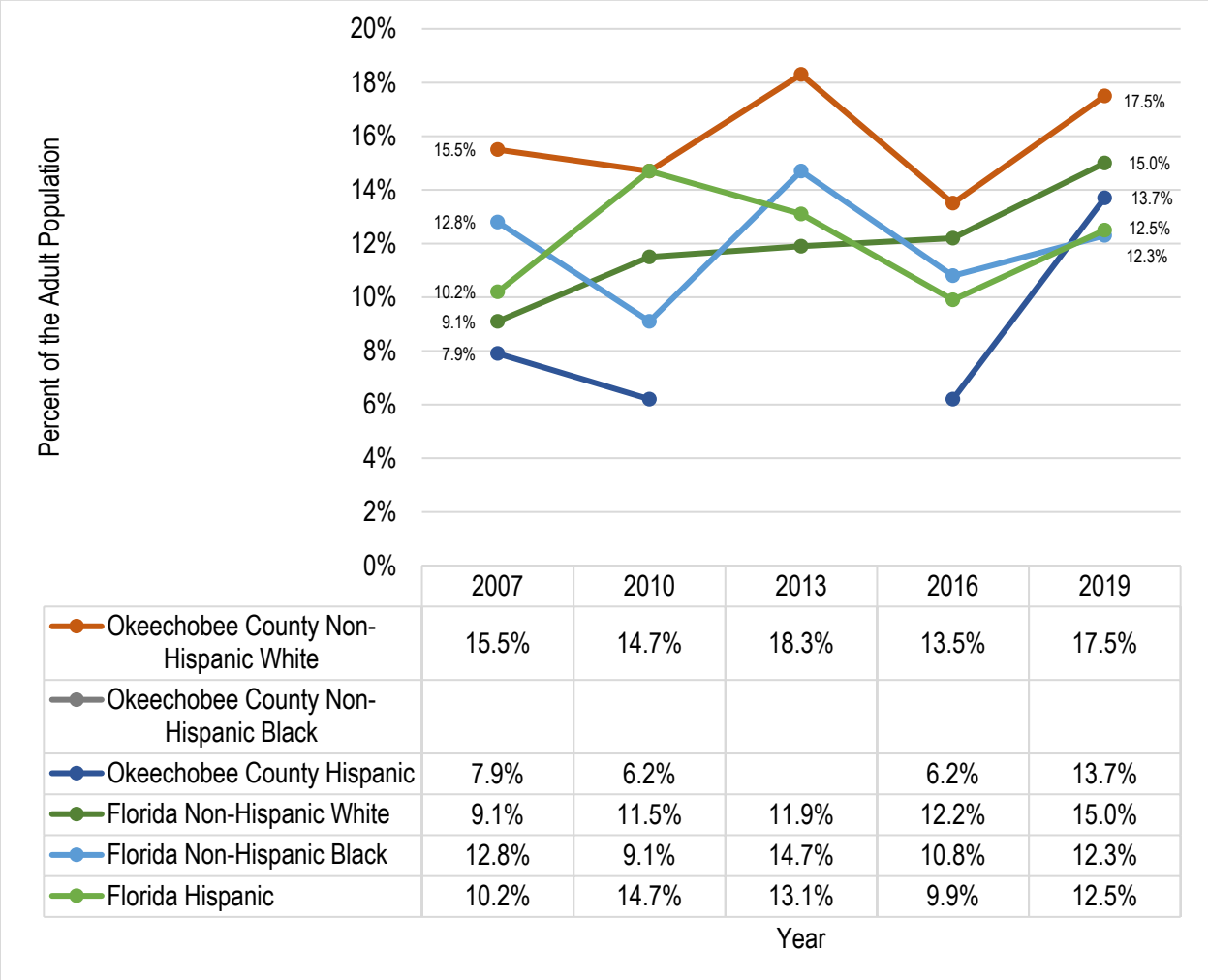
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[175] Tulane University School of Public Health and Tropical Medicine. (2021). *Understanding mental health as a public health issue.* Retrieved from https://publichealth.tulane.edu/blog/mental-health-public-health/

Adults who had Poor Mental Health on 14 or More of the Past 30 Days by Race and Ethnicity

The figure below shows the proportion of adults who had poor mental health on 14 or more of the past 30 days by race and ethnicity in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. Unfortunately, data was unavailable for Okeechobee County non-Hispanic Black residents during this timeframe. Data was also unavailable for Okeechobee County Hispanic residents in 2013. The percentage of adults who had poor mental health on 14 or more of the past 30 days was highest among non-Hispanic White residents compared to all other racial and ethnic groups in Okeechobee County each year during this timeframe. In 2019, 17.5% of Okeechobee County non-Hispanic White adults had poor mental health on 14 or more of the past 30 days compared to 15.0% at the state level overall. Additionally, that same year, 13.7% of Okeechobee County Hispanic adults had poor mental health on 14 or more of the past 30 days compared to 12.5% at the state level.

Figure 97: Adults who had Poor Mental Health on 14 or More of the Past 30 Days by Race and Ethnicity, Percent of the Adult Population, Okeechobee County and Florida, 2007-2019



	2007	2010	2013	2016	2019
Okeechobee County Non-Hispanic White	15.5%	14.7%	18.3%	13.5%	17.5%
Okeechobee County Non-Hispanic Black					
Okeechobee County Hispanic	7.9%	6.2%		6.2%	13.7%
Florida Non-Hispanic White	9.1%	11.5%	11.9%	12.2%	15.0%
Florida Non-Hispanic Black	12.8%	9.1%	14.7%	10.8%	12.3%
Florida Hispanic	10.2%	14.7%	13.1%	9.9%	12.5%

Year

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, 2022

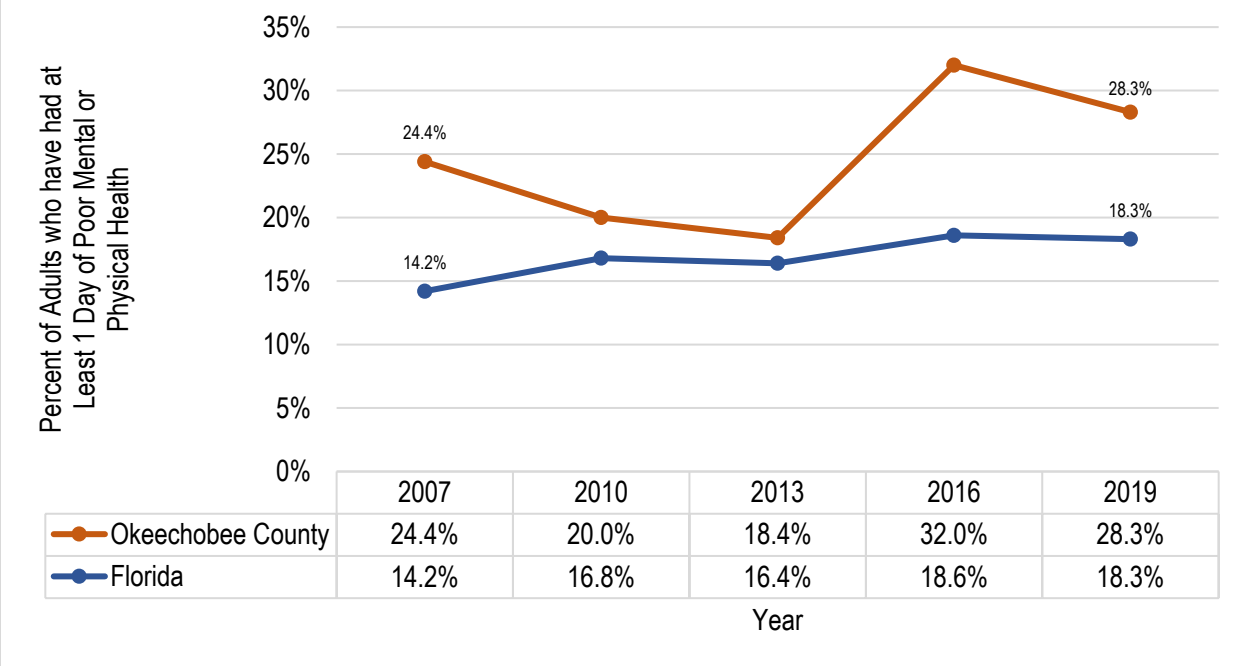
Adults Whose Poor Physical or Mental Health Kept Them from Doing Usual Activities on 14 or More of the Past 30 Days (Among Adults Who Have Had at Least 1 Day of Poor Mental or Physical Health)

Research shows that one in five Americans will experience mental illness in a given year. Mental illness can be caused by early adverse life experiences, experiences related to chronic health conditions, biological factors or chemical imbalances in the brain, the use of alcohol or drugs, feelings of loneliness, and more. Mental health and physical health are inextricably intertwined. Mental health can have a direct impact on physical health, as seen in examples of depression increasing the risk of diabetes, heart disease, and stroke. Additionally, physical health can have a direct impact on mental health, as seen in examples of increased risk for mental illness among those who have a chronic health condition. As such, strong mental and physical health are critical for making healthy life choices and maintaining quality of life.[176]

The figure below shows the proportion of adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days, among adults who had at least one day of poor mental or physical health, in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. Throughout this time, the percentage of adults who had at least one day of poor mental or physical health that were kept from doing usual activities on 14 or more of the past 30 days due to their poor physical or mental health was higher each year among Okeechobee County residents compared to the state of Florida. Most recently, in 2019, 28.3% of Okeechobee County adults who had at last one day of poor mental or physical health had been kept from doing their usual activities on 14 or more of the past 30 days due to their poor physical or mental health compared to 18.3% among adults in the state of Florida.

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

Figure 98: Adults Whose Poor Physical or Mental Health Kept Them from Doing Usual Activities on 14 or More of the Past 30 Days (Among Adults Who Have Had at Least 1 Day of Poor Mental or Physical Health), Adults Who Have Had at Least 1 Day of Poor Mental or Physical Health, Okeechobee County and Florida, 2007-2019



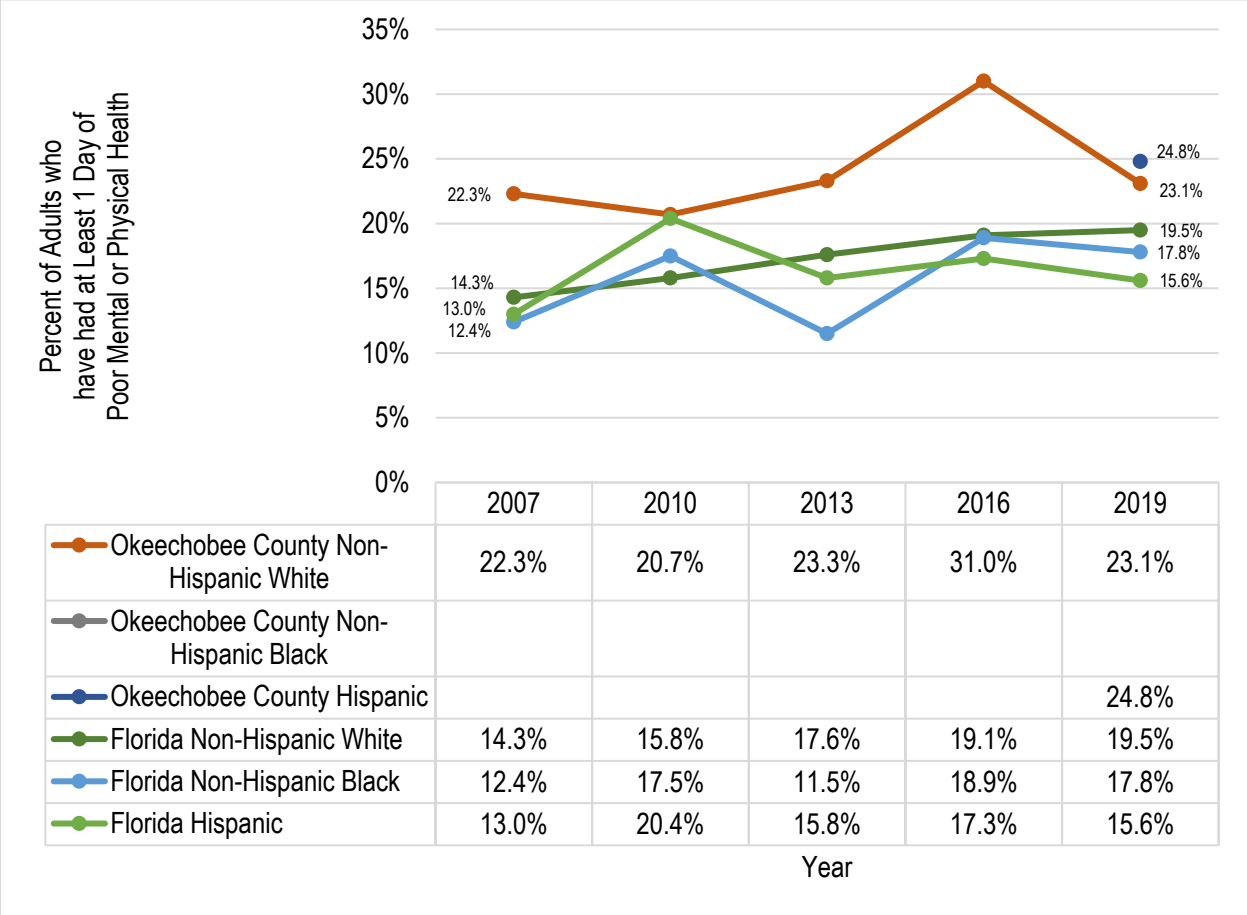
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[176] Centers for Disease Control and Prevention. (2021). *About mental health.* Retrieved from https://www.cdc.gov/mentalhealth/learn/index.htm

Adults Whose Poor Physical or Mental Health Kept Them from Doing Usual Activities on 14 or More of the Past 30 Days (Among Adults Who Have Had at Least 1 Day of Poor Mental or Physical Health) by Race and Ethnicity

The figure below shows the proportion of adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days, among adults who had at least one day of poor mental or physical health, by race and ethnicity in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. Unfortunately, data was unavailable for Okeechobee County non-Hispanic Black adults each year during this timeframe. Additionally, data for Okeechobee County Hispanic adults was only available for 2019. However, it is notable that for the county-level data that was available, the percentage of adults who were limited in their usual activities was higher among Okeechobee County residents compared to their counterparts across the state. Most recently, in 2019, 23.1% of Okeechobee County non-Hispanic White adults who had at least one day of poor mental or physical health were kept from doing their usual activities on 14 or more of the past 30 days compared to 19.5% of Florida non-Hispanic White adults. Additionally, 24.8% of Okeechobee County Hispanic adults experienced this in 2019 compared to 15.6% of Florida Hispanic adults.

Figure 99: Adults Whose Poor Physical or Mental Health Kept Them from Doing Usual Activities on 14 or More of the Past 30 Days (Among Adults Who Have Had at Least 1 Day of Poor Mental or Physical Health) by Race and Ethnicity, Adults Who Have Had at Least 1 Day of Poor Mental or Physical Health, Okeechobee County and Florida, 2007-2019



	2007	2010	2013	2016	2019
Okeechobee County Non-Hispanic White	22.3%	20.7%	23.3%	31.0%	23.1%
Okeechobee County Non-Hispanic Black					
Okeechobee County Hispanic					24.8%
Florida Non-Hispanic White	14.3%	15.8%	17.6%	19.1%	19.5%
Florida Non-Hispanic Black	12.4%	17.5%	11.5%	18.9%	17.8%
Florida Hispanic	13.0%	20.4%	15.8%	17.3%	15.6%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

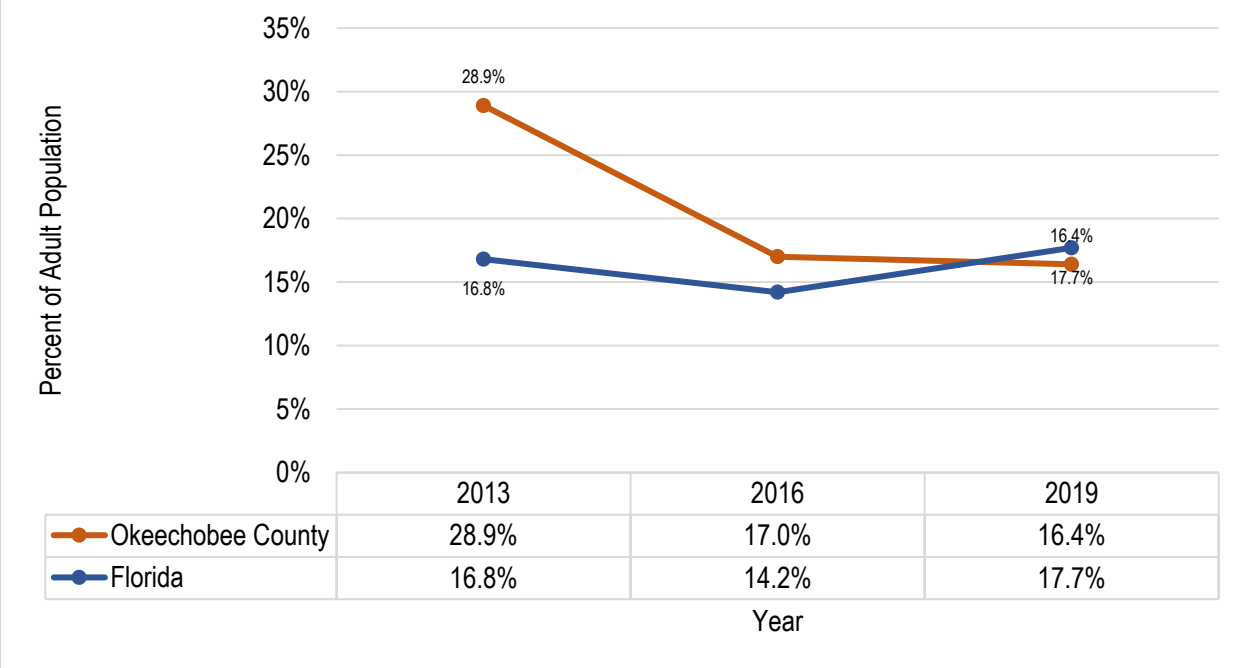
Adults who Have Ever Been Told They had a Depressive Disorder

Depression affects approximately 19 million teens and adults in the United States. Symptoms of depression may include feelings of sadness, emptiness, hopelessness, or guilt, loss of interest in favorite activities, overeating or not wanting to eat at all, insomnia or sleeping too much, feeling very tired, increased irritability, or thoughts of death or suicide. Physical symptoms of depression may include aches or pains, headaches, cramps, or digestive problems.[177] As mentioned, those who experience depression also have an increased risk of long-lasting health issues, such as diabetes, heart disease, and stroke.[178]

The figure below shows the percent of adults who had ever been told they had a depressive disorder in Okeechobee County and Florida in 2013, 2016, and 2019. Notably, the percentage of adults who had ever been told they had a depressive disorder in Okeechobee County decreased from 2013 (28.9%) to 2019 (16.4%). However, the percentage among Florida adults overall slightly increased from 16.8% in 2013 to 17.7% in 2019.

Healthy People 2030 has not set a national target for the percentage of adults who have ever been told they have a depressive disorder, but closely related national targets include increasing the proportion of adults with depression who get treatment from 64.8% in 2018 to 69.5%,[179] and increasing the percent of primary care office visits included screening for depression in persons aged 12 years and over from 8.5% in 2016 to 13.5%

Figure 100: Adults who Have Ever Been Told They had a Depressive Disorder, Percent of Adult Population, Okeechobee County and Florida, 2013-2019



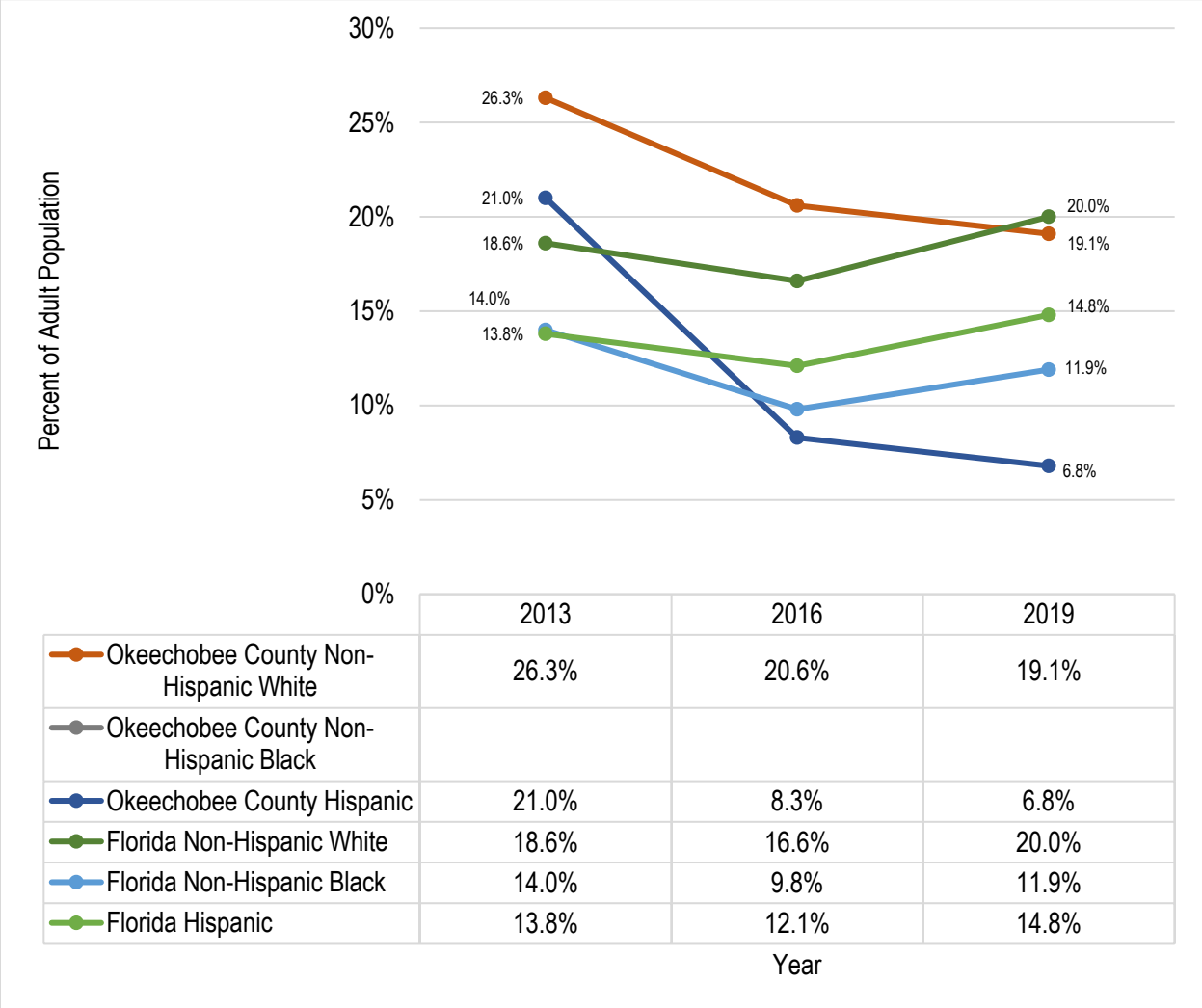
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[177] U.S. Department of Health and Human Services National Institutes of Health. (2016). *Depression*. Retrieved from https://medlineplus.gov/depression.html
[178] Centers for Disease Control and Prevention. (2021). *About mental health*. Retrieved from https://www.cdc.gov/mentalhealth/learn/index.htm
[179] US Department of Health and Human Services. Healthy People 2030. Increase the proportion of adults with depression who get treatment – MHMD-05. https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders/increase-proportion-adults-depression-who-get-treatment-mhmd-05; US Department of Health and Human Services. Healthy People 2030. Increase the proportion of primary care visits where adolescents and adults are screened for depression — MHMD-08. https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders/increase-proportion-primary-care-visits-where-adolescents-and-adults-are-screened-depression-mhmd-08

Adults who Have Ever Been Told They had a Depressive Disorder by Race and Ethnicity

The figure below shows the percent of adults who have ever been told they had a depressive disorder in Okeechobee County and Florida in 2013, 2016, and 2019. Unfortunately, data was unavailable for Okeechobee County non-Hispanic Black residents each year during this timeframe. Most recently, in 2019, 19.1% of Okeechobee County non-Hispanic White adults had ever been told they had a depressive disorder compared to 6.8% of Okeechobee County Hispanic adults. In Florida, in 2019, 20.0% of non-Hispanic White adults had ever been told they had a depressive disorder, followed by 14.8% of Florida Hispanic adults and 11.9% of Florida non-Hispanic Black adults.

Figure 101: Adults who Have Ever Been Told They had a Depressive Disorder by Race and Ethnicity, Percent of Adult Population, Okeechobee County and Florida, 2013-2019



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
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Suicide

Suicide was the tenth leading cause of death in the United States in 2019. National data indicates that following an increase from 1999 to 2018, the rate of suicide in the United States has started to decrease as of 2019. In 2018, the age-adjusted suicide rate in the United States reached 14.2 per 100,000 population, then decreased to 13.9 per 100,000 population in 2019.[180]

The table and figure below show the count and age-adjusted death rate per 100,000 population from suicide in Okeechobee County and Florida from 2016 to 2020. The age-adjusted suicide death rate per 100,000 population was greater in Okeechobee County compared to the state of Florida in 2016, 2018, 2019, and 2020. Notably, the age-adjusted suicide death rate in Okeechobee County reached 21.9 per 100,000 population in 2019 compared to 14.5 per 100,000 population in the state of Florida. These rates decreased in 2020 to 15.2 per 100,000 population in Okeechobee County and 13.1 per 100,000 population in Florida.

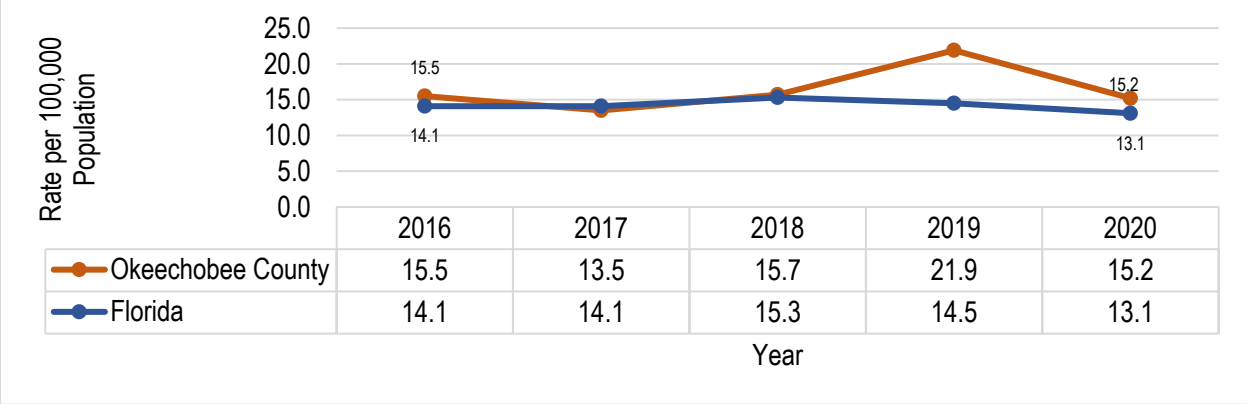
The Health People 2030 national target is to reduce the suicide rate from 14.2 suicides per 100,000 population in 2018 to 12.8 per 100,000 population. Okeechobee County has not yet met this target.[181]

Table 95: Deaths from Suicide, Count and Age-Adjusted Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	8	15.5	3,122	14.1
2017	6	13.5	3,187	14.1
2018	8	15.7	3,552	15.3
2019	8	21.9	3,427	14.5
2020	6	15.2	3,113	13.1

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 102: Deaths from Suicide, Age-Adjusted Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[180] National Center For Health, Hedegaard, H. & Warner, M. (2021). Suicide mortality in the United States, 1999-2019. NCHA Data Brief, 398. https://stacks.cdc.gov/view/cdc/101761

[181] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the suicide rate — MHMD-01. https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders/reduce-suicide-rate-mhmd-01

Deaths from Suicide by Race

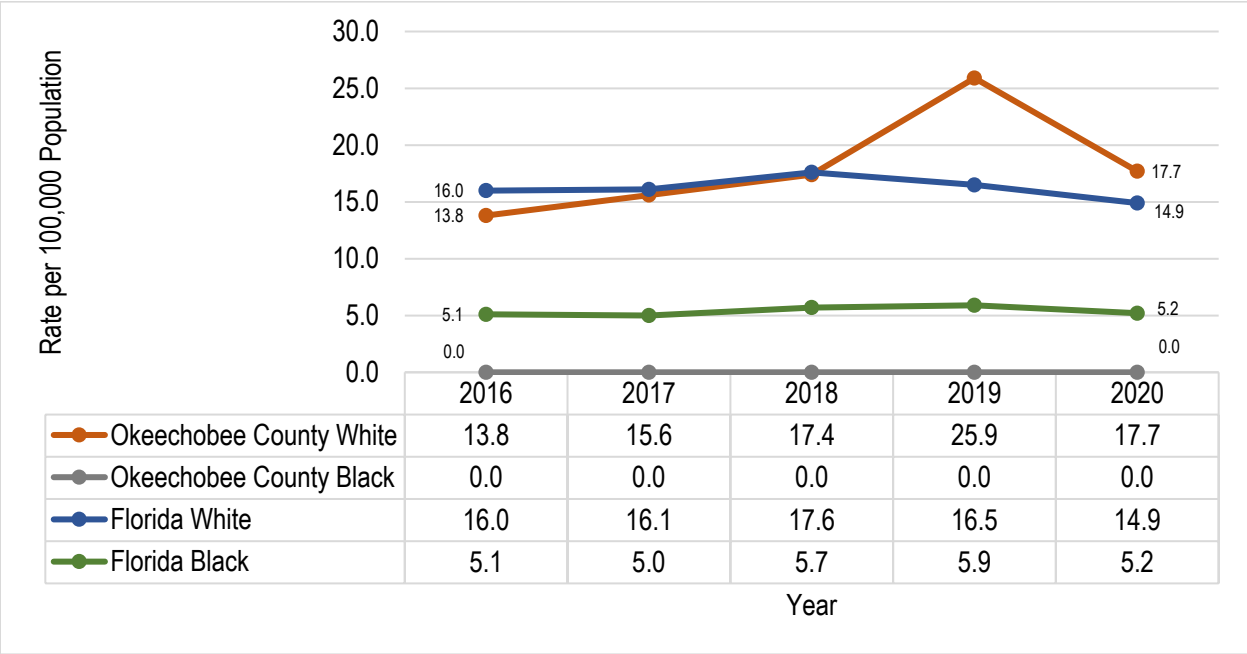
The table and figure below show the count and age-adjusted suicide death rate per 100,000 population by race in Okeechobee County and Florida from 2016 to 2020. Notably, there were no suicide deaths among the Okeechobee County Black population between 2016 and 2020. Suicide rates were highest among White residents in both Okeechobee County and Florida throughout this time period. Most recently, in 2020, the suicide death rate among Okeechobee County White residents was 17.7 per 100,000 population compared to 0.0 among the Okeechobee County Black population.

Table 96: Deaths from Suicide by Race, Count and Age-Adjusted Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	7	13.8	0	0.0	2,844	16.0	175	5.1
2017	6	15.6	0	0.0	2,916	16.1	175	5.0
2018	8	17.4	0	0.0	3,245	17.6	207	5.7
2019	8	25.9	0	0.0	3,121	16.5	211	5.9
2020	6	17.7	0	0.0	2,808	14.9	195	5.2

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 103: Deaths from Suicide by Race, Age-Adjusted Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Suicide by Ethnicity

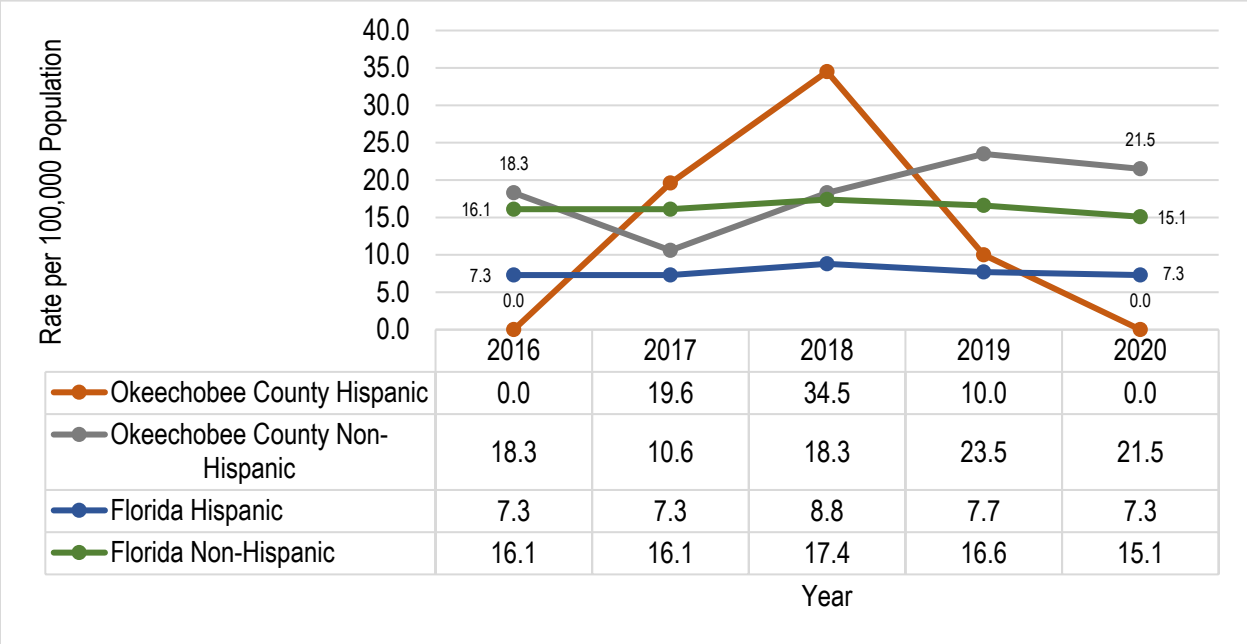
The table and figure below show the count and age-adjusted suicide death rate per 100,000 population by ethnicity in Okeechobee County and Florida from 2016 to 2020. Across the state of Florida and within Okeechobee County, the suicide death rate was highest among non-Hispanic residents compared to Hispanic residents each year during this timeframe. Most recently, in 2020, the age-adjusted suicide death rate among Okeechobee County Hispanic residents was 0.0 per 100,000 population compared to 21.5 per 100,000 population among the Okeechobee County non-Hispanic population. In Florida, the suicide death rate among Hispanic residents was 7.3 per 100,000 population in 2020 compared to 15.1 per 100,000 population among non-Hispanic residents.

Table 97: Deaths from Suicide by Ethnicity, Count and Age-Adjusted Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	0	0.0	8	18.3	365	7.3	2,706	16.1
2017	2	19.6	4	10.6	380	7.3	2,763	16.1
2018	1	34.5	7	18.3	479	8.8	3,025	17.4
2019	1	10.0	6	23.5	443	7.7	2,923	16.6
2020	0	0.0	6	21.5	429	7.3	2,642	15.1

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 104: Deaths from Suicide by Ethnicity, Age-Adjusted Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Suicide by Age and Mechanism

The table below shows the crude suicide death rate by age and mechanism in Okeechobee County in 2020. Among those aged 20 to 24 years, the primary mechanism for suicide was suffocation (44.3 per 100,000). Among those aged 35 to 44, the primary mechanism for suicide was firearms (19.3 per 100,000). Among those aged 45 to 54, the mechanisms used for suicide included firearms, drug poisoning, cut/pierce, and other mechanisms (all 18.8 per 100,000), and, among those aged 65 to 74, the primary mechanism for suicide was firearms (22.1 per 100,000). Notably, there were no suicides reported in Okeechobee County in 2020 among those aged 10 to 14, 15 to 19, 25 to 34, 55 to 64, and over 75.

Figure 105: Deaths from Suicide by Age and Mechanism, Crude Rate (Specific to Ages Listed) per 100,000 Population, Okeechobee County, 2020

Age	Firearm	Drug Poisoning	Suffocation	Cut/Pierce	Non-Drug Poisoning	Other Mechanism	Total
10-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	0.0	0.0	0.0	0.0	0.0	0.0	0.0
20-24	0.0	0.0	44.3	0.0	0.0	0.0	44.3
25-34	0.0	0.0	0.0	0.0	0.0	0.0	0.0
35-44	19.3	0.0	0.0	0.0	0.0	0.0	19.3
45-54	18.8	18.8	0.0	18.8	0.0	18.8	56.5
55-64	0.0	0.0	0.0	0.0	0.0	0.0	0.0
65-74	22.1	0.0	0.0	0.0	0.0	0.0	22.1
75 +	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	8.1	2.7	2.7	2.7	0.0	2.7	16.2

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

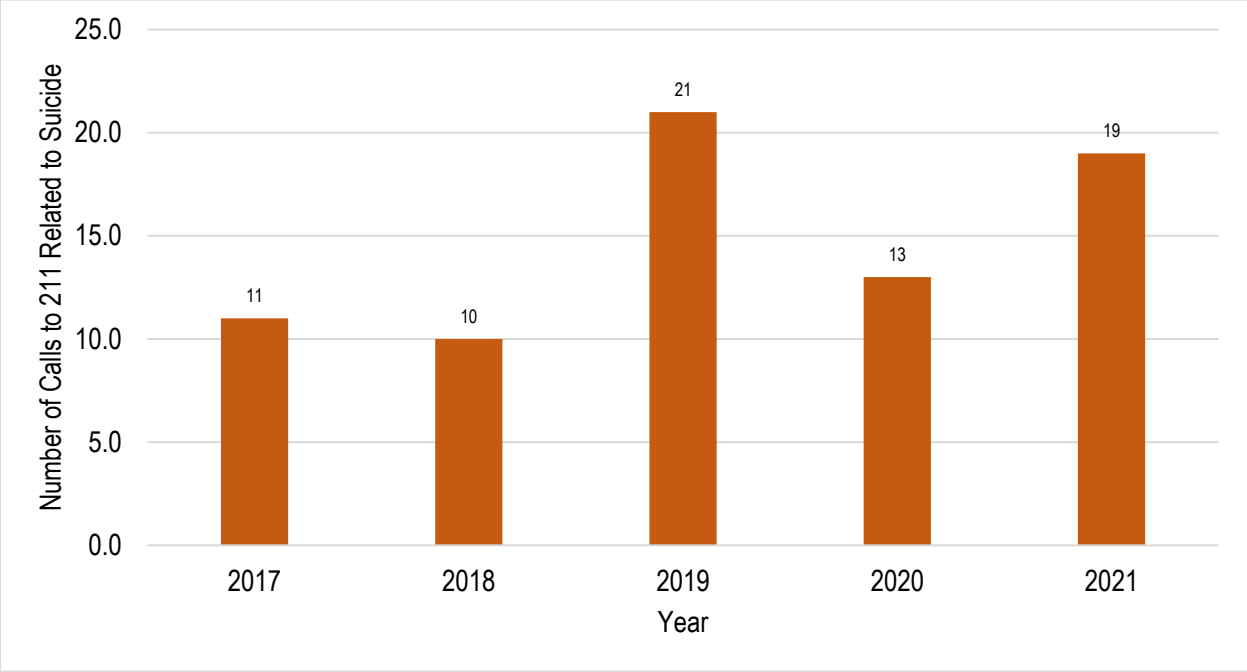
211 Calls Related to Suicide

211 is a community helpline and crisis hotline that works to connect residents with health, mental health, and wellness services 24 hours a day, 365 days a year. 211 provides crisis intervention, as well as information, assessments, and referrals to community services for people of all ages. The 211 hotline is free to use.[182]

The figure below shows the count of 211 calls related to suicide in Okeechobee County from 2017 to 2021. The count of 211 calls related to suicide fluctuated during this timeframe, increasing to 21 in 2019, decreasing to 13 in 2020, and increasing again to 19 in 2021.

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

Figure 106: 211 Calls Related to Suicide, Okeechobee County, 2017-2021



Source: 211 Palm Beach and Treasure Coast, 2022
Compiled by: Health Council of Southeast Florida, 2022

[182] 211 Palm Beach/Treasure Coast. (n.d.). *Mission and history of 211.* Retrieved from https://211palmbeach.org/about

Self-Inflicted Injuries

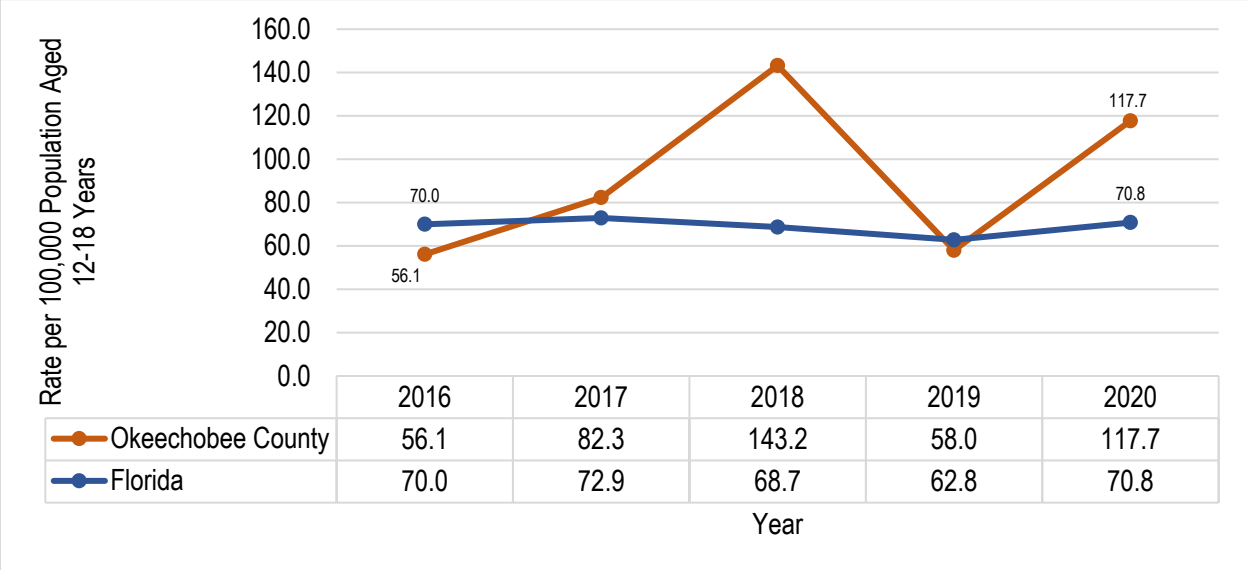
Hospitalizations from Non-Fatal Self-Harm Injuries (Aged 12-18 Years)

Non-fatal self-harm injuries are associated with an increased risk of suicide death.[183] In fact, self-inflicted injury has been shown to be one of the strongest risk factors for suicide. Youth are especially at risk, as youth have been shown to experience non-fatal self-inflicted injury requiring medical attention more than all other age groups.[184]

The figure below shows hospitalizations from non-fatal self-harm injuries among those aged 12 to 18 years in Okeechobee County and Florida from 2016 to 2020. The rate of hospitalizations from non-fatal self-harm injuries among those aged 12 to 18 years in Okeechobee County was higher than the rate among this age group in the state of Florida overall in 2017, 2018, and 2020. Notably, in 2018, the rate of hospitalizations from non-fatal self-harm injuries reached 143.2 per 100,000 population among those aged 12 to 18 years in Okeechobee County compared to 68.7 per 100,000 population among those aged 12 to 18 years in the state of Florida. Most recently, the rate of hospitalizations from non-fatal self-harm injuries increased from 58.0 per 100,000 population aged 12 to 18 years in 2019 to 117.7 per 100,000 population aged 12 to 18 years in 2020 in Okeechobee County.

The Healthy People 2030 national target is to reduce emergency department visits from non-fatal self-harm injuries from 182.7 emergency department visits for non-fatal intentional self-harm injuries per 100,000 population aged 10 years and over in 2017 to 144.7 per 100,000 population aged 10 years and over.[185] While this indicator focuses on ages 12 to 18 in Okeechobee County, any reduction in these numbers is progress towards a healthier community.

Figure 107: Hospitalizations from Non-Fatal Self-Harm Injuries (Aged 12-18 Years), Rate Per 100,000 Population Aged 12-18 Years, Okeechobee County and Florida, 2016-2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[183] Demesmaeker, A., Chazard, E., Hoang, A., Vaiva, G., & Amad, A. (2022). Suicide mortality after a nonfatal suicide attempt: A systematic review and meta-analysis. Australian & New Zealand Journal of Psychiatry, 56(6), 603–616. https://doi.org/10.1177/00048674211043455
[184] Mercado, M. C., Holland, K., Leemis, R. W., Stone, D. M., & Wang, J. (2017). Trends in Emergency Department Visits for Nonfatal Self-inflicted Injuries Among Youth Aged 10 to 24 Years in the United States, 2001-2015. JAMA, 318(19), 1931–1933. https://doi.org/10.1001/jama.2017.13317
[185] U.S. Department of Health and Human Services. Healthy People 2030. Reduce emergency department visits for nonfatal intentional self-harm injuries — IVP-19. https://health.gov/healthypeople/objectives-and-data/browse-objectives/violence-prevention/reduce-emergency-department-visits-nonfatal-intentional-self-harm-injuries-ivp-19

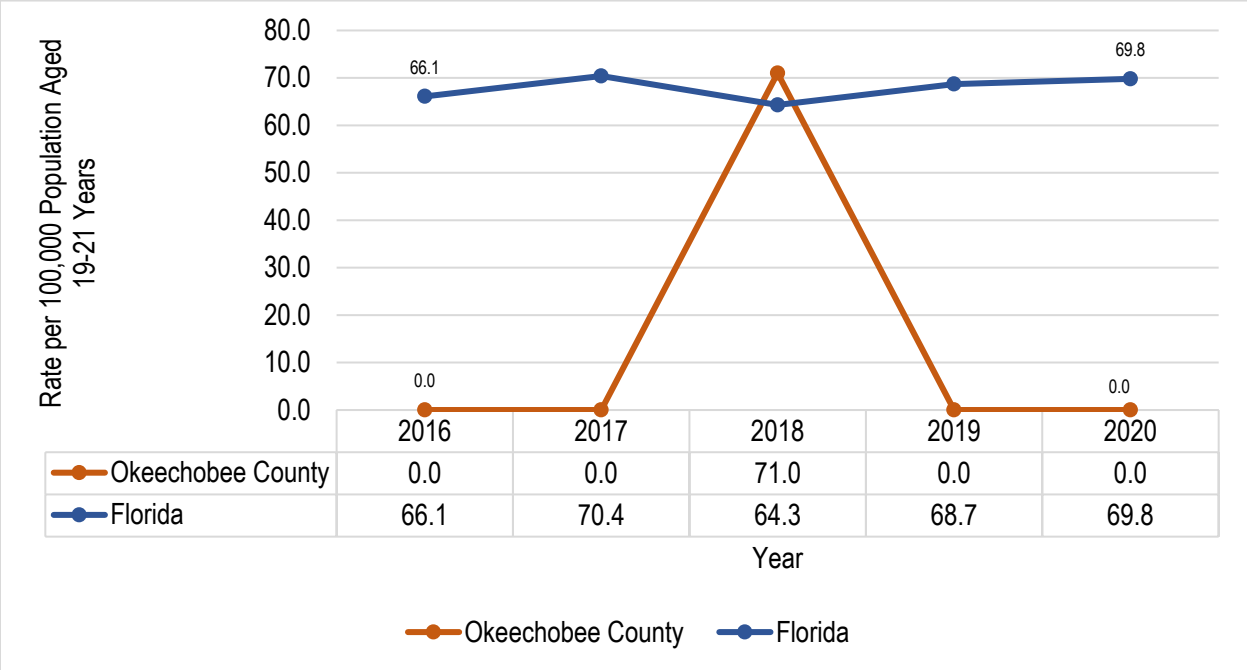
Hospitalizations from Non-Fatal Self-Harm Injuries (Aged 19-21 Years)

As noted previously, self-inflicted injury is one of the strongest risk factors for suicide. Furthermore, self-inflicted injury is one of the leading causes of deaths among those aged 10 to 21 years. As such, it is important to understand the trends in non-fatal self-harm injuries, as these can be strong indicators related to future deaths by suicide. [186]

The figure below shows hospitalizations from non-fatal self-harm injuries among those aged 19 to 21 years in Okeechobee County and Florida from 2016 to 2020. Although counts were not available for Okeechobee County for this indicator, it is notable that in 2018 the rate of hospitalizations from non-fatal self-harm injuries was 71.0 per 100,000 population aged 19 to 21 year compared to 64.3 in the state of Florida in this same year. Most recently, in 2020, the rate of hospitalizations from non-fatal self-harm injuries among those aged 19 to 21 years was 0.0 per 100,000 population aged 19 to 21 in Okeechobee County and 69.8 per 100,000 population aged 19 to 21 in Florida.

The Healthy People 2030 national target is to reduce emergency department visits from non-fatal self-harm injuries from 182.7 emergency department visits for non-fatal intentional self-harm injuries per 100,000 population aged 10 years and over in 2017 to 144.7 per 100,000 population aged 10 years and over.[187] While this indicator focuses on ages 19 to 21 in Okeechobee County, any reduction in these numbers is progress towards a healthier community.

Figure 108: Hospitalizations from Non-Fatal Self-Harm Injuries (Aged 19-21 Years), Rate Per 100,000 Population Aged 19-21 Years, Okeechobee County and Florida, 2016-2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[186] Mercado, M. C., Holland, K., Leemis, R. W., Stone, D. M., & Wang, J. (2017). Trends in Emergency Department Visits for Nonfatal Self-inflicted Injuries Among Youth Aged 10 to 24 Years in the United States, 2001-2015. JAMA, 318(19), 1931–1933. https://doi.org/10.1001/jama.2017.13317
[187] U.S. Department of Health and Human Services. Healthy People 2030. Reduce emergency department visits for nonfatal intentional self-harm injuries — IVP-19. https://health.gov/healthypeople/objectives-and-data/browse-objectives/violence-prevention/reduce-emergency-department-visits-nonfatal-intentional-self-harm-injuries-ivp-19

Eating Disorders

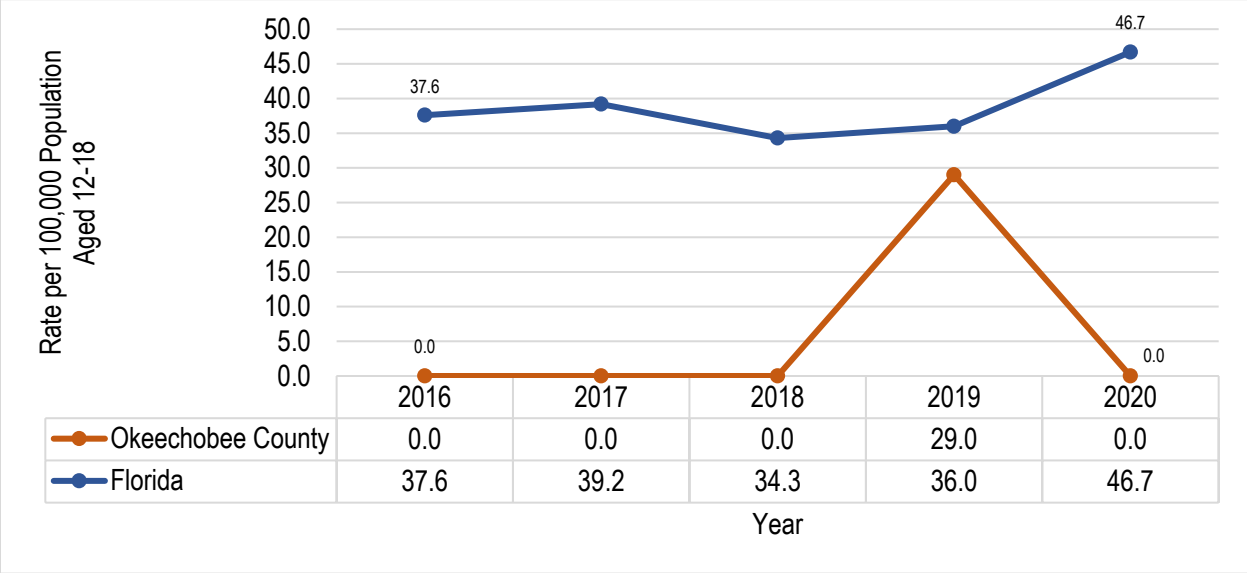
Hospitalizations from or with Non-Fatal Eating Disorders as any Listed Diagnosis (Aged 12-18 Years)

The first medical account of eating disorders took place over 300 years ago. Eating disorders are potentially life-threating illnesses that disproportionately affect adolescents, impacting both physical and psychological development.[188] An estimated 30 million people have an eating disorder in the United States, and 95% of people suffering from eating disorders are between the ages of 12 and 25.[189] The most common eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant restrictive food intake disorder, and other specified feeding or eating disorder.[190]

The figure below shows the rate of hospitalizations from or with non-fatal eating disorders as any listed diagnosis per 100,000 persons aged 12-18 years in Okeechobee County and Florida from 2016 to 2020. The rate of hospitalizations in Florida was higher than that of Okeechobee from 2016 to 2020. In Florida, the rate of hospitalizations from or with non-fatal eating disorders among residents aged 12 to 18 years increased from 37.6 per 100,000 persons aged 12 to 18 years in 2016 to 46.7 per 100,000 persons aged 12 to 18 years in 2020. Notably, the rate of hospitalizations from or with non-fatal eating disorders as any listed diagnosis among residents aged 12 to 18 years in Okeechobee County was 0.0 per 100,000 population aged 12 to 18 years in 2016, 2017, 2018, and 2020. In 2019, the rate of hospitalizations reached 29.0 per 100,000 population aged 12 to 18 years in Okeechobee County.

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

Figure 109: Hospitalizations from or with Non-Fatal Eating Disorders as any Listed Diagnosis (Aged 12-18 Years), Rate per 100,000 Population Aged 12-18, Okeechobee County and Florida, 2016-2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[188] American Academy of Pediatrics. (2021, January 1). Identification and Management of Eating Disorders in Children and Adolescents. Retrieved August 24, 2022, from https://publications.aap.org/pediatrics/article/147/1/e2020040279/33504/Identification-and-Management-of-Eating-Disorders
[189] Johns Hopkins All Children's Hospital. (2021). *Eating Disorder Facts.* Retrieved from https://www.hopkinsallchildrens.org/Services/Pediatric-and-Adolescent-Medicine/Adolescent-and-Young-Adult-Specialty-Clinic/Eating-Disorders/Eating-Disorder-Facts
[190] Katzman, D.K. (2021). The COVID-19 pandemic and eating disorders: A wake-up call for the future of eating disorders among adolescents and young adults. *J Adolesc Health.* 69(4): 535-537.

Alcohol

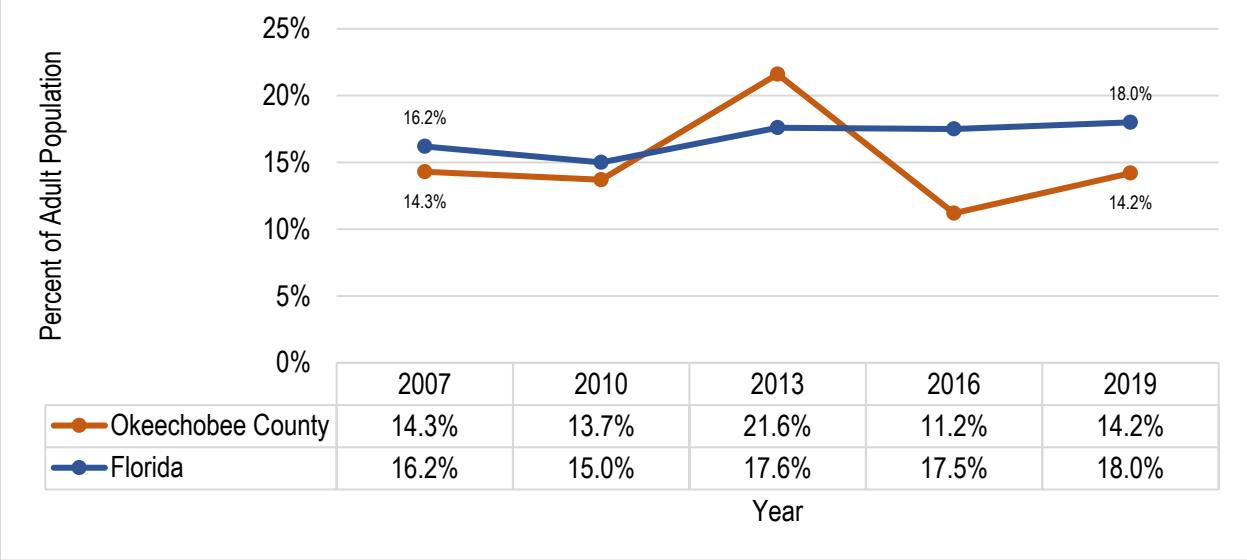
Adults who Engage in Heavy or Binge Drinking

Binge drinking, defined as consuming 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women, is the most common, costly, and deadly pattern of excessive alcohol use in the United States. While binge drinking is just one pattern of excessive drinking, it is important to note that over 90% of U.S. adults who drink excessively report binge drinking. In fact, one in six U.S. adults binge drink, with a quarter of those doing so weekly. Binge drinking has many negative health consequences, including associations with unintentional injuries, violence, sexually transmitted infections, unintended pregnancy and poor pregnancy outcomes, chronic diseases, cancer, memory and learning problems, and more.[191]

The figure below shows the percentage of adults who engaged in heavy or binge drinking in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. The percentage of adults who engaged in heavy or binge drinking was higher among Okeechobee County adults compared to Florida adults overall in 2007, 2010, 2016, and 2019. Notably, the percentage of adults who engaged in heavy or binge drinking fluctuated, eventually increasing from 11.2% in 2016 to 14.2% in 2019. The percentage of adults in the state of Florida who engaged in heavy or binge drinking fluctuated slightly but increased overall from 15.0% in 2010 to 18.0% in 2019.

The Healthy People 2030 national target is to reduce the proportion of people aged 21 years and over who engaged in binge drinking in the past month from 26.6% among persons aged 21 years and over in 2018 to 25.4%.[192] Okeechobee County has met this target.

Figure 110: Adults who Engage in Heavy or Binge Drinking, Percent of Adult Population, Okeechobee County and Florida, 2007-2019



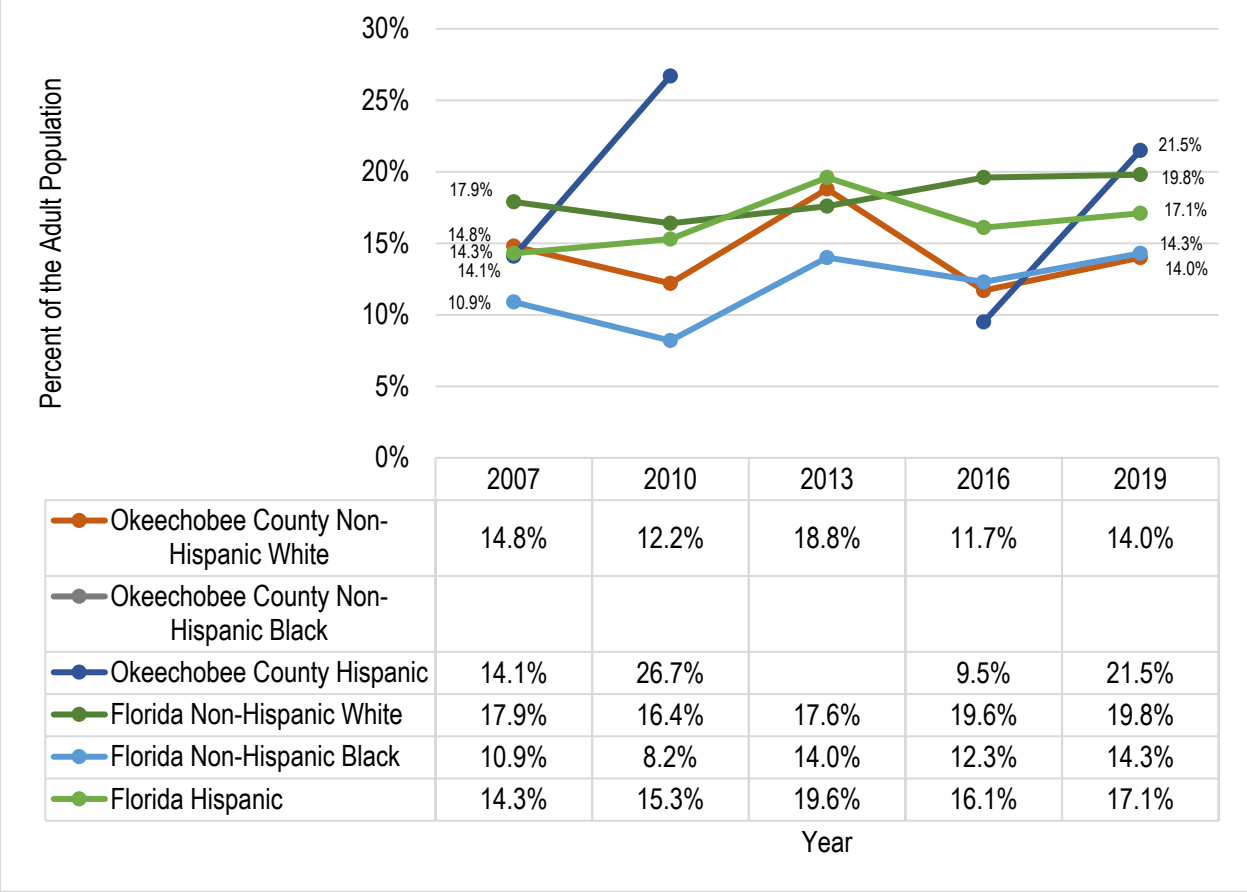
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[191] Centers for Disease Control and Prevention. (2019). *Binge Drinking*. Retrieved from https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm
[192] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the proportion of people aged 21 years and over who engaged in binge drinking in the past month — SU-10. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-people-aged-21-years-and-over-who-engaged-binge-drinking-past-month-su-10

Adults who Engage in Heavy or Binge Drinking by Race and Ethnicity

The figure below shows the percent of adults who engage in heavy or binge drinking by race and ethnicity in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. Unfortunately, data for Okeechobee County non-Hispanic Black residents was not available for this time period. Additionally, 2013 data for Okeechobee County Hispanic residents was unavailable. While the percentage of adults who engaged in heavy or binge drinking fluctuated in the years between 2007 and 2019, the percentage increased overall for all groups from 2007 to 2019, except for the Okeechobee County non-Hispanic White population. Most recently, in 2019, 14.0% of Okeechobee County non-Hispanic White adults engaged in heavy or binge drinking compared to 21.5% of Okeechobee County Hispanic adults. In the state of Florida in 2019, 19.8% of non-Hispanic White adults engaged in heavy or binge drinking compared to 14.3% of non-Hispanic Black adults and 17.1% of Hispanic adults.

Figure 111: Adults who Engage in Heavy or Binge Drinking by Race and Ethnicity, Percent of Adult Population, Okeechobee County and Florida, 2007-2019



	2007	2010	2013	2016	2019
Okeechobee County Non-Hispanic White	14.8%	12.2%	18.8%	11.7%	14.0%
Okeechobee County Non-Hispanic Black					
Okeechobee County Hispanic	14.1%	26.7%		9.5%	21.5%
Florida Non-Hispanic White	17.9%	16.4%	17.6%	19.6%	19.8%
Florida Non-Hispanic Black	10.9%	8.2%	14.0%	12.3%	14.3%
Florida Hispanic	14.3%	15.3%	19.6%	16.1%	17.1%

Year

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, 2022

Alcohol Confirmed Motor Vehicle Crashes

One death occurs every 50 minutes from motor vehicle crashes that involve an alcohol-impaired driver, costing more than $44 billion in alcohol-related crashes annually. Despite being a preventable accident, 29 people die every day in motor vehicle crashes that involve an alcohol-impaired driver.[193]

The table and figure below show the count and rate per 100,000 population of alcohol confirmed motor vehicle crashes in Okeechobee County and Florida from 2016 to 2020. After significantly increasing from 24.1 per 100,000 population in 2017 to 38.6 per 100,000 population in 2018 and then remaining consistent at 38.7 per 100,000 population in 2019, the rate of alcohol confirmed motor vehicle crashes decreased to 21.3 per 100,000 population in 2020 in Okeechobee County. Additionally, the rate of alcohol confirmed motor vehicle crashes in Florida decreased from 25.8 per 100,000 population in 2016 to 21.0 per 100,000 population in 2020.

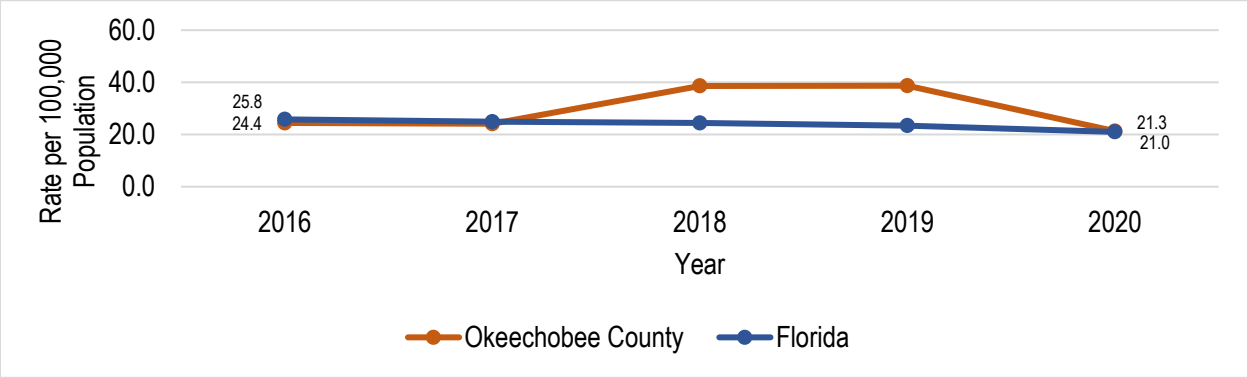
The Healthy People 2030 national target is to reduce the proportion of motor vehicle crash deaths that involve a drunk driver from 29.3% of motor vehicle crash deaths involving a driver with a BAC of 0.08 g/dL or higher in 2017 to 28.3%.[194] While this indicator focuses on the rate of alcohol confirmed motor vehicle crashes, a reduction in these numbers would indicate progress towards a healthier community.

Table 98: Alcohol Confirmed Motor Vehicle Crashes, Count and Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	10	24.4	5,216	25.8
2017	10	24.1	5,125	24.9
2018	16	38.6	5,106	24.4
2019	16	38.7	4,984	23.4
2020	9	21.3	4,554	21.0

Source: Florida Department of Highway Safety and Motor Vehicles, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 112: Alcohol Confirmed Motor Vehicle Crashes, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Highway Safety and Motor Vehicles, 2020
Compiled by: Health Council of Southeast Florida, 2022

[193] Centers for Disease Control and Prevention (CDC). 2020.*Impaired driving: get the facts.* Retrieved from https://www.cdc.gov/transportationsafety/impaired_driving/impaired-drv_factsheet.html
[194] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the proportion of motor vehicle crash deaths that involve a drunk driver — SU-11. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-motor-vehicle-crash-deaths-involve-drunk-driver-su-11

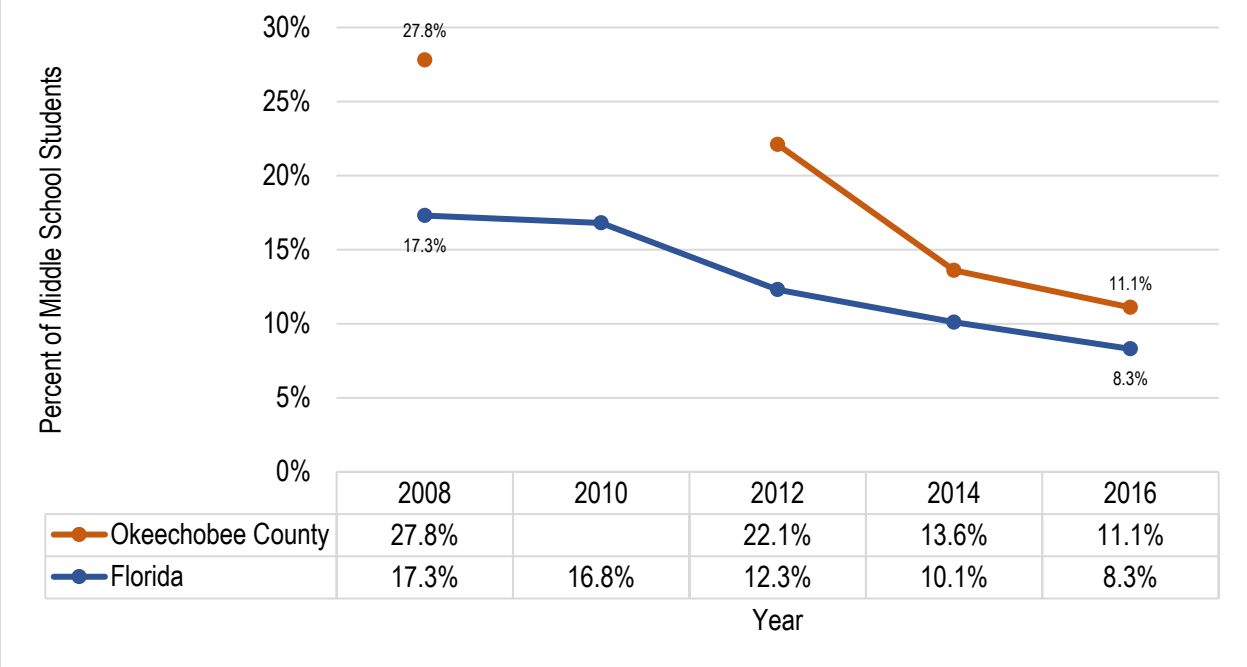
Middle School Students Who Have Used Alcohol in the Past 30 days

Despite having a minimum legal drinking age of 21 years, alcohol is the most widely used substance among adolescents in the United States. The prevalence of problematic alcohol consumption in adolescence is associated with escalated alcohol use in young adulthood. Alcohol consumption has been shown to interfere with brain development, making usage in adolescence and young adulthood a public health issue.[195]

The figure below shows the percentage of middle school students who had used alcohol in the past 30 days in Okeechobee County and Florida in 2008, 2010, 2012, 2014, and 2016. Unfortunately, 2010 data in Okeechobee County was unavailable. Among available data, the percentage of Okeechobee County middle school students who reported alcohol use in the past 30 days was higher than the percentage among middle school students in the state of Florida overall from 2008 to 2016. However, the percentage of Okeechobee County middle school students who had used alcohol in the past 30 days decreased from 2008 (27.8%) to 2016 (11.1%). The percentage of middle school students who reported using alcohol in the past 30 days also decreased across the state of Florida from 2008 (17.3%) to 2016 (8.3%). Unfortunately, this data is not available by race and ethnicity.

The Healthy People 2030 national target is to reduce the proportion of adolescents who drank alcohol in the past month from 9.0% of adolescents aged 12 to 17 years in 2018 to 6.3%.[196] Although this indicator is focused specifically on middle school students, a decrease in these numbers would indicator progress towards the larger target.

Figure 113: Middle School Students Who Have Used Alcohol in the Past 30 Days, Percent of Middle School Students, Okeechobee County and Florida, 2008-2016



Source: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS), 2016
Compiled by: Health Council of Southeast Florida, 2022

[195] Ryan, S. A., Kokotailo, P., Camenga, D. R., Patrick, S. W., Plumb, J., Quigley, J., Walker-Harding, L., & The Committee on Substance Use and Prevention. (2019). Alcohol Use by Youth. *Pediatrics,* 144 (1). https://doi.org/10.1542/peds.2019-1357

[196] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the proportion of adolescents who drank alcohol in the past month — SU-04. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-adolescents-who-drank-alcohol-past-month-su-04

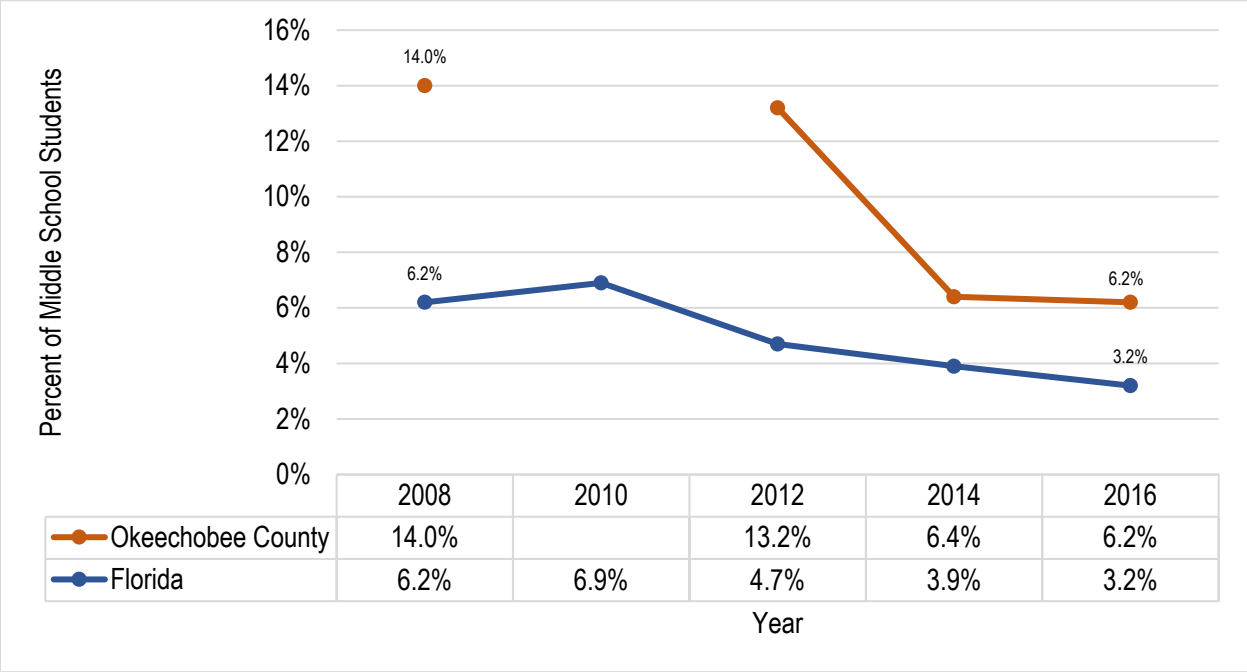
Middle School Students Who Report Binge Drinking

As mentioned previously, alcohol consumption in adolescence presents risks related to brain development and future substance use.[197] Additionally, binge drinking, or the consumption of 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women, is the most common, costly, and deadly pattern of excessive alcohol use in the United States. Negative health consequences, such as unintentional injuries, violence, sexually transmitted infections, unintended pregnancy and poor pregnancy outcomes, chronic diseases, cancer, memory and learning problems, and more have been associated with binge drinking.[198]

The figure below shows the percent of middle school students who report binge drinking in Okeechobee County and Florida in 2008, 2010, 2012, 2014, and 2016. This data shows the percent of students who reported they had 5 or more alcoholic drinks in a row in the past two weeks at the time of the data collection. Unfortunately, data from 2010 in Okeechobee County was unavailable. While the percentage of Okeechobee County middle school students who reported binge drinking was consistently higher than the percentage among middle school students in the state of Florida, the percentage among middle school students in both the county and the state decreased from 2008 to 2016. Most recently, in 2016, 6.2% of Okeechobee County middle school students and 3.2% of Florida middle school students reported binge drinking. Unfortunately, this data is not available by race and ethnicity.

The Healthy People 2030 national target is to reduce the proportion of people under 21 years who engaged in binge drinking in the past month[199] Although this indicator is focused specifically on middle school students, a decrease in these numbers would indicator progress towards the larger target.

Figure 114: Middle School Students Who Report Binge Drinking, Percent of Middle School Students, Okeechobee County and Florida, 2008-2016



	2008	2010	2012	2014	2016
Okeechobee County	14.0%		13.2%	6.4%	6.2%
Florida	6.2%	6.9%	4.7%	3.9%	3.2%

Source: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS), 2016
Compiled by: Health Council of Southeast Florida, 2022

[197] Ryan, S. A., Kokotailo, P., Camenga, D. R., Patrick, S. W., Plumb, J., Quigley, J., Walker-Harding, L., & The Committee on Substance Use and Prevention. (2019). Alcohol Use by Youth. *Pediatrics,* 144 (1). https://doi.org/10.1542/peds.2019-1357
[198] Centers for Disease Control and Prevention. (2019). *Binge Drinking.* Retrieved from https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm
[199] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the proportion of people under 21 years who engaged in binge drinking in the past month — SU-09. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-people-under-21-years-who-engaged-binge-drinking-past-month-su-09

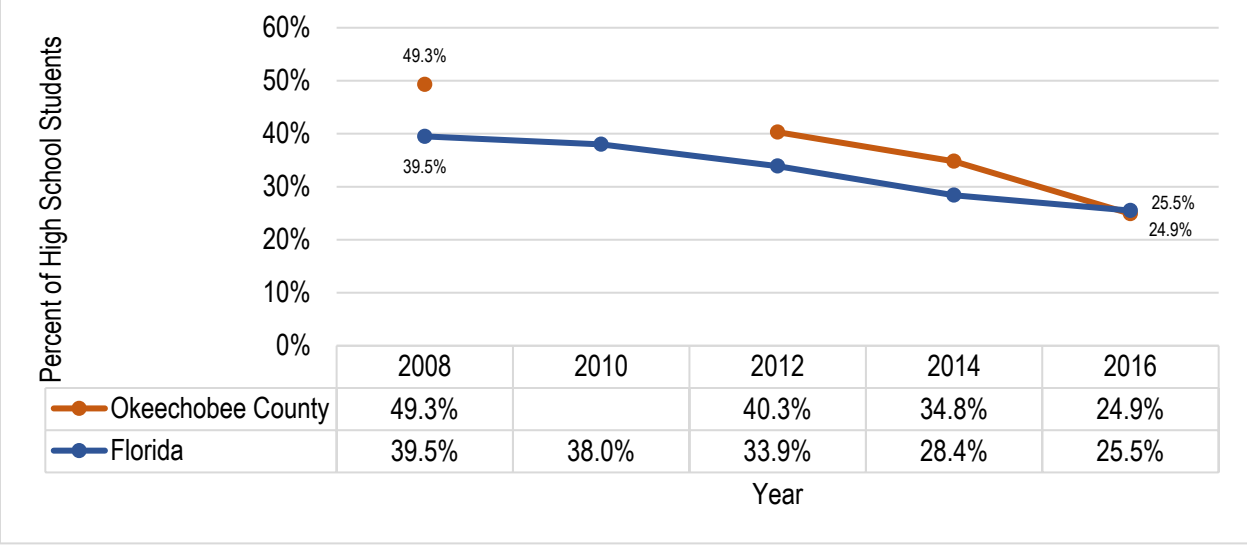
High School Students Who Have Used Alcohol in the Past 30 days

Underage drinking cost the United States approximately $24 billion in 2010, and alcohol is the most commonly used substance among young people in the United States. In 2019, 29% of U.S. high school students drank alcohol, 5% of high school student drivers drove after drinking alcohol, and 17% of high school students rode with a driver who had been drinking alcohol. Underage drinking is a significant problem, as youth who drink alcohol are more likely to experience higher rates of the following: school absences and lower grades; fighting; lack of participation in youth activities; legal problems; physical problems; unwanted, unplanned, and unprotected sexual activity; disruption of normal growth or sexual development; physical and sexual violence; increased risk of suicide and homicide; memory problems; misuse of other substances; changes in brain development that may have life-long effects; and more. Early initiation of drinking is also associated with development of an alcohol use disorder later in the lifespan.[200]

The figure below shows the percentage of high school students who have used alcohol in the past 30 days in Okeechobee County and Florida in 2008, 2010, 2012, 2014, and 2016. Unfortunately, 2010 data was unavailable for Okeechobee County. The percentage of high school students who had used alcohol in the past 30 days reduced by nearly 50% in Okeechobee County from 2008 (49.3%) to 2016 (24.9%). A greater percentage of Okeechobee County high school students reported alcohol use compared to their peers across the state in 2008, 2012, and 2014. In 2016, the percentage of Florida high school students who used alcohol in the past 30 days (25.5%) surpassed the percentage of Okeechobee County high school students who used alcohol in the past 30 days (24.9%). Unfortunately, this data is not available by race and ethnicity.

The Healthy People 2030 national target is to reduce the proportion of adolescents who drank alcohol in the past month from 9.0% of adolescents aged 12 to 17 years in 2018 to 6.3%.[201] Although this indicator is focused specifically on high school students, a decrease in these numbers would indicator progress towards the larger target.

Figure 115: High School Students Who Have Used Alcohol in the Past 30 Days, Percent of High School Students, Okeechobee County and Florida, 2008-2016



	2008	2010	2012	2014	2016
Okeechobee County	49.3%		40.3%	34.8%	24.9%
Florida	39.5%	38.0%	33.9%	28.4%	25.5%

Source: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS), 2016
Compiled by: Health Council of Southeast Florida, 2022

[200] Centers for Disease Control and Prevention. (2022). *Underage drinking.* Retrieved from https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm
[201] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the proportion of adolescents who drank alcohol in the past month — SU-04. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-adolescents-who-drank-alcohol-past-month-su-04

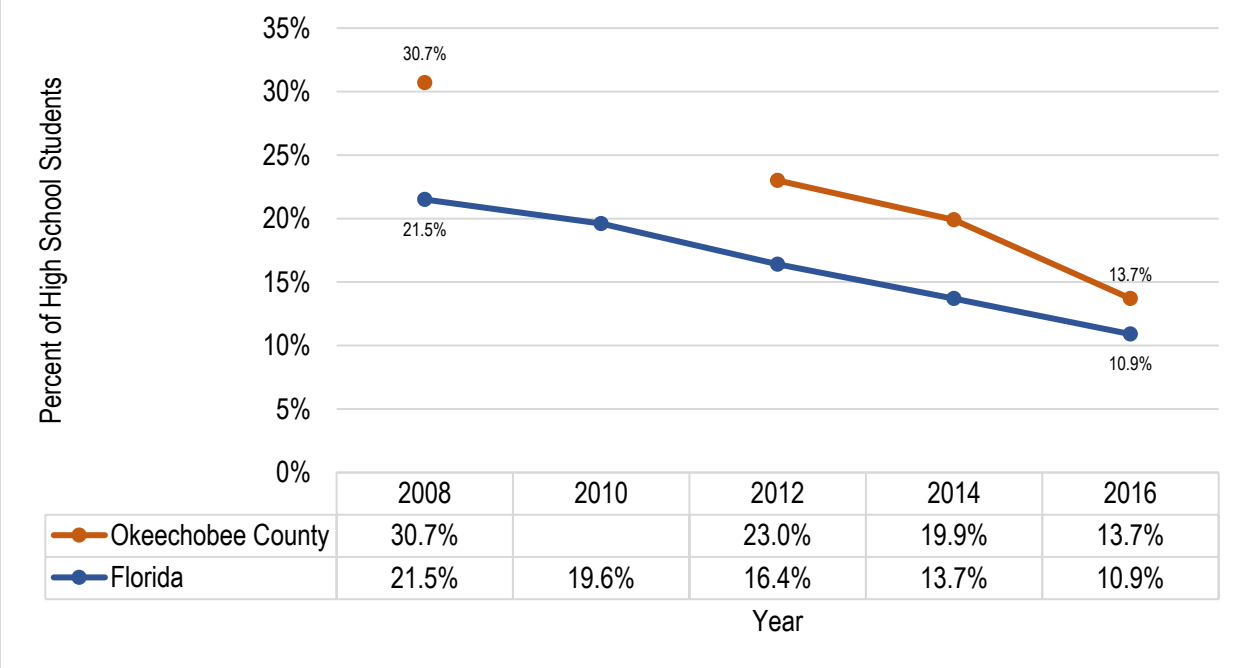
High School Students Who Report Binge Drinking

As mentioned previously, binge drinking, or the consumption of five or more drinks on an occasion for men or four4 or more drinks on an occasion for women, is the most common pattern of excessive alcohol use in the United States, as well as the most deadly and costly. Binge drinking has numerous negative health consequences, especially for youth and young adults whose brains are still developing. The negative health consequences of binge drinking include, but are not limited to, unintentional injuries, violence, sexually transmitted infections, unintended pregnancy and poor pregnancy outcomes, chronic diseases, cancer, memory and learning problems, and more.[202]

The figure below shows the percent of high school students who reported binge drinking in Okeechobee County and Florida in 2008, 2010, 2012, 2014, and 2016. Specifically, this data shows the percent of students who reported that they had five or more alcoholic drinks in a row in the past two weeks at the time of the data collection. Unfortunately, 2010 data was unavailable for Okeechobee County. Despite decreasing trends across both Okeechobee County and Florida, the percentage of Okeechobee County high school students who reported binge drinking was higher than the percentage among their peers across the state of Florida overall in 2008, 2012, 2014, and 2016. Most recently, in 2016, 13.7% of Okeechobee County high school students reported binge drinking compared to 10.9% of Florida high school students. Unfortunately, this data is not available by race and ethnicity.

The Healthy People 2030 national target is to reduce the proportion of people under 21 years who engaged in binge drinking in the past month.[203] Although this indicator is focused specifically on high school students, a decrease in these numbers would indicator progress towards the larger target.

Figure 116: High School Students Who Report Binge Drinking, Percent of High School Students, Okeechobee County and Florida, 2008-2016



	2008	2010	2012	2014	2016
Okeechobee County	30.7%		23.0%	19.9%	13.7%
Florida	21.5%	19.6%	16.4%	13.7%	10.9%

Source: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS), 2016
Compiled by: Health Council of Southeast Florida, 2022

[202] Centers for Disease Control and Prevention. (2019). *Binge Drinking*. Retrieved from https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm
[203] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the proportion of people under 21 years who engaged in binge drinking in the past month — SU-09. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-people-under-21-years-who-engaged-binge-drinking-past-month-su-09

Tobacco

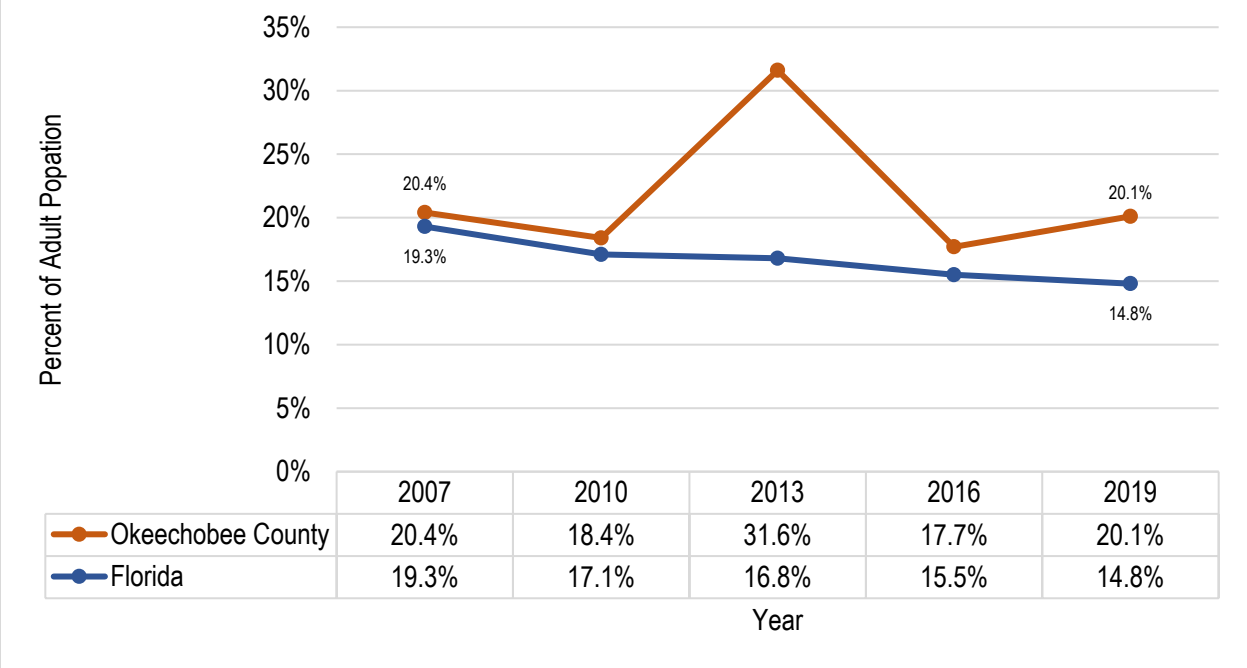
Adults Who Are Current Smokers

Cigarette smoking is the leading cause of preventable disease, disability, and death in the United States and harms nearly every organ of the body. In 2020, 12.5% of U.S. adults smoked cigarettes, which equates to approximately 30.8 million people nationwide.[204]

The figure below shows the percentage of adults who were current smokers in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. The percentage of adults who were current smokers in Okeechobee County was higher than their peers in the state of Florida overall each year. Notably, in 2013, 31.6% of Okeechobee County adults were current smokers compared to 16.8% of adults statewide. Most recently, in 2019, 20.1% of Okeechobee County adults were current smokers compared to 14.8% of Florida adults.

The Healthy People 2030 national target is to reduce current cigarette in adults from 14.2% of adults aged 18 years and over in 2019 to 6.1%.[205] Okeechobee County has not yet met this target.

Figure 117: Adults Who Are Current Smokers, Percent of Adult Population, Okeechobee County and Florida, 2007-2019



	2007	2010	2013	2016	2019
Okeechobee County	20.4%	18.4%	31.6%	17.7%	20.1%
Florida	19.3%	17.1%	16.8%	15.5%	14.8%

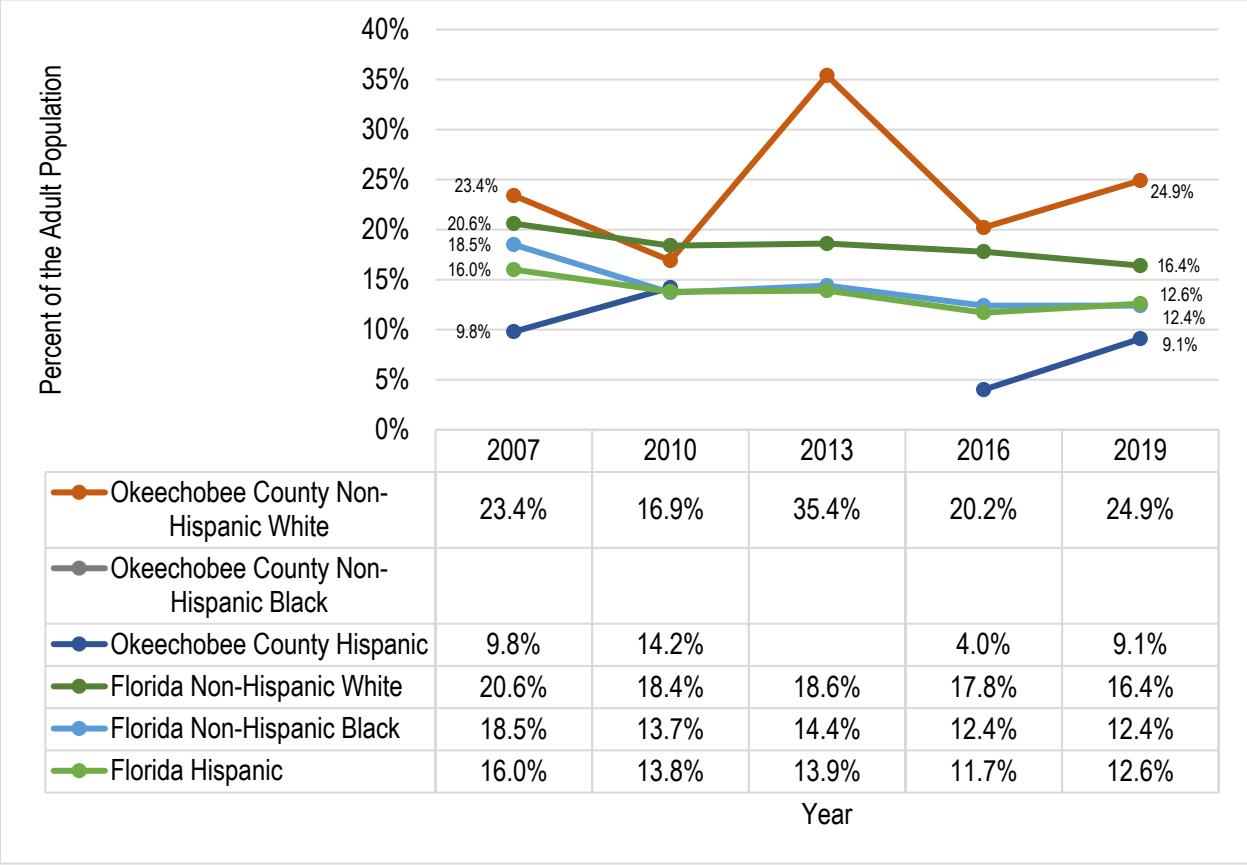
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[204] Centers for Disease Control and Prevention (CDC). (2022). *Smoking and tobacco use: fast facts.* Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm
[205] U.S. Department of Health and Human Service. Healthy People 2030. Reduce current cigarette smoking in adults — TU-02. https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/reduce-current-cigarette-smoking-adults-tu-02

Adults Who Are Current Smokers by Race and Ethnicity

The figure below shows the percentage of adults who were current smokers by race and ethnicity in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. Unfortunately, data was not available for the Okeechobee County non-Hispanic Black population across this timeframe. Additionally, 2013 data for the Okeechobee County Hispanic population was unavailable. In 2019, 24.9% of Okeechobee County non-Hispanic White adults were current smokers compared to 9.1% of Okeechobee County Hispanic adults. Comparatively, 16.4% of Florida non-Hispanic White adults were current smokers, 12.4% of Florida non-Hispanic Black adults were current smokers, and 12.6% of Florida Hispanic adults were current smokers. The percentage of adults who were current smokers among all groups, except for Okeechobee County non-Hispanic White adults, decreased overall from 2007 to 2019, despite fluctuation.

Figure 118: Adults Who Are Current Smokers by Race and Ethnicity, Percent of Adult Population, Okeechobee County and Florida, 2007-2019



	2007	2010	2013	2016	2019
Okeechobee County Non-Hispanic White	23.4%	16.9%	35.4%	20.2%	24.9%
Okeechobee County Non-Hispanic Black					
Okeechobee County Hispanic	9.8%	14.2%		4.0%	9.1%
Florida Non-Hispanic White	20.6%	18.4%	18.6%	17.8%	16.4%
Florida Non-Hispanic Black	18.5%	13.7%	14.4%	12.4%	12.4%
Florida Hispanic	16.0%	13.8%	13.9%	11.7%	12.6%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

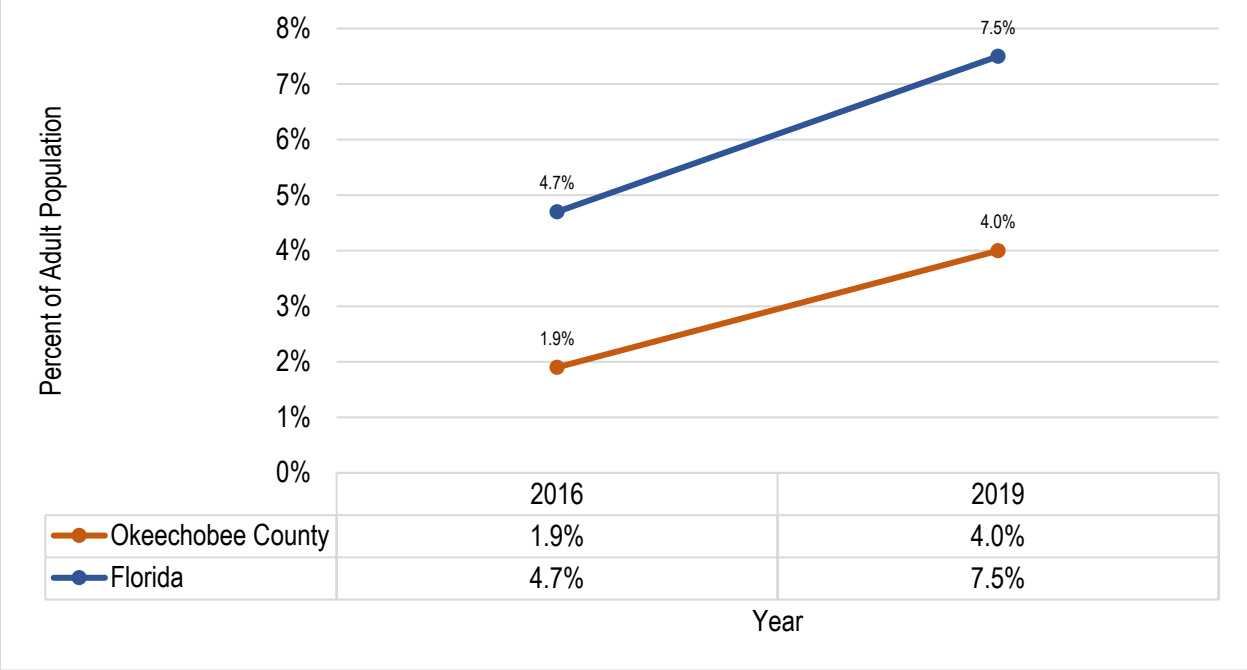
Adults who Currently Use E-Cigarettes

The long-term health effects of electronic cigarettes (e-cigarettes) are still being studied. While these devices have the potential to benefit adult smokers as an approach to harm reduction if used as a complete substitute for regular cigarettes and other tobacco products, e-cigarettes are not safe for youth, young adults, or adults who do not currently use tobacco products. Because e-cigarettes typically contain nicotine, these products can lead to addiction. It is important to note that these products, like traditional tobacco products, are not safe for pregnant women.[206]

The figure below shows the percentage of adults who currently used e-cigarettes at the time of the survey in Okeechobee County and Florida in 2016 and 2019. The use of e-cigarettes among Okeechobee County adults doubled from 2016 (1.9%) to 2019 (4.0%). In the state of Florida overall, the percentage of adults who used e-cigarettes increased from 2016 (4.7%) to 2019 (7.5%).

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

Figure 119: Adults who Currently Use E-Cigarettes, Percent of Adult Population, Okeechobee County and Florida, 2016-2019



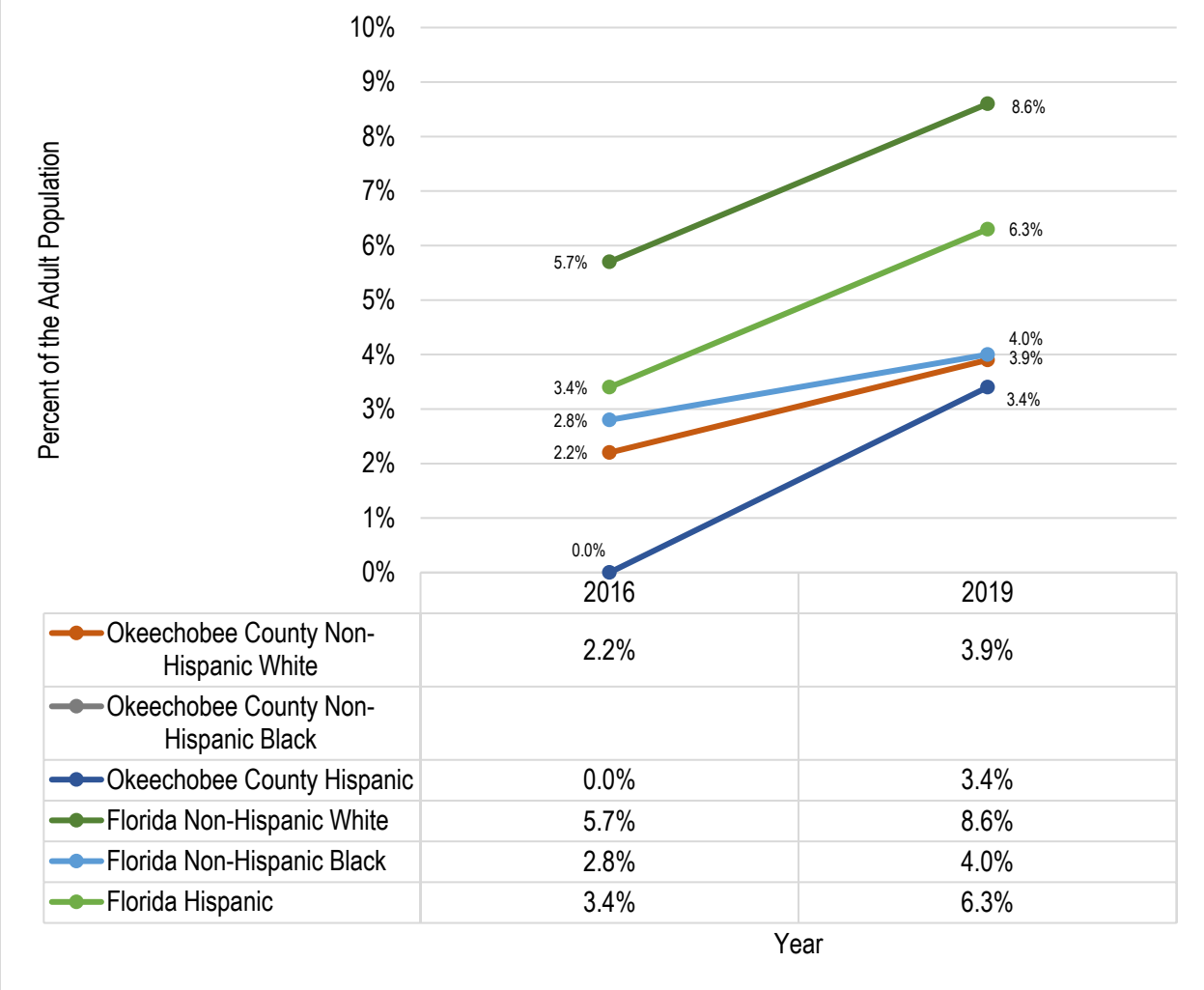
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[206] Centers for Disease Control and Prevention (CDC). (2021). *E-cigarettes.* Retrieved from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm

Adults who Currently Use E-Cigarettes by Race and Ethnicity

The figure below shows the percentage of adults who currently used e-cigarettes at the time of the survey by race and ethnicity in Okeechobee County and Florida in 2016 and 2019. Unfortunately, data was not available for the Okeechobee County non-Hispanic Black population. It is notable that the percentage of adults who used e-cigarettes among all racial and ethnic groups for which data was available increased from 2016 to 2019. Additionally, the percentage among racial and ethnic groups in Florida overall was higher compared to their counterparts in Okeechobee County. For instance, in 2019, 8.6% of Florida non-Hispanic White adults reported currently using e-cigarettes compared to 3.9% in Okeechobee County. Similarly, 6.3% of Florida Hispanic adults reported currently using e-cigarettes compared to 3.4% of Okeechobee County Hispanic adults.

Figure 120: Adults who Currently Use E-Cigarettes by Race and Ethnicity, Percent of Adult Population, Okeechobee County and Florida, 2016-2019



	2016	2019
Okeechobee County Non-Hispanic White	2.2%	3.9%
Okeechobee County Non-Hispanic Black		
Okeechobee County Hispanic	0.0%	3.4%
Florida Non-Hispanic White	5.7%	8.6%
Florida Non-Hispanic Black	2.8%	4.0%
Florida Hispanic	3.4%	6.3%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

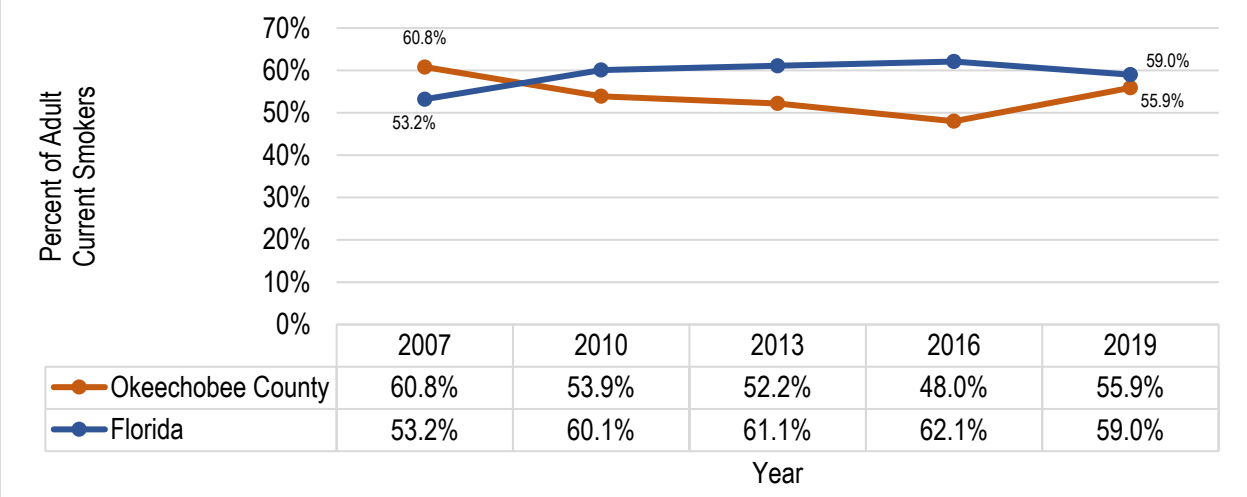
Adult Current Smokers who Tried to Quit Smoking at Least Once in the Past Year

As mentioned, smoking harms nearly every organ of the body. Smoking not only causes many diseases, such as cancer, heart disease, stroke, lung disease, diabetes, chronic obstructive pulmonary disease (COPD), and respiratory disease, but it also negatively impacts the overall health of individuals and those who breathe in secondhand smoke. Secondhand smoke causes stroke, lung cancer, and coronary heart disease in adults. Among children, secondhand smoke increases the risk of sudden infant death syndrome, acute respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth. Overall, secondhand smoke exposure contributes to approximately 41,000 deaths among nonsmoking adults and 400 deaths among infants each year.[207] Importantly, quitting smoking has both immediate and long-term benefits for smokers and those within proximity of usual smokers.[208]

The figure below shows the percentage of adult current smokers who tried to quit smoking at least once in the past year in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. The percentage of adult smokers in Okeechobee County who tried to quit smoking at least once in the past year decreased from 2007 (60.8%) to 2016 (48.0%), then slightly increased in 2019 (55.9%). In the state of Florida, the percentage of adult current smokers who tried to quit smoking at least once in the past year increased from 2007 (53.2%) to 2016 (62.1%), then decreased in 2019 (59.0%). From 2010 to 2019, a greater percentage of Florida adult current smokers attempted to quit smoking at least once in the past year compared to adults in Okeechobee County.

The Healthy People 2030 national target is to increase the percentage of adult smokers aged 18 years and over who attempted to stop smoking at least once in the past year from 56.0% of adult smokers aged 18 years and over in 2018 to 65.7%.[209] Okeechobee County has not yet met this target.

Figure 121: Adult Current Smokers who Tried to Quit Smoking at Least Once in the Past Year, Percent of Adult Current Smokers, Okeechobee County and Florida, 2007-2019



	2007	2010	2013	2016	2019
Okeechobee County	60.8%	53.9%	52.2%	48.0%	55.9%
Florida	53.2%	60.1%	61.1%	62.1%	59.0%

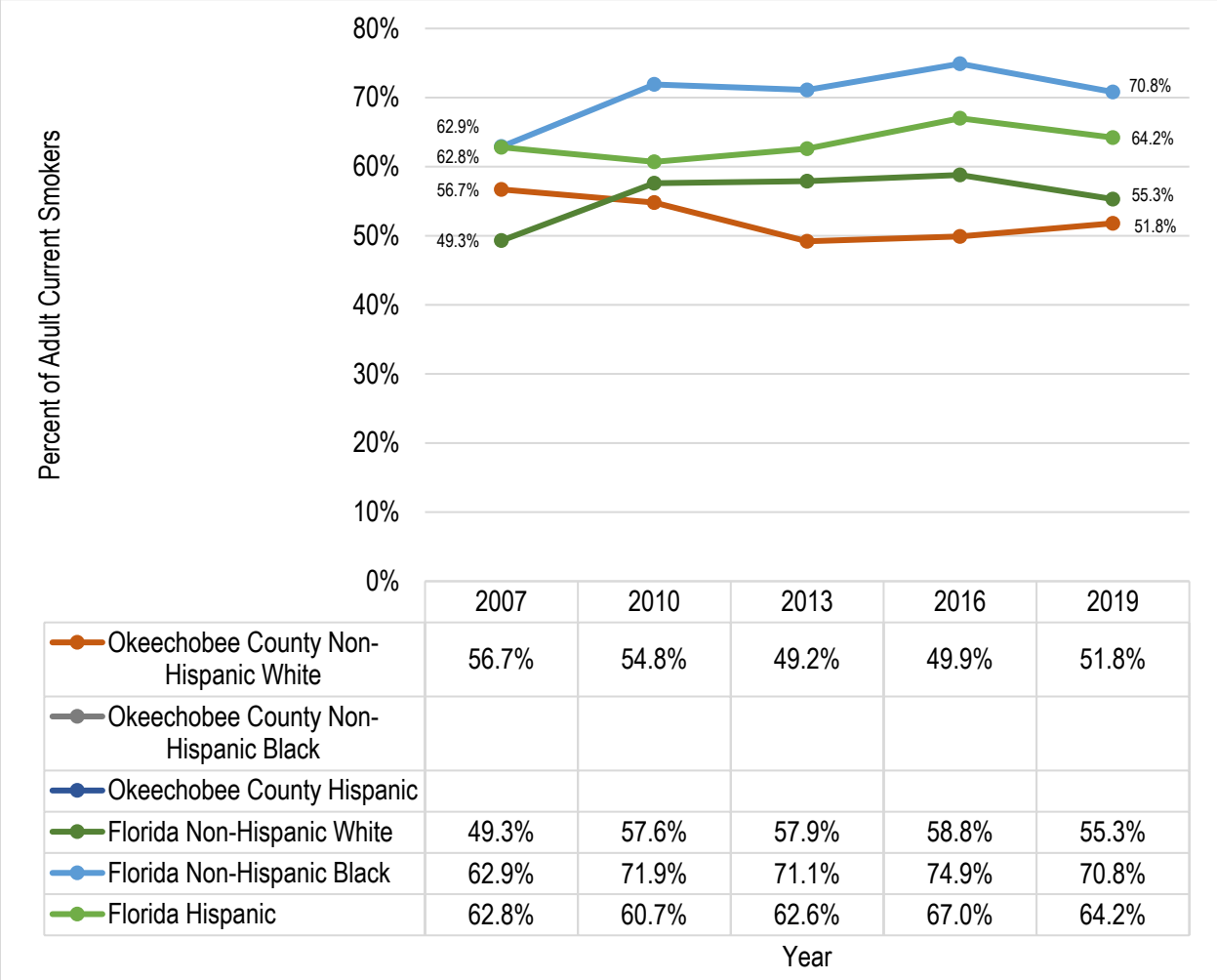
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[207] Centers for Disease Control and Prevention (CDC). (2020). *Smoking and tobacco use: health effects.* Retrieved from https://www.cdc.gov/tobacco/basic_information/health_effects/index.htm
[208] Centers for Disease Control and Prevention (CDC). (2021). *Smoking and tobacco use: basic information.* Retrieved from https://www.cdc.gov/tobacco/basic_information/index.htm
[209] U.S. Department of Health and Human Services. Healthy People 2030. Increase past-year attempts to quit smoking in adults – TU-11. https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/increase-past-year-attempts-quit-smoking-adults-tu-11

Adult Current Smokers who Tried to Quit Smoking at Least Once in the Past Year by Race and Ethnicity

The figure below shows the percent of adult current smokers who tried to quit smoking at least once in the past year by race and ethnicity in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. Unfortunately, data was not available for Okeechobee County non-Hispanic Black and Okeechobee County Hispanic populations each year during this time period. Between 2007 and 2019, a greater percentage of Florida Non-Hispanic White adult current smokers tried to quit smoking at least once in the past year (55.3%) compared to 51.8% of Okeechobee County non-Hispanic White adult current smokers.

Figure 122: Adult Current Smokers who Tried to Quit Smoking at Least Once in the Past Year by Race and Ethnicity, Percent of Adult Current Smokers, Okeechobee County and Florida, 2007-2019



	2007	2010	2013	2016	2019
Okeechobee County Non-Hispanic White	56.7%	54.8%	49.2%	49.9%	51.8%
Okeechobee County Non-Hispanic Black					
Okeechobee County Hispanic					
Florida Non-Hispanic White	49.3%	57.6%	57.9%	58.8%	55.3%
Florida Non-Hispanic Black	62.9%	71.9%	71.1%	74.9%	70.8%
Florida Hispanic	62.8%	60.7%	62.6%	67.0%	64.2%

Year

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, 2022

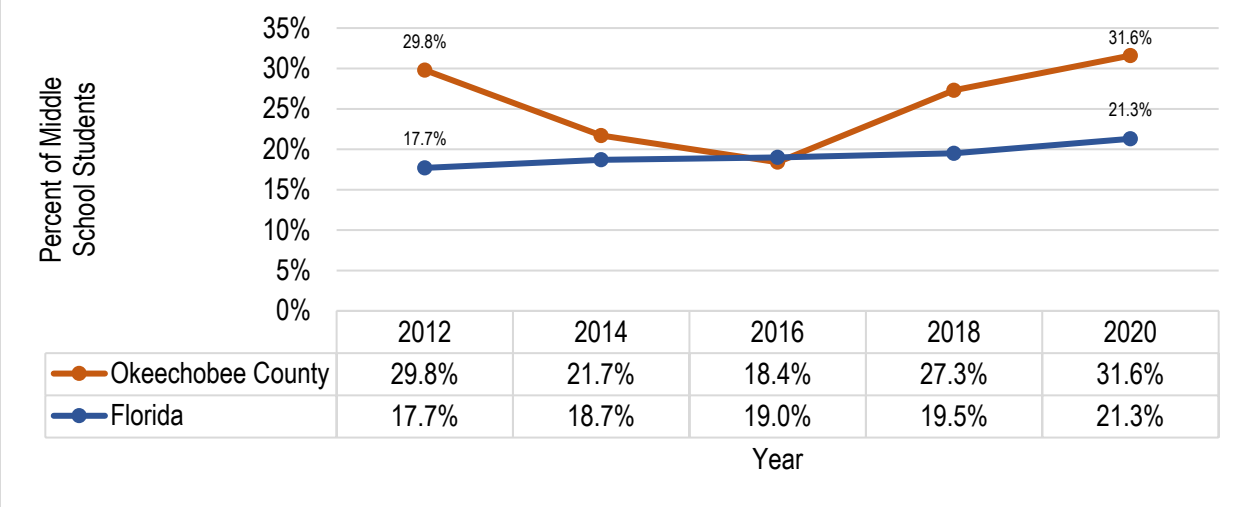
Middle School Students Who Have Ever Tried Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes, or Flavored Cigars

In 2021, approximately 11.3% of middle school students in the United States said they had ever tried a tobacco product. Furthermore, 4% of middle school students reported they had ever tried two or more tobacco products in 2021. Youth who use two or more tobacco products are at an increased risk for developing nicotine dependence and are more likely to continue using tobacco into adulthood. In fact, approximately 9 out of 10 adults who smoke cigarettes daily first tried smoking by age 18.[210]

The figure below shows the percentage of middle school students who had ever tried cigarettes, cigars, hookah, electronic vapor products, flavored cigarettes, or flavored cigars in Okeechobee County and Florida in 2012, 2014, 2016, 2018, and 2020. A greater percentage of Okeechobee County middle school students reported using these products compared to their peers across the state in 2012 (29.8% in Okeechobee County compared to 17.7% in Florida), 2014 (21.7% in Okeechobee County compared to 18.7% in Florida), 2018 (27.3% in Okeechobee County compared to 19.5% in Florida), and 2020 (31.6% in Okeechobee County compared to 21.3% in Florida). While the percentage of middle school students who tried these products steadily increased in Florida from 2012 to 2020, the percentage of middle school students who tried these products in Okeechobee County decreased from 2012 to 2016 and then increase from 2016 to 2020.

The Healthy People 2030 national target is to reduce current tobacco use in adolescents from 18.3% of students in grades 6 through 12 in 2018 to 11.3%.[211] While this indicator focuses on middle school students in particular, a reduction in these numbers would indicate progress towards this overall goal.

Figure 123: Middle School Students Who Have Ever Tried Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes, or Flavored Cigars, Percent of Middle School Students, Okeechobee County and Florida, 2012-2020



	2012	2014	2016	2018	2020
Okeechobee County	29.8%	21.7%	18.4%	27.3%	31.6%
Florida	17.7%	18.7%	19.0%	19.5%	21.3%

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2020
Compiled by: Health Council of Southeast Florida, 2022

[210] Centers for Disease Control and Prevention (CDC). (2022). (CDC). (2022). *Youth and tobacco use.* Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
[211] U.S. Department of Health and Human Services. Healthy People 2030. Reduce current tobacco use in adolescents – TU-04. https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/reduce-current-tobacco-use-adolescents-tu-04

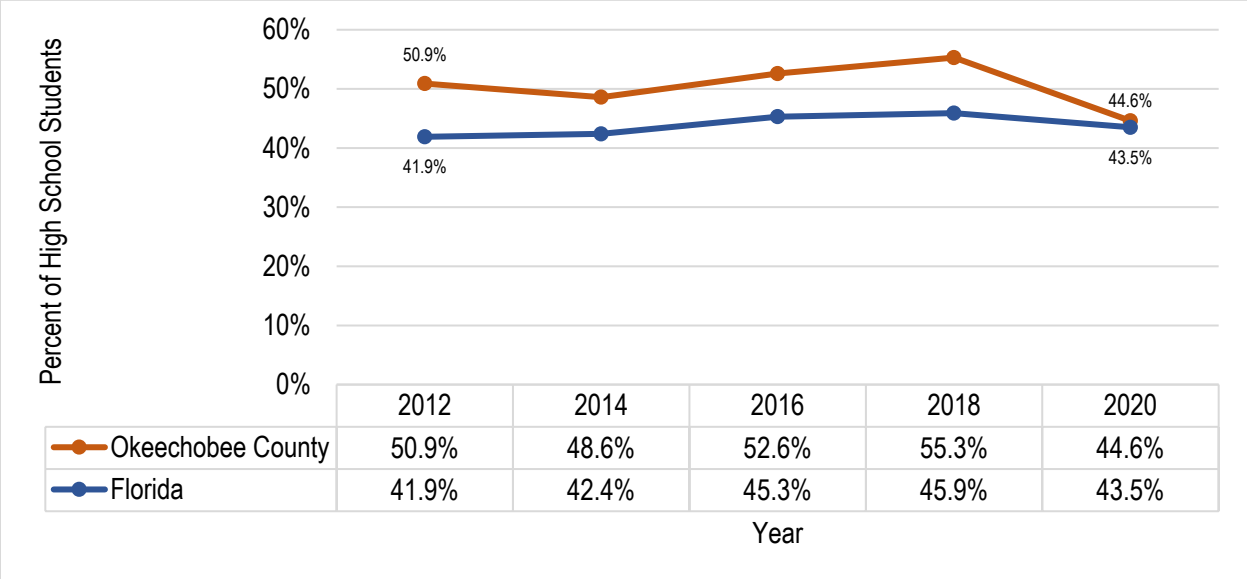
High School Students Who Have Ever Tried Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes, or Flavored Cigars

As mentioned previously, youth who use two or more tobacco products are at an increased risk for developing nicotine dependence and can be more likely to continue using tobacco into adulthood. In fact, approximately 9 out of 10 adults who smoke cigarettes daily first tried smoking by age 18. In 2021, 34.0% of U.S. high schools students reported they had ever tried a tobacco product. In this same year, 14.6% of U.S. high school students reported they had ever tried two or more tobacco products.[212]

The figure below shows the percentage of high school students who had ever tried cigarettes, cigars, hookah, electronic vapor products, flavored cigarettes, or flavored cigars in Okeechobee County and Florida in 2012, 2014, 2016, 2018, and 2020. A greater percentage of Okeechobee County high school students reported having ever tried cigarettes, cigars, hookahs, electronic vapor products, flavored cigarettes, or flavored cigars compared to their peers in the state of Florida overall from 2012 to 2020. Most recently, in 2020, 44.6% of Okeechobee County high school students reported having ever tried these smoking methods or devices, compared to 43.5% of Florida high school students. Notably, despite fluctuation, the percentage of Okeechobee County high school students who reported having ever tried these smoking mechanisms decreased overall from 2012 (50.9%) to 2020 (44.6%).

The Healthy People 2030 national target is to reduce current tobacco use in adolescents from 18.3% of students in grades 6 through 12 in 2018 to 11.3%.[213] While this indicator focuses on high school students in particular, a reduction in these numbers would indicate progress towards this overall goal.

Figure 124: High School Students Who Have Ever Tried Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes, or Flavored Cigars, Percent of High School Students, Okeechobee County and Florida, 2012-2020



	2012	2014	2016	2018	2020
Okeechobee County	50.9%	48.6%	52.6%	55.3%	44.6%
Florida	41.9%	42.4%	45.3%	45.9%	43.5%

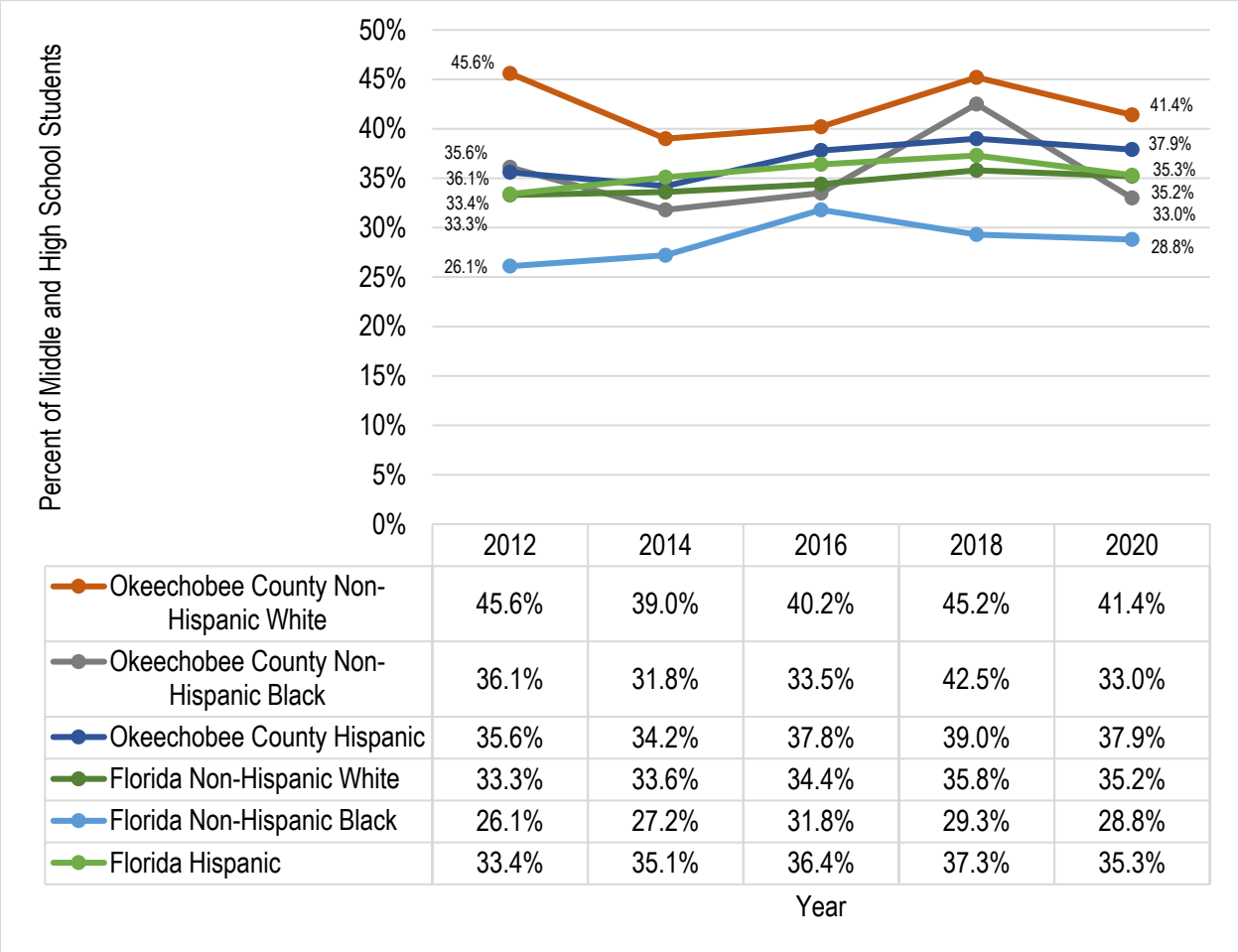
Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2020
Compiled by: Health Council of Southeast Florida, 2022

[212] Centers for Disease Control and Prevention (CDC). (2022). (CDC). (2022). *Youth and tobacco use.* Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
[213] U.S. Department of Health and Human Services. Healthy People 2030. Reduce current tobacco use in adolescents – TU-04. https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/reduce-current-tobacco-use-adolescents-tu-04

Middle and High School Students Who Have Ever Tried Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes, or Flavored Cigars by Race and Ethnicity

The figure below shows the percentage of middle and high school students who had ever tried cigarettes, cigars, hookah, electronic vapor products, flavored cigarettes, or flavored cigars by race and ethnicity in Okeechobee County and Florida in 2012, 2014, 2016, 2018, and 2020. In Okeechobee County, a greater percentage of non-Hispanic White students tried these smoking mechanisms compared to their non-Hispanic Black and Hispanic counterparts from 2012 through 2020. Most recently, in 2020, the percentage of Okeechobee County non-Hispanic White (41.4%), non-Hispanic Black (33.0%), and Hispanic students (37.9%) reported trying these devices in greater proportions compared to their racial and ethnic counterparts in the state overall.

Figure 125: Middle and High School Students Who Have Ever Tried Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes, or Flavored Cigars by Race and Ethnicity, Percent of Middle and High School Students, Okeechobee County and Florida, 2012-2020



Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2020
Compiled by: Health Council of Southeast Florida, 2022

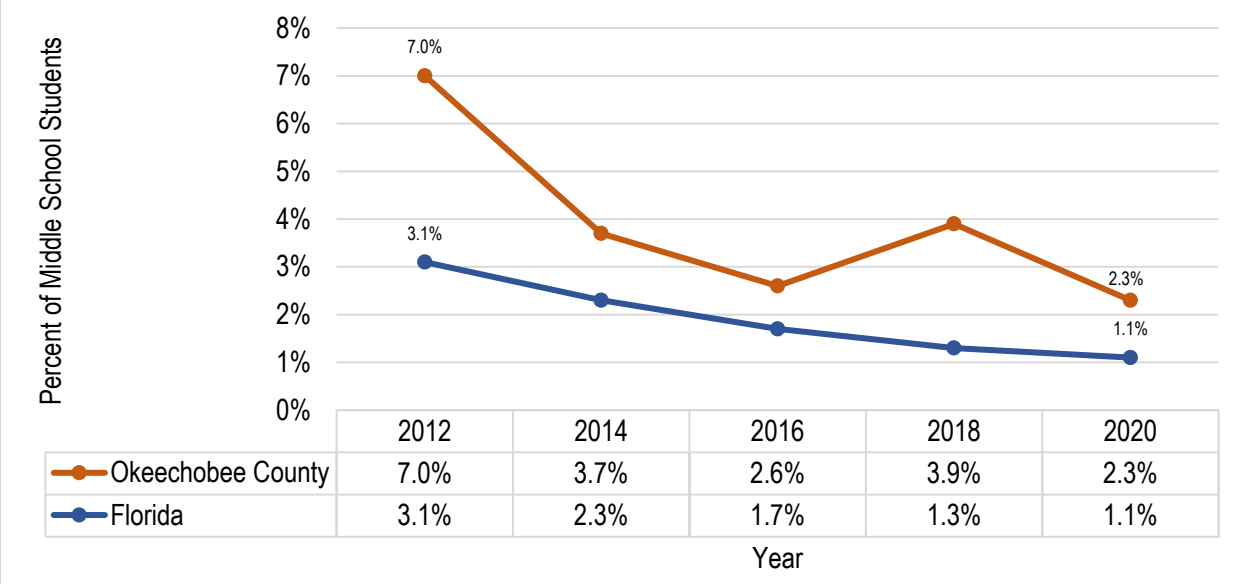
Middle School Students Who Are Current Cigarette Smokers (Smoked in the Past 30 Days)

If the current rate of cigarette smoking among youth in the United States continues, 5.6 million of today's youth will die early from a smoking-related illness, equating to about one out of every 13 Americans aged 17 years or younger who are alive today. In 2021, approximately 1.9% of U.S. middle school students smoked cigarettes in the past 30 days. It is important to understand the current trends and address use among youth, as early tobacco use is a strong indicator for tobacco use throughout the lifespan.[214]

The figure below shows the percentage of middle school students who were current smokers, as identified by those who reported they had smoked in the past 30 days, in Okeechobee County and Florida in 2012, 2014, 2016, 2018, and 2020. Despite an overall decreasing trend among both Okeechobee County and Florida middle school students between 2012 and 2020, a greater percentage of Okeechobee County middle school students were current smokers across this time period compared to the percentage of overall Florida middle school students. Notably, the percentage of Okeechobee County middle school students who were current smokers decreased from 7.0% of middle school students in 2012 to 2.6% in 2016. In 2018, this percentage increased to 3.9% before falling to a five-year low of 2.3% in 2020. In Florida, the percentage of middle school students who were current smokers decreased steadily from 3.1% in 2012 to 1.1% in 2020.

The Healthy People 2030 national target is to reduce current cigarette smoking in adolescents from 5.4% of students in grades 6 through 12 in 2018 to 3.4%.[215] Although this indicator is specific to middle school students only, a decrease in these numbers would indicate progress towards the overall goal.

Figure 126: Middle School Students Who Are Current Cigarette Smokers (Smoked in the Past 30 Days), Percent of Middle School Students, Okeechobee County and Florida, 2012-2020



	2012	2014	2016	2018	2020
Okeechobee County	7.0%	3.7%	2.6%	3.9%	2.3%
Florida	3.1%	2.3%	1.7%	1.3%	1.1%

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2020
Compiled by: Health Council of Southeast Florida, 2022

[214] Centers for Disease Control and Prevention. (2022). *Youth and tobacco use.* Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
[215] U.S. Department of Health and Human Services. Healthy People 2030. Reduce current cigarette smoking in adolescents – TU-06. https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/reduce-current-cigarette-smoking-adolescents-tu-06

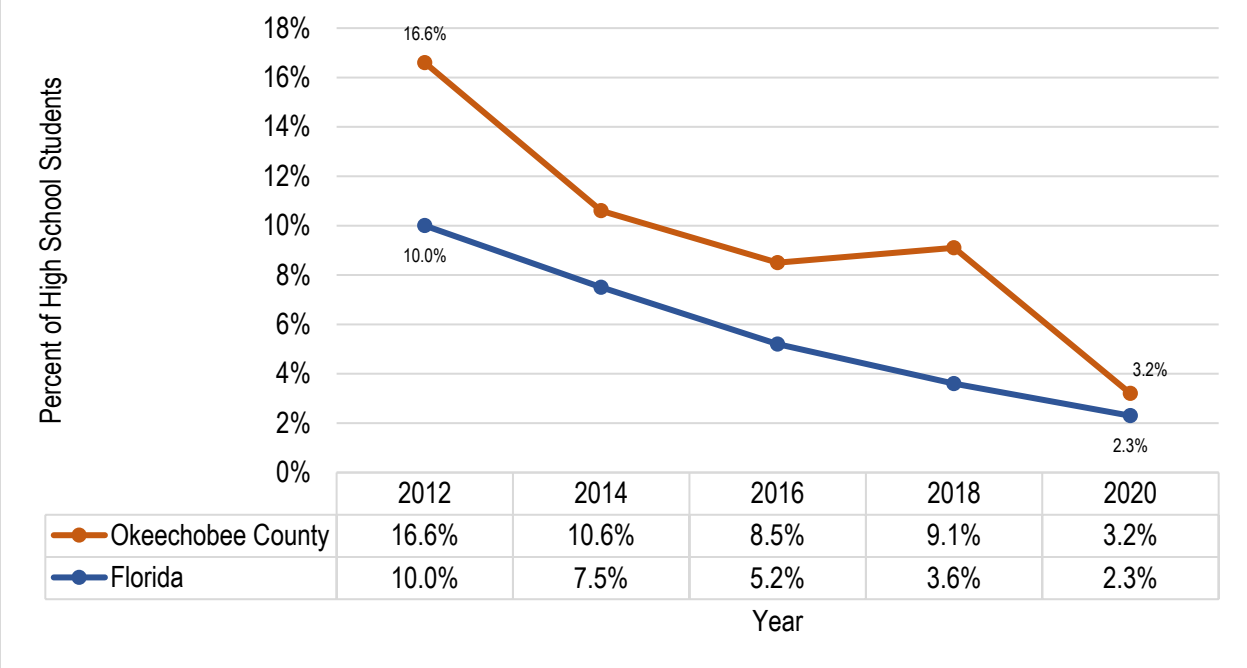
High School Students Who Are Current Cigarette Smokers (Smoked in the Past 30 Days)

As mentioned, the current rate of cigarette smoking among youth in the United States is projected to contribute to 5.6 million early deaths from a smoking-related illness among today's youth. In 2021, approximately 1.9% of U.S. high school students smoked cigarettes in the past 30 days. It is imperative to address tobacco use among youth, as early tobacco use is a strong indicator for tobacco use throughout the lifespan.[216]

The figure below shows the percent of high school students who were current smokers, as identified by those who reported they had smoked in the past 30 days, in Okeechobee County and Florida in 2012, 2014, 2016, 2018, and 2020. A greater percentage of Okeechobee County high school students were current cigarette smokers compared to high school students in the state of Florida overall. The percentage of current Okeechobee County high school student smokers decreased significantly from 2012 (16.6%) to 2020 (3.2%), despite slight fluctuation in 2018. In Florida, the percentage of high school students who were current smokers decreased steadily from 10.0% in 2012 to 2.3% in 2020.

The Healthy People 2030 national target is to reduce current cigarette smoking in adolescents from 5.4% of students in grades 6 through 12 in 2018 to 3.4%.[217] Although this indicator is specific to high school students only, a decrease in these numbers would indicate progress towards the overall goal.

Figure 127: High School Students Who Are Current Cigarette Smokers (Smoked in the Past 30 Days), Percent of High School Students, Okeechobee County and Florida, 2012-2020



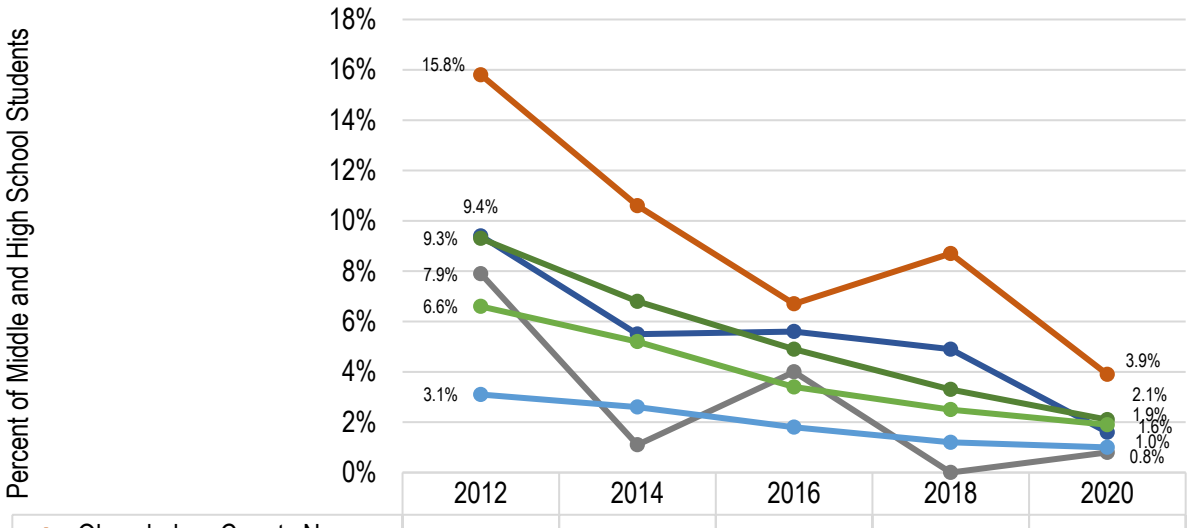
Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2020
Compiled by: Health Council of Southeast Florida, 2022

[216] Centers for Disease Control and Prevention. (2022). *Youth and tobacco use.* Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
[217] U.S. Department of Health and Human Services. Healthy People 2030. Reduce current cigarette smoking in adolescents – TU-06. https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/reduce-current-cigarette-smoking-adolescents-tu-06

Middle and High School Students Who Are Current Cigarette Smokers (Smoked in the Past 30 Days) by Race and Ethnicity

The figure below shows the percentage of middle and high school students who were current smokers, as identified by those who reported they had smoked in the past 30 days, in Okeechobee County and Florida in 2012, 2014, 2016, 2018, and 2020. During this timeframe, the percentage of current smokers decreased overall among all racial and ethnic groups. Additionally, the percentage of current smokers among Okeechobee County non-Hispanic White middle and high school students was higher than all other groups in the county and at the state level each year. Most recently, in 2020, 3.9% of Okeechobee County non-Hispanic White middle and high school students were current smokers compared to 1.6% of Okeechobee County Hispanic middle and high school students and 0.8% of Okeechobee County non-Hispanic Black middle and high school students. A similar trend was reported across the state of Florida, with 2.1% of Florida non-Hispanic White middle and high school students reporting as current smokers, followed by 1.9% of Florida Hispanic students and 1.0% of Florida non-Hispanic Black students.

Figure 128: Middle and High School Students Who Are Current Cigarette Smokers (Smoked in the Past 30 Days) by Race and Ethnicity, Percent of Middle and High School Students, Okeechobee County and Florida, 2012-2020



	2012	2014	2016	2018	2020
Okeechobee County Non-Hispanic White	15.8%	10.6%	6.7%	8.7%	3.9%
Okeechobee County Non-Hispanic Black	7.9%	1.1%	4.0%	0.0%	0.8%
Okeechobee County Hispanic	9.4%	5.5%	5.6%	4.9%	1.6%
Florida Non-Hispanic White	9.3%	6.8%	4.9%	3.3%	2.1%
Florida Non-Hispanic Black	3.1%	2.6%	1.8%	1.2%	1.0%
Florida Hispanic	6.6%	5.2%	3.4%	2.5%	1.9%

Year

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2020
Compiled by: Health Council of Southeast Florida, 2022

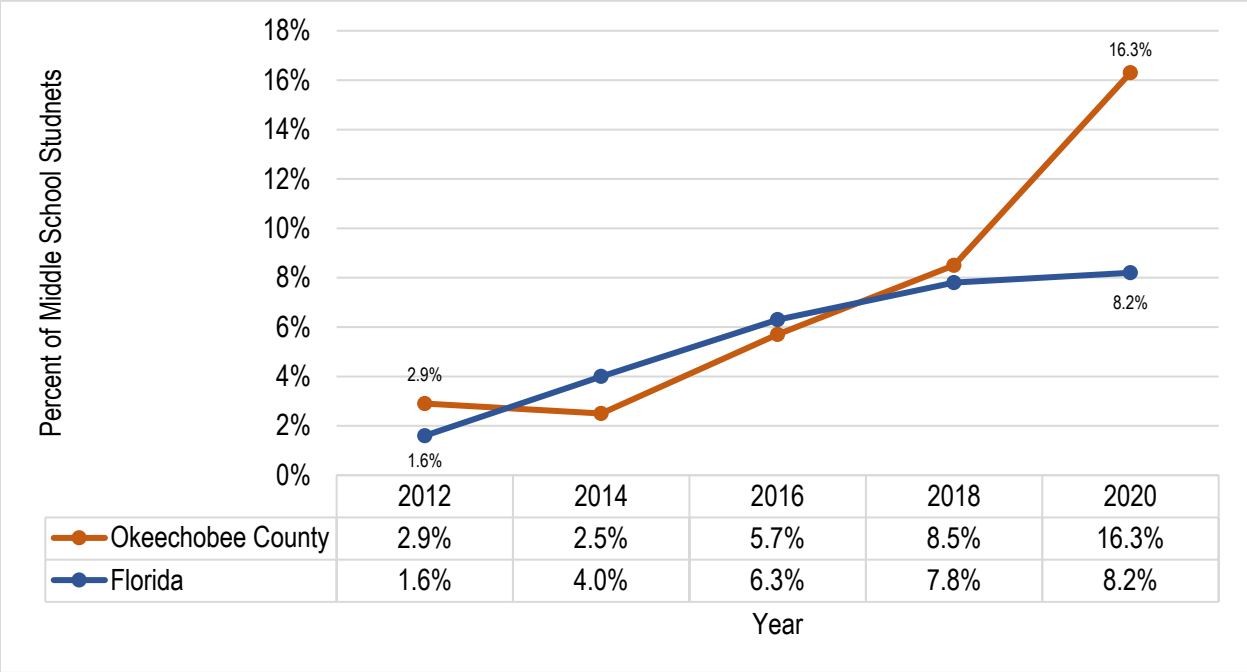
Middle School Students Who Have Used an Electronic Vapor Product in the Past 30 Days

Electronic cigarettes, or e-cigarettes, have been the most commonly used tobacco product among youth since 2014. While the proportion of youth smoking cigarettes decreased over recent years, the proportion of students using electronic vapor products such as e-cigarettes increased. In 2021, 2.8% of U.S. middle school students reported that they had used electronic cigarettes in the past 30 days.[218]

The figure below shows the percentage of middle school students who had used an electronic vapor product in the past 30 days in Okeechobee County and Florida in 2012, 2014, 2016, 2018, and 2020. From 2014 to 2020, the percentage of Okeechobee County middle school students who had used an electronic vapor product in the past 30 days increased from 2.5% to 16.3%. Most recently, in 2020, the percentage of middle school students using these products in Okeechobee County (16.3%) was nearly double that of the state of Florida overall (8.2%).

The Healthy People 2030 national target is to reduce current e-cigarette use in adolescents from 13.8% of students in grades 6 through 12 in 2018 to 10.5%.[219] While this indicator is specific to middle school students only, a decrease in these numbers would indicate progress towards the overall goal.

Figure 129: Middle School Students Who Have Used an Electronic Vapor Product in the Past 30 Days, Percent of Middle School Students, Okeechobee County and Florida, 2012-2020



Source: Florida Department of Health, Division of Community Health Promotion, Florida youth Tobacco Survey (FYTS), 2020
Compiled by: Health Council of Southeast Florida, 2022

[218] Centers for Disease Control and Prevention. (2022). *Youth and tobacco use.* Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
[219] U.S. Department of Health and Human Services. Healthy People 2030. Reduce current e-cigarette use in adolescents – TU-05. https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/reduce-current-e-cigarette-use-adolescents-tu-05

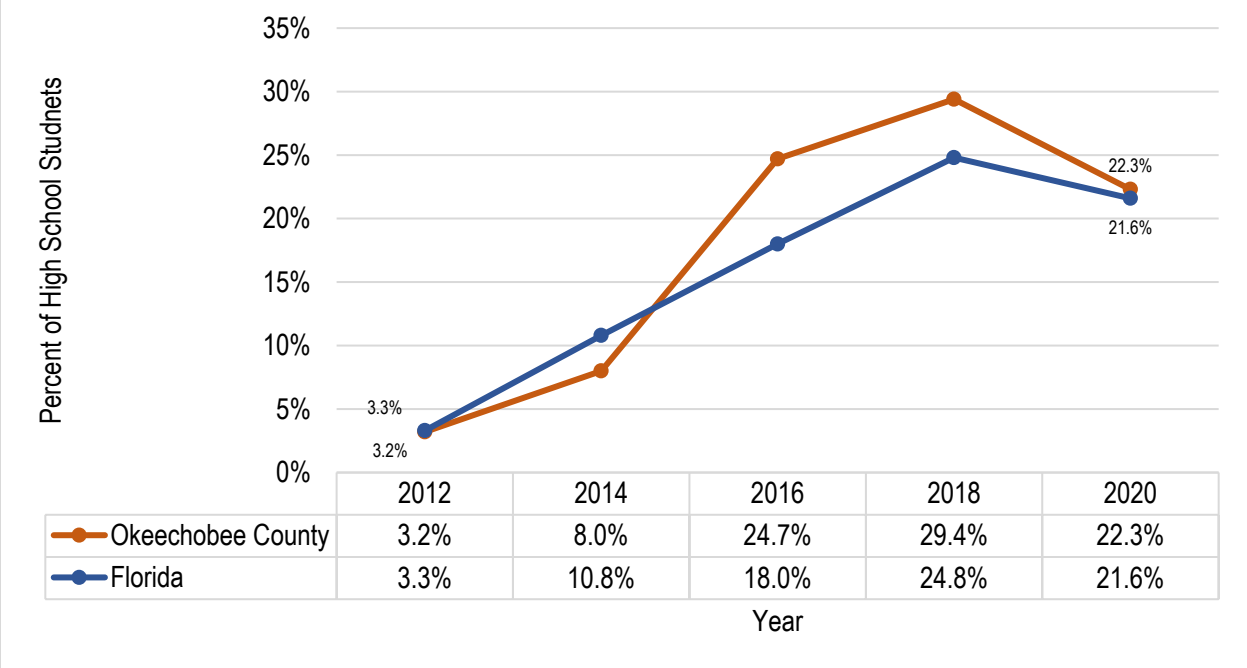
High School Students Who Have Used an Electronic Vapor Product in the Past 30 Days

As mentioned previously, electronic cigarettes, or e-cigarettes, have been the most commonly used tobacco product among youth since 2014, leading to larger proportions of youth smoking these products at an increasing trend while traditional cigarette use decreased. In 2021, 11.3% of U.S. high school students reported that they had used electronic cigarettes in the past 30 days.[220]

The figure below shows the percentage of high school students who had used an electronic vapor product in the past 30 days in Okeechobee County and Florida in 2012, 2014, 2016, 2018, and 2020. Notably, the percentage of high school students using an electronic vapor product decreased from 2018 to 2020 in both the state of Florida and Okeechobee County after consistently increasing in both areas in previous years. In 2018, 29.4% of high school students had used an electronic vapor product in the past 30 days in Okeechobee County compared to 24.8% of Florida high school students overall. In 2020, 22.3% of high school students in Okeechobee County had used an electronic vapor product in the past 30 days compared to 21.6% of Florida high school students overall.

The Healthy People 2030 national target is to reduce current e-cigarette use in adolescents from 13.8% of students in grades 6 through 12 in 2018 to 10.5%.[221] Although this indicator is specific to high school students only, a decrease in these numbers would indicate progress towards the overall goal.

Figure 130: High School Students Who Have Used an Electronic Vapor Product in the Past 30 Days, Percent of High School Students, Okeechobee County and Florida, 2012-2020



	2012	2014	2016	2018	2020
Okeechobee County	3.2%	8.0%	24.7%	29.4%	22.3%
Florida	3.3%	10.8%	18.0%	24.8%	21.6%

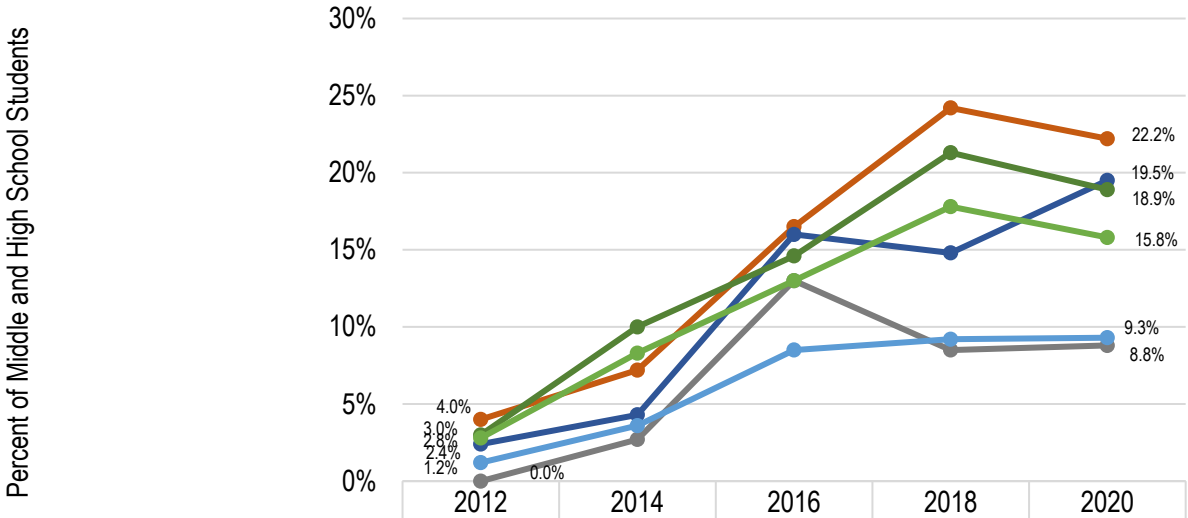
Source: Florida Department of Health, Division of Community Health Promotion, Florida youth Tobacco Survey (FYTS), 2020
Compiled by: Health Council of Southeast Florida, 2022

[220] Centers for Disease Control and Prevention. (2022). *Youth and tobacco use.* Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
[221] U.S. Department of Health and Human Services. Healthy People 2030. Reduce current e-cigarette use in adolescents – TU-05. https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/reduce-current-e-cigarette-use-adolescents-tu-05

Middle and High School Students Who Have Used an Electronic Vapor Product in the Past 30 Days by Race and Ethnicity

The figure below shows the percentage of middle and high school students who had used an electronic vapor product in the past 30 days by race and ethnicity in Okeechobee County and Florida in 2012, 2014, 2016, 2018, and 2020. While the percentage of middle and high school students who had used an electronic vapor product in the past 30 days decreased among Okeechobee County non-Hispanic White students, Florida non-Hispanic White students, and Florida Hispanic students from 2018 to 2020, the percentage of Okeechobee County non-Hispanic Black students, Okeechobee County Hispanic students, and Florida non-Hispanic Black students using these products increased from 2018 to 2020. Most recently, in 2020, 22.2% of Okeechobee County non-Hispanic White middle and high school students used an electronic vapor product in the past 30 days, compared to 8.8% of Okeechobee County non-Hispanic Black students and 19.5% of Okeechobee County Hispanic students.

Figure 131: Middle and High School Students Who Have Used an Electronic Vapor Product in the Past 30 Days by Race and Ethnicity, Percent of Middle and High School Students, Okeechobee County and Florida, 2012-2020



	2012	2014	2016	2018	2020
Okeechobee County Non-Hispanic White	4.0%	7.2%	16.5%	24.2%	22.2%
Okeechobee County Non-Hispanic Black	0.0%	2.7%	13.0%	8.5%	8.8%
Okeechobee County Hispanic	2.4%	4.3%	16.0%	14.8%	19.5%
Florida Non-Hispanic White	3.0%	10.0%	14.6%	21.3%	18.9%
Florida Non-Hispanic Black	1.2%	3.6%	8.5%	9.2%	9.3%
Florida Hispanic	2.8%	8.3%	13.0%	17.8%	15.8%

Year

Source: Florida Department of Health, Division of Community Health Promotion, Florida youth Tobacco Survey (FYTS), 2020
Compiled by: Health Council of Southeast Florida, 2022

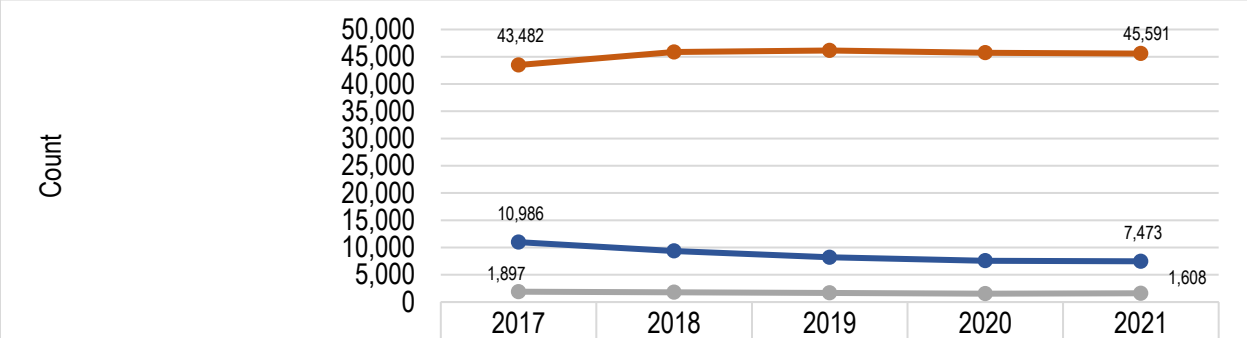
Opioid Prescriptions and Treatment

The Centers for Disease Control and Prevention (CDC) released updated guidelines for prescribing opioids for chronic pain in 2016 in response to the opioid epidemic in America. As opioids became increasingly available through over-prescribing, a congruent increase in heroin use and drug overdose deaths were also reported. In fact, drug overdose deaths increased 137% between 2000 and 2014. Overdoses involving prescription opioids and heroin increased 200% in this same time period.[222] In 2020, approximately 92,000 people died from drug overdoses, making this the leading cause of injury-related death in the United States. Notably, of those deaths, nearly 75% involved a prescription or illicit opioid.[223]

The figures below show data related to opioid prescriptions and treatment, including counts of prescriptions dispensed, unique patients, and unique prescribers. Data is also provided to show the number of prescriptions dispensed per patient and the number of prescriptions dispensed per provider in Okeechobee County from 2017 to 2021. While the number of unique patients decreased overall from 2017 (10,986) to 2021 (7,473), the number of unique prescribers and the number of prescriptions dispensed increased overall in Okeechobee County. Most recently, in 2021, there were 6.1 prescriptions dispensed per patient in Okeechobee County, an increase from 4.0 in 2017. Additionally, the number of prescriptions dispensed per provider in Okeechobee County reached 28.4 in 2021, compared to 22.9 in 2017.

There is no Healthy People 2030 national target directly related to this indicator. However, the most closely related Healthy People 2030 national target is to reduce the proportion of people who misused prescription opioids in the past year from 3.6% of persons aged 12 years and over in 2018 to 3.3%.[224]

Figure 132: Opioid Prescriptions and Treatment, Counts per Year, Okeechobee County, 2017-2021

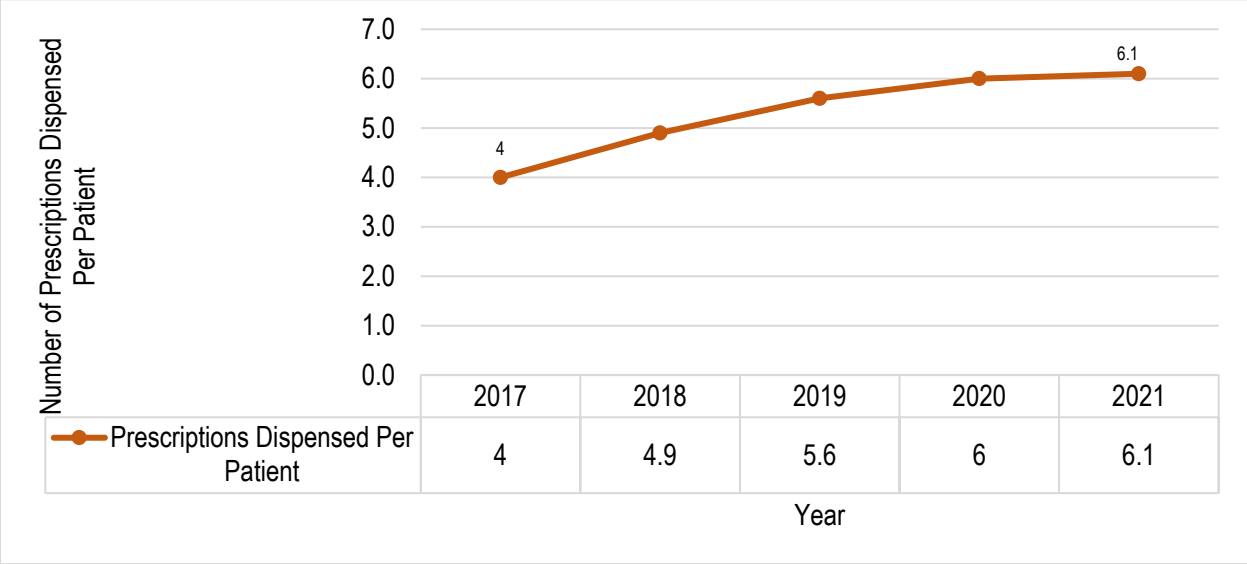


	2017	2018	2019	2020	2021
Number of Prescriptions Dispensed	43,482	45,868	46,146	45,727	45,591
Number of Unique Patients	10,986	9,365	8,205	7,573	7,473
Number of Unique Prescribers	1,897	1,795	1,672	1,537	1,608

Source: Florida Health CHARTS, Opioid Dashboard, 2021
Compiled by: Health Council of Southeast Florida, 2022

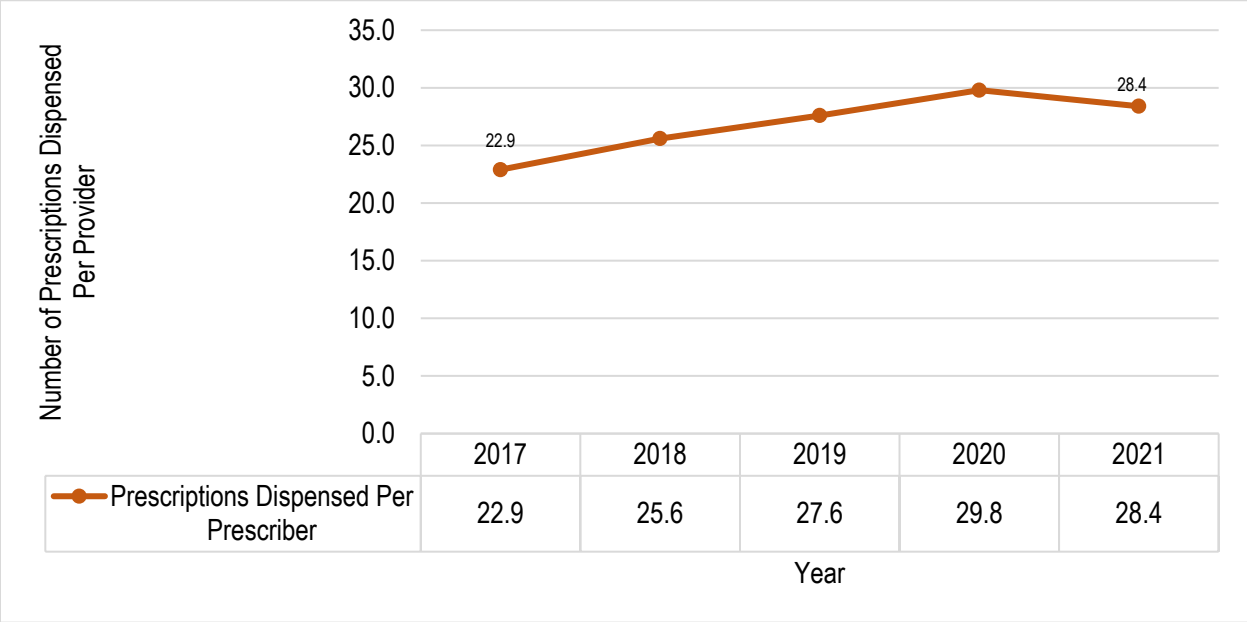
[222] Meldrum M. L. (2016). The Ongoing Opioid Prescription Epidemic: Historical Context. *American journal of public health*, *106*(8), 1365–1366. https://doi.org/10.2105/AJPH.2016.303297
[223] Centers for Disease Control and Prevention (CDC). (2022). *Opioids.* Retrieved from https://www.cdc.gov/opioids/index.html
[224] US Department of Health and Human Services. Healthy People 2030. Reduce the proportion of people who misused prescription opioids in the past year – SU-19. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-people-who-misused-prescription-opioids-past-year-su-19

Figure 133: Prescriptions Dispensed Per Patient, Okeechobee County, 2017-2021



Source: Florida Health CHARTS, Opioid Dashboard, 2021
Compiled by: Health Council of Southeast Florida, 2022

Figure 134: Prescriptions Dispensed Per Prescriber, Okeechobee County, 2017-2021



Source: Florida Health CHARTS, Opioid Dashboard, 2021
Compiled by: Health Council of Southeast Florida, 2022

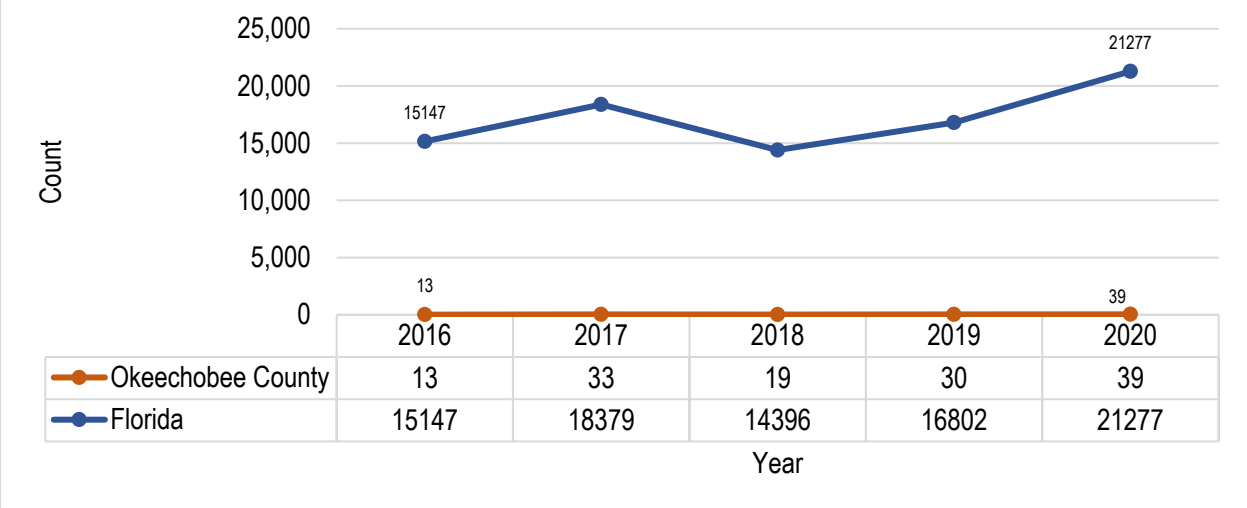
Opioid-Involved Non-Fatal Overdose Emergency Department Visits

Emergency department data can provide insight into non-fatal overdose prevalence and allows communities to understand drug use trends over time. In 2017, 305,623 opioid-involved overdoses were treated in emergency departments, representing a 3.1% increase from 2016.[225]

The figure below shows the count of opioid-involved non-fatal overdose emergency department visits in Okeechobee County and Florida from 2016 to 2020. Despite a slight decrease from 2017 to 2018, the overall count of opioid-involved non-fatal overdose emergency department visits increased overall from 2016 to 2020 in Okeechobee County and the state of Florida. In Okeechobee County, opioid-involved non-fatal overdose emergency department visits increased from 13 in 2016 to 39 in 2020. In Florida overall, these emergency department visits increased from 15,147 in 2016 to 21,277 in 2020.

There is no Healthy People 2030 national target directly specific to this indicator. However, the mostly closely related national target is to reduce emergency department visits related to nonmedical use of prescription opioids from 3.9 emergency department visits for harms from nonmedical use of prescription opioids per 10,000 population in 2016-2017 to 3.5 per 10,000 population.[226] Additionally, an objective to reduce the rate of opioid-related emergency department visits is in the developmental stages.[227] This highlights opioid-related emergency department visits as a high-priority public health issue that has evidence-based interventions available. Once baseline data becomes available for this objective on the national level, it will be considered to become a core Healthy People 2030 objective.

Figure 135: Opioid-Involved Non-Fatal Overdose Emergency Department Visits, Counts per Year, Okeechobee County and Florida, 2016-2020



Source: Florida Health CHARTS, Opioid Dashboard, 2020
Compiled by: Health Council of Southeast Florida, 2022

[225] Vivolo-Kantor, A. M., Hoots, B. E., Scholl, L., Pickens, C., Roehler, D. R., Board, A., Mustaquim, D., Smith, H., 4th, Snodgrass, S., & Liu, S. (2020). Nonfatal Drug Overdoses Treated in Emergency Departments - United States, 2016-2017. MMWR. Morbidity and mortality weekly report, 69(13), 371–376. https://doi.org/10.15585/mmwr.mm6913a3

[226] U.S. Department of Health and Human Services. Health People 2030. Reduce emergency department visits related to nonmedical use of prescription opioids – MPS-02. https://health.gov/healthypeople/objectives-and-data/browse-objectives/hospital-and-emergency-services/reduce-emergency-department-visits-related-nonmedical-use-prescription-opioids-mps-02

[227] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the rate of opioid-related emergency department visits – SU-D04. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-rate-opioid-related-emergency-department-visits-su-d04

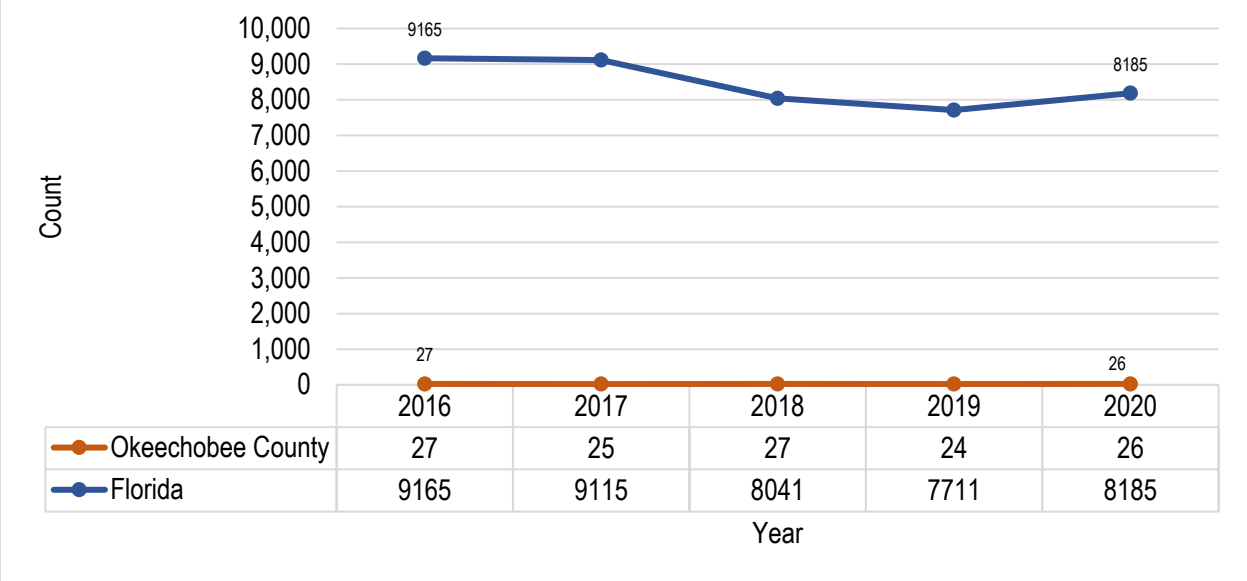
Opioid-Involved Non-Fatal Overdose Hospitalizations

Non-fatal opioid-involved hospitalizations present a significant concern to public health. While hospitals may serve as the last line of defense against substance use disorders, approximately 7,000 people are treated for opioid misuse in emergency departments each day in the United States. Diagnoses in the hospital setting may include both opioid dependence or abuse and cases related to opioid or heroin poisoning, which typically have higher case fatality rates.[228]

The figure below shows the count of opioid-involved non-fatal overdose hospitalizations in Okeechobee County and Florida from 2016 to 2020. The count of hospitalizations varied between 24 and 27 during this time period, ultimately increasing from 24 in 2019 to 26 in 2020. In Florida, there were 8,185 opioid-involved non-fatal hospitalizations in 2020.

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

Figure 136: Opioid-Involved Non-Fatal Overdose Hospitalizations, Counts per Year, Okeechobee County and Florida, 2016-2020



Source: Florida Health CHARTS, Opioid Dashboard, 2020
Compiled by: Health Council of Southeast Florida, 2022

[228] Song, Z. (2017). Mortality Quadrupled Among Opioid-Driven Hospitalizations, Notably Within Lower-Income and Disabled White Populations. *Health Affairs. (36)*12. https://doi.org/10.1377/hlthaff.2017.0689

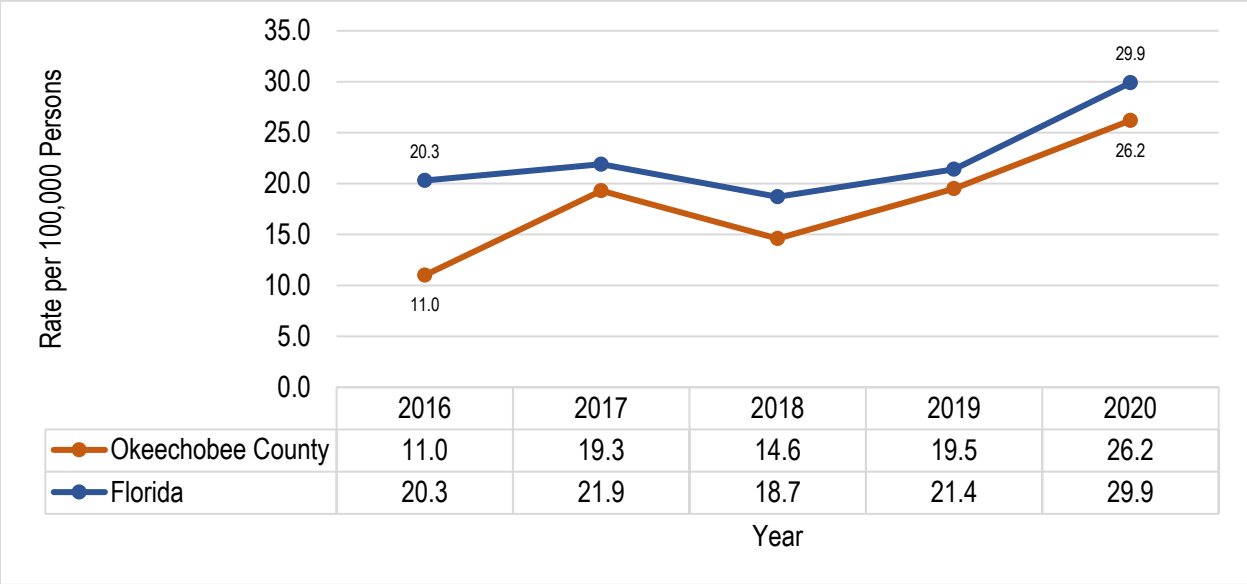
Opioid Overdose Age-Adjusted Deaths

Of the nearly 92,000 drug overdose deaths that occurred in the United States in 2020, approximately 75% of these deaths involved an opioid. Furthermore, over 82% of all opioid overdose deaths involved synthetic opioids, excluding methadone, in 2020.[229] From 2019 to 2020, opioid-involved deaths increased by 38%, prescription opioid-involved death rates increased by 17%, and synthetic opioid-involved death rates (excluding methadone) increased by 56%. Nationally, 187 people die every day from an opioid overdose with prescription or illicit opioids.[230]

The figure below shows the age-adjusted rate of opioid overdose deaths per 100,000 persons in Okeechobee County and Florida from 2016 to 2020. The rate of opioid overdose deaths in Okeechobee County was less than that of the state of Florida from 2016 to 2020. However, in Okeechobee County, the rate of opioid overdose deaths increased from 11.0 per 100,000 persons in 2016 to 26.2 per 100,000 persons in 2020. In Florida, the rate also increased overall from 2016 (20.3 per 100,000 persons) to 2020 (29.9 per 100,000 persons).

The Healthy People 2030 national target is to reduce overdose deaths involving opioids from 14.6 deaths per 100,000 population in 2018 to 13.1 per 100,000 population. Okeechobee County has not yet met this target.

Figure 137: Opioid Overdose Age-Adjusted Deaths, Rate per 100,000 Persons, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County	11.0	19.3	14.6	19.5	26.2
Florida	20.3	21.9	18.7	21.4	29.9

Source: Florida Health CHARTS, Opioid Dashboard, 2020
Compiled by: Health Council of Southeast Florida, 2022

[229] Centers for Disease Control and Prevention (CDC). *Opioid basics.* Retrieved from https://www.cdc.gov/opioids/basics/index.html
[230] Centers for Disease Control and Prevention (CDC). *Understanding the epidemic.* Retrieved from https://www.cdc.gov/opioids/basics/epidemic.html

Marijuana

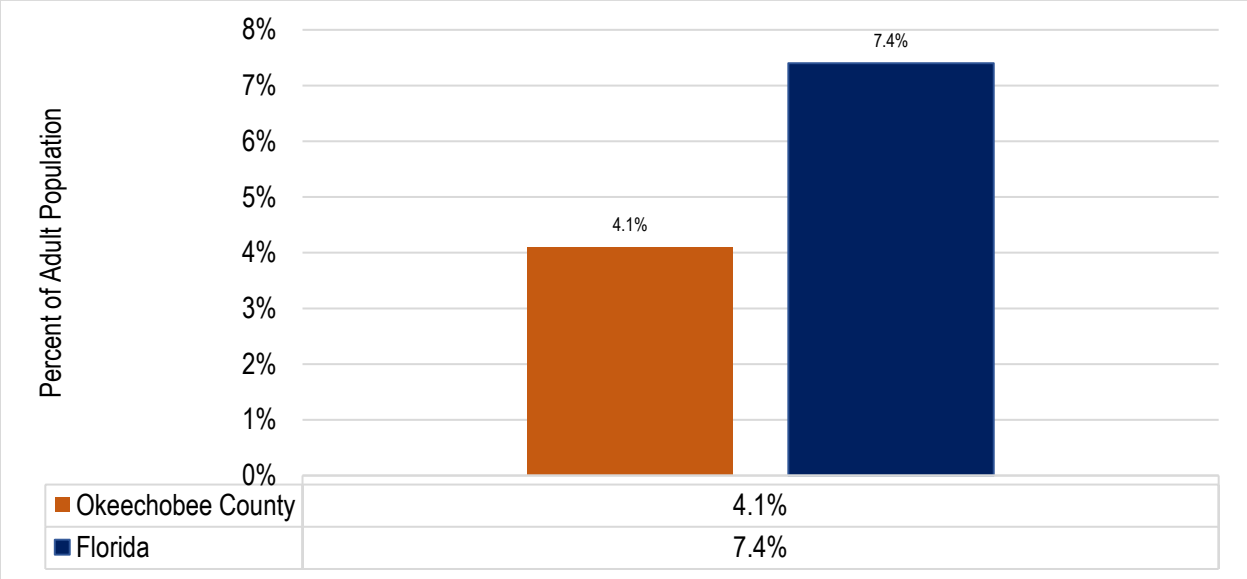
Adults Who Used Marijuana or Hashish During the Past 30 Days

In 2019, approximately 18% of Americans used marijuana at least once in the year. In fact, marijuana is the most commonly used federally controlled substance in the United States. The use of marijuana directly affects areas of the brain that are responsible for memory, learning, attention, decision-making, coordination, emotion, and reaction time. Additionally, long-term or frequent use of marijuana has been linked to increased risk of psychosis or schizophrenia in some users.[231] Importantly, however, evidence shows that cannabis serves to treat rare forms of epilepsy, cancer treatment-related nausea and vomiting, chronic pain, and loss of appetite due to HIV/AIDS.[232]

The figure below shows the proportion of adults who used marijuana or hashish during the past 30 days in 2016 in Okeechobee County and Florida. It is important to note that data at the county and state level was only available for 2016 for this indicator. In 2016, a smaller percentage of Okeechobee County adults used marijuana in the past 30 days (4.1%) compared to the percentage among Florida adults overall (7.4%).

There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 target is to maintain the proportion of adults who use marijuana daily or almost daily at 3.4% of adults aged 18 years and over.[233]

Figure 138: Adults Who Used Marijuana or Hashish During the Past 30 Days, Percent of Adult Population, Okeechobee County and Florida, 2016



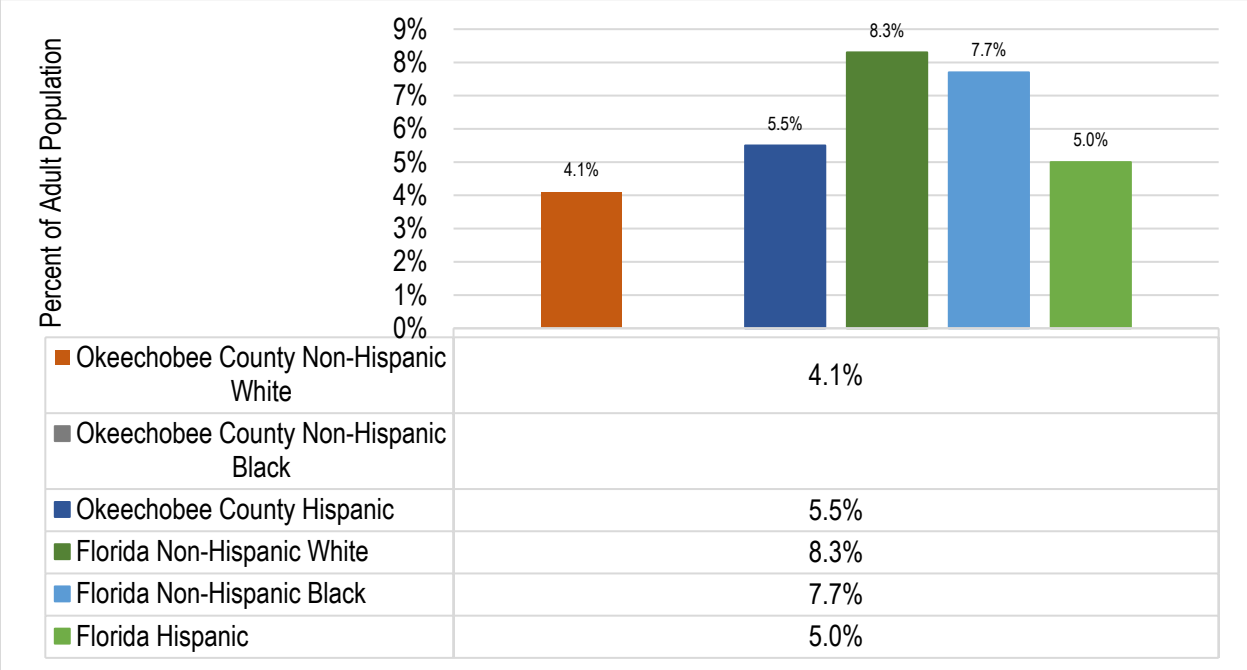
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2016
Compiled by: Health Council of Southeast Florida, 2022

[231] Centers for Disease Control and Prevention. (2021). *Marijuana and Public Health: Data and Statistics.* Retrieved from. https://www.cdc.gov/marijuana/data-statistics.htm
[232] National Institute of Health (2022). Cannabis (Marijuana) and Cannabinoids: What you need to know. Retrieved from https://www.nccih.nih.gov/health/cannabis
[233] U.S. Department of Health and Human Service. Healthy People 2030. Reduce the proportion of adults who use marijuana daily or almost daily — SU-08. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-adults-who-use-marijuana-daily-or-almost-daily-su-08

Adults Who Used Marijuana or Hashish During the Past 30 Days by Race and Ethnicity

The figure below shows the percentage of adults who used marijuana or hashish during the past 30 days by race and ethnicity in 2016 in Okeechobee County and Florida. It is important to note that data at the county and state level was only available for 2016 for this indicator. Unfortunately, data was not available for Okeechobee County non-Hispanic Black adults. Among Okeechobee County residents, the percentage of Okeechobee County Hispanic adults who used marijuana or hashish in the past 30 days (5.5%) was higher compared to the percentage among their non-Hispanic White counterparts (4.1%). Additionally, in 2016, 8.3% of Florida non-Hispanic White adults used marijuana or hashish during the past 30 days, followed by 7.7% of Florida non-Hispanic Black adults and 5.0% of Florida Hispanic adults.

Figure 139: Adults Who Used Marijuana or Hashish During the Past 30 Days by Race and Ethnicity, Percent of Adult Population, Okeechobee County and Florida, 2016



Okeechobee County Non-Hispanic White	4.1%
Okeechobee County Non-Hispanic Black	
Okeechobee County Hispanic	5.5%
Florida Non-Hispanic White	8.3%
Florida Non-Hispanic Black	7.7%
Florida Hispanic	5.0%

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, 2016
Compiled by: Health Council of Southeast Florida, 2022

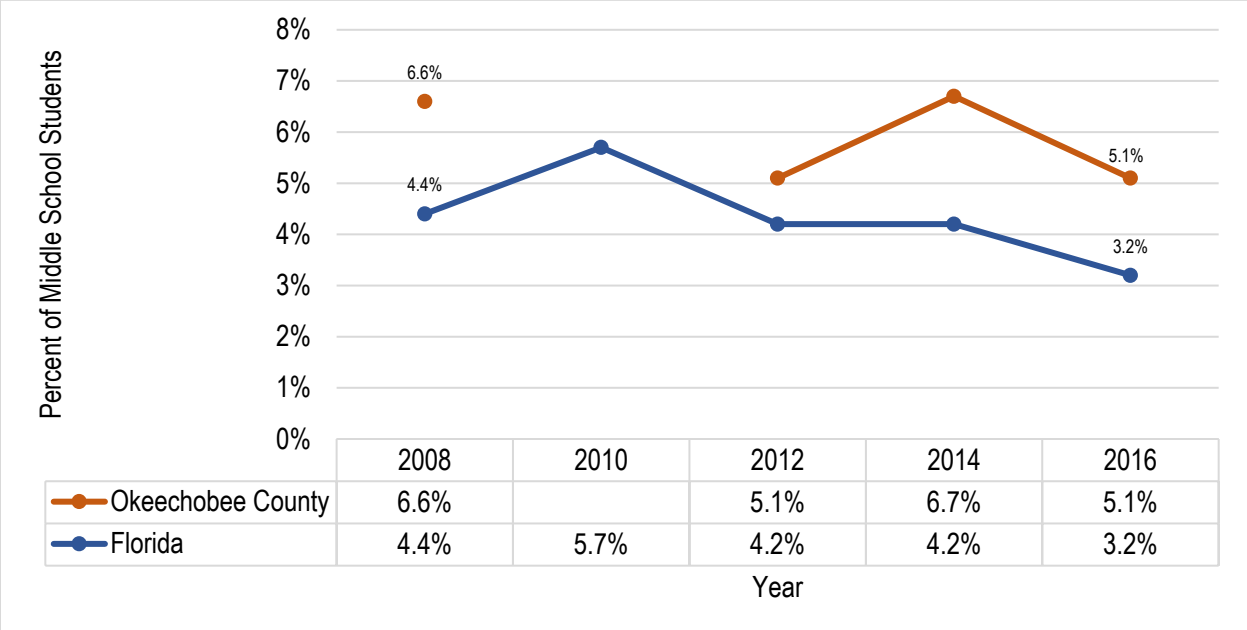
Middle School Students Who Used Marijuana or Hashish in the Past 30 Days

The risk of developing marijuana use disorder is greater for individuals who begin using marijuana before the age of 18. Notably, approximately 3 in 10 people who use marijuana have a marijuana use disorder. As mentioned previously, marijuana use directly affects the areas of the brain that are responsible for memory, learning, attention, decision-making, coordination, emotion, and reaction time. Research shows that children and teenagers, whose brains are still developing, are especially at risk for these negative effects of marijuana use.[234]

The figure below shows the percentage of middle school students who used marijuana or hashish in the past 30 days in Okeechobee County and Florida in 2008, 2010, 2012, 2014, and 2016. Unfortunately, data was not available for Okeechobee County middle school students in 2010. However, for the years in which data was available, a greater percentage of Okeechobee County middle school students used marijuana or hashish in the past 30 days compared to the percentage of middle school students in the state of Florida overall. Most recently, in 2016, 5.1% of Okeechobee County middle school students used marijuana or hashish in the past 30 days compared to 3.2% of Florida middle school students.

The Heathy People 2030 national target is to reduce the proportion of adolescents who used marijuana in the past month from 6.7% of adolescents aged 12 to 17 years in 2018 to 5.8%.[235] While this indicator is focused on middle school students only, any reduction in these numbers would indicate progress towards the larger goal.

Figure 140: Middle School Students Who Used Marijuana or Hashish in the Past 30 Days, Percent of Middle School Students, Okeechobee County and Florida, 2008-2016



	2008	2010	2012	2014	2016
Okeechobee County	6.6%		5.1%	6.7%	5.1%
Florida	4.4%	5.7%	4.2%	4.2%	3.2%

Source: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS), 2016
Compiled by: Health Council of Southeast Florida, 2022

[234] Centers for Disease Control and Prevention. (2021). *Marijuana and Public Health: Data and Statistics.* Retrieved from. https://www.cdc.gov/marijuana/data-statistics.htm

[235] U.S. Department of Health and Human Service. Healthy People 2030. Reduce the proportion of adolescents who used marijuana in the past month — SU-06. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-adolescents-who-used-marijuana-past-month-su-06

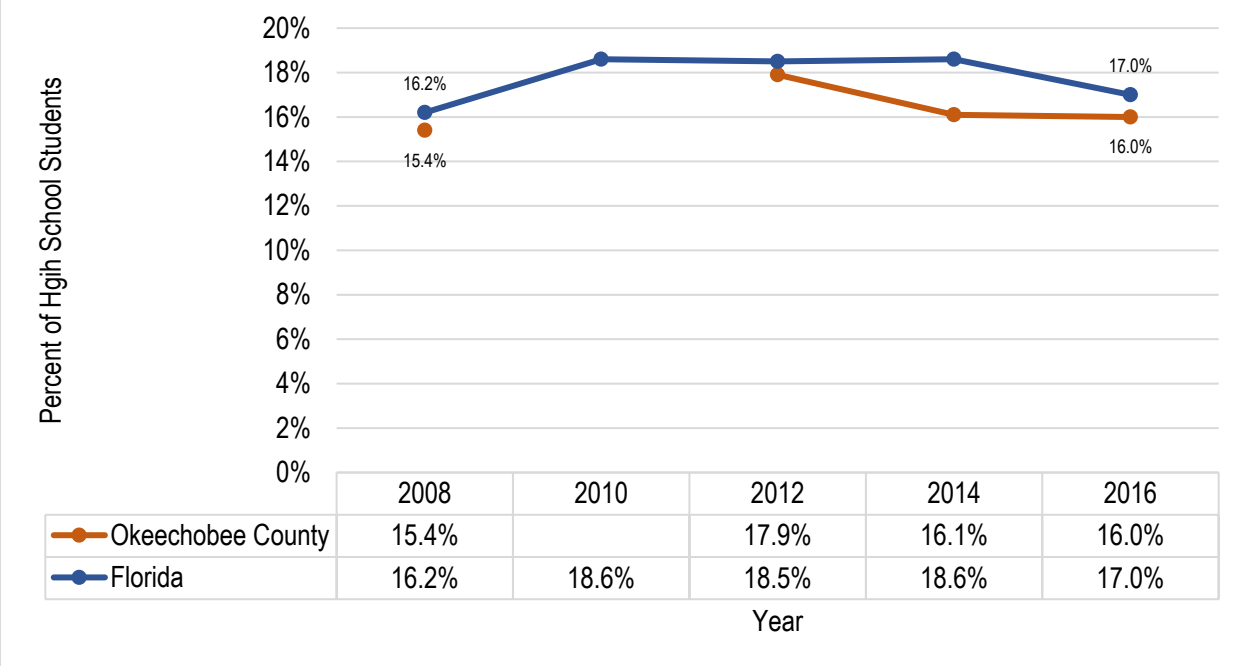
High School Students Who Used Marijuana or Hashish in the Past 30 Days

In 2019, 37% of U.S. high school students reported having ever used marijuana and 22% reported use in the past 30 days. As noted previously, marijuana use during youth and young adulthood can harm the developing brain, leading to issues such as difficulty in thinking and problem solving, problems with memory and learning, reduced coordination, difficulty maintaining attention, and problems with school. Furthermore, marijuana use may have permanent effects on the developing brain, especially for those who use marijuana regularly or heavily.[236]

The figure below shows the percentage of high school students who used marijuana or hashish in the past 30 days in Okeechobee County and Florida in 2008, 2010, 2012, 2014, and 2016. Unfortunately, data was not available for Okeechobee County high school students in 2010. Throughout the years reported, the percentage of Okeechobee County high school students who used marijuana or hashish in the past 30 days was less than the percentage of Florida high school students overall. Most recently, in 2016, 16.0% of Okeechobee County high school students used marijuana or hashish in the past 30 days compared to 17.0% of Florida students overall.

The Heathy People 2030 national target is to reduce the proportion of adolescents who used marijuana in the past month from 6.7% of adolescents aged 12 to 17 years in 2018 to 5.8%.[237] While this indicator is focused on high school students only, any reduction in these numbers would indicate progress towards the larger goal.

Figure 141: High School Students Who Used Marijuana or Hashish in the Past 30 Days, Percent of High School Students, Okeechobee County and Florida, 2008-2016



	2008	2010	2012	2014	2016
Okeechobee County	15.4%		17.9%	16.1%	16.0%
Florida	16.2%	18.6%	18.5%	18.6%	17.0%

Source: Florida Department of Children and Families, Florida Youth Substance Abuse Survey (FYSAS), 2016
Compiled by: Health Council of Southeast Florida, 2022

[236] Centers for Disease Control and Prevention (CDC). (2021). *Marijuana and public health: teens.* Retrieved from https://www.cdc.gov/marijuana/health-effects/teens.html

[237] U.S. Department of Health and Human Service. Healthy People 2030. Reduce the proportion of adolescents who used marijuana in the past month — SU-06. https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-adolescents-who-used-marijuana-past-month-su-06

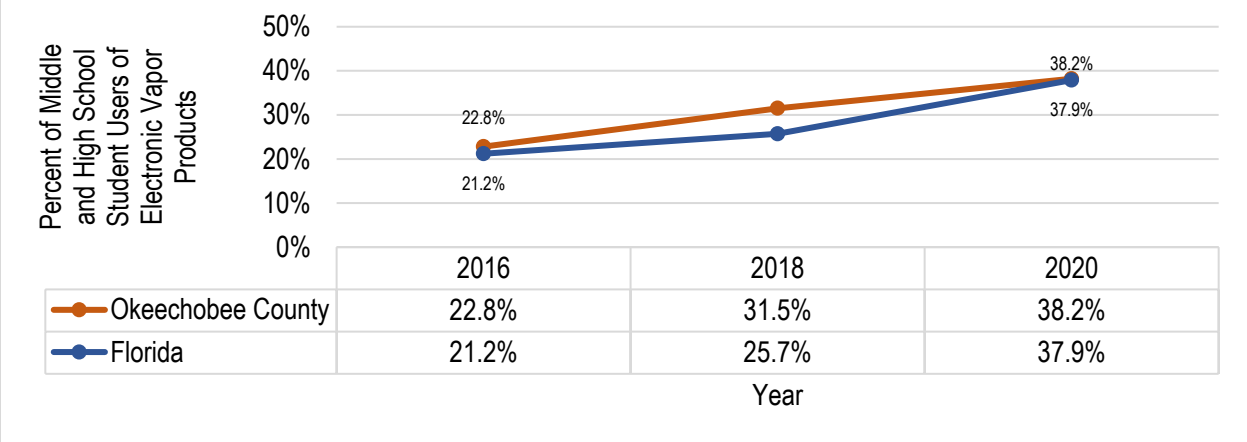
Middle and High School Student Users of Electronic Vapor Products Who Have Used an Electronic Vapor Product with Marijuana Oil

It has become more common for individuals to find alternative methods of consuming marijuana since the legalization of cannabis use in the United States. Research suggests that the likelihood of youth partaking in other forms of marijuana use, such as vaping, is impacted by these laws. The ease of accessibility and of concealing an electronic vaping product also increases the likelihood of youth trying marijuana for the first time.[238] The negative health impacts of marijuana, including increased risks related to brain development and future marijuana use disorder, are more significant for individuals 18 years or younger who use marijuana.[239]

The figure below shows the proportion of middle and high school student users of electronic vapor products who have used an electronic vapor product with marijuana oil in Okeechobee County and Florida between 2016 and 2020. While the proportion increased in both Okeechobee County and Florida each year, a greater proportion of Okeechobee County students used electronic vapor products with marijuana oil compared to those in the state of Florida each year reported. In 2016, 22.8% of Okeechobee County middle and high school student users of electronic vapor products used an electronic vapor product with marijuana oil, compared to 21.2% of these students in Florida. Most recently, in 2020, 38.2% of Okeechobee County middle and high school student users of electronic vapor products used an electronic vapor product with marijuana oil, compared to 37.9% of these students in the state of Florida.

The Healthy People 2030 national target is to reduce the proportion of adolescents who used marijuana during the past month to 5.8%.[240] While this indicator focuses on middle and high school student users of electronic vaping products that have used vaping products with marijuana oil, a reduction in these numbers would indicate progress toward a healthier community.

Figure 142: Middle and High School Student Users of Electronic Vapor Products Who Have Used an Electronic Vapor Product with Marijuana Oil, Percent of Student Users of Electronic Vapor Products, Okeechobee County and Florida, 2016-2020



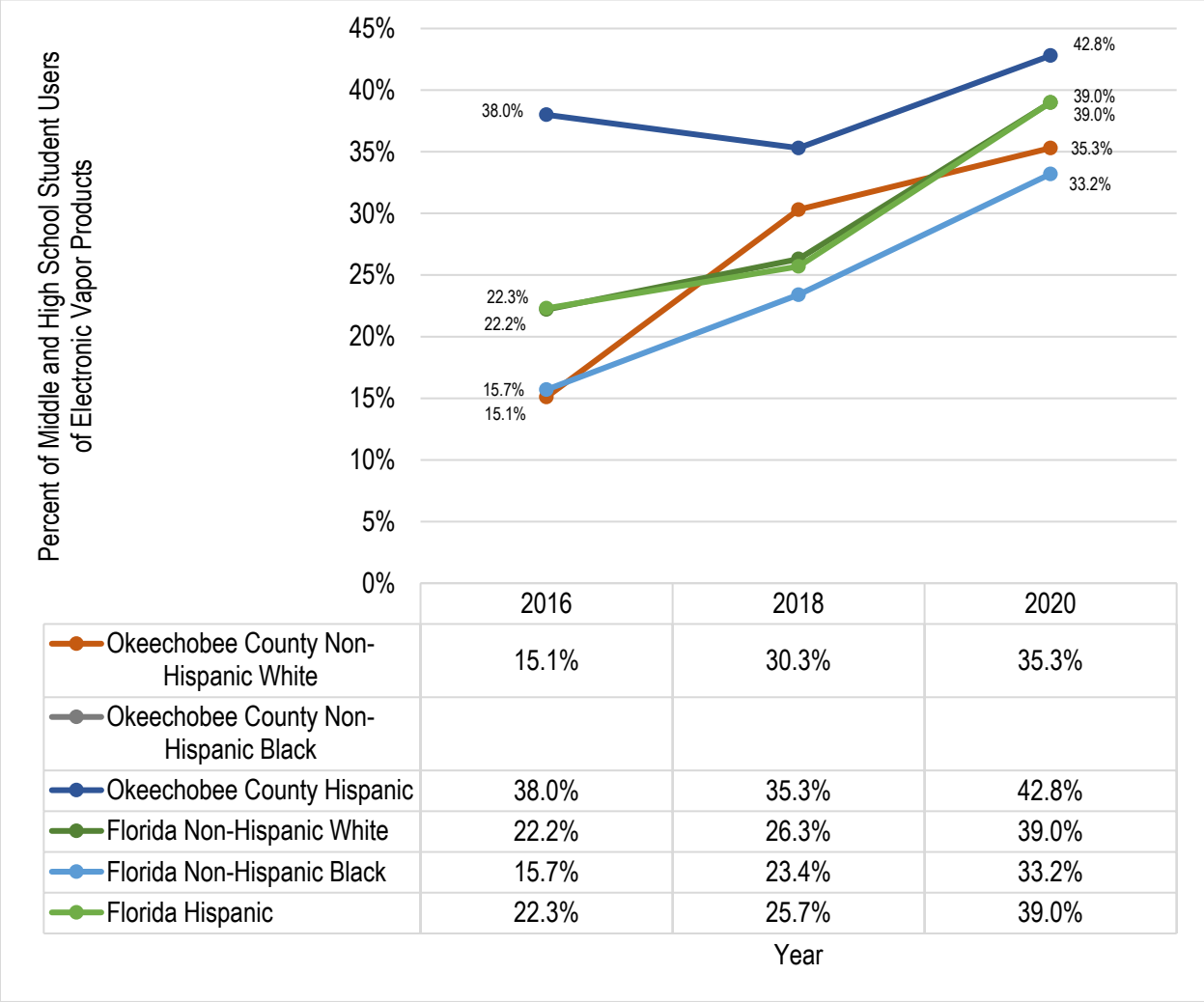
Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2020
Compiled by: Health Council of Southeast Florida, 2022

[238] Drug and Alcohol Dependence. (2017, June 9). U.S. cannabis legalization and use of vaping and edible products among youth. Science Direct. Retrieved August 23, 2022, from https://www.sciencedirect.com/science/article/abs/pii/S0376871617301849
[239] *The EVALI and Youth Vaping Epidemics - Implications for Public Health*. New England Journal of Medicine. (2020). Retrieved August 23, 2022, from https://www.nejm.org/doi/full/10.1056/NEJMp1916171
[240] U.S. Department of Health and Human Services. (n.d.). Reduce the proportion of adolescents who used marijuana in the past month - SU-06 - Healthy People 2030. Retrieved August 23, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-adolescents-who-used-marijuana-past-month-su-06

Middle and High School Student Users of Electronic Vapor Products Who Have Used an Electronic Vapor Product with Marijuana Oil by Race and Ethnicity

The figure below shows the proportion of middle and high school student users of electronic vapor products who used an electronic vapor product with marijuana oil by race and ethnicity in Okeechobee County and Florida between 2016 and 2020. Unfortunately, data is not available for Okeechobee County non-Hispanic Black students during this timeframe. From 2016 to 2020, a greater proportion of Okeechobee County Hispanic middle and high school student users of electronic vapor products used an electronic vapor product with marijuana oil compared to their non-Hispanic White counterparts. However, Okeechobee County non-Hispanic White student users reported the largest increase from 2016 (15.1%) to 2018 (30.3%).

Figure 143: Middle and High School Student Users of Electronic Vapor Products Who Have Used an Electronic Vapor Product with Marijuana Oil by Race and Ethnicity, Percent of Student Users of Electronic Vapor Products, Okeechobee County and Florida, 2016-2020



	2016	2018	2020
Okeechobee County Non-Hispanic White	15.1%	30.3%	35.3%
Okeechobee County Non-Hispanic Black			
Okeechobee County Hispanic	38.0%	35.3%	42.8%
Florida Non-Hispanic White	22.2%	26.3%	39.0%
Florida Non-Hispanic Black	15.7%	23.4%	33.2%
Florida Hispanic	22.3%	25.7%	39.0%

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2020
Compiled by: Health Council of Southeast Florida, 2022

Morbidity

Overweight and Obesity

Overweight and obesity are complex, chronic health conditions that are defined as having abnormal or excessive fat accumulation that impairs health.[241] Both conditions increase the risk of developing other serious mental and physical health complications, such as diabetes, heart disease, depression, or serious illness due to COVID-19.[242] Being overweight or obese also has implications for employers, as these conditions are shown to decrease productivity and increase absenteeism in the workplace.[243] It was estimated that, in 2019, the annual nationwide productivity costs of absenteeism related to obesity ranged from $3.38 billion to $6.38 billion, or $79 to $132 per individual with obesity.[244] Behavioral, social, environmental, and genetic factors influence an individual's risk for becoming overweight or obese, although these conditions are largely preventable through lifestyle modification. Additionally, according to the Centers for Disease Control and Prevention (CDC), living a sedentary lifestyle, a risk factor for overweight and obesity, increases the risk of severe illness from COVID-19.[245][246]

Childhood obesity is a particularly serious health issue in the United States, with an estimated 1 in 5 children and adolescents affected, because early-onset obesity increases the risk of additional health problems, such as type 2 diabetes, hypertension, sleep apnea, and asthma, among many others, and obesity later in life. This has major implications for the future of our nation's health, and research shows that early, multicomponent, and multisector interventions are critical. [247][248]

[241] Obesity and overweight (2021). In World Health Organization. Retrieved from https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight
[242] Overweight & Obesity, Obesity and COVID-19 (2021). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/obesity/data/obesity-and-covid-19.html
[243] Fitzgerald, S., Kirby, A., Murphy, A., & Geaney, F. (2016). Obesity, diet quality and absenteeism in a working population. Public Health Nutrition, 19(18), 3287-3295. doi:10.1017/S1368980016001269
[244] Consequences of Obesity. (2022, July 15). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/obesity/basics/consequences.html
[245] Physical Activity and COVID-19. (2022, May 20). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/physicalactivity/physical-activity-and-COVID-19.html
[246] Obesity, Race/Ethnicity, and COVID-19. (2022, May 20). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/physicalactivity/physical-activity-and-COVID-19.html
[247] Childhood Overweight and Obesity. (2022, October 1). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/obesity/childhood/index.html
[248] Lakshman, R., Elks, C. E., & Ong, K. K. (2012, October 2). Childhood Obesity. Circulation, 126(14), 1770-1779. doi:https://doi.org/10.1161/CIRCULATIONAHA.111.047738

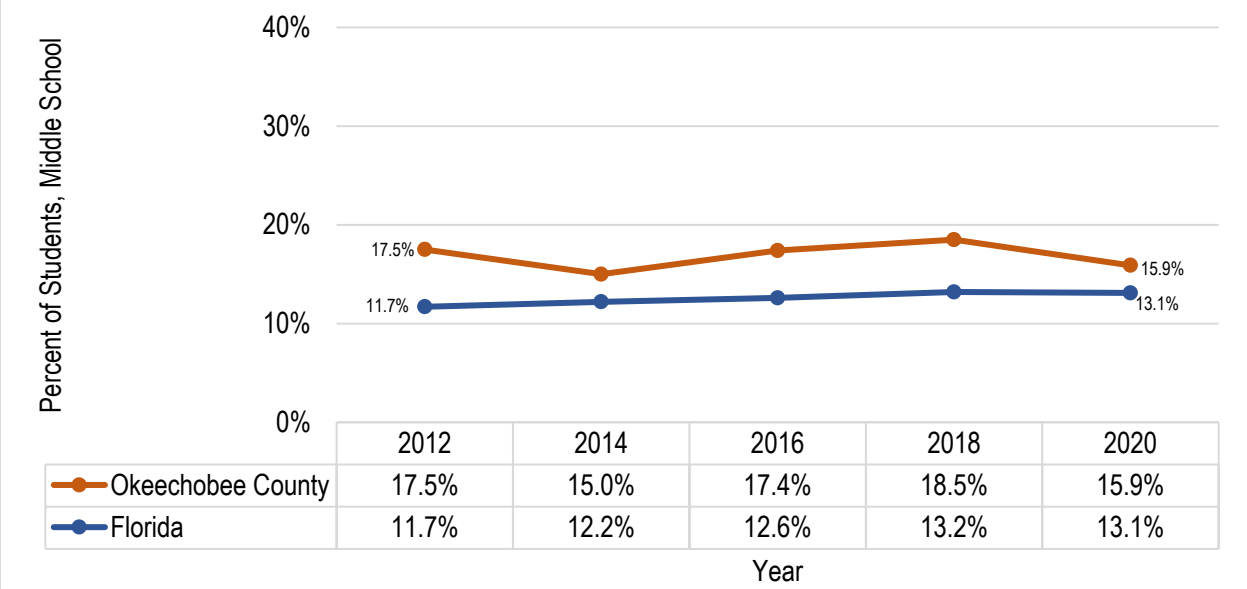
Students Who Are Obese, Middle School

As previously mentioned, early intervention for overweight and obesity is extremely important. Schools have the potential to positively impact the health of children, as their infrastructure, physical environment, policies, curricula, and staff directly or indirectly interact with children almost every day. Based on research from the American Heart Association, the school-based interventions that show the most promise were focused on teaching about healthy eating, physical activity, and body image within curriculum; school-based sessions on physical activity and movement skills; better nutritional quality of food at schools; and better support for teachers and staff to implement health promotion activities. It was also noted that complex interventions, with a combined physical activity and diet focus, showed the greatest results.[249]

The following figure shows the percentage of middle school students who were obese in Okeechobee County and Florida in 2012, 2014, 2016, 2018, and 2020. The percentage of middle school students who were obese during this timeframe fluctuated, and, most recently, decreased from 18.5% in 2018 to 15.9% in 2020 in Okeechobee County. Notably, the percentage of obese middle school students in Okeechobee County was higher than the percentage in the state overall each year reported.

There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 target is to reduce the proportion of obese children and adolescents aged 2 to 19 years from 17.8% to 15.5%.[250]

Figure 144: Students Who Are Obese, Middle School, Percent of Middle School Students, Okeechobee County and Florida, 2012, 2014, 2016, 2018, 2020



	2012	2014	2016	2018	2020
Okeechobee County	17.5%	15.0%	17.4%	18.5%	15.9%
Florida	11.7%	12.2%	12.6%	13.2%	13.1%

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS).
Compiled by: Health Council of Southeast Florida, 2022

[249] Lakshman, R., Elks, C. E., & Ong, K. K. (2012, October 2). Childhood Obesity. Circulation, 126(14), 1770-1779. doi:https://doi.org/10.1161/CIRCULATIONAHA.111.047738

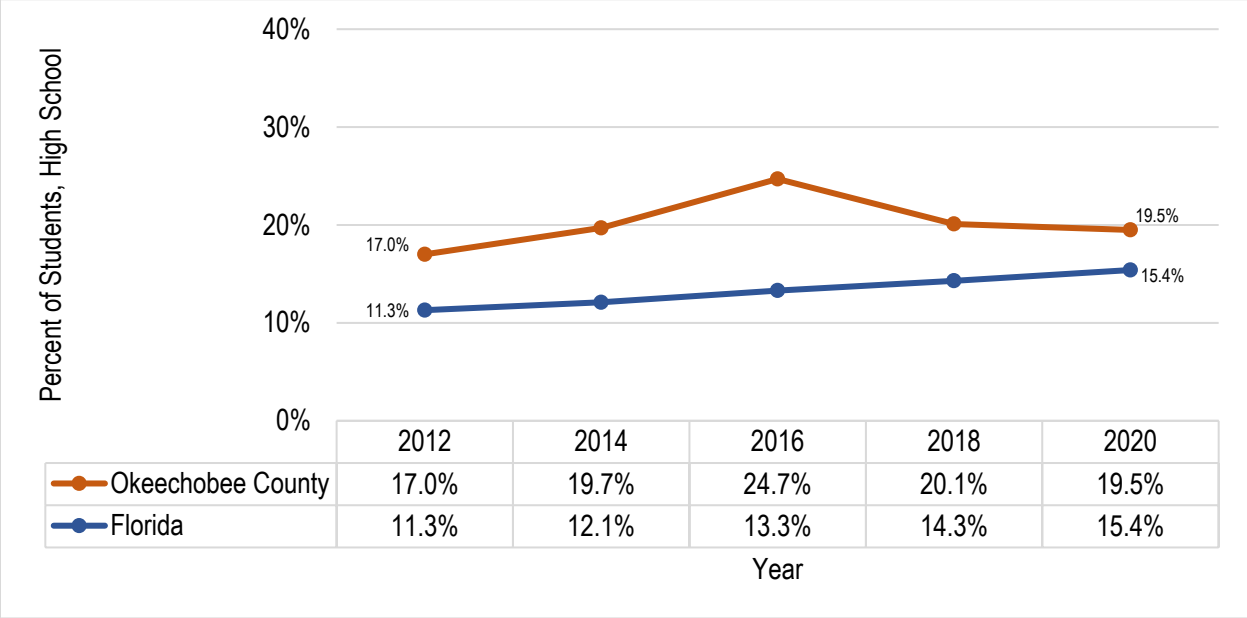
[250] U.S. Department of Health and Human Services. *Healthy People 2030 – Reduce the proportion of children and adolescents with obesity – NWS-04.* Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/reduce-proportion-children-and-adolescents-obesity-nws-04

Students Who Are Obese, High School

The graph below shows high school students who are obese in Okeechobee County and Florida in 2012, 2014, 2016, 2018, and 2020. The percentage of high school students who were obese in Okeechobee County increased from 17.0% in 2012 to 24.7% in 2016, then decreased to 19.5% in 2020. The percentage of obese high school students was higher in Okeechobee County compared to Florida overall each year reported.

There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 target is to reduce the proportion of obese children and adolescents aged 2 to 19 years from 17.8% to 15.5%.[251]

Figure 145: Students Who Are Obese, High School, Percent of High School Students, Okeechobee County and Florida, 2012, 2014, 2016, 2018, 2020



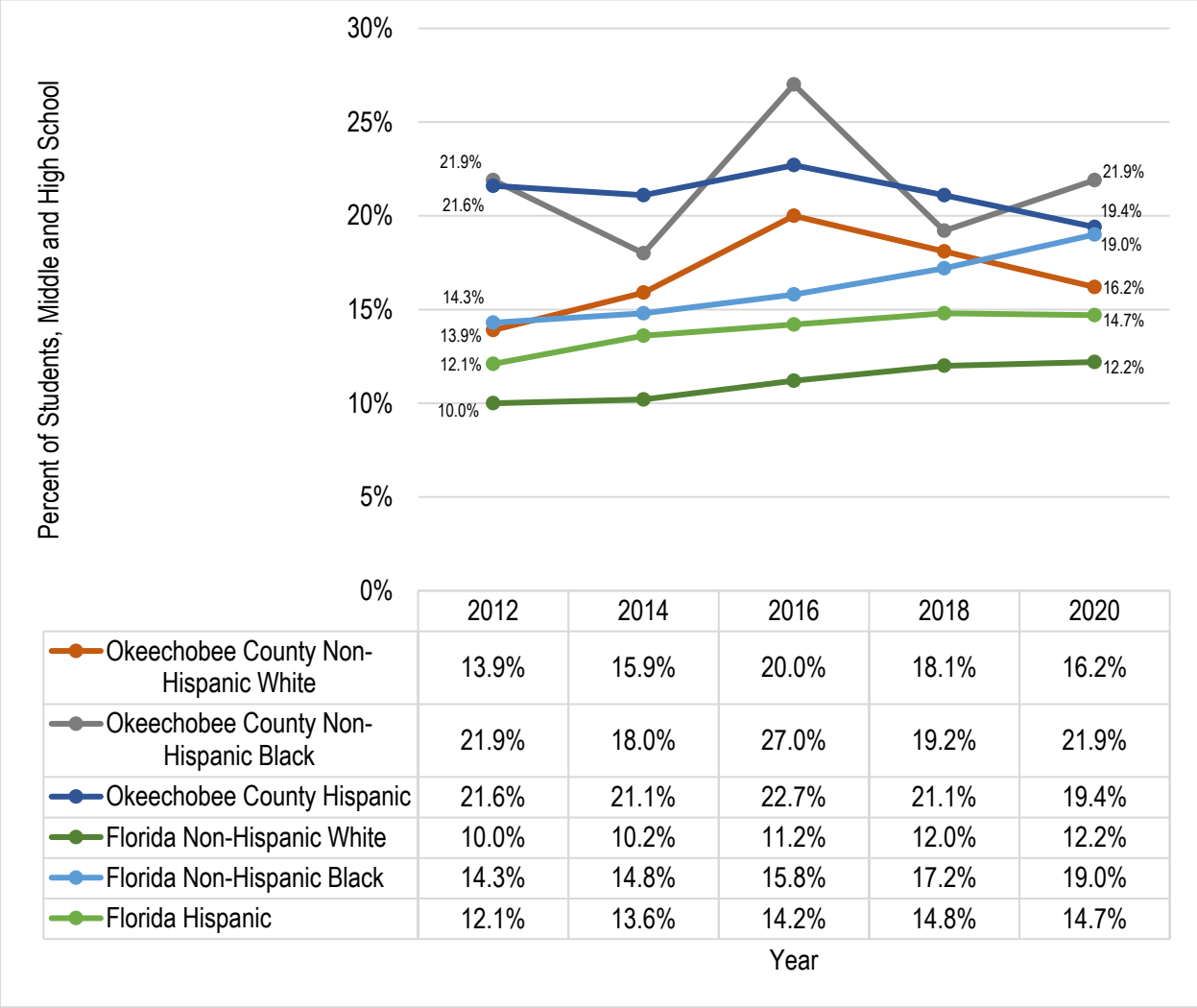
Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS).
Compiled by: Health Council of Southeast Florida, 2022

[251] U.S. Department of Health and Human Services. *Healthy People 2030 – Reduce the proportion of children and adolescents with obesity – NWS-04.* Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/reduce-proportion-children-and-adolescents-obesity-nws-04

Students Who Are Obese, Middle and High School, by Race and Ethnicity

The following figure shows middle and high school students who were obese by race and ethnicity in 2012, 2014, 2016, 2018, and 2020. The percentage of obese middle and high school students in Okeechobee County was highest among non-Hispanic Black and Hispanic students. Both groups had a higher percentage of obese middle and high school students compared to the state overall each year reported. Most recently, in 2020, 21.9% of non-Hispanic Black, 19.4% of Hispanic, and 16.2% of non-Hispanic White middle and high school students in Okeechobee County were obese.

Figure 146: Students Who Are Obese, Middle and High School, by Race and Ethnicity, Percent of Middle and High School Students, Okeechobee County and Florida, 2012, 2014, 2016, 2018, 2020



	2012	2014	2016	2018	2020
Okeechobee County Non-Hispanic White	13.9%	15.9%	20.0%	18.1%	16.2%
Okeechobee County Non-Hispanic Black	21.9%	18.0%	27.0%	19.2%	21.9%
Okeechobee County Hispanic	21.6%	21.1%	22.7%	21.1%	19.4%
Florida Non-Hispanic White	10.0%	10.2%	11.2%	12.0%	12.2%
Florida Non-Hispanic Black	14.3%	14.8%	15.8%	17.2%	19.0%
Florida Hispanic	12.1%	13.6%	14.2%	14.8%	14.7%

Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS).
Compiled by: Health Council of Southeast Florida, 2022

Underweight, Healthy Weight, and Overweight or Obese First Grade Students

The table and graph below show underweight, healthy weight, and overweight or obese first grade students in Okeechobee County from the 2017 – 2018 school year to the 2021 – 2022 school year. The percentage of first grade students who are overweight or obese increased from 32.0% in the 2018 – 2019 school year to 43.7% in the 2021 – 2022 school year. Additionally, the percentage of first grade students who are underweight increased slightly from 1.1% in the 2019 – 2020 school year to 2.6% in the 2021 – 2022 school year. To note, during the 2020 – 2021 school year, only a percentage of students were screened due to the COVID-19 pandemic.

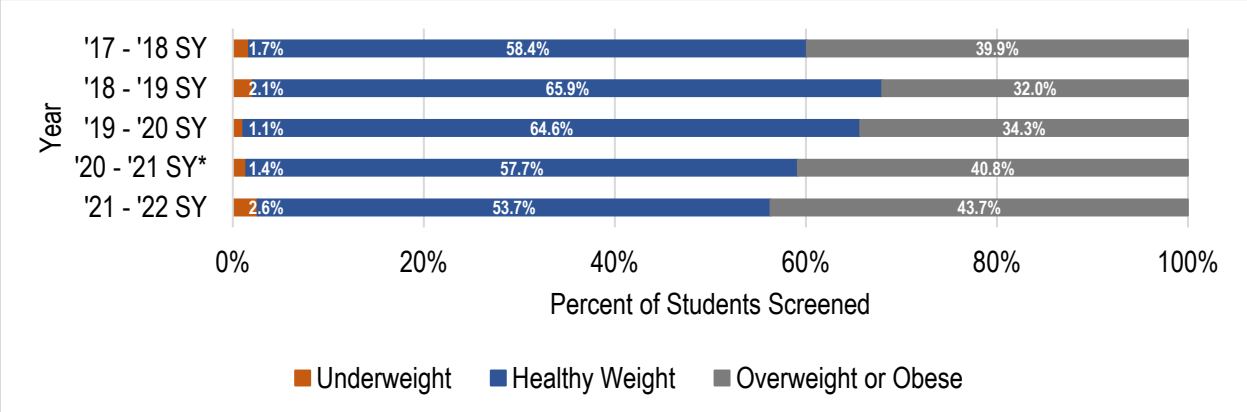
There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 target is to reduce the proportion of obese children and adolescents aged 2 to 19 years from 17.8% to 15.5%.[252]

Table 99: Underweight, Healthy Weight, and Overweight or Obese First Grade Students, Count and Percent of Students Screened, Okeechobee County, 2017 - 2018 School Year through 2021 – 2022 School Year

School Year	Underweight		Healthy Weight		Overweight or Obese	
	Count	Percent	Count	Percent	Count	Percent
'17 – '18	7	1.7%	243	58.4%	166	39.9%
'18 – '19	9	2.1%	280	65.9%	136	32.0%
'19 – '20	5	1.1%	307	64.6%	163	34.3%
'20 – '21*	1	1.4%	41	57.7%	29	40.8%
'21 – '22	10	2.6%	210	53.7%	171	43.7%

Data Notes: *During the 2020 – 2021 School Year only a percentage of students were screened due to the COVID-19 pandemic.
Source: Florida Department of Health in Okeechobee County, Department of School Health, 2022
Compiled by: Health Council of Southeast Florida, 2022

Figure 147: Underweight, Healthy Weight, and Overweight or Obese Students in First Grade, Percent of Students Screened, Okeechobee County, 2021 – 2022 School Year



Data Notes: *During the 2020 – 2021 School Year only a percentage of students were screened due to the COVID-19 pandemic.
Source: Florida Department of Health in Okeechobee County, Department of School Health, 2022
Compiled by: Health Council of Southeast Florida, 2022

[252] U.S. Department of Health and Human Services. *Healthy People 2030 – Reduce the proportion of children and adolescents with obesity – NWS-04.* Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/reduce-proportion-children-and-adolescents-obesity-nws-04

Overweight or Obese First Grade Students by School

This table shows first grade students who are overweight or obese in Okeechobee County by school from the 2017 – 2018 to the 2021 – 2022 school year. The percentage of first grade students who are obese increased from the 2019 – 2020 school year to the 2021 – 2022 school year at every school, except North Elementary. Most recently, in 2020, the percentage of first grade students who are overweight or obese was 52.4% at Seminole Elementary, 45.6% at Central Elementary, 43.6% at South Elementary, 38.6% at North Elementary, and 36.9% at Everglades Elementary. To note, during the 2020 – 2021 school year, only a percentage of students were screened due to the COVID-19 pandemic.

There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 target is to reduce the proportion of children and adolescents who are obese aged 2 to 19 years from 17.8% to 15.5%.[253]

Table 100: First Grade Students who are Overweight or Obese by School, Count and Percent of Students Screened, Okeechobee County, 2017 - 2018 School Year through 2021 – 2022 School Year

School Year	Central Elementary		North Elementary		Seminole Elementary		South Elementary		Everglades Elementary	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
'17 – '18	34	41.5%	36	38.7%	34	32.1%	30	34.1%	32	35.6%
'18 – '19	33	37.9%	26	25.2%	28	39.4%	18	25.0%	31	37.8%
'19 – '20	27	28.7%	41	41.4%	30	43.5%	28	28.3%	37	32.5%
'20 – '21*	*	*	29	41.4%	*	*	*	*	*	
'21 – '22	31	45.6%	32	38.6%	33	52.4%	44	43.6%	31	36.9%

Data Notes: *During the 2020 – 2021 School Year only a percentage of students were screened due to the COVID-19 pandemic.
Source: Florida Department of Health in Okeechobee County, Department of School Health, 2022
Compiled by: Health Council of Southeast Florida, 2022

[253] U.S. Department of Health and Human Services. *Healthy People 2030 – Reduce the proportion of children and adolescents with obesity – NWS-04.* Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/reduce-proportion-children-and-adolescents-obesity-nws-04

Underweight, Healthy Weight, and Overweight or Obese Third Grade Students

The table and figure below show third grade students who were underweight, healthy weight, and overweight or obese in Okeechobee County from the 2017 – 2018 school year through the 2021 – 2022 school year. The percentage of overweight or obese third grade students increased from 40.0% in the 2018 – 2019 school year to 48.6% in the 2021 – 2022 school year. To note, during the 2020 – 2021 school year, only a percentage of students were screened due to the COVID-19 pandemic.

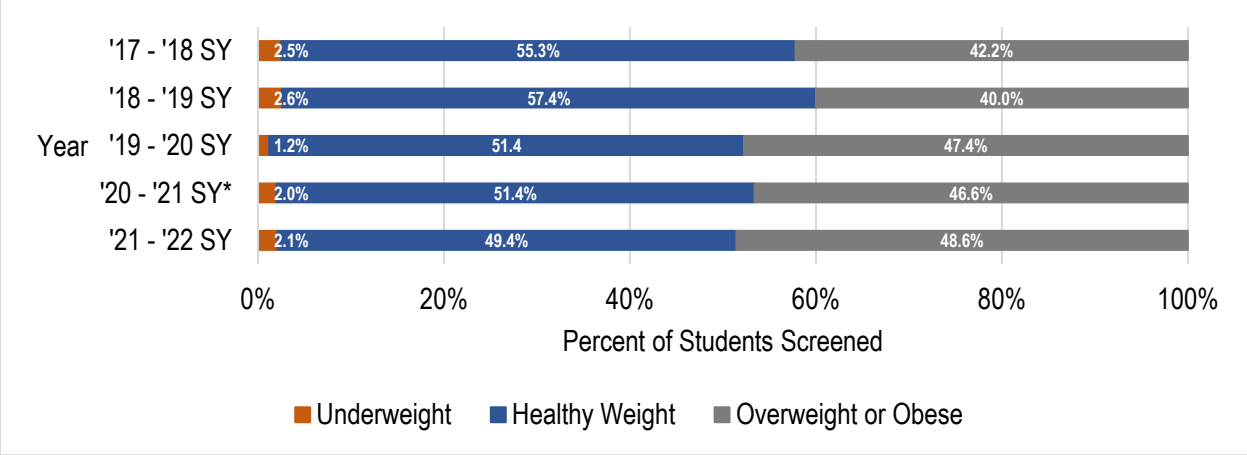
There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 target is to reduce the proportion of obese children and adolescents aged 2 to 19 years from 17.8% to 15.5%.[254]

Table 101: Underweight, Healthy Weight, and Overweight or Obese Third Grade Students, Count and Percent of Students Screened, Okeechobee County, 2017 - 2018 School Year through 2021 – 2022 School Year

School Year	Underweight		Healthy Weight		Overweight or Obese	
	Count	Percent	Count	Percent	Count	Percent
'17 – '18	12	2.5%	263	55.3%	201	42.2%
'18 – '19	11	2.6%	244	57.4%	170	40.0%
'19 – '20	5	1.2%	218	51.4%	201	47.4%
'20 – '21*	3	2.0%	76	51.4%	69	46.6%
'21 – '22	8	2.1%	191	49.4%	188	48.6%

Data Notes: *During the 2020 – 2021 School Year only a percentage of students were screened due to the COVID-19 pandemic.
Source: Florida Department of Health in Okeechobee County, Department of School Health, 2022
Compiled by: Health Council of Southeast Florida, 2022

Figure 148: Underweight, Healthy Weight, and Overweight or Obese Third Grade Students, Percent of Students Screened, Okeechobee County, 2017 - 2018 School Year through 2021 – 2022 School Year



Data Notes: *During the 2020 – 2021 School Year only a percentage of students were screened due to the COVID-19 pandemic.
Source: Florida Department of Health in Okeechobee County, Department of School Health, 2022
Compiled by: Health Council of Southeast Florida, 2022

[254] U.S. Department of Health and Human Services. *Healthy People 2030 – Reduce the proportion of children and adolescents with obesity – NWS-04.* Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/reduce-proportion-children-and-adolescents-obesity-nws-04

Third Grade Students who are Overweight or Obese by School

This table shows the count and percent of third grade students who are overweight or obese in Okeechobee County by school from the 2017 – 2018 school year to the 2021 – 2022 school year. Most recently during the 2021 – 2022 school year, of the third-grade students screened, 61.0% of third grade students at Everglades Elementary, 50.6% at Central Elementary, 49.0% at Seminole Elementary, 39.1% at North Elementary, and 34.3% at South Elementary were overweight or obese. To note, during the 2020 – 2021 school year, only a percentage of students were screened due to the COVID-19 pandemic.

There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 target is to reduce the proportion of children and adolescents aged 2 to 19 years with obesity from 17.8% to 15.5%.[255]

Table 102: Third Grade Students who are Overweight or Obese by School, Count and Percent of Students Screened, Okeechobee County, 2017 - 2018 School Year through 2021 – 2022 School Year

School Year	Central Elementary		North Elementary		Seminole Elementary		South Elementary		Everglades Elementary	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
'17 – '18	47	50.0%	48	50.5%	16	16.5%	38	41.8%	52	44.8%
'18 – '19	35	41.7%	36	36.4%	35	50.0%	32	37.2%	47	50.0%
'19 – '20	48	51.1%	39	46.4%	47	55.3%	29	38.7%	38	39.2%
'20 – '21*	29	41.4%	*	*	*	*	*	*	40	51.3%
'21 – '22	41	50.6%	27	39.1%	25	49.0%	34	34.3%	61	61.0%

Data Notes: *During the 2020 – 2021 School Year only a percentage of students were screened due to the COVID-19 pandemic.
Source: Florida Department of Health in Okeechobee County, Department of School Health, 2022
Compiled by: Health Council of Southeast Florida, 2022

[255] U.S. Department of Health and Human Services. *Healthy People 2030 – Reduce the proportion of children and adolescents with obesity – NWS-04.* Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/reduce-proportion-children-and-adolescents-obesity-nws-04

Underweight, Healthy Weight, and Overweight or Obese Sixth Grade Students

The table and figure below show the count and percent of sixth grade students who are underweight, healthy weight, and overweight or obese in Okeechobee County from the 2017 – 2018 school year through the 2021 – 2022 school year. The percentage of sixth grade students with a healthy weight increased from 43.4% in the 2019 – 2020 school year to 49.9% in the 2021 – 2022 school year, while the percentage of sixth grade students who are overweight or obese decreased from 55.6% to 47.0% during this same timeframe. To note, during the 2020 – 2021 school year, only a percentage of students were screened due to the COVID-19 pandemic.

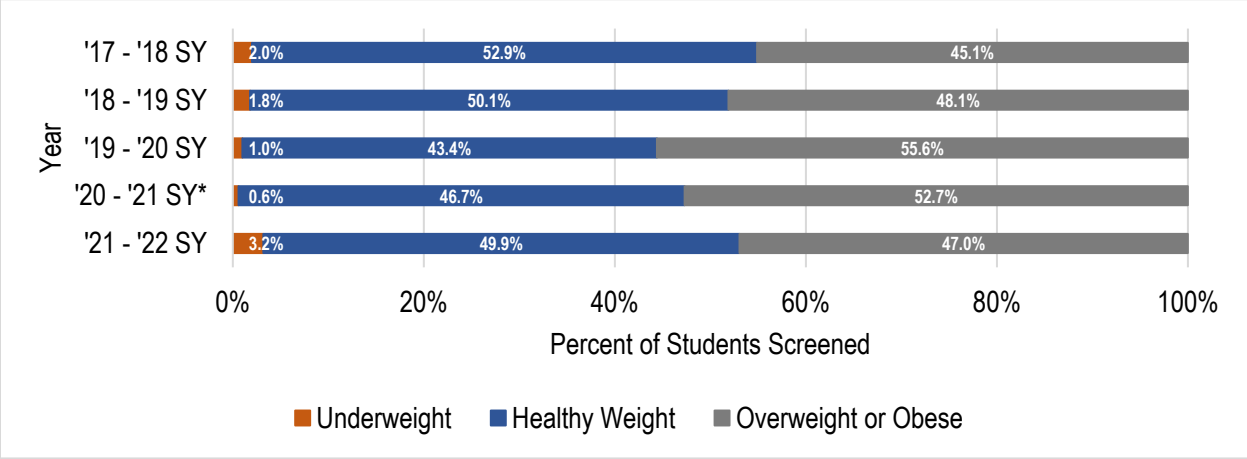
There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 target is to reduce the proportion of children and adolescents aged 2 to 19 years with obesity from 17.8% to 15.5%.[256]

Table 103: Underweight, Healthy Weight, and Overweight or Obese Sixth Grade Students, Count and Percent of Students Screened, Okeechobee County, 2017 - 2018 School Year through 2021 – 2022 School Year

School Year	Underweight		Healthy Weight		Overweight or Obese	
	Count	Percent	Count	Percent	Count	Percent
'17 – '18	9	2.0%	243	52.9%	207	45.1%
'18 – '19	8	1.8%	223	50.1%	214	48.1%
'19 – '20	4	1.0%	181	43.4%	232	55.6%
'20 – '21*	1	0.6%	77	46.7%	87	52.7%
'21 – '22	11	3.2%	173	49.9%	163	47.0%

Data Notes: *During the 2020 – 2021 School Year only a percentage of students were screened due to the COVID-19 pandemic.
Source: Florida Department of Health in Okeechobee County, Department of School Health, 2022
Compiled by: Health Council of Southeast Florida, 2022

Figure 149: Underweight, Healthy Weight, and Overweight or Obese Sixth Grade Students, Percent of Students Screened, Okeechobee County, 2017 - 2018 School Year through 2021 – 2022 School Year



Data Notes: *During the 2020 – 2021 School Year only a percentage of students were screened due to the COVID-19 pandemic.
Source: Florida Department of Health in Okeechobee County, Department of School Health, 2022
Compiled by: Health Council of Southeast Florida, 2022

[256] U.S. Department of Health and Human Services. *Healthy People 2030 – Reduce the proportion of children and adolescents with obesity – NWS-04.* Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/reduce-proportion-children-and-adolescents-obesity-nws-04

Overweight or Obese Sixth Grade Students by School

This table shows the count and percent of sixth grade students who are overweight or obese by school in Okeechobee County from the 2017 – 2018 school year through the 2021 – 2022 school year. The percentage of sixth grade students who are overweight or obese decreased most recently from the 2019 – 2020 school year to the 2021 – 2022 school year at both middle schools from 53.8% to 42.7% at Yearling Middle and from 57.6% to 50.5% at Osceola Middle. To note, during the 2020 – 2021 school year, only a percentage of students were screened due to the COVID-19 pandemic.

There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 target is to reduce the proportion of children and adolescents aged 2 to 19 years who are obese from 17.8% to 15.5%.[257]

Table 104: Overweight or Obese Sixth Grade Students by School, Count and Percent of Students Screened, Okeechobee County, 2017 - 2018 School Year through 2021 – 2022 School Year

School Year	Yearling Middle		Osceola Middle	
	Count	Percent	Count	Percent
'17 – '18	104	48.6%	103	42.0%
'18 – '19	92	47.2%	122	44.7%
'19 – '20	114	53.8%	118	57.6%
'20 – '21*	*	*	87	52.7%
'21 – '22	67	42.7%	96	50.5%

Data Notes: *During the 2020 – 2021 School Year only a percentage of students were screened due to the COVID-19 pandemic.
Source: Florida Department of Health in Okeechobee County, Department of School Health, 2022
Compiled by: Health Council of Southeast Florida, 2022

[257] U.S. Department of Health and Human Services. *Healthy People 2030 – Reduce the proportion of children and adolescents with obesity – NWS-04.* Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/reduce-proportion-children-and-adolescents-obesity-nws-04

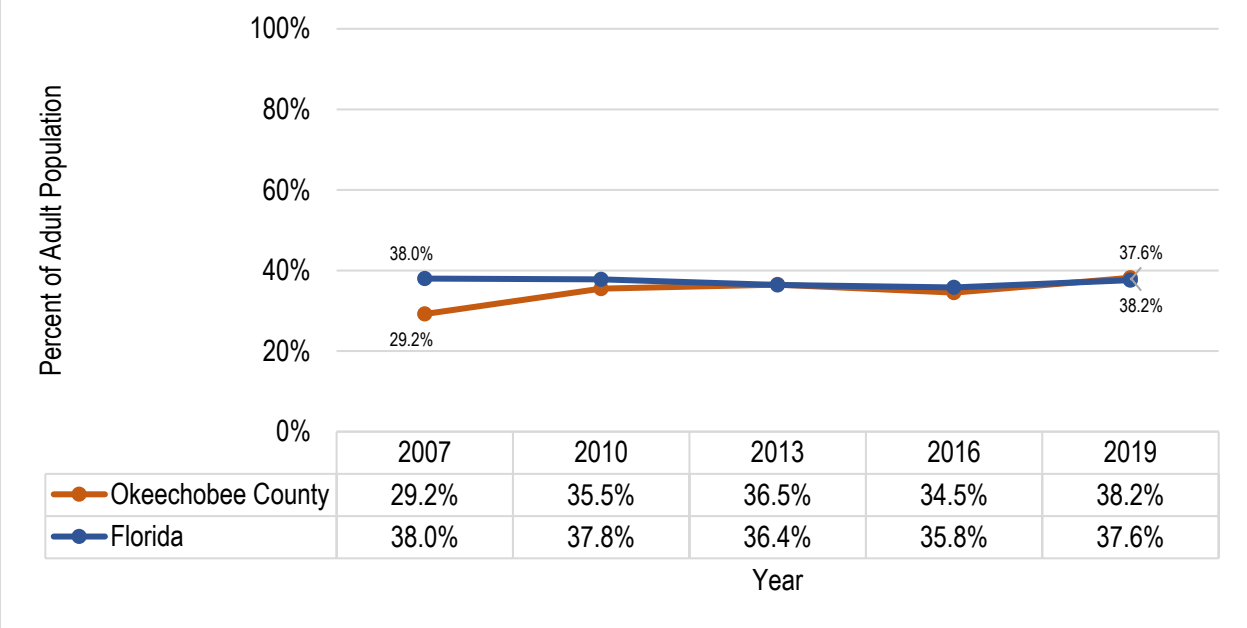
Adults Who Are Overweight

Overweight and obesity are caused by an energy imbalance, when the energy consumed exceeds the energy expended, and unhealthy behaviors, such as eating unhealthy food, living a sedentary lifestyle, not getting enough sleep, and having high amounts of stress, increase the risk of developing these chronic conditions.[258] Thus, living a healthy lifestyle is very important for preventing overweight and obesity.

This graph shows the percentage of adults who were overweight in Okeechobee County and Florida in 2007, 2010, 2013, 2016 and 2019. In Okeechobee County during this timeframe, the percentage of overweight adults fluctuated but increased most recently from 34.5% in 2016 to 38.2% in 2019 with a similar trend seen in the state overall.

There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 target is to reduce the proportion of adults with obesity from 38.6% to 36.0%.[259]

Figure 150: Adults Who Are Overweight, Percent of Adult Population, Okeechobee County and Florida, 2007, 2010, 2013, 2016, 2019



	2007	2010	2013	2016	2019
Okeechobee County	29.2%	35.5%	36.5%	34.5%	38.2%
Florida	38.0%	37.8%	36.4%	35.8%	37.6%

Year

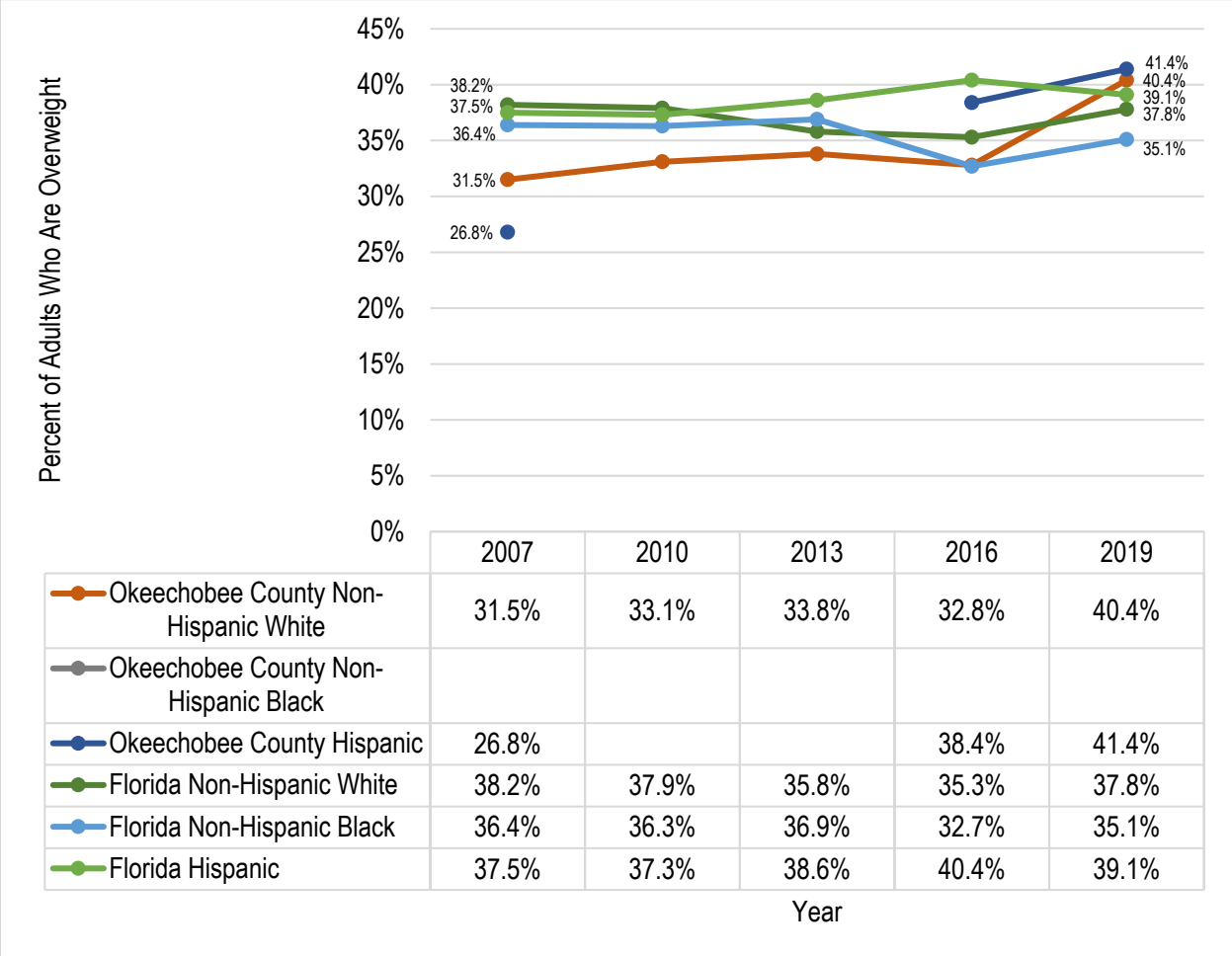
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[258] Overweight and Obesity Causes and Risk Factors (2022, March 24). In *National Heart, Lung, and Blood Institute*. Retrieved from https://www.nhlbi.nih.gov/health/overweight-and-obesity/causes
[259] U.S. Department of Health and Human Services. Healthy People 2030 – *Reduce the proportion of adults with obesity – NWS-03.* Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/reduce-proportion-adults-obesity-nws-03

Adults Who Are Overweight by Race and Ethnicity

This graph shows the percentage of adults who were overweight in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019 by race and ethnicity. Most recently, the percentage of Okeechobee County Hispanic adults who were overweight increased from 38.4% in 2016 to 41.4% in 2019. Among Okeechobee County non-Hispanic White residents, the percentage increased from 32.8% in 2016 to 40.4% in 2018. Unfortunately, no data was available for non-Hispanic Black residents in Okeechobee County in 2007, 2010, 2013, 2016, or 2019. Data was also unavailable for Okeechobee County Hispanic residents in 2010 and 2013.

Figure 151: Adults Who Are Overweight by Race and Ethnicity, Percent of Adult Population, Okeechobee County and Florida, 2007, 2010, 2013, 2016, 2019



	2007	2010	2013	2016	2019
Okeechobee County Non-Hispanic White	31.5%	33.1%	33.8%	32.8%	40.4%
Okeechobee County Non-Hispanic Black					
Okeechobee County Hispanic	26.8%			38.4%	41.4%
Florida Non-Hispanic White	38.2%	37.9%	35.8%	35.3%	37.8%
Florida Non-Hispanic Black	36.4%	36.3%	36.9%	32.7%	35.1%
Florida Hispanic	37.5%	37.3%	38.6%	40.4%	39.1%

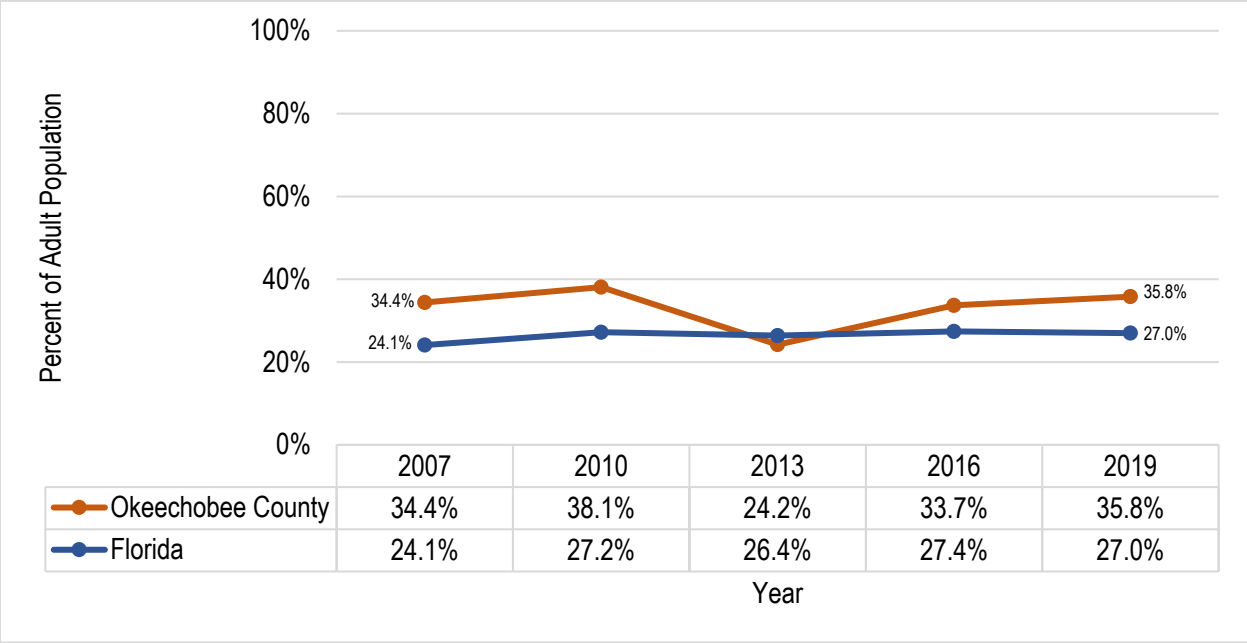
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

Adults Who Are Obese

According to the CDC, adults living in rural counties are more likely to be obesity than adults living in metro counties. In Okeechobee County, there is a higher proportion of adults with obesity compared to Florida overall. The figure below shows the percentage of adults who were obese in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. The percentage increased in Okeechobee County from 2016 to 2019 but decreased in the state overall. Most recently in 2019, 35.8% of adult residents in Okeechobee County and 27.0% of Florida adult residents overall were obese.

The Healthy People 2030 is to reduce the proportion of adults with obesity from 38.6% to 36.0%.[260] Okeechobee County has marginally met this target.

Figure 152: Adults Who Are Obese, Percent of Adult Population, Okeechobee County and Florida, 2007, 2010, 2013, 2016, 2019



	2007	2010	2013	2016	2019
Okeechobee County	34.4%	38.1%	24.2%	33.7%	35.8%
Florida	24.1%	27.2%	26.4%	27.4%	27.0%

Year

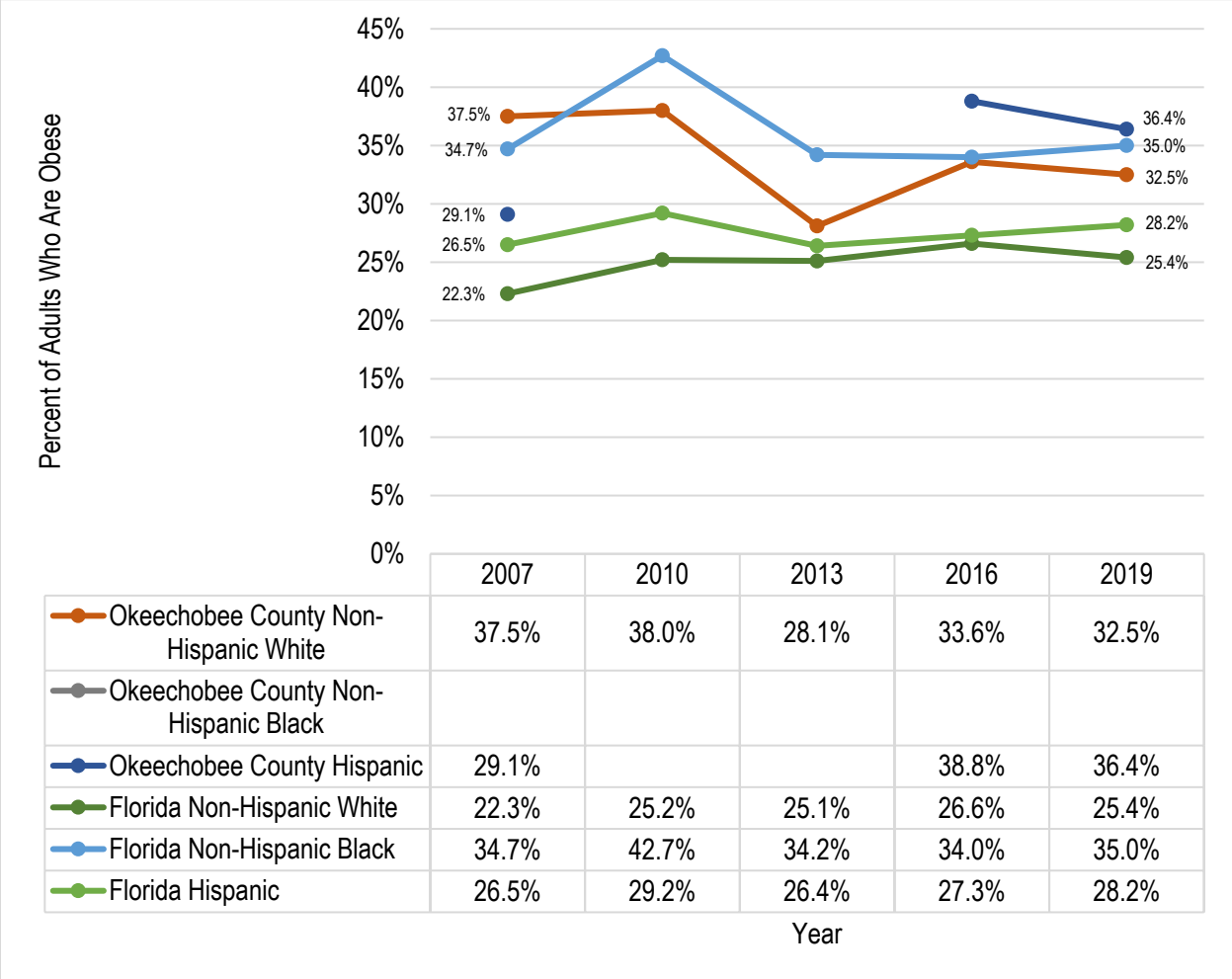
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[260] U.S. Department of Health and Human Services. Healthy People 2030 – *Reduce the proportion of adults with obesity – NWS-03.* Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/reduce-proportion-adults-obesity-nws-03

Adults Who Are Obese by Race and Ethnicity

The graph below shows the percentage of adults who were obese in Okeechobee County and Florida by race and ethnicity in 2007, 2010, 2013, 2016, and 2019. Most recently from 2016 to 2019, the percentage of adults who were obese decreased from 38.8% to 36.4% among Okeechobee County Hispanic residents and from 33.6% to 32.5% among Okeechobee County non-Hispanic White residents. Unfortunately, no data was available for non-Hispanic Black Okeechobee County residents during any of the years reported and for Hispanic Okeechobee County residents during 2010 and 2013.

Figure 153: Adults Who Are Obese by Race and Ethnicity, Percent of Adult Population, Okeechobee County and Florida, 2007, 2010, 2013, 2016, 2019



	2007	2010	2013	2016	2019
Okeechobee County Non-Hispanic White	37.5%	38.0%	28.1%	33.6%	32.5%
Okeechobee County Non-Hispanic Black					
Okeechobee County Hispanic	29.1%			38.8%	36.4%
Florida Non-Hispanic White	22.3%	25.2%	25.1%	26.6%	25.4%
Florida Non-Hispanic Black	34.7%	42.7%	34.2%	34.0%	35.0%
Florida Hispanic	26.5%	29.2%	26.4%	27.3%	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, 2022

Hypertension

Hypertension, also known as high blood pressure, is defined by the American Heart Association as when the force of blood flowing through blood vessels is consistently too high. Stage 1 hypertension is when blood pressure is from 130 to 139 millimeters of mercury (mm Hg) systolic blood pressure or 80 to 89 mm Hg diastolic blood pressure. Systolic blood pressure is how much pressure blood exerts against artery walls when the heart beats, whereas diastolic blood pressure is how much pressure blood exerts against artery walls while the heart is resting between beats. [261] [262]

Hypertension is the leading risk factor for heart disease, the first leading cause of death in the United States, and stroke, the fifth leading cause of death in the United States. There are no obvious symptoms but understanding the risk factors can help prevent high blood pressure. Physical and hereditary traits that are risk factors include family history of blood pressure, age, gender, race, and whether someone has chronic kidney disease. Modifiable risk factors include lack of physical activity, an unhealthy diet high in sodium, being overweight or obese, drinking too much alcohol, sleep apnea, high cholesterol, diabetes, smoking and tobacco use, and stress. Managing these factors and taking prescribed medications can improve quality of life for those with hypertension.[263]

[261] The Facts About High Blood Pressure. (2017, November 30). In American Heart Association. Retrieved from https://www.heart.org/en/health-topics/high-blood-pressure/the-facts-about-high-blood-pressure

[262] Understanding Blood Pressure Readings. (n.d.). In American Heart Association. Retrieved from https://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings

[263] Know Your Risk Factors for High Blood Pressure. (2017, December 31). In American Heart Association. Retrieved from https://www.heart.org/en/health-topics/high-blood-pressure/why-high-blood-pressure-is-a-silent-killer/know-your-risk-factors-for-high-blood-pressure

Ambulatory Care Sensitive Hospitalizations from Hypertension (Aged 0-64 Years)

According to the American Heart Association, lifestyle factors that can prevent uncontrolled hypertension, also called high blood pressure, focus on maintaining a healthy weight, eating healthier, reducing sodium intake, exercising, and limiting alcohol.[264]

The following table and figure show the rate of ambulatory care sensitive hospitalizations, or preventable hospitalizations, from hypertension for those aged 0 to 64 years old in Okeechobee County and Florida from 2016 to 2020. The rate decreased steadily during this timeframe among Okeechobee County residents from 23.9 per 100,000 population under 65 in 2016 to 8.9 per 100,000 population under 65 in 2020. A similar decreasing trend was reported in the state of Florida overall during this timeframe.

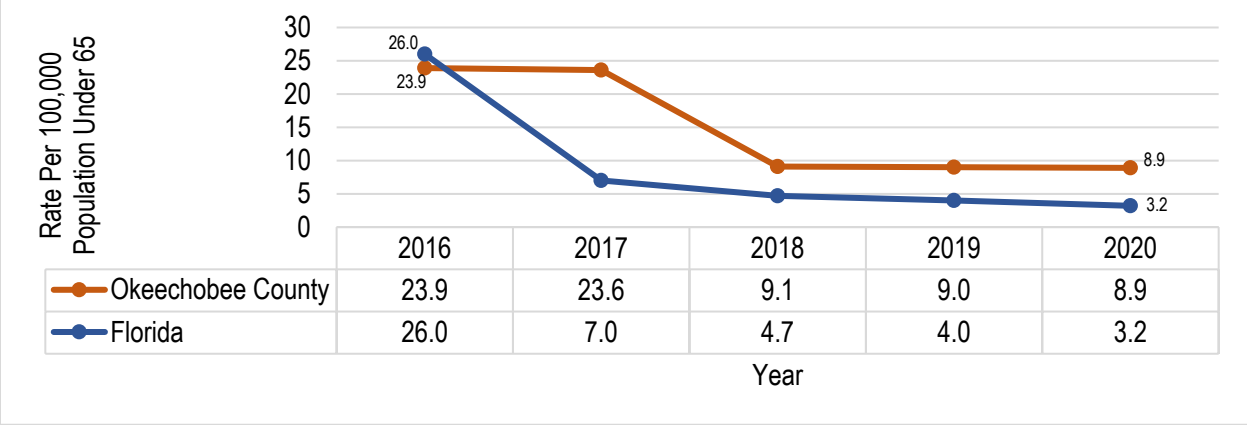
There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 target is to reduce the proportion of adults with high blood pressure from 29.5% of adults aged 18 years and over to 27.7%.[265]

Table 105: Ambulatory Care Sensitive Hospitalizations from Hypertension (Aged 0-64 Years), Count and Rate Per 100,000 Population Under 65, Okeechobee County and Florida, 2016 - 2020

Year	Okeechobee County	Florida
	Rate	Rate
2016	23.9	26.0
2017	23.6	7.0
2018	9.1	4.7
2019	9.0	4.0
2020	8.9	3.2

Source: Florida Agency for Health Care Administration (AHCA), Ambulatory Care Sensitive Conditions ICD-9-CM & ICD-10-CM Codes, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 154: Ambulatory Care Sensitive Hospitalizations from Hypertension (Aged 0-64 Years), Rate Per 100,000 Population Under 65, Okeechobee County and Florida, 2016 - 2020



Source: Florida Agency for Health Care Administration (AHCA), Ambulatory Care Sensitive Conditions ICD-9-CM & ICD-10-CM Codes, 2020
Compiled by: Health Council of Southeast Florida, 2022

[264] Five Simple Steps to Control Your Blood Pressure. (n.d.). In *American Heart Association*. Retrieved from https://www.heart.org/en/health-topics/high-blood-pressure/the-facts-about-high-blood-pressure/five-simple-steps-to-control-your-blood-pressure
[265] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the proportion of adults with high blood pressure – HDS-04. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke/reduce-proportion-adults-high-blood-pressure-hds-04

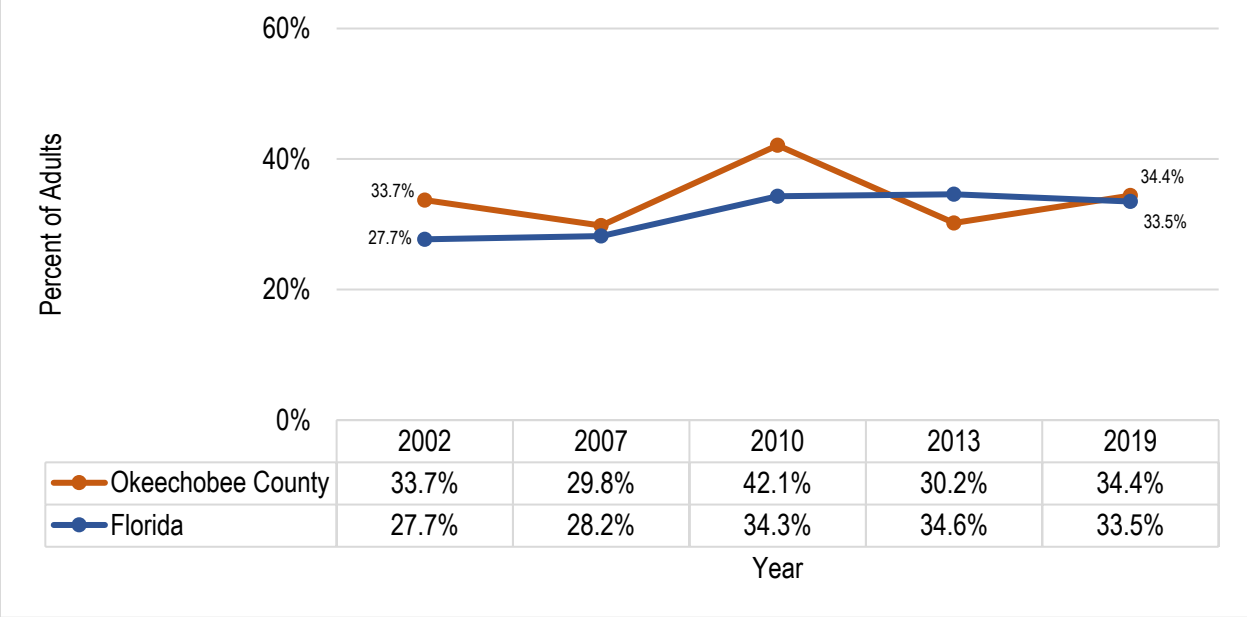
Adults Who Have Ever Been Told They Have Hypertension

Having high blood pressure, or hypertension, is a risk factor for coronary heart disease, stroke, heart failure, and kidney disease.[266] However, many individuals do not know they are at risk, because oftentimes there are no clear symptoms.[267]

This graph shows the percentage of adults who had ever been told they had hypertension in Okeechobee County and Florida in 2002, 2007, 2010, 2013, and 2019. From 2013 to 2019 the percentage of adults who had ever been told they had hypertension increased from 30.2% to 34.4% among Okeechobee County residents. While this indicator considers residents with a positive hypertension diagnosis by a physician, it does not consider the many residents who had been living with undiagnosed hypertension during these years.

The Healthy People 2030 national target is to reduce the proportion of adults with high blood pressure from 29.5% to 27.7%.[268] Okeechobee County has not yet met this target.

Figure 155: Adults Who Have Every Been Told They Had Hypertension, Percent of Adult Population, Okeechobee County and Florida, 2002, 2007, 2010, 2013, 2019



	2002	2007	2010	2013	2019
Okeechobee County	33.7%	29.8%	42.1%	30.2%	34.4%
Florida	27.7%	28.2%	34.3%	34.6%	33.5%

Year

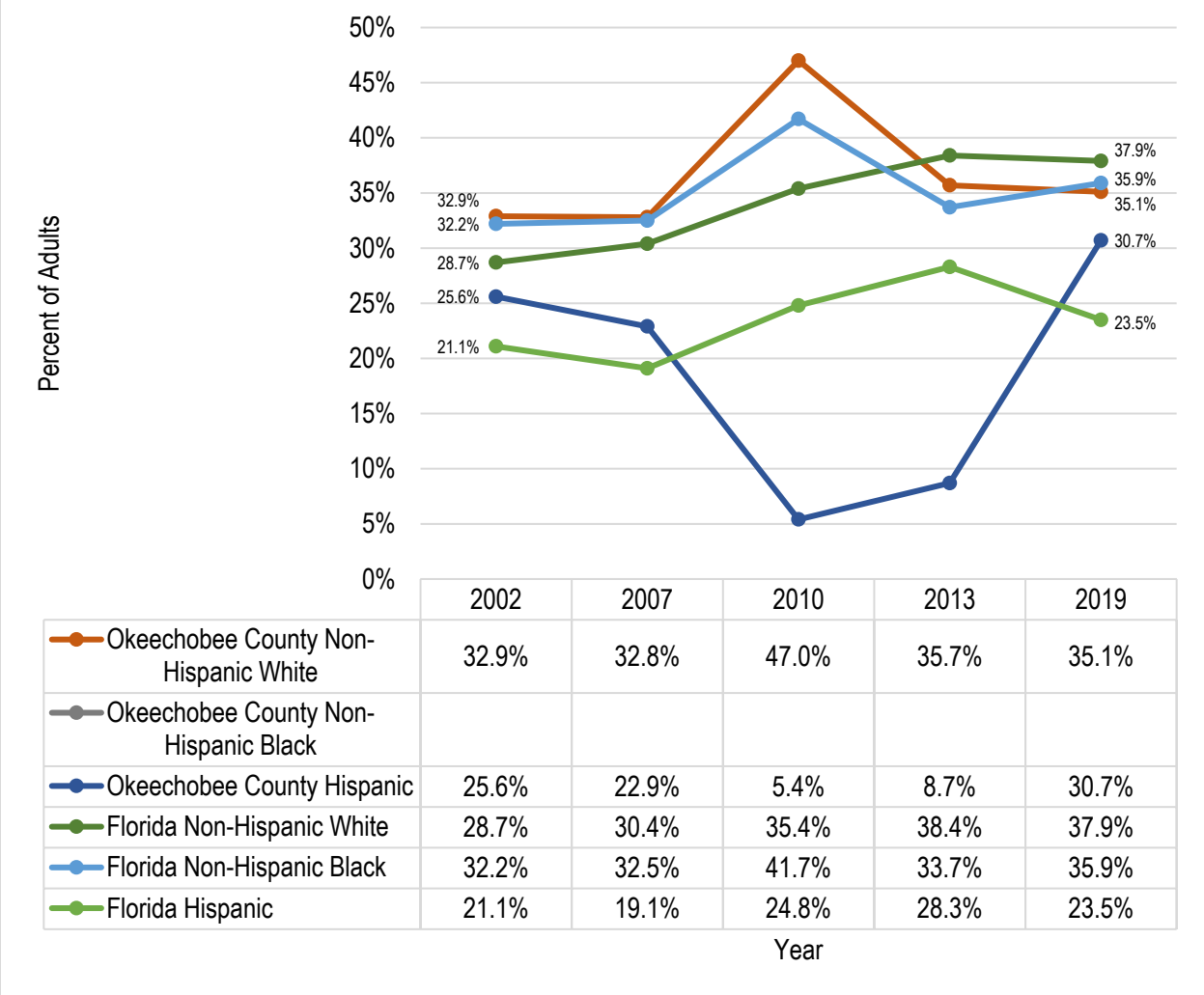
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[266] Reduce the proportion of adults with high blood pressure — HDS-04. (n.d.). In *Healthy People 2030*. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke/reduce-proportion-adults-high-blood-pressure-hds-04
[267] The Facts About High Blood Pressure. (n.d.). In *American Heart Association*. Retrieved from https://www.heart.org/en/health-topics/high-blood-pressure/the-facts-about-high-blood-pressure
[268] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the proportion of adults with high blood pressure – HDS-04. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke/reduce-proportion-adults-high-blood-pressure-hds-04

Adults Who Have Ever Been Told They Have Hypertension by Race and Ethnicity

This figure shows the percentage of adults who had ever been told they had hypertension in Okeechobee County and Florida by race and ethnicity in 2002, 2007, 2010, 2013, and 2019. The percentage increased dramatically from 8.7% in 2013 to 30.7% in 2019 among Hispanic Okeechobee County residents, while the percentage decreased slightly from 35.7% to 35.1% from 2013 to 2019 among non-Hispanic White residents. Unfortunately, no data was available for Okeechobee County non-Hispanic Black residents during these years.

Figure 156: Adults Who Have Every Been Told They Have Hypertension by Race and Ethnicity, Percent of Adult Population, Okeechobee County and Florida, 2002, 2007, 2010, 2013, 2019



	2002	2007	2010	2013	2019
Okeechobee County Non-Hispanic White	32.9%	32.8%	47.0%	35.7%	35.1%
Okeechobee County Non-Hispanic Black					
Okeechobee County Hispanic	25.6%	22.9%	5.4%	8.7%	30.7%
Florida Non-Hispanic White	28.7%	30.4%	35.4%	38.4%	37.9%
Florida Non-Hispanic Black	32.2%	32.5%	41.7%	33.7%	35.9%
Florida Hispanic	21.1%	19.1%	24.8%	28.3%	23.5%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

Coronary Heart Disease

Coronary heart disease, the most common type of heart disease and the leading cause of death in the United States, is a condition where the heart's arteries are unable to deliver enough oxygen-rich blood to the heart, causing the heart to ultimately stop working properly. For this reason, it is also known as coronary artery disease. Plaque buildup made of cholesterol and other substances is a common culprit and causes the arteries to narrow over time, partially or fully blocking blood flow to the heart. Symptoms of coronary heart disease vary, and many people show no signs or symptoms until they have chest pain, a heart attack, or go into cardiac arrest.[269] [270]

Maintaining a healthy lifestyle, including eating a healthy, low sodium diet, being physically active, maintaining a healthy weight, not smoking, managing stress, getting 7 to 8 hours of sleep at night, and keeping blood pressure, cholesterol, and A1C levels under control, can all help reduce the risk of coronary heart disease.[271]

[269] What is Coronary Heart Disease?. (2022, March 24). In NIH National Heart, Lung, and Blood Institute. Retrieved from https://www.nhlbi.nih.gov/health/coronary-heart-disease

[270] Coronary Artery Disease. (2021, July 19). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/heartdisease/coronary_ad.htm

[271] Know the Difference: Cardiovascular Disease, Heart Disease, Coronary Heart Disease. (2021, October). In NIH National Heart, Lung, and Blood Institute. Retrieved from https://www.nhlbi.nih.gov/resources/know-differences-cardiovascular-disease-heart-disease-coronary-heart-disease

Age-Adjusted Hospitalizations from Coronary Heart Disease

Coronary heart disease is the most common type of heart disease in the United States and is often caused by cholesterol build up inside of the coronary arteries. Coronary heart disease is the leading cause of death in the United States and is largely preventable through healthy behaviors.[272]

The table and figure below show the age-adjusted hospitalizations from coronary heart disease in Okeechobee County and Florida from 2016 to 2020. The hospitalization rate among Okeechobee County residents from coronary heart disease fluctuated during this timeframe and most recently decreased from 682.2 per 100,000 population in 2019 to 525.9 per 100,000 population in 2020. However, this rate was over double the rate among Florida residents overall in 2020 (236.8 per 100,000 population).

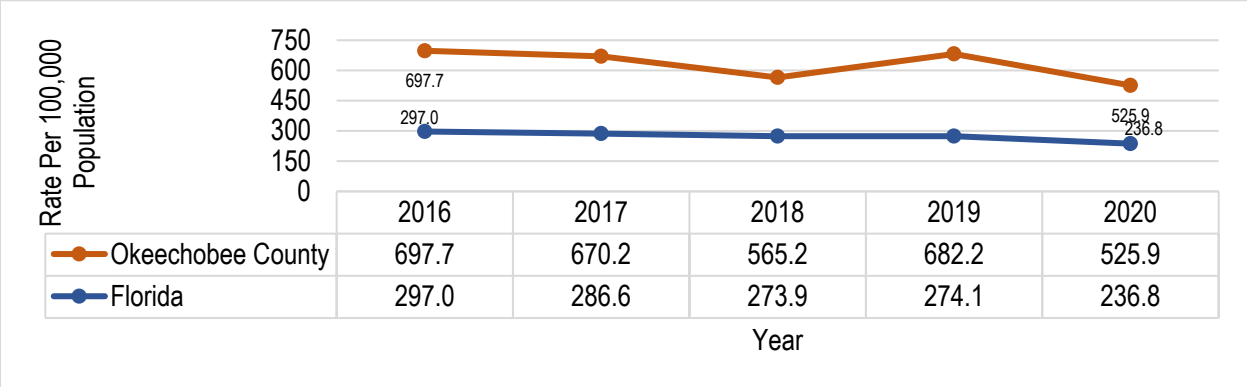
There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 target is to reduce coronary heart disease deaths per 100,000 population from 90.9 per 100,000 population in 2018 to 71.1 population.[273]

Table 106: Age-Adjusted Hospitalizations from Coronary Heart Disease, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	367	697.7	82,727	297
2017	364	670.2	82,047	286.6
2018	331	565.2	80,402	273.9
2019	388	682.2	82,677	274.1
2020	305	525.9	73,308	236.8

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 157: Age-Adjusted Hospitalizations from Coronary Heart Disease, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[272] What is Coronary Heart Disease?. (2022, March 24). In *National Heart, Lung, and Blood Institute*. Retrieved from https://www.nhlbi.nih.gov/health/coronary-heart-disease
[273] U.S. Department of Health and Human Services. Healthy People 2030. Reduce coronary heart disease deaths -HDS-02. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke/reduce-coronary-heart-disease-deaths-hds-02

Age-Adjusted Hospitalizations from Coronary Heart Disease by Race

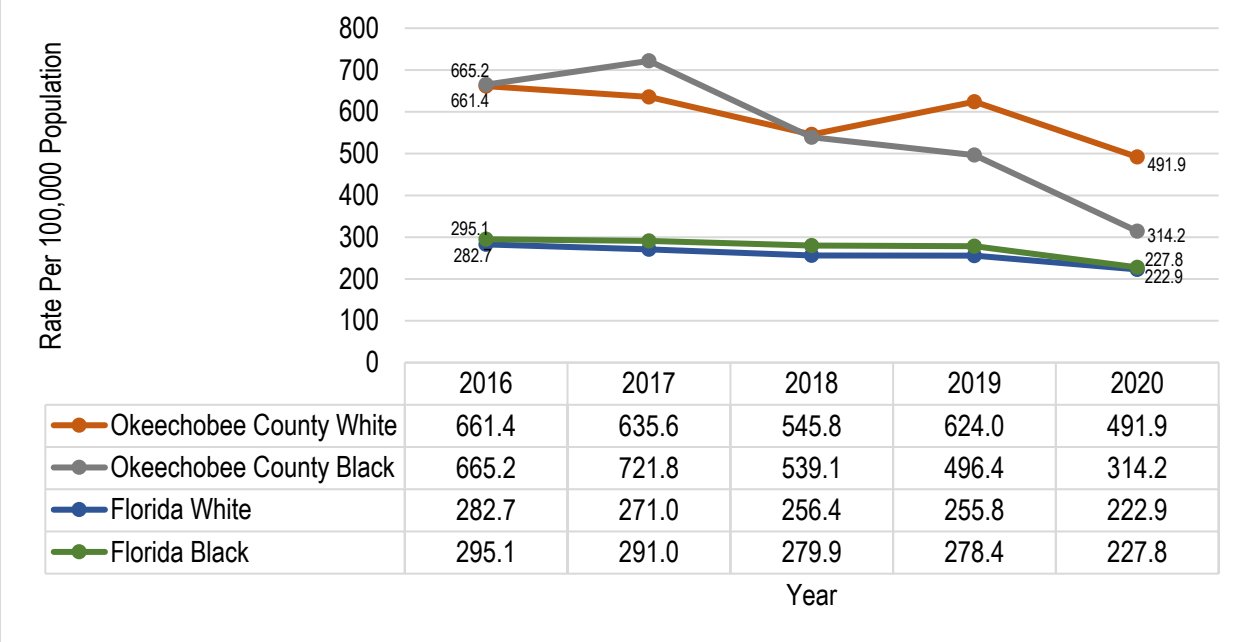
This table and figure show the age-adjusted hospitalizations from coronary heart disease in Okeechobee County and Florida by race from 2016 to 2020. From 2019 to 2020, the rate of age-adjusted hospitalizations from coronary heart disease decreased among White and Black Okeechobee County residents. Most recently, in 2020, in Okeechobee County, the rate among White residents was 491.9 per 100,000 population, while the rate among Black residents was 314.2 per 100,000 population. Both populations had a higher rate than their respective group in the state overall.

Table 107: Age-Adjusted Hospitalizations from Coronary Heart Disease, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	323	661.4	15	665.2	67,698	282.7	9,138	295.1
2017	319	635.6	17	721.8	66,606	271.0	9,370	291.0
2018	293	545.8	14	539.1	64,577	256.4	9,338	279.9
2019	330	624.0	15	496.4	66,107	255.8	9,609	278.4
2020	262	491.9	9	314.2	58,835	222.9	8,182	227.8

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 158: Age-Adjusted Hospitalizations from Coronary Heart Disease, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Hospitalizations from Coronary Heart Disease by Ethnicity

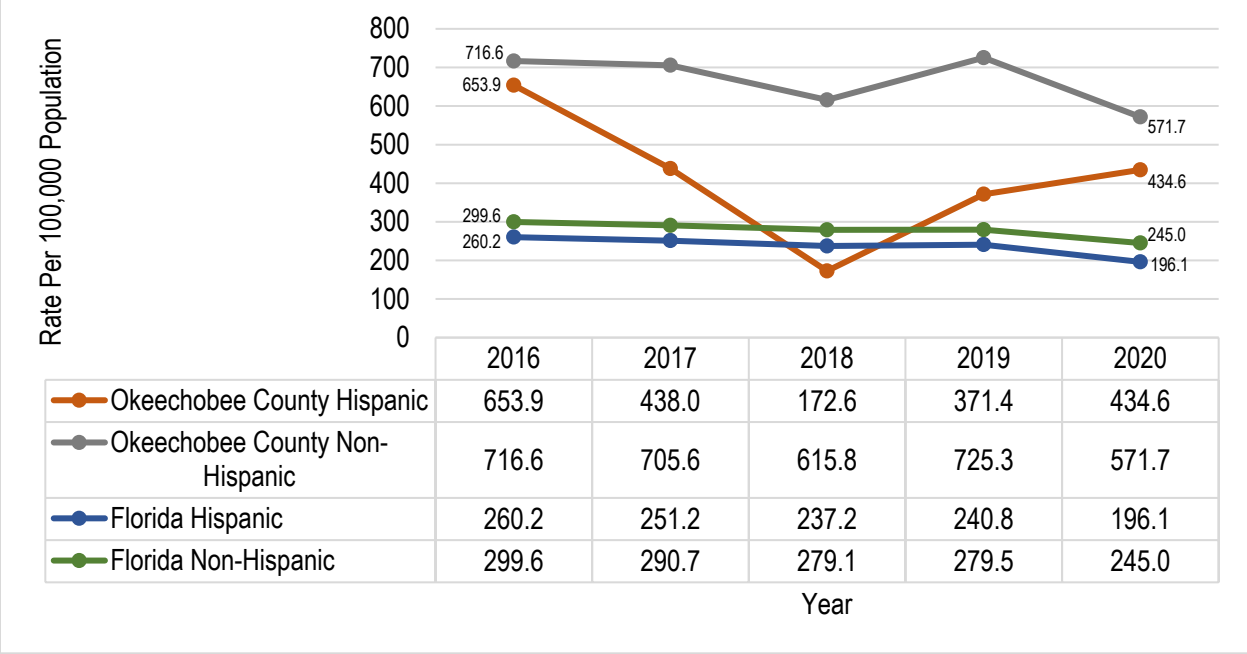
This table and graph show the age-adjusted hospitalizations from coronary heart disease by ethnicity in Okeechobee County and Florida from 2016 to 2020. The rate among Hispanic Okeechobee County residents increased from 172.6 per 100,000 population in 2018 to 434.6 per 100,000 population in 2020. The rate among non-Hispanic Okeechobee County residents fluctuated over this period but decreased most recently from 725.3 per 100,000 population in 2019 to 571.7 per 100,000 population in 2020. Additionally, the rate among Okeechobee County Hispanic and non-Hispanic residents was over double that of Hispanic and non-Hispanic Florida residents in 2020.

Table 108: Age-Adjusted Hospitalizations from Coronary Heart Disease by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	30	653.9	330	716.6	12,422	260.2	68,315	299.6
2017	22	438.0	337	705.6	12,635	251.2	67,640	290.7
2018	12	172.6	310	615.8	12,810	237.2	65,890	279.1
2019	26	371.4	355	725.3	13,639	240.8	67,536	279.5
2020	21	434.6	278	571.7	11,755	196.1	60,201	245.0

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 159: Age-Adjusted Hospitalizations from Coronary Heart Disease by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

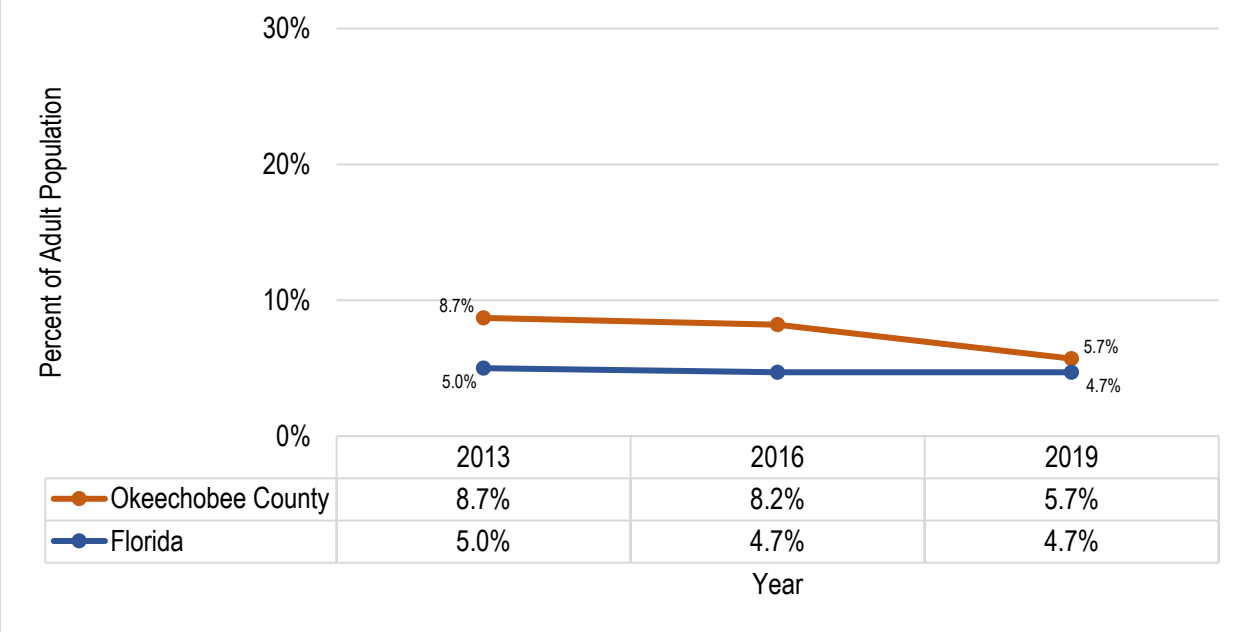
Adults Who Have Ever Been Told They Had Angina or Coronary Heart Disease

Angina is defined as chest pain or discomfort that is caused when the heart does not get enough oxygen through the blood. Angina is a symptom of coronary heart disease.[274]

The graph below shows the percentage of adults who had ever been told they had angina or coronary heart disease in Okeechobee County and Florida in 2013, 2016, and 2019. The percentage among Okeechobee County residents decreased each year reported from 8.7% in 2013 to 5.7% in 2019. Additionally, the percentage of adults who had ever been told they had angina or coronary heart disease was higher in Okeechobee County compared to the state overall each year during this timeframe. While this indicator considers individuals with a diagnosis of angina or coronary heart disease by a physician, it does not consider individuals who are undiagnosed and who may be facing barriers to seeking medical care, such as lack of transportation or health insurance.

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

Figure 160: Adults Who Have Every Been Told They Had Angina or Coronary Heart Disease, Percent of Adult Population, Okeechobee County and Florida, 2013, 2016, 2019



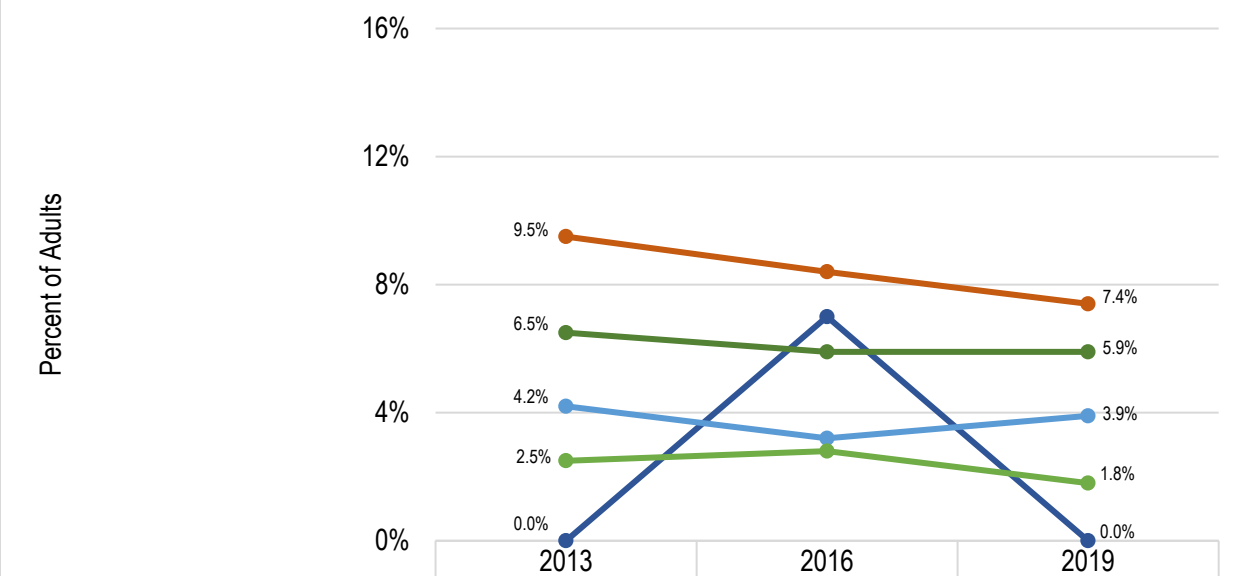
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[274] Angina (Chest Pain). (n.d.). In *American Heart Association*. Retrieved from https://www.heart.org/en/health-topics/heart-attack/angina-chest-pain

Adults Who Have Ever Been Told They Had Angina or Coronary Heart Disease by Race and Ethnicity

The following figure shows the proportion of adults who had ever been told they had angina or coronary heart disease in Okeechobee County and Florida by race and ethnicity in 2013, 2016, and 2019. The percentage of adults who had ever been told they had angina or coronary heart disease decreased slightly among non-Hispanic White Okeechobee County residents from 9.5% in 2013 to 7.4% in 2019. The percentage fluctuated among Okeechobee County Hispanic residents, decreasing most recently from 7.0% in 2016 to 0.0% in 2019. Unfortunately, data was unavailable for Okeechobee County non-Hispanic Black residents. While this indicator considers individuals with a diagnosis of angina or coronary heart disease by a physician, it does not consider individuals who are undiagnosed and who may be facing barriers to seeking medical care, such as lack of transportation or health insurance.

Figure 161: Adults Who Have Every Been Told They Had Angina or Coronary Heart Disease by Race and Ethnicity, Percent of Adult Population, Okeechobee County and Florida, 2013, 2016, 2019



	2013	2016	2019
Okeechobee County Non-Hispanic White	9.5%	8.4%	7.4%
Okeechobee County Non-Hispanic Black			
Okeechobee County Hispanic	0.0%	7.0%	0.0%
Florida Non-Hispanic White	6.5%	5.9%	5.9%
Florida Non-Hispanic Black	4.2%	3.2%	3.9%
Florida Hispanic	2.5%	2.8%	1.8%

Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

Congestive Heart Failure

Congestive heart failure occurs when the heart muscle loses its ability to contract over time and fill with blood. This results in blood returning to the heart faster than it can be pumped out, becoming congested, and not enough oxygen-rich blood flowing to the body's organs. Congestive heart failure is the most common diagnosis among hospitalized patients older than 65 years of age, according to Johns Hopkins Medicine. Similar to other types of heart conditions, congestive heart failure can be prevented through healthy lifestyle habits, particularly not smoking.[275]

Age-Adjusted Hospitalizations from or with Congestive Heart Failure as Any Listed Diagnosis

This table and graph show age-adjusted hospitalizations from or with congestive heart failure as any listed diagnosis in Okeechobee County and Florida from 2016 to 2020. The rate of hospitalizations from or with congestive heart failure among Okeechobee County residents decreased from 2017 (2,756.6 per 100,000 population) to 2020 (2,534.4 per 100,000 population). However, the rate among Okeechobee County residents was over double the rate among Florida residents overall each year during this timeframe.

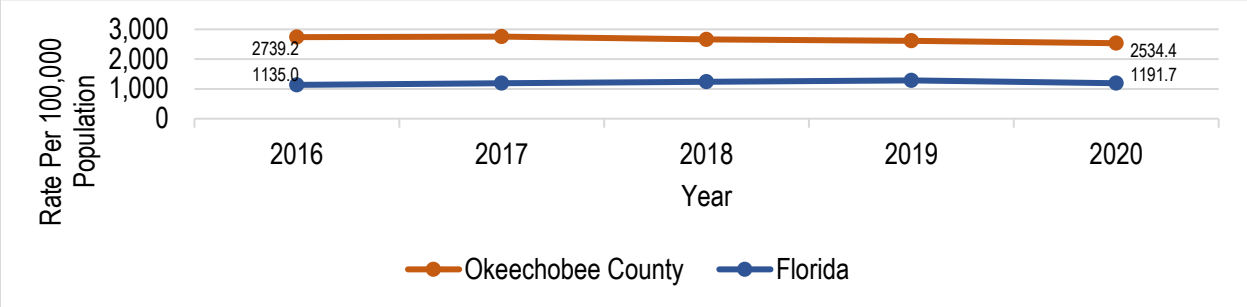
The Healthy People 2030 national target is to reduce age-adjusted hospitalizations from heart failure among adults aged 18 years and over from 355.2 per 100,000 population to 319.7 per 100,000 population.[276] However, this indicator includes congestive heart failure as any listed diagnosis, while the Healthy People 2030 national target includes congestive heart failure only as the principal diagnosis.

Table 109: Age-Adjusted Hospitalizations from or with Congestive Heart Failure as Any Listed Diagnosis, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	1,501	2,739.2	327,131	1,135.0
2017	1,537	2,756.6	353,154	1,193.0
2018	1,593	2,662.2	375,660	1,239.3
2019	1,554	2,616.7	401,153	1,285.6
2020	1,531	2,534.4	382,249	1,191.7

Source: Florida Agency for Health Care Administration (AHCA), 2020; Compiled by: Health Council of Southeast Florida, 2022

Figure 162: Age-Adjusted Hospitalizations from or with Congestive Heart Failure as Any Listed Diagnosis, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[275] Blumenthal, MD, R., & Jones, MD, S. (n.d.). Congestive Heart Failure: Prevention, Treatment and Research. In Johns Hopkins Medicine. Retrieved from https://www.hopkinsmedicine.org/health/conditions-and-diseases/congestive-heart-failure-prevention-treatment-and-research
[276] U.S. Department of Health and Human Services. Healthy People 2030. Reduce heart failure hospitalizations in adults – HDS-09. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke/reduce-heart-failure-hospitalizations-adults-hds-09

Age-Adjusted Hospitalizations from or with Congestive Heart Failure as Any Listed Diagnosis by Race

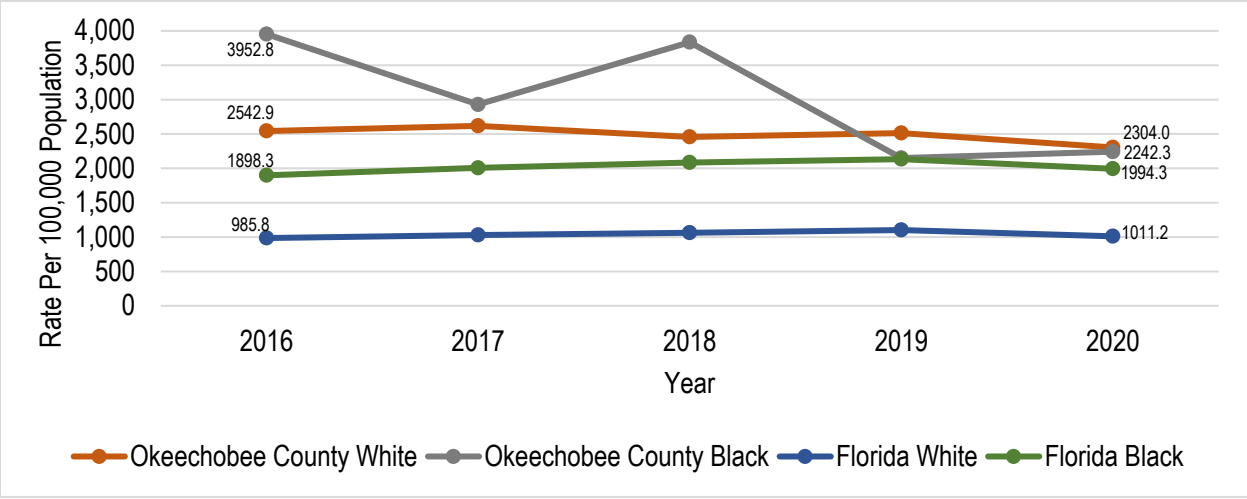
This table and graph show age-adjusted hospitalizations from or with congestive heart failure as any listed diagnosis by race in Okeechobee County and Florida from 2016 to 2020. The age-adjusted hospitalization rate from or with congestive heart failure as any listed diagnosis fluctuated among both White and Black Okeechobee County residents, though they consistently exceeded the rates of their statewide counterparts. Most recently in 2020, the rate among Okeechobee County White residents was 2,304.0 per 100,000 population, while the rate among Okeechobee County Black residents was 2,242.3 per 100,000 population.

Table 110: Age-Adjusted Hospitalizations from or with Congestive Heart Failure as Any Listed Diagnosis by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	1,294	2,542.9	97	3,952.8	253,051	985.8	57,274	1,898.3
2017	1,350	2,617.3	70	2,928.4	271,181	1,030.1	62,931	2,006.1
2018	1,377	2,457.1	102	3,835.0	285,957	1,062.3	67,776	2,085.1
2019	1,381	2,512.4	58	2,149.6	304,676	1,102.0	71,641	2,133.5
2020	1,296	2,304.0	63	2,242.3	286,903	1,011.2	69,974	1,994.3

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 163: Age-Adjusted Hospitalizations from or with Congestive Heart Failure as Any Listed Diagnosis by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Hospitalizations from or with Congestive Heart Failure as Any Listed Diagnosis by Ethnicity

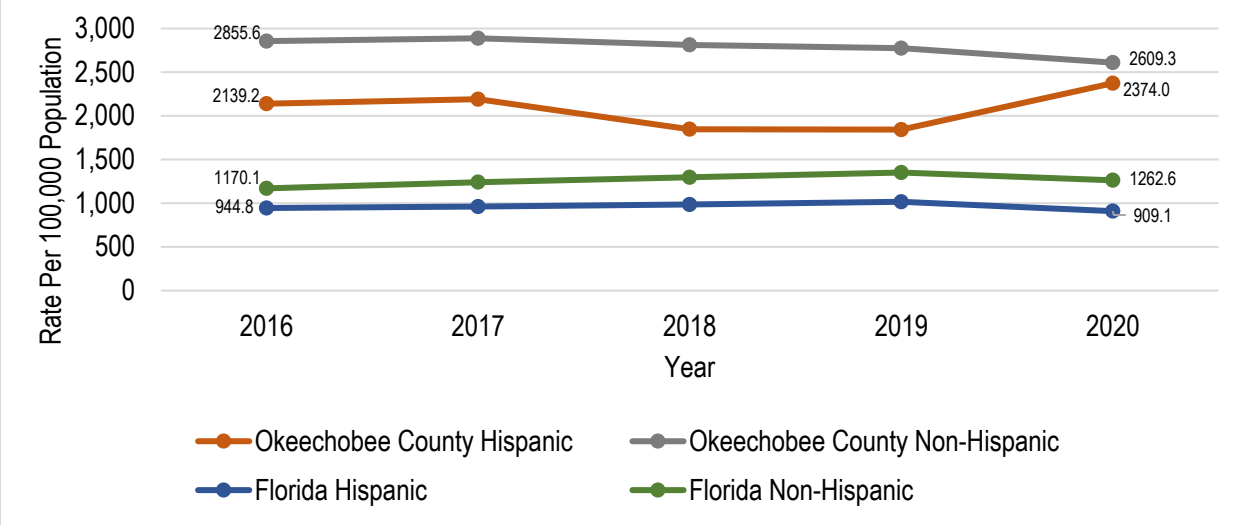
The following table and graph show age-adjusted hospitalizations from or with congestive heart failure as any listed diagnosis by ethnicity in Okeechobee County and Florida from 2016 to 2020. Most recently, the rate among non-Hispanic Okeechobee County residents decreased from 2,774.7 per 100,000 population in 2019 to 2,609.3 per 100,000 population in 2020, while the rate among Hispanic Okeechobee County residents increased from 1,842.8 per 100,000 population to 2,374.0 per 100,000 population during those same years. Additionally, the rate among Hispanic and non-Hispanic Okeechobee County residents was higher than that of Hispanic and non-Hispanic Florida residents each year from 2016 to 2020.

Table 111: Age-Adjusted Hospitalizations from or with Congestive Heart Failure as Any Listed Diagnosis by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	91	2,139.2	1,399	2,855.6	43,616	944.8	278,718	1,170.1
2017	104	2,190.5	1,425	2,888	46,854	961.8	301,828	1,241.2
2018	100	1,846.8	1,476	2,812.7	51,772	985.7	319,514	1,296.8
2019	83	1,842.8	1,453	2,774.7	56,043	1,016.6	341,101	1,351.3
2020	118	2,374.0	1,390	2,609.3	52,960	909.1	325,021	1,262.6

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 164: Age-Adjusted Hospitalizations from or with Congestive Heart Failure as Any Listed Diagnosis by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Cancer

Cancer is a disease that occurs when abnormal or damaged cells in the body grow uncontrollably, according to the National Institute of Health's National Cancer Institute. Cancer can start almost anywhere in the body and has the ability to spread to other parts of the body. The abnormal or damaged cells can form lumps of tissue called tumors, either cancerous (malignant) or not cancerous (benign). Cancer is caused by changes to genes, composed of DNA, that control the way a person's cells function and, specifically, how they grow and divide. Changes to DNA that can cause cancer can be a result of DNA passed down from our parents, errors that occur as cells divide, or damage to DNA caused by environmental substances, such as tobacco smoke or ultraviolet rays from the sun.

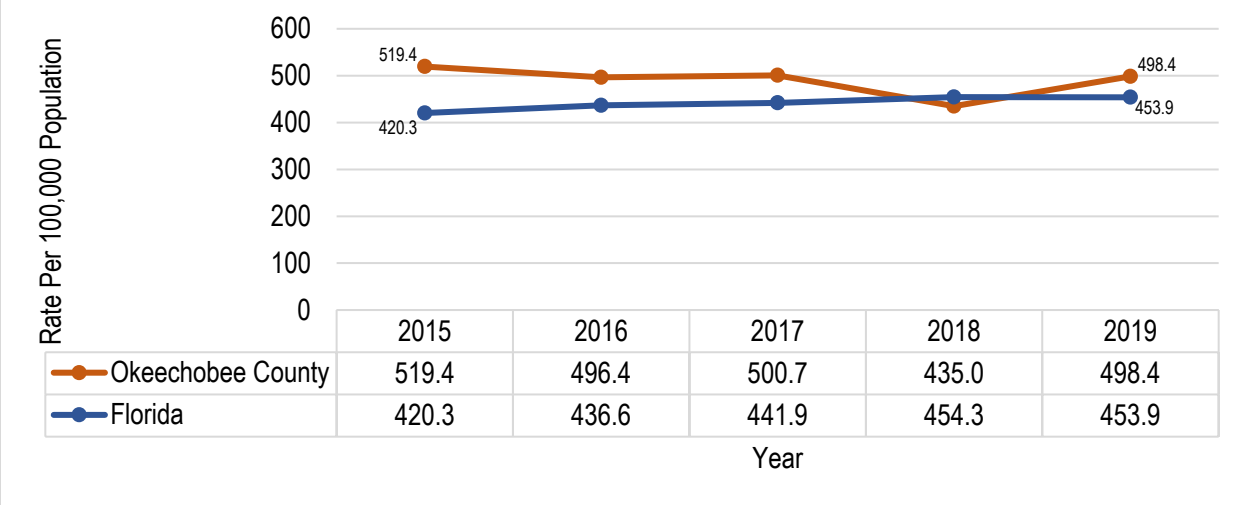
There are over 100 types of cancer, and each is usually named based on the organ or tissue where it came from. In 2020, the most common cancers among men were prostate, lung, and colorectal, accounting for approximately 43% of all diagnosed cancers in men. Among women, in 2020, the most common cancers were breast, lung, and colorectal, accounting for approximately 50% of all cancer diagnoses in women.[277] Living a healthy lifestyle, getting regular screening tests, and getting certain vaccines can help prevent or detect certain types of cancer early on.[278]

Age-Adjusted Cancer Incidence

The following graph shows the age-adjusted cancer incidence in Okeechobee County and Florida from 2015 to 2019. The rate among Okeechobee County residents fluctuated slightly during this timeframe, with an increase most recently from 435.0 per 100,000 population in 2018 to 498.4 per 100,000 population in 2019. Each year, aside from 2018, the age-adjusted cancer incidence rate was higher among Okeechobee County residents compared to Florida residents overall.

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

Figure 165: Age-Adjusted Cancer Incidence, Rate Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019



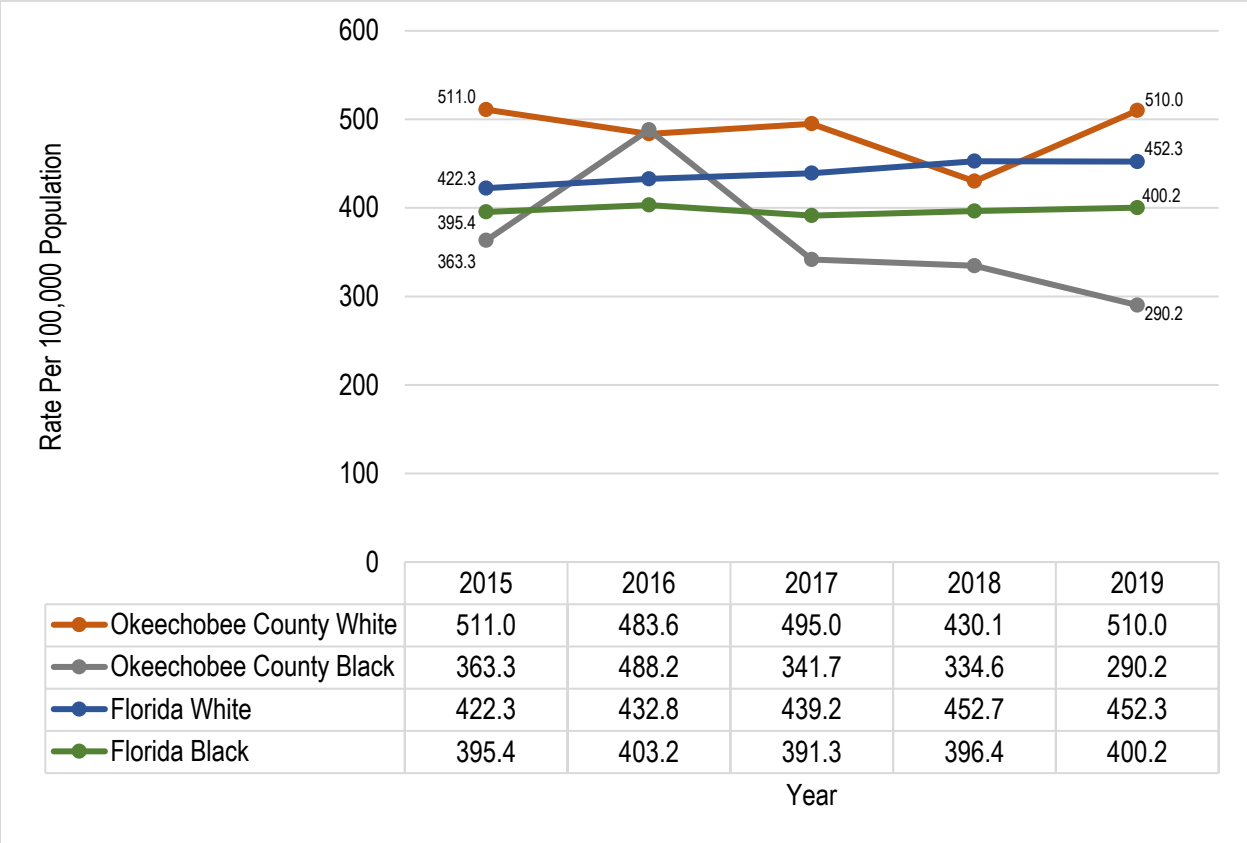
Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

[277] What Is Cancer?. (2021, May 5). In NIH National Cancer Institute. Retrieved from https://www.cancer.gov/about-cancer/understanding/what-is-cancer
[278] How to Prevent Cancer or Find it Early. (2022, May 19). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/cancer/dcpc/prevention/index.htm

Age-Adjusted Cancer Incidence by Race

This graph shows age-adjusted cancer incidence by race in Okeechobee County and Florida from 2015 to 2019. Each year during this timeframe, aside from 2016, the age-adjusted cancer incidence was higher among White residents compared to Black residents in Okeechobee County. Most recently, the rate among Okeechobee County White residents increased from 2018 (430.1 per 100,000 population) to 2019 (510.0 per 100,000 population), while the rate among Black residents decreased from 2018 (334.6 per 100,000 population) to 2019 (290.2 per 100,000 population). Notably, the age-adjusted cancer incidence rate was higher among White residents in Okeechobee County compared to White residents in Florida overall each year reported, except for 2018.

Figure 166: Age-Adjusted Cancer Incidence by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019



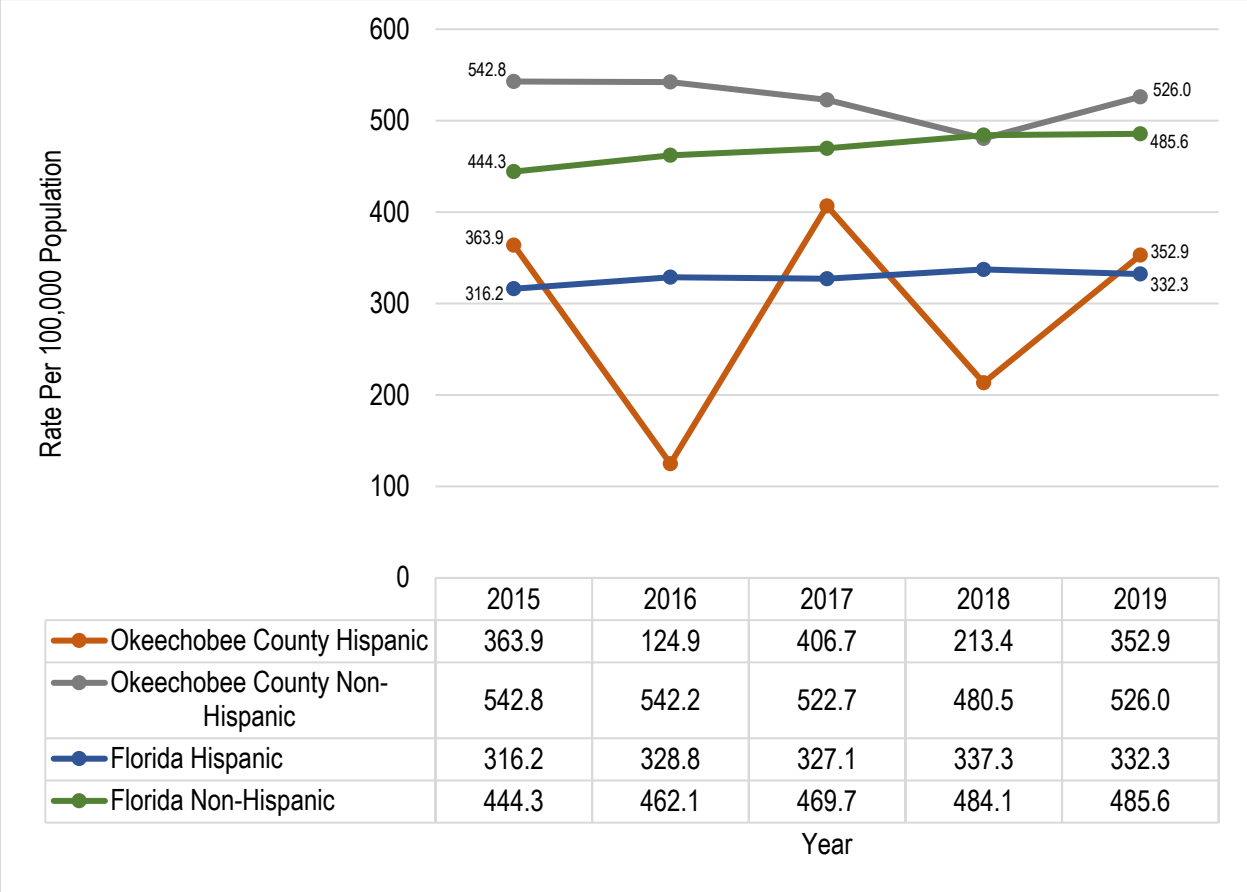
	2015	2016	2017	2018	2019
Okeechobee County White	511.0	483.6	495.0	430.1	510.0
Okeechobee County Black	363.3	488.2	341.7	334.6	290.2
Florida White	422.3	432.8	439.2	452.7	452.3
Florida Black	395.4	403.2	391.3	396.4	400.2

Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Cancer Incidence by Ethnicity

The graph below shows age-adjusted cancer incidence by ethnicity in Okeechobee County and Florida from 2015 to 2019. The age-adjusted cancer incidence rate among non-Hispanic residents was higher than the rate among Hispanic residents in Okeechobee County each year during this timeframe. The rate among both groups increased most recently from 2018 to 2019, from 480.5 per 100,000 population to 526.0 per 100,000 population among Okeechobee County non-Hispanic residents and from 213.4 per 100,000 population to 352.9 per 100,000 population among Okeechobee County Hispanic residents.

Figure 167: Age-Adjusted Cancer Incidence by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019



	2015	2016	2017	2018	2019
Okeechobee County Hispanic	363.9	124.9	406.7	213.4	352.9
Okeechobee County Non-Hispanic	542.8	542.2	522.7	480.5	526.0
Florida Hispanic	316.2	328.8	327.1	337.3	332.3
Florida Non-Hispanic	444.3	462.1	469.7	484.1	485.6

Year

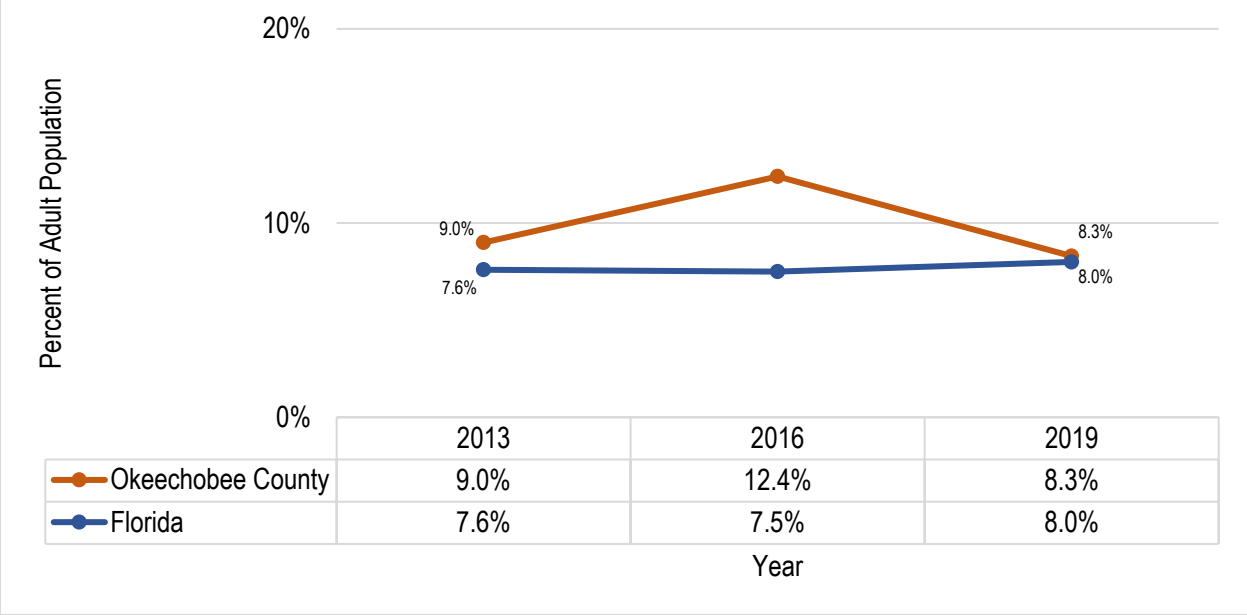
Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Adults Who Have Every Been Told They Have Had Any Other Type of Cancer Except Skin Cancer

This graph shows the percentage of adults who have ever been told they had any other type of cancer except skin cancer in Okeechobee County and Florida in 2013, 2016, and 2019. Most recently, the percentage decreased among Okeechobee County residents from 12.4% in 2016 to 8.3% in 2019. However, the percentage among Okeechobee County residents was higher compared to Florida residents overall each year during this timeframe.

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

Figure 168: Adults Who Have Ever Been Told They Have Had Any Other Type of Cancer Except Skin Cancer, Percent of Adult Population, Okeechobee County and Florida, 2013, 2016, 2019

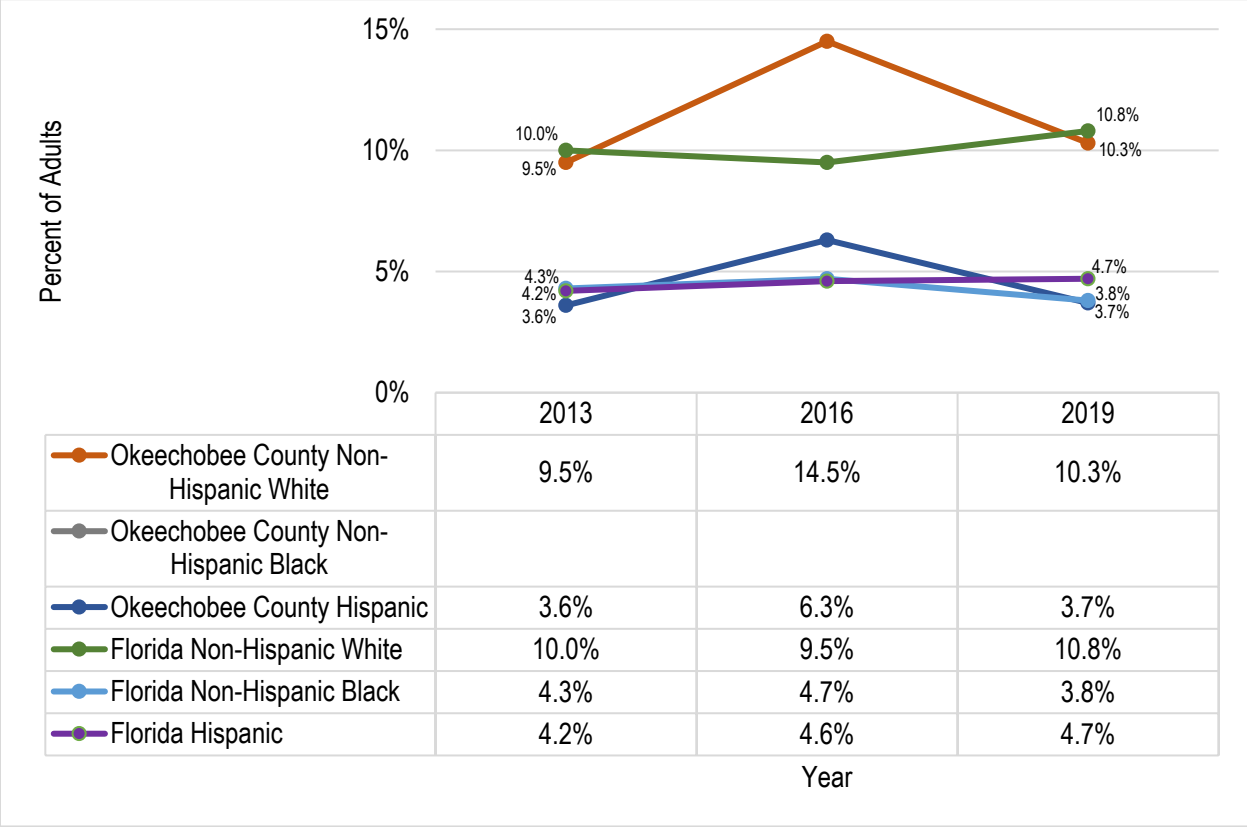


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

Adults Who Have Every Been Told They Have Had Any Other Type of Cancer Except Skin Cancer by Race and Ethnicity

This graph shows the percentage of adults who had ever been told they had any other type of cancer except skin cancer by race and ethnicity in Okeechobee County and Florida in 2013, 2016, and 2019. Most recently, the percentage decreased from 14.5% in 2016 to 10.3% in 2019 among Okeechobee County non-Hispanic White residents and from 6.3% in 2016 to 3.7% in 2019 among Okeechobee County Hispanic residents. Unfortunately, data was unavailable for Okeechobee County non-Hispanic Black residents each year reported.

Figure 169: Adults Who Have Ever Been Told They Have Had Any Other Type of Cancer Except Skin Cancer by Race and Ethnicity, Percent of Adult Population, Okeechobee County and Florida, 2013, 2016, 2019



	2013	2016	2019
Okeechobee County Non-Hispanic White	9.5%	14.5%	10.3%
Okeechobee County Non-Hispanic Black			
Okeechobee County Hispanic	3.6%	6.3%	3.7%
Florida Non-Hispanic White	10.0%	9.5%	10.8%
Florida Non-Hispanic Black	4.3%	4.7%	3.8%
Florida Hispanic	4.2%	4.6%	4.7%

Year

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, 2022

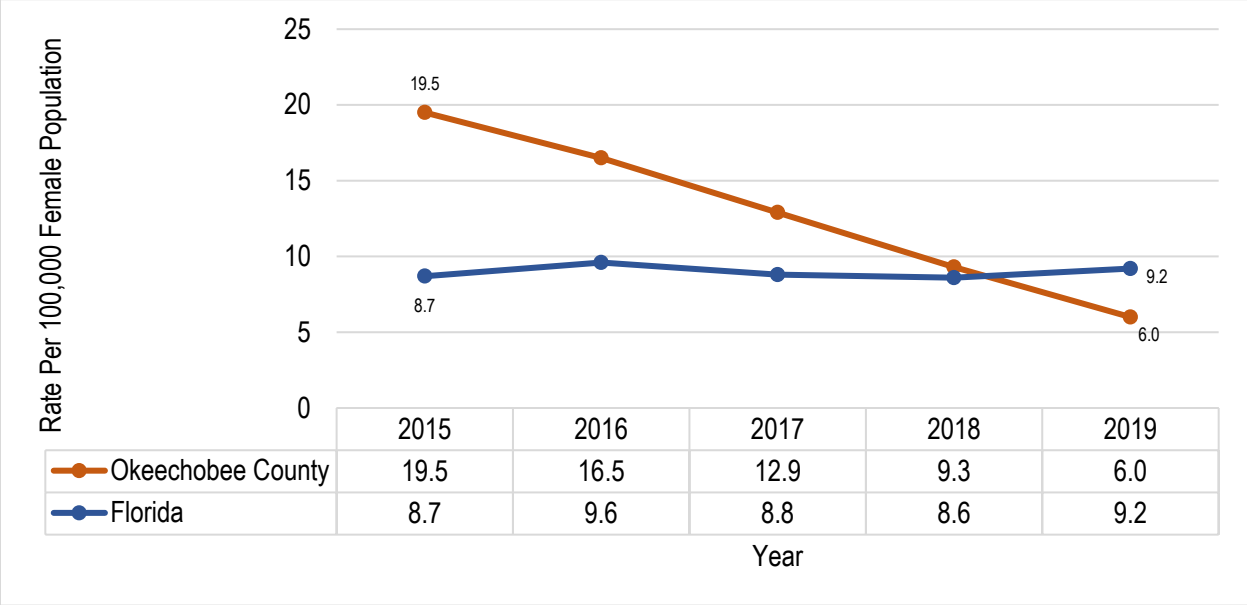
Age-Adjusted Cervical Cancer Incidence

According to the CDC, cervical cancer is cancer that starts in the uterus and is primarily caused by human papillomavirus (HPV). HPV is a common virus that can be passed from one person to another during sex and can be prevented with screening tests and the HPV vaccine. Cervical cancer is highly treatable when found early.[279]

The graph below shows the age-adjusted cervical cancer incidence rate in Okeechobee County and Florida from 2015 to 2019. The rate among Okeechobee County residents steadily declined from 19.5 per 100,000 female population in 2015 to 6.0 per 100,000 female population in 2019, dipping lower than the rate among Florida female residents overall in 2019 (9.2 per 100,0000) for the first time during this timeframe.

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

Figure 170: Age-Adjusted Cervical Cancer Incidence, Rate Per 100,000 Female Population, Okeechobee County and Florida, 2015 – 2019



	2015	2016	2017	2018	2019
Okeechobee County	19.5	16.5	12.9	9.3	6.0
Florida	8.7	9.6	8.8	8.6	9.2

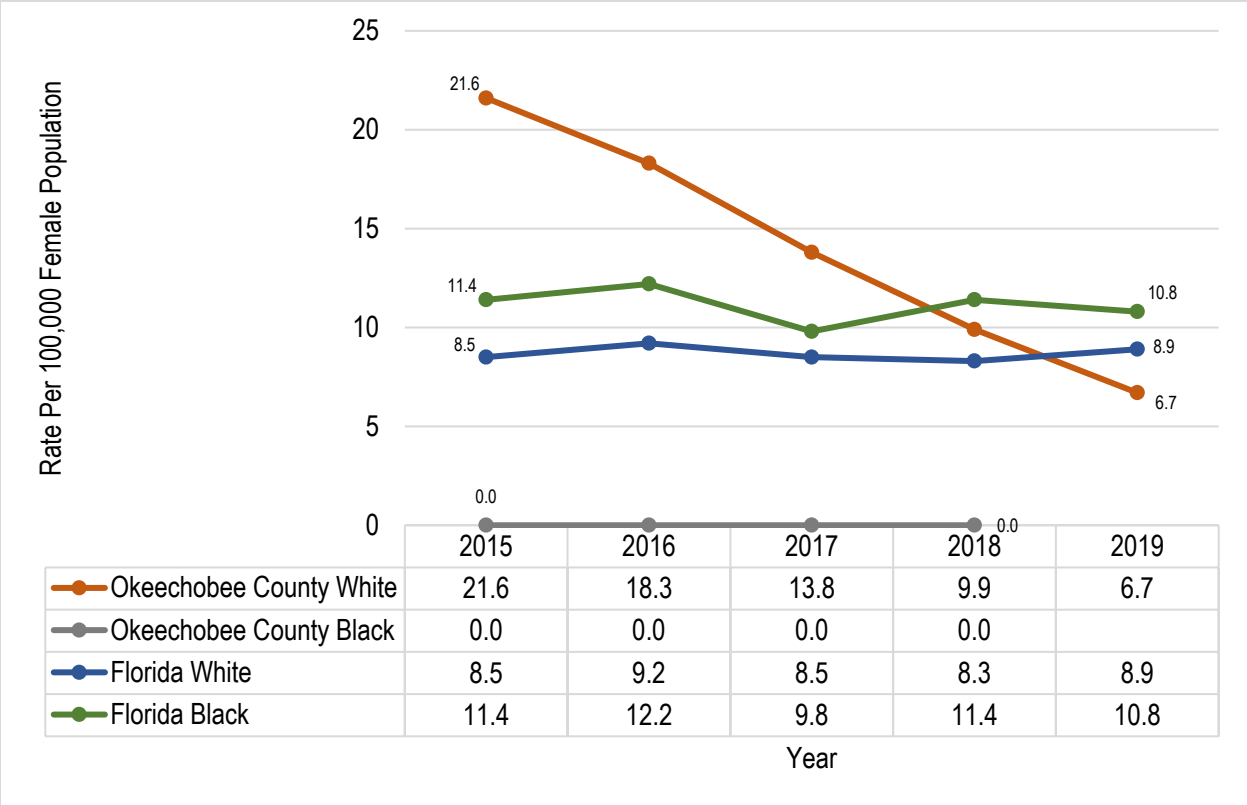
Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

[279] Basic Information About Cervical Cancer. (2021, December 14). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/cancer/cervical/basic_info/index.htm

Age-Adjusted Cervical Cancer Incidence by Race

The graph below shows the age-adjusted cervical cancer incidence by race in Okeechobee County and Florida from 2015 to 2019. The rate among Okeechobee County White residents decreased steadily from 21.6 per 100,000 female population in 2015 to 6.7 per 100,000 female population in 2019. The rate among Okeechobee County Black residents was 0.0 per 100,000 female population from 2015 to 2018. In 2019, according to the University of Miami Medical School's Cancer Data System, the number of cervical cancer cases among Okeechobee County Black residents was between 1 and 9. This caused the rate to be unreportable, as indicated by the blank cell in the data table below.

Figure 171: Age-Adjusted Cervical Cancer Incidence by Race, Rate Per 100,000 Female Population, Okeechobee County and Florida, 2015 – 2019



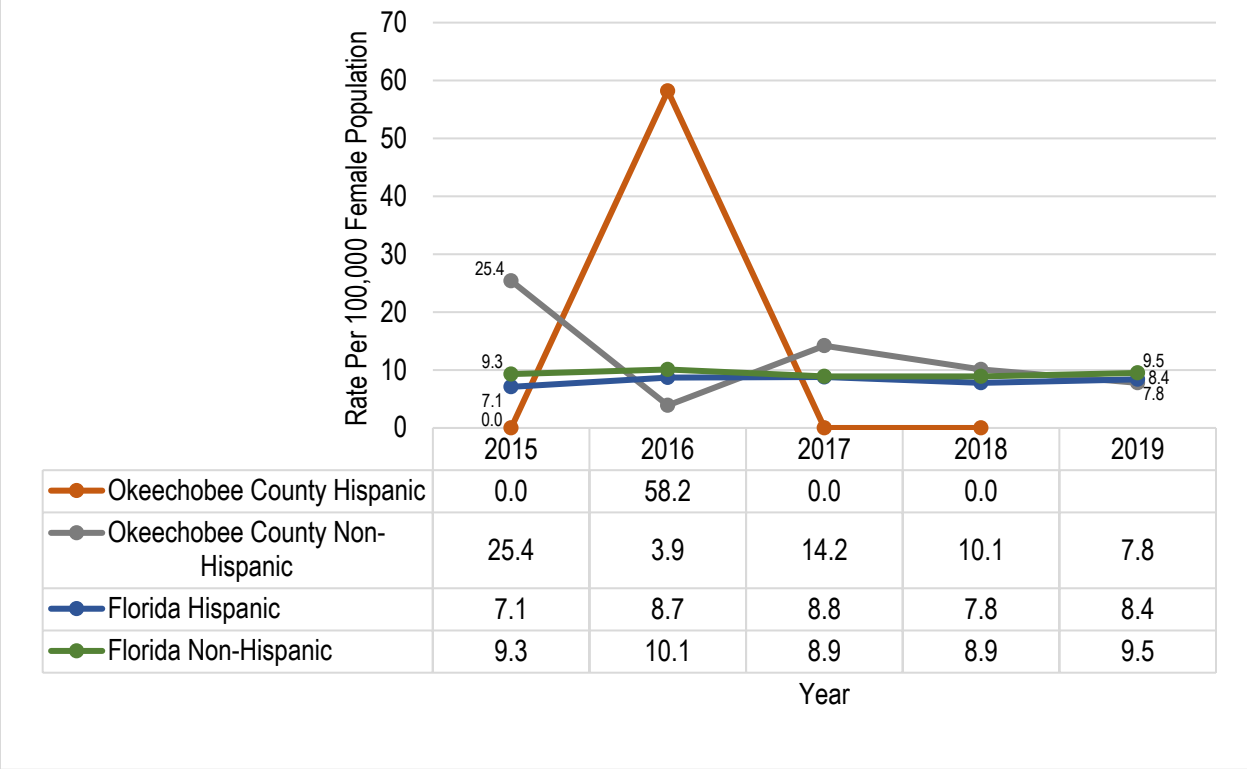
	2015	2016	2017	2018	2019
Okeechobee County White	21.6	18.3	13.8	9.9	6.7
Okeechobee County Black	0.0	0.0	0.0	0.0	
Florida White	8.5	9.2	8.5	8.3	8.9
Florida Black	11.4	12.2	9.8	11.4	10.8

Data Note: Blank fields indicate results have been suppressed because counts are between 1 and 9.
Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Cervical Cancer Incidence by Ethnicity

This graph shows the age-adjusted cervical cancer incidence by ethnicity in Okeechobee County and Florida from 2015 to 2019. The age-adjusted cervical cancer incidence rate fluctuated among Okeechobee County non-Hispanic residents, declining most recently from 14.2 per 100,000 female population in 2017 to 7.8 per 100,000 female population in 2019. The rate among Okeechobee County Hispanic residents was 0.0 per 100,000 female population each year from 2015 to 2018, except 2016 when the rate rose to 58.2 per 100,000 female population. In 2019, according to the University of Miami Medical School's Cancer Data System, the number of cervical cancer cases among Okeechobee County Hispanic residents was between 1 and 9. This caused the rate to be unreportable, as indicated by the blank cell in the data table below.

Figure 172: Age-Adjusted Cervical Cancer Incidence by Ethnicity, Rate Per 100,000 Female Population, Okeechobee County and Florida, 2015 – 2019



	2015	2016	2017	2018	2019
Okeechobee County Hispanic	0.0	58.2	0.0	0.0	
Okeechobee County Non-Hispanic	25.4	3.9	14.2	10.1	7.8
Florida Hispanic	7.1	8.7	8.8	7.8	8.4
Florida Non-Hispanic	9.3	10.1	8.9	8.9	9.5

Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

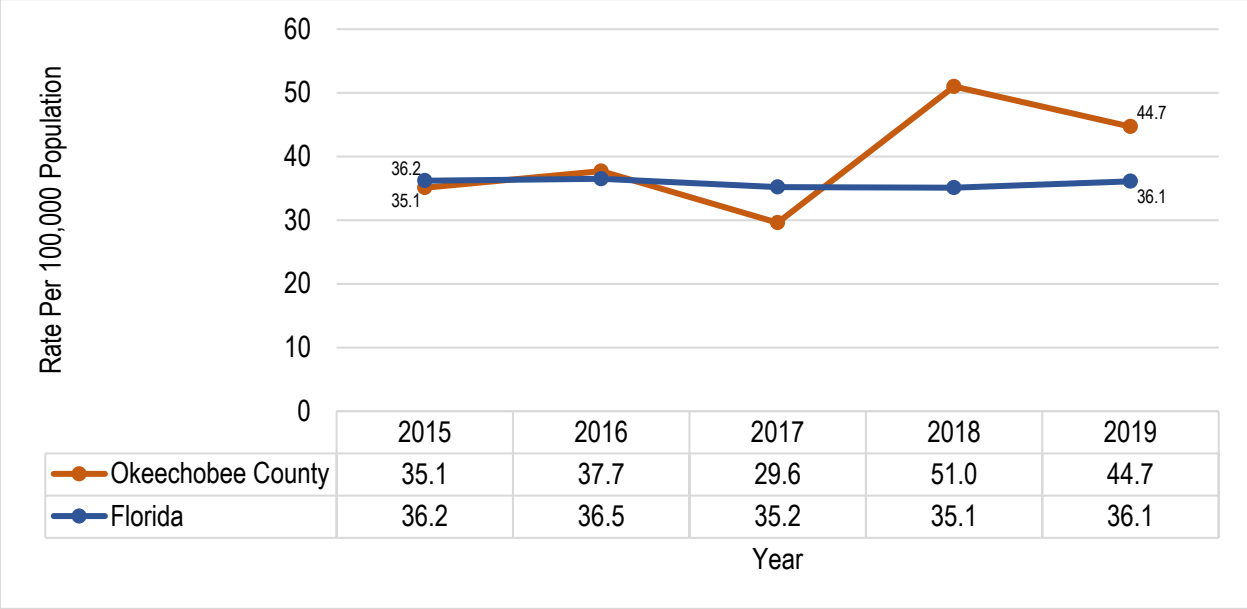
Age-Adjusted Colorectal Cancer Incidence

The National Cancer Institute at the National Institute of Health (NIH) defines colorectal cancer as cancer that begins as a polyp in the colon or rectum. Finding or removing polyps can prevent colorectal cancer.[280]

This graph shows the age-adjusted colorectal cancer incidence rate in Okeechobee County and Florida from 2015 to 2019. During this timeframe, the rate fluctuated among Okeechobee County residents, increasing from 29.6 per 100,000 population in 2017 to 51.0 per 100,000 population in 2019, then decreasing to 44.7 per 100,000 population in 2019. In Florida, the incidence rate remained relatively stable from 2015 (36.2 per 100,000 population) to 2019 (36.1 per 100,000 population).

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

Figure 173: Age-Adjusted Colorectal Cancer Incidence, Rate Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019



	2015	2016	2017	2018	2019
Okeechobee County	35.1	37.7	29.6	51.0	44.7
Florida	36.2	36.5	35.2	35.1	36.1

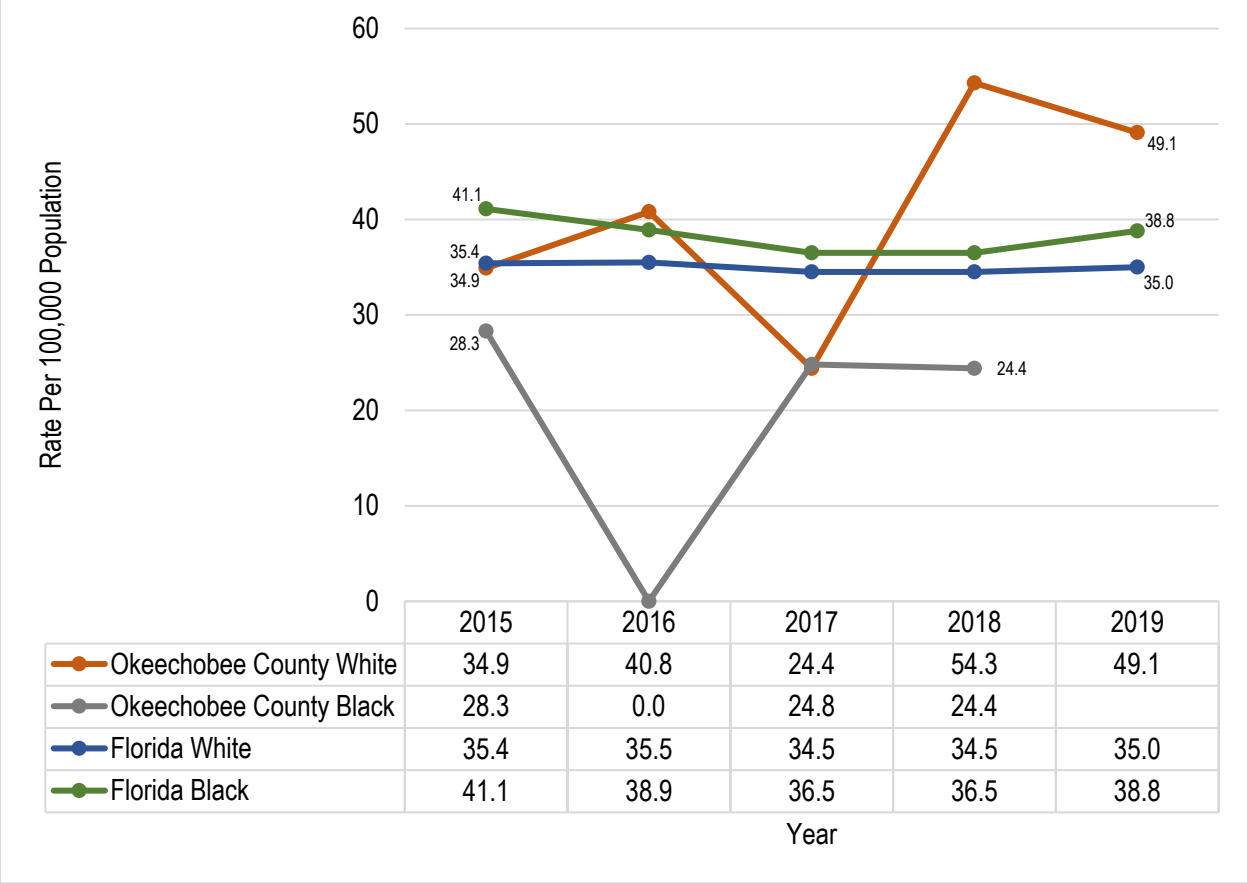
Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

[280] Colorectal Cancer - Patient Version. (n.d.). In NIH National Cancer Institute. Retrieved from https://www.cancer.gov/types/colorectal

Age-Adjusted Colorectal Cancer Incidence by Race

This graph shows the age-adjusted colorectal cancer incidence rate by race in Okeechobee County and Florida from 2015 to 2019. The rate among Okeechobee County White residents fluctuated during this timeframe, increasing dramatically from 24.4 per 100,000 population in 2017 to 54.3 per 100,000 population in 2018 and then decreasing to 49.1 per 100,000 population in 2019. The age-adjusted colorectal cancer incidence rate also fluctuated among Okeechobee County Black residents, but remained fairly constant most recently from 2017 (24.8 per 100,000 population) to 2018 (24.4 per 100,000 population). In 2019, according to the University of Miami Medical School's Cancer Data System, the number of colorectal cancer cases among Okeechobee County Black residents was between 1 and 9. This caused the rate to be unreportable, as indicated by the blank cell in the data table.

Figure 174: Age-Adjusted Colorectal Cancer Incidence by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019



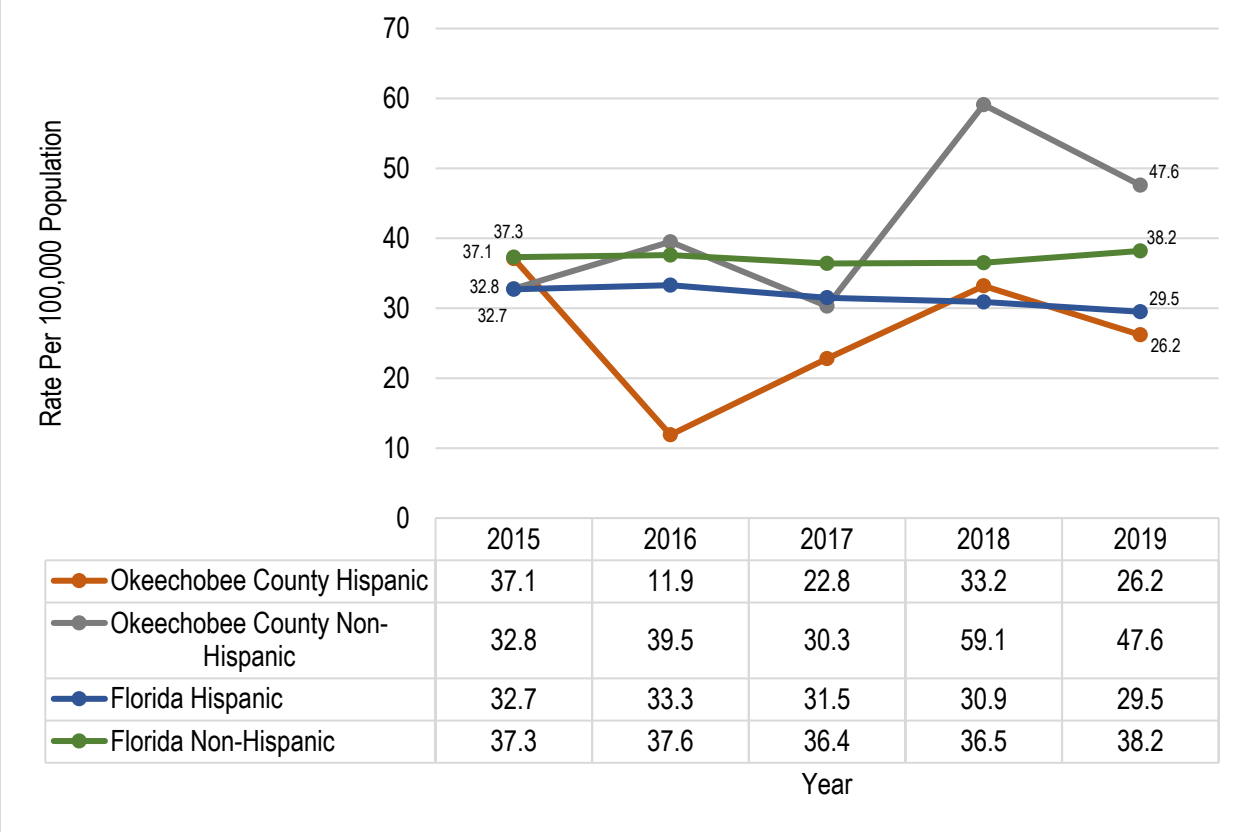
	2015	2016	2017	2018	2019
Okeechobee County White	34.9	40.8	24.4	54.3	49.1
Okeechobee County Black	28.3	0.0	24.8	24.4	
Florida White	35.4	35.5	34.5	34.5	35.0
Florida Black	41.1	38.9	36.5	36.5	38.8

Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Colorectal Cancer Incidence by Ethnicity

The graph below shows the age-adjusted colorectal cancer incidence rate by ethnicity in Okeechobee County and Florida from 2015 to 2019. The rate among both non-Hispanic and Hispanic Okeechobee County residents fluctuated during this time frame, decreasing most recently from 2018 to 2019. In 2019 in Okeechobee County, the rate among non-Hispanic residents was 47.6 per 100,000 population, while the rate among Hispanic residents was 26.2 per 100,000 population.

Figure 175: Age-Adjusted Colorectal Cancer Incidence by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019



	2015	2016	2017	2018	2019
Okeechobee County Hispanic	37.1	11.9	22.8	33.2	26.2
Okeechobee County Non-Hispanic	32.8	39.5	30.3	59.1	47.6
Florida Hispanic	32.7	33.3	31.5	30.9	29.5
Florida Non-Hispanic	37.3	37.6	36.4	36.5	38.2

Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

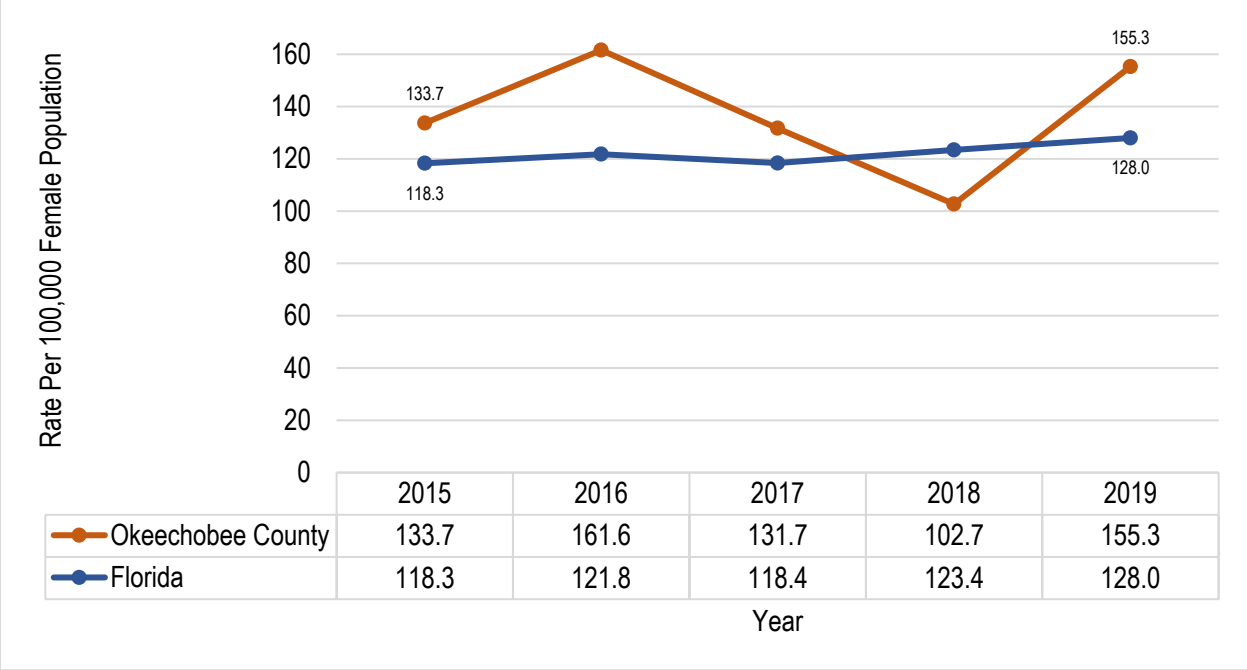
Age-Adjusted Female Breast Cancer Incidence

Breast cancer occurs when cancer forms in the breast tissue. Breast cancer is the second most common cancer in women, and older age is the main risk factor. Other risk factors for breast cancer include, but are not limited to, personal or family history of breast cancer, dense breast tissue, obesity, and drinking alcohol.[281] Research shows that women aged 50 to 69 years who have mammograms, the most common screening test for breast cancer, have a lower chance of dying from breast cancer than those who do not receive mammograms.[282]

The following graph shows the age-adjusted female breast cancer incidence rate per 100,000 female population in Okeechobee County and Florida from 2015 to 2019. The rate among Okeechobee County female residents decreased from 161.6 per 100,000 female population in 2016 to 102.7 per 100,000 female population in 2018, then increased most recently to 155.3 per 100,000 population in 2019, exceeding the rate among women in Florida in this same year (128.0 per 100,000 female population).

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

Figure 176: Age-Adjusted Female Breast Cancer Incidence, Rate Per 100,000 Female Population, Okeechobee County and Florida, 2015 – 2019



Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

[281] Breast Cancer Prevention (PDQ) - Patient Version. (2021, December 10). In NIH National Cancer Institute. Retrieved from https://www.cancer.gov/types/breast/patient/breast-prevention-pdq
[282] Breast Cancer Screening (PDQ) - Patient Version. (2021, August 4). In NIH National Cancer Institute. Retrieved from https://www.cancer.gov/types/breast/patient/breast-screening-pdq

Age-Adjusted Female Breast Cancer Incidence by Race

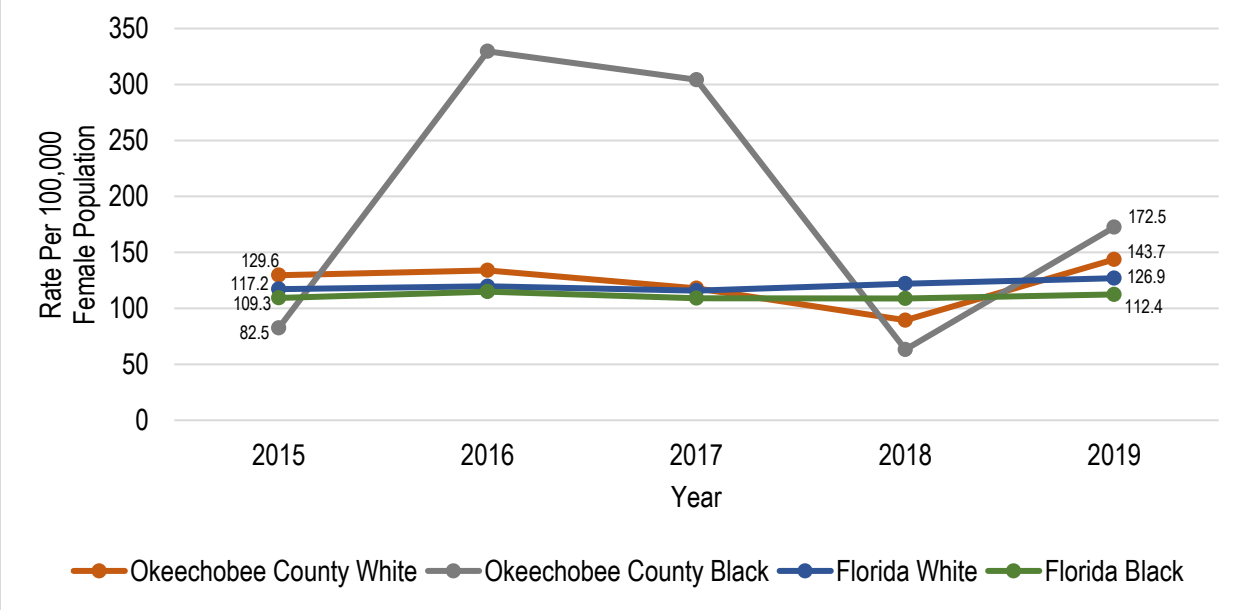
This table and graph show the age-adjusted female breast cancer incidence by race in Okeechobee County and Florida from 2015 to 2019.The rate among Okeechobee Black female residents fluctuated dramatically year to year, increasing most recently from 63.2 per 100,000 female population in 2018 to 172.5 per 100,000 female population in 2019. The rate among Okeechobee County White female residents also fluctuated and increased in recent years from 89.4 per 100,000 female population in 2018 to 143.7 per 100,000 female population in 2019. Notably, according to the University of Miami Medical School's Cancer Data System, the number of female breast cancer cases among Okeechobee County Black residents was between 1 and 9 each year from 2015 to 2019. This caused the count to be unreportable, as indicated by "n/a" in the data table below.

Table 112: Age-Adjusted Female Breast Cancer Incidence by Race, Count and Rate Per 100,000 Female Population, Okeechobee County and Florida, 2015 – 2019

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	31	129.6	n/a	82.5	13,307	117.2	1,843	109.3
2016	33	133.9	n/a	329.6	13,910	119.7	1,991	114.9
2017	28	117.9	n/a	304.2	13,877	115.8	1,954	109.0
2018	23	89.4	n/a	63.2	14,900	122.0	2,040	108.8
2019	37	143.7	n/a	172.5	15,871	126.9	2,150	112.4

Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 177: Age-Adjusted Female Breast Cancer Incidence by Race, Rate Per 100,000 Female Population, Okeechobee County and Florida, 2015 – 2019



Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Female Breast Cancer Incidence by Ethnicity

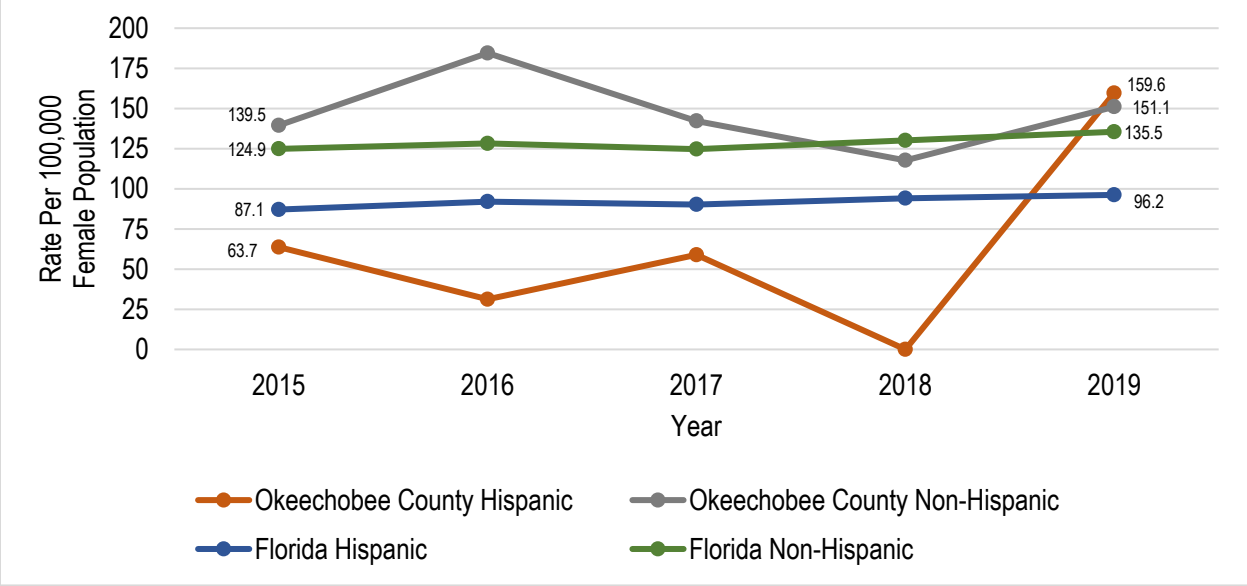
This table and graph show the age-adjusted female breast cancer incidence by ethnicity in Okeechobee County and Florida from 2015 to 2019. The rate among non-Hispanic female residents in Okeechobee County fluctuated during this timeframe and increased in recent years from 117.7 per 100,000 female population in 2018 to 151.1 per 100,000 female population in 2019. In 2019, the rate among Hispanic female residents (159.6 per 100,000 female population) was higher compared to non-Hispanic female residents and the state rates overall. To note, according to the University of Miami Medical School's Cancer Data System, the number of female breast cancer cases among Okeechobee County Hispanic residents was between 1 and 9 from 2015 to 2017 and in 2019. This caused the count to be unreportable, as indicated by "n/a" in the data table below.

Table 113: Age-Adjusted Female Breast Cancer Incidence by Ethnicity, Count and Rate Per 100,000 Female Population, Okeechobee County and Florida, 2015 – 2019

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	n/a	63.7	31	139.5	2,189	87.1	13,671	124.9
2016	n/a	31.2	38	184.5	2,435	92.0	14,286	128.2
2017	n/a	58.9	30	142.2	2,508	90.2	14,277	124.7
2018	0	0.0	26	117.7	2,781	94.1	15,142	130.1
2019	n/a	159.6	37	151.1	2,977	96.2	16,085	135.5

Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 178: Age-Adjusted Female Breast Cancer Incidence by Ethnicity, Rate Per 100,000 Female Population, Okeechobee County and Florida, 2015 – 2019



Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Prostate Cancer Incidence

According to the CDC, prostate cancer is cancer that starts in the prostate and is the most common cancer affecting men in the United States. The most common risk factor for prostate cancer is age.[283]

The table and graph below show the age-adjusted prostate cancer incidence rates per 100,000 male population in Okeechobee County and Florida from 2015 to 2019. The age-adjusted prostate cancer incidence rate fluctuated among male Okeechobee County residents, decreasing from 2017 (85.4 per 100,000 male population) to 2018 (52 per 100,000 male population) and then increasing in 2019 (96.7 per 100,000 male population). In 2019, the rate among Okeechobee County male residents was higher than the rate among Florida male residents overall.

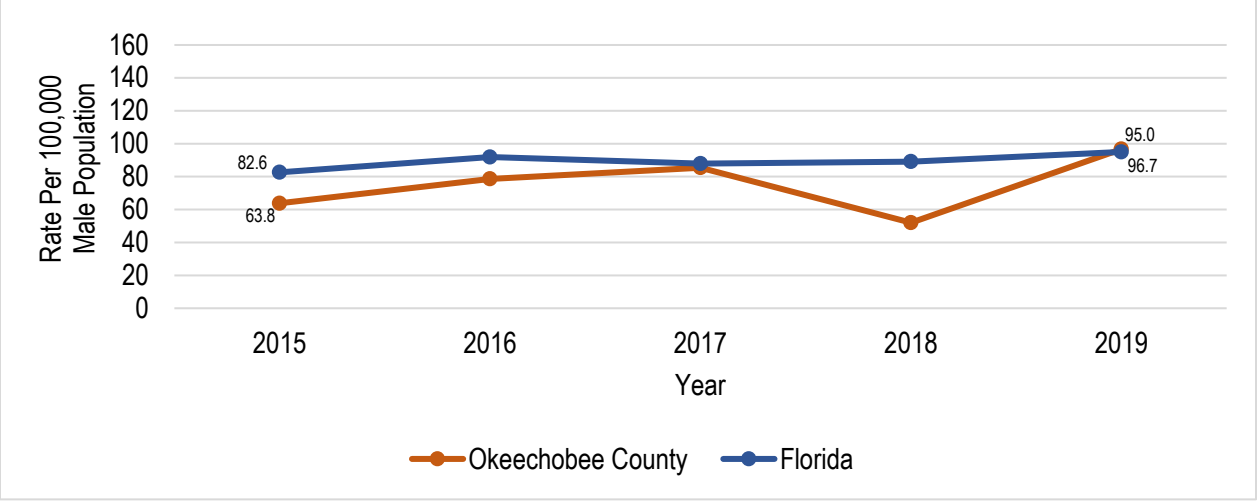
There is no Healthy People 2030 national target specific to this indicator.

Table 114: Age-Adjusted Prostate Cancer Incidence, Count and Rate Per 100,000 Male Population, Okeechobee County and Florida, 2015 – 2019

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2015	18	63.8	11,003	82.6
2016	23	78.6	12,686	91.9
2017	26	85.4	12,540	87.9
2018	17	52.0	13,073	89.1
2019	30	96.7	14,322	95.0

Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 179: Age-Adjusted Prostate Cancer Incidence, Rate Per 100,000 Male Population, Okeechobee County and Florida, 2015 – 2019



Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

[283] What is Prostate Cancer?. (2021, August 23). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/cancer/prostate/basic_info/what-is-prostate-cancer.htm

Age-Adjusted Prostate Cancer Incidence by Race

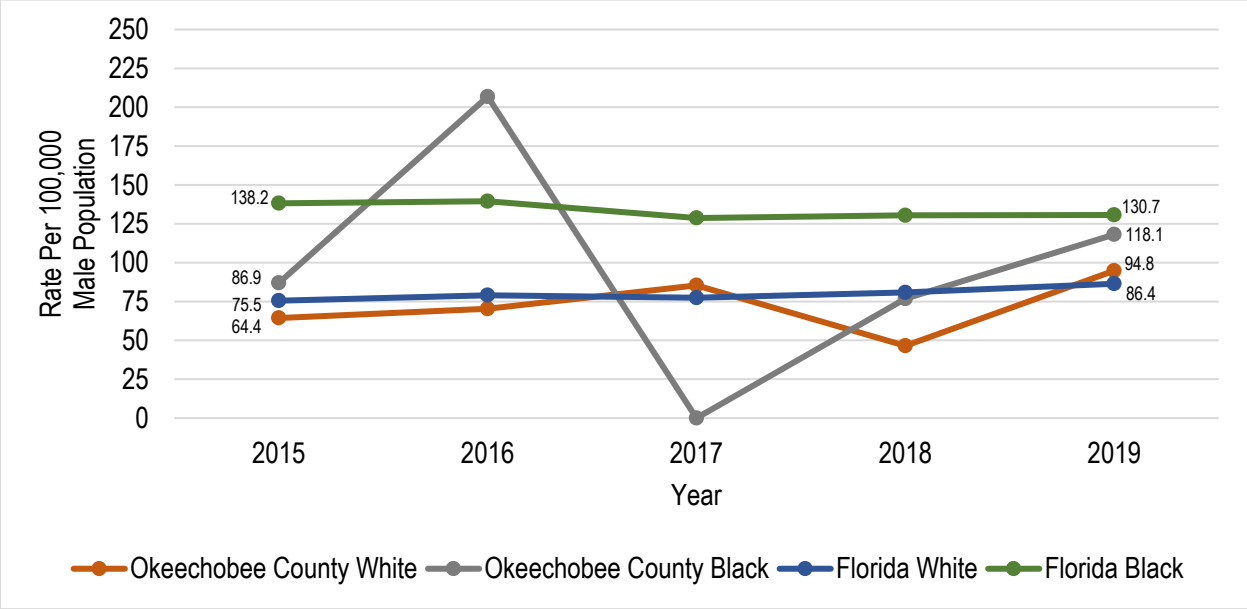
The table and graph below show the age-adjusted prostate cancer incidence rates by race in Okeechobee County and Florida from 2015 to 2019. The age-adjusted prostate cancer incidence rate fluctuated among White and Black Okeechobee County male residents during this timeframe. Most recently from 2018 to 2019, the rate among White Okeechobee County male residents increased from 46.5 per 100,000 male population to 94.8 per 100,000 male population while the rate among Black Okeechobee County male residents decreased from 76.8 per 100,000 male population to 18.1 per 100,000 male population. To note, according to the University of Miami Medical School's Cancer Data System, the number of prostate cancer cases among Okeechobee County Black male residents was between 1 and 9 each year except 2017. This caused the count to be unreportable, as indicated by "n/a" in the data table below.

Table 115: Age-Adjusted Prostate Cancer Incidence by Race, Count and Rate Per 100,000 Male Population, Okeechobee County and Florida, 2015 – 2019

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	17	64.4	n/a	86.9	8,751	75.5	1,908	138.2
2016	19	70.3	n/a	206.8	9,492	79.0	2,002	139.5
2017	24	85.4	0	0.0	9,586	77.4	1,935	128.7
2018	14	46.5	n/a	76.8	10,270	80.8	2,014	130.4
2019	27	94.8	n/a	118.1	11,233	86.4	2,104	130.7

Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 180: Age-Adjusted Prostate Cancer Incidence by Race, Rate Per 100,000 Male Population, Okeechobee County and Florida, 2015 – 2019



Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Prostate Cancer Incidence by Ethnicity

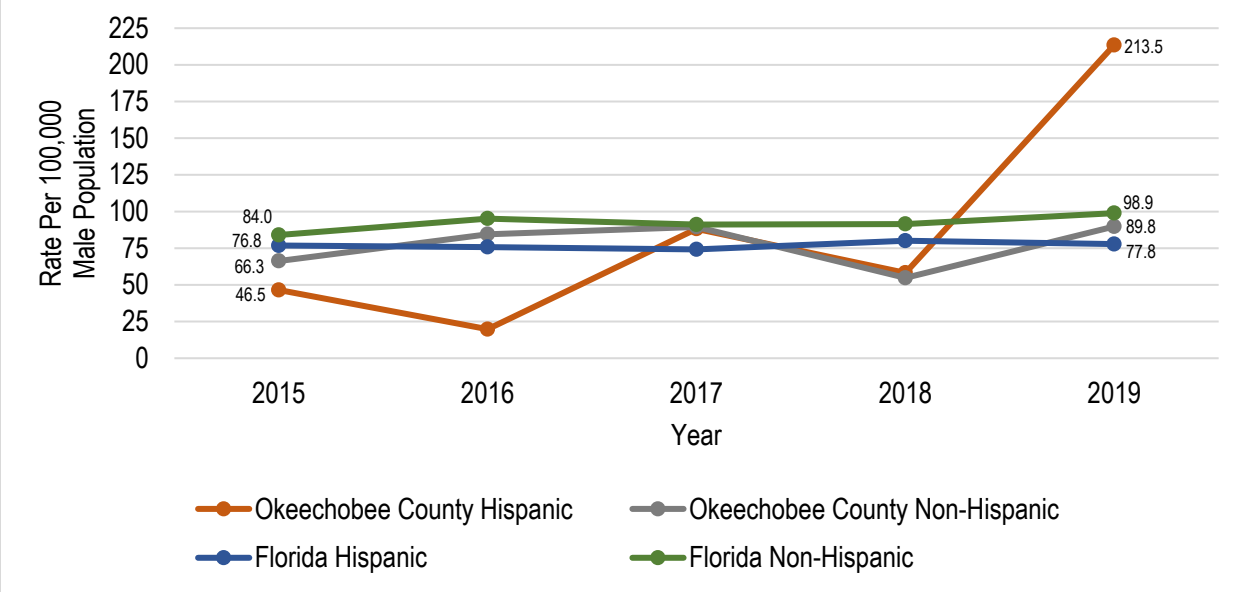
The following table and graph show the age-adjusted prostate cancer incidence rates by ethnicity in Okeechobee County and Florida from 2015 to 2019. The rate among Okeechobee County Hispanic and non-Hispanic male residents fluctuated during this timeframe, increasing most recently from 2018 to 2019 among both groups. In 2019, the age-adjusted prostate cancer incidence rate was 213.5 per 100,000 male population among Okeechobee County Hispanic residents compared to 89.8 per 100,000 male population among Okeechobee County non-Hispanic male residents. To note, according to the University of Miami Medical School's Cancer Data System, the number of prostate cancer cases among Okeechobee County Hispanic male residents was between 1 and 9 each year during this timeframe. This caused the count to be unreportable, as indicated by "n/a" in the data table below.

Table 116: Age-Adjusted Prostate Cancer Incidence by Ethnicity, Count and Rate Per 100,000 Male Population, Okeechobee County and Florida, 2015 – 2019

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	n/a	46.5	17	66.3	1,542	76.8	9,461	84
2016	n/a	19.8	22	84.5	1,594	75.8	11,092	95.2
2017	n/a	88.2	24	89.5	1,635	74.2	10,905	91.1
2018	n/a	58.2	16	54.8	1,906	80.1	11,167	91.5
2019	n/a	213.5	24	89.8	1,954	77.8	12,368	98.9

Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 181: Age-Adjusted Prostate Cancer Incidence by Ethnicity, Rate Per 100,000 Male Population, Okeechobee County and Florida, 2015 – 2019



Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Lung Cancer Incidence

There are two main types of lung cancer, non-small cell and small cell, both originating in the lungs. While anyone can develop lung cancer, most lung cancers are caused by smoking. Quitting smoking and exercising may help prevent some lung cancers.[284]

The table and graph below show the age-adjusted lung cancer incidence rates in Okeechobee County and Florida from 2015 to 2019. The rate among Okeechobee County residents was higher than the rate among Florida residents overall each year during this timeframe. Most recently, the rate among Okeechobee County residents increased from 2018 (78.9 per 100,000 population) to 2019 (100.4 per 100,000 population). In Florida, in 2019, the age-adjusted rate of lung cancer incidence was almost two times lower, decreasing to 55.1 per 100,000 population.

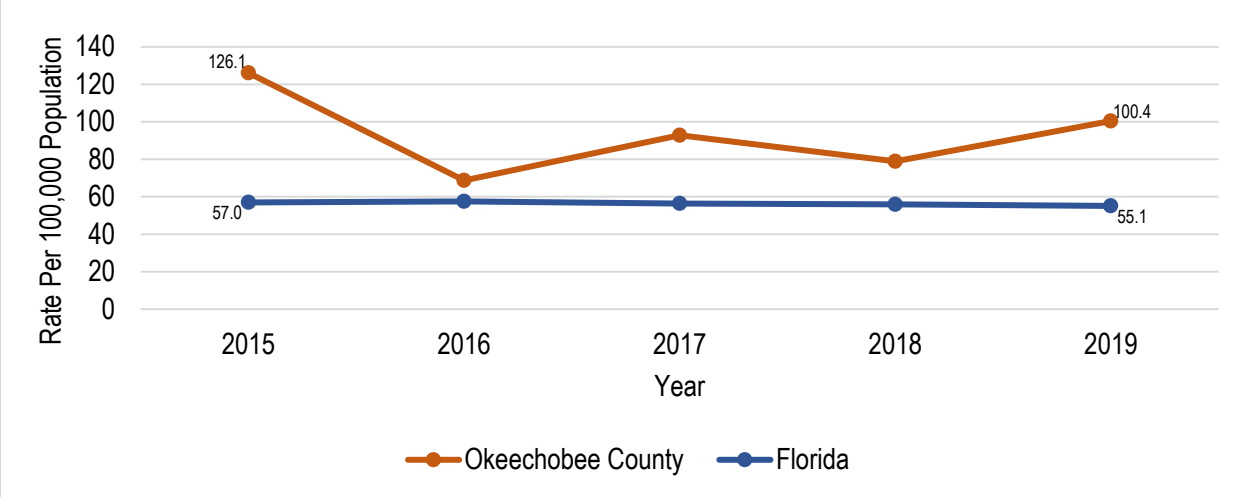
There is no Healthy People 2030 national target specific to this indicator.

Table 117: Age-Adjusted Lung Cancer Incidence, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2015	67	126.1	16,257	57.0
2016	38	68.7	16,954	57.5
2017	54	92.8	17,138	56.4
2018	50	78.9	17,532	55.9
2019	61	100.4	17,880	55.1

Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 182: Age-Adjusted Lung Cancer Incidence, Rate Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019



Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

[284] Lung Cancer Prevention (PDQ) - Patient Version. (2021, August 4). In NIH National Cancer Institute. Retrieved from https://www.cancer.gov/types/lung/patient/lung-prevention-pdq

Age-Adjusted Lung Cancer Incidence by Race

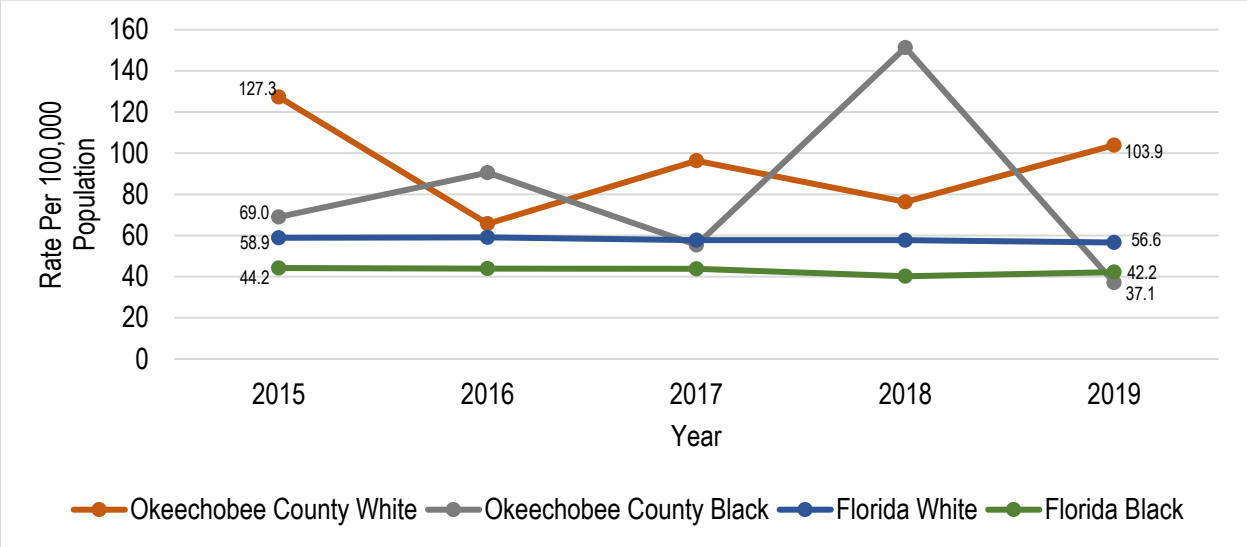
The table and graph below show the age-adjusted lung cancer incidence rate by race in Okeechobee County and Florida from 2015 to 2019. The rate among both White and Black Okeechobee County residents fluctuated during this timeframe. Most recently, the rate among White residents increased from 76.3 per 100,000 population in 2018 to 103.9 per 100,000 population in 2019, while the rate among Black residents decreased from 151.3 per 100,000 in 2018 to 37.1 per 100,000 in 2019. Additionally, the age-adjusted lung cancer incidence rate among White Okeechobee County residents (103.9 per 100,000) was almost double the rate among White Florida residents overall (56.6 per 100,000) in 2019. To note, according to the University of Miami Medical School's Cancer Data System, the number of lung cancer cases among Okeechobee County Black residents was between 1 and 9 each year during this timeframe. This caused the count to be unreportable, as indicated by "n/a" in the data table below.

Table 118: Age-Adjusted Lung Cancer Incidence by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	63	127.3	n/a	69.0	14,580	58.9	1,290	44.2
2016	34	65.7	n/a	90.5	15,090	59.1	1,356	43.9
2017	52	96.3	n/a	55.4	15,160	57.7	1,393	43.8
2018	45	76.3	n/a	151.3	15,620	57.7	1,341	40.2
2019	58	103.9	n/a	37.1	15,825	56.6	1,454	42.2

Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 183: Age-Adjusted Lung Cancer Incidence, Rate Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019



Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Lung Cancer Incidence by Ethnicity

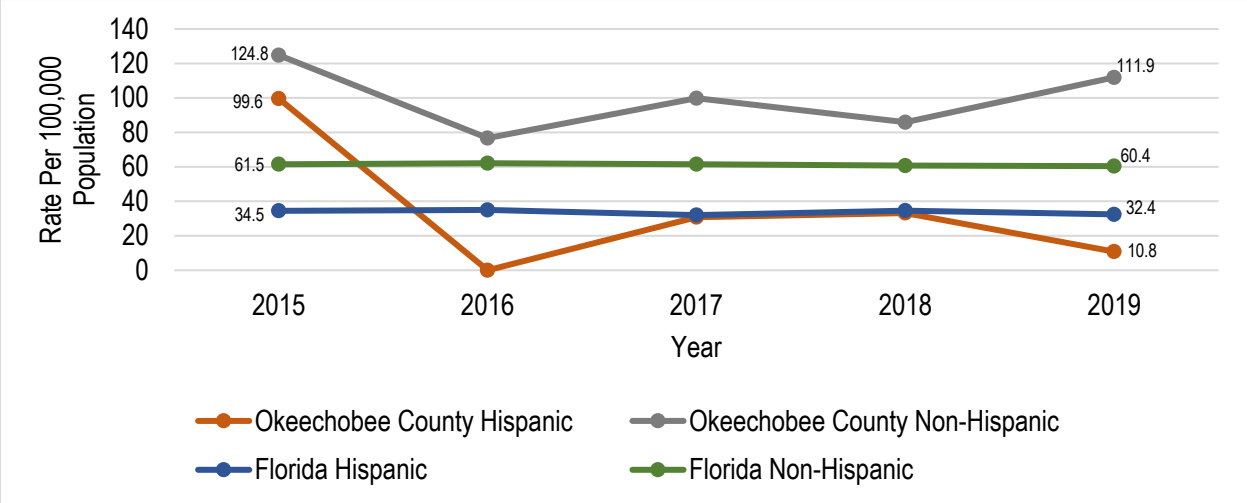
The table and graph below show the age-adjusted lung cancer incidence rate by ethnicity in Okeechobee County and Florida from 2015 to 2019. The age-adjusted lung cancer incidence rate among Hispanic and non-Hispanic Okeechobee County residents fluctuated during this timeframe. Most recently, the rate among Hispanic residents declined from 2018 (33.2 per 100,000 population) to 2019 (10.8 per 100,000 population), while the rate among non-Hispanic residents increased from 2018 (85.9 per 100,000 population) to 2019 (111.9 per 100,000 per 100,000 population). Notably, the rate among non-Hispanic Okeechobee County residents was higher than the rate among non-Hispanic Florida residents overall each year from 2015 to 2019. To note, according to the University of Miami Medical School's Cancer Data System, the number of lung cancer cases among Okeechobee County Hispanic residents was between 1 and 9 in 2015 and from 2017 to 2019. This caused the count to be unreportable, as indicated by "n/a" in the data table below.

Table 119: Age-Adjusted Lung Cancer Incidence by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	n/a	99.6	62	124.8	1,520	34.5	14,737	61.5
2016	0	0.0	38	76.7	1,628	35.0	15,326	62.1
2017	n/a	30.8	52	99.8	1,572	32.0	15,566	61.5
2018	n/a	33.2	49	85.9	1,823	34.6	15,709	60.7
2019	n/a	10.8	60	111.9	1,798	32.4	16,082	60.4

Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 184: Age-Adjusted Lung Cancer Incidence by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019



Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

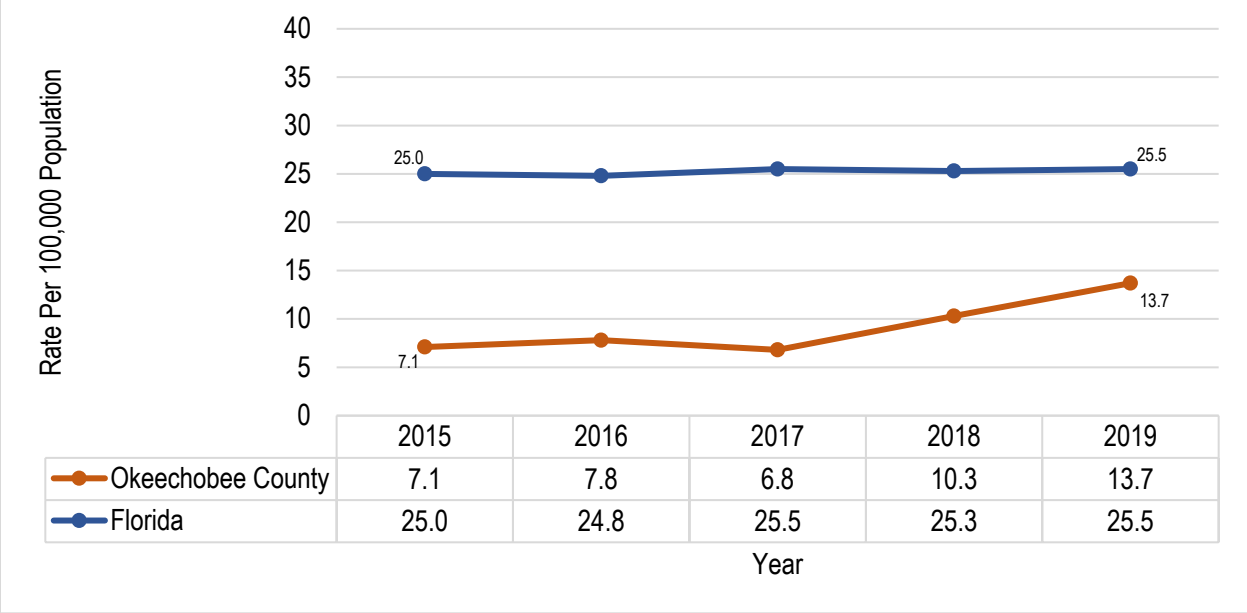
Age-Adjusted Melanoma Cancer Incidence

The American Cancer Society describes melanoma cancer as a type of skin cancer that develops when the cells that give the skin pigment start to grow out of control. While it is not the most common type of skin cancer, it is known to be very dangerous as it is more likely than other skin cancers to spread to other parts of the body if not detected early.[285]

This graph shows the age-adjusted melanoma incidence rate in Okeechobee County and Florida from 2015 to 2019. The rate among Okeechobee County residents increased in recent years from 6.8 per 100,000 population in 2017 to 13.7 per 100,000 population in 2019 and was lower than the rate among Florida residents overall each year during this timeframe.

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

Figure 185: Age-Adjusted Melanoma Incidence, Rater Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019



	2015	2016	2017	2018	2019
Okeechobee County	7.1	7.8	6.8	10.3	13.7
Florida	25.0	24.8	25.5	25.3	25.5

Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

[285] What is Melanoma Skin Cancer?. (2019, August 14). In *American Cancer Society*. Retrieved from https://www.cancer.org/cancer/melanoma-skin-cancer/about/what-is-melanoma.html

Age-Adjusted Melanoma Cancer Incidence by Race

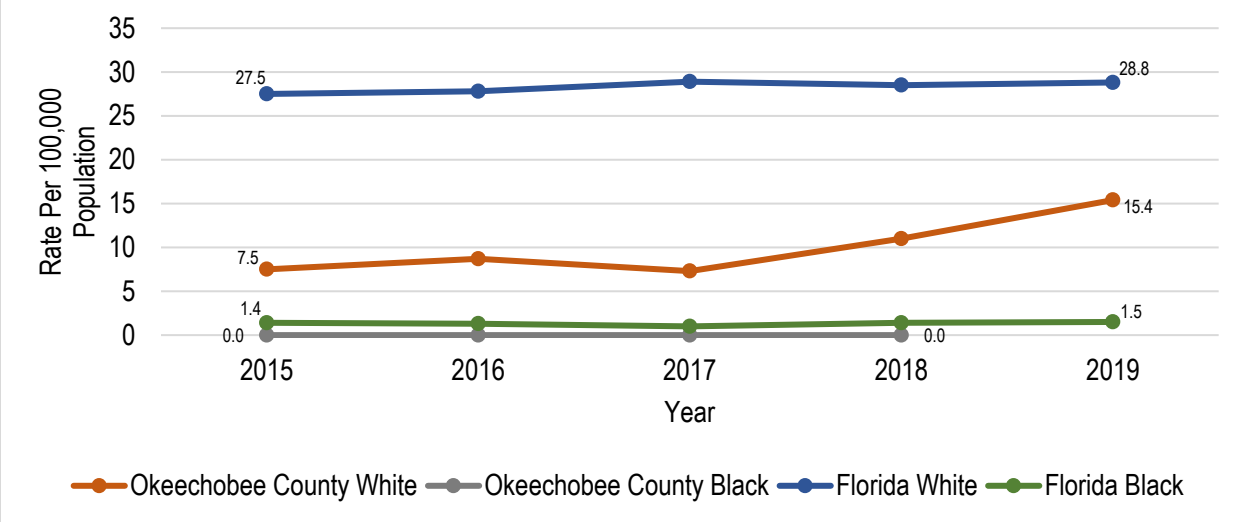
The table and graph below show the age-adjusted melanoma cancer incidence rate by race in Okeechobee County and Florida from 2015 to 2019. The age-adjusted melanoma cancer incidence rate among White Okeechobee County residents fluctuated during this timeframe, increasing most recently from 7.3 per 100,000 population in 2017 to 15.4 per 100,000 in 2019. The rate among Black Okeechobee County residents was 0.0 per 100,000 population from 2015 to 2019. To note, according to the University of Miami Medical School's Cancer Data System, the number of melanoma cancer cases among Okeechobee County White residents was between 1 and 9, causing the count to be unreportable from 2015 to 2019. This is the same case for Black Okeechobee County residents during 2019 and is indicated by "n/a" in the data table below.

Table 120: Age-Adjusted Melanoma Cancer Incidence by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	n/a	7.5	0	0.0	6,183	27.5	37	1.4
2016	n/a	8.7	0	0.0	6,369	27.8	39	1.3
2017	n/a	7.3	0	0.0	6,798	28.9	33	1.0
2018	n/a	11.0	0	0.0	6,937	28.5	44	1.4
2019	n/a	15.4	n/a	n/a	7,192	28.8	48	1.5

Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 186: Age-Adjusted Melanoma Cancer Incidence by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019



Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Melanoma Cancer Incidence by Ethnicity

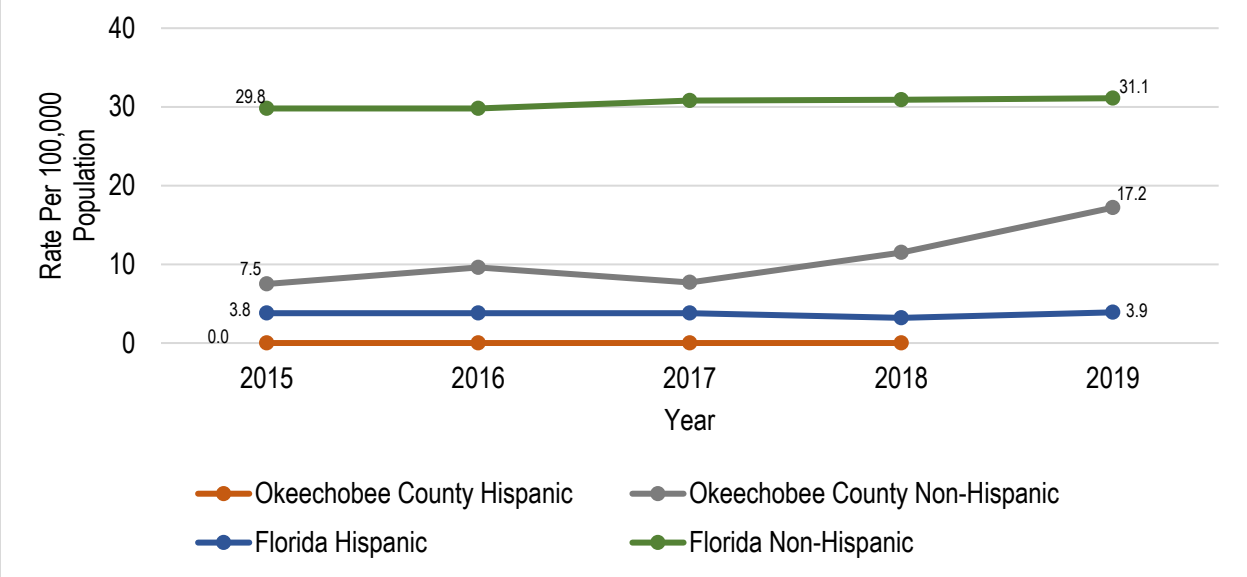
The following table and graph show the age-adjusted melanoma cancer incidence rate by ethnicity in Okeechobee County and Florida from 2015 to 2019. The age-adjusted melanoma cancer incidence rate among non-Hispanic Okeechobee County residents fluctuated during this timeframe, increasing from 7.7 per 100,000 population in 2017 to 17.2 per 100,000 in 2019. The rate among Hispanic residents was 0.0 per 100,000 population from 2016 to 2019. To note, according to the University of Miami Medical School's Cancer Data System, the number of melanoma cancer cases among Okeechobee County Hispanic residents was between 1 and 9, causing the rate and count to be unreportable in 2015. This is the same case for non-Hispanic Okeechobee County resident count data from 2015 to 2019 and is indicated by the "n/a" in the data table below.

Table 121: Age-Adjusted Melanoma Cancer Incidence by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2015	0	0.0	n/a	7.5	172	3.8	6,442	29.8
2016	0	0.0	n/a	9.6	186	3.8	6,561	29.8
2017	0	0.0	n/a	7.7	191	3.8	6,951	30.8
2018	0	0.0	n/a	11.5	170	3.2	7,155	30.9
2019	n/a	n/a	n/a	17.2	219	3.9	7,387	31.1

Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 187: Age-Adjusted Melanoma Cancer Incidence by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2015 – 2019



Source: University of Miami (FL) Medical School, Florida Cancer Data System, 2020
Compiled by: Health Council of Southeast Florida, 2022

Stroke

In the United States, stroke is the fifth leading cause of death and the leading cause of disability. A stroke occurs when a blood vessel carrying oxygen to the brain is either blocked or ruptured, preventing the brain from getting the oxygen it needs. There are five different types of strokes categorized by the American Stroke Association: ischemic stroke, hemorrhagic stroke, transient ischemic attack, cryptogenic stroke, and brain stem stroke. The most common type of stroke, accounting for 87% of all strokes, are ischemic strokes, which occurs when a blood vessel supplying oxygenated blood to the brain is obstructed by a clot.[286]

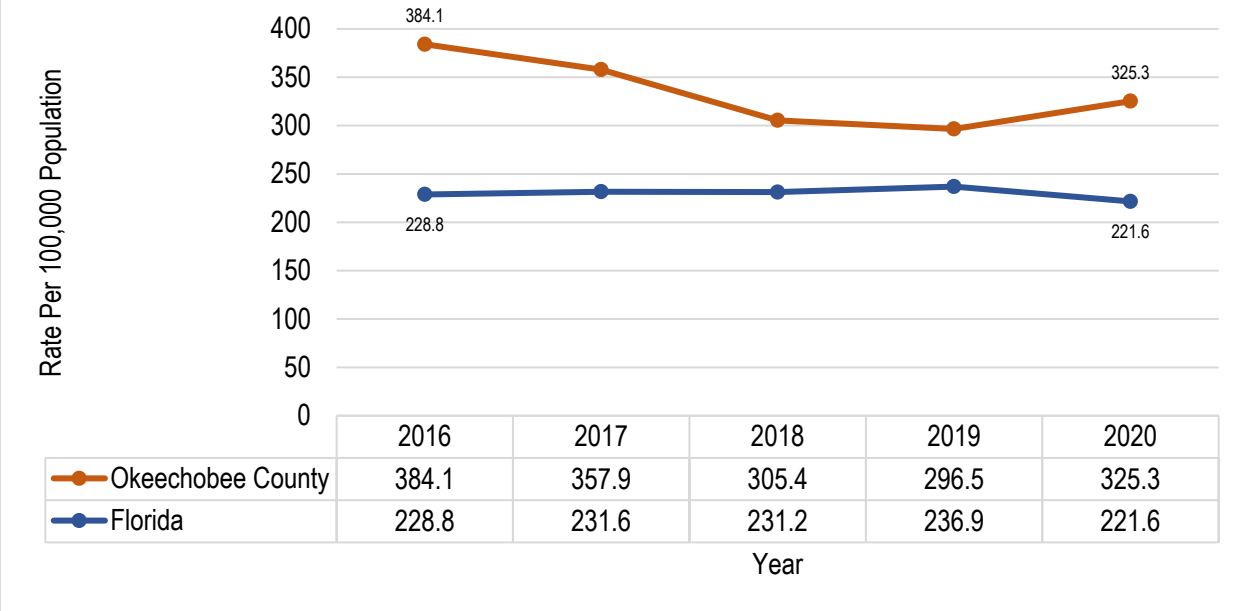
According to the National Institute of Health's National Heart, Lung, and Blood Institute, without oxygen or nutrients, brain cells die within minutes, leaving someone with permanent brain damage. Because of this, the amount of time between when someone has a stroke and when they receive life-saving stroke care is extremely critical.[287]

Age-Adjusted Hospitalizations from Stroke

This graph shows the age-adjusted hospitalizations from stroke in Okeechobee County and Florida from 2016 to 2020. The rate among Okeechobee County residents declined from 384.1 per 100,000 population in 2016 to 296.5 per 100,000 population in 2019, but increased to 325.3 per 100,000 population in 2020. Notably, the rate among Okeechobee County residents was higher than the rate among Florida residents overall each year during this timeframe.

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

Figure 188: Age-Adjusted Hospitalizations from Stroke, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



	2016	2017	2018	2019	2020
Okeechobee County	384.1	357.9	305.4	296.5	325.3
Florida	228.8	231.6	231.2	236.9	221.6

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[286] Types of Stroke. (n.d.). In American Stroke Association. Retrieved from https://www.stroke.org/en/about-stroke/types-of-stroke
[287] What Is a Stroke?. (2022, March 24). In NIH National Heart, Lung, and Blood Institute. Retrieved from https://www.nhlbi.nih.gov/health/stroke

Age-Adjusted Hospitalizations from Stroke by Race

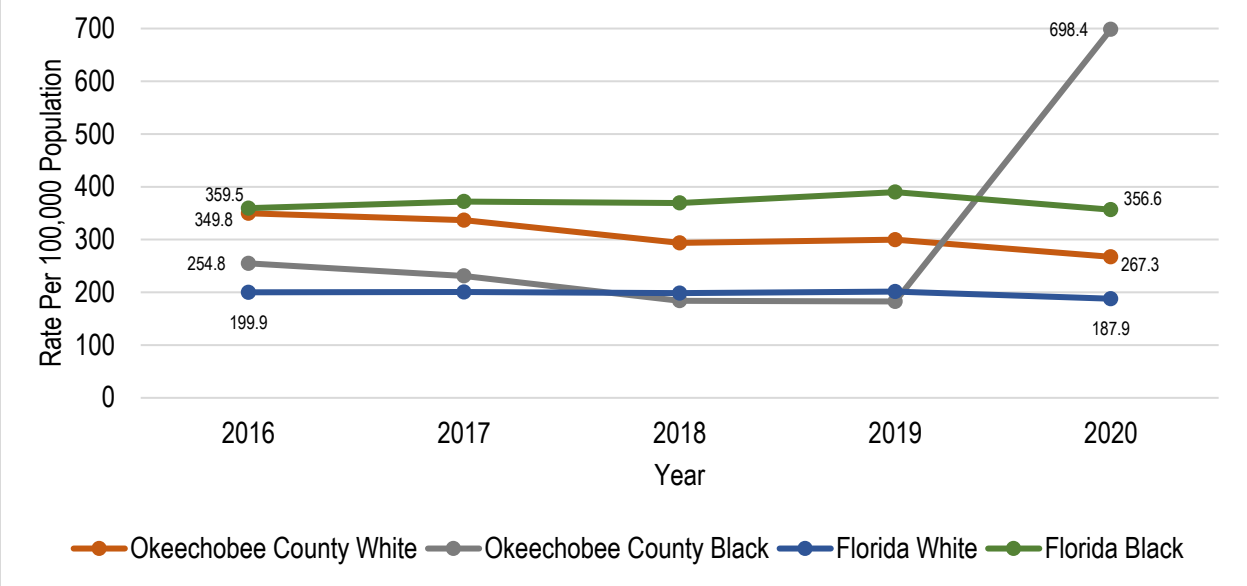
The following table and graph show the age-adjusted hospitalizations from stroke by race in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the rate among White Okeechobee County residents fluctuated but decreased overall from 349.8 per 100,000 population in 2016 to 267.3 per 100,000 population in 2020. The rate among Black Okeechobee County residents decreased from 254.8 per 100,000 population in 2016 to 182.7 per 100,000 population in 2019, but then substantially increased by almost four times higher to 698.4 per 100,000 population in 2020. These rates were significantly higher among Okeechobee County populations compared to their counterparts in the state of Florida overall in 2020.

Table 122: Figure 189: Age-Adjusted Hospitalizations from Stroke by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	182	349.8	6	254.8	49,629	199.9	10,971	359.5
2017	174	336.8	6	231.0	50,978	200.6	11,836	372.0
2018	160	293.7	5	184.1	51,663	198.5	12,161	369.4
2019	163	299.8	5	182.7	53,691	201.4	13,228	389.9
2020	152	267.3	22	698.4	51,525	187.9	12,663	356.6

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 190: Age-Adjusted Hospitalizations from Stroke by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Hospitalizations from Stroke by Ethnicity

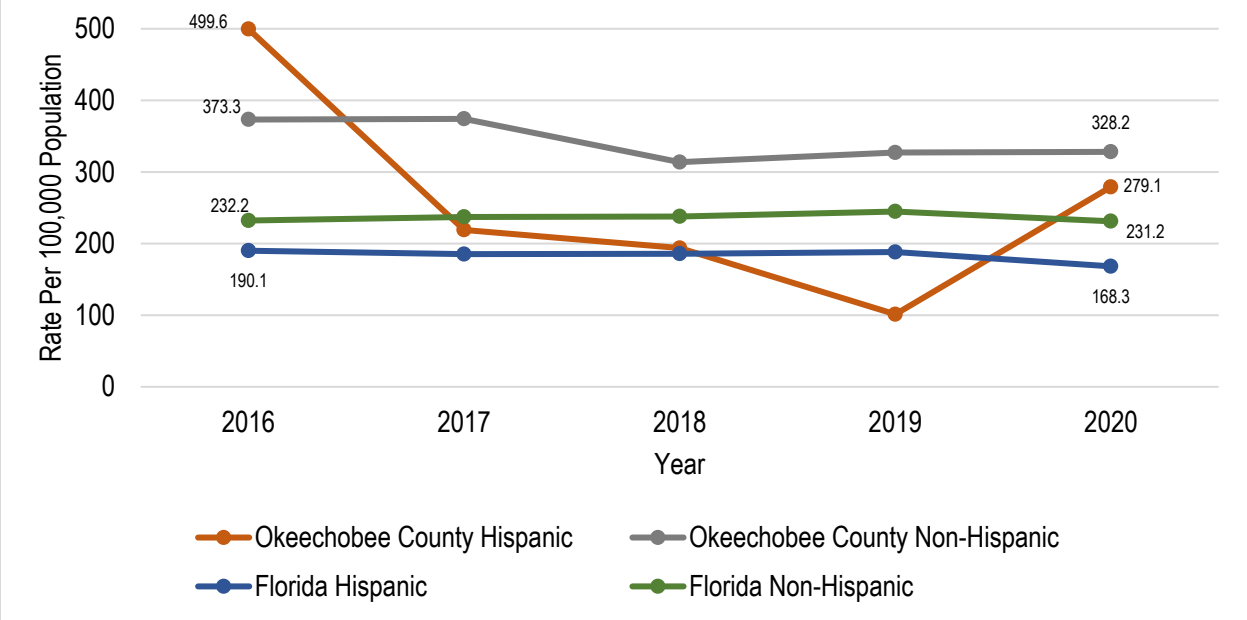
This table and graph show the age-adjusted hospitalizations from stroke by ethnicity in Okeechobee County and Florida from 2016 to 2020. The age-adjusted hospitalization rate from stroke among Hispanic Okeechobee County residents declined dramatically from 499.6 per 100,000 population in 2016 to 101.3 per 100,000 population in 2019, then increased to 279.1 per 100,000 population in 2020. The rate among Okeechobee County non-Hispanic residents fluctuated during this timeframe but declined overall from 373.3 per 100,000 population in 2016 to 328.2 per 100,000 population in 2020. For the majority of the reported years, the rates among Okeechobee County residents exceeded the rates in Florida.

Table 123: Age-Adjusted Hospitalizations from Stroke by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	21	499.6	185	373.3	8,885	190.1	54,160	232.2
2017	11	219.1	181	374.2	9,166	185.3	56,476	237.2
2018	13	193.8	160	313.8	9,860	185.9	57,531	237.9
2019	6	101.3	168	327.2	10,466	188.2	60,446	244.8
2020	18	279.1	174	328.2	9,881	168.3	58,336	231.2

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 191: Age-Adjusted Hospitalizations from Stroke by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

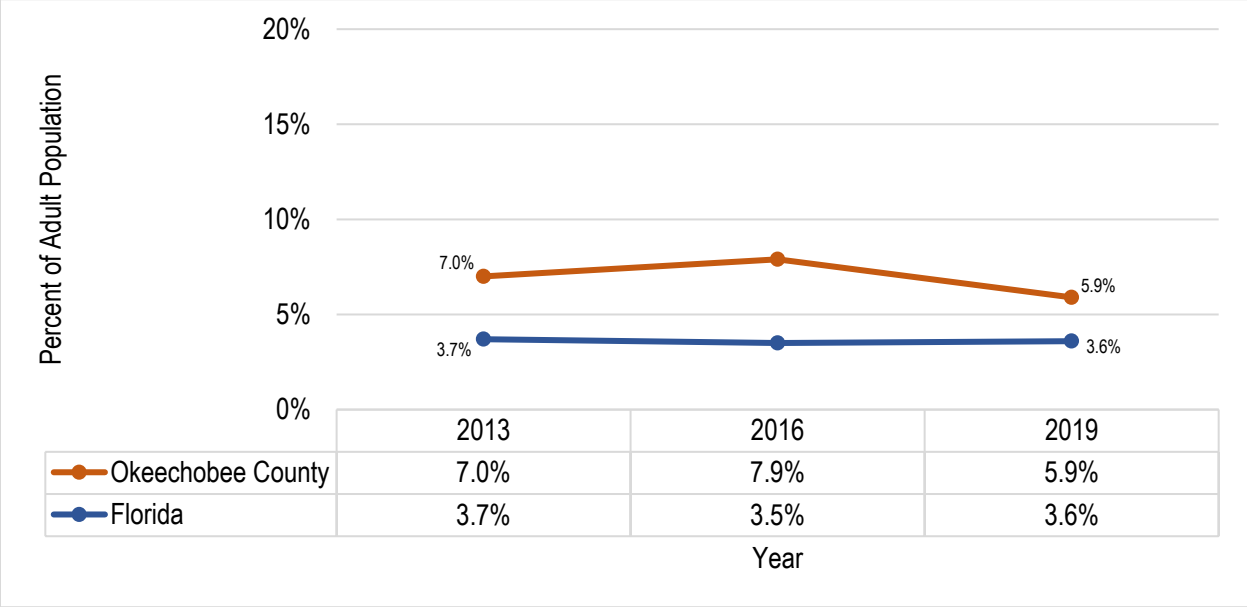
Adults Who Have Ever Been Told They Had a Stroke

According to the CDC, more than 795,000 in the US have a stroke each year, a quarter of which are among people who have had a previous stroke. Additionally, stroke is the leading cause of longer-term disability.[288]

The following graph shows the percentage of adults who had ever been told they had a stroke in Okeechobee County and Florida in 2013, 2016, and 2019. The percentage of adults in Okeechobee County who had ever been told they had a stroke increased from 7.0% in 2013 to 7.9% in 2016, then decreased to 5.9% in 2019. The proportion of Okeechobee adult residents who had ever been told they had a stroke was higher than the percentage of Florida adult residents each year reported.

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

Figure 192: Adults Who Have Ever Been Told They Had a Stroke, Percent of Adult Population, Okeechobee County and Florida, 2013, 2016, 2019



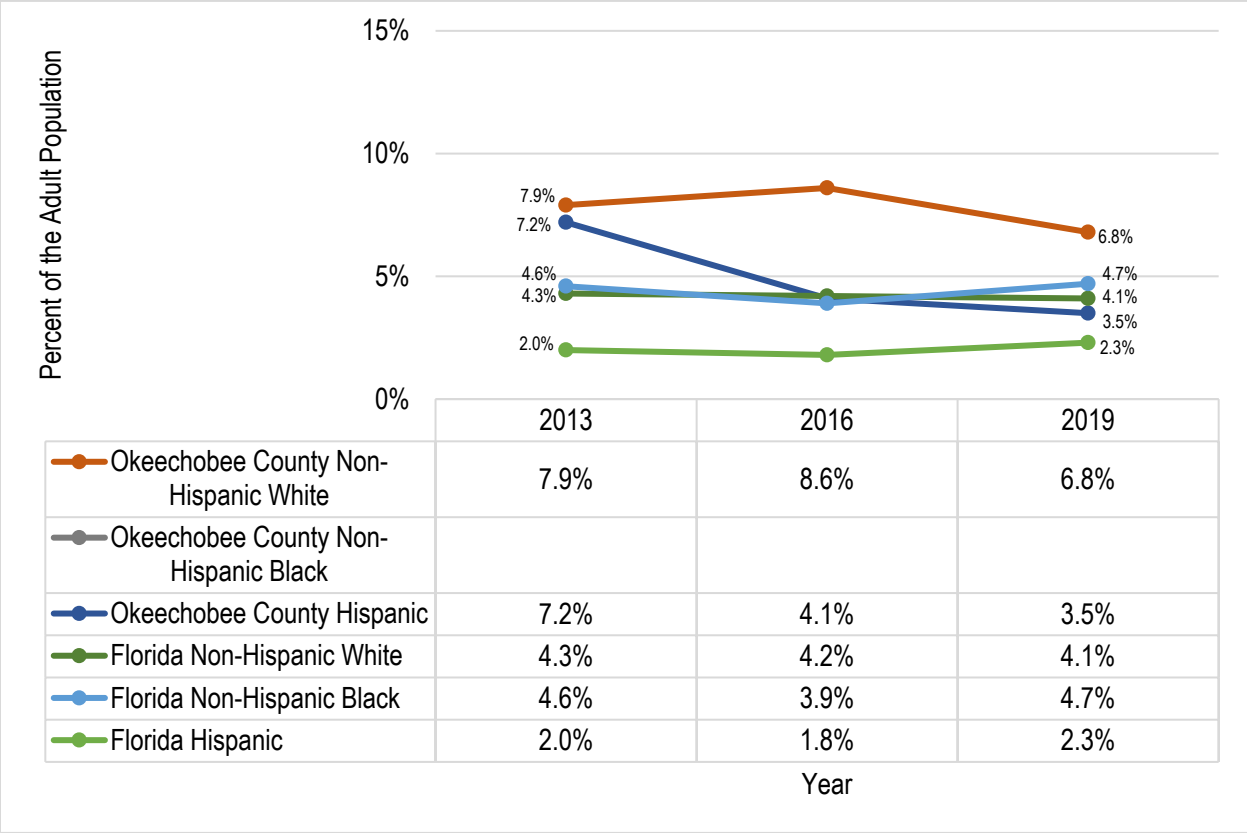
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[288] Stroke Facts (2022, October 14). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/stroke/facts.htm

Adults Who Have Ever Been Told They Had a Stroke by Race and Ethnicity

This graph shows the percentage of adults who had ever been told they had a stroke by race and ethnicity in Okeechobee County and Florida in 2013, 2016, and 2019. The percentage among Okeechobee County non-Hispanic White residents was higher than the percentage among Okeechobee County Hispanic residents each year. Most recently, the percentage of adults who had ever been told they had a stroke was 6.8% among non-Hispanic white residents and 3.5% among Hispanic residents in Okeechobee County. To note, the blank cells in the data table below indicate Okeechobee County non-Hispanic Black residents had a sample size less than 30 in 2013, 2016, and 2019, which would yield statistically unreliable estimates.

Figure 193: Adults Who Have Ever Been Told They Had a Stroke by Race and Ethnicity, Percent of Adult Population, Okeechobee County and Florida, 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
Compiled by: Health Council of Southeast Florida, 2022

Chronic Lower Respiratory Disease

In 2020, chronic lower respiratory disease (CLRD) was the sixth leading cause of death in the United States, according to the CDC.[289] CLRD encompasses four major diseases, including chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, and asthma, all occurring in the lungs and causing restricted airflow. Common modifiable risk factors for CLRD are tobacco smoking, air pollution, exposure to allergens, unhealthy diet, obesity, and lack of physical activity.[290]

COPD is a group of diseases, including emphysema and chronic bronchitis, that cause breathing-related problems and airflow blockage in the lungs.[291] Emphysema is characterized by gradual lung tissue damage, specifically of the tiny air sacs called alveoli, which causes breathing to become difficult.[292] Chronic bronchitis is an acute or chronic condition and occurs when the airways to the lungs become inflamed, causing severe coughing spells. Emphysema and chronic bronchitis are strongly linked to smoking, making both conditions very preventable.[293]

Asthma is a condition in which the airways or tubes that carry air in and out of the lungs become inflamed or narrowed. Asthma is a long-term, or chronic, condition that affects people of all ages, although it often starts during childhood. Asthma triggers, such as allergens like pollen or mold, exercise, viral infections, stress, air quality, or cold air, can cause asthma symptoms to worsen, resulting in a flare-up, episode, or asthma attack. [294] [295] Family history, obesity, and occupational hazards, such as chemicals or industrial dusts, are risk factors for asthma, and symptoms include chest tightness, coughing, shortness of breath, and wheezing.[296]

CLRD conditions significantly reduce quality of life for many people but can be managed by avoiding triggers and receiving proper medical care. However, many triggers are environmental factors, so it is important for health care and public health professionals, policy makers, and advocates to examine various social determinants of health that positively or negatively impact asthma risk. Additionally, asthma places a significant economic and social burden on communities and individuals.[297] Investigating policies that impact school, housing, and workplace infrastructure and air quality, particularly for lower income residents, is an example of how community leaders can help mitigate asthma risk for residents.

[289] Chronic Obstructive Pulmonary Disease (COPD) Includes: Chronic Bronchitis and Emphysema. (2022, February 1). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/nchs/fastats/copd.htm

[290] Lee Y, Chang K, Sethi S. Association of Chronic Lower Respiratory Disease With County Health Disparities in New York State. JAMA Netw Open. 2021;4(11):e2134268. doi:10.1001/jamanetworkopen.2021.34268

[291] Chronic Obstructive Pulmonary Disease (COPD). (2021, June 9). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/copd/basics-about.html

[292] Emphysema. (2021). In American Lung Association. Retrieved from https://www.lung.org/lung-health-diseases/lung-disease-lookup/emphysema

[293] Chronic Bronchitis. (2021). In American Lung Association. Retrieved from https://www.lung.org/lung-health-diseases/lung-disease-lookup/chronic-bronchitis

[294] What is Asthma?. (2022, March 24). In NIH National Heart, Long, and Blood Institute. Retrieved from https://www.nhlbi.nih.gov/health/asthma

[295] What is Asthma?. (2022, March 24). In American Lung Association. Retrieved from https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/learn-about-asthma/what-is-asthma

[296] Asthma - Symptoms. (n.d.). In NIH National Heart, Lung, and Blood Institute. Retrieved from https://www.nhlbi.nih.gov/health/asthma/symptoms

[297] Nurmagambetov, T., Kuwahara, R., & Garbe, P. (2017, November). The Economic Burden of Asthma in the United States, 2008–2013. Annals of the American Thoracic Society, 15(3), 348-356. doi:https://doi.org/10.1513/AnnalsATS.201703-259OC

Age-Adjusted Hospitalizations from Chronic Lower Respiratory Disease (CLRD) (Including Asthma)

As previously mentioned, CLRD encompasses four major diseases, including COPD, emphysema, chronic bronchitis, and asthma, all occurring in the lungs and causing restricted airflow. According to the CDC, over 25 million people in the US have asthma.[298] Recent studies also show that, while patients with prior respiratory diseases were less likely to be hospitalized for COVID-19 than for the flu, they were at greater risk of developing severe complications and had a higher mortality rate from COVID-19.[299]

This table and graph show the age-adjusted hospitalizations from chronic lower respiratory disease (CLRD), including asthma, in Okeechobee County and Florida from 2016 to 2020. While the rate among Okeechobee County residents was significantly higher than Florida residents overall each year during this timeframe, the rate among Okeechobee County residents decreased dramatically from 2016 (983.8 per 100,000 population) to 2020 (384.4 per 100,000 population). In Florida in 2020, the rate of age-adjusted hospitalizations from CLRD, including asthma, was 147.3 per 100,000 population.

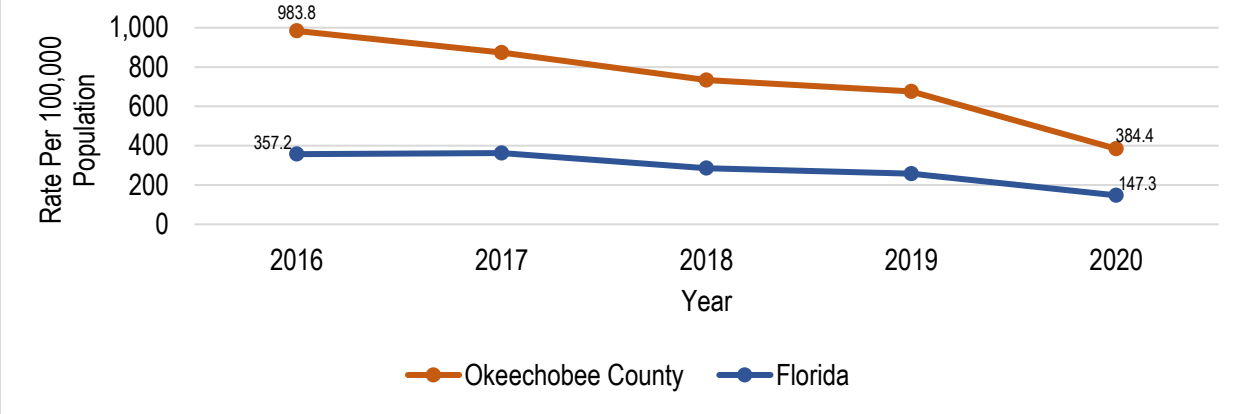
There is no Healthy People 2030 national target specific to this indicator.

Table 124: Age-Adjusted Hospitalizations from Chronic Lower Respiratory Disease (CLRD) (Including Asthma), Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	521	983.8	89,715	357.2
2017	471	873.8	95,136	362.5
2018	413	733.6	74,568	285.6
2019	365	675.7	69,227	257.6
2020	231	384.4	42,094	147.3

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 194: Age-Adjusted Hospitalizations from Chronic Lower Respiratory Disease (CLRD) (Including Asthma), Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[298] Centers for Disease Control and Prevention. (May 2011). Asthma in the US. Retrieved from https://www.cdc.gov/vitalsigns/asthma/index.html
[299] Beltramo, G., Cottenet, J., Mariet, A., Georges, M., Piroth, L., Tubert-Bitter, P., ... Quantin, C. (2021, January). Chronic respiratory diseases are predictors of severe outcome in COVID-19 hospitalised patients: a nationwide study. European Respiratory Journal, 60(4). doi:10.1183/13993003.04474-2020

Age-Adjusted Hospitalizations from Chronic Lower Respiratory Disease (CLRD) (Including Asthma) by Race

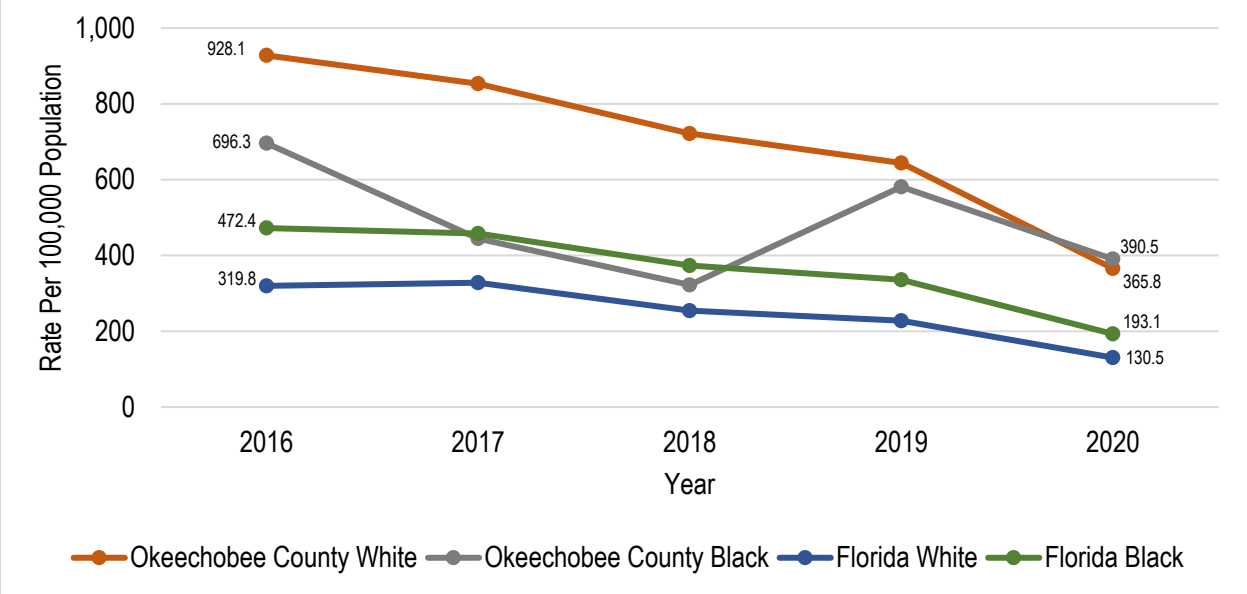
The table and graph below show the age-adjusted hospitalizations from chronic lower respiratory disease (CLRD), including asthma, by race in Okeechobee County and Florida from 2016 to 2020. The rate among Okeechobee County White residents was higher than the rate among Black residents each year during this timeframe, except for 2020. Most recently in 2020, the rate among Black residents was 390.5 per 100,000 population and the rate among White residents was 365.8 per 100,000 in Okeechobee County, both over double the rates of their counterparts in Florida this same year.

Table 125: Age-Adjusted Hospitalizations from Chronic Lower Respiratory Disease (CLRD) (Including Asthma) by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	463	928.1	17	696.3	69,197	319.8	15,477	472.4
2017	427	853.4	13	444.6	74,537	328.2	15,352	457.9
2018	377	721.8	9	322.4	56,996	254.3	12,926	373.4
2019	318	644.2	19	581.1	52,589	227.7	11,864	335.8
2020	205	365.8	13	390.5	32,238	130.5	7,076	193.1

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 195: Age-Adjusted Hospitalizations from Chronic Lower Respiratory Disease (CLRD) (Including Asthma) by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Hospitalizations from Chronic Lower Respiratory Disease (CLRD) (Including Asthma) by Ethnicity

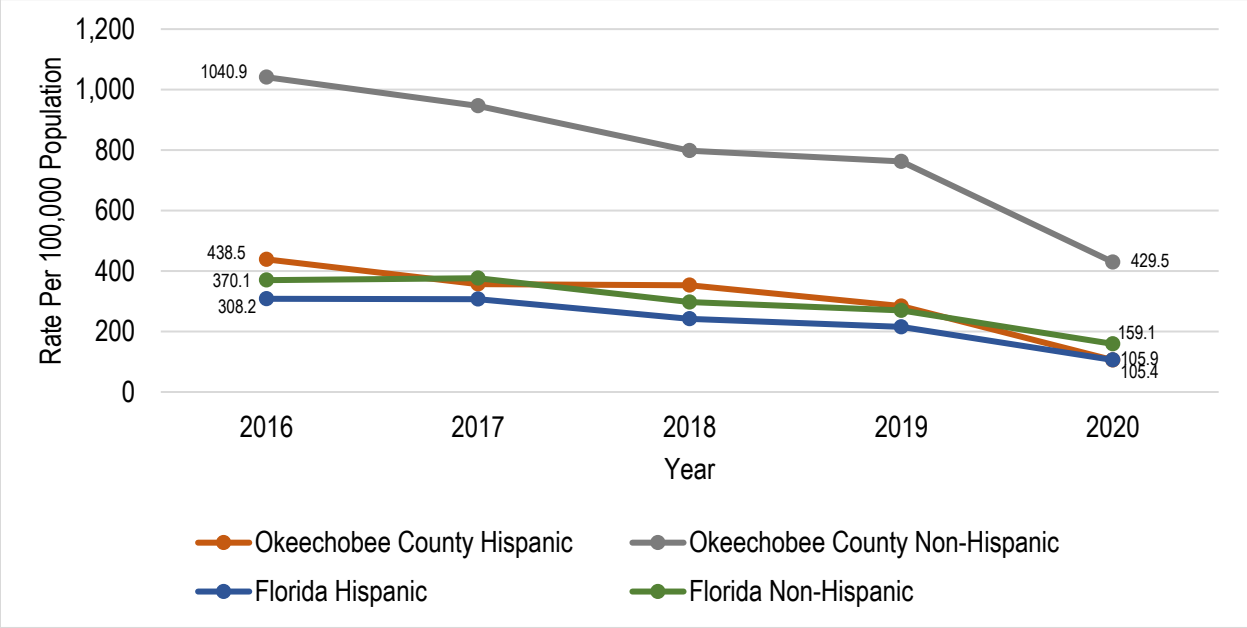
The table and graph below show age-adjusted hospitalizations from chronic lower respiratory disease (CLRD), including asthma, by ethnicity in Okeechobee County and Florida from 2016 to 2020. While the rate declined among both Hispanic and non-Hispanic Okeechobee County residents during the timeframe, the rate among non-Hispanic residents was over double the rate among Hispanic residents in the county each year. Most recently in 2020, the rate among Okeechobee County non-Hispanic residents was 429.5 per 100,000 population, while the rate among Okeechobee County Hispanic residents was 105.4 per 100,000 population.

Table 126: Figure 196: Age-Adjusted Hospitalizations from Chronic Lower Respiratory Disease (CLRD) (Including Asthma) by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	34	438.5	486	1,040.9	14,610	308.2	74,124	370.1
2017	26	356.7	442	946.2	15,210	307.0	78,914	376.3
2018	26	353.0	383	797.9	12,744	241.9	61,097	297.2
2019	21	283.9	342	762.4	11,865	215.2	56,807	269.8
2020	6	105.4	224	429.5	6,194	105.9	35,546	159.1

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 197: Age-Adjusted Hospitalizations from Chronic Lower Respiratory Disease (CLRD) (Including Asthma) by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Hospitalizations from Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) is a lung condition that affects 1 in 8 US adults over age 45. Unfortunately, more than 16 million people have been diagnosed with COPD, though many individuals still are not aware that they have this condition.[300]

This table and graph show the age-adjusted hospitalizations from COPD in Okeechobee County and Florida from 2016 to 2020. The age-adjusted hospitalization rate from COPD declined among Okeechobee County residents from 932.0 per 100,000 population in 2016 to 345.2 per 100,000 population in 2020. However, the hospitalization rate among Okeechobee County residents was triple the rate among Florida residents overall almost every year during this timeframe.

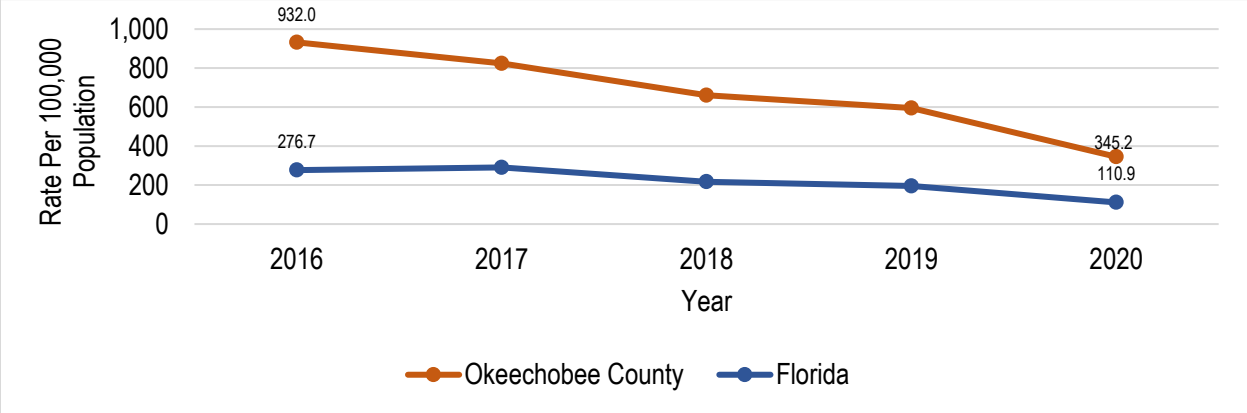
The Healthy People 2030 national target to reduce hospitalizations for chronic obstructive pulmonary disease is in the developmental phase, meaning it is a high-priority issue but does not have reliable baseline data yet.[301]

Table 127: Age-Adjusted Hospitalizations from Chronic Obstructive Pulmonary Disease, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	499	932.0	74,307	276.7
2017	451	823.7	80,979	290.5
2018	383	660.7	60,756	217.0
2019	333	594.7	56,192	195.3
2020	213	345.2	34,259	110.9

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 198: Age-Adjusted Hospitalizations from Chronic Obstructive Pulmonary Disease, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[300] COPD National Action Plan (n.d.). In NIH National Heart, Lung, and Blood Institute. Retrieved from https://www.nhlbi.nih.gov/health-topics/education-and-awareness/COPD-national-action-plan
[301] Reduce Hospitalizations for COPD - RD-D04 (n.d.). In Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/respiratory-disease/reduce-hospitalizations-copd-rd-d04

Age-Adjusted Hospitalizations from Chronic Obstructive Pulmonary Disease by Race

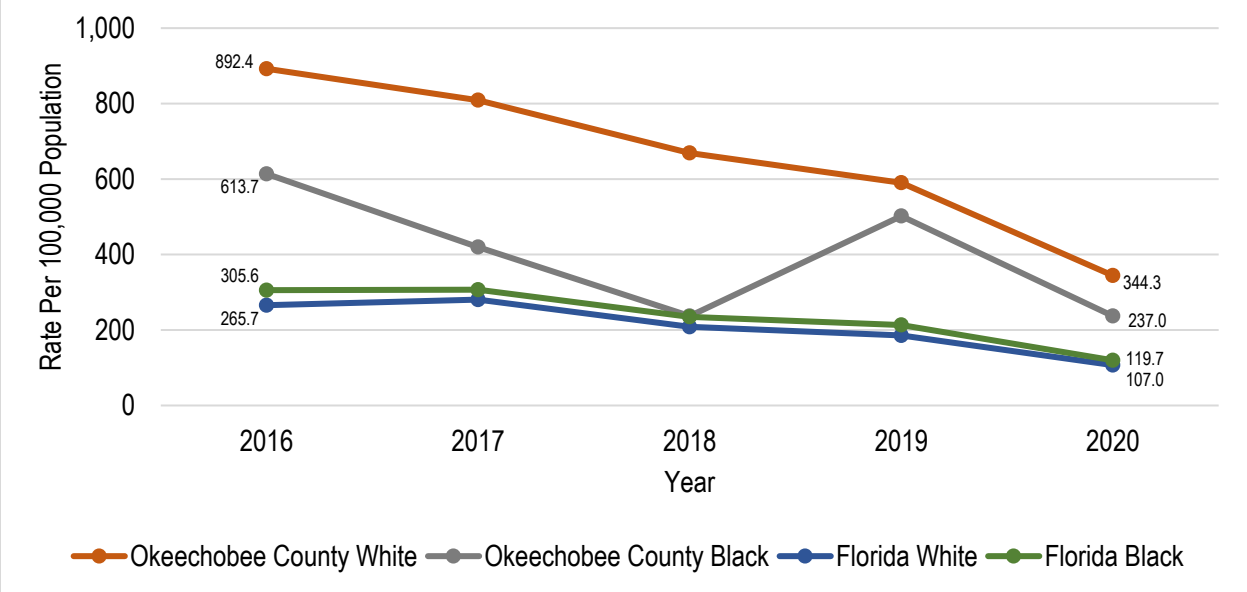
The following table and graph show the age-adjusted hospitalizations from chronic obstructive pulmonary disease by race in Okeechobee County and Florida from 2016 to 2020. The rate among White Okeechobee County residents steadily declined during this timeframe, although it was higher than the rate among Black residents each year. Most recently, the rate among Black Okeechobee County residents was 237.0 per 100,000 population compared to 344.2 per 100,000 population among White Okeechobee County residents. Throughout this timeframe, rates in the county exceeded rates in the state.

Table 128: Age-Adjusted Hospitalizations from Chronic Obstructive Pulmonary Disease by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	449	892.4	15	613.7	61132	265.7	9,799	305.6
2017	412	809.1	12	419.8	67170	280.5	10,133	306.8
2018	357	669.2	7	237.0	49790	208.5	8,027	235.0
2019	301	590.2	16	502.1	45603	185.6	7,495	213.3
2020	197	344.2	8	237.0	28172	107.0	4,401	119.7

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 199: Age-Adjusted Hospitalizations from Chronic Obstructive Pulmonary Disease by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Hospitalizations from Chronic Obstructive Pulmonary Disease by Ethnicity

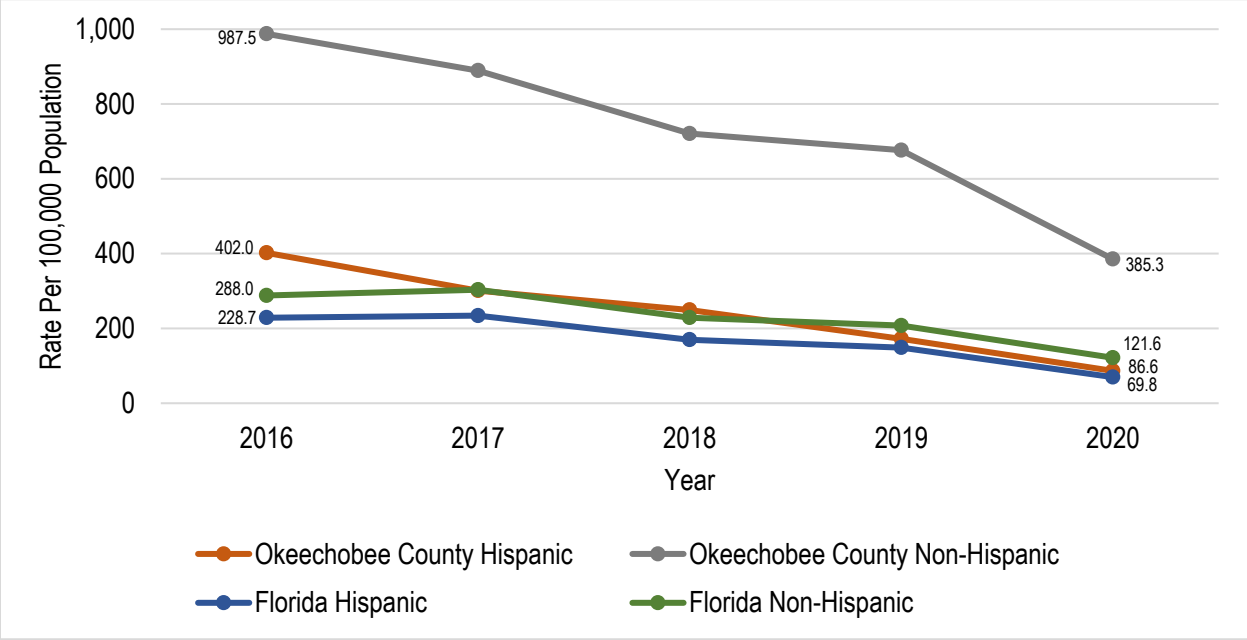
The table and graph below show the age-adjusted hospitalizations from chronic obstructive pulmonary disease by ethnicity in Okeechobee County and Florida from 2016 to 2020. The rate declined among Hispanic and non-Hispanic Okeechobee County residents during this timeframe. However, the rate among Okeechobee County non-Hispanic residents was over double the rate among Okeechobee County Hispanic residents each year. Most recently in 2020, the rate among Okeechobee County non-Hispanic residents was 385.3 per 100,000 population, while the rate among Okeechobee County Hispanic residents was 86.6 per 100,000 population. To note, the number of hospitalizations from chronic obstructive pulmonary disease among Okeechobee County Hispanic residents was between 1 and 4 in 2020, indicated by "n/a" in the data table below.

Table 129: Age-Adjusted Hospitalizations from Chronic Obstructive Pulmonary Disease by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	29	402.0	469	987.5	10694	228.7	62847	288.0
2017	22	301.0	426	889.1	11500	234.2	68686	303.4
2018	19	249.3	360	720.8	8876	169.7	51316	228.7
2019	13	172.4	318	676.4	8155	148.8	47606	207.6
2020	n/a	86.6	209	385.3	4076	69.8	29912	121.6

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 200: Age-Adjusted Hospitalizations from Chronic Obstructive Pulmonary Disease by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

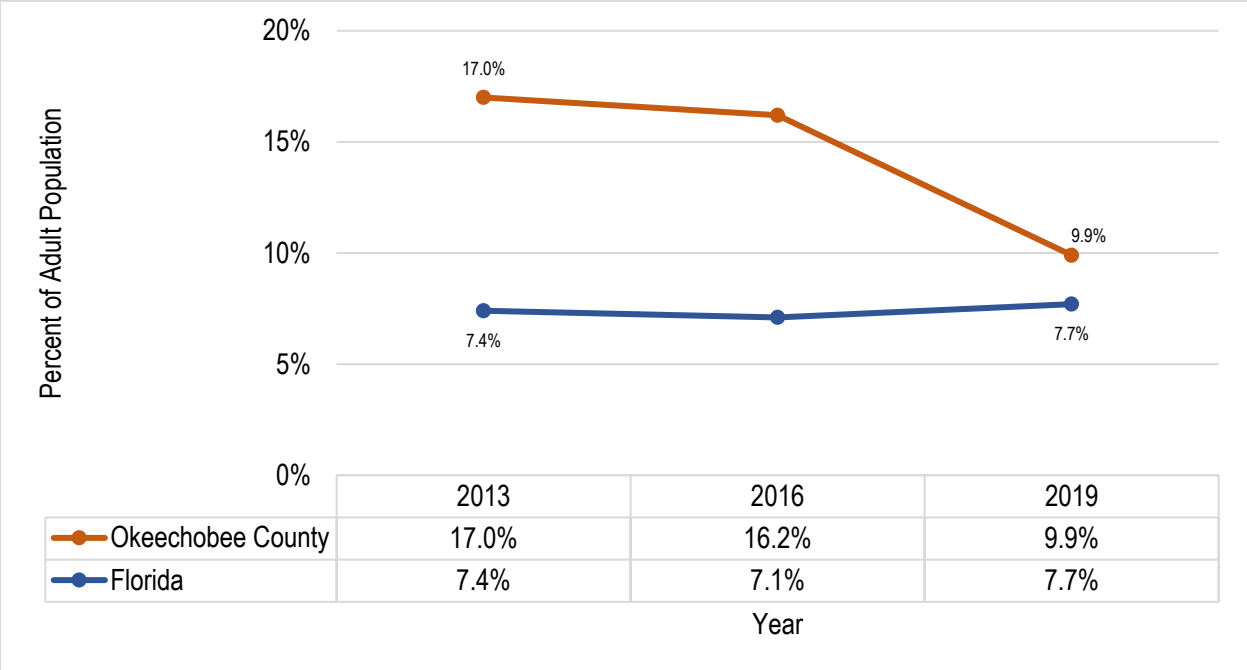
Adults Who Have Ever Been Told They Had Chronic Obstructive Pulmonary Disease, Emphysema, or Chronic Bronchitis

According to the CDC, adults in rural areas are more likely to be diagnosed with and die from COPD, compared to their counterparts who live in large metropolitan areas. Rural populations may experience more COPD-related issues due to higher rates of smoking, increased exposure to secondhand smoke, and barriers to accessing cessation programs compared to urban populations. Additionally, rural populations are more likely to have higher rates of individuals uninsured or living in poverty, which are factors that can pose barriers to diagnosis and access to treatment.[302]

This graph shows the percentage of adults who had ever been told they had chronic obstructive pulmonary disease, emphysema, or chronic bronchitis in Okeechobee County and Florida in 2013, 2016, and 2019. The percentage of Okeechobee County adults declined from 17.0% in 2013 to 9.9% in 2019. However, the percentage of Okeechobee County adults was higher than the percentage of Florida adults overall each year reported.

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

Figure 201: Adults Who Have Ever Been Told They Had Chronic Obstructive Pulmonary Disease, Emphysema, or Chronic Bronchitis, Percent of Adult Population, Okeechobee County and Florida, 2013, 2016, 2019



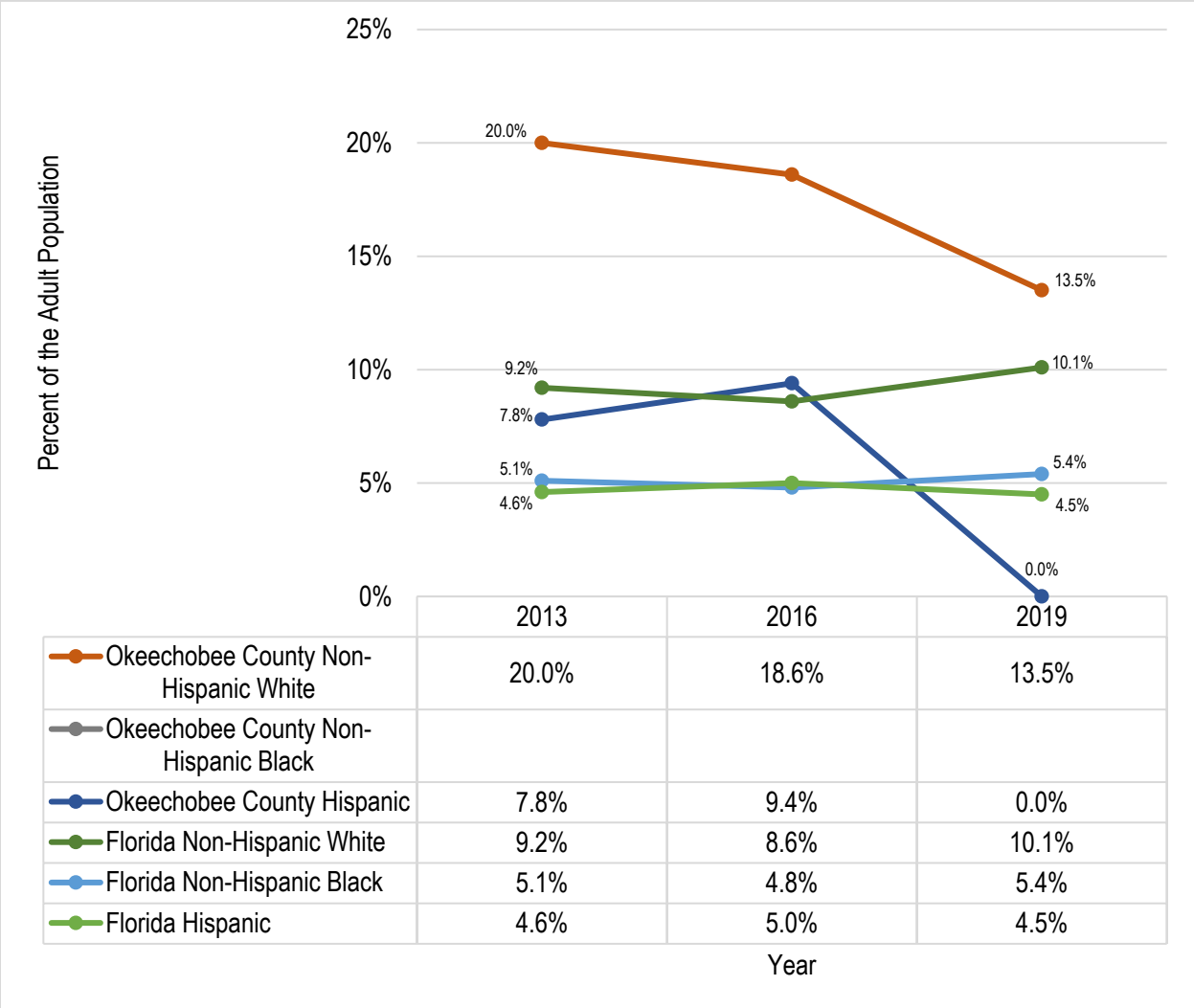
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[302] Urban-Rural Differences in COPD. 2020, June. In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/copd/features/copd-urban-rural-differences.html l

Adults Who Have Ever Been Told They Had Chronic Obstructive Pulmonary Disease, Emphysema, or Chronic Bronchitis by Race and Ethnicity

This graph shows the percentage of adults who had ever been told they had chronic obstructive pulmonary disease, emphysema, or chronic bronchitis by race and ethnicity in Okeechobee County and Florida in 2013, 2016, and 2019. The percentage of Okeechobee County non-Hispanic White adults who had ever been told they had chronic obstructive pulmonary disease, emphysema, or chronic bronchitis declined from 20.0% in 2013 to 13.5% in 2019.The percentage among Okeechobee County Hispanic residents fluctuated, ultimately decreasing from 9.4% in 2016 to 0.0% in 2019. Unfortunately, data was excluded for Okeechobee County non-Hispanic Black residents, indicated by the blank cells in the data table below, because the sample size was less than 30. This would have led to statistically unreliable estimates.

Figure 202: Adults Who Have Ever Been Told They Had Chronic Obstructive Pulmonary Disease, Emphysema, or Chronic Bronchitis by Race and Ethnicity, Percent of Adult Population, Okeechobee County and Florida, 2013, 2016, 2019



	2013	2016	2019
Okeechobee County Non-Hispanic White	20.0%	18.6%	13.5%
Okeechobee County Non-Hispanic Black			
Okeechobee County Hispanic	7.8%	9.4%	0.0%
Florida Non-Hispanic White	9.2%	8.6%	10.1%
Florida Non-Hispanic Black	5.1%	4.8%	5.4%
Florida Hispanic	4.6%	5.0%	4.5%

Year

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, 2022

Age-Adjusted Hospitalizations from Asthma

Severe cases of asthma may require a hospital stay, resulting in higher health care costs, missed school or work, and anxiety regarding the long-term effects.[303]

This table and graph show the age-adjusted hospitalizations from asthma in Okeechobee County and Florida from 2016 to 2020. The rate among Okeechobee County residents increased from 2017 (50.1 per 100,000 population) to 2019 (81.0 per 100,000 population) then decreased most recently in 2020 (39.2 per 100,000 population). In Florida, the age-adjusted rate of hospitalizations from asthma decreased to 36.4 per 100,000 population in 2020.

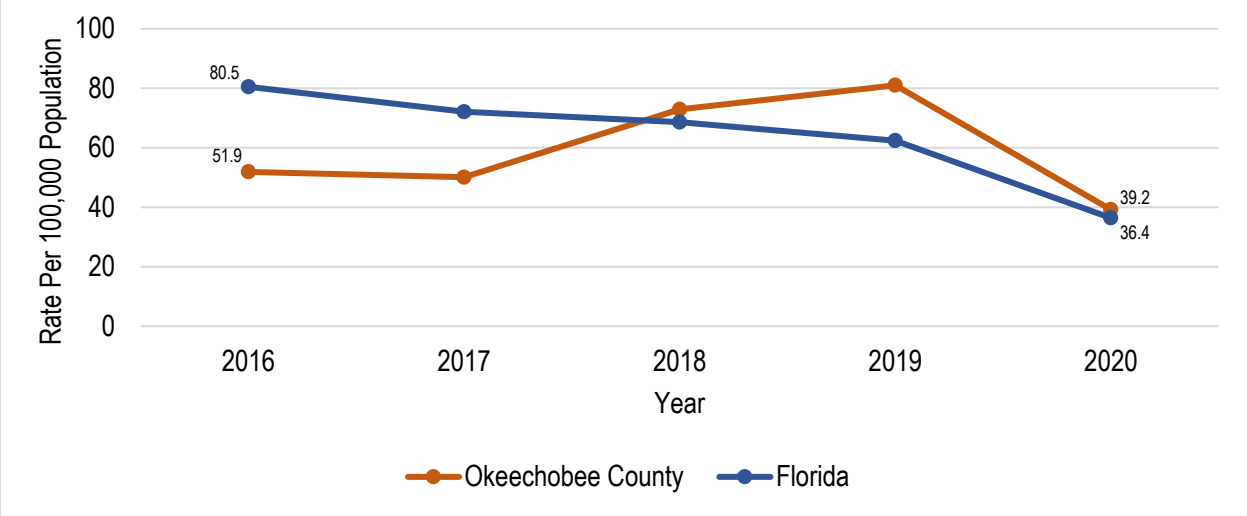
The Healthy People 2030 national target related to reducing hospitalizations for asthma is in the developmental phase, meaning it is a high-priority public health issue but does not have reliable baseline data yet to support it.[304]

Table 130: Age-Adjusted Hospitalizations from Asthma, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	22	51.9	15,408	80.5
2017	20	50.1	14,157	72.1
2018	30	72.9	13,812	68.6
2019	32	81.0	13,035	62.4
2020	18	39.2	7,835	36.4

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 203: Age-Adjusted Hospitalizations from Asthma, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[303] Ardura-Garcia MD, C., Stolbrink BMBS, M., Zaidi BMBS, S., Cooper PhD, P. J., & Blakey PhD, J. (2018, September). Predictors of repeated acute hospital attendance for asthma in children: A systematic review and meta-analysis. Pediatric Pulmonology, 53(9), 1179-1192. doi:https://doi.org/10.1002/ppul.24068
[304] Reduce hospitalizations for asthma in children under 5 years — RD-D01. (n.d.). In Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/respiratory-disease/reduce-hospitalizations-asthma-children-under-5-years-rd-d01

Age-Adjusted Hospitalizations from Asthma by Race

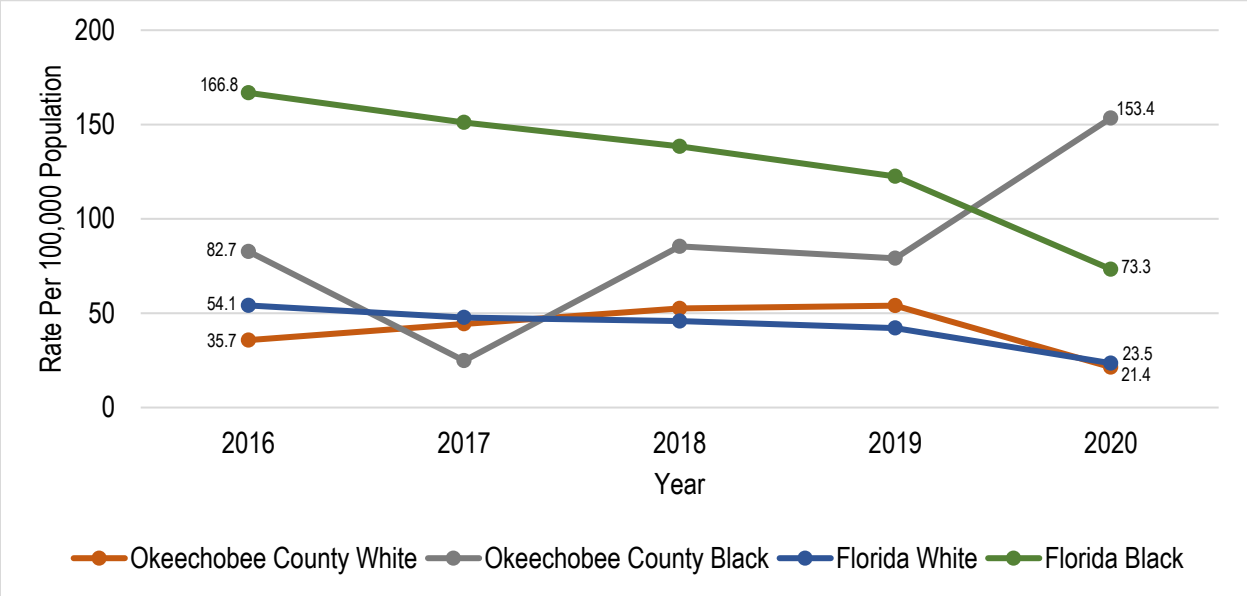
The following table and graph show the age-adjusted hospitalizations from asthma by race in Okeechobee County and Florida from 2016 to 2020. The age-adjusted hospitalization rate from asthma among Okeechobee County Black residents fluctuated during this timeframe, increasing most recently from 79.1 per 100,000 population in 2019 to 153.4 per 100,000 population in 2020. The rate among White Okeechobee County residents increased incrementally from 35.7 per 100,000 population in 2016 to 54 per 100,000 population in 2019, then decreased to 21.4 per 100,000 population in 2020. In 2020, the rate was seven times higher among Black residents than White residents. To note, the number of asthma hospitalizations among Okeechobee County Black residents was between 1 and 4, causing the count to be unreportable from 2016 to 2019. This is indicated by "n/a" in the data table below.

Table 131: Age-Adjusted Hospitalizations from Asthma by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	14	35.7	n/a	82.7	8,065	54.1	5,678	166.8
2017	15	44.3	n/a	24.8	7,367	47.7	5,219	151.1
2018	20	52.5	n/a	85.4	7,206	45.8	4,899	138.4
2019	17	54.0	n/a	79.1	6,986	42.1	4,369	122.5
2020	8	21.4	5	153.4	4,066	23.5	2,675	73.3

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 204: Age-Adjusted Hospitalizations from Asthma by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Hospitalizations from Asthma by Ethnicity

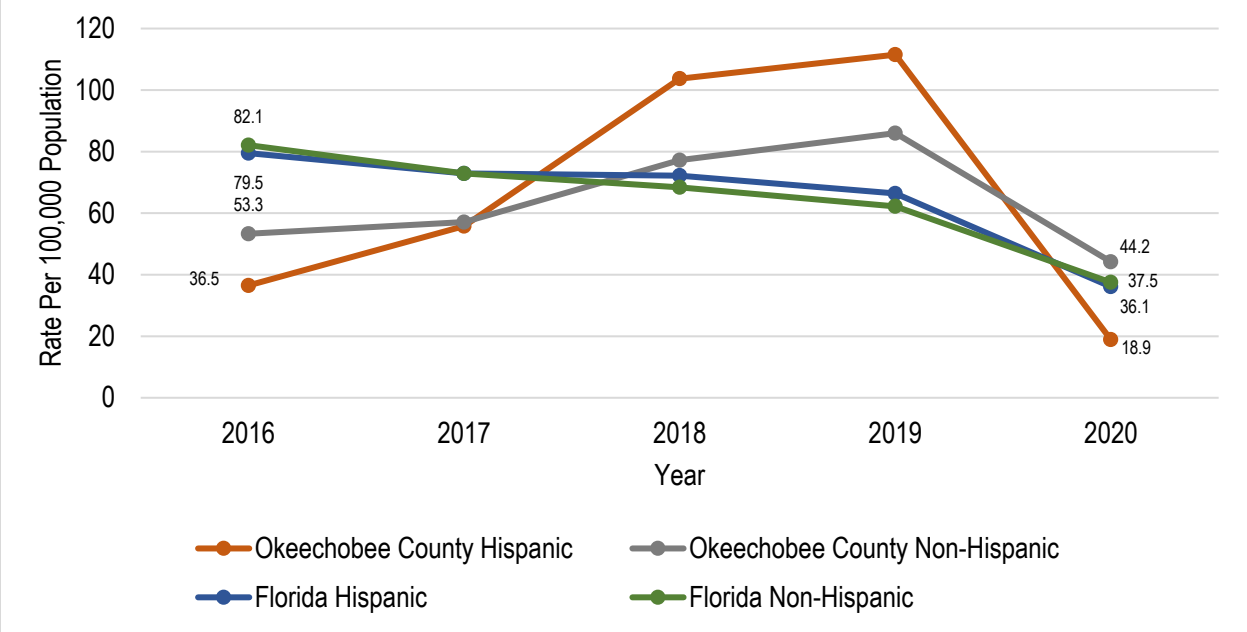
The table and graph below show the age-adjusted hospitalizations from asthma by ethnicity in Okeechobee County and Florida from 2016 to 2020. The age-adjusted hospitalization rate from asthma among Hispanic and non-Hispanic Okeechobee County residents follow a similar trend, increasing from 2016 to 2019 then decreasing most recently in 2020. In 2020, the rate among non-Hispanic Okeechobee County residents was 44.2 per 100,000 population while the rate among Hispanic residents was 18.9 per 100,000 population. To note, the number of asthma hospitalizations among Okeechobee County Hispanic residents was between 1 and 4 in 2017 and 2020, causing the count to be unreportable. This is indicated by the "n/a" in the data table below.

Table 132: Age-Adjusted Hospitalizations from Asthma by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	5	36.5	17	53.3	3,916	79.5	11,277	82.1
2017	n/a	55.8	16	57.1	3,710	72.9	10,228	72.9
2018	7	103.7	23	77.2	3,868	72.2	9,781	68.4
2019	8	111.5	24	86.0	3,710	66.4	9,201	62.2
2020	n/a	18.9	15	44.2	2,118	36.1	5,634	37.5

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 205: Age-Adjusted Hospitalizations from Asthma by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Ambulatory Care Sensitive Hospitalizations from Asthma (Aged 0-64 Years)

Ambulatory care sensitive hospitalizations are known as conditions that can potentially be avoidable with proper primary care interventions. In research related to peer-reviewed studies examining socioeconomic factors and risk of hospitalizations for chronic ambulatory care sensitive conditions, lower socioeconomic status was associated with a higher risk of hospitalization.[305]

This table and graph show the ambulatory care sensitive hospitalizations from asthma for residents aged 0 to 64 years in Okeechobee County and Florida from 2016 to 2020. The rate among Okeechobee County residents fluctuated during this timeframe, increasing from 50.2 per 100,000 population aged 0 to 64 years in 2017 to 81.4 per 100,000 population aged 0 to 64 years in 2019, and then ultimately decreasing to 47.5 per 100,000 population aged 0 to 64 years in 2020. Most recently in Florida in 2020, the rate of ambulatory care sensitive hospitalizations from asthma among residents aged 0 to 64 years decreased to 36.8 per 100,000 population aged 0 to 64 years.

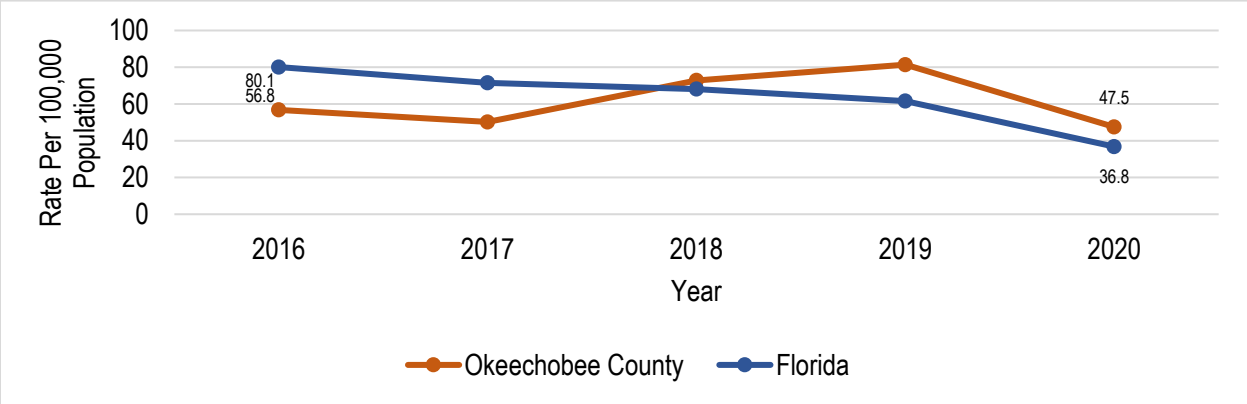
There is no Healthy People 2030 national target specific to this indicator.

Table 133: Ambulatory Care Sensitive Hospitalizations from Asthma (Aged 0-64 Years), Count and Rate Per 100,000 Population Under 65, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	19	56.8	13,048	80.1
2017	17	50.2	11,780	71.5
2018	24	72.8	11,420	68.1
2019	27	81.4	10,432	61.6
2020	16	47.5	6,301	36.8

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 206: Ambulatory Care Sensitive Hospitalizations from Asthma (Aged 0-64 Years), Rate Per 100,000 Population Under 65, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[305] Wallar, L.E., De Prophetis, E. & Rosella, L.C. Socioeconomic inequalities in hospitalizations for chronic ambulatory care sensitive conditions: a systematic review of peer-reviewed literature, 1990–2018. Int J Equity Health 19, 60 (2020). https://doi.org/10.1186/s12939-020-01160-0

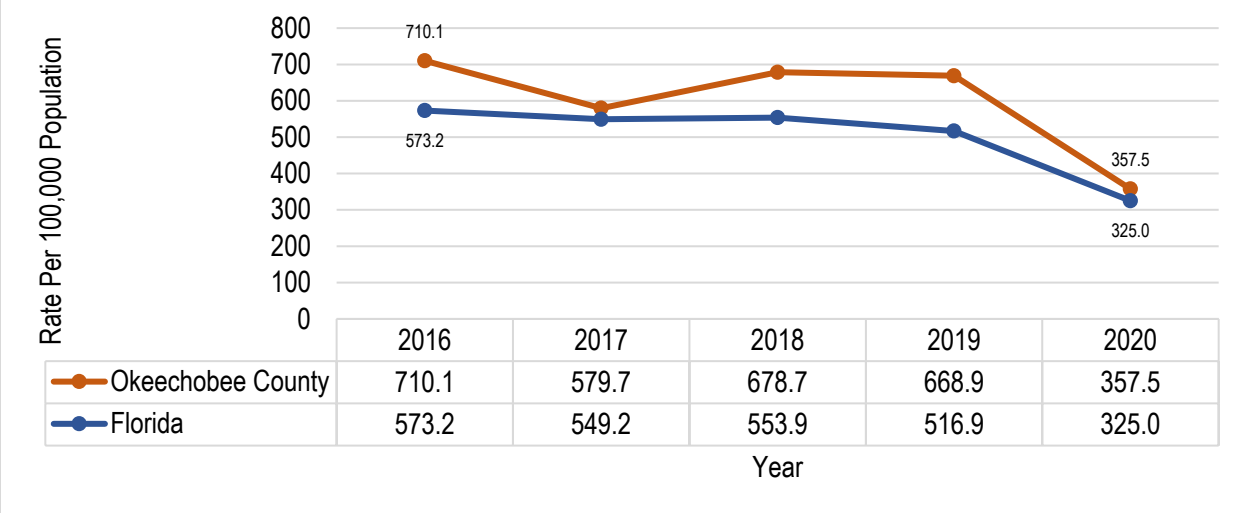
Age-Adjusted Emergency Department Visits from Asthma

Patients seeking care for asthma at the emergency department oftentimes arrive with an acute exacerbation and may not have a primary care physician to manage the chronic aspects of the disease.[306] While it is important to consider asthma-related emergency department visits as an indicator of improved health outcomes, it is also important to consider this in the context of the social determinants of health, such as housing conditions and access to affordable health insurance, and how those might affect asthma related emergency department visits.

This graph shows the age-adjusted emergency department visits from asthma in Okeechobee County and Florida from 2016 to 2020. The age-adjusted emergency department visits from asthma fluctuated slightly but ultimately declined among Okeechobee County residents and Florida residents overall during this timeframe. Most recently, the rate among Okeechobee residents decreased from 668.9 per 100,000 population in 2019 to 357.5 per 100,000 population in 2020. Notably, the rate among Okeechobee County residents was higher than the rate among Florida residents each year.

There are two Healthy People 2030 national targets related to this indicator: reduce emergency department visits for children under 5 years with asthma from 129.6 per 00,000 children under 5 years to 65.7 per 10,000 children under 5 years and reduce emergency department visits for people aged 5 years and over with asthma from 54.9 per 10,000 persons aged 5 years and over to 44.0 per 10,000 persons aged 5 years and over.[307] [308] While this indicator focuses on the entire population, a decrease in the rates below would indicator progress towards a healthier community.

Figure 207: Age-Adjusted Emergency Department Visits from Asthma, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



	2016	2017	2018	2019	2020
Okeechobee County	710.1	579.7	678.7	668.9	357.5
Florida	573.2	549.2	553.9	516.9	325.0

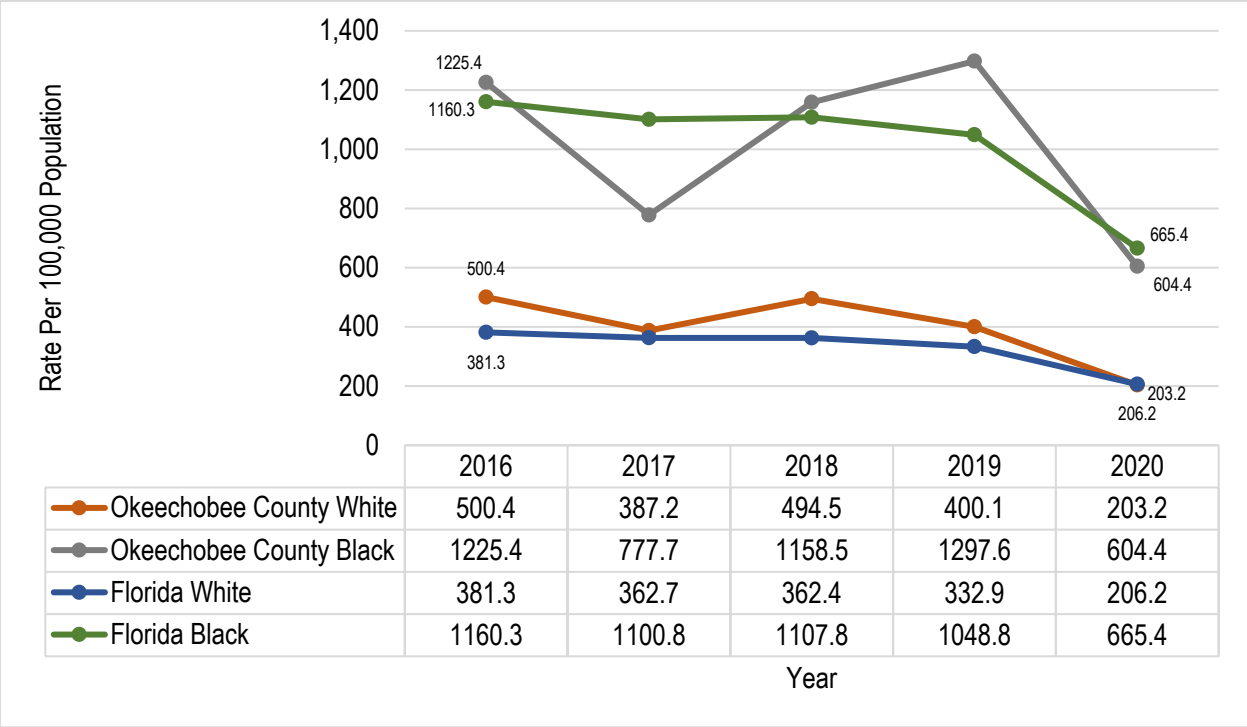
Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[306] Johnson LH, Chambers P, Dexheimer JW. Asthma-related emergency department use: current perspectives. Open Access Emerg Med. 2016 Jul 13;8:47-55. doi: 10.2147/OAEM.S69973. PMID: 27471415; PMCID: PMC4950546.
[307] U.S. Department of Health and Human Services. Healthy People 2030. Reduce emergency department visits for children under 5 years with asthma – RD-02. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/respiratory-disease/reduce-emergency-department-visits-children-under-5-years-asthma-rd-02
[308] U.S. Department of Health and Human Services. Healthy People 2030. Reduce emergency department visits for people aged 5 years and over with asthma – RD-03. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/respiratory-disease/reduce-emergency-department-visits-people-aged-5-years-and-over-asthma-rd-03

Age-Adjusted Emergency Department Visits from Asthma by Race

The graph below shows the age-adjusted emergency department visits from asthma by race in Okeechobee County and Florida from 2016 to 2020. During this timeframe, there was a major disparity between the age-adjusted rate of emergency department visits from asthma among Okeechobee County White and Okeechobee County Black residents, with the rate being almost three times higher among Black residents in 2020. Most recently, the rate among Okeechobee County Black residents decreased from 1,297.6 per 100,000 population in 2019 to 604.4 per 100,000 population in 2020, while the rate among White residents decreased from 400.1 per 100,000 population in 2019 to 203.2 per 100,000 population in 2020.

Figure 208: Age-Adjusted Emergency Department Visits from Asthma by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



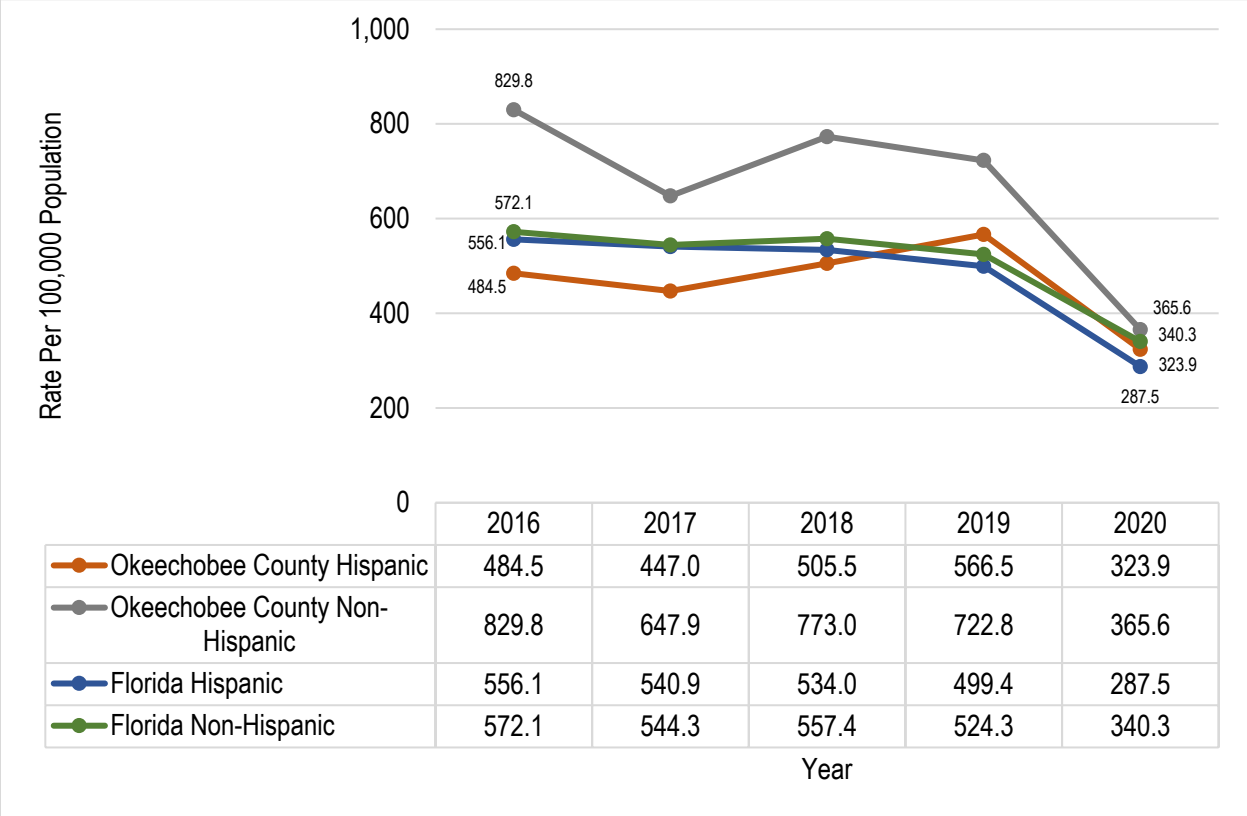
	2016	2017	2018	2019	2020
Okeechobee County White	500.4	387.2	494.5	400.1	203.2
Okeechobee County Black	1225.4	777.7	1158.5	1297.6	604.4
Florida White	381.3	362.7	362.4	332.9	206.2
Florida Black	1160.3	1100.8	1107.8	1048.8	665.4

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Emergency Department Visits from Asthma by Ethnicity

This graph shows the age-adjusted emergency department visits from asthma by ethnicity in Okeechobee County and Florida from 2016 to 2020. The rate among both Hispanic and non-Hispanic Okeechobee County residents fluctuated but ultimately declined during this timeframe. Most recently, the rate among non-Hispanic Okeechobee County residents was 365.6 per 100,000 population and the rate among Okeechobee County Hispanic residents was 323.9 per 100,000 population. Both of these rates were higher among Okeechobee County populations compared to their counterparts in the state of Florida overall in 2020.

Figure 209: Age-Adjusted Emergency Department Visits from Asthma by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



	2016	2017	2018	2019	2020
Okeechobee County Hispanic	484.5	447.0	505.5	566.5	323.9
Okeechobee County Non-Hispanic	829.8	647.9	773.0	722.8	365.6
Florida Hispanic	556.1	540.9	534.0	499.4	287.5
Florida Non-Hispanic	572.1	544.3	557.4	524.3	340.3

Year

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Alzheimer's Disease

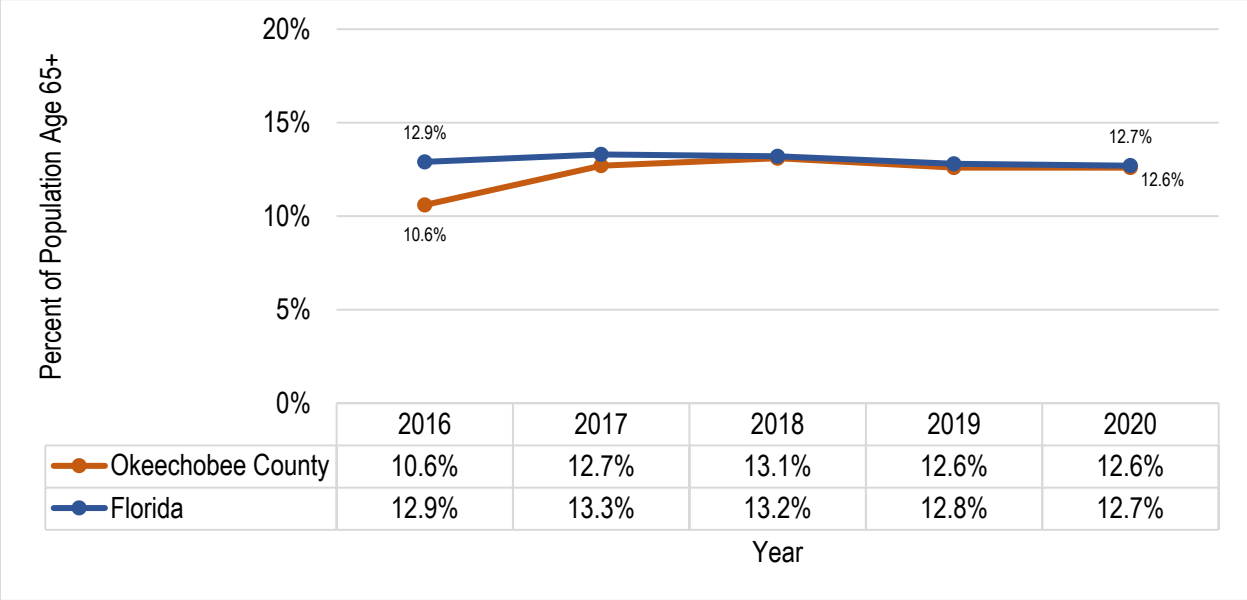
Alzheimer's disease, the most common cause of dementia, is a neurological disease that causes loss of cognitive functioning. Dr. Alois Alzheimer discovered features of Alzheimer's disease in 1906 when he examined the brain of a woman who died of an unusual mental illness. One of the most common first signs of Alzheimer's disease is cognitive impairment, although some individuals may experience trouble with non-memory aspects of cognition, such as impaired judgement or spatial issues. Unfortunately, there is no cure for Alzheimer's disease. While scientists still don't fully understand what causes it, some point to a combination of genetic, environmental, and lifestyle factors. [309]

Probable Alzheimer's Cases (Aged 65 Years and Older)

The graph below shows the proportion of the population aged 65 years and older with probable Alzheimer's cases in Okeechobee County and Florida from 2016 to 2020. In Okeechobee County during this timeframe, the percentage of adults aged 65 years and older with a probable Alzheimer's case increased slightly from 10.6% in 2016 to 13.1% in 2018, then decreased to 12.6% in 2019 where it remained constant in 2020.

The Healthy People 2030 national target related to this indicator is to increase the proportion of older adults with diagnosed Alzheimer's disease and other dementias, or their caregiver, who are aware of the diagnosis from 59.7% in 2013-2015 to 65.1%.[310]

Figure 210: Probable Alzheimer's Cases (Aged 65 Years and Older), Percentage of Population Age 65+, Okeechobee County and Florida, 2016 – 2020



	2016	2017	2018	2019	2020
Okeechobee County	10.6%	12.7%	13.1%	12.6%	12.6%
Florida	12.9%	13.3%	13.2%	12.8%	12.7%

Source: Estimated proportions of persons 65-74, 75-84, and 85+ with Alzheimer's Disease are provided by the Department of Elder Affairs. The proportions are multiplied by population estimates for the same groups from FLHealthCHARTS.gov, 2020
Compiled by: Health Council of Southeast Florida, 2022

[309] Alzheimer's Disease Fact Sheet (n.d.). In National Institute on Aging. Retrieved from https://www.nia.nih.gov/health/alzheimers-disease-fact-sheet
[310] U.S. Department of Health and Human Services. Healthy People 2030. Increase the proportion of older adults with dementia, or their caregivers, who know they have it — DIA-01. https://health.gov/healthypeople/objectives-and-data/browse-objectives/dementias/increase-proportion-older-adults-dementia-or-their-caregivers-who-know-they-have-it-dia-01

Diabetes

Diabetes, including type 1, type 2, and gestational diabetes, is a chronic health condition in which the body doesn't make enough or adequately use insulin to turn food into energy. Type 1 diabetes only accounts for approximately 5-10% of people with diabetes. However, individuals with Type 1 diabetes need to take insulin every day to survive. Type 1 diabetes is usually diagnosed in children and young people. Having a family history of type 1 diabetes is a known risk factor. Type 2 diabetes, the most common type of diabetes, develops over time and can be prevented through healthy lifestyle behaviors. Gestational diabetes is a condition unique to pregnant women who have never had diabetes and can put the baby at increased risk for health problems, such as obesity and type 2 diabetes. Living a healthy lifestyle is an important prevention strategy for gestational diabetes.[311]

Diabetes is a serious concern for communities because of the chronic nature of the condition, as it increases the risk for developing other health conditions. According to the CDC, medical costs are twice as high for people with diabetes compared to those without. [312]

[311] What is Diabetes? (2022, July). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/diabetes/basics/diabetes.html
[312] Diabetes Fast Facts (2021, December 17). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/diabetes/basics/quick-facts.html

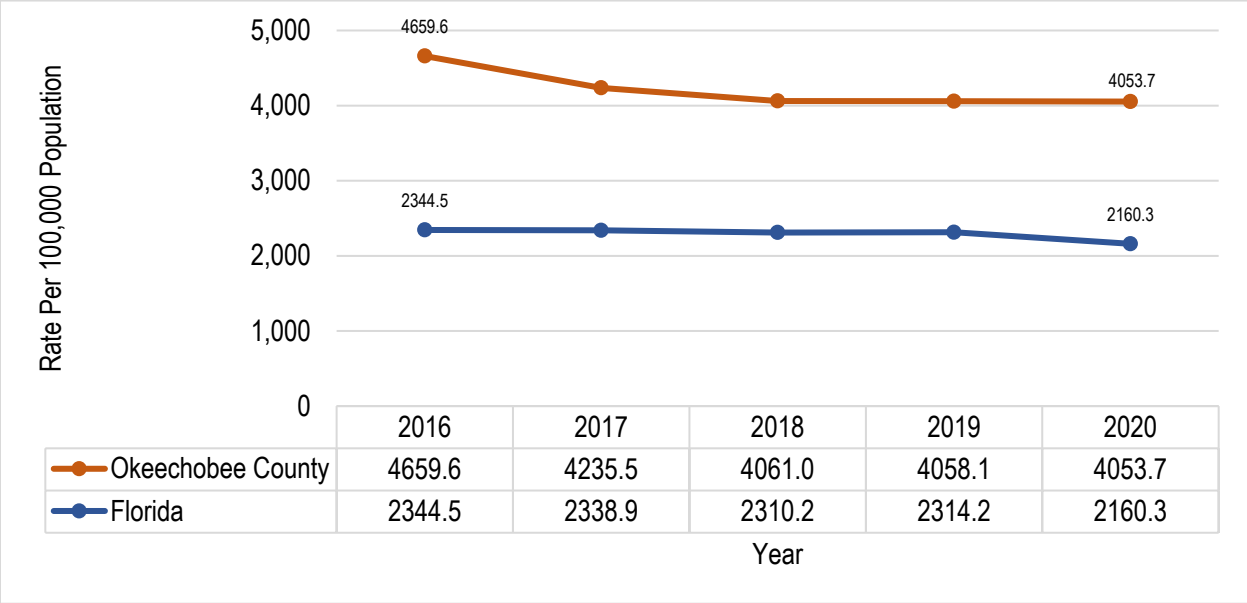
Hospitalizations from or with Diabetes as Any Listed Diagnosis

In a study looking at the proportion of diabetes hospitalizations among adults aged 18 years and older in the United States, the proportion increased from 17.1% in 2000 to 27.3% in 2018. The groups reported to have had the highest proportions included men, non-Hispanic Black patients, and those from more economically disadvantaged zip codes.[313] As previously mentioned, diabetes has a significant economic impact on communities, which is further exacerbated by hospital utilization.

The following graph shows the hospitalization rate from or with diabetes as any listed diagnosis in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the rate among Okeechobee County residents decreased slightly from 4,659.6 per 100,000 population in 2016 to 4,053.7 per 100,000 population in 2020. However, the diabetes hospitalization rate among Okeechobee County residents was almost double the rate among Florida residents overall each year, highlighting this major health concern in Okeechobee County.

There is no Healthy People 2030 national target specific to this indicator. However, a closely related target is to reduce the rate of hospital admissions for diabetes among older adults from 293.3 hospital admissions per 100,000 adults aged 65 and over in 2016 to 264.[314]

Figure 211: Hospitalizations from or with Diabetes as Any Listed Diagnosis, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



	2016	2017	2018	2019	2020
Okeechobee County	4659.6	4235.5	4061.0	4058.1	4053.7
Florida	2344.5	2338.9	2310.2	2314.2	2160.3

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[313] Zhang, Y., McKeever Bullard, K., Imperatore, G., Holliday, C. S., & Benoit, S. R. (2022, May). Proportions and trends of adult hospitalizations with Diabetes, United States, 2000–2018. Diabetes Research and Clinical Practice, 187(1098), 1-9. doi:https://doi.org/10.1016/j.diabres.2022.109862
[314] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the rate of hospital admissions for diabetes among older adults — OA-05. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/older-adults/reduce-rate-hospital-admissions-diabetes-among-older-adults-oa-05

Hospitalizations from or with Diabetes as Any Listed Diagnosis by Race

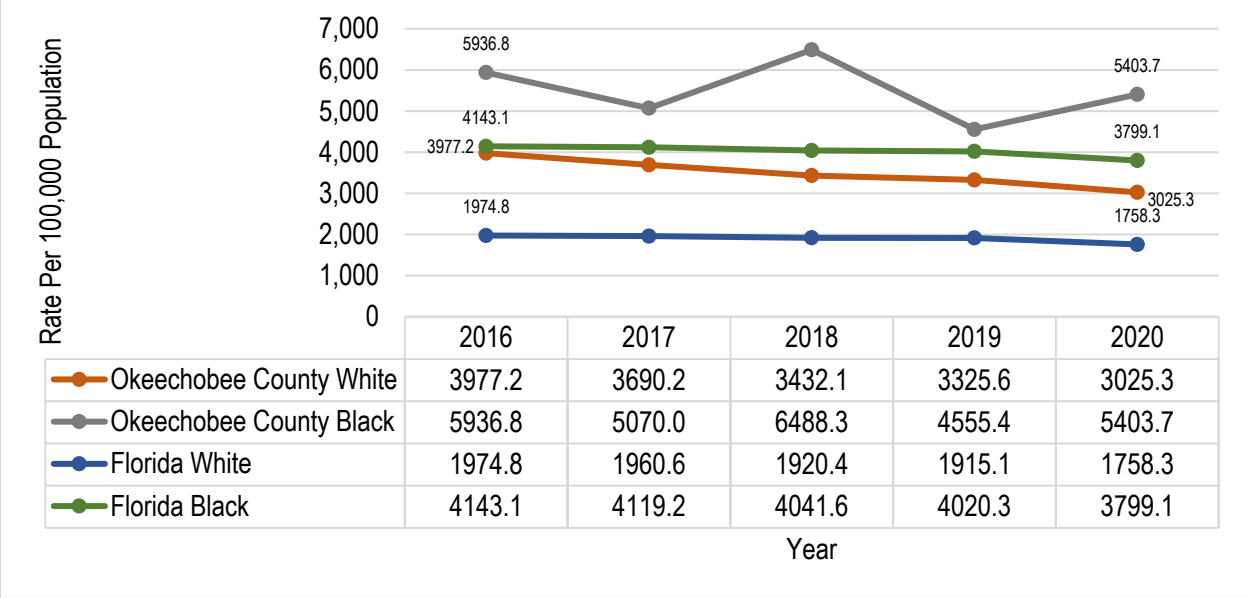
The table and graph below show the hospitalization rate from or with diabetes as any listed diagnosis by race in Okeechobee County and Florida from 2016 to 2020. Each year, there was a significant disparity between the hospitalization rate among Black and White Okeechobee residents. The hospitalization rate among Okeechobee County Black residents fluctuated, ultimate increasing from 4,555.4 per 100,000 population in 2019 to 5,403.7 per 100,000 population in 2020. The hospitalization rate among Okeechobee County White residents declined incrementally each year from 3,977.2 per 100,000 population in 2016 to 3,025.3 per 100,000 population in 2020. Furthermore, the diabetes hospitalization rate among both White and Black Okeechobee County residents was higher than the rate among White and Black Florida residents overall each year from 2016 to 2020.

Table 134: Hospitalizations from or with Diabetes as Any Listed Diagnosis by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	1,899	3,977.2	154	5,936.8	459,431	1,974.8	128,038	4,143.1
2017	1,810	3,690.2	141	5,070.0	468,807	1,960.6	132,055	4,119.2
2018	1,819	3,432.1	196	6,488.3	471,270	1,920.4	133,977	4,041.6
2019	1,718	3,325.6	146	4,555.4	482,854	1,915.1	137,354	4,020.3
2020	1,596	3,025.3	181	5,403.7	454,415	1,758.3	135,113	3,799.1

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 212: Hospitalizations from or with Diabetes as Any Listed Diagnosis by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Hospitalizations from or with Diabetes as Any Listed Diagnosis by Ethnicity

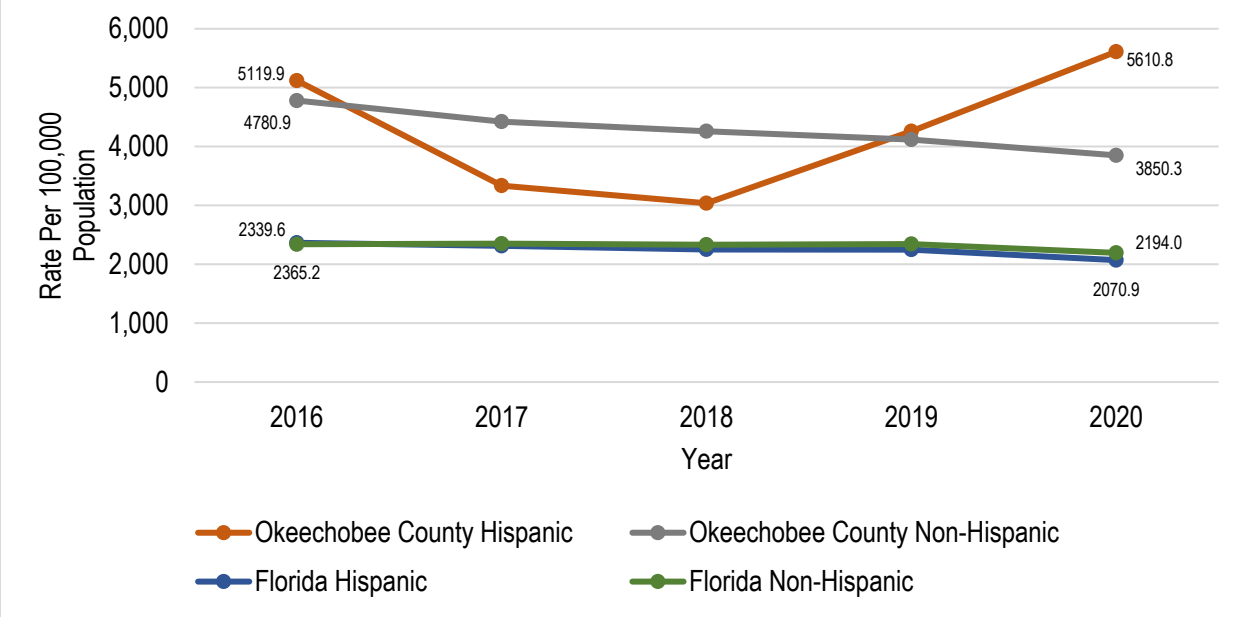
This table and graph show the hospitalization rates from or with diabetes as any listed diagnosis by ethnicity in Okeechobee County and Florida from 2016 to 2020. The hospitalization rate among Okeechobee County Hispanic residents declined from 5,119.9 per 100,000 population in 2016 to 3,036.8 per 100,000 population in 2018, then increased dramatically to 5,610.8 per 100,000 population in 2020. However, the hospitalization rate among Okeechobee County non-Hispanic residents declined steadily from 4,780.9 per 100,000 population in 2016 to 3,850.3 per 100,000 population in 2020. Notably, the diabetes hospitalization rate among both Hispanic and non-Hispanic residents in Okeechobee County was higher than the rate among Hispanic and non-Hispanic Florida residents overall each year during this timeframe.

Table 135: Hospitalizations from or with Diabetes as Any Listed Diagnosis by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	269	5,119.9	2,112	4,780.9	111,900	2,365.2	510,175	2,339.6
2017	216	3,336.4	2,002	4,423.4	115,209	2,313.4	524,309	2,350.6
2018	203	3,036.8	2,058	4,260.0	120,161	2,251.1	529,396	2,333.2
2019	266	4,260.1	1,938	4,119.2	125,959	2,249.3	544,089	2,344.7
2020	396	5,610.8	1,828	3,850.3	122,502	2,070.9	517,883	2,194.0

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 213: Hospitalizations from or with Diabetes as Any Listed Diagnosis by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

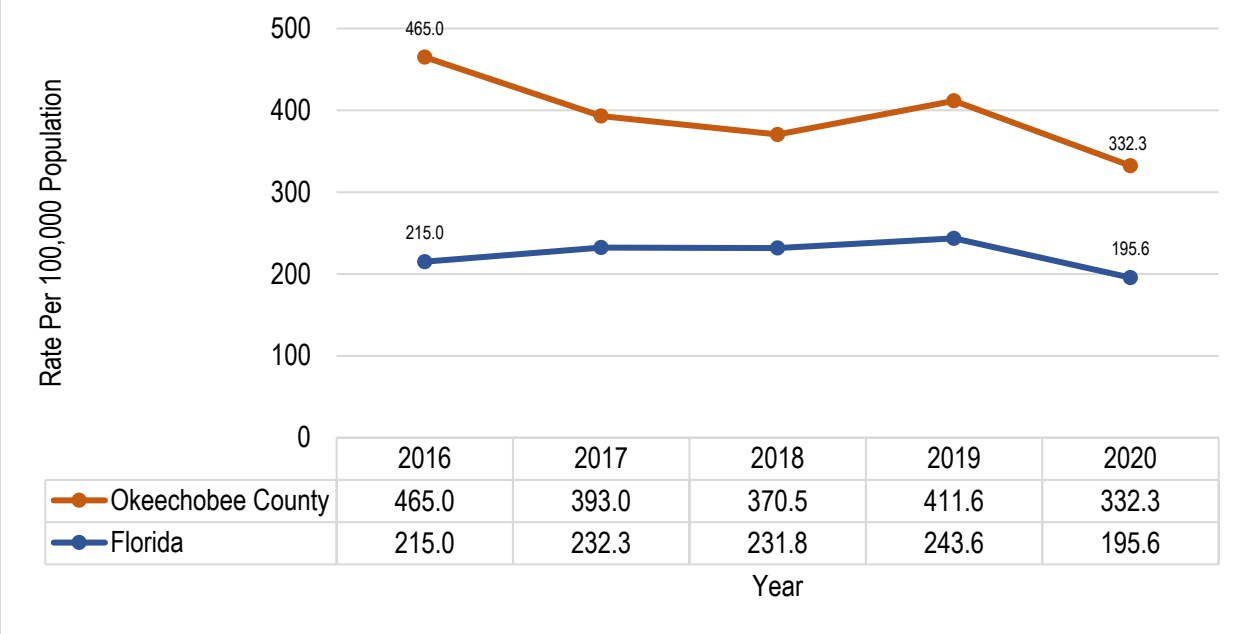
Age-Adjusted Emergency Department Visits from Diabetes

Emergency department visits for chronic conditions may be an indicator for low access to primary care services in a community.[315] One study also found that unstable housing was associated with higher diabetes related emergency department visits and hospital utilization.[316] This is an important consideration for communities considering diabetes interventions related to the social determinants of health.

The graph below shows the age-adjusted rate of emergency department visits from diabetes in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the age-adjusted emergency department visit rate among Okeechobee County residents fluctuated slightly, ultimately decreasing from 411.6 per 100,000 population in 2019 to 332.3 per 100,000 population in 2020. However, the rate among Okeechobee County residents was higher than the rate among Florida residents overall each year.

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

Figure 214: Age-Adjusted Emergency Department Visits from Diabetes, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[315] McCusker, J., Roberge, D., Lévesque, J.-F., Ciampi, A., Vadeboncoeur, A., Larouche, D., & Sanche, S. (2010). Emergency Department Visits and Primary Care Among Adults With Chronic Conditions. Medical Care, 48(11), 972–980. http://www.jstor.org/stable/25750590
[316] Seth A. Berkowitz, Sara Kalkhoran, Samuel T. Edwards, Utibe R. Essien, Travis P. Baggett; Unstable Housing and Diabetes-Related Emergency Department Visits and Hospitalization: A Nationally Representative Study of Safety-Net Clinic Patients. Diabetes Care 1 May 2018; 41 (5): 933–939. https://doi.org/10.2337/dc17-1812

Age-Adjusted Emergency Department Visits from Diabetes by Race

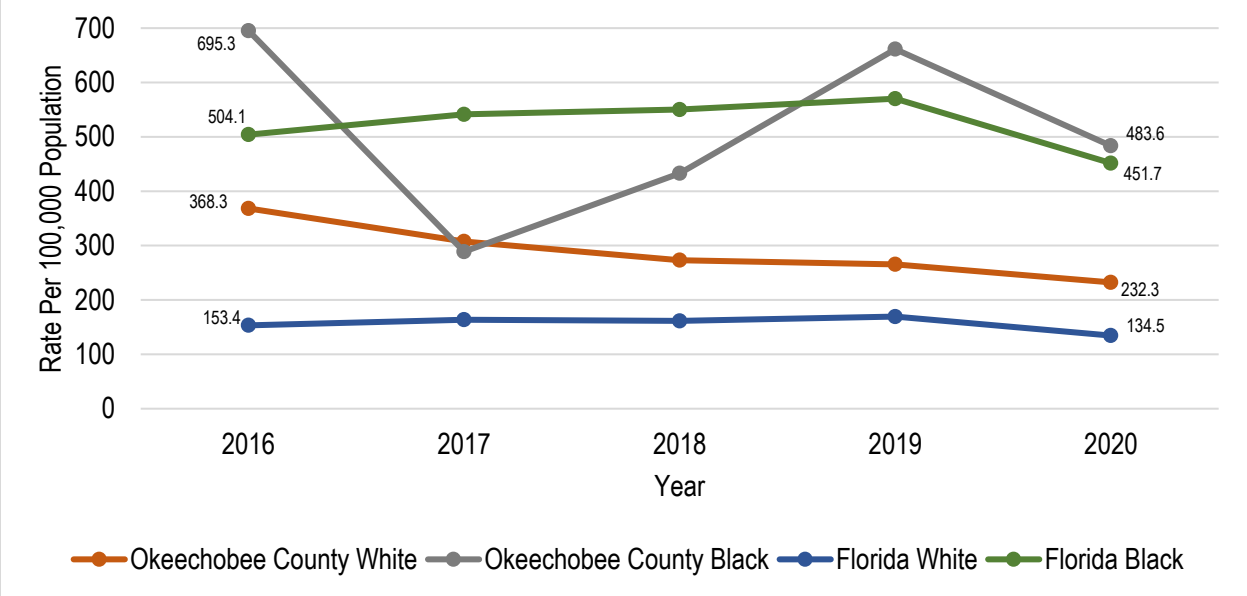
The table and graph below show the age-adjusted rate of emergency department visits from diabetes by race in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the age-adjusted emergency department visit rate from diabetes among Black Okeechobee County residents fluctuated, ultimately decreasing from 661.3 per 100,000 population in 2019 to 483.6 per 100,000 population in 2020. The rate among White Okeechobee County residents steadily declined during this timeframe from 368.3 per 100,000 population in 2016 to 232.3 per 100,000 population in 2020. Notably, the rate in 2020 was over two times higher among Black residents.

Table 136: Age-Adjusted Emergency Department Visits from Diabetes by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	142	368.3	17	695.3	27,332	153.4	16,409	504.1
2017	126	307.5	10	288.9	29,916	163.7	18,074	541.4
2018	119	273.2	14	432.9	30,185	161.5	18,969	550.2
2019	114	265.5	24	661.3	32,484	169.4	20,097	570.2
2020	97	232.3	19	483.6	26,277	134.5	16,386	451.7

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 215: Age-Adjusted Emergency Department Visits from Diabetes by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Emergency Department Visits from Diabetes by Ethnicity

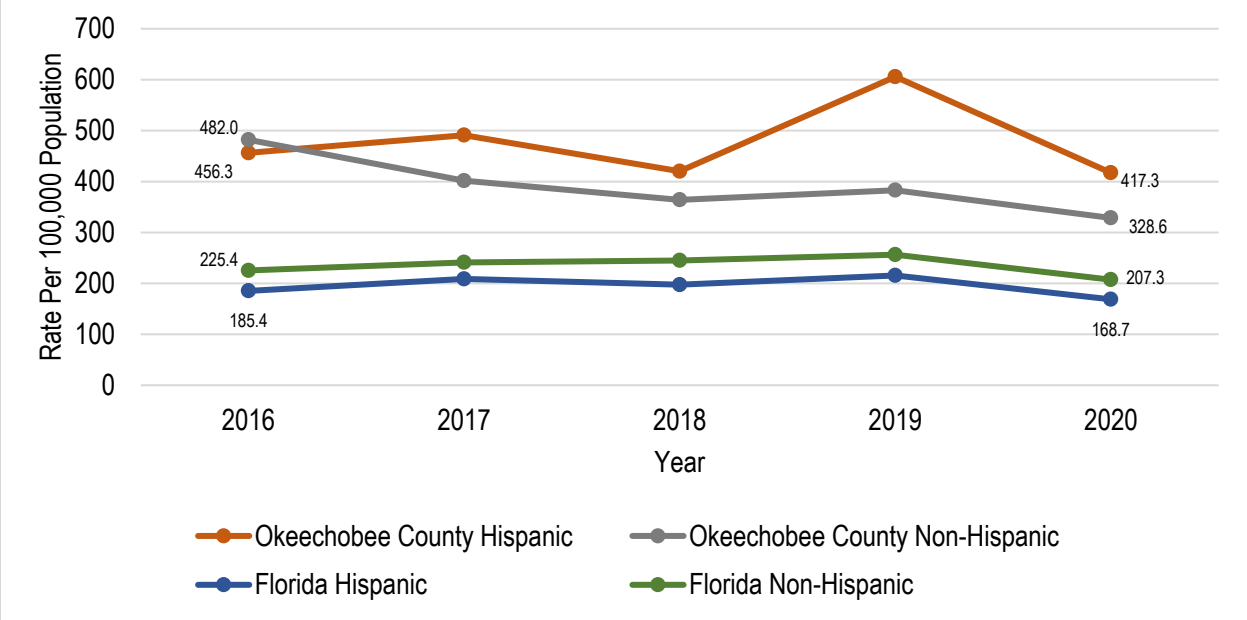
The table and graph below show the age-adjusted rate of emergency department visits from diabetes by ethnicity in Okeechobee County and Florida from 2016 to 2020. In Okeechobee during this timeframe, the rate among Hispanic residents fluctuated greatly, ultimately decreasing from 605.8 per 100,000 population in 2019 to 417.3 per 100,000 population in 2020. The rate among non-Hispanic residents fluctuated slightly, also decreasing from 2019 (382.9 per 100,000 population) to 2020 (328.6 per 100,000 population). Notably, the age-adjusted rate of emergency department visits from diabetes among both Hispanic and non-Hispanic Okeechobee residents was higher each year than the rate among Hispanic and non-Hispanic Florida residents overall.

Table 137: Age-Adjusted Emergency Department Visits from Diabetes by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	36	456.3	166	482.0	9,167	185.4	37,591	225.4
2017	38	491.0	144	401.6	10,747	208.7	40,936	241.3
2018	36	420.2	140	364.1	10,807	197.5	42,309	245.0
2019	46	605.8	143	382.9	12,286	215.6	45,053	256.4
2020	37	417.3	113	328.6	10,058	168.7	36,679	207.3

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 216: Age-Adjusted Emergency Department Visits from Diabetes by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

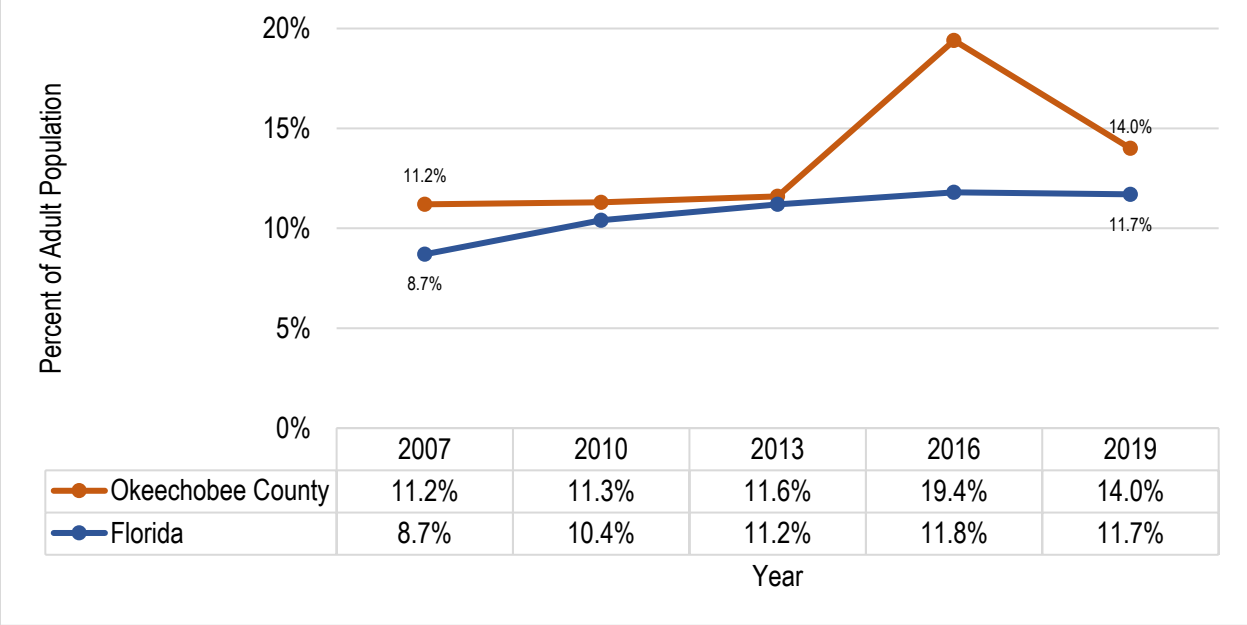
Adults Who Have Ever Been Told They Had Diabetes

As previously mentioned, diabetes is a serious concern for communities because of the chronic nature of the condition, increasing the risk for developing other health conditions. The National Institute of Health's National Institute of Diabetes and Digestive and Kidney Diseases estimates that 34.2 million people, or 10.5% of the population, in the US has diabetes.[317]

The graph below shows the percentage of adults who had ever been told they had diabetes in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. During this timeframe, the percentage of adults in Okeechobee County who had ever been told they had diabetes increased from 11.2% in 2007 to 19.4% in 2016, then decreased to 14.0% in 2019. Across this timeframe, a greater proportion of Okeechobee County adults had ever been told they had diabetes compared to their counterparts in the state of Florida overall.

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

Figure 217: Adults Who Have Ever Been Told They Had Diabetes, Percent of Adult Population, Okeechobee County and Florida, 2007, 2010, 2013, 2016, 2019



	2007	2010	2013	2016	2019
Okeechobee County	11.2%	11.3%	11.6%	19.4%	14.0%
Florida	8.7%	10.4%	11.2%	11.8%	11.7%

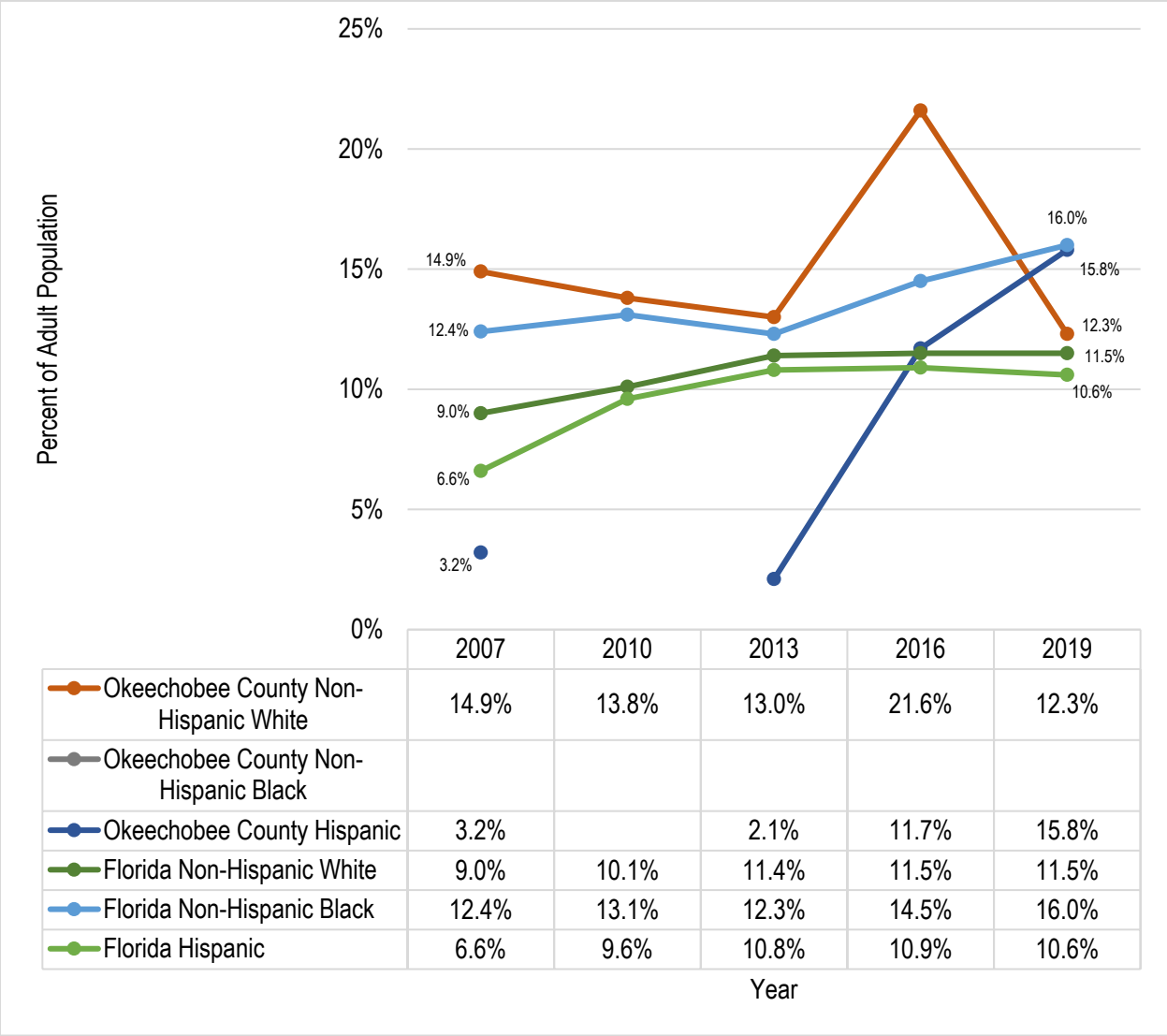
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[317] Diabetes Statistics (2020, December). In NIH National Institute of Diabetes and Digestive and Kidney Diseases. Retrieved from https://www.niddk.nih.gov/health-information/health-statistics/diabetes-statistics

Adults Who Have Ever Been Told They Had Diabetes by Race and Ethnicity

This graph shows the percentage of adults who had ever been told they had diabetes by race and ethnicity in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. During this timeframe, the percentage fluctuated among Okeechobee County non-Hispanic White adults, ultimately decreasing from 21.6% in 2016 to 12.3% in 2019. Notably, the percentage among Okeechobee County Hispanic adults increased from 11.7% in 2016 to 15.8% in 2019. To note, the blank cells in the data table below indicate Okeechobee County non-Hispanic Black residents had a sample size less than 30, which would yield statistically unreliable estimates, in 2007, 2010, 2013, 2016, and 2019. This was also the case for Okeechobee County Hispanic residents in 2010.

Figure 218: Adults Who Have Ever Been Told They Had Diabetes by Race and Ethnicity, Percent of Adult Population, Okeechobee County and Florida, 2007, 2010, 2013, 2016, 2019



	2007	2010	2013	2016	2019
Okeechobee County Non-Hispanic White	14.9%	13.8%	13.0%	21.6%	12.3%
Okeechobee County Non-Hispanic Black					
Okeechobee County Hispanic	3.2%		2.1%	11.7%	15.8%
Florida Non-Hispanic White	9.0%	10.1%	11.4%	11.5%	11.5%
Florida Non-Hispanic Black	12.4%	13.1%	12.3%	14.5%	16.0%
Florida Hispanic	6.6%	9.6%	10.8%	10.9%	10.6%

Year

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, 2022

Infectious Diseases

According to the CDC, infectious diseases occur when germs, such as bacteria, viruses, or fungi, enter the body and cause an infection. Some infectious diseases are considered communicable, or spread from one person to another, while others can be spread by germs in air, water, food, or soil. Some infectious diseases can also spread by vectors or carriers, like insects or animals.[318]

Total Confirmed Reportable Diseases Cases

Reporting specific diseases is mandated by state legislation and is important for disease surveillance. Disease reporting helps local and state health departments and researchers identify and track disease outbreaks and control future outbreaks.[319] The following table and graph show the total confirmed reportable disease cases in Okeechobee County and Florida from 2017 to 2021. The total confirmed reportable disease cases fluctuated in Okeechobee County during this timeframe, ultimately decreasing from 154 in 2019 to 73 in 2021.

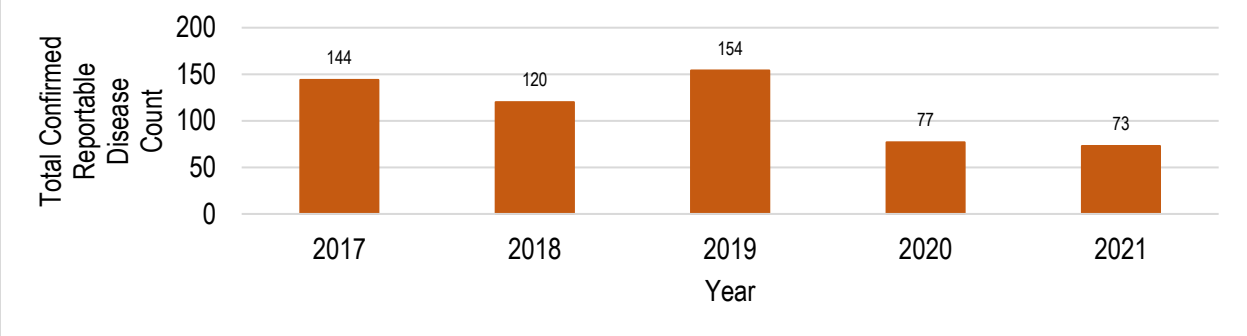
There is no Healthy People 2030 national target specific to this indicator.

Table 138: Total Confirmed Reportable Disease Cases, Count, Okeechobee County and Florida, 2017 – 2021 (Reported as of December 12,2022)

Year	Okeechobee County	Florida
	Count	Count
2017	144	41,996
2018	120	41,437
2019	154	42,669
2020	77	30,965
2021	73	31,523

Data Note: Data presented here are from Merlin, Florida's web-based reportable disease surveillance system. Data in this report are aggregated by the date the case was reported to the Bureau of Epidemiology, Florida Department of Health. Cases are assigned to Florida counties based on the county of residence at the time of the disease identification, regardless of where they became ill or were hospitalized, diagnosed, or exposed. Disease reporting is an ongoing process. Numbers displayed are preliminary and will fluctuate up or down over time as case reports undergo further investigation and validation. Summaries of reportable disease data are produced weekly, monthly, and annually and are located on the Bureau of Epidemiology's Data and Publication page. The total count of confirmed reportable disease cases in the table above were pulled on December 12, 2022 More detailed information on interpreting data can be found in the Introduction Section of the Annual Morbidity Statistics Reports (AMSR) and final disease counts are found in the AMSR. For questions, please contact the Bureau of Epidemiology at (850) 245-4401.
Source: Florida Department of Health, Bureau of Epidemiology, 2021; Compiled by: Health Council of Southeast Florida, 2022

Figure 219: Total Confirmed Reportable Disease Cases, Count, Okeechobee County, 2017 – 2021



Source: Florida Department of Health, Bureau of Epidemiology, 2021; Compiled by: Health Council of Southeast Florida, 2022

[318] Who We Are. (2017, August 28). In Centers for Disease Control and Prevention National Center for Emerging and Zoonotic Infectious Diseases (NCEZID). Retrieved from https://www.cdc.gov/ncezid/who-we-are/index.html
[319] Reportable diseases (2019, May 10). In University of Florida Health. Retrieved from https://ufhealth.org/reportable-diseases

Tuberculosis Cases

Tuberculosis (TB) is a bacterial infection that infects the lungs and sometimes other organs in the body, such as the kidneys, spine, and brain. TB is usually spread from person to person through the air, for example when a sick person coughs or sneezes. Many people with TB remain in the latent or inactive phase, never developing active TB. However, those with weak immune systems, especially people living with HIV and immunocompromised individuals, are particularly vulnerable.[320]

The table and graph below show the count and rate of TB cases in Okeechobee County and Florida from 2017 to 2021. During this timeframe, the rate of TB cases among Okeechobee County residents was 0.0 in 2017, 2018, and 2020. During 2019 and 2021, the rate rose to 2.4 per 100,000 population. In Florida, the rate of TB cases decreased from 2018 (2.8 per 100,000 population) to 2020 (1.9 per 100,000 population), then increased to 2.3 per 100,000 population in 2021.

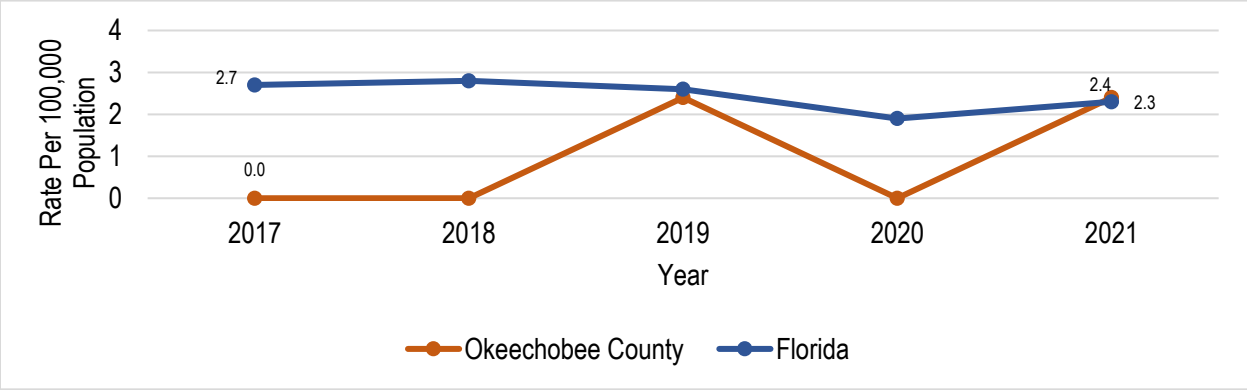
The Healthy People 2030 national target is to reduce the rate of new, confirmed cases of TB from 2.8 per 100,000 population to 1.4 per 100,000 population.[321] In 2021, Okeechobee County was not meeting this target.

Table 139: Tuberculosis (TB) Cases, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2017 – 2021

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2017	0	0.0	549	2.7
2018	0	0.0	591	2.8
2019	1	2.4	558	2.6
2020	0	0.0	412	1.9
2021	1	2.4	499	2.3

Source: Florida Department of Health, Division of Disease Control and Health Protection, Tuberculosis Section, 2021
Compiled by: Health Council of Southeast Florida, 2022

Figure 220: Tuberculosis (TB) Cases, Rate Per 100,000, Okeechobee County and Florida, 2017 – 2021



Source: Florida Department of Health, Division of Disease Control and Health Protection, Tuberculosis Section, 2021
Compiled by: Health Council of Southeast Florida, 2022

[320] Tuberculosis TB. (n.d.). In Johns Hopkins Medicine. Retrieved from https://www.hopkinsmedicine.org/health/conditions-and-diseases/tuberculosis-tb
[321] U.S. Department of Health and Human Services. Healthy People 2030. Reduce tuberculosis cases – IID-17. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/infectious-disease/reduce-tuberculosis-cases-iid-17

Human Immunodeficiency Virus (HIV) Diagnoses

Human immunodeficiency virus (HIV) attacks the body's immune system, weakening immunity against other diseases, and may lead to acquired immunodeficiency syndrome (AIDS) if left untreated. HIV can be spread through the exchange of bodily fluid, such as blood, breast milk, semen, or vaginal secretions. HIV can also be spread from a mother to her child through pregnancy or childbirth. Many people infected with HIV will have flu-like symptoms lasting for a few days or several weeks, although some people do not have any symptoms. The only way to know if someone has HIV is through HIV testing. While there is no cure for HIV, HIV treatment can slow or prevent the disease from progressing, and people who get effective treatment can live long and healthy lives. [322] [323]

The following table and graph show HIV diagnoses in Okeechobee County and Florida from 2016 to 2020. The HIV diagnosis rate fluctuated among Okeechobee County residents during this timeframe but increased most recently from 4.8 per 100,000 population in 2019 to 9.5 per 100,000 population in 2020. The rate among Okeechobee County residents was lower compared to the rate among Florida residents overall each year from 2016 to 2020.

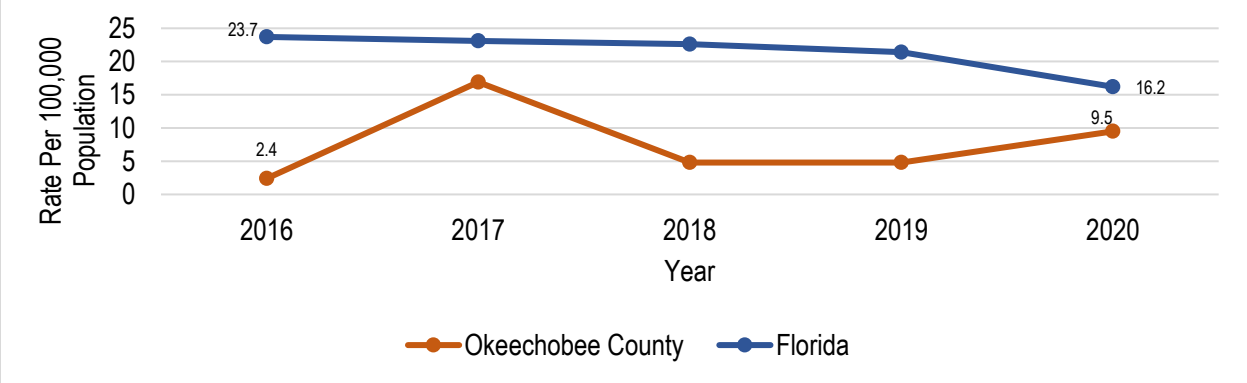
There is no Healthy People 2030 national target specific to this indicator. However, the closest related target is to reduce the number of new HIV diagnoses among persons aged 13 years and over from 37,000 persons in 2017 to 3,000 persons.[324]

Table 140: Human Immunodeficiency Virus (HIV) Diagnoses, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	1	2.4	4,802	23.7
2017	7	16.9	4,746	23.1
2018	2	4.8	4,740	22.6
2019	2	4.8	4,558	21.4
2020	4	9.5	3,504	16.2

Source: Florida Department of Health, Bureau of Communicable Diseases, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 221: Human Immunodeficiency Virus (HIV) Diagnoses, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Communicable Diseases, 2020; Compiled by: Health Council of Southeast Florida, 2022

[322] HIV. (2022, June 30). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/hiv/basics/whatishiv.html
[323] HIV. (n.d.). In World Health Organization. Retrieved from https://www.who.int/news-room/fact-sheets/detail/hiv-aids
[324] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the number of new HIV infections – HIV-01. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections/reduce-number-new-hiv-infections-hiv-01

Human Immunodeficiency Virus (HIV) Diagnoses by Race

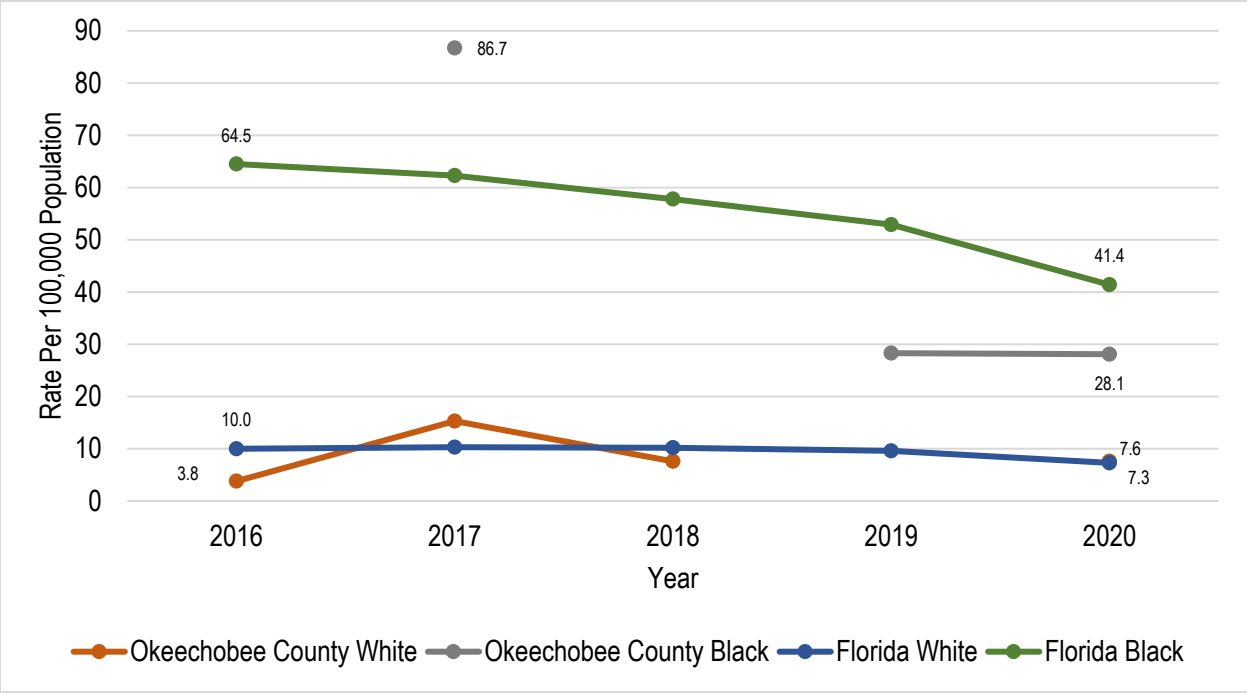
This table and graph show HIV diagnoses by race in Okeechobee County and Florida from 2016 to 2020. The rate among Okeechobee County Black residents declined based on available data from 86.7 per 100,000 population in 2017 to 28.1 per 100,000 population in 2020. The rate among Okeechobee County White residents fluctuated. In 2020, the rate among Okeechobee County White residents was 7.6 per 100,000 population, which was almost four times lower than the rate among Black residents. Unfortunately, data was unavailable for Okeechobee County Black residents in 2016 and 2018 and for Okeechobee County White residents in 2019.

Table 141: Human Immunodeficiency Virus (HIV) Diagnoses by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	1	3.8	n/a	n/a	1,119	10.0	2,034	64.5
2017	4	15.3	3	86.7	1,160	10.3	1,998	62.3
2018	2	7.6	n/a	n/a	1,153	10.2	1,890	57.8
2019	n/a	n/a	1	28.3	1,092	9.6	1,752	52.9
2020	2	7.6	1	28.1	835	7.3	1,396	41.4

Source: Florida Department of Health, Bureau of Communicable Diseases, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 222: Human Immunodeficiency Virus (HIV) Diagnoses by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Communicable Diseases, 2020
Compiled by: Health Council of Southeast Florida, 2022

Human Immunodeficiency Virus (HIV) Diagnoses by Ethnicity

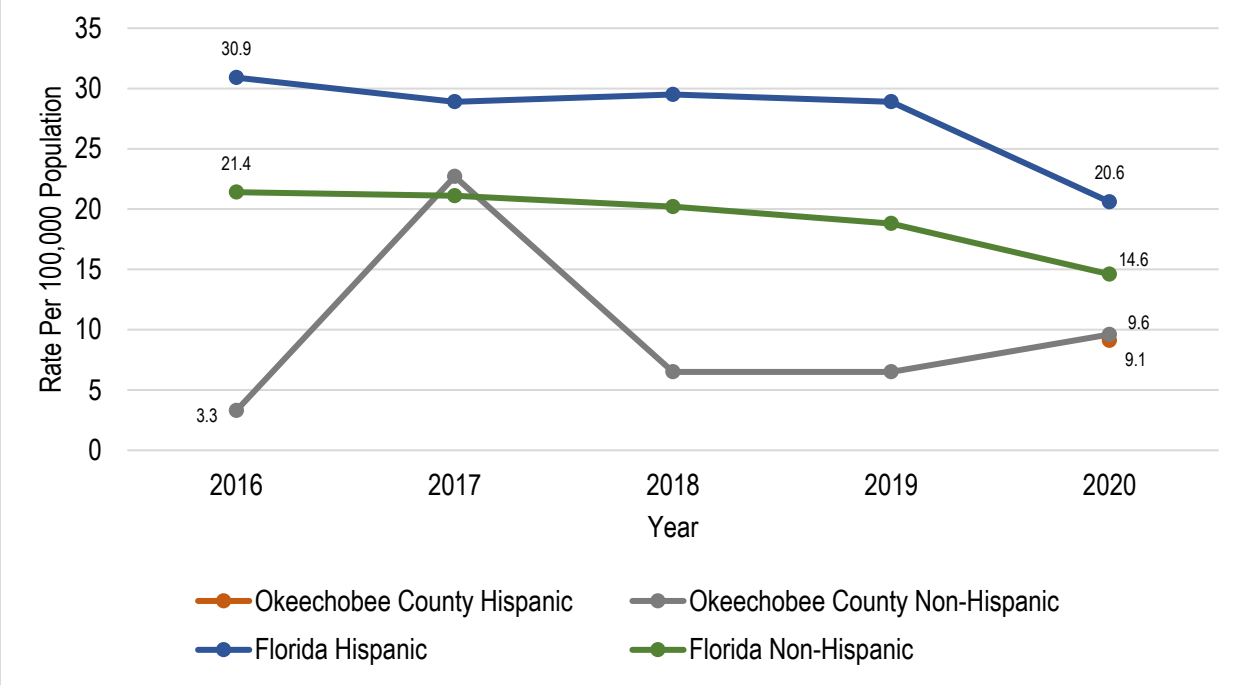
The table and graph below show HIV diagnoses by ethnicity in Okeechobee County and Florida from 2016 to 2020. Most recently in 2020, the rate among Okeechobee County non-Hispanic residents was 9.6 per 100,000 population, while the rate among Okeechobee County Hispanic residents was 9.1 per 100,000 population. These rates were significantly lower than the rates of Florida Hispanic and non-Hispanic populations in the same year. Unfortunately, data was unavailable for Okeechobee County Hispanic residents from 2016 to 2019.

Table 142: Human Immunodeficiency Virus (HIV) Diagnoses by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	n/a	n/a	1	3.3	1,536	30.9	3,266	21.4
2017	n/a	n/a	7	22.7	1,489	28.9	3,260	21.1
2018	n/a	n/a	2	6.5	1,593	29.5	3,147	20.2
2019	n/a	n/a	2	6.5	1,616	28.9	2,942	18.8
2020	1	9.1	3	9.6	1,187	20.6	2,317	14.6

Source: Florida Department of Health, Bureau of Communicable Diseases, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 223: Human Immunodeficiency Virus (HIV) Diagnoses by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



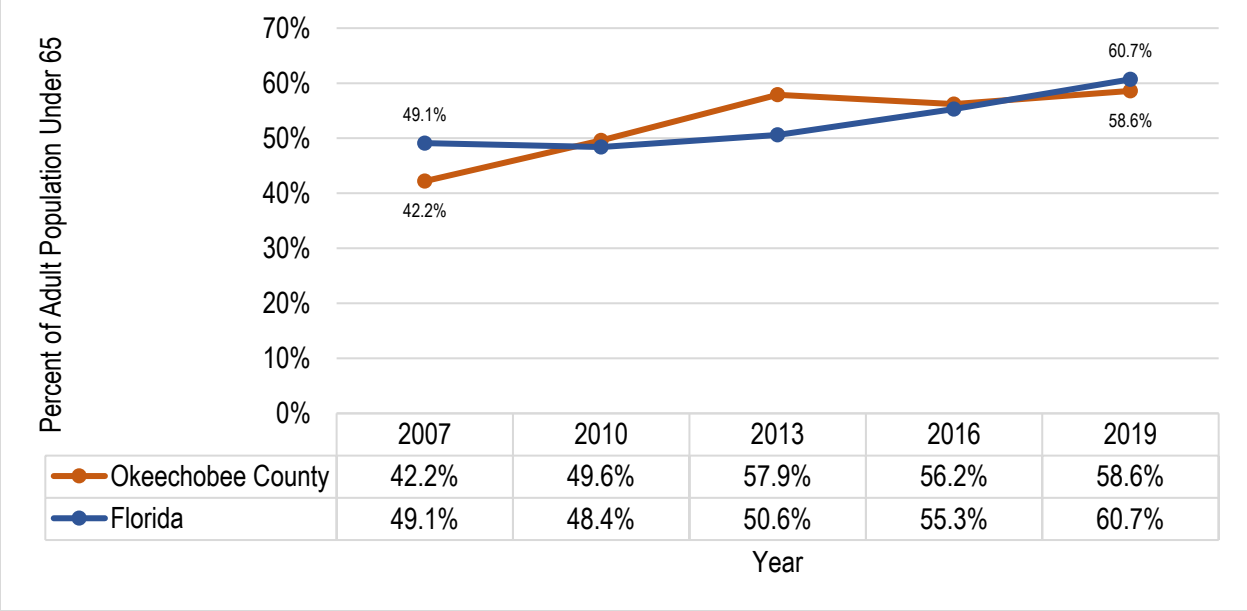
Source: Florida Department of Health, Bureau of Communicable Diseases, 2020
Compiled by: Health Council of Southeast Florida, 2022

Adults Less Than 65 Years of Age Who Have Ever Been Tested for Human Immunodeficiency Virus (HIV)

The only way to confirm HIV status is by getting tested, thus, it is the first step towards getting proper treatment and preventing the virus from progressing.[325] The following graph shows the percentage of adults less than 65 years of age who had ever been tested for HIV in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. The percentage of Okeechobee County adults less than 65 years of age who had ever been tested for HIV fluctuated slightly but increased overall from 42.2% in 2007 to 58.6% in 2019. In Florida, the proportion of adults under 65 years of age who had ever been tested for HIV increased from 49.1% in 2007 to 60.7% in 2019, exceeding the proportion among Okeechobee County residents that year.

There is no Healthy People 2030 national target specific to this indicator. However, the closest related target is to increase the percent of persons aged 13 years and over living with HIV who are aware of their HIV infection from 85.8% in 2017 to 95.0%.[326]

Figure 224: Adults Less Than 65 Years of Age Who Have Ever Been Tested for Human Immunodeficiency Virus (HIV), Percent of Adults Under 65 Years of Age, Okeechobee County and Florida, 2007, 2010, 2013, 2016, 2019



	2007	2010	2013	2016	2019
Okeechobee County	42.2%	49.6%	57.9%	56.2%	58.6%
Florida	49.1%	48.4%	50.6%	55.3%	60.7%

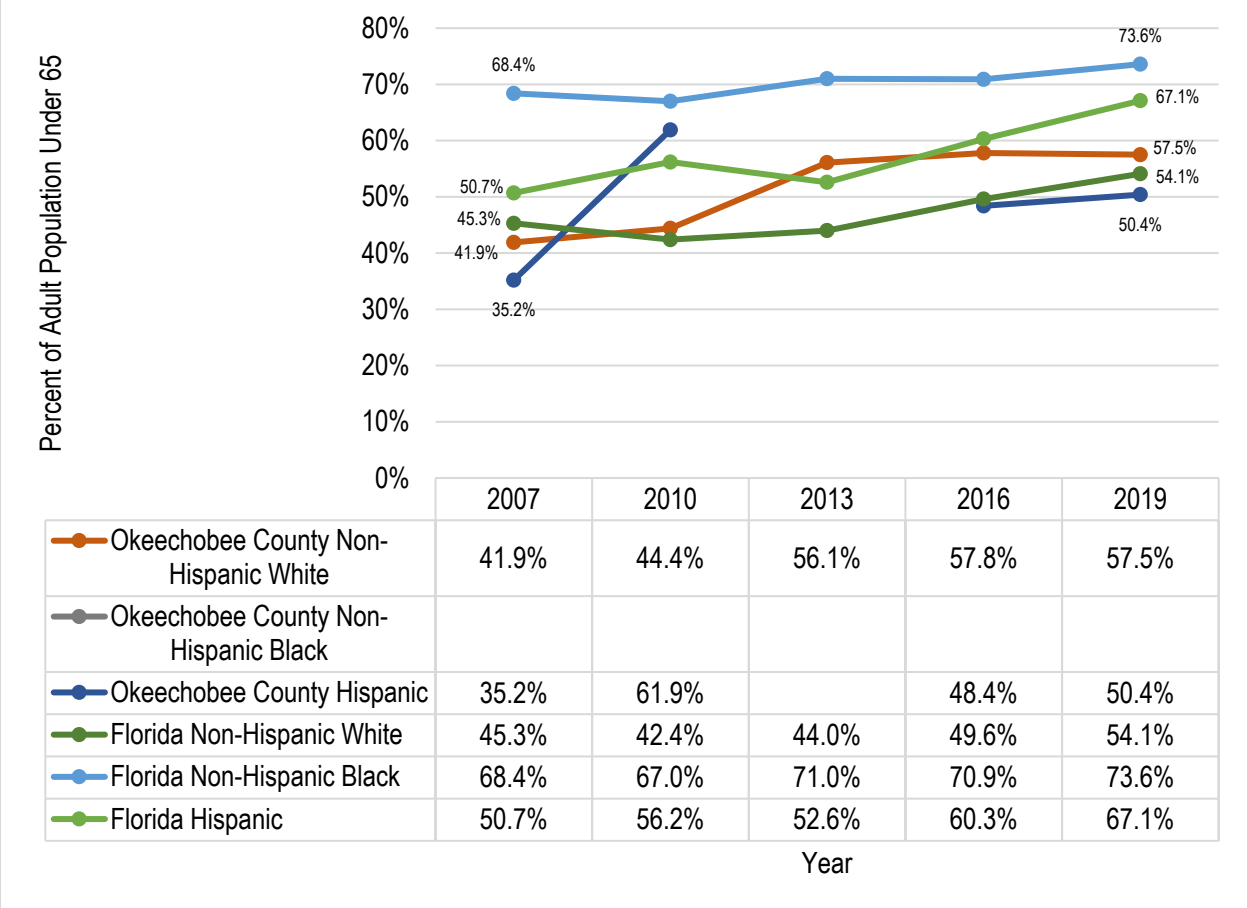
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[325] HIV. (2022, June 30). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/hiv/basics/whatishiv.html
[326] U.S. Department of Health and Human Services. Healthy People 2030. Increase knowledge of HIV status — HIV-02 Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections/increase-knowledge-hiv-status-hiv-02

Adults Less Than 65 Years of Age Who Have Ever Been Tested for Human Immunodeficiency Virus (HIV) by Race and Ethnicity

This graph shows the percentage of adults less than 65 years of age who had ever been tested for HIV by race and ethnicity in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. During this timeframe, the percentage of Okeechobee County non-Hispanic White adults less than 65 years of age who had ever been tested for HIV increased from 41.9% in 2007 to 57.8% in 2016, then decreased slightly to 57.5% in 2019. The percentage among Okeechobee County Hispanic residents fluctuated, ultimately increasing from 48.4% in 2016 to 50.4% in 2019. Unfortunately, data was unavailable for Okeechobee County Hispanic residents in 2013 and for Okeechobee County non-Hispanic Black residents all years reported.

Figure 225: Adults Less Than 65 Years of Age Who Have Ever Been Tested for Human Immunodeficiency Virus (HIV) by Race and Ethnicity, Percent of Adults Under 65 Years of Age, Okeechobee County and Florida, 2007, 2010, 2013, 2016, 2019



	2007	2010	2013	2016	2019
Okeechobee County Non-Hispanic White	41.9%	44.4%	56.1%	57.8%	57.5%
Okeechobee County Non-Hispanic Black					
Okeechobee County Hispanic	35.2%	61.9%		48.4%	50.4%
Florida Non-Hispanic White	45.3%	42.4%	44.0%	49.6%	54.1%
Florida Non-Hispanic Black	68.4%	67.0%	71.0%	70.9%	73.6%
Florida Hispanic	50.7%	56.2%	52.6%	60.3%	67.1%

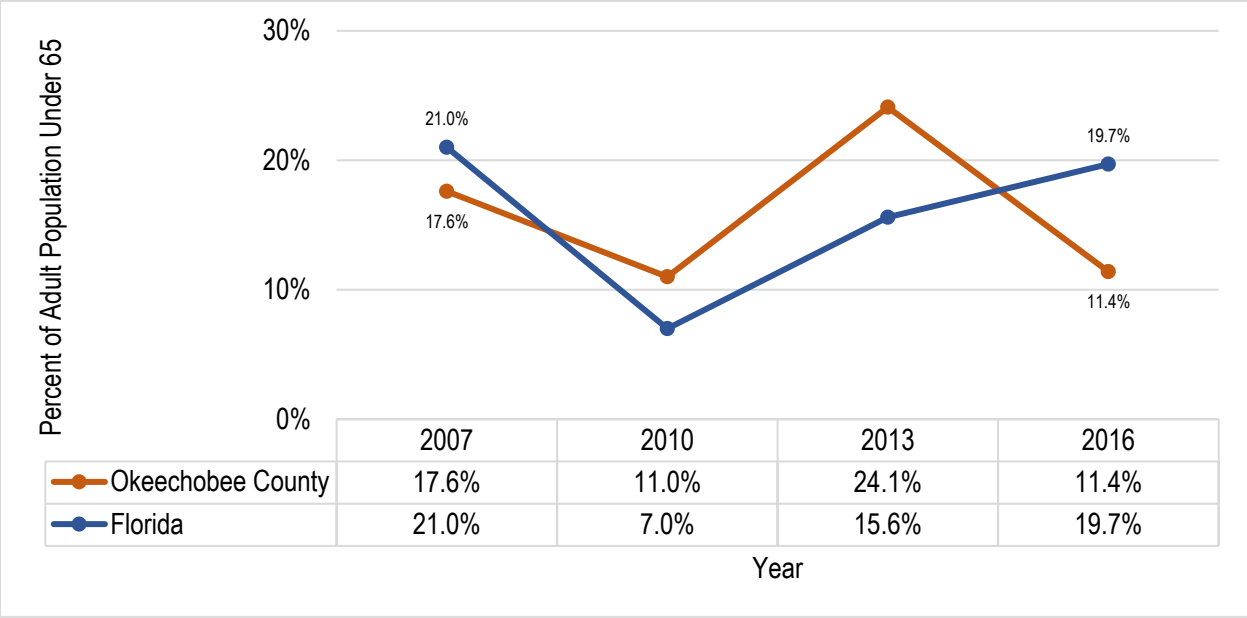
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

Adults Less Than 65 Years of Age Who Had a Human Immunodeficiency Virus (HIV) Test in the Past 12 Months

As previously mentioned, the only way to know if someone has HIV is through HIV testing. While there is no cure for HIV, HIV treatment can slow or prevent the disease from progressing, and people who get effective treatment can live long and healthy lives.[327] [328] This graph shows the percentage of adults less than 65 years of age who had an HIV test in the past 12 months in Okeechobee County and Florida in 2007, 2010, 2013, and 2016. The percentage of Okeechobee County adults less than 65 who had a HIV test in the past 12 months fluctuated these years, ultimately declining from 24.1% in 2013 to 11.4% in 2016. During this same time period, the state of Florida reported an increase from 15.6% in 2013 to 19.7% in 2016.

There is no Healthy People 2030 national target specific to this indicator. However, the closest related target is to increase the percent of persons aged 13 years and over living with HIV who are aware of their HIV infection from 85.8% in 2017 to 95.0%.[329].

Figure 226: Adults Less Than 65 Years of Age Who Had a Human Immunodeficiency Virus (HIV) Test in the Past 12 Months, Percent of Adults Under 65 Years of Age, Okeechobee County and Florida, 2007, 2010, 2013, 2016



	2007	2010	2013	2016
Okeechobee County	17.6%	11.0%	24.1%	11.4%
Florida	21.0%	7.0%	15.6%	19.7%

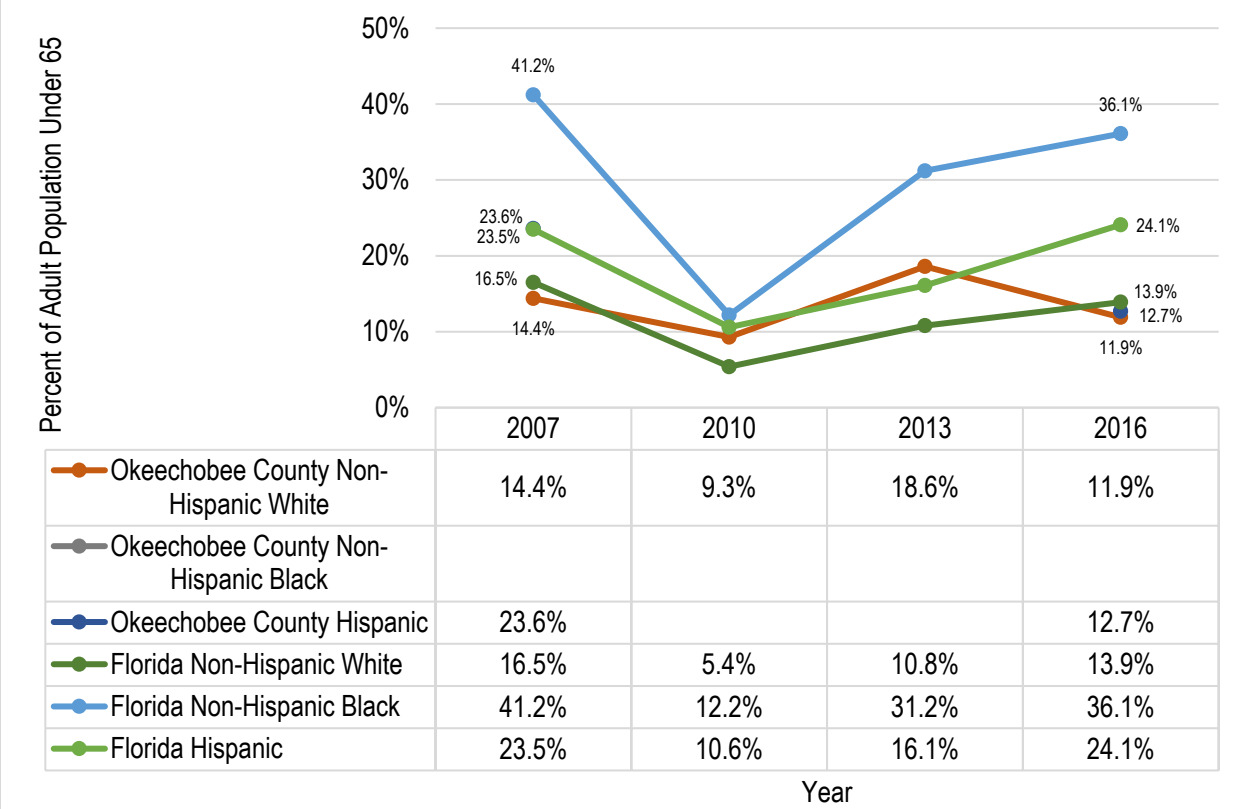
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[327] HIV. (2022, June 30). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/hiv/basics/whatishiv.html
[328] HIV. (n.d.). In World Health Organization. Retrieved from https://www.who.int/news-room/fact-sheets/detail/hiv-aids
[329] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the number of new HIV infections – HIV-01. Increase knowledge of HIV status — HIV-02 Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections/increase-knowledge-hiv-status-hiv-02

Adults Less Than 65 Who Have Been Tested for Human Immunodeficiency Virus (HIV) in the Past 12 Months by Race and Ethnicity

The graph below shows the percentage of adults less than 65 years of age who had an HIV test in the past 12 months by race and ethnicity in Okeechobee County and Florida in 2007, 2010, 2013, and 2016. During this timeframe, the percentage of Okeechobee County non-Hispanic White adults less than 65 years of age who had a HIV test in the past 12 months fluctuated, ultimately decreasing from 18.6% in 2013 to 11.9% in 2016. The percentage of Okeechobee County Hispanic adults, based on available data, declined overall from 23.6% in 2007 to 12.7% in 2016. Unfortunately, data was unavailable for Okeechobee County Hispanic residents in 2010 and 2013 and for Okeechobee County non-Hispanic Black residents each year reported.

Figure 227: Adults Less Than 65 Years of Age Who Had a Human Immunodeficiency Virus (HIV) Test in the Past 12 Months by Race and Ethnicity, Percent of Adults Under 65 Years of Age, Okeechobee County and Florida, 2007, 2010, 2013, 2016



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

Acquired Immunodeficiency Syndrome (AIDS) Diagnoses

Acquired immunodeficiency syndrome (AIDS) is Stage 3, the most severe stage, of HIV. The virus is highly transmissible at this stage. People living with AIDS are highly susceptible to other illnesses because their immune systems are very damaged. People living with AIDS survive approximately three years without treatment.[330]

The table and graph below show AIDS diagnoses in Okeechobee County and Florida from 2016 to 2020. Based on all available data, the rate of AIDS diagnoses among Okeechobee County residents fluctuated, ultimately decreasing very slightly from 4.8 per 100,000 population in 2019 to 4.7 per 100,000 population in 2020. Unfortunately, data was unavailable for Okeechobee County residents in 2017. The state of Florida reported an overall decreasing trend during this timeframe, reaching 7.3 per 100,000 population in 2020.

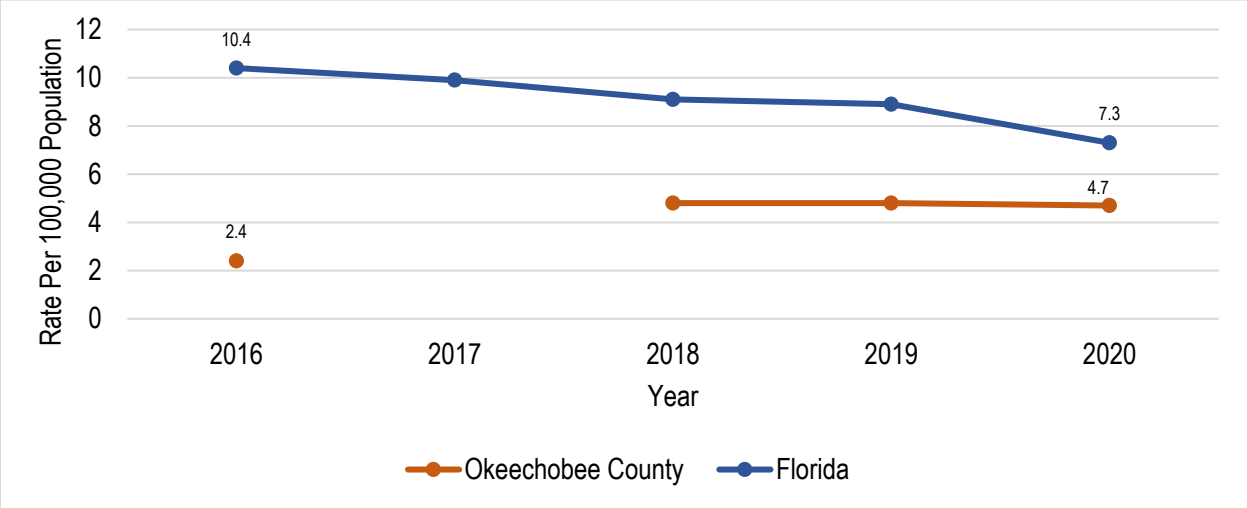
There is no Healthy People 2030 national target specific to this indicator.

Table 143: Acquired Immunodeficiency Syndrome (AIDS) Diagnoses, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	1	2.4	2,111	10.4
2017	n/a	n/a	2,043	9.9
2018	2	4.8	1,914	9.1
2019	2	4.8	1,883	8.9
2020	2	4.7	1,581	7.3

Source: Florida Department of Health, HIV/AIDS Section, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 228: Acquired Immunodeficiency Syndrome (AIDS) Diagnoses, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, HIV/AIDS Section, 2020
Compiled by: Health Council of Southeast Florida, 2022

[330] HIV. (2022, June 30). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/hiv/basics/whatishiv.html

Acquired Immunodeficiency Syndrome (AIDS) Diagnoses by Race

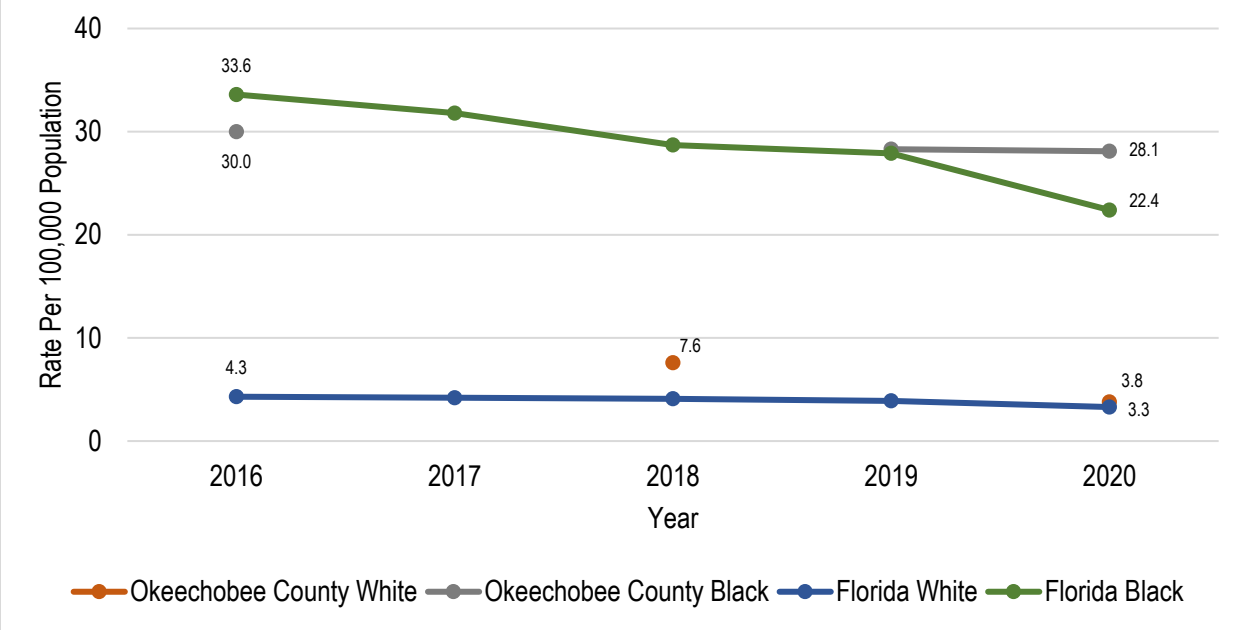
This table and graph show the count and rate of AIDS diagnoses by race in Okeechobee County and Florida from 2016 to 2020. Unfortunately, data for Okeechobee County White residents was missing in years 2016, 2017, and 2019, and for Okeechobee County Black residents in years 2017 and 2018. Most recently in 2020, the AIDS diagnoses rate among Okeechobee County Black residents was 28.1 per 100,000 population, a rate over seven times higher compared to Okeechobee County White residents (3.8 per 100,000 population). Compared to the state of Florida overall, Okeechobee County had a higher rate of Black and White residents who had an AIDS diagnosis in 2020 compared to the counterparts across the state.

Table 144: Acquired Immunodeficiency Syndrome (AIDS) Diagnoses by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	n/a	n/a	1	30.0	479	4.3	1,059	33.6
2017	n/a	n/a	n/a	n/a	476	4.2	1,020	31.8
2018	2	7.6	n/a	n/a	459	4.1	940	28.7
2019	n/a	n/a	1	28.3	441	3.9	923	27.9
2020	1	3.8	1	28.1	375	3.3	754	22.4

Source: Florida Department of Health, HIV/AIDS Section, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 229: Acquired Immunodeficiency Syndrome (AIDS) Diagnoses by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, HIV/AIDS Section, 2020
Compiled by: Health Council of Southeast Florida, 2022

Acquired Immunodeficiency Syndrome (AIDS) Diagnoses by Ethnicity

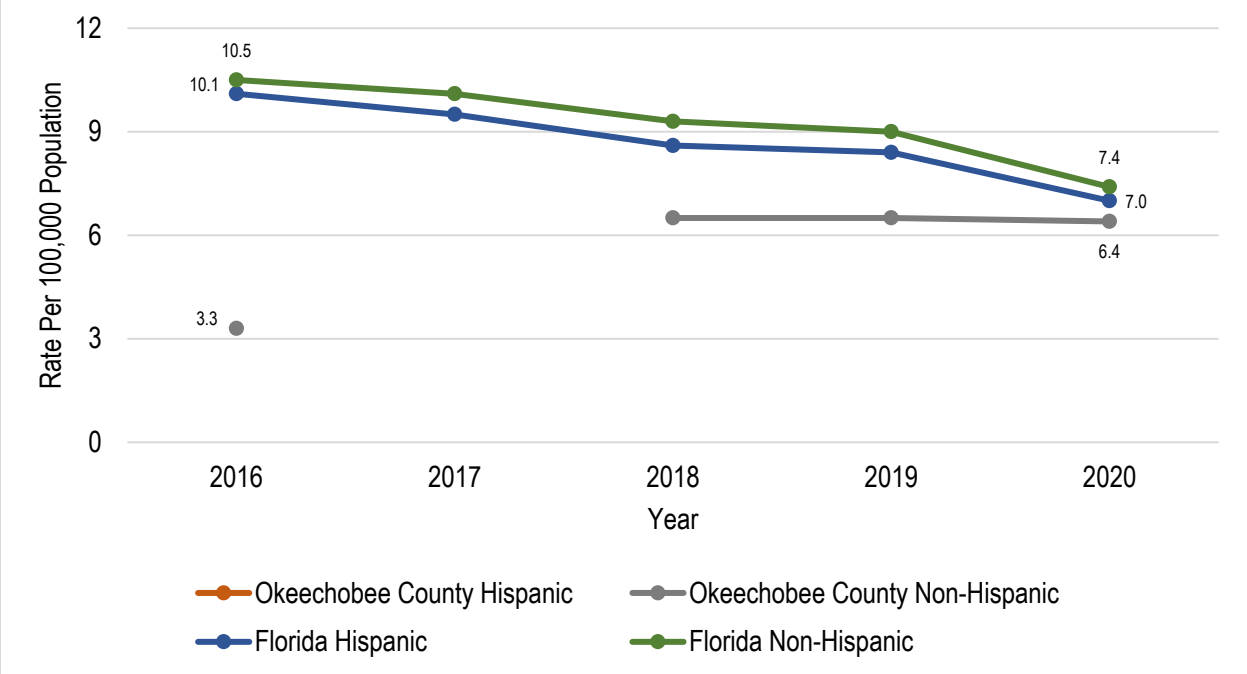
This table and graph show AIDS diagnoses by ethnicity in Okeechobee County and Florida from 2016 to 2020. Unfortunately, data was unavailable for Hispanic Okeechobee County residents each year during this timeframe and for non-Hispanic Okeechobee County residents in 2017. Most recently in 2020, the AIDS diagnosis rate among Okeechobee County non-Hispanic residents was 6.4 per 100,000 population, compared to 7.4 per 100,000 population among non-Hispanic Florida residents.

Table 145: Acquired Immunodeficiency Syndrome (AIDS) Diagnoses by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	n/a	n/a	1	3.3	502	10.1	1,609	10.5
2017	n/a	n/a	n/a	n/a	486	9.5	1,557	10.1
2018	n/a	n/a	2	6.5	462	8.6	1,452	9.3
2019	n/a	n/a	2	6.5	472	8.4	1,411	9.0
2020	n/a	n/a	2	6.4	406	7.0	1,175	7.4

Source: Florida Department of Health, HIV/AIDS Section, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 230: Acquired Immunodeficiency Syndrome (AIDS) Diagnoses by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, HIV/AIDS Section, 2020
Compiled by: Health Council of Southeast Florida, 2022

Gonorrhea Infections

Gonorrhea is a sexually transmitted infection (STI) that causes an infection in the genitals, rectum, and throat. Gonorrhea is spread through sexual contact or childbirth and is very common, particularly among people aged 15 to 24 years old. This disease often has no symptoms but can cause serious health issues. Luckily, gonorrhea can be cured through medication.

The table and graph below show gonorrhea infections in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the rate of gonorrhea infections among Okeechobee County residents fluctuated, ultimately increasing from 45.8 per 100,000 population in 2018 to 71.1 per 100,000 population in 2020. The rate among Okeechobee County residents was lower than the rate among Florida residents overall each year.

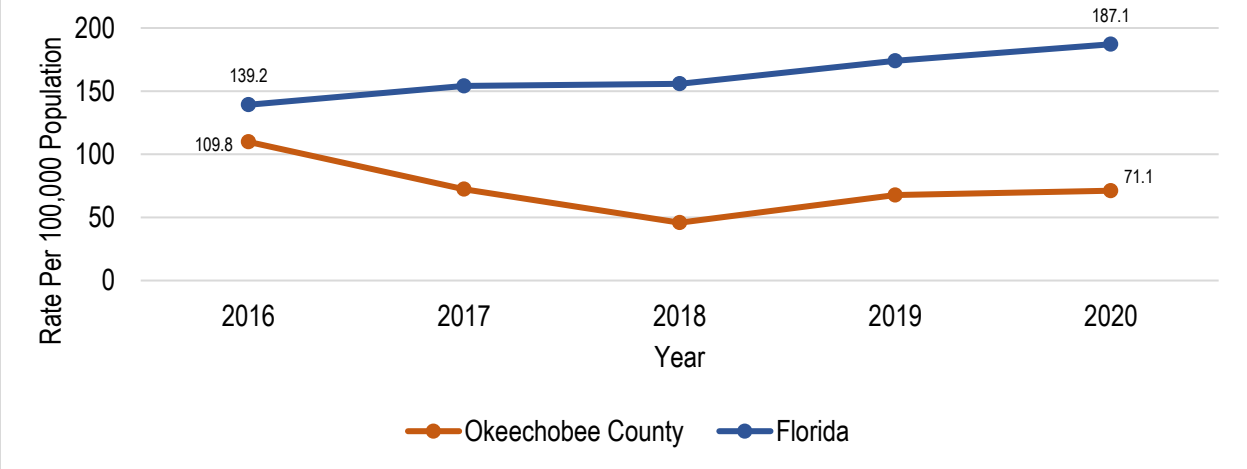
There is no Healthy People 2030 national target specific to this indicator, as pertaining to the population overall. However, a related national target set in Healthy People 2030 is to reduce gonorrhea rates in male adolescents and young men from 523.5 cases per 100,000 males aged 15 to 24 years in 2017 to 471.2.[331]

Table 146: Gonorrhea Infections, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	45	109.8	28,153	139.2
2017	30	72.3	31,680	154.1
2018	19	45.8	32,655	155.8
2019	28	67.7	37,014	174.0
2020	30	71.1	40,483	187.1

Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 231: Gonorrhea Infections, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

[331] U.S. Department of Health and Human Services. Healthy People 2030. Reduce gonorrhea rates in male adolescents and young men — STI-02. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections/reduce-gonorrhea-rates-male-adolescents-and-young-men-sti-02

Gonorrhea Infections by Race

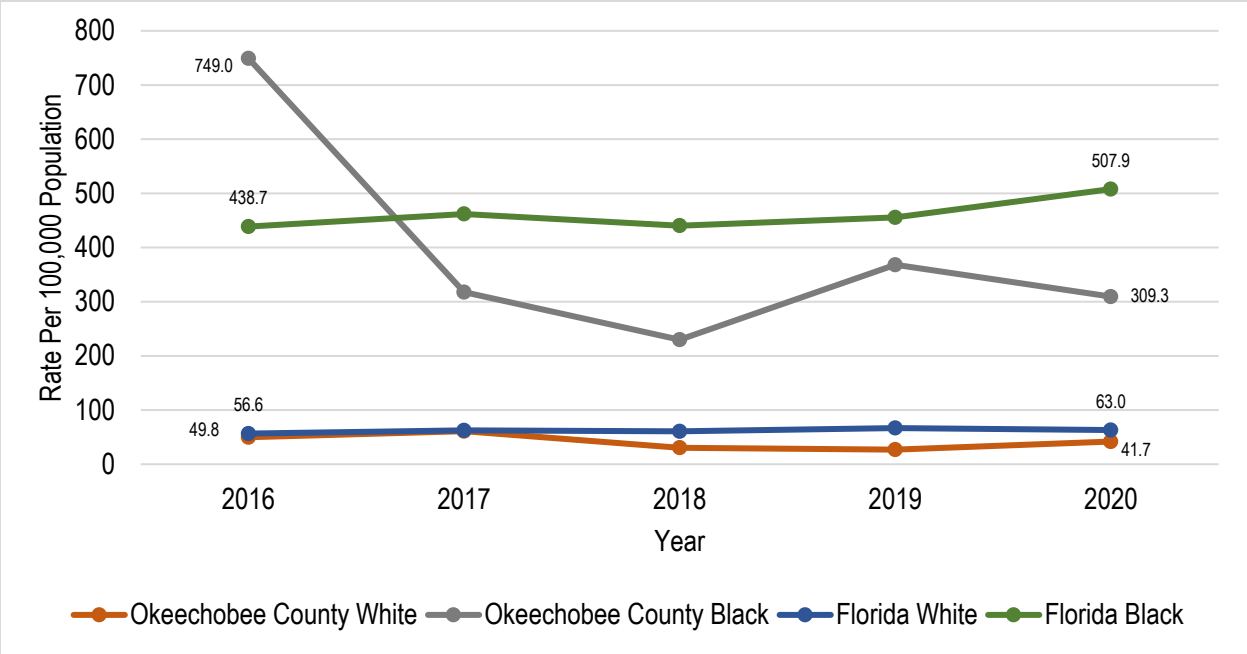
The following table and graph show gonorrhea infections by race in Okeechobee County and Florida from 2016 to 2020. Each year during this timeframe, the rate among Okeechobee County Black residents was over five times higher than the rate among Okeechobee County White residents. The rate among Okeechobee County Black residents fluctuated but declined most recently from 368.1 per 100,000 population in 2019 to 309.3 per 100,000 population in 2020. The rate among Okeechobee County White residents also fluctuated but increased most recently from 26.9 per 100,000 population in 2019 to 41.7 per 100,000 population in 2020.

Table 147: Gonorrhea Infections by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	13	49.8	11	749.0	6,332	56.6	13,844	438.7
2017	16	61.0	13	317.7	7,020	62.4	14,802	461.9
2018	8	30.4	8	229.8	6,856	60.7	14,398	440.3
2019	7	26.9	11	368.1	7,568	66.7	15,090	455.6
2020	11	41.7	25	309.3	7,215	63.0	17,110	507.9

Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 232: Gonorrhea Infections by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

Gonorrhea Infections by Ethnicity

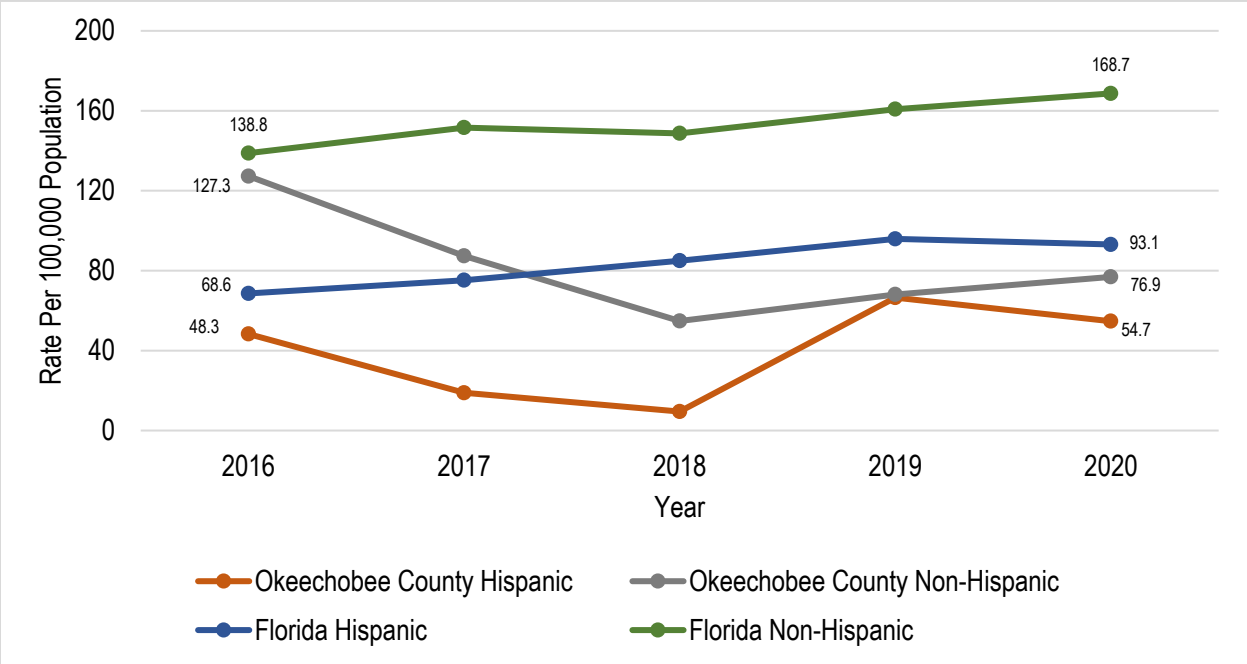
This table and graph show gonorrhea infections by ethnicity in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the rate among both Okeechobee County Hispanic and non-Hispanic residents fluctuated. Most recently in 2020, the rate among Okeechobee County non-Hispanic residents was 76.9 per 100,000 population, while the rate among Okeechobee County Hispanic residents was 54.7 per 100,000 population. In the state of Florida overall, the rate of gonorrhea infections among non-Hispanic residents reached 168.7 per 100,000 population in 2020. Among Florida Hispanic residents, the rate recently decreased to 93.1 per 100,000 population in 2020.

Table 148: Gonorrhea Infections by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	5	48.3	39	127.3	3,405	68.6	21,187	138.8
2017	2	18.9	27	87.4	3,864	75.2	23,375	151.6
2018	1	9.5	17	54.8	4,586	85.0	23,152	148.7
2019	7	66.5	21	68.1	5,357	95.9	25,213	160.8
2020	6	54.7	24	76.9	5,373	93.1	26,770	168.7

Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 233: Gonorrhea Infections by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

Chlamydia Infections

Chlamydia is a common and treatable STD that can cause permanent damage to a women's reproductive system, making it very difficult or impossible to get pregnant in some cases. However, both men and women can become infected with chlamydia. Chlamydia is spread through sexual contact with someone who is infected or through childbirth. While repeat infection is common with chlamydia, it can be cured through medication.[332]

This table and graph show chlamydia infections in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the rate of chlamydia infections among Okeechobee County residents fluctuated, ultimately decreasing from 411.2 per 100,000 population in 2019 to 289.2 per 100,000 population in 2020. Each year from 2016 to 2020, the rate among Okeechobee County residents was lower than the rate among Florida residents overall.

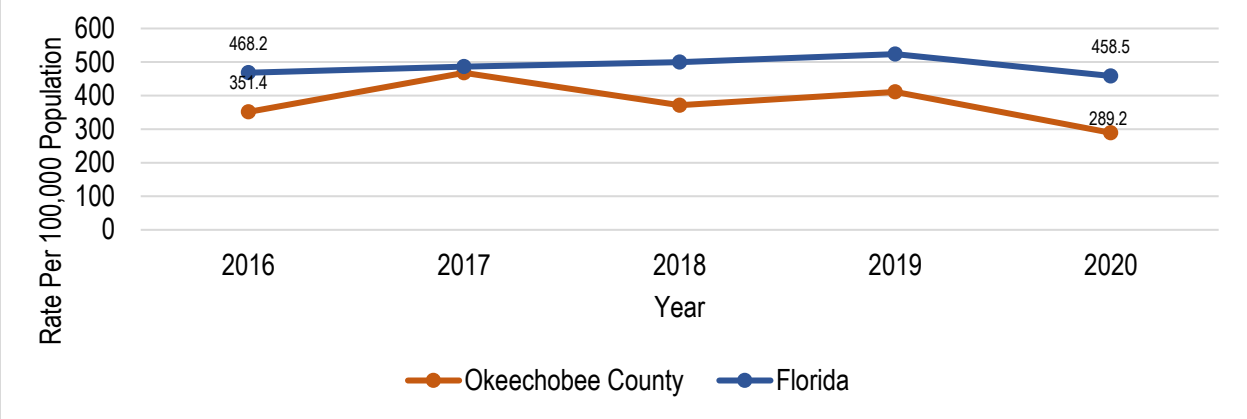
There is no Healthy People 2030 national target specific to this indicator as it pertains to the population overall. However, a related national target set in Healthy People 2030 is to increase the proportion of sexually active adolescent and young females enrolled in Medicaid and commercial health plans who are screened for chlamydial infections from a baseline of 55.8% of sexually active females aged 16 to 24 years enrolled in Medicaid and commercial health plans screened for chlamydial infections in 2018, to 76.5%.[333]

Table 149: Chlamydia Infections, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	144	351.4	94,719	468.2
2017	194	467.8	100,002	486.5
2018	154	371.2	104,770	499.9
2019	170	411.2	111,357	523.6
2020	122	289.2	99,229	458.5

Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 234: Chlamydia Infections, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

[332] Chlamydia. (2022, April 12). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm

[333] U.S. Department of Health and Human Services. Healthy People 2030. Increase the proportion of sexually active female adolescents and young women who get screened for chlamydia — STI-01. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections/increase-proportion-sexually-active-female-adolescents-and-young-women-who-get-screened-chlamydia-sti-01.

Chlamydia Infections by Race

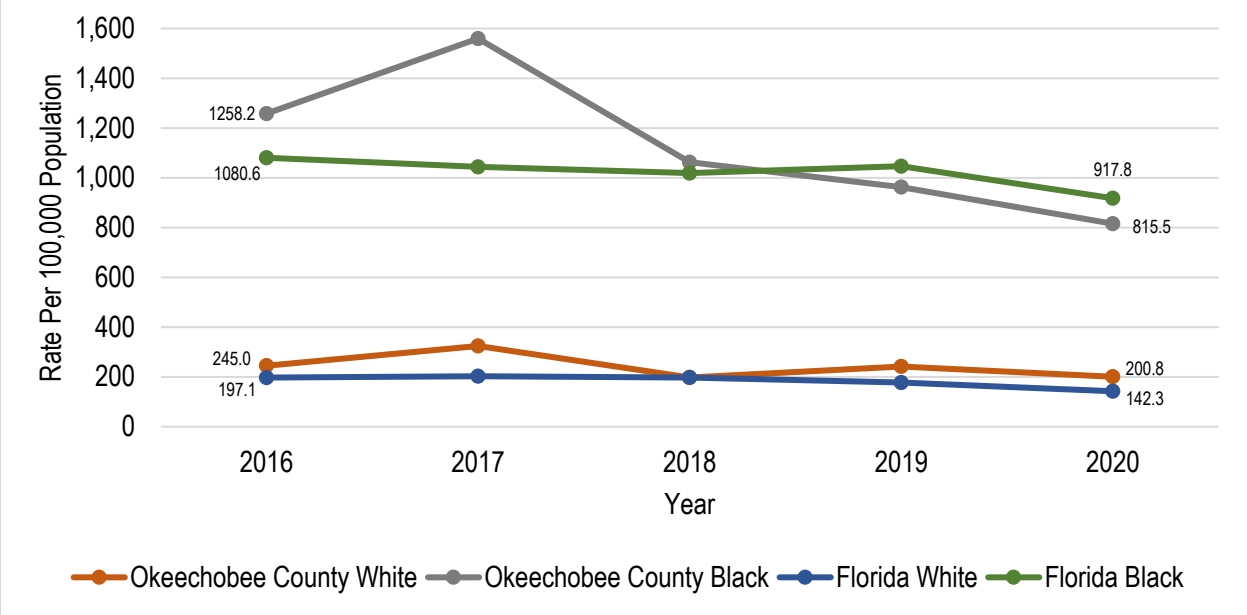
This table and graph show chlamydia infections by race in Okeechobee County and Florida from 2016 to 2020. Each year during this timeframe, there was a significant disparity between the rate among Black and White residents in Okeechobee County. Most recently in 2020, the rate among Okeechobee County Black residents was 815.5 per 100,000 population, while the rate among White residents was 200.8 per 100,000 population. A similar disparity was reported in the state of Florida overall, where Black residents experienced chlamydia at a rate of 917.8 per 100,000 population in 2020, compared to a rate of 142.3 per 100,000 population among Florida White residents this same year.

Table 150: Chlamydia Infections by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	64	245.0	42	1,258.2	22,040	197.1	34,098	1,080.6
2017	85	324.2	54	1,559.8	22,816	202.7	33,459	1,044.1
2018	52	197.6	37	1,062.6	22,321	197.6	33,321	1,018.9
2019	63	241.9	34	962.6	20,111	177.3	34,667	1,046.6
2020	53	200.8	29	815.5	16,302	142.3	30,917	917.8

Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 235: Chlamydia Infections by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

Chlamydia Infections by Ethnicity

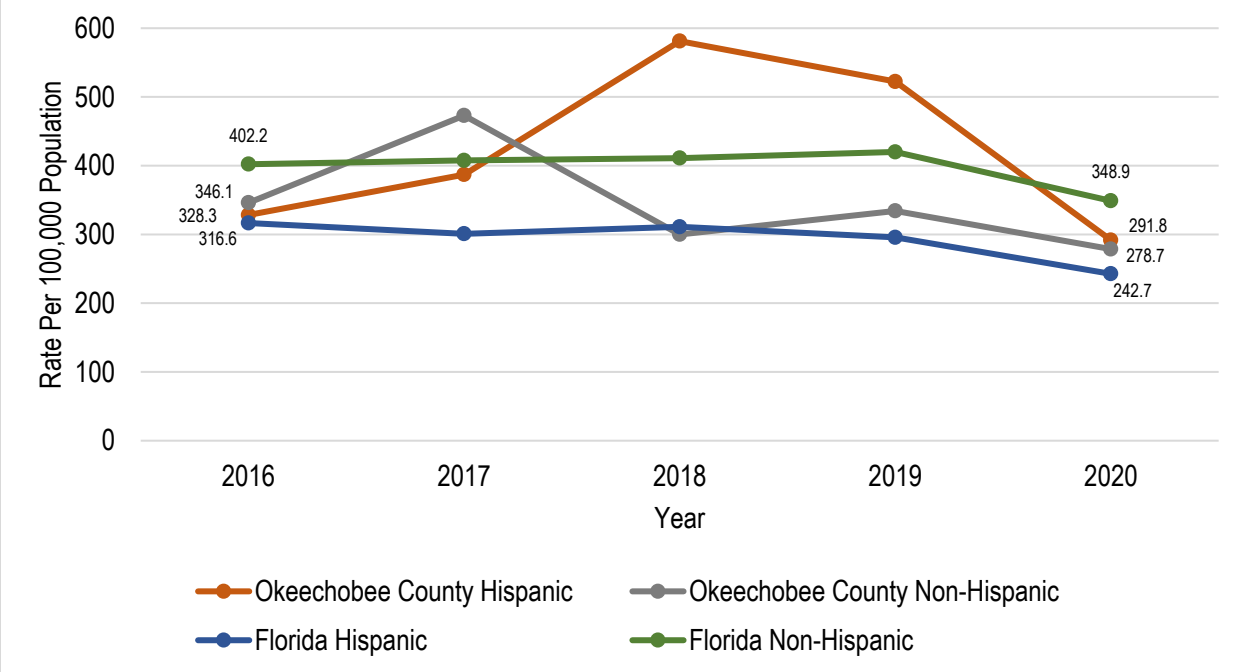
The table and graph below show chlamydia infections by ethnicity in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the rate among both Hispanic and non-Hispanic Okeechobee County residents fluctuated, declining most recently from 2019 to 2020. In 2020, the rate of chlamydia infections among Hispanic Okeechobee County residents was 291.8 per 100,000 population, while the rate among non-Hispanic residents was 278.7 per 100,000 population.

Table 151: Chlamydia Infections by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	34	328.3	106	346.1	15,714	316.6	61,408	402.2
2017	41	387.0	146	472.9	15,456	300.9	62,859	407.6
2018	61	581.2	93	300.0	16,779	311.1	63,972	411.0
2019	55	522.4	103	334.2	16,516	295.7	65,863	420.0
2020	32	291.8	87	278.7	14,009	242.7	55,362	348.9

Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 236: Chlamydia Infections by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

Infectious Syphilis Infections

Infectious syphilis is an STI that develops in stages and can cause serious health complications if left untreated. The symptoms of initial stages include sores or rashes, and later stage syphilis can affect different organ systems. Syphilis is spread through direct contact with a syphilis sore during sex or in utero from mother to unborn baby. While syphilis is curable through antibiotics, any damage caused by the illness might be permanent.[334]

The table and graph below show infectious syphilis infections in Okeechobee County and Florida from 2016 to 2020. Unfortunately, data was unavailable for Okeechobee County residents in 2016 and 2018. Based on the available data, the rate of infectious syphilis infections among Okeechobee County residents increased from 4.8 per 100,000 population in 2019 to 9.5 per 100,000 population in 2020. In Florida in 2020, the rate of infectious syphilis infections reached 16.2 per 100,000 population.

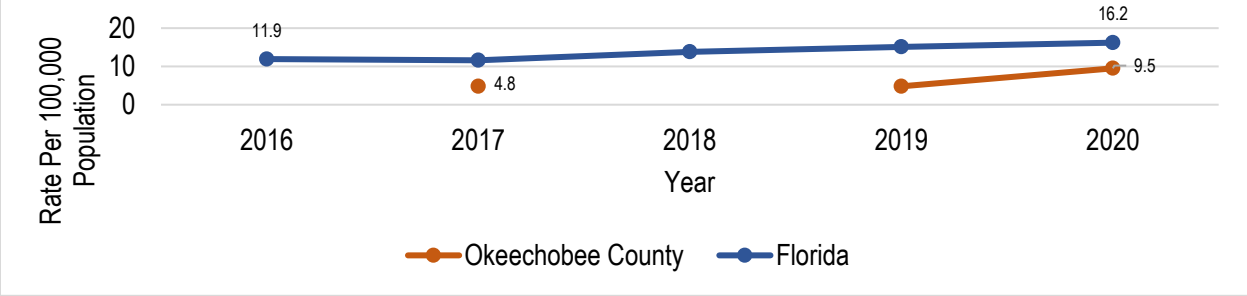
There is no Healthy People 2030 national target specific to this indicator, as it pertains to the population overall. However, population-specific national targets related to this indicator include: to reduce the rate of primary and secondary syphilis in females from 5.1 cases of primary and secondary syphilis per 100,000 females aged 15 to 44 years in 2017 to 4.6;[335] and to reduce congenital syphilis from 48.5 cases per 100,000 live births in 2019 to 33.9; and to reduce the rate of primary and secondary syphilis in men who have sex with men (MSM) from 419 cases per 100,000 MSM in 2018 to 392.

Table 152: Infectious Syphilis Infections, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	n/a	n/a	2,407	11.9
2017	2	4.8	2,388	11.6
2018	n/a	n/a	2,883	13.8
2019	2	4.8	3,206	15.1
2020	4	9.5	3,499	16.2

Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 237: Infectious Syphilis Infections, Rate Per 100,000 Population, Okeechobee County and Florida, 2016–2020



Source: Florida Department of Health, Bureau of Communicable Disease, 2020; Compiled by: Health Council of Southeast Florida, 2022

[334] Syphilis – CDC Basic Fact Sheet. (2022, February 10). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/std/syphilis/stdfact-syphilis.htm

[335] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the syphilis rate in females — STI-03 Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections/reduce-syphilis-rate-females-sti-03; U.S. Department of Health and Human Services. Healthy People 2030. Reduce congenital syphilis — STI-04. https://health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections/reduce-congenital-syphilis-sti-04; U.S. Department of Health and Human Services. Reduce the syphilis rate in men who have sex with men — STI-05. https://health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections/reduce-syphilis-rate-men-who-have-sex-men-sti-05

Infectious Syphilis Infections by Race

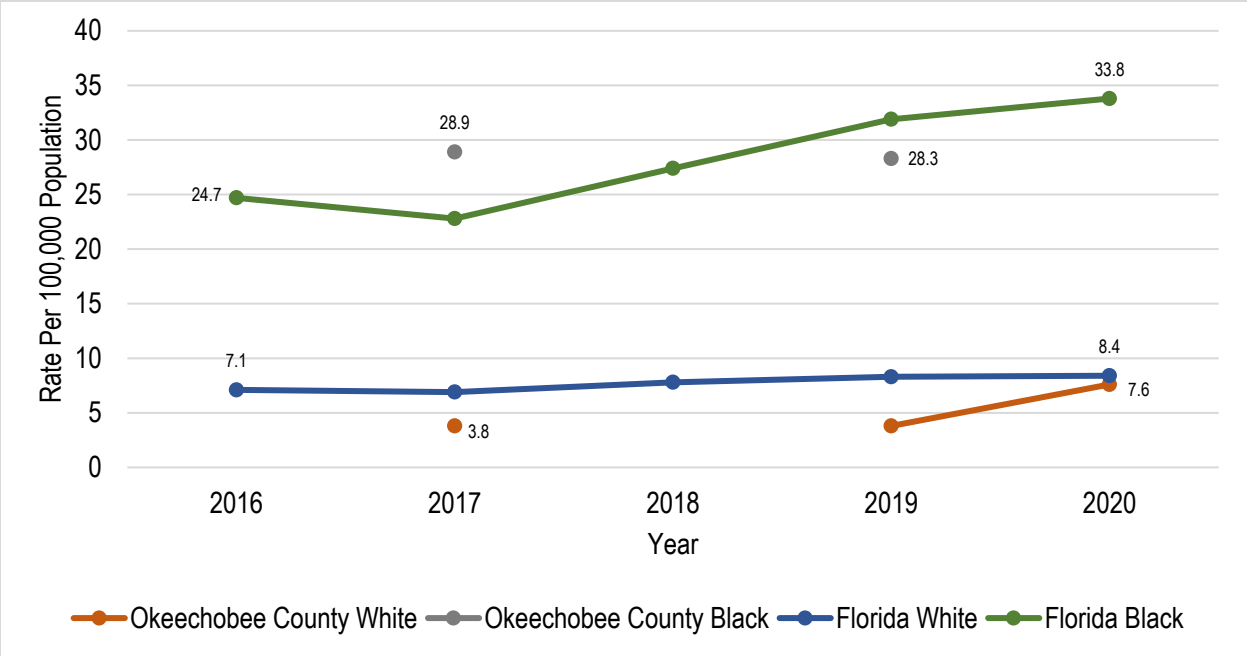
This table and graph show infectious syphilis infections by race in Okeechobee County and Florida from 2016 to 2020. Unfortunately, data was unavailable for White residents in 2016 and 2018 and for Black residents in 2016, 2018, and 2020 in Okeechobee County. Based on available data, the rate among Okeechobee County White residents increased from 3.8 per 100,000 population in 2019 to 7.6 per 100,000 population in 2020. Notably, in 2019, the rate of infectious syphilis infections was 28.3 per 100,000 population among Okeechobee County Black residents, which was over seven times higher than White residents that same year.

Table 153: Infectious Syphilis Infections by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	n/a	n/a	n/a	n/a	796	7.1	778	24.7
2017	1	3.8	1	28.9	772	6.9	732	22.8
2018	n/a	n/a	n/a	n/a	880	7.8	896	27.4
2019	1	3.8	1	28.3	940	8.3	1,058	31.9
2020	2	7.6	n/a	n/a	959	8.4	1,137	33.8

Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 238: Infectious Syphilis Infections by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

Infectious Syphilis Infections by Ethnicity

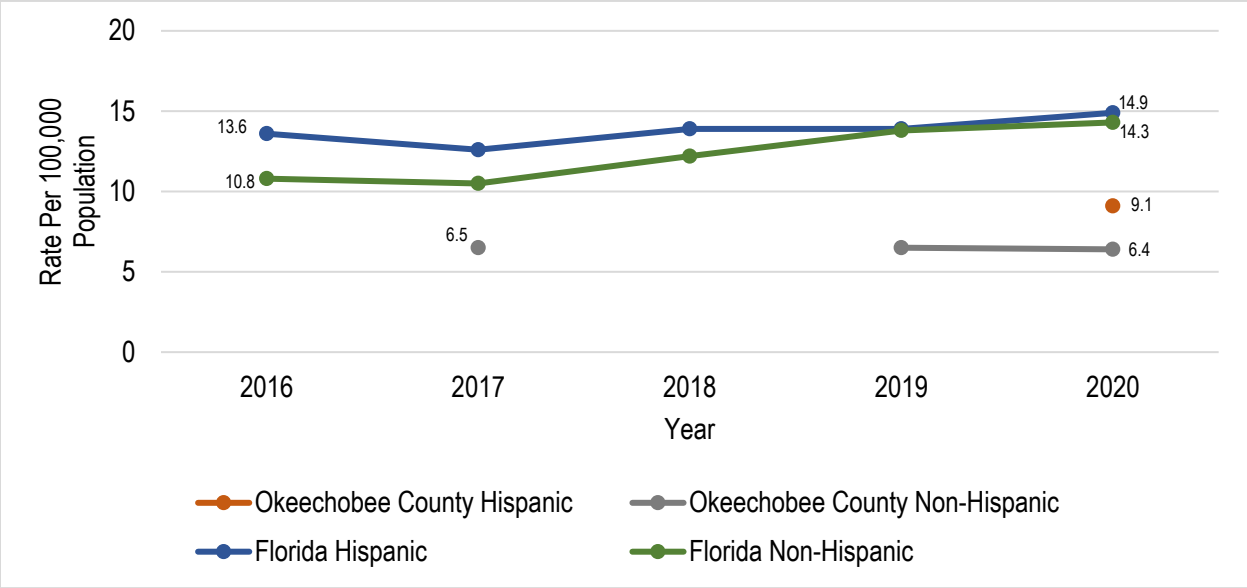
The table and graph below show infectious syphilis infections by ethnicity in Okeechobee County and Florida from 2016 to 2020. Unfortunately, data was unavailable for Hispanic residents from 2016 to 2019 and for non-Hispanic residents in 2016 and 2019 in Okeechobee County. Most recently in 2020, the rate among Okeechobee County Hispanic residents was 9.1 per 100,000 population while the rate among Okeechobee County non-Hispanic residents was 6.4 per 100,000 population. In Florida, the rate of infectious syphilis infections among Hispanic residents reached 14.9 per 100,000 population and 14.3 per 100,000 population among non-Hispanic residents in 2020.

Table 154: Infectious Syphilis Infections by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	n/a	n/a	n/a	n/a	676	13.6	1,648	10.8
2017	n/a	n/a	2	6.5	647	12.6	1,613	10.5
2018	n/a	n/a	n/a	n/a	750	13.9	1,893	12.2
2019	n/a	n/a	2	6.5	777	13.9	2,167	13.8
2020	1	9.1	2	6.4	861	14.9	2,269	14.3

Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 239: Infectious Syphilis Infections by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Communicable Disease, 2020
Compiled by: Health Council of Southeast Florida, 2022

Enteric Diseases

Enteric diseases are caused by bacteria entering the body through the mouth and oftentimes cause digestive system issues, such as diarrhea. Enteric diseases are spread through contaminated food or water, contact with infected animals or their environment, or contact with feces of an infected person.[336]

The following table and graph show the count and rate of enteric diseases in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the rate among Okeechobee County residents fluctuated, ultimately decreasing from 116.1 per 100,000 population in 2019 to 75.9 per 100,000 population in 2020. From 2017 to 2020, the rate was higher in the county compared to the state.

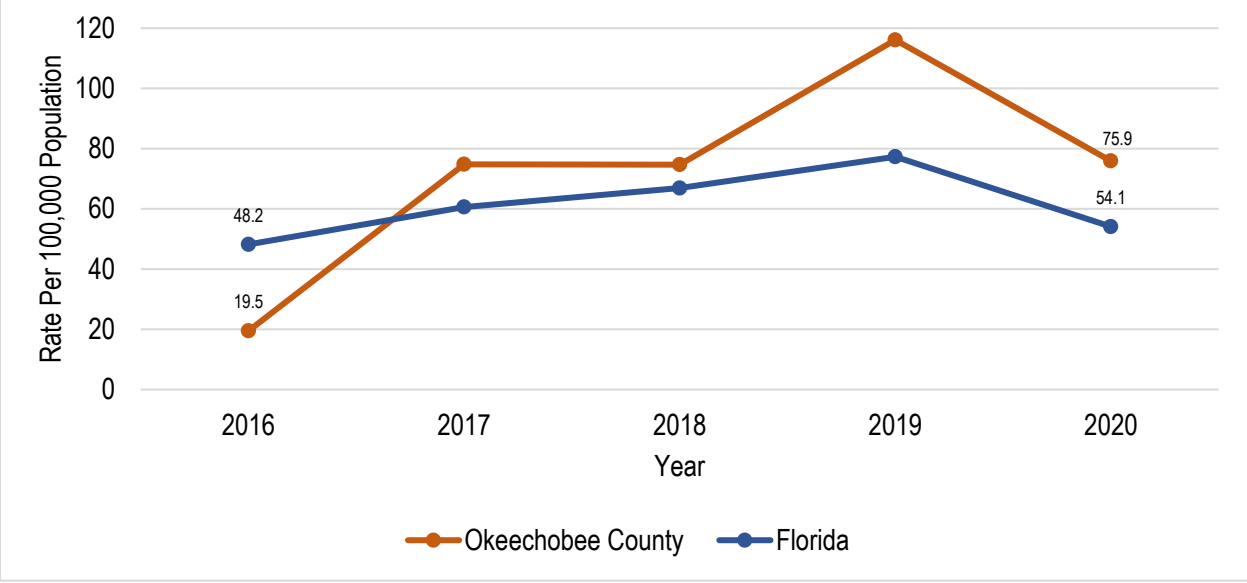
There is no Healthy People 2030 national target specific to this indicator.

Table 155: Enteric Diseases, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	8	19.5	9,745	48.2
2017	31	74.8	12,454	60.6
2018	31	74.7	14,011	66.9
2019	48	116.1	16,436	77.3
2020	32	75.9	11,711	54.1

Source: Florida Department of Health, Bureau of Epidemiology, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 240: Enteric Diseases, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Epidemiology, 2020
Compiled by: Health Council of Southeast Florida, 2022

[336] Enteric Diseases Epidemiology Branch. (202, June 17). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/ncezid/dfwed/edeb/index.html

Unintentional Injury

Unintentional injuries are injuries that are unplanned and cause physical harm or damage to the body, such as motor vehicle collisions, drownings, falls, firearm accidents, and recreational and sports-related incidences. According to the Florida Department of Health, unintentional injuries are the leading cause of death among residents aged 1 to 44 years old. Many fatal and non-fatal unintentional injuries can be prevented.[337]

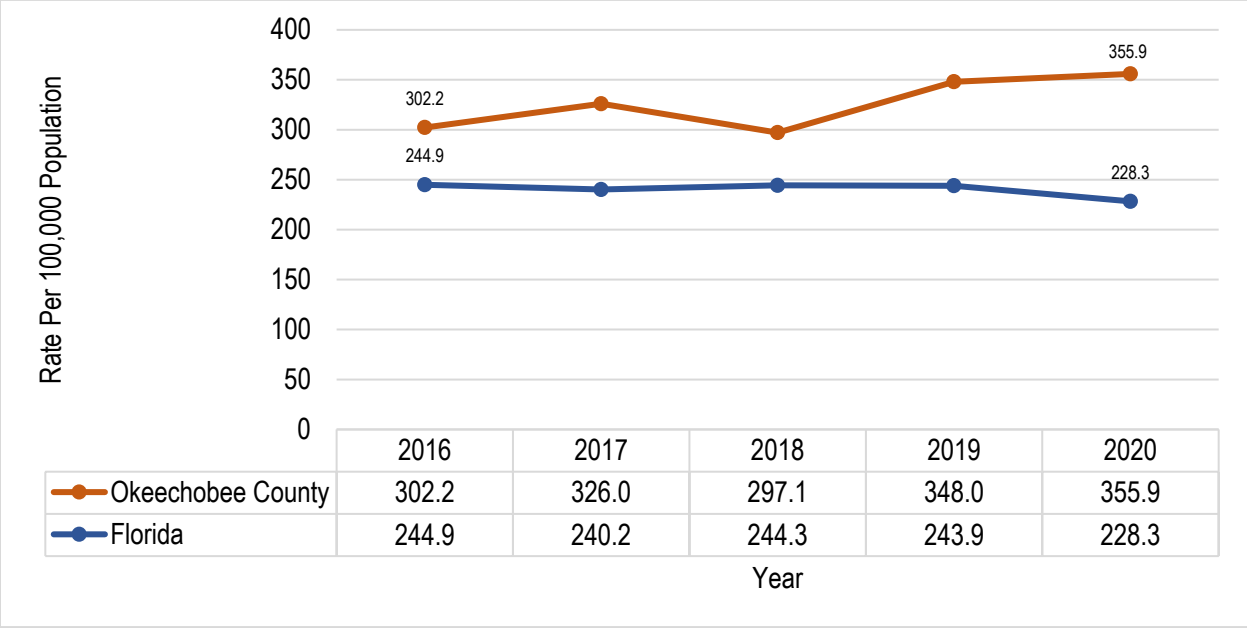
Age-Adjusted Hospitalizations from Non-Fatal Unintentional Falls

According to the CDC, falls are the leading cause of fatal and nonfatal injuries among older adults in the United States. Falls can cause serious injury, making it harder to do daily activities and decreasing quality of life.[338] As a significant proportion of our population continues to age, hospital utilization and medical costs related to falls with continue to rise.

This graph shows the age-adjusted hospitalization rate from non-fatal unintentional falls in Okeechobee County and Florida from 2016 to 2020. The hospitalization rate from non-fatal unintentional falls among Okeechobee County residents fluctuated slightly, ultimately increasing from 297.1 per 100,000 population in 2018 to 355.9 per 100,000 population in 2020. Furthermore, the rate among Okeechobee County residents was higher than the rate among Florida residents each year during this timeframe.

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

Figure 241: Age-Adjusted Hospitalizations from Non-Fatal Unintentional Falls, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



	2016	2017	2018	2019	2020
Okeechobee County	302.2	326.0	297.1	348.0	355.9
Florida	244.9	240.2	244.3	243.9	228.3

Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[337] Injury Prevention. (2022, May 24). In Florida Department of Health. Retrieved from https://www.floridahealth.gov/programs-and-services/prevention/injury-prevention/index.html
[338] Facts About Falls. (2021, August 6). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/falls/facts.html

Age-Adjusted Hospitalizations from Non-Fatal Unintentional Falls by Race

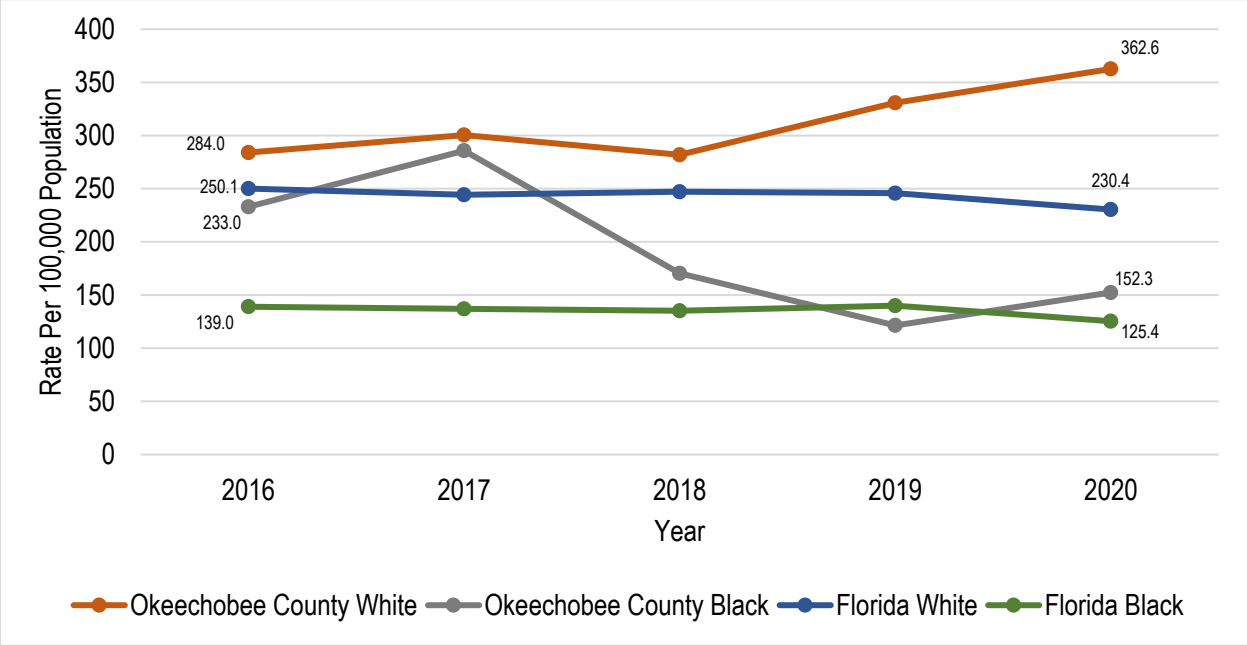
This table and graph show the age-adjusted hospitalization rate from non-fatal unintentional falls by race in Okeechobee County and Florida from 2016 to 2020. The hospitalization rate among Okeechobee County White residents fluctuated during this timeframe and ultimately increased from 281.9 per 100,000 population in 2018 to 362.6 per 100,000 population in 2020. The hospitalization rate among Okeechobee County Black residents also fluctuated and increased most recently from 121.4 per 100,000 population in 2019 to 152.3 per 100,000 population in 2020. To note, blank cells in the data table below, for Black Okeechobee County residents in 2019 and 2020, indicate counts between 1 and 4.

Table 156: Age-Adjusted Hospitalizations from Non-Fatal Unintentional Falls by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	140	284.0	5	233.0	61,614	250.1	4,138	139.0
2017	147	300.5	9	285.7	62,199	244.3	4,198	137.0
2018	152	281.9	6	170.4	64,371	247.1	4,259	135.2
2019	178	330.8	-	121.4	66,127	245.8	4,538	140.0
2020	193	362.6	-	152.3	63,818	230.4	4,237	125.4

Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 242: Age-Adjusted Hospitalizations from Non-Fatal Unintentional Falls by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Hospitalizations from Non-Fatal Unintentional Falls by Ethnicity

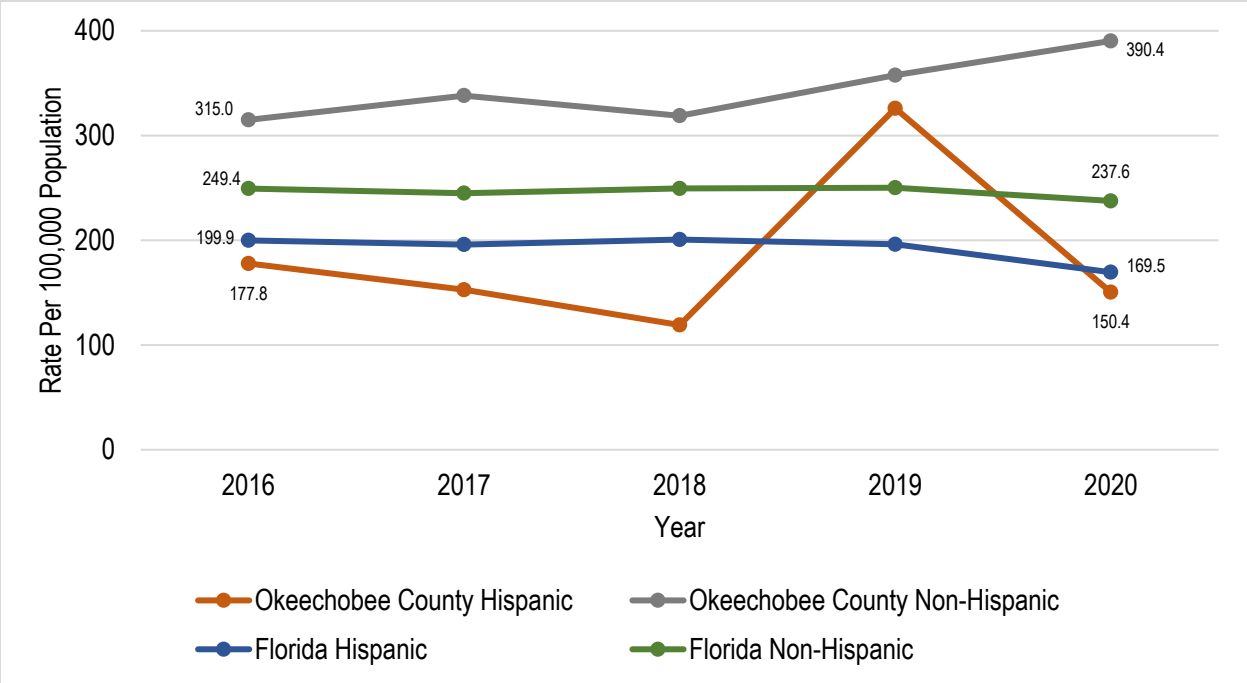
This table and graph show the age-adjusted hospitalization rates from non-fatal unintentional falls by ethnicity in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the age-adjusted hospitalization rate from non-fatal unintentional falls among non-Hispanic Okeechobee County residents fluctuated and ultimately increased from 318.9 per 100,000 population in 2018 to 390.4 per 100,000 population in 2020. The rate among Hispanic Okeechobee County residents also fluctuated but alternatively declined from 2019 (326.0 per 100,000) to 2020 (150.4 per 100,000).

Table 157: Age-Adjusted Hospitalizations from Non-Fatal Unintentional Falls by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	9	177.8	148	315.0	9,258	199.9	58,675	249.4
2017	11	152.8	155	338.2	9,583	195.9	59,341	245.0
2018	9	119.1	158	318.9	10,500	200.7	61,349	249.5
2019	17	326.0	182	357.7	10,740	196.2	63,369	250.2
2020	10	150.4	194	390.4	9,747	169.5	61,749	237.6

Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 243: Age-Adjusted Hospitalizations from Non-Fatal Unintentional Falls by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Non-Fatal Firearm Injury

A firearm injury occurs when a firearm, such as a handgun, rifle, or shotgun, causes a gunshot wound or other penetrating injury. Non-fatal firearm injuries can be intentional or unintentional. According to the CDC, more than seven out of 10 medically treated firearm injuries are from assaults with a firearm and two out of 10 are unintentional.[339]

Age-Adjusted Hospitalizations from Non-Fatal Firearm Injuries

The table and graph below show the age-adjusted hospitalizations from non-fatal firearm injuries in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the age-adjusted hospitalization rate from non-fatal firearm injuries among Okeechobee County residents fluctuated, ultimately increasing from 0.0 per 100,000 population in 2019 to 24.1 per 100,000 population in 2020. The rate among Okeechobee County residents was almost double the rate among Florida residents (12.4 per 100,000 population) in 2020. The blank cells in the data table below indicate that the count during each of these years was between 1 and 4.

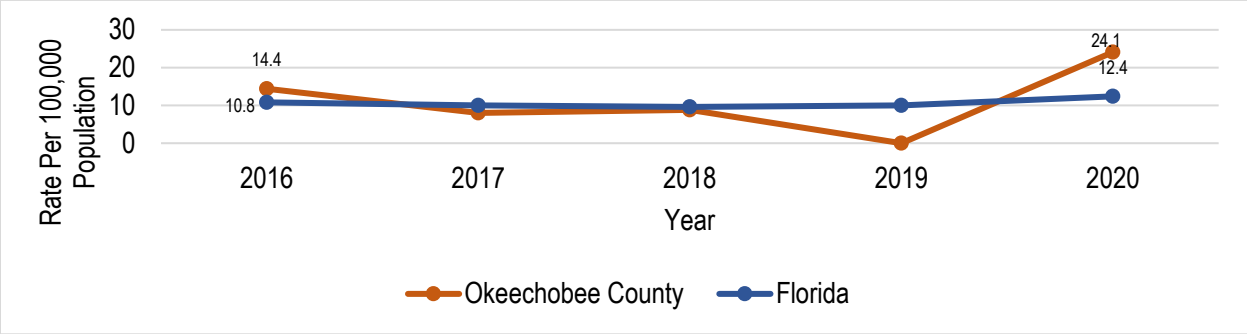
There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 target is to reduce the age-adjusted rate of nonfatal firearm-related injuries from 26.3 per 100,000 population in 2015 to 10.1 per 100,000 population.[340]

Table 158: Age-Adjusted Hospitalizations from Non-Fatal Firearm Injuries, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	6	14.4	2,014	10.8
2017	-	8.0	1,874	10.0
2018	-	8.8	1,841	9.6
2019	0	0.0	1,929	10.0
2020	9	24.1	2,401	12.4

Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 244: Age-Adjusted Hospitalizations from Non-Fatal Firearm Injuries, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (ACHA), 2020; Compiled by: Health Council of Southeast Florida, 2022

[339] Fast Facts: Firearm Violence Prevention (2022, May 4). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/violenceprevention/firearms/fastfact.html

[340] U.S. Department of Health and Human Services. Healthy People 2030. Reduce nonfatal firearm-related injuries – IVP-14. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/violence-prevention/reduce-nonfatal-firearm-related-injuries-ivp-14

Age-Adjusted Hospitalizations from Non-Fatal Firearm Injuries by Race

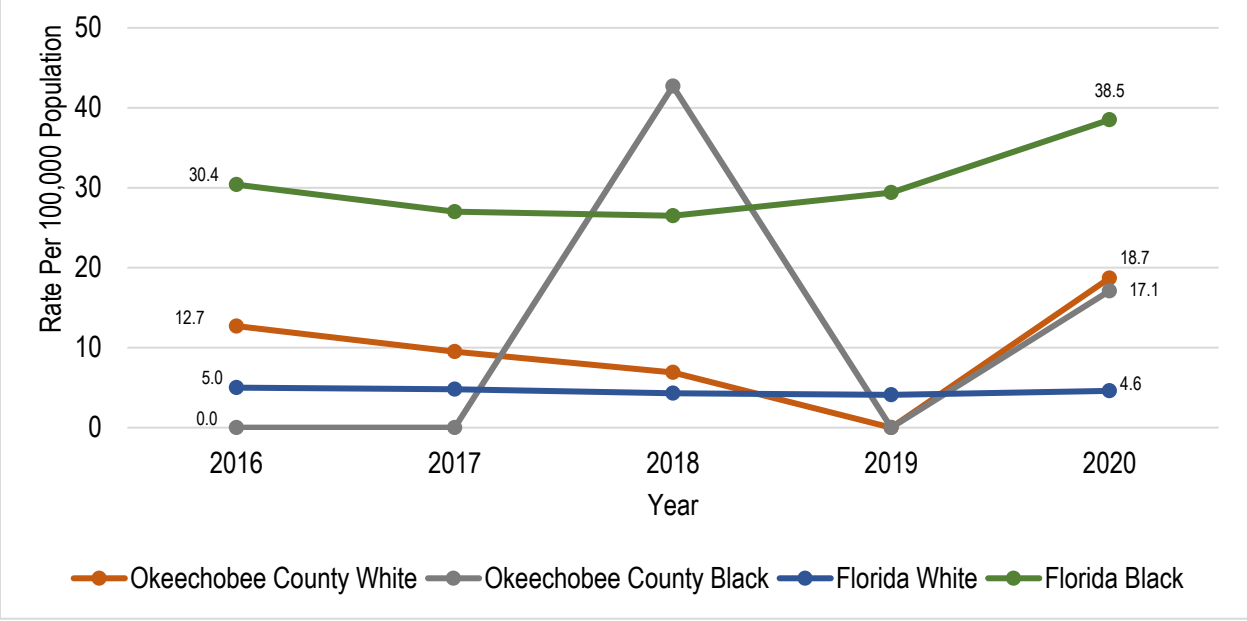
The table and graph below show the age-adjusted hospitalizations from non-fatal firearm injuries by race in Okeechobee County and Florida from 2016 to 2020. The rate fluctuated among White and Black residents in Okeechobee County during this timeframe, increasing most recently from 2019 to 2020. In 2020, the rate among White residents in Okeechobee County was 18.7 per 100,000 population, while the rate among Black residents was 17.1 per 100,000 population. The blank cells in the data table below indicate that the count during each of these years was between 1 and 4.

Table 159: Age-Adjusted Hospitalizations from Non-Fatal Firearm Injuries by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	5	12.7	0	0	738	5.0	1,123	30.4
2017	-	9.5	0	0	705	4.8	992	27.0
2018	-	6.9	-	42.7	645	4.3	989	26.5
2019	0	0.0	0	0	632	4.1	1,116	29.4
2020	6	18.7	-	17.1	709	4.6	1,467	38.5

Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 245: Age-Adjusted Hospitalizations from Non-Fatal Firearm Injuries by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Hospitalizations from Non-Fatal Firearm Injuries by Ethnicity

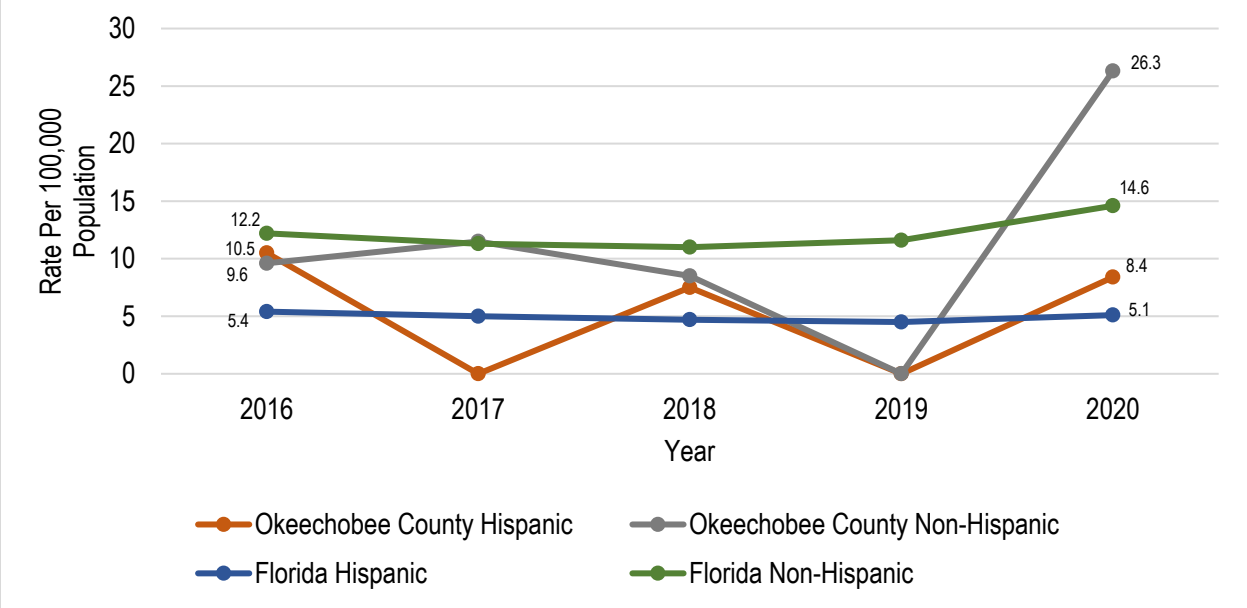
This table and graph show the age-adjusted hospitalizations from non-fatal firearm injuries by ethnicity in Okeechobee County and Florida from 2016 to 2020. The rate fluctuated among both Hispanic and non-Hispanic Okeechobee County residents during this timeframe, increasing most recently among both groups from 2018 to 2020. In 2020, the rate among non-Hispanic residents was 26.3 per 100,000 population, while the rate among Hispanic residents was 8.4 per 100,000 population. The blank cells in the data table below indicate that the count during each of these years was between 1 and 4.

Table 160: Age-Adjusted Hospitalizations from Non-Fatal Firearm Injuries by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	-	10.5	-	9.6	278	5.4	1639	12.2
2017	0	0.0	-	11.5	259	5.0	1521	11.3
2018	-	7.5	-	8.5	259	4.7	1487	11.0
2019	0	0.0	0	0.0	251	4.5	1573	11.6
2020	-	8.4	7	26.3	294	5.1	1973	14.6

Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 246: Age-Adjusted Hospitalizations from Non-Fatal Firearm Injuries by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Ambulatory Care Sensitive Hospitalizations

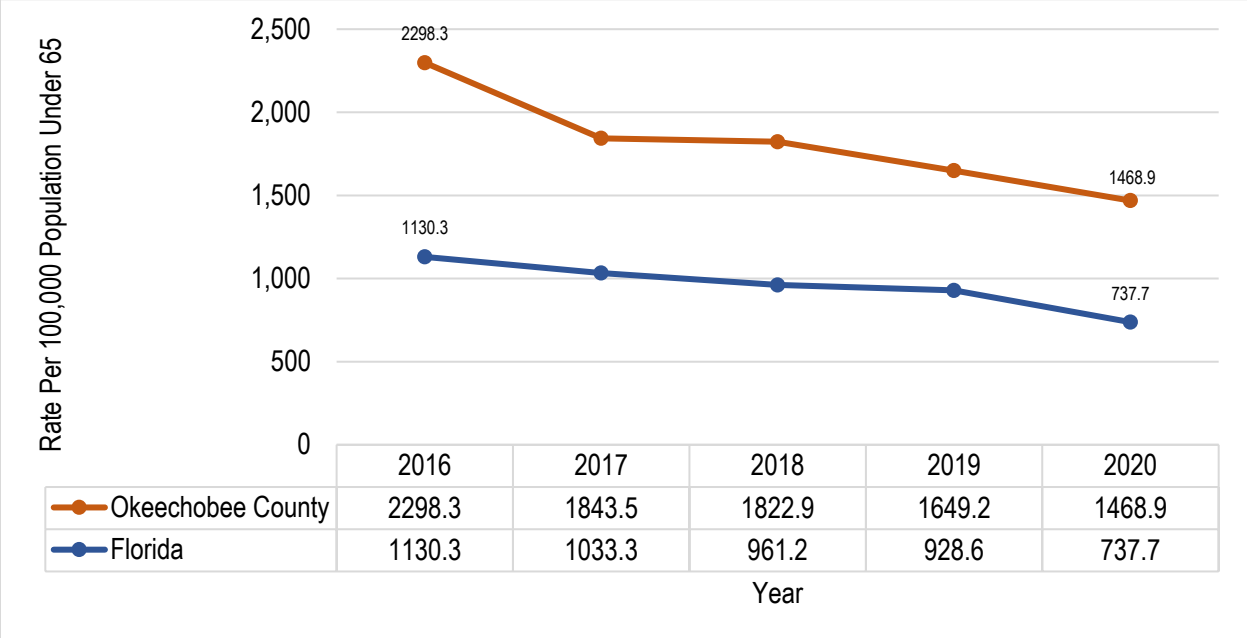
Ambulatory care sensitive hospitalizations, also known as preventable hospitalizations, are hospitalizations that could have potentially been prevented if access to quality health care was available and the condition was managed in a primary or outpatient care setting. Aside from quality and access, this can be an indicator of overuse of emergency rooms or urgent care as a primary source of care.[341]

Ambulatory Care Sensitive Hospitalizations from All Conditions (Aged 0-64 Years)

The following graph shows the rate of ambulatory care sensitive hospitalizations from all conditions among residents aged 0 to 64 years old in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the rate of ambulatory care sensitive hospitalizations from all conditions among Okeechobee County residents under 65 decreased steadily from 2,298.3 per 100,000 population in 2016 to 1,468.9 per 100,000 population in 2020. The rate among Okeechobee County residents under the age of 65 was consistently higher than the rate among Florida residents under the age of 65 for all years reported. Most recently, in 2020, the rate of ambulatory care sensitive hospitalizations from all conditions among Florida residents under the age of 65 decreased to 737.7 per 100,000 population under the age of 65 years.

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

Figure 247: Ambulatory Care Sensitive Hospitalizations from All Conditions (Aged 0-64 Years), Rate Per 100,000 Population Under 65, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[341] Preventable Hospitalizations. (2021). In County Health Rankings & Roadmaps. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/quality-of-care/preventable-hospital-stays

Ambulatory Care Sensitive Hospitalizations from Severe Ear, Nose, and Throat Infections (Aged 0-64 Years)

This table and graph show the rate of ambulatory care sensitive hospitalizations from severe ear, nose, and throat infections among residents aged 0 to 64 years old in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the rate among Okeechobee County residents under age 65 fluctuated but ultimately decreased from 24.3 per 100,000 population in 2018 to 11.9 per 100,000 population in 2020. To note, the blank cell in the data table below for Okeechobee County residents in 2020 indicates a count between 1 and 4.

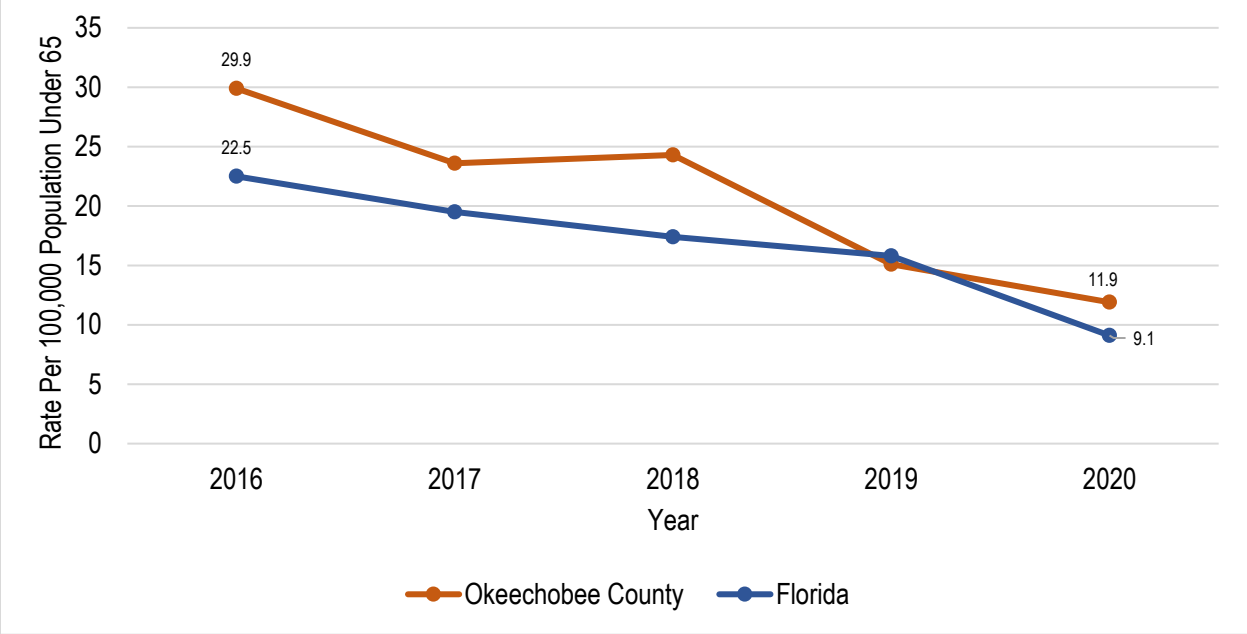
There is no Healthy People 2030 national target specific to this indicator.

Table 161: Ambulatory Care Sensitive Hospitalizations from Severe Ear, Nose, and Throat Infections (Aged 0-64 Years), Count and Rate Per 100,000 Population Under 65, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	10	29.9	3,661	22.5
2017	8	23.6	3,210	19.5
2018	8	24.3	2,915	17.4
2019	5	15.1	2,668	15.8
2020	-	11.9	1,566	9.1

Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 248: Ambulatory Care Sensitive Hospitalizations from Severe Ear, Nose, and Throat Infections (Aged 0-64 Years), Rate Per 100,000 Population Under 65, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Ambulatory Care Sensitive Hospitalizations from Kidney/Urinary Infection (Aged 0-64 Years)

Urinary tract infections (UTIs), including bladder and kidney infections, occur when bacteria enter the urethra and infect the urinary tract. UTIs are more common in females, those who have had a UTI in the past, and those who are sexually active, pregnant, or older in age. Ways to prevent UTIs include staying hydrated, having good personal hygiene, and urinating after sexual activity.[342]

The following table and graph show the rate of ambulatory care sensitive hospitalizations from kidney and/or urinary tract infections among residents aged 0 to 64 years in Okeechobee County and Florida from 2016 to 2020. During this timeframe in Okeechobee County, the ambulatory care sensitive hospitalization rate from kidney and/or urinary tract infections fluctuated among residents under 65 years of age. Most recently in 2020, the rate among Okeechobee County residents was 14.8 per 100,000 population, compared to a rate of 19.6 per 100,000 population among all Florida residents under the age of 65.

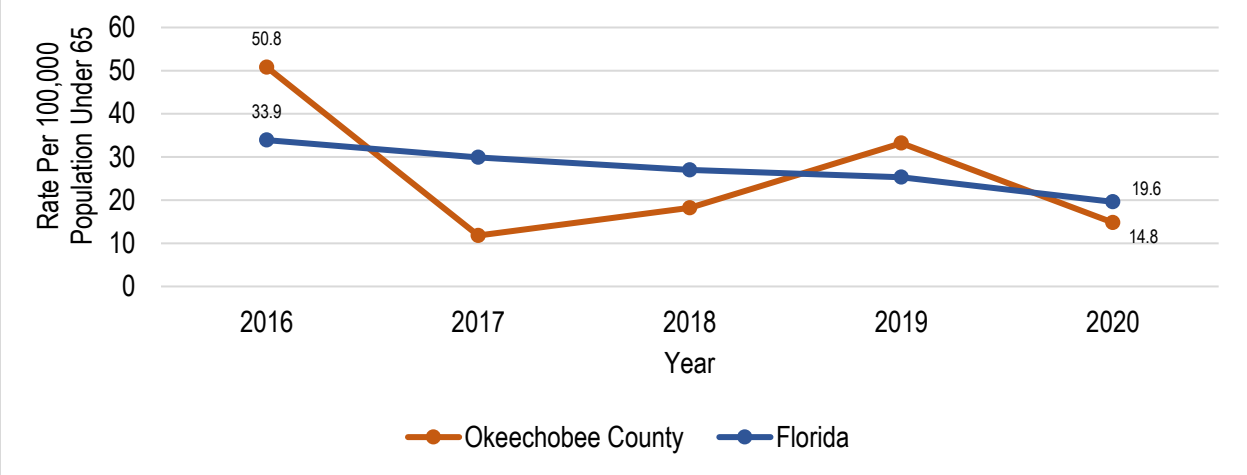
There is no Healthy People 2030 national target specific to this indicator.

Table 162: Ambulatory Care Sensitive Hospitalizations from Kidney/Urinary Infection (Aged 0-64 Years), Count and Rate Per 100,000 Population Under 65, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	17	50.8	5,528	33.9
2017	-	11.8	4,920	29.9
2018	6	18.2	4,527	27.0
2019	11	33.2	4,281	25.3
2020	5	14.8	3,354	19.6

Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 249: Ambulatory Care Sensitive Hospitalizations from Kidney/Urinary Infection (Aged 0-64 Years), Rate Per 100,000 Population Under 65, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[342] Urinary Tract Infection. (2021, October 6). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/antibiotic-use/uti.html

Ambulatory Care Sensitive Hospitalizations from Dehydration – Volume Depletion (Aged 0-64 Years)

Dehydration occurs when the total body water content decreases either due to less intake or fluid loss. Symptoms of dehydration include, but are not limited to, dry mouth, dry tongue, thirst headache, and lethargy.[343]

This table and graph show the rate of ambulatory care sensitive hospitalizations from dehydration or volume depletion among residents aged 0 to 64 in Okeechobee County and Florida from 2016 to 2020. Among Okeechobee County residents, the hospitalization rate decreased from 101.6 per 100,000 population under 65 in 2016 to 57.3 per 100,000 population under 65 in 2019, but then increased most recently to 68.3 per 100,000 population under 65 in 2020. Each year during this timeframe, the hospitalization rate from dehydration or volume depletion was higher among Okeechobee County residents compare to Florida residents overall.

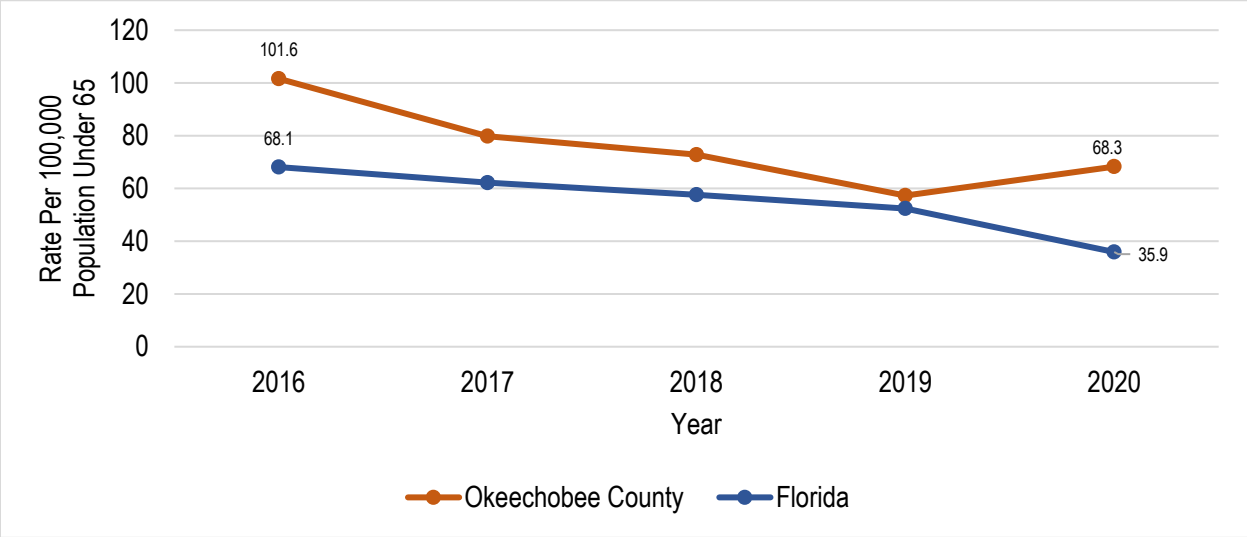
There is no Healthy People 2030 national target specific to this indicator.

Table 163: Ambulatory Care Sensitive Hospitalizations from Dehydration – Volume Depletion (Aged 0-64 Years), Count and Rate Per 100,000 Population Under 65, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	34	101.6	11,105	68.1
2017	27	79.8	10,248	62.2
2018	24	72.8	9,658	57.6
2019	19	57.3	8,877	52.4
2020	23	68.3	6,148	35.9

Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 250: Ambulatory Care Sensitive Hospitalizations from Dehydration – Volume Depletion (Aged 0-64 Years), Rate Per 100,000 Population Under 65, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[343] Shaheen NA, Alqahtani AA, Assiri H, Alkhodair R, Hussein MA. Public knowledge of dehydration and fluid intake practices: variation by participants' characteristics. BMC Public Health. 2018 Dec 5;18(1):1346. doi: 10.1186/s12889-018-6252-5. PMID: 30518346; PMCID: PMC6282244.

Ambulatory Care Sensitive Hospitalizations from Gastroenteritis (Aged 0-64 Years)

According to the CDC, gastroenteritis is inflammation or irritation of the inner lining of the gastrointestinal tract and can be caused by a virus, bacteria, or parasite. Common symptoms of gastroenteritis are vomiting and diarrhea. Gastroenteritis is spread through contact with a contaminated surface, a person that is ill, or contaminated food or water and can be prevented through proper and frequent handwashing and avoiding contaminated food or water.[344]

The table and graph below show the rate of ambulatory care sensitive hospitalizations from gastroenteritis among residents aged 0 to 64 years in Okeechobee County and Florida from 2016 to 2020. Among Okeechobee County residents, the ambulatory care sensitive hospitalization rate from gastroenteritis fluctuated and ultimately decreased from 96.5 per 100,000 population under 65 in 2019 to 74.2 per 100,000 population under 65 in 2020. However, the hospitalization rate among Okeechobee County residents was higher than the rate among Florida residents overall each year during this timeframe.

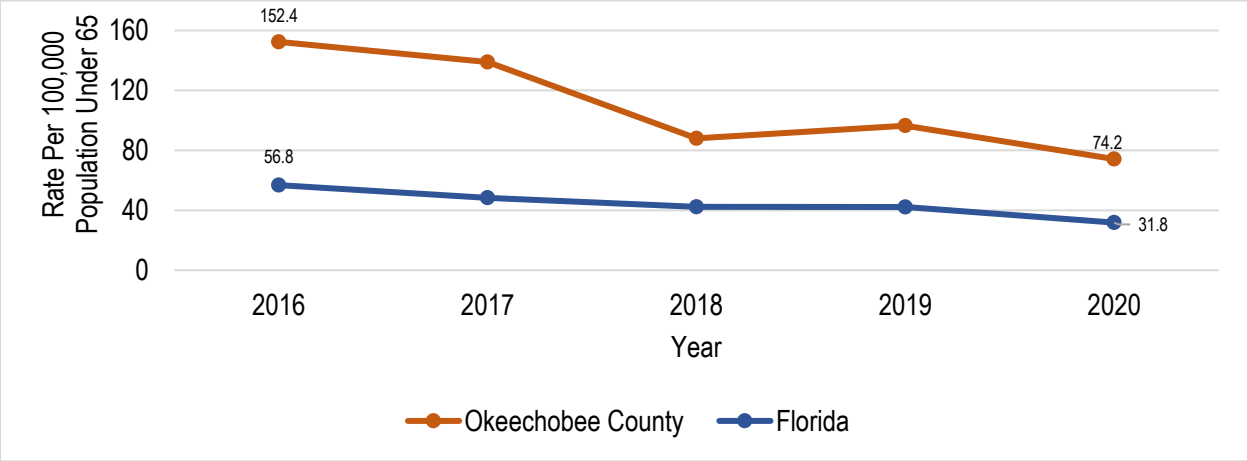
There is no Healthy People 2030 national target specific to this indicator.

Table 164: Ambulatory Care Sensitive Hospitalizations from Gastroenteritis (Aged 0-64 Years), Count and Rate Per 100,000 Population Under 65, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	51	152.4	9,250	56.8
2017	47	138.9	7,958	48.3
2018	29	88.0	7,090	42.3
2019	32	96.5	7,137	42.2
2020	25	74.2	5,442	31.8

Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 251: Ambulatory Care Sensitive Hospitalizations from Gastroenteritis (Aged 0-64 Years), Rate Per 100,000 Population Under 65, Okeechobee County and Florida, 2016 – 2020



Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[344] Frequently Asked Questions. (2018, October 19). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/nceh/vsp/pub/faq/faq.htm

Mortality

Leading Causes of Death

According to the CDC's National Center for Health Statistics, the top five leading causes of death in the United States in 2020 were heart disease, cancer, COVID-19, accidents (unintentional injuries), and stroke.[345] Examining the leading causes of death in a community can shed light on challenges faced by residents and can inform policy and systems changes to improve health.
This table and graph show the count, percentage, crude rate, age-adjusted rate, and years of potential life lost (YPLL) of the top leading causes of death in Okeechobee County in 2020. According to Robert Wood Johnson Foundation, YPLL is a commonly used measure to represent premature mortality.[346] Among Okeechobee County residents, the top five leading causes of death were heart disease, cancer, COVID-19, unintentional injury, and stroke. Heart disease made up 23.1%, almost a quarter, of all deaths among Okeechobee County residents in 2020. Interestingly, while cancer and unintentional injury did not have the highest death rates among Okeechobee County residents, they did have the most YPLL, with unintentional injury accounting for 2,361.9 YPLL and cancer accounting for 2,173.6 YPLL.

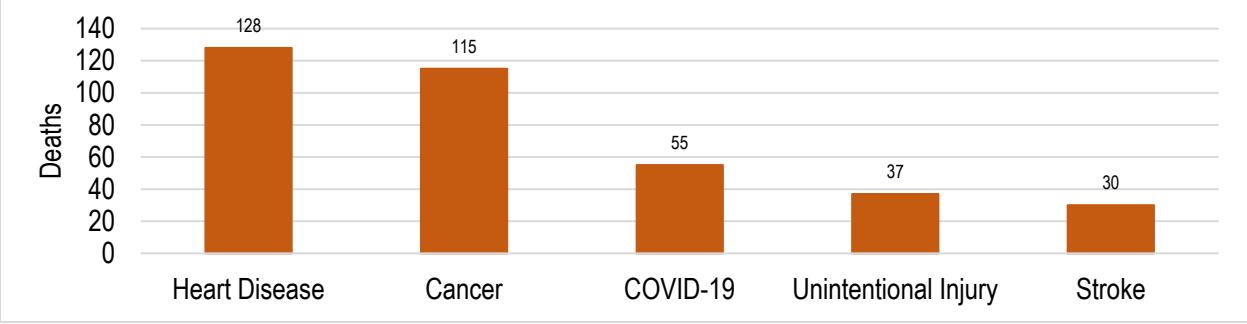
There is no Healthy People 2030 national target specific to this indicator.

Table 165: Leading Causes of Death, Count and Rate Per 100,000 Population, Okeechobee County, 2020

Cause of Death	Deaths	Percent of Total Deaths	Crude Death Rate Per 100,000 Population	Age-Adjusted Death Rate Per 100,000 Population	YPLL Per 100,000 Population Under Age 75
All Causes	555	100%	1315.6	933.6	11853.9
Heart Disease	128	23.1%	303.4	203.8	1637.4
Cancer	115	20.7%	272.6	187.9	2173.6
COVID-19	55	9.9%	130.4	87.8	886.7
Unintentional Injury	37	6.7%	87.7	80.5	2361.9
Stroke	30	5.4%	71.1	46.6	347.9

Data Notes: Age-adjusted death rates are computed using the year 2000 standard population. YPLL = Years of Potential Life
Source: Florida Department of Health, Office of Health Statistics and Assessment, 2020; Compiled by: Health Council of Southeast Florida, 2022

Figure 252: Leading Causes of Death, Count, Okeechobee County, 2020



Source: Florida Agency for Health Care Administration (ACHA), 2020
Compiled by: Health Council of Southeast Florida, 2022

[345] Leading Causes of Death (2022, September 6). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/diabetes/basics/quick-facts.html
[346] Premature Death. (2022). In County Health Rankings & Roadmaps. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes/length-of-life/premature-death-ypll

Deaths from All Causes

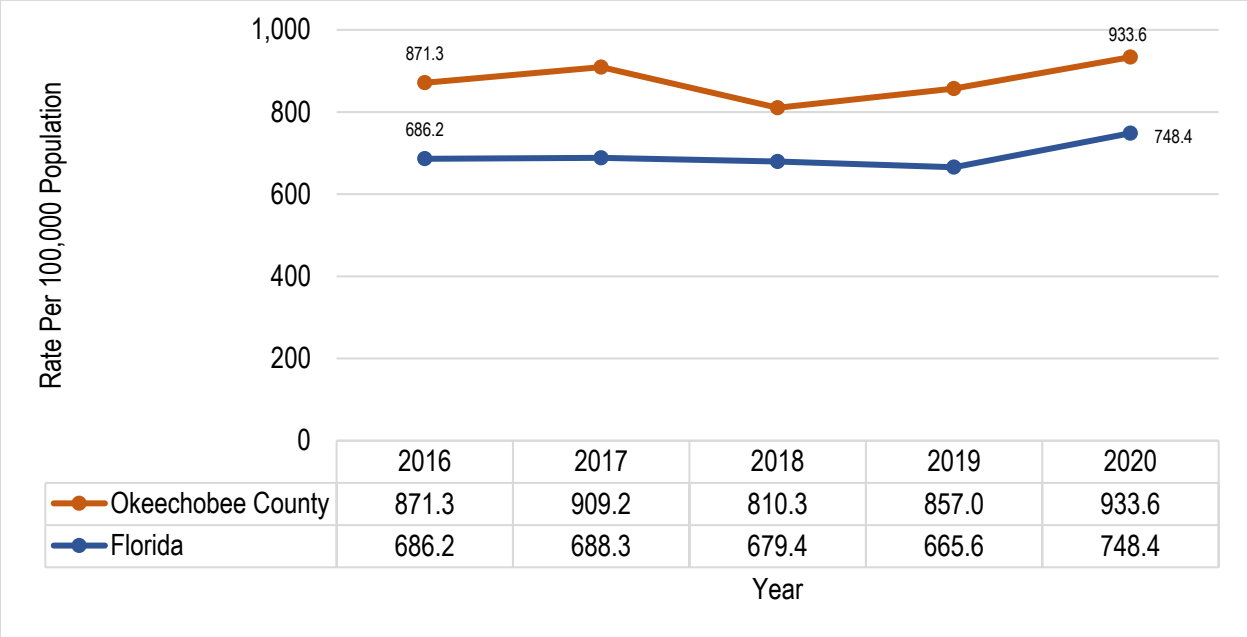
Age-Adjusted Deaths from All Causes

The top five leading causes of death between March 2020 and January 2022 were heart disease, cancer, COVID-19, accidents, and stroke in the United States.[347] Evidence shows that rural areas experience slower decreases in death rates compared to urban areas, widening the gap between rural and urban mortality rates. Sociodemographic differences, lack of resources, economic deprivation, and fewer physicians are contributing factors to the rural-urban gap in death rates.[348]

The following graph shows the age-adjusted deaths from all causes in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the age-adjusted death rate from all causes fluctuated among Okeechobee County residents, ultimately increasing most recently from 2018 (810.3 per 100,000 population) to 2020 (933.6 per 100,000 population). Each year from 2016 to 2020, the age-adjusted death rate from all causes among Okeechobee County residents was higher than the rate among Florida residents overall.

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

Figure 253: Age-Adjusted Deaths from All Causes, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



	2016	2017	2018	2019	2020
Okeechobee County	871.3	909.2	810.3	857.0	933.6
Florida	686.2	688.3	679.4	665.6	748.4

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[347] Leading causes of death U.S. 2020-2022. Statista. (2022, March 28). Retrieved August 25, 2022, from https://www.statista.com/statistics/1254560/leading-causes-of-death-in-the-us-average-number-daily/
[348] Centers for Disease Control and Prevention. (2017). Reducing potentially excess deaths from the five leading causes of death in the rural United States. Morbidity and mortality weekly report. Retrieved August 25, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5829929/

Age-Adjusted Deaths from All Causes by Race

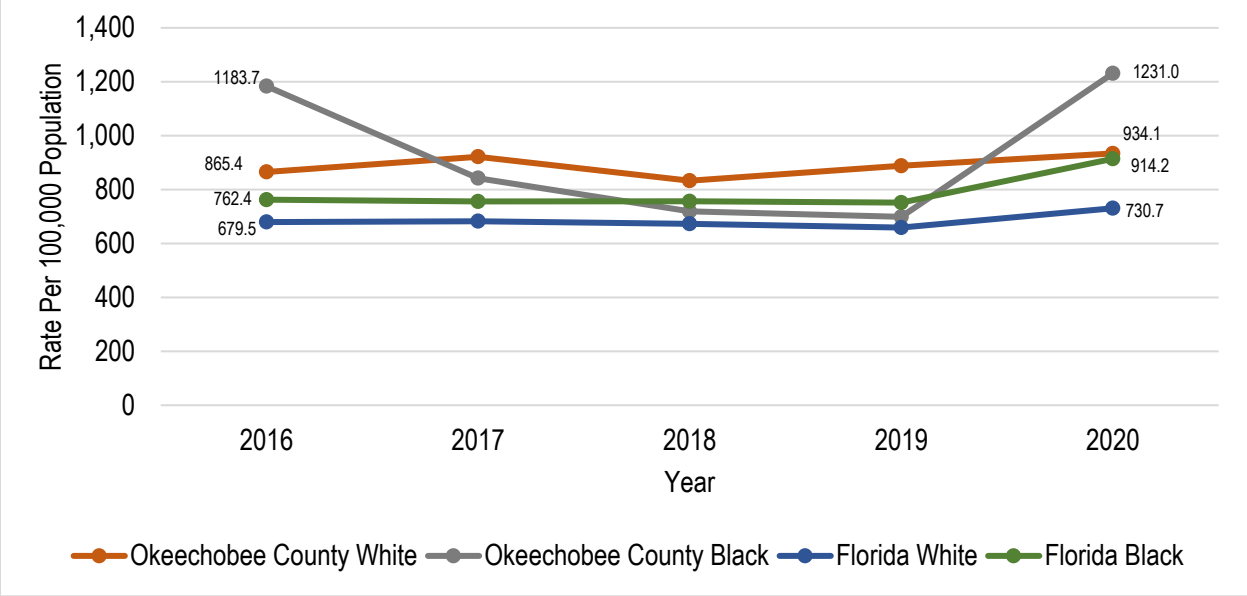
The table and graph below show the age-adjusted deaths from all causes by race in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the age-adjusted death rate from all causes among Okeechobee County Black residents declined from 1,183.7 per 100,000 population in 2016 to 699.0 per 100,000 population in 2019, then increased dramatically to 1,231.0 per 100,000 population in 2020, a rate 1.3 times higher than White residents. The rate among White Okeechobee County residents fluctuated, ultimately increasing from 832.9 per 100,000 population in 2018 to 934.1 per 100,000 population in 2020.

Table 166: Age-Adjusted Deaths from All Causes by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	436	865.4	27	1,183.7	170,967	679.5	22,093	762.4
2017	466	921.7	23	842.4	176,022	682.7	22,814	755.9
2018	448	832.9	20	719.2	177,457	673.1	23,401	756.4
2019	458	888.4	20	699.0	178,237	659.1	24,094	751.7
2020	510	934.1	35	1,231.0	202,779	730.7	30,568	917.2

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 254: Age-Adjusted Deaths from All Causes by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Deaths from All Causes by Ethnicity

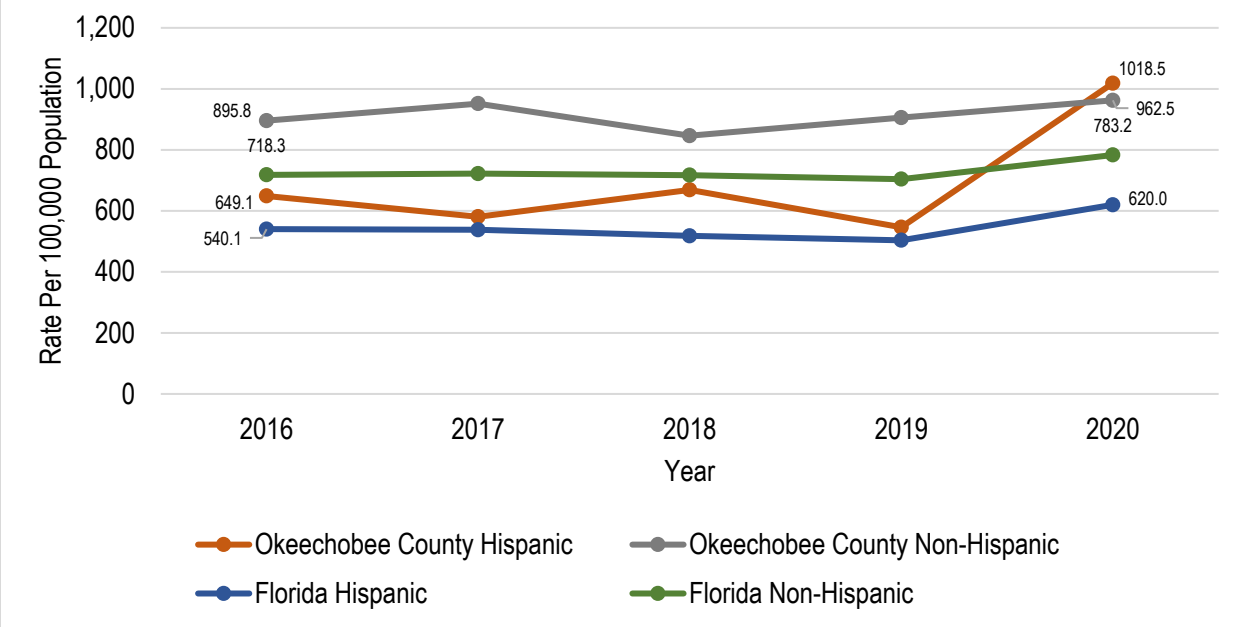
The table and graph below show the age-adjusted deaths from all causes by ethnicity in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the age-adjusted death rate from all causes among Okeechobee County non-Hispanic residents fluctuated and ultimately increased from 846.5 per 100,000 in 2018 to 962.5 per 100,000 population in 2020. While the rate among Hispanic Okeechobee County residents was lower than the rate among non-Hispanic residents each year from 2016 to 2019, the rate among Hispanic residents increased to 1,018.5 per 100,000 population in 2020, surpassing the rate among non-Hispanic residents that year (962.5).

Table 167: Age-Adjusted Deaths from All Causes by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	31	649.1	438	895.8	25,051	540.1	171,027	718.3
2017	34	580.9	461	951.6	26,340	538.1	175,671	722.1
2018	40	668.9	431	846.5	27,240	518.1	176,864	717.2
2019	32	546.3	447	905.6	27,774	503.6	177,695	704.0
2020	53	1,018.5	497	962.5	35,859	620.0	201,877	783.2

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 255: Age-Adjusted Deaths from All Causes by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Life Expectancy

According to the CDC, the life expectancy in the United States in 2020 was 77.0 years, a decrease of 1.8 years from 78.8 in 2019. Additionally, the life expectancy also declined among certain racial and ethnic populations from 2019 to 2020, including the non-Hispanic American Indian and Alaska Native population (71.8 to 67.1), Hispanic population (81.9 to 77.9), non-Hispanic Black population (74.8 to 71.5), non-Hispanic Asian population (85.6 to 83.6), and non-Hispanic White population (78.8 to 77.4). The overall life expectancy of 77.0 years in 2020 was the lowest it has been since 2002 but is primarily attributed to mortality as a result of COVID-19.[349]

Life Expectancy

This table and graph show the average life expectancy among Okeechobee County and Florida residents from 2015 to 2019. The life expectancy among Okeechobee County residents decreased very slightly from 76.9 years of age in 2015 to 76.1 in 2019. Additionally, the life expectancy among Florida residents overall was higher than the life expectancy of Okeechobee County residents each year during this timeframe, reaching 79.7 in 2019.

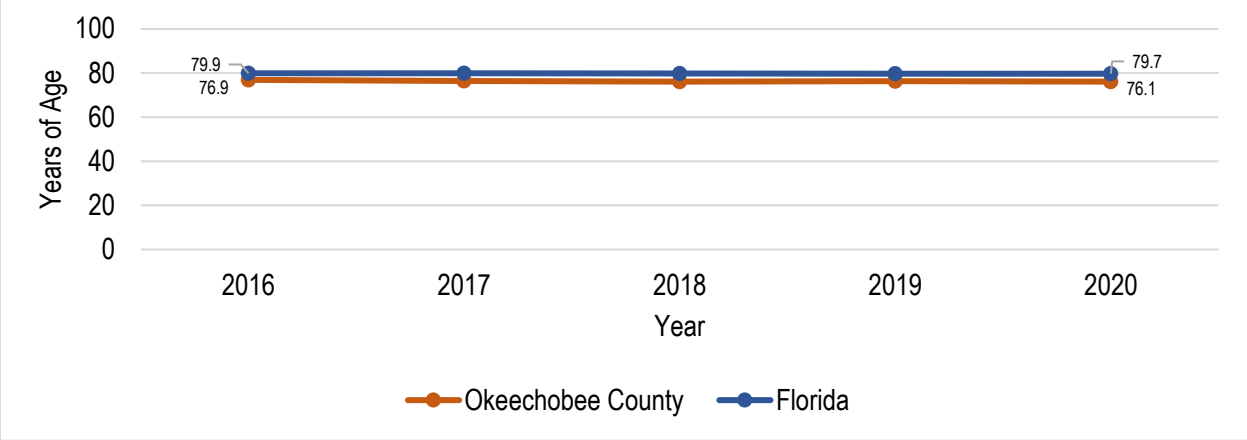
There is no Healthy People 2030 national target specific to this indicator.

Table 168: Life Expectancy, Okeechobee County and Florida, 2015 – 2019

Location	2015	2016	2017	2018	2019
Florida	79.9	79.9	79.8	79.7	79.7
Okeechobee County	76.9	76.4	76.1	76.3	76.1

Source: Death data are from Florida Bureau of Vital Statistics, Population data are from the UMass Donahue Institute and the Florida Legislature Office of Economic and Demographic Research, 2019
Compiled by: Health Council of Southeast Florida, 2022

Figure 256: Life Expectancy, Okeechobee County and Florida, 2015 – 2019



Source: Death data are from Florida Bureau of Vital Statistics, Population data are from the UMass Donahue Institute and the Florida Legislature Office of Economic and Demographic Research, 2019
Compiled by: Health Council of Southeast Florida, 2022

[349] Arias. Ph.D., E., Xu, M.D., J., Tejada-Vera, M.S., B., Murphy, B.S., S. L., & Bastian, B.S., B. (2022, August 23). U.S. State Life Tables, 2020. National Vital Statistics Reports, 71(2), 1-18. doi:https://dx.doi.org/10.15620/cdc:118271

Life Expectancy by Census Tract

The following table shows life expectancy by census tract in Okeechobee County from 2015 to 2019. The census tracts with the highest life expectancy in 2019 included 9106.01 (79.3), 9105 (79.2), and 9104.01 (77.5). Alternatively, census tracts with the lowest life expectancy included 9104.02 (73.2), 9102.01 (71.8), and 9102.02 (71.7). There is almost an 8-year disparity between the census tract with the highest life expectancy compared to the census tract with the lowest life expectancy in Okeechobee County.

Table 169: Life Expectancy by Census Tract, Okeechobee County, 2015 – 2019

Census Tract	2015	2016	2017	2018	2019
9101.01	77.6	77.2	76.7	76.6	76.7
9101.02	77.3	77.8	77.0	76.0	75.5
9102.01	74.6	73.6	72.4	71.8	71.8
9102.02	72.1	71.4	72.2	72.9	71.7
9103	77.8	NA	NA	75.6	74.3
9104.01	80.7	80.1	78.4	77.7	77.5
9104.02	72.2	72.2	72.6	71.9	73.2
9104.03	75.8	75.4	76.2	75.1	74.0
9105	79.6	80.0	80.3	79.5	79.2
9106.01	79.2	79.0	79.0	79.1	79.3
9106.02	NA	NA	NA	NA	NA

Data notes: NA indicates the data are not sufficient for computing a valid estimate of life expectancy. Life Expectancy is computed when there are at least 50 deaths, a population of at least 5,000 and a standard error less than 2.
Source: Death data are from Florida Bureau of Vital Statistics, Population data are from the UMass Donahue Institute and the Florida Legislature Office of Economic and Demographic Research, 2019
Compiled by: Health Council of Southeast Florida, 2022

Premature Death

Years of Potential Life Lost (YPLL) is an indicator used to measure premature death, or the amount of time someone would have lived had they not died prematurely, relative to the expected age of death in the general population. According to the CDC, 20-40% of premature deaths are preventable. Minority or marginalized populations, including American Indians/Alaska Natives, Blacks or African Americans, and rural communities, have been found more likely to experience higher risk of premature death due to health inequities.[350] Disparities in rates of YPLL can indicate differences in socioeconomic status and access and engagement in health care. YPLL can also provide an indication of social and economic loss in a community.[351]

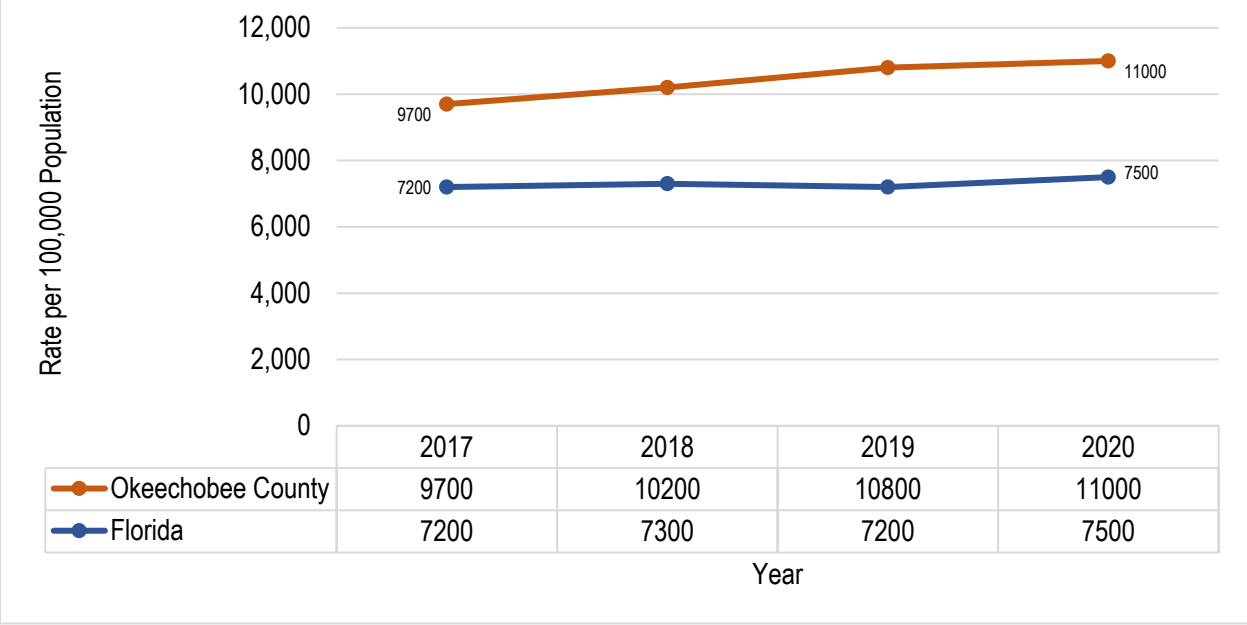
Age-Adjusted Years of Potential Life Lost (YPLL)

As mentioned, YPLL measures premature mortality and emphasizes deaths of younger persons.[352]

This graph shows the age-adjusted rate of Years of Potential Life Lost (YPLL) before age 75 in Okeechobee County and Florida from 2017 to 2020. Among Okeechobee County residents, the YPLL increased during this timeframe from 9,700 in 2017 to 11,000 in 2020. Additionally, the YPLL among Okeechobee County residents was higher than the YPLL among Florida residents overall each year.

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

Figure 257: Age-Adjusted Years of Potential Life Lost (YPLL) Before Age 75, Rate Per 100,000 Population, Okeechobee County and Florida, 2017 – 2020



Source: Robert Wood Johnson Foundation, County Health Rankings & Roadmaps, 2020
Compiled by: Health Council of Southeast Florida, 2022

[350] America's Health Rankings. Premature Death. Retrieved from: https://www.americashealthrankings.org/explore/annual/measure/YPLL/state/ALL
[351] Gardner JW, Sanborn JS. Years of potential life lost (YPLL)--what does it measure? Epidemiology. 1990 Jul;1(4):322-9. doi: 10.1097/00001648-199007000-00012. PMID: 2083312.
[352] Premature Death (n.d.). In County Health Rankings & Roadmaps. Retrieved from https://www.countyhealthrankings.org/app/florida/2022/measure/outcomes/1/description

Heart Disease Deaths

Heart disease includes several heart conditions, many of which are related to a buildup of plaque in the arteries that can eventually restrict blood flow to the heart. Some people with certain heart conditions do not show signs or symptoms until they experience an emergency, such as a heart attack or heart failure. The most common risk factors for heart disease are high blood pressure, high blood cholesterol, and smoking. Heart disease is preventable through lifestyle factors including eating healthy, being physically active, quitting smoking, and getting a healthy amount of sleep. Unfortunately, heart disease is the leading cause of death nationwide, accounting for 1 in every 5 deaths, and approximately 47% of people today are at risk.[353] [354]

Deaths from Major Cardiovascular Disease

In 2020, about 697,000, or 1 in 5, people died from heart disease in the US. Additionally, each year from 2017 to 2018, heart disease cost the US about $229 billion, which includes the cost of health care services, medication, and lost productivity due to death.[355]

The table and graph below show the age-adjusted deaths from major cardiovascular disease in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the death rate from major cardiovascular disease among Okeechobee County residents decreased from 313.6 per 100,000 population in 2016 to 236.6 per 100,000 population in 2018, then increased to 260.5 per 100,000 in 2020. The death rate from major cardiovascular disease was higher among Okeechobee County residents compared to Florida residents overall each year.

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

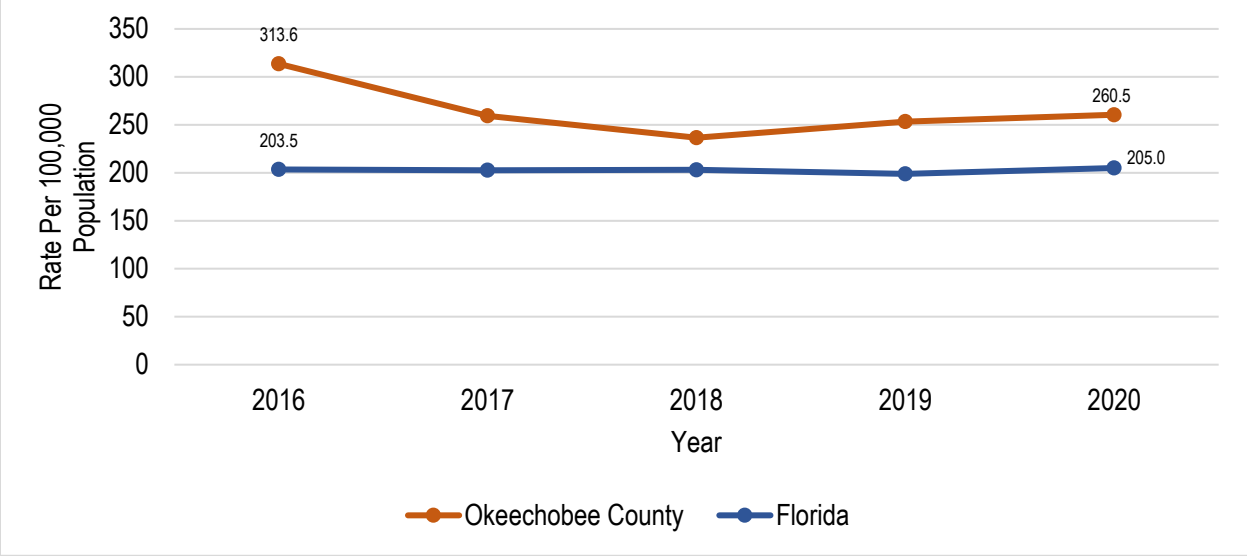
Table 170: Age-Adjusted Deaths from Major Cardiovascular Disease, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	170	313.6	61,790	203.5
2017	146	259.4	63,236	202.7
2018	145	236.6	64,737	203.1
2019	155	253.4	65,468	198.9
2020	164	260.5	69,532	205.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[353] Heart Disease. (2022, July 12). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/heartdisease/about.htm
[354] Life's Essential 8. (n.d.). In American Heart Association. Retrieved from https://www.heart.org/en/healthy-living/healthy-lifestyle/lifes-essential-8
[355] Heart Disease Facts (2022, October 14). In Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/heartdisease/facts.htm

Figure 258: Age-Adjusted Deaths from Major Cardiovascular Disease, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Major Cardiovascular Disease by Race

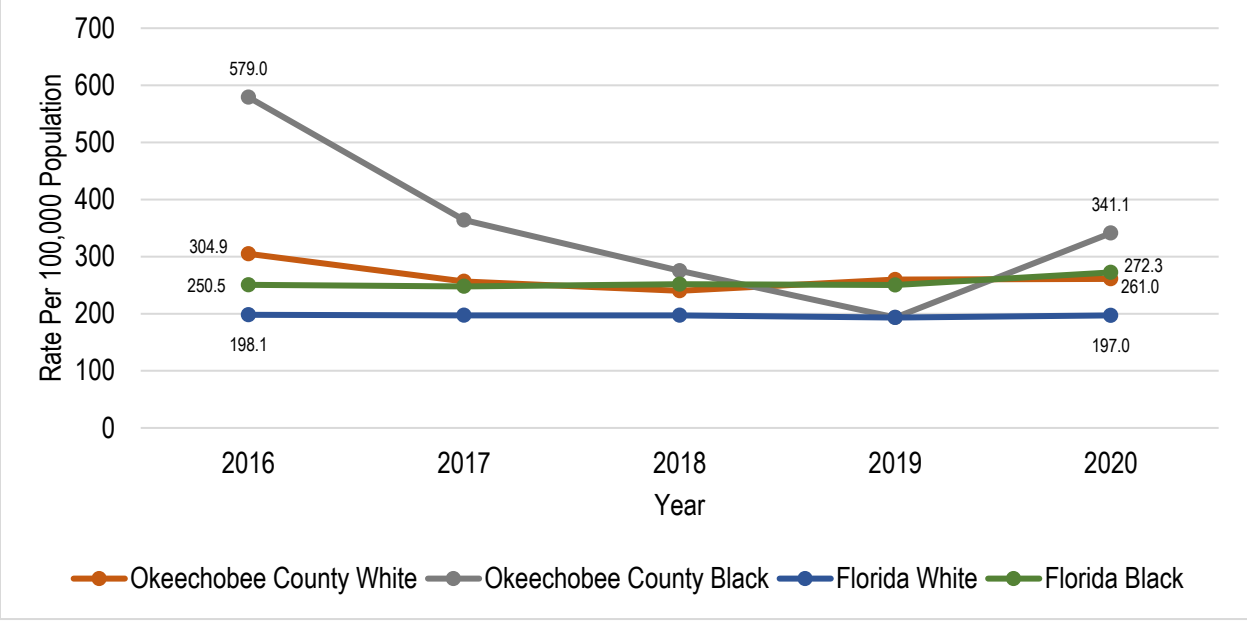
The table and graph below show the age-adjusted deaths from major cardiovascular disease by race in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the death rate among Okeechobee County Black residents declined from 579.0 per 100,000 population in 2016 to 193.4 per 100,000 population in 2019, then increased to 341.4 per 100,000 population in 2020. The death rate among Okeechobee County White residents decreased from 304.9 per 100,000 population in 2016 to 240.1 per 100,000 population in 2018, then increased to 261.0 per 100,000 population in 2020. Notably, the death rate from major cardiovascular disease among Okeechobee County Black residents was consistently higher than that of Okeechobee County White residents for all years reported except for 2019.

Table 171: Age-Adjusted Deaths from Major Cardiovascular Disease by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	156	304.9	12	579.0	53,628	198.1	6,953	250.5
2017	135	256.6	9	364.0	54,644	197.1	7,218	247.8
2018	137	240.1	8	275.1	55,757	197.1	7,517	251.7
2019	148	259.8	6	193.4	56,354	193.3	7,740	250.3
2020	153	261.0	9	341.4	58,997	197.0	8,885	272.3

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 259: Age-Adjusted Deaths from Major Cardiovascular Disease by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Major Cardiovascular Disease by Ethnicity

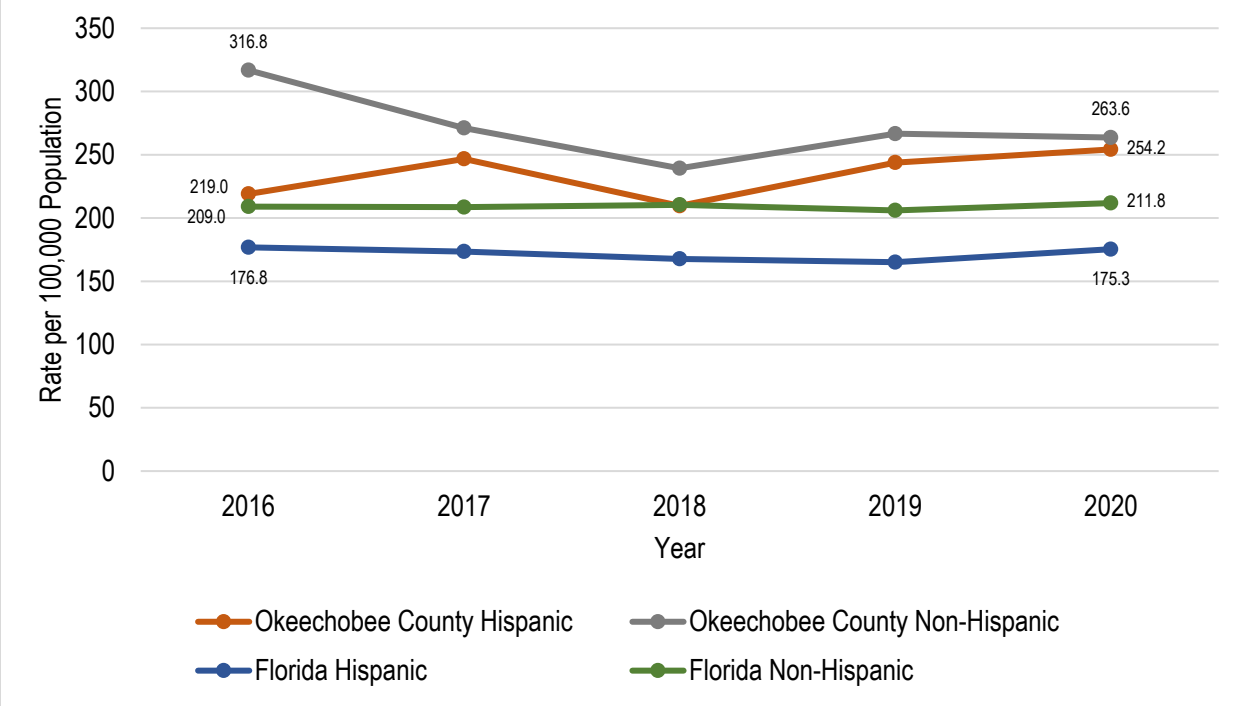
The table and graph below show the age-adjusted deaths from major cardiovascular disease by ethnicity in Okeechobee County and Florida from 2016 to 2020. The rate among both non-Hispanic and Hispanic Okeechobee County residents fluctuated during this timeframe. Most recently in 2020, the rate among non-Hispanic Okeechobee County residents was 263.6 per 100,000 population, while the rate among Hispanic Okeechobee County residents was 254.2 per 100,000 population.

Table 172: Age-Adjusted Deaths from Major Cardiovascular Disease by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	10	219.0	160	316.8	8,103	176.8	53,327	209.0
2017	9	246.7	137	271.1	8,425	173.5	54,386	208.6
2018	11	209.6	134	239.3	8,793	167.7	55,480	210.4
2019	8	243.8	147	266.6	9,082	165.1	55,896	206.0
2020	12	254.2	150	263.6	10,132	175.3	58,870	211.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 260: Age-Adjusted Deaths from Major Cardiovascular Disease by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Hypertension

Hypertension, also known as high blood pressure, occurs when the force of blood flowing through the blood vessels is too high. Hypertension is the leading risk factor for heart disease. However, there are no obvious symptoms. The American Heart Association estimates that nearly half of adults have high blood pressure in the United States.[356]

This table and graph show the age-adjusted deaths from hypertension in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the death rate from hypertension declined in Okeechobee County from 5.0 per 100,000 population in 2016 to 3.1 per 100,000 population in 2019, but then doubled to 6.2 per 100,000 population in 2020. In Florida, the death rate from hypertension reached 9.5 per 100,000 population in 2020.

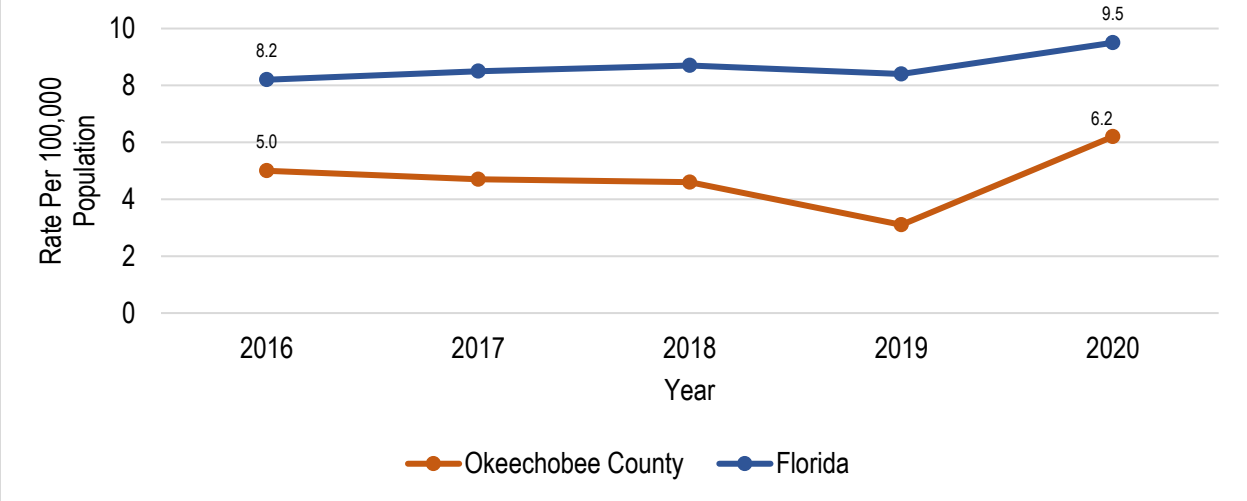
There is no Healthy People 2030 national target specific to this indicator.

Table 173: Age-Adjusted Deaths from Hypertension, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	2	5.0	2,454	8.2
2017	2	4.7	2,618	8.5
2018	3	4.6	2,773	8.7
2019	2	3.1	2,737	8.4
2020	4	6.2	3,185	9.5

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 261: Age-Adjusted Deaths from Hypertension, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[356] The Facts About High Blood Pressure. (n.d.). In American Heart Association. Retrieved from https://www.heart.org/en/health-topics/high-blood-pressure/the-facts-about-high-blood-pressure

Deaths from Hypertension by Race

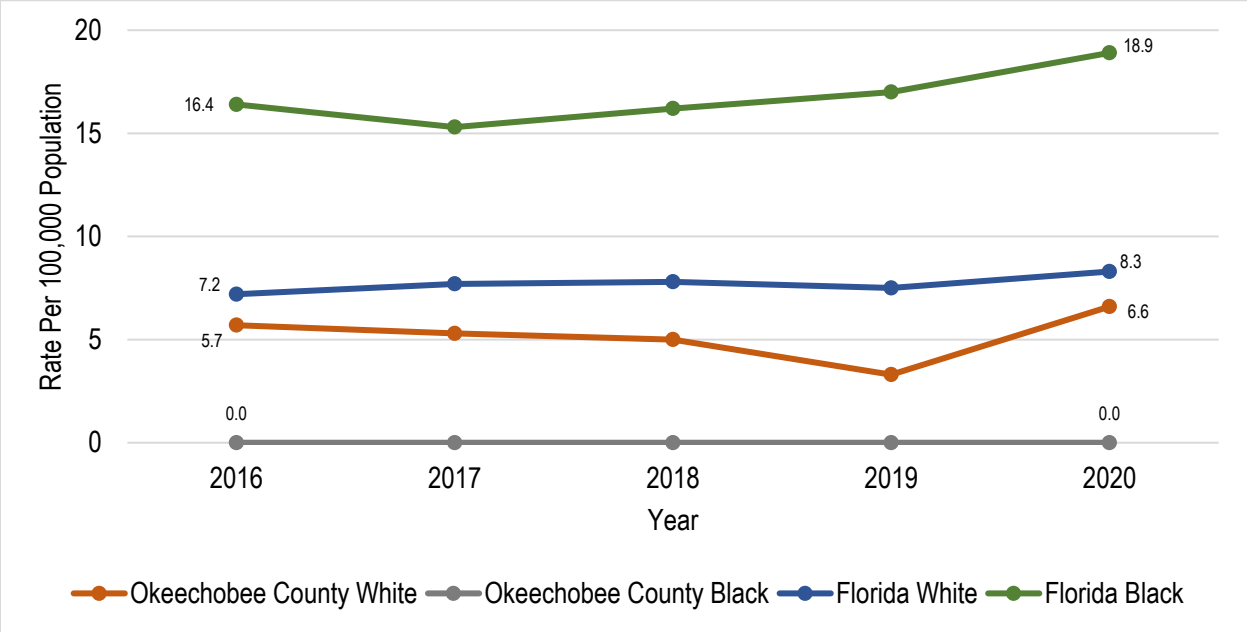
The table and graph below show the age-adjusted deaths from hypertension by race in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the rate among Okeechobee County White residents decreased from 5.7 per 100,000 population in 2016 to 3.3 per 100,000 population in 2019, then doubled to 6.6 per 100,000 population in 2020. There were 0 deaths reported among Okeechobee County Black residents each year from 2016 to 2020. Notably, Black Florida residents experienced a consistently higher rate of death from hypertension compared to their White counterparts in the state for all years reported. Most recently, in 2020, the rate of death from hypertension among Black Florida residents reached 18.9 per 100,000 population, compared to a rate of 8.3 per 100,000 population among White Florida residents.

Table 174: Age-Adjusted Deaths from Hypertension by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	2	5.7	0	0.0	1,942	7.2	457	16.4
2017	2	5.3	0	0.0	2,101	7.7	448	15.3
2018	3	5.0	0	0.0	2,206	7.8	493	16.2
2019	2	3.3	0	0.0	2,164	7.5	520	17.0
2020	4	6.6	0	0.0	2,478	8.3	626	18.9

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 262: Age-Adjusted Deaths from Hypertension by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Hypertension by Ethnicity

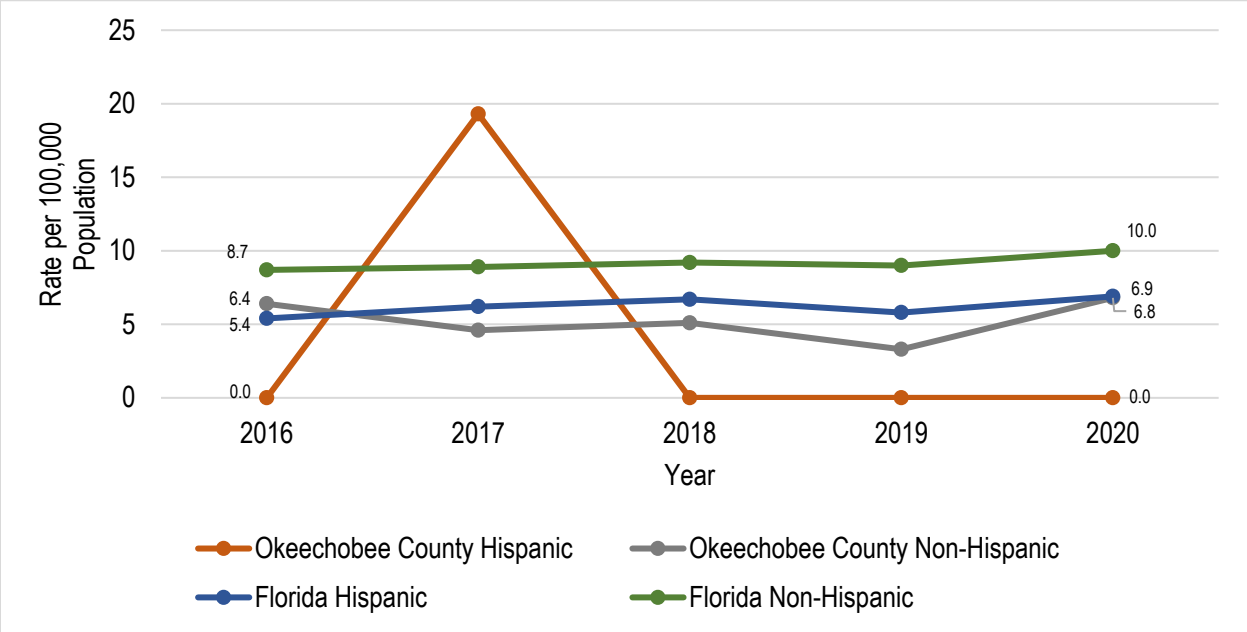
The table and graph below show the age-adjusted deaths from hypertension by ethnicity in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the death rate from hypertension fluctuated among non-Hispanic Okeechobee County residents, ultimately increasing from 3.3 per 100,000 population in 2019 to 6.8 per 100,000 population in 2020. The death rate from hypertension was 0 each year among Hispanic Okeechobee County residents, except for 2017 (19.3 per 100,000 population). In Florida, the hypertension death rate was lower among Hispanic residents compared to their non-Hispanic counterparts. Most recently, in 2020 in Florida, the hypertension death rate was 10.0 per 100,000 population among non-Hispanic residents and 6.9 per 100,000 population among Hispanic residents.

Table 175: Age-Adjusted Deaths from Hypertension by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	0	0	2	6.4	248	5.4	2,183	8.7
2017	1	19.3	1	4.6	304	6.2	2,296	8.9
2018	0	0	3	5.1	354	6.7	2,395	9.2
2019	0	0	2	3.3	317	5.8	2,400	9.0
2020	0	0	4	6.8	397	6.9	2,750	10.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 263: Age-Adjusted Deaths from Hypertension by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

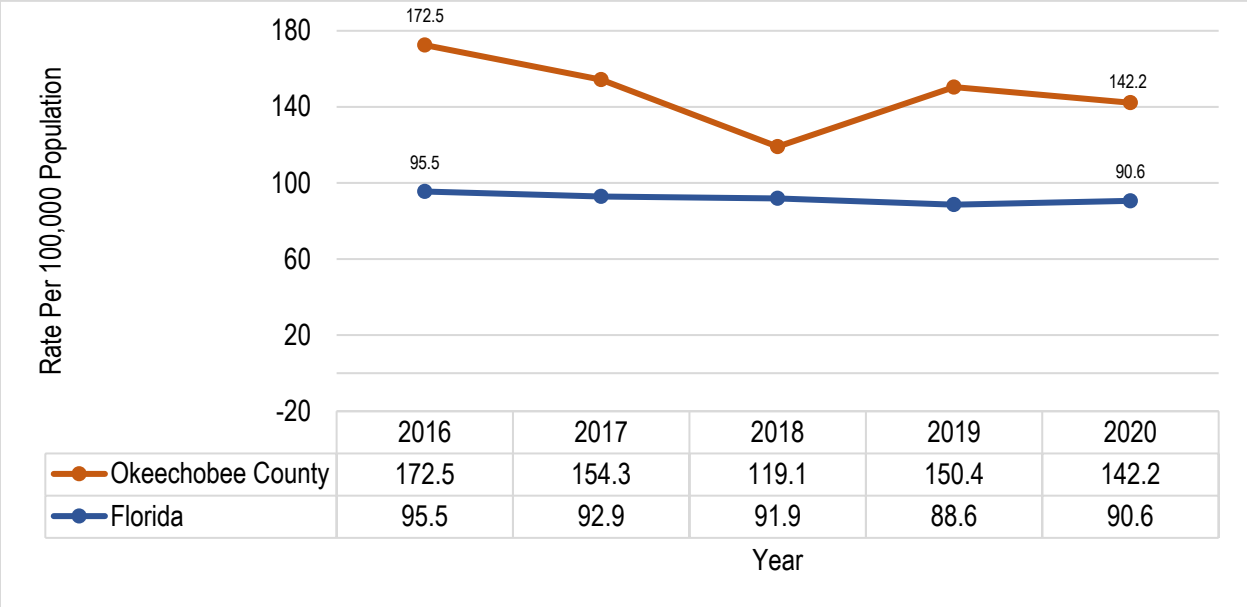
Deaths from Coronary Heart Disease

Coronary heart disease is the leading cause of death in the United States. It is oftentimes caused by cholesterol in the blood stream building up, causing plaque to form in the heart's arteries. This buildup of plaque can cause partial or total blockage of blood flow to the heart. Many people do not know they have coronary heart disease until they have a heart attack or go into cardiac arrest.[357]

This graph shows the age-adjusted deaths from coronary heart disease in Okeechobee County and Florida from 2016 to 2020. The death rate from coronary heart disease among Okeechobee County residents fluctuated during this timeframe, ultimately decreasing slightly from 150.4 per 100,000 population in 2019 to 142.2 per 100,000 population in 2020. However, the death rate among Okeechobee County residents was higher than the death rate among Florida residents overall each year from 2016 to 2020. Most recently in 2020, the death rate from coronary heart disease in Florida was 90.6 per 100,000 population.

The Healthy People 2030 national target is to reduce coronary heart disease deaths from 88.0 per 100,000 population to 71.1 per 100,000 population.[358] Okeechobee County has not yet met this target.

Figure 264: Age-Adjusted Deaths from Coronary Heart Disease, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[357] Coronary Heart Disease. (2022, March 24). In National Heart, Lung, and Blood Institute. Retrieved from https://www.nhlbi.nih.gov/health/coronary-heart-disease

[358] U.S. Department of Health and Human Services. Healthy People 2030. Reduce coronary heart disease deaths – HDS-02. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke/reduce-coronary-heart-disease-deaths-hds-02

Deaths from Coronary Heart Disease by Race

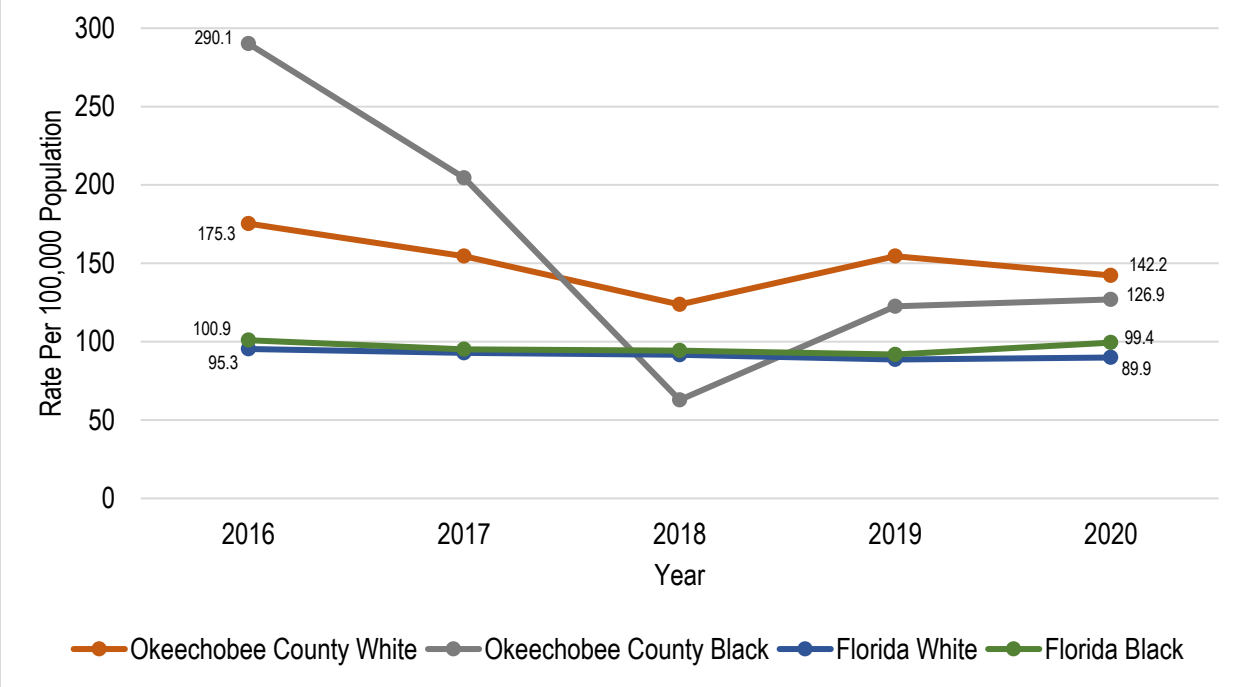
The table and graph below show the age-adjusted deaths from coronary heart disease by race in Okeechobee County and Florida from 2016 to 2020. Among Okeechobee County Black residents, the rate declined from 290.1 per 100,000 population in 2016 to 62.8 per 100,000 population in 2018, then increased to 126.9 per 100,000 population in 2020. The rate among White Okeechobee County residents fluctuated during this timeframe, ultimately decreasing from 154.5 per 100,000 population in 2019 to 142.2 per 100,000 population in 2020.

Table 176: Age-Adjusted Deaths from Coronary Heart Disease by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	89	175.3	5	290.1	25,791	95.3	2,801	100.9
2017	81	154.5	5	204.5	25,724	92.8	2,775	95.1
2018	75	123.7	2	62.8	25,974	91.6	2,830	94.3
2019	88	154.5	4	122.5	25,898	88.6	2,862	91.8
2020	82	142.2	4	126.9	26,968	89.9	3,261	99.4

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 265: Age-Adjusted Deaths from Coronary Heart Disease by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Coronary Heart Disease by Ethnicity

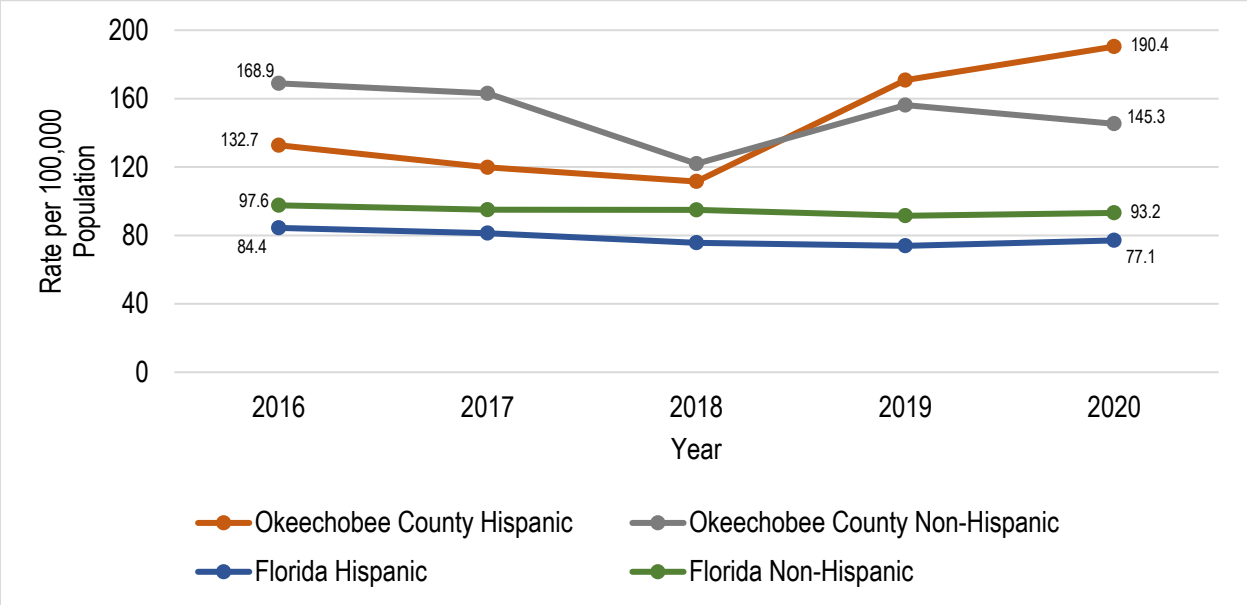
The table and graph below show the age-adjusted deaths from coronary heart disease by ethnicity in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the death rate from coronary heart disease among non-Hispanic Okeechobee County residents fluctuated, ultimately decreasing from 156.2 per 100,000 population in 2019 to 145.3 per 100,000 population in 2020. The death rate among Hispanic Okeechobee County residents decreased from 132.7 per 100,000 population in 2016 to 111.5 per 100,000 population in 2018, but then increased to 190.4 per 100,000 population in 2020. Notably, each year from 2016 to 2020, the death rate from coronary heart disease among Hispanic and non-Hispanic Okeechobee County residents was higher than the rate among Hispanic and non-Hispanic Florida residents overall.

Table 177: Age-Adjusted Deaths from Coronary Heart Disease by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	7	132.7	87	168.9	3,871	84.4	25,087	97.6
2017	4	119.8	83	163.0	3,943	81.3	24,898	95.0
2018	5	111.5	72	121.9	3,963	75.7	25,249	94.9
2019	6	170.8	86	156.2	4,061	73.9	25,038	91.5
2020	7	190.4	79	145.3	4,467	77.1	26,222	93.2

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 266: Age-Adjusted Deaths from Coronary Heart Disease by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Cancer Deaths

Cancer occurs when cells grow uncontrollably and spread to other parts of the body. Specific types of cancer are named after the part of the body where the cells started growing first, even if the cells spread to other areas of the body later.[359] Cancer affects one in three people in the United States, making it an important public health concern. Cancer can be treated successfully for many people due in part to medical advances and research that has progressed throughout the years.[360] The risk factors associated with cancer are extensive, and while some can be managed, some are inherent. For example, a person's age, genes, and family history cannot be changed. However, lifestyle behaviors like tobacco use, excess sunlight exposure, excess body weight, physical inactivity, excessive alcohol consumption, and unhealthy eating habits can be mitigated to decrease risk and increase overall health.[361]

Age-Adjusted Deaths from Cancer

The risk of dying from cancer has drastically decreased over the last two decades. However, cancer is still one of the top leading causes of death, and it is estimated that there will be 609,360 cancer deaths in 2022 in the United States. Combination treatments, chemotherapy, prevention and early detection through screenings, and decreased tobacco use are all contributing factors to the reduced cancer mortality rate.[362]

The table and figure below show the age-adjusted death count and rate per 100,000 population from cancer in Okeechobee County and Florida from 2016 to 2020. While the rates fluctuated, Okeechobee County's cancer death rate remained higher than that of Florida's from 2016 to 2020. The age-adjusted death rate from cancer reached a five-year low in 2018 (153.6 per 100,000 population) in Okeechobee County, followed by a peak in the cancer death rate in 2019 (215.4 per 100,000 population). Overall, the age-adjusted cancer death rate remained stable in the state of Florida during this timeframe, ultimately decreasing from 2016 (151.5 per 100,000 population) to 2020 (138.7 per 100,000 population).

The Healthy People 2030 national target is to reduce the overall cancer death rate to 122.7 per 100,000 population.[363] Okeechobee County has not yet met this target.

[359] Centers for Disease Control and Prevention. (2022, August 24). Cancer. Centers for Disease Control and Prevention. Retrieved August 27, 2022, from https://www.cdc.gov/cancer/

[360] American Cancer Society. (2020). What is cancer? Cancer basics. Retrieved September 2, 2022, from https://www.cancer.org/treatment/understanding-your-diagnosis/what-is-cancer.html

[361] American Cancer Society. (2020). Common questions about causes of cancer. American Cancer Society. Retrieved September 2, 2022, from https://www.cancer.org/healthy/cancer-causes/general-info/questions.html

[362] American Cancer Society. (2022). 2022 cancer facts & figures cancer: Cancer death rate drops. Retrieved August 25, 2022, from https://www.cancer.org/latest-news/facts-and-figures-2022.html

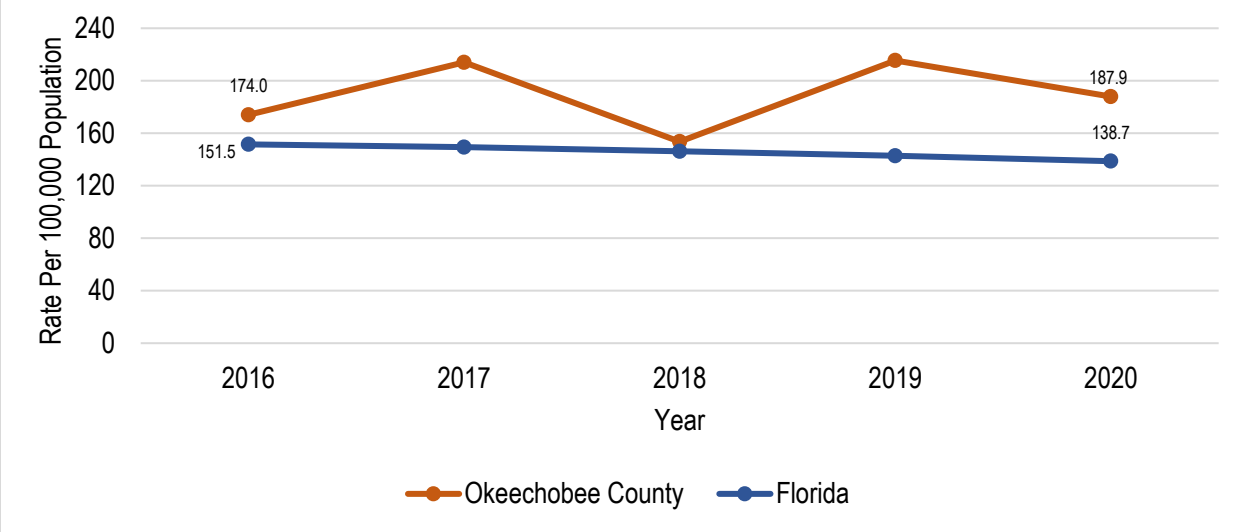
[363] U.S. Department of Health and Human Services. (n.d.). Reduce the overall cancer death rate - C-01 data. Healthy People 2030. Retrieved August 25, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer/reduce-overall-cancer-death-rate-c-01/data

Table 178: Age-Adjusted Deaths from Cancer, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	98	174.0	44,237	151.5
2017	122	214.0	44,862	149.4
2018	93	153.6	45,199	146.2
2019	123	215.4	45,562	142.8
2020	115	187.9	45,723	138.7

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 267: Age-Adjusted Deaths from Cancer, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Deaths from Cancer by Race

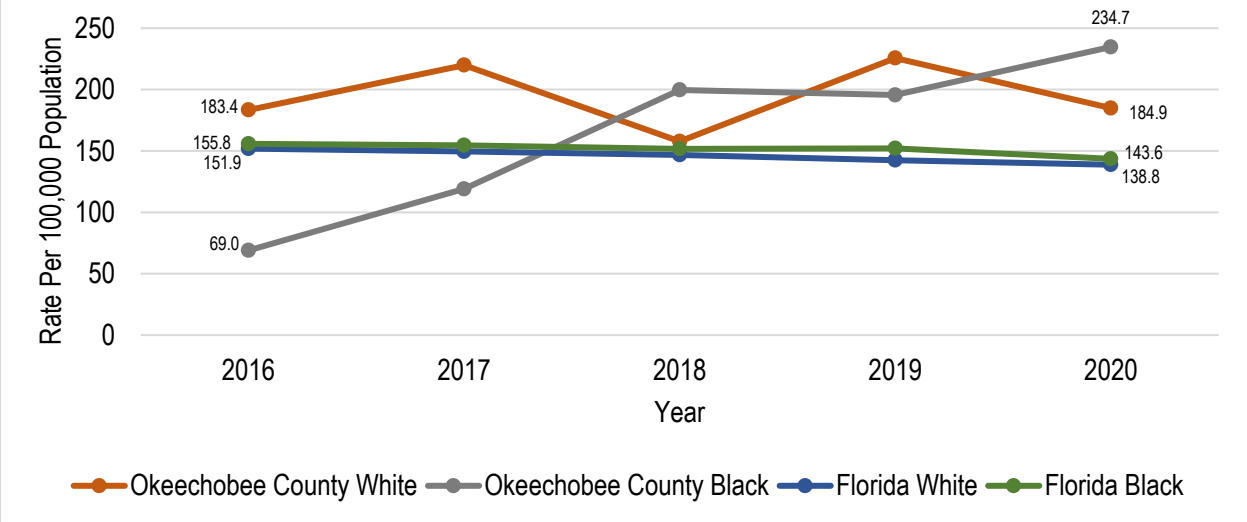
The table and figure below show the age-adjusted cancer death rate per 100,000 population by race in Okeechobee County and Florida from 2016 to 2020. Notably, a significant increase in the age-adjusted death rate among Okeechobee County Black residents took place between 2016 (69.0 per 100,000 population) and 2020 (234.7 per 100,00 population). Comparatively, the rate among White Okeechobee County residents fluctuated across this timeframe, ultimately reaching a rate of 184.9 per 100,000 population most recently in 2020. In the state of Florida, the rate of age-adjusted deaths from cancer was slightly higher among Black residents each year reported. Most recently, the age-adjusted death rate from cancer was 138.8 per 100,000 population among White Florida residents compared to 143.6 per 100,000 population among Black Florida residents in 2020.

Table 179: Age-Adjusted Deaths from Cancer by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	96	183.4	2	69.0	38,614	151.9	4,603	155.8
2017	116	219.9	4	119.1	39,036	149.6	4,781	154.6
2018	88	157.8	5	199.7	39,307	146.8	4,828	151.7
2019	118	225.6	5	195.6	39,378	142.5	5,052	152.1
2020	105	184.9	7	234.7	39,517	138.8	4,988	143.6

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 268: Age-Adjusted Deaths from Cancer by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Deaths from Cancer by Ethnicity

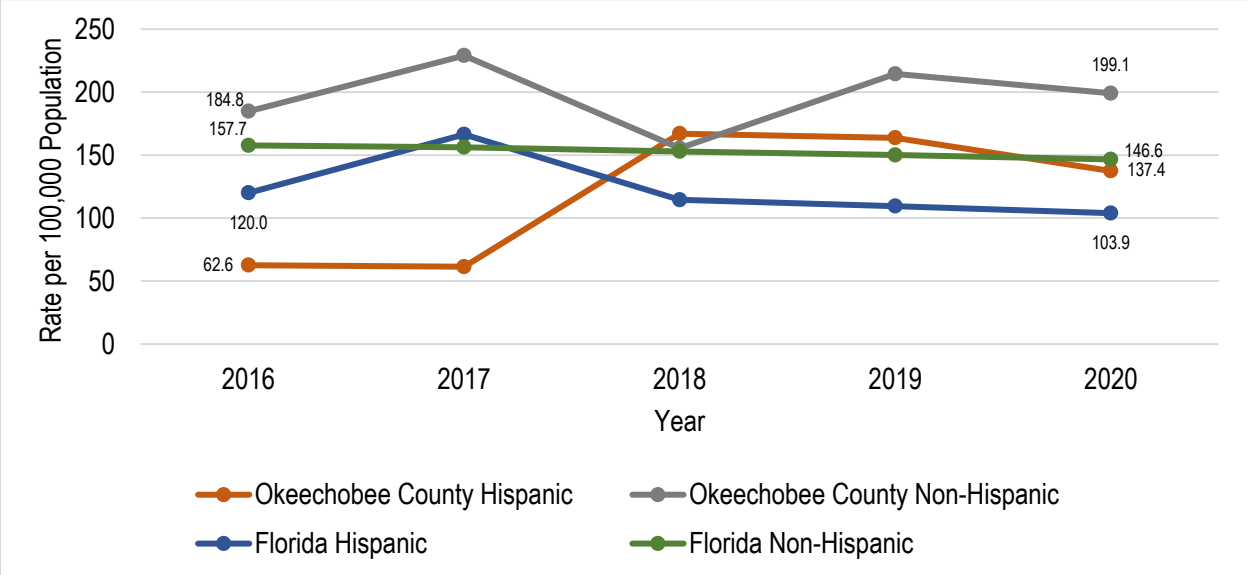
The table and figure below show the age-adjusted cancer death rate per 100,000 population by ethnicity in Okeechobee County and Florida from 2016 to 2020. Notably, there was a significant increase in the age-adjusted cancer death rate among Okeechobee County Hispanic residents from 2017 (61.4 per 100,000 population) to 2018 (167.0 per 100,000 population). Most recently, in 2020, the age-adjusted death rate from cancer was 137.4 per 100,000 population among Okeechobee County Hispanic residents and 199.1 per 100,000 population among Okeechobee County non-Hispanic residents. Compared to their ethnic counterparts in the state of Florida, Okeechobee County residents experienced a higher death rate from cancer most years. In 2020, the age-adjusted death rate from cancer was 103.9 per 100,000 population among Florida Hispanic residents and 146.6 per 100,000 population among Florida non-Hispanic residents.

Table 180: Age-Adjusted Deaths from Cancer by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	3	62.6	95	184.8	5,579	120.0	38,514	157.7
2017	5	61.4	117	229.0	5,705	116.4	38,995	156.2
2018	10	167.0	83	155.5	6,026	114.5	39,001	152.9
2019	12	163.7	111	214.5	6,075	109.5	39,292	150.1
2020	8	137.4	106	199.1	6,070	103.9	39,478	146.6

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 269: Age-Adjusted Deaths from Cancer, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Deaths from Cervical Cancer

Cervical cancer is the second leading type of cancer diagnosed among women. Cervical cancer happens when cells grow uncontrollably in the body's cervix. All women are at risk for this diagnosis, but women over the age of 30 are at a higher risk for being affected by cervical cancer. Prevention through the human papillomavirus (HPV) vaccination and early detection through screening tests can increase treatability for this cancer. [364]

The table and figure below show the age-adjusted cervical cancer death rate per 100,000 female population in Okeechobee County and Florida from 2016 to 2020. The rate at the county level fluctuated during this timeframe, most recently decreasing from 9.5 per 100,000 female population in 2019 to 0.0 per 100,000 female population in 2020. In the state of Florida, the rate remained relatively constant, most recently increasing from 2.7 per 100,000 female population in 2019 to 2.8 per 100,000 female population in 2020.

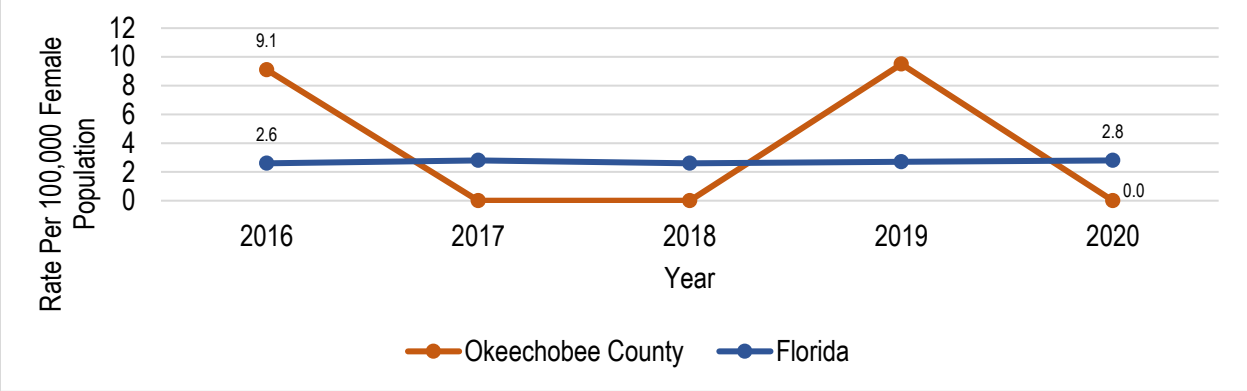
There is no Healthy People 2030 national target specific to this indicator.

Table 181: Age-Adjusted Deaths from Cervical Cancer, Count and Rate Per 100,000 Female Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	2	9.1	330	2.6
2017	0	0.0	353	2.8
2018	0	0.0	350	2.6
2019	3	9.5	362	2.7
2020	0	0.0	385	2.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 270: Age-Adjusted Deaths from Cervical Cancer, Rate Per 100,000 Female Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[364] Centers for Disease Control and Prevention. (2021, December 14). Basic information about cervical cancer. Centers for Disease Control and Prevention. Retrieved August 26, 2022, from https://www.cdc.gov/cancer/cervical/basic_info/index.htm

Age-Adjusted Deaths from Cervical Cancer by Race

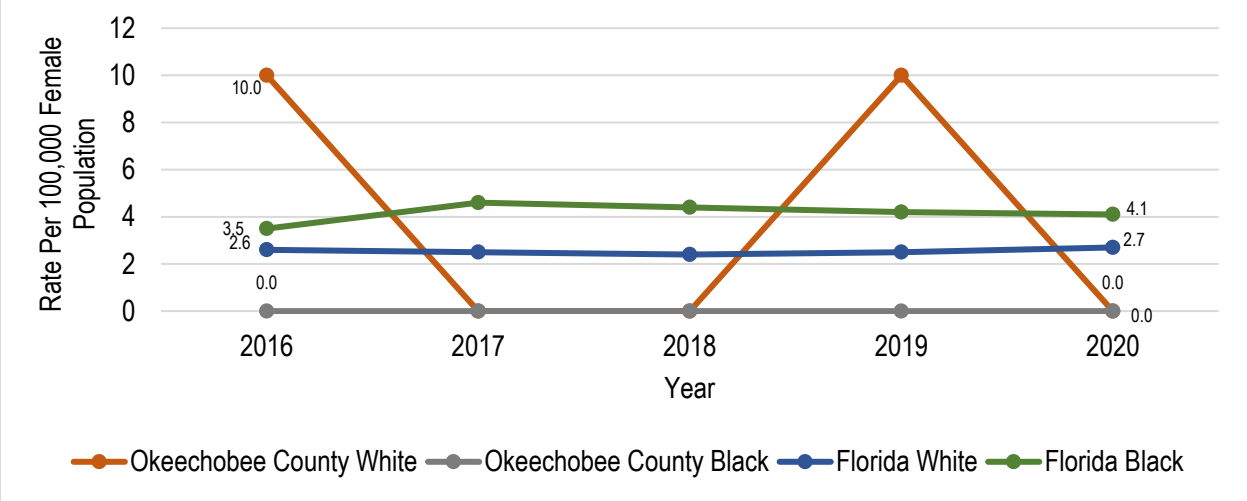
The table and figure below show the age-adjusted cervical cancer death rate per 100,000 female population by race in Okeechobee County and Florida from 2016 to 2020. From 2016 to 2020, there were no cervical cancer deaths reported among the county's Black residents. Additionally, there were no cervical cancer deaths among the Okeechobee County White female population in 2017, 2018, and 2020. In 2016 and 2019, a rate of 10.0 per 100,000 female population was reported among Okeechobee County White females. In Florida, the rate of cervical cancer deaths was highest among Black residents compared to their White counterparts in all years reported. Most recently in 2020, the rate of age-adjusted cervical cancer deaths was 4.1 per 100,000 female population among Black Florida residents and 2.7 per 100,000 female population among White Florida residents.

Table 182: Age-Adjusted Deaths from Cervical Cancer by Race, Count and Rate Per 100,000 Female Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	2	10.0	0	0.0	265	2.6	59	3.5
2017	0	0.0	0	0.0	259	2.5	81	4.6
2018	0	0.0	0	0.0	258	2.4	79	4.4
2019	3	10.0	0	0.0	269	2.5	82	4.2
2020	0	0.0	0	0.0	297	2.7	80	4.1

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 271: Age-Adjusted Deaths from Cervical Cancer by Race, Rate Per 100,000 Female Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Deaths from Cervical Cancer by Ethnicity

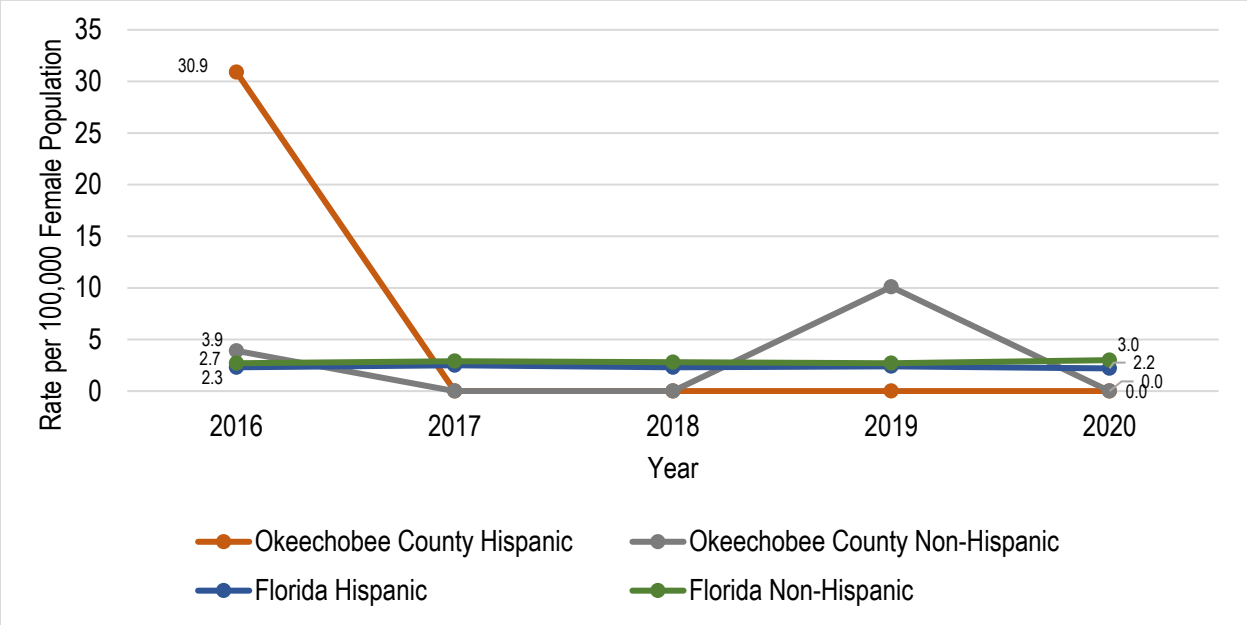
The table and figure below show the age-adjusted cervical cancer death rate per 100,000 female population by ethnicity in Okeechobee County and Florida from 2016 to 2020. Hispanic female residents in Okeechobee County experienced a significant rate decrease from 2016 (30.9 per 100,000 female population) to 2017 (0.0 per 100,000 female population). From 2017 to 2020, there were no cervical cancer deaths reported among the county's Hispanic female residents. Additionally, there were no cervical cancer deaths among the county's non-Hispanic female residents in 2017, 2018, and 2020. However, in 2019, the rate of age-adjusted cervical cancer deaths among Okeechobee County non-Hispanic residents reached 10.1 per 100,000 female population.

Table 183: Age-Adjusted Deaths from Cervical Cancer by Ethnicity, Count and Rate Per 100,000 Female Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	1	30.9	1	3.9	60	2.3	270	2.7
2017	0	0.0	0	0.0	67	2.5	284	2.9
2018	0	0.0	0	0.0	66	2.3	284	2.8
2019	0	0.0	3	10.1	74	2.4	286	2.7
2020	0	0.0	0	0.0	70	2.2	314	3.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 272: Age-Adjusted Deaths from Cervical Cancer by Ethnicity, Rate Per 100,000 Female Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Deaths from Colorectal Cancer

Colorectal cancer, also known as colon cancer, is the second most common cause of cancer death in the United States. Most colorectal cancer cases can be prevented through lifestyle changes, such as tobacco cessation, healthy eating, limiting alcohol consumption, increasing physical activity, and weight loss. Early detection, such as screening and surveillance, also contribute to the management and treatment of colorectal cancer.[365]

The table and figure below show the age-adjusted colorectal cancer death rate per 100,000 population in Okeechobee County and Florida from 2016 to 2020. Most recently, in 2020, the rate of age-adjusted deaths from colorectal cancer decreased to 11.3 per 100,000 population in Okeechobee County, compared to 12.1 per 100,000 population in Florida.

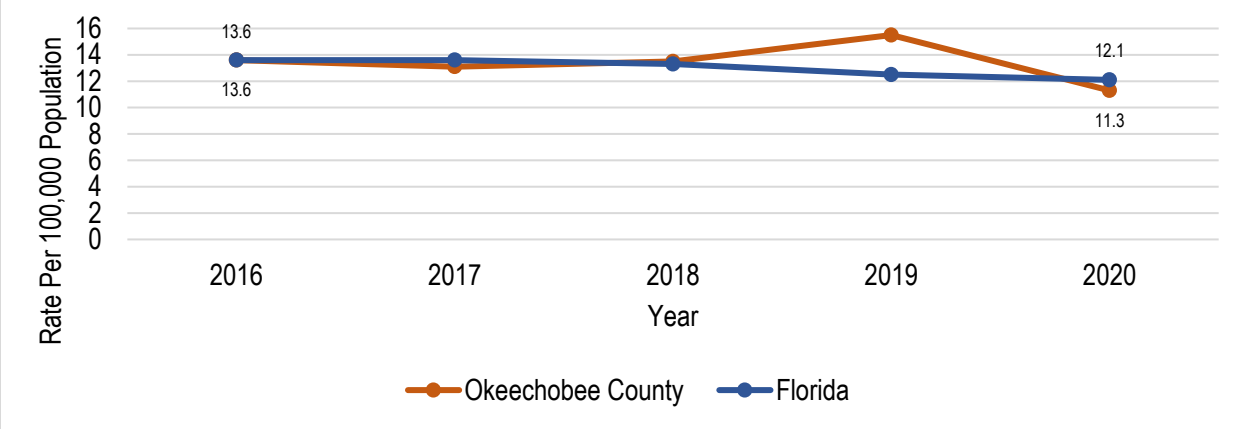
The Healthy People 2030 national target is to reduce the colorectal cancer death rate to 8.9 per 100,000.[366] Okeechobee County has not yet met this target as of 2020.

Table 184: Age-Adjusted Deaths from Colorectal Cancer, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	8	13.6	3,953	13.6
2017	8	13.1	4,027	13.6
2018	8	13.5	4,045	13.3
2019	8	15.5	3,898	12.5
2020	5	11.3	3,886	12.1

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 273: Age-Adjusted Deaths from Colorectal Cancer, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[365] Colorectal cancer statistics, 2020 - Wiley Online Library. American Cancer Society Journals. (2020). Retrieved August 26, 2022, from https://acsjournals.onlinelibrary.wiley.com/doi/abs/10.3322/caac.21601
[366] U.S. Department of Health and Human Services (n.d.). Reduce the colorectal cancer death rate - C-06 - Healthy People 2030. Retrieved August 26, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer/reduce-colorectal-cancer-death-rate-c-06

Age-Adjusted Deaths from Colorectal Cancer by Race

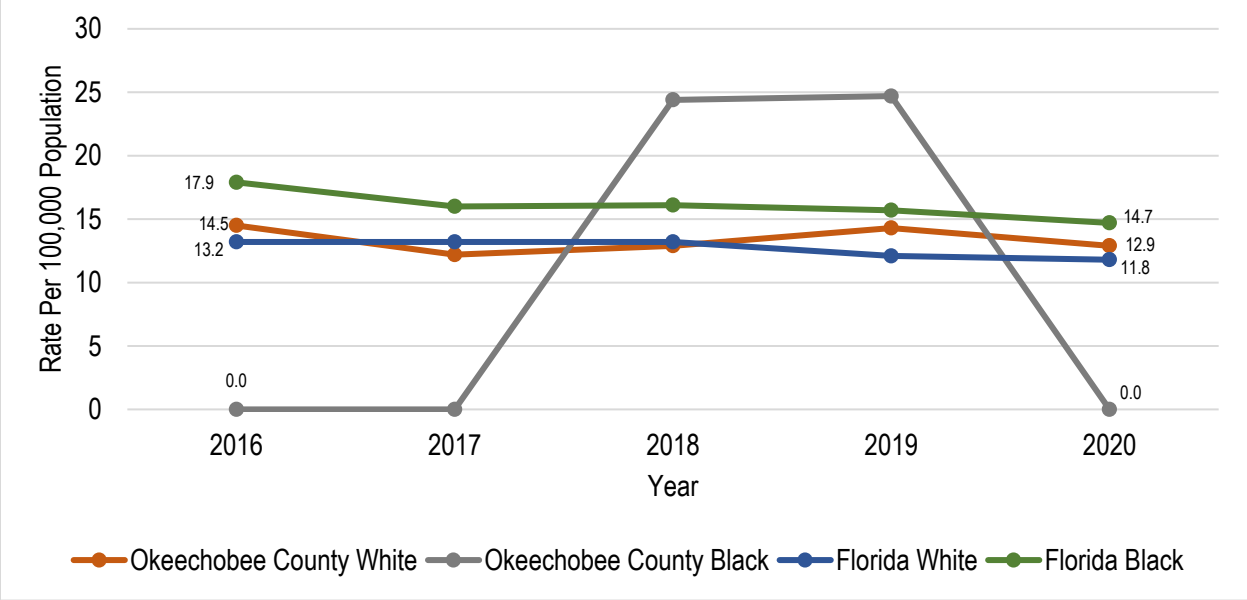
The table and figure below show the age-adjusted colorectal cancer death rate per 100,000 population by race in Okeechobee County and Florida from 2016-2020. Aside from 2018 (24.4 per 100,000 population) and 2019 (24.7 per 100,000 population), there were no colorectal cancer deaths reported among Okeechobee County's Black residents. Most recently, in 2020, the age-adjusted death rate from colorectal cancer decreased to 12.9 per 100,000 population among Okeechobee County White residents. In Florida, the age-adjusted death rate from colorectal cancer was 11.8 per 100,000 population among White Florida residents, compared to 14.7 per 100,000 population among Black Florida residents.

Table 185: Age-Adjusted Deaths from Colorectal Cancer by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	8	14.5	0	0.0	3,330	13.2	530	17.9
2017	7	12.2	0	0.0	3,421	13.2	499	16.0
2018	7	12.9	1	24.4	3,453	13.2	510	16.1
2019	7	14.3	1	24.7	3,258	12.1	516	15.7
2020	5	12.9	0	0.0	3,244	11.8	519	14.7

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 274: Age-Adjusted Deaths from Colorectal Cancer by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Deaths from Colorectal Cancer by Ethnicity

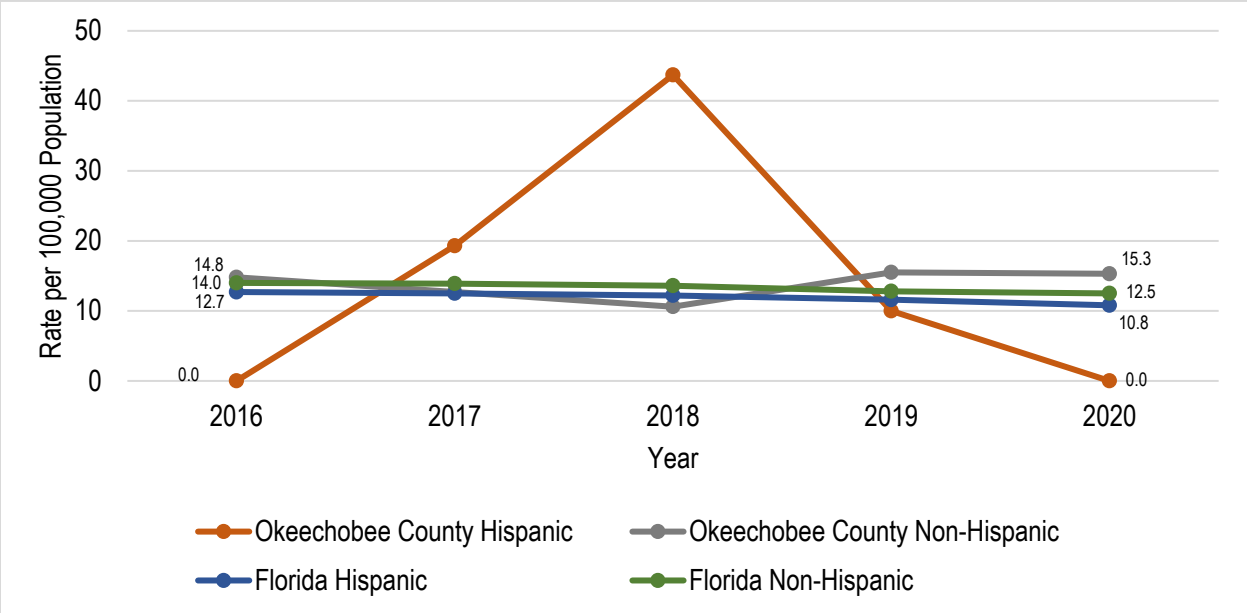
The table and figure below show the age-adjusted colorectal cancer death rate per 100,000 population by ethnicity in Okeechobee County and Florida from 2016 to 2020. Despite an increasing trend from 2016 (0.0 per 100,000 population) to 2018 (43.7 per 100,000 population) among Okeechobee County Hispanic residents, the age-adjusted death rate from colorectal cancer decreased to 0.0 per 100,000 population among Okeechobee County Hispanic residents in 2020. Among Okeechobee County non-Hispanic residents, the age-adjusted death rate from colorectal cancer was 15.3 per 100,000 population in 2020.

Table 186: Age-Adjusted Deaths from Colorectal Cancer by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	0	0.0	8	14.8	596	12.7	3,343	14.0
2017	1	19.3	7	12.7	615	12.5	3,391	13.9
2018	2	43.7	6	10.6	641	12.2	3,381	13.6
2019	1	10.0	7	15.5	647	11.6	3,230	12.8
2020	0	0.0	5	15.3	636	10.8	3,234	12.5

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 275: Age-Adjusted Deaths from Colorectal Cancer by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Deaths from Breast Cancer

Despite decreases over time, breast cancer remains the second leading cause of cancer deaths among women overall. There are about 264,000 breast cancer cases diagnosed among women in the United States each year. While there are some risk factors that can't be changed, like age, and family history, and genetic mutations, there are lifestyles that can be implemented to reduce the risk of breast cancer. Maintaining a healthy weight, exercising regularly, limiting alcohol, breastfeeding if possible, knowing your family history, and being proactive about screenings help reduce the risks associated with a breast cancer diagnosis.[367]

The table and figure below show the age-adjusted breast cancer death rate per 100,000 female population in Okeechobee County and Florida from 2016 to 2020. Most recently, the death rate from breast cancer among Okeechobee County residents decreased from 15.3 per 100,000 female population in 2019 to 9.3 per 100,000 female population in 2020. In the state of Florida, the rate decreased from 10.6 per 100,000 female population in 2019 to 9.8 per 100,000 female population in 2020.

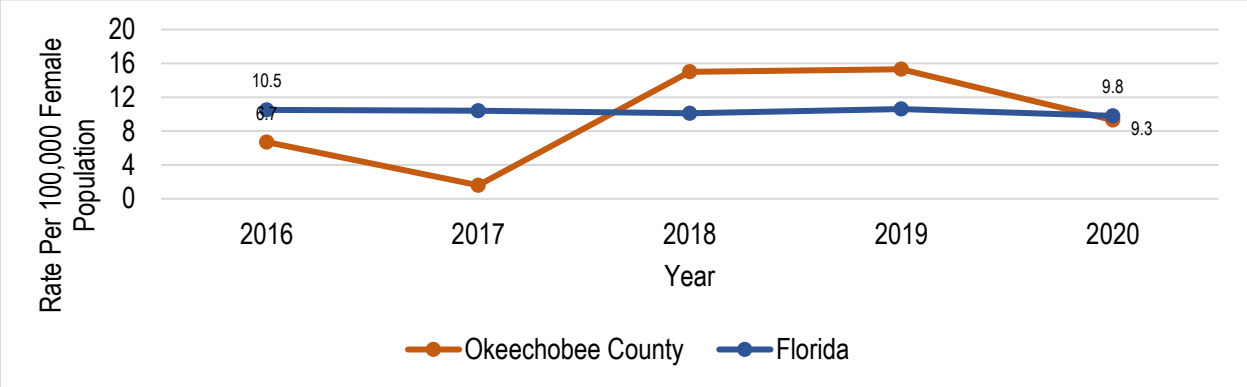
The Healthy People 2030 national target is to reduce the female breast cancer death rate to 15.3 per 100,000 population.[368] Okeechobee County has met this target as of 2020.

Table 187: Age-Adjusted Deaths from Breast Cancer, Count and Rate Per 100,000 Female Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	4	6.7	2,932	10.5
2017	1	1.6	2,985	10.4
2018	9	15.0	2,997	10.1
2019	7	15.3	3,183	10.6
2020	5	9.3	3,060	9.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 276: Age-Adjusted Deaths from Breast Cancer, Rate Per 100,000 Female Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[367] Centers for Disease Control and Prevention. (2022, June 6). Basic Information About Breast Cancer. Centers for Disease Control and Prevention. Retrieved August 26, 2022, from https://www.cdc.gov/cancer/breast/basic_info/index.htm
[368] U.S. Department of Health and Human Services (n.d.). Reduce the female breast cancer death rate - C-04 - Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer/reduce-female-breast-cancer-death-rate-c-04

Age-Adjusted Deaths from Breast Cancer by Race

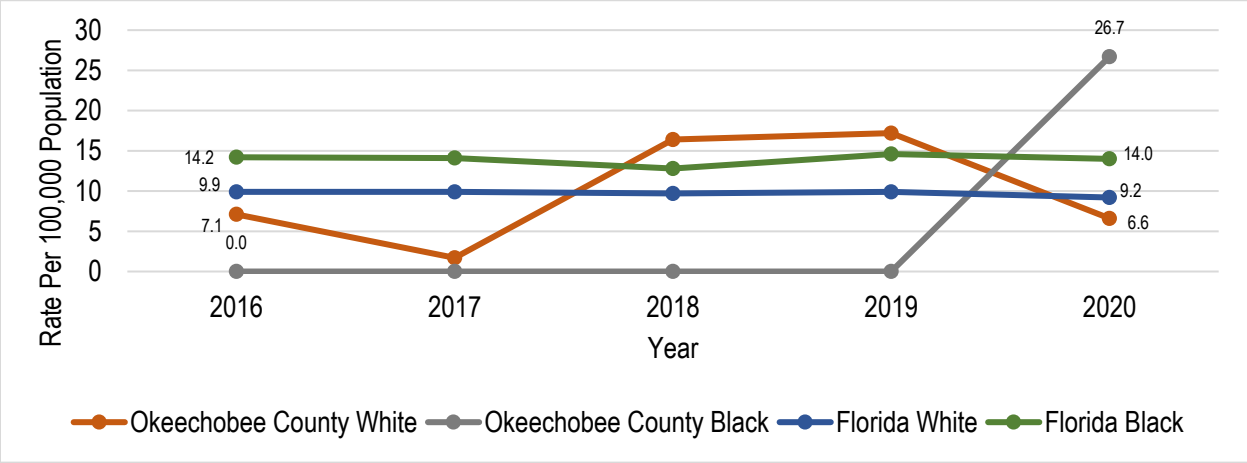
The table and figure below show the age-adjusted breast cancer death rate per 100,000 female population by race in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the rate was lower among Black residents compared to White residents in Okeechobee County each year except 2020. Notably, from 2016 to 2019, there were no reported breast cancer deaths among the Black female residents in the county. However, in 2020, the rate of age-adjusted deaths from breast cancer increased to 26.7 per 100,000 female population among Okeechobee County Black residents, compared to 6.6 per 100,000 female population among Okeechobee County White female residents in the same year. In Florida, the age-adjusted death rate from breast cancer decreased to 14.0 per 100,000 female population among Florida Black residents and 9.2 per 100,000 female population among Florida White residents in 2020.

Table 188: Age-Adjusted Deaths from Breast Cancer by Race, Count and Rate Per 100,000 Female Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	4	7.1	0	0.0	2,419	9.9	430	14.2
2017	1	1.7	0	0.0	2,475	9.9	446	14.1
2018	9	16.4	0	0.0	2,479	9.7	420	12.8
2019	7	17.2	0	0.0	2,582	9.9	498	14.6
2020	4	6.6	1	26.7	2,482	9.2	491	14.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 277: Age-Adjusted Deaths from Breast Cancer by Race, Rate Per 100,000 Female Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Deaths from Breast Cancer by Ethnicity

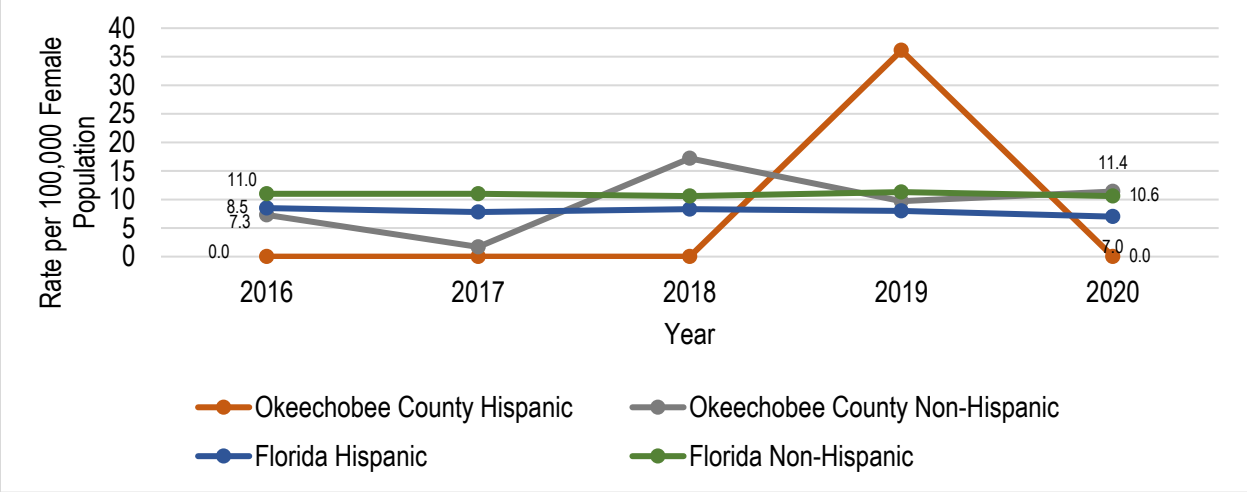
The table and figure below show the age-adjusted breast cancer death rate per 100,000 female population by ethnicity in Okeechobee County and Florida from 2016 to 2020. Every year during this timeframe except 2019, there were no breast cancer deaths among Okeechobee County Hispanic female residents. In 2019, the rate increased to 36.1 per 100,000 female population among Okeechobee County Hispanic residents, more than doubling any other rate during this timeframe between Okeechobee County and Florida ethnic populations. During this same year, the rate of breast cancer deaths was 9.7 per 100,000 female population among Okeechobee County non-Hispanic residents, 8.0 per 100,000 female population among Florida Hispanic residents, and 11.3 per 100,000 female population among Florida non-Hispanic residents.

Table 189: Age-Adjusted Deaths from Breast Cancer by Ethnicity, Count and Rate Per 100,000 Female Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	0	0.0	4	7.3	403	8.5	2,520	11.0
2017	0	0.0	1	1.7	395	7.8	2,585	11.0
2018	0	0.0	9	17.2	445	8.3	2,542	10.6
2019	3	36.1	4	9.7	460	8.0	2,716	11.3
2020	0	0.0	5	11.4	417	7.0	2,631	10.6

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 278: Age-Adjusted Deaths from Breast Cancer by Ethnicity, Rate Per 100,000 Female Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Deaths from Prostate Cancer

Aside from skin cancer, prostate cancer is the most common cancer diagnosis among men in the United States. All men are at risk, but there are certain factors that increase the likelihood of a prostate cancer diagnosis. Age, family history, and race are contributing factors that raise the likelihood of getting or dying from prostate cancer. Notably, African American males are twice as likely to die from prostate cancer compared to other men.[369]

The table and figure below show the age-adjusted prostate cancer death rate per 100,000 male population in Okeechobee County and Florida from 2016 to 2020. During this time, the death rate from prostate cancer in Okeechobee County fluctuated, with a significant increase in the rate of deaths from 2016 (3.2 per 100,000 male population) to 2017 (38.9 per 100,000 male population). Most recently, in 2020, the age-adjusted death rate from prostate cancer was 15.4 per 100,000 male population in Okeechobee County, compared to 15.9 per 100,000 male population in Florida.

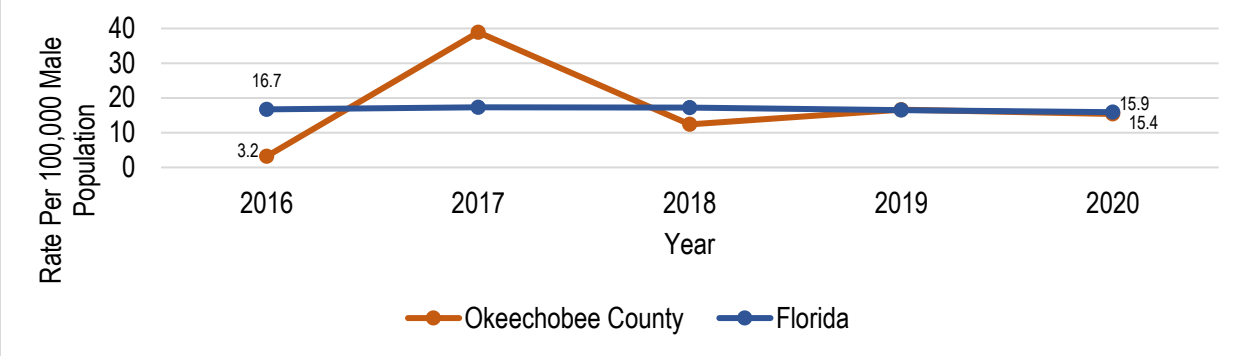
The Healthy People 2030 national target is to reduce the prostate cancer death rate to 16.9 per 100,000.[370] Okeechobee County has met this target.

Table 190: Age-Adjusted Deaths from Prostate Cancer, Count and Rate Per 100,000 Male Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	1	3.2	2,220	16.7
2017	11	38.9	2,391	17.3
2018	4	12.4	2,454	17.2
2019	5	16.6	2,443	16.5
2020	5	15.4	2,453	15.9

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 279: Age-Adjusted Deaths from Prostate Cancer, Rate Per 100,000 Male Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[369] Centers for Disease Control and Prevention. (2022, August 25). Prostate cancer. Centers for Disease Control and Prevention. Retrieved August 26, 2022, from https://www.cdc.gov/cancer/prostate/basic_info/risk_factors.htm
[370] U.S. Department of Health and Human Services (n.d.). Reduce the prostate cancer death rate - C-08 - Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer/reduce-prostate-cancer-death-rate-c-08

Age-Adjusted Deaths from Prostate Cancer by Race

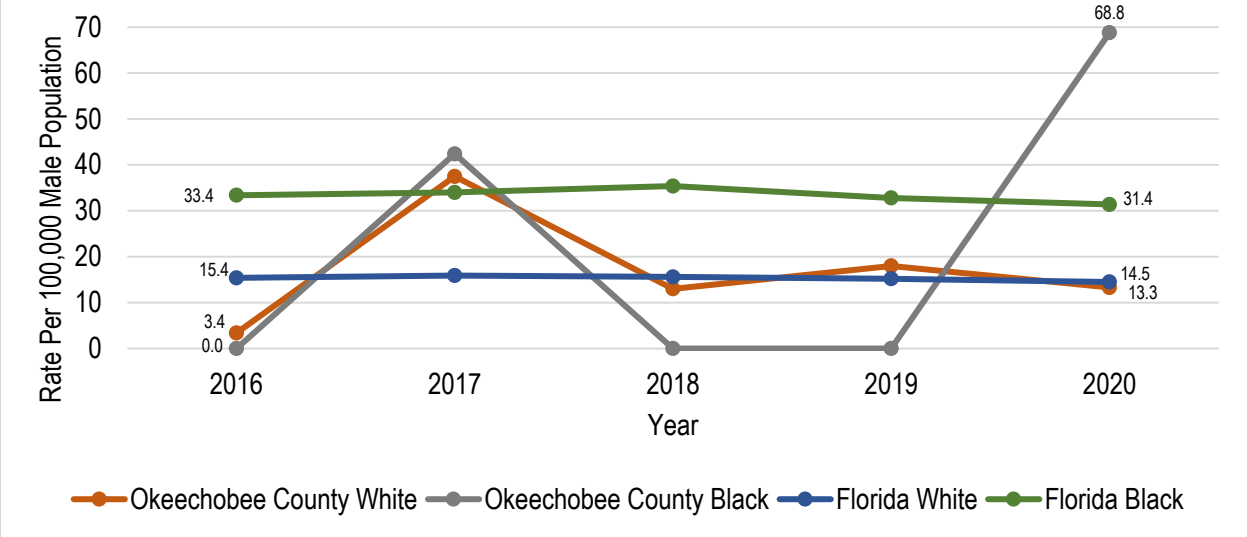
The table and figure below show the age-adjusted prostate cancer death rate per 100,000 male population by race in Okeechobee County and Florida from 2016 to 2020. Most recently, in 2020, the rate of deaths from prostate cancer decreased to 13.3 per 100,000 male population among White Okeechobee County residents and increased to 68.8 per 100,000 male population among Black Okeechobee County residents a rate over five times higher compared to White residents. In the same year, the rate of death among White Florida residents was 14.5 per 100,000 male population and 31.4 per 100,000 male population among Black Florida residents.

Table 191: Age-Adjusted Deaths from Prostate Cancer by Race, Count and Rate Per 100,000 Male Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	1	3.4	0	0.0	1,844	15.4	341	33.4
2017	10	37.5	1	42.4	1,960	15.9	386	34.0
2018	4	13.0	0	0.0	1,989	15.6	415	35.4
2019	5	18.0	0	0.0	2,012	15.2	388	32.8
2020	4	13.3	1	68.8	1,991	14.5	404	31.4

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 280: Age-Adjusted Deaths from Prostate Cancer by Race, Rate Per 100,000 Male Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Deaths from Prostate Cancer by Ethnicity

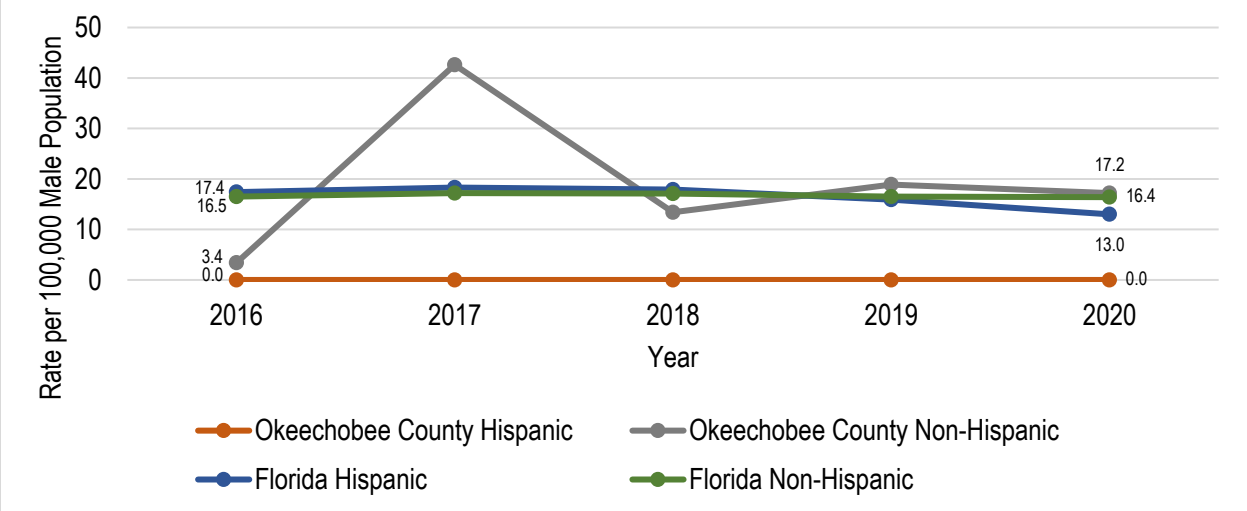
The table and figure below show the age-adjusted prostate cancer death rate per 100,000 male population by race in Okeechobee County and Florida from 2016 to 2020. Notably, from 2016 to 2020, there were no prostate cancer deaths reported among the Okeechobee County Hispanic male population. Among Okeechobee County non-Hispanic males, the age-adjusted death rate from prostate cancer reached 42.6 per 100,000 population in 2017, but recently decreased to 17.2 per 100,000 population as of 2020. Among the Florida population, the death rate from prostate cancer was highest among Hispanic residents from 2016 to 2018, but recently decreased to 13.0 per 100,000 male population in 2020. Among Florida non-Hispanic residents, the age-adjusted death rate from prostate cancer decreased to 16.4 per 100,000 population in 2020.

Table 192: Age-Adjusted Deaths from Prostate Cancer by Ethnicity, Count and Rate Per 100,000 Male Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	0	0.0	1	3.4	310	17.4	1,900	16.5
2017	0	0.0	11	42.6	339	18.3	2,042	17.2
2018	0	0.0	4	13.4	367	17.9	2,082	17.1
2019	0	0.0	5	18.9	340	15.9	2,091	16.5
2020	0	0.0	5	17.2	296	13.0	2,146	16.4

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 281: Age-Adjusted Deaths from Prostate Cancer by Ethnicity, Rate Per 100,000 Male Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Deaths from Lung Cancer

Lung cancer originates in the lungs but can spread to lymph nodes or other organs in the body. Treatment options are dependent on the grouping of lung cancer, including small cell and non-small cell lung cancer.[371] Smoking, secondhand smoke, radon exposure, and family history increase the risk of lung cancer. Preventative measures can be implemented to decrease the likelihood of lung cancer because lifestyle and environmental factors are primary contributors.[372] The table and figure below show the age-adjusted lung cancer death rate per 100,000 population in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the rate fluctuated in Okeechobee County, but ultimately increased overall from 2016 (50.2 per 100,000 population) to 2020 (56.1 per 100,000 population). The rate in Florida decreased each year from 2016 (37.6 per 100,000 population) to 2020 (31.9 per 100,000 population). Notably, the rate of age-adjusted deaths from lung cancer was higher among Okeechobee County residents compared to Florida residents overall for all years reported.

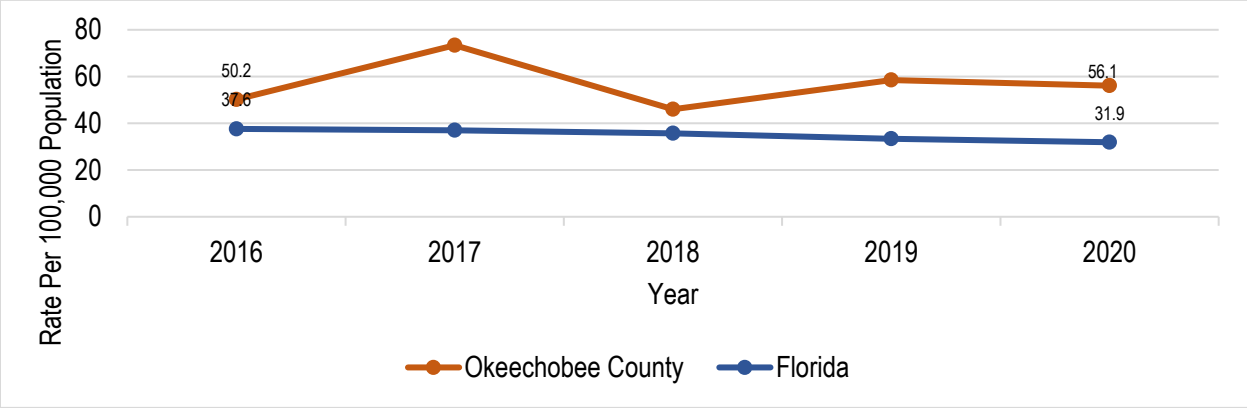
The Healthy People 2030 national target is to reduce the lung cancer death rate to 25.1 per 100,000 population.[373] Okeechobee County has not yet met this target.

Table 193: Age-Adjusted Deaths from Lung Cancer, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	29	50.2	11,206	37.6
2017	43	73.4	11,349	37.0
2018	29	46.0	11,279	35.7
2019	35	58.5	10,909	33.4
2020	35	56.1	10,798	31.9

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 282: Age-Adjusted Deaths from Lung Cancer, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[371] Centers for Disease Control and Prevention. (2021, October 18). What is lung cancer? Centers for Disease Control and Prevention. Retrieved August 27, 2022, from https://www.cdc.gov/cancer/lung/basic_info/what-is-lung-cancer.htm
[372] Centers for Disease Control and Prevention. (2021, October 18). What are the risk factors for lung cancer? Centers for Disease Control and Prevention. Retrieved August 27, 2022, from https://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm
[373] U.S. Department of Health and Human Services (n.d.). Reduce the lung cancer death rate - C-02 - Healthy People 2030. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer/reduce-lung-cancer-death-rate-c-02

Age-Adjusted Deaths from Lung Cancer by Race

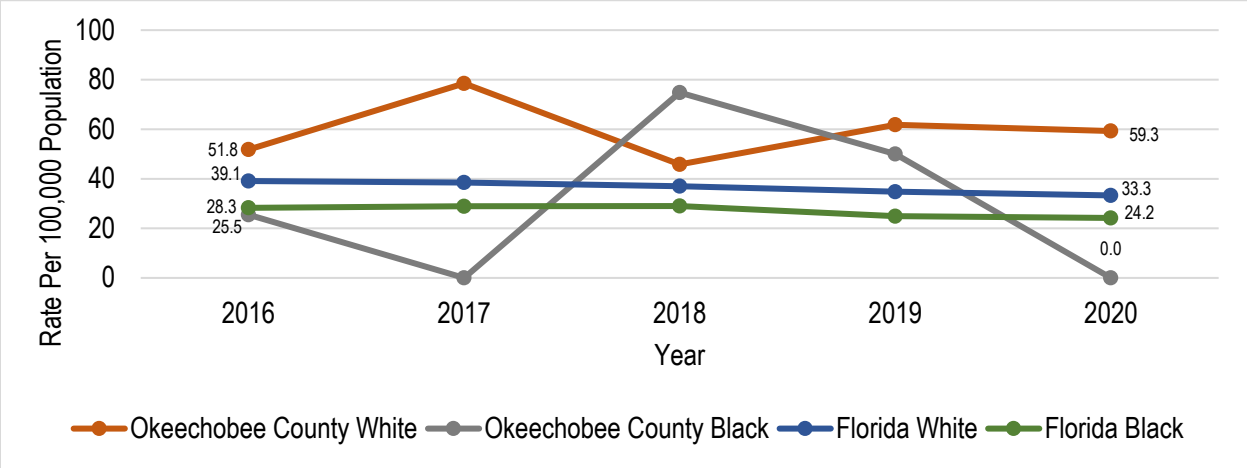
The table and figure below show the age-adjusted lung cancer death rate per 100,000 population by race in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the rate fluctuated among both the White and Black residents in Okeechobee County. The rate among Okeechobee County White residents was higher than the rate among Okeechobee County Black residents every year except for 2018. Most recently, in 2020, the age-adjusted death rate from lung cancer was 59.3 per 100,000 population among Okeechobee County White residents and 0.0 per 100,000 population among Okeechobee County Black residents. In Florida, White residents consistently had a higher rate of death from lung cancer compared to their Black counterparts from 2016 to 2020. In 2020, the age-adjusted death rate from lung cancer was 33.3 per 100,000 population among White Florida residents and 24.2 per 100,000 population among Black Florida residents.

Table 194: Age-Adjusted Deaths from Lung Cancer by Race, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	28	51.8	1	25.5	10,150	39.1	850	28.3
2017	43	78.5	0	0.0	10,246	38.5	901	28.9
2018	27	45.8	2	74.8	10,142	37.0	925	29.0
2019	34	61.8	1	50.0	9,865	34.8	849	24.9
2020	34	59.3	0	0.0	9,713	33.3	854	24.2

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 283: Age-Adjusted Deaths from Lung Cancer by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Deaths from Lung Cancer by Ethnicity

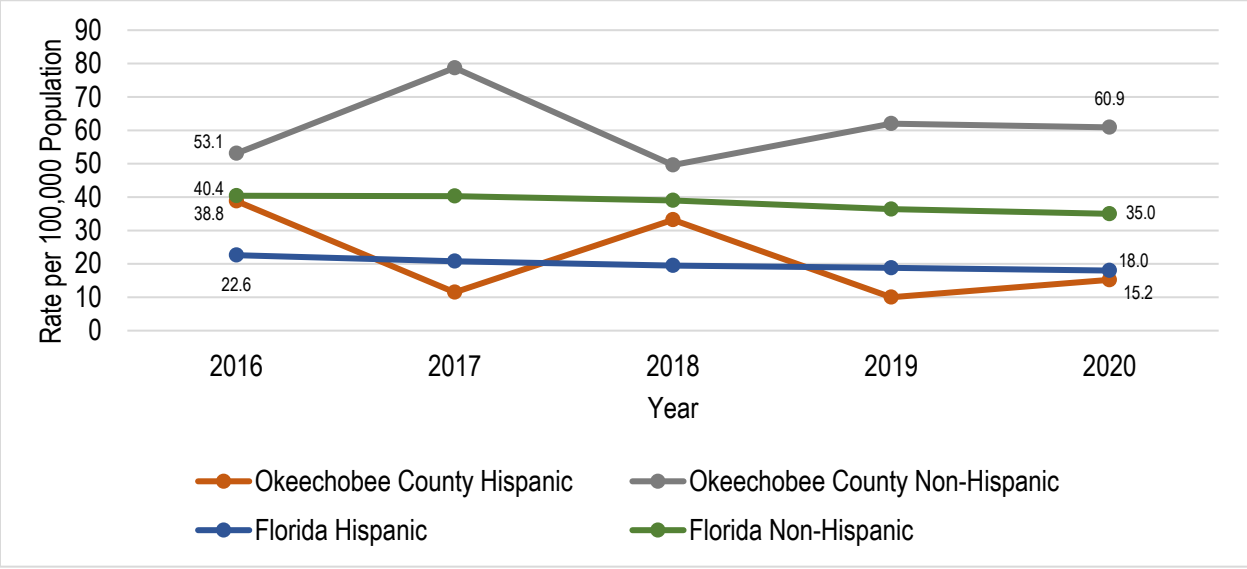
The table and figure below show the age-adjusted lung cancer death rate per 100,000 population by ethnicity in Okeechobee County and Florida from 2016 to 2020. The rate among Okeechobee County non-Hispanic residents was consistently higher than the rate among Hispanic residents throughout this timeframe. Most recently, in 2020, the age-adjusted death rate from lung cancer reached 15.2 per 100,000 population among Okeechobee County Hispanic residents compared to 60.9 per 100,000 population among Okeechobee County non-Hispanic residents. In Florida, a similar trend was reported when comparing the ethnic groups. The age-adjusted death rate from lung cancer decreased to 35.0 per 100,000 population among the Florida non-Hispanic population and 18.0 per 100,000 population among the Florida Hispanic population in 2020.

Table 195: Age-Adjusted Deaths from Lung Cancer by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	1	38.8	28	53.1	1,041	22.6	10,130	40.4
2017	1	11.5	42	78.7	1,009	20.8	10,301	40.3
2018	1	33.2	28	49.6	1,027	19.5	10,207	39.0
2019	1	10.0	34	62.0	1,033	18.8	9,821	36.4
2020	1	15.2	33	60.9	1,049	18.0	9,698	35.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 284: Age-Adjusted Deaths from Lung Cancer by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Crude Deaths from Tobacco-Related Cancer (Aged 35 Years and Older)

The relationship between tobacco and cancer is usually thought to be related to lung cancer, but tobacco use can cause cancer almost anywhere in the body. Tobacco-related cancer deaths include deaths due to cancer of the lip, oral cavity, pharynx, esophagus, stomach, pancreas, trachea, bronchus, lung, cervix, kidney, bladder or acute myeloblastic leukemia. Quitting tobacco use can reduce your risk of developing all the cancers listed above, as well as other chronic diseases.[374]

The table and figure below show crude deaths from tobacco related cancers among those aged 35 years and older in Okeechobee County and Florida from 2016 to 2020. Notably, the crude death from tobacco-related cancers was higher among Okeechobee County residents compared to their Florida counterparts for all years reported. Overall, the crude death rate increased among Okeechobee County residents from 186.4 per 100,000 population over the age of 35 in 2016 to 241.6 per 100,000 population over the age of 35 in 2020, despite fluctuation. Alternatively, the rate among state residents decreased from 166.5 per 100,000 population over the age of 35 in 2016 to 153.1 per 100,000 population over the age of 35 in 2020.

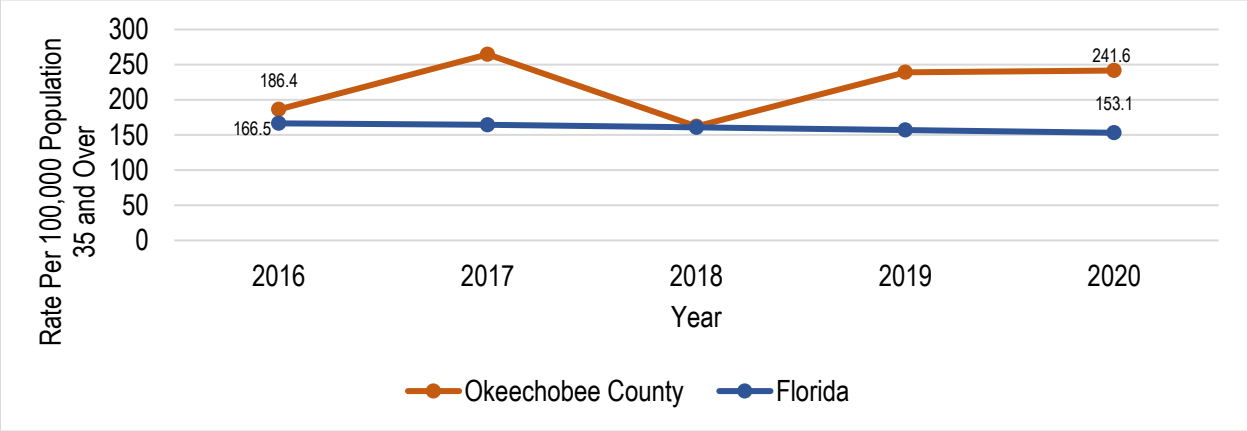
There is no Healthy People 2030 national target specific to this indicator.

Table 196: Crude Deaths from Tobacco-Related Cancer (Aged 35 Years and Older), Count and Rate Per 100,000 Population 35 and Over, Okeechobee and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	43	186.4	19,583	166.5
2017	62	264.6	19,733	164.4
2018	39	162.2	19,731	160.8
2019	57	239.1	19,626	157.0
2020	59	241.6	19,586	153.1

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 285: Crude Deaths from Tobacco-Related Cancer (Aged 35 Years and Older), Rate Per 100,000 Population 35 and Over, Okeechobee and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[374] Centers for Disease Control and Prevention. (2021, November 3). Tobacco and cancer. Centers for Disease Control and Prevention. Retrieved August 27, 2022, from https://www.cdc.gov/cancer/tobacco/index.htm

Crude Deaths from Tobacco-Related Cancer (Aged 35 Years and Older) by Race

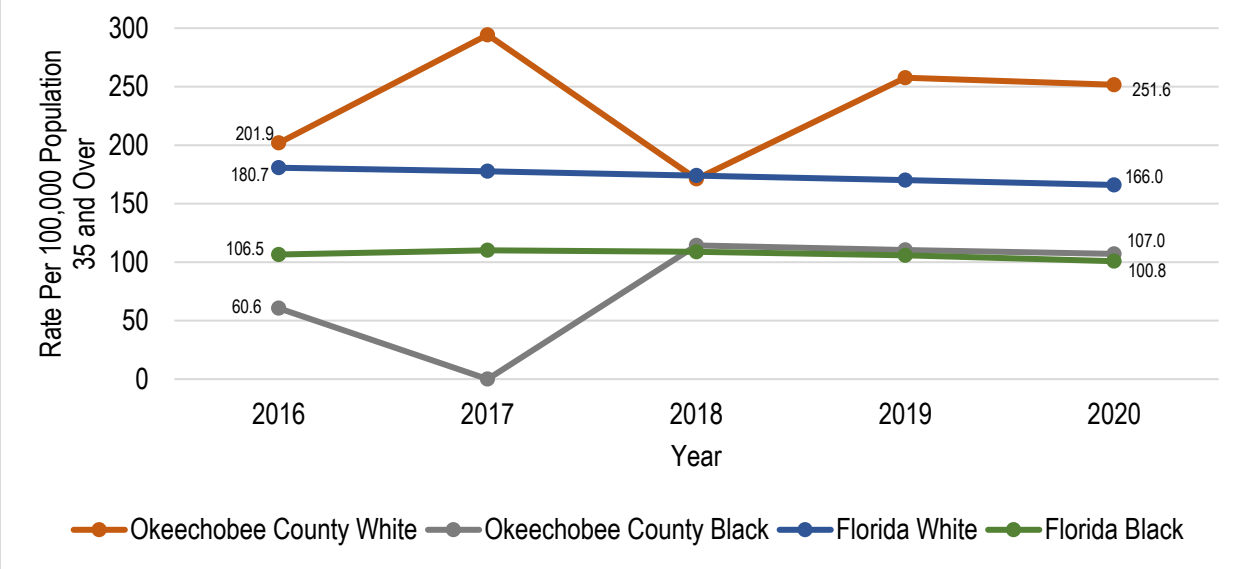
The table and figure below show the tobacco-related cancer crude death rate per 100,000 population aged 35 and older by race in Okeechobee County and Florida from 2016 to 2020. Each year except for 2018, the rate among White Okeechobee County residents was more than double that of Black Okeechobee County residents. Most recently, in 2020, the crude death rate from tobacco-related cancer was 251.6 per 100,000 population aged 35 and older among White Okeechobee County residents, compared to 107.0 per 100,000 population among Black Okeechobee County residents.

Table 197: Crude Deaths from Tobacco-Related Cancer (Aged 35 Years and Older) by Race, Count and Rate Per 100,000 Population 35 and Over, Okeechobee and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	42	201.9	1	60.6	17,517	180.7	1,680	106.5
2017	62	294.3	0	0.0	17,531	177.7	1,786	110.1
2018	37	171.1	2	114.3	17,491	174.0	1,822	108.8
2019	55	257.6	2	110.4	17,392	170.1	1,813	105.8
2020	55	251.6	2	107.0	17,324	166.0	1,780	100.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 286: Crude Deaths from Tobacco-Related Cancer (Aged 35 Years and Older) by Race, Rate Per 100,000 Population 35 and Over, Okeechobee and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Crude Deaths from Tobacco-Related Cancer (Aged 35 Years and Older) by Ethnicity

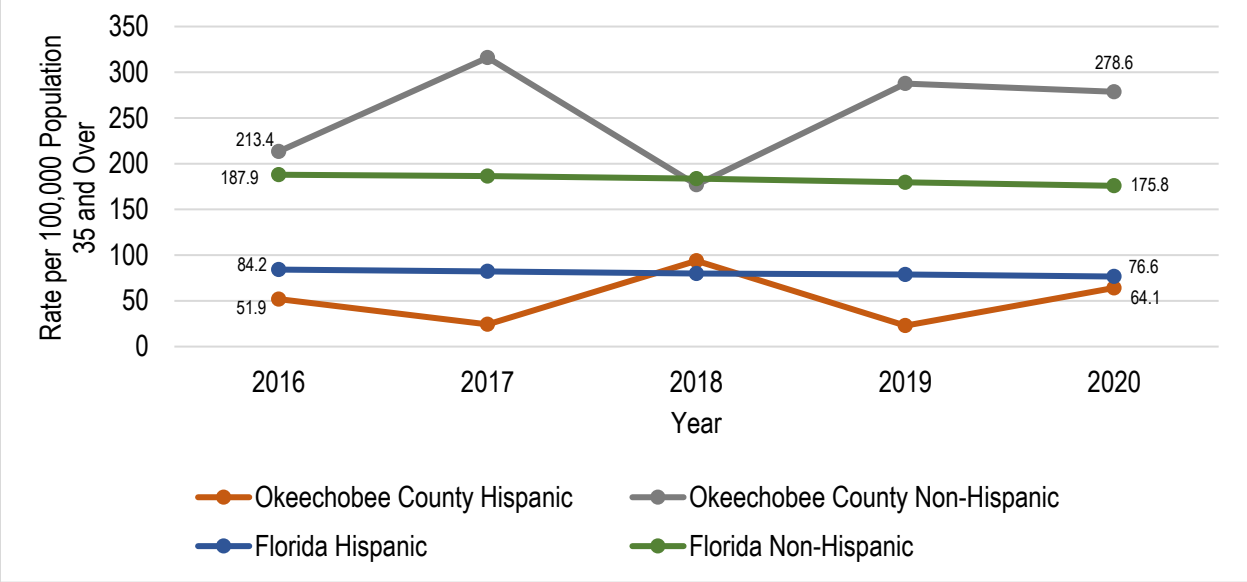
The table and figure below show the tobacco-related cancer crude death rate per 100,000 population aged 35 and older by ethnicity in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the rates fluctuated among Okeechobee's Hispanic and non-Hispanic residents, but each year the death rate was significantly higher for the county's non-Hispanic population compared to the Hispanic population. Most recently, in 2020, the crude death rate from tobacco-related cancer was 64.1 per 100,000 population aged 35 years and older among the Hispanic Okeechobee County population and 278.6 per 100,000 population aged 35 years and older among the non-Hispanic Okeechobee County population, a rate over four times higher.

Table 198: Crude Deaths from Tobacco-Related Cancer (Aged 35 Years and Older) by Ethnicity, Count and Rate Per 100,000 Population 35 and Over, Okeechobee and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	2	51.9	41	213.4	2098	84.2	17424	187.9
2017	1	24.3	61	316	2140	82.2	17521	186.4
2018	4	93.8	35	176.9	2210	79.9	17451	183.6
2019	1	22.9	56	287.6	2271	78.8	17272	179.6
2020	3	64.1	55	278.6	2306	76.6	17194	175.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 287: Crude Deaths from Tobacco-Related Cancer (Aged 35 Years and Older) by Ethnicity, Rate Per 100,000 Population 35 and Over, Okeechobee and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Deaths from Melanoma

Skin cancer is the most common cancer in the United States. Melanoma, a form of skin cancer, begins in the melanocytes, which is the lowest part of the epidermis. Melanoma is the third most common type of skin cancer and is causes the most deaths among all skin cancers. This is because melanoma tends to spread to other parts of the body, including vital organs.[375] Practicing sun safety, avoiding indoor tanning beds, and being aware of an any unusual moles or changes to the skin are preventative measures that can reduce the risk of melanoma and other skin cancers.[376]

The table and figure below show the age-adjusted melanoma death rate per 100,000 population in Okeechobee County and Florida from 2016 to 2020. The death rate among Okeechobee County residents was lower than that of Florida residents every year except 2019. In 2019, the age-adjusted death rate from melanoma reached 8.0 per 100,000 population in Okeechobee County, compared to 2.1 per 100,000 population in the state of Florida.

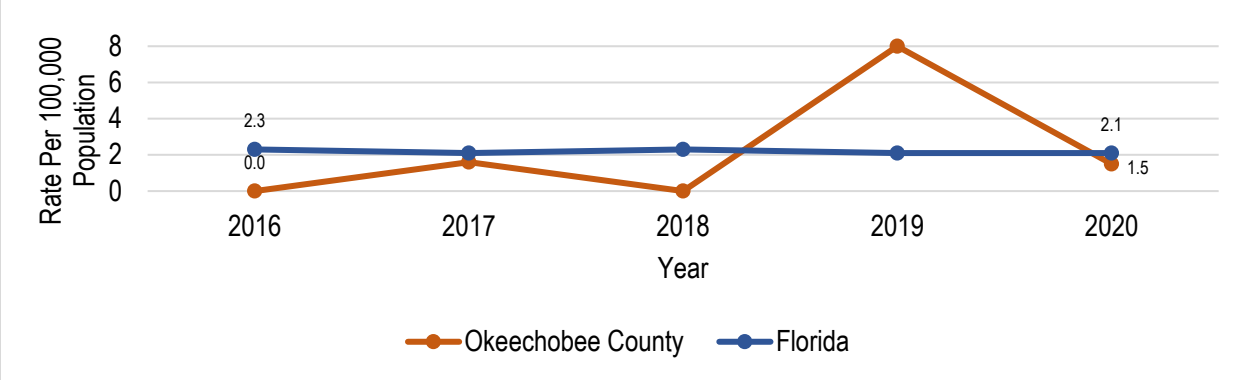
There is no Healthy People 2030 national target specific to this indicator.

Table 199: Age-Adjusted Deaths from Melanoma, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	0	0.0	647	2.3
2017	1	1.6	620	2.1
2018	0	0.0	668	2.3
2019	4	8.0	653	2.1
2020	1	1.5	675	2.1

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 288: Age-Adjusted Deaths from Melanoma, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[375] Centers for Disease Control and Prevention. (2022, April 18). What is skin cancer? Centers for Disease Control and Prevention. Retrieved August 27, 2022, from https://www.cdc.gov/cancer/skin/basic_info/what-is-skin-cancer.htm
[376] Centers for Disease Control and Prevention. (2022, April 18). What screening tests are there for skin cancer? Centers for Disease Control and Prevention. Retrieved August 27, 2022, from https://www.cdc.gov/cancer/skin/basic_info/screening.htm

Age-Adjusted Deaths from Melanoma by Race

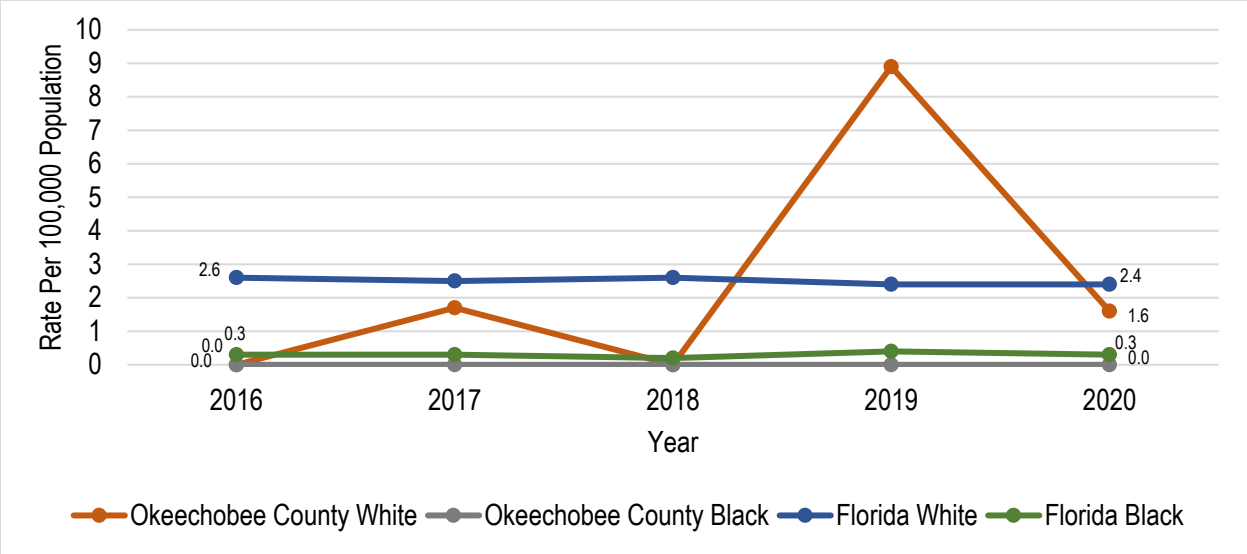
The table and figure below show the age-adjusted melanoma death rate per 100,000 population by race in Okeechobee County and Florida from 2016 to 2020. During this timeframe, there were no reported melanoma deaths among Okeechobee County Black residents. The rate among Okeechobee County White residents fluctuated, increasing from 2018 (0.0 per 100,000 population) to 2019 (8.9 per 100,000 population), then decreasing in 2020 (1.6 per 100,000 population). In the state of Florida, the age-adjusted death rate from melanoma decreased from 2016 (2.6 per 100,000 population) to 2020 (2.4 per 100,000 population) among White state residents. Among Black Florida residents, the rate fluctuated, ultimately reaching 0.3 per 100,000 population in 2020.

Table 200: Age-Adjusted Deaths from Melanoma by Race, Count Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	0	0.0	0	0.0	634	2.6	11	0.3
2017	1	1.7	0	0.0	609	2.5	8	0.3
2018	0	0.0	0	0.0	655	2.6	7	0.2
2019	4	8.9	0	0.0	633	2.4	13	0.4
2020	1	1.6	0	0.0	660	2.4	12	0.3

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 289: Age-Adjusted Deaths from Melanoma by Race, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Age-Adjusted Deaths from Melanoma by Ethnicity

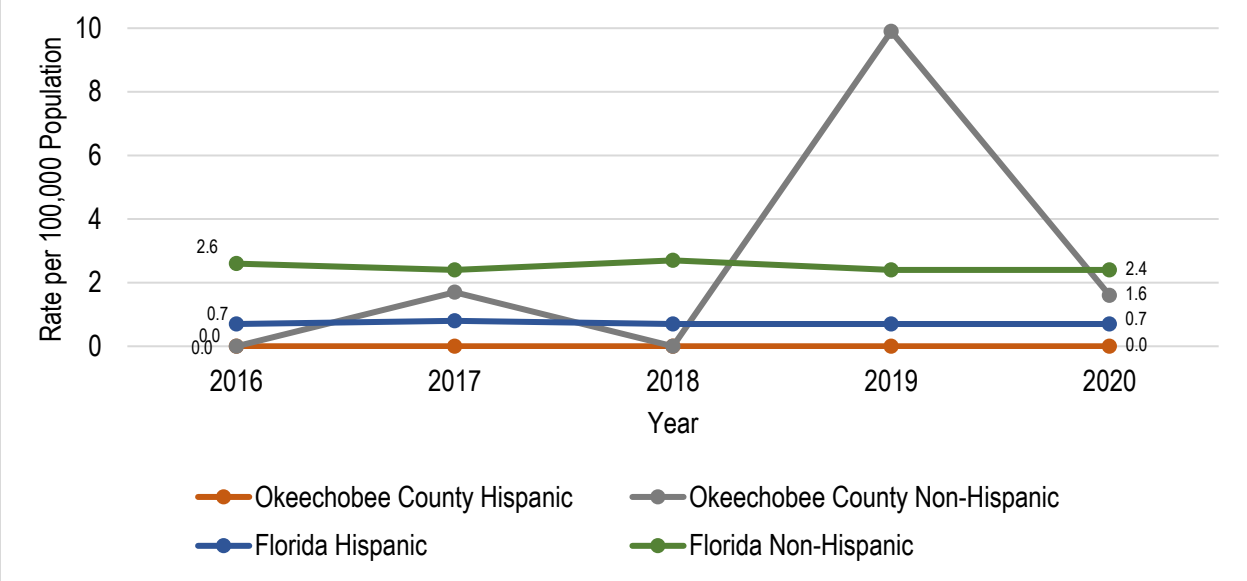
The table and figure below show the age-adjusted melanoma death rate per 100,000 population by ethnicity in Okeechobee County and Florida from 2016 to 2020. During this timeframe, there were no reported melanoma deaths among the Hispanic Okeechobee County population. Most recently, in 2020, the age-adjusted death rate from melanoma among the non-Hispanic Okeechobee County population was 1.6 per 100,000 population, compared to 2.4 per 100,000 population among the non-Hispanic Florida population.

Table 201: Age-Adjusted Deaths from Melanoma by Ethnicity, Count and Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	0	0.0	0	0.0	31	0.7	616	2.6
2017	0	0.0	1	1.7	41	0.8	577	2.4
2018	0	0.0	0	0.0	36	0.7	630	2.7
2019	0	0.0	4	9.9	37	0.7	613	2.4
2020	0	0.0	1	1.6	39	0.7	636	2.4

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 290: Age-Adjusted Deaths from Melanoma by Ethnicity, Rate Per 100,000 Population, Okeechobee County and Florida, 2016 – 2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Unintentional Injury Deaths

Unintentional injury is not intended as self-harm or harm to another person. Unintentional injury deaths result from injuries that include but are not limited to: motor vehicle crashes; other land transport accidents; water, air, and space transport accidents; falls; firearms discharge; drowning and submersion; smoke, fire, and flames exposure; and poisoning and noxious substance exposure.[377] Unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years of age and are largely preventable, making this an important public health indicator.[378]

Deaths from Unintentional Injury

The table and figure below show the age-adjusted unintentional injury death rate per 100,000 population in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the death rate in Okeechobee County was higher than the rate in Florida for each year reported. Overall, the death rate from unintentional injury increased in Okeechobee County from 2016 (60.3 per 100,000 population) to 2020 (80.5 per 100,000 population) despite fluctuation. Similarly, despite fluctuation, the death rate in the state increased from 55.7 per 100,000 population in 2016 to 67.4 per 100,000 population in 2020.

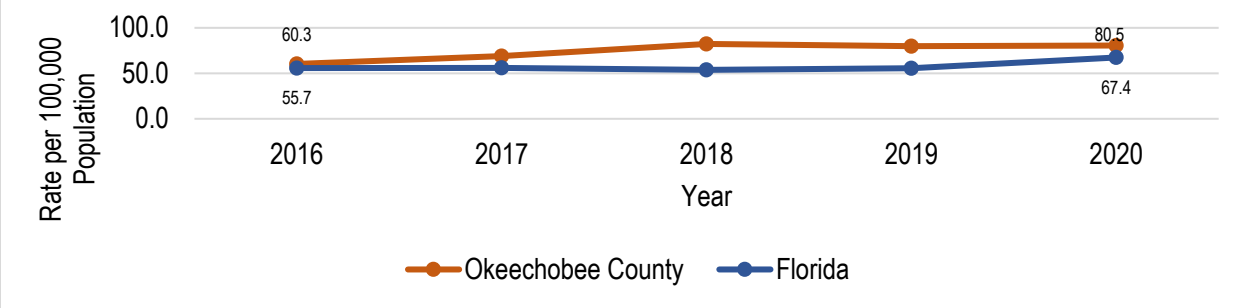
The Healthy People 2030 national target is to reduce unintentional injury deaths to 43.2 per 100,000 population.[379] Okeechobee County has not yet met this target as of 2020.

Table 202: Age-Adjusted Deaths from Unintentional Injury, Count and Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	27	60.3	12,522	55.7
2017	30	68.9	12,812	56.0
2018	35	82.3	12,616	53.8
2019	32	79.8	13,213	55.5
2020	37	80.5	15,987	67.4

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 291: Age-Adjusted Deaths from Unintentional Injury, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020; Compiled by: Health Council of Southeast Florida, 2022

[377] Data Dictionary. (2022, January 25). About the FLHealthCHARTS.com death query system. Retrieved August 29, 2022, from https://www.flhealthcharts.gov/FLQUERY_New/Documents/DeathQ_Data_Dictionary.pdf
[378] U.S. Department of Health and Human Services. (n.d.). Injury Prevention. - Healthy People 2030. Retrieved August 29, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention
[379] U.S. Department of Health and Human Services. (n.d.). Reduce unintentional injury deaths - IVP-03 - Healthy People 2030. Retrieved August 28, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention/reduce-unintentional-injury-deaths-ivp-03

Deaths from Unintentional Injury by Race

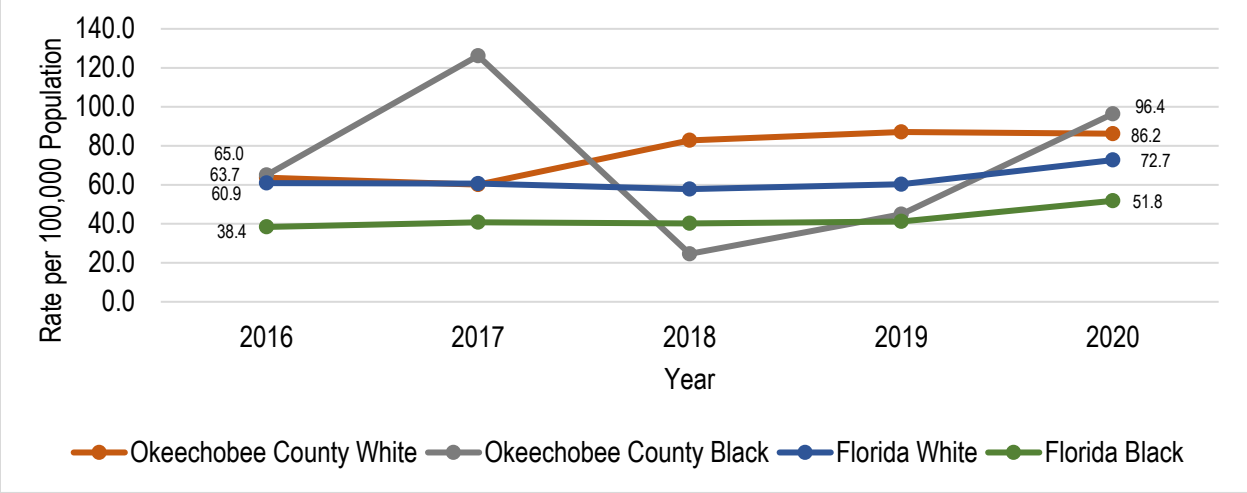
The table and figure below show the age-adjusted unintentional injury death rate per 100,000 population by race in Okeechobee County and Florida from 2016 to 2020. Most recently, in 2020, the death rate from unintentional injury among Okeechobee County White residents reached 86.2 per 100,000 population. Among Okeechobee County Black residents, the death rate reached 96.4 per 100,000 population in 2020. In the state of Florida, White residents experienced a higher death rate from unintentional injury compared to their Black counterparts, increasing to 72.7 per 100,000 population and 51.8 per 100,000 population in 2020, respectively.

Table 203: Age-Adjusted Deaths from Unintentional Injury by Race, Count and Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	25	63.7	1	65.0	10,949	60.9	1,259	38.4
2017	23	60.1	5	126.2	11,086	60.6	1,382	40.8
2018	31	82.8	1	24.6	10,868	57.8	1,402	40.2
2019	30	87.1	2	44.9	11,426	60.3	1,436	41.2
2020	34	86.2	3	96.4	13,671	72.7	1,873	51.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 292: Age-Adjusted Deaths from Unintentional Injury by Race, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Unintentional Injury by Ethnicity

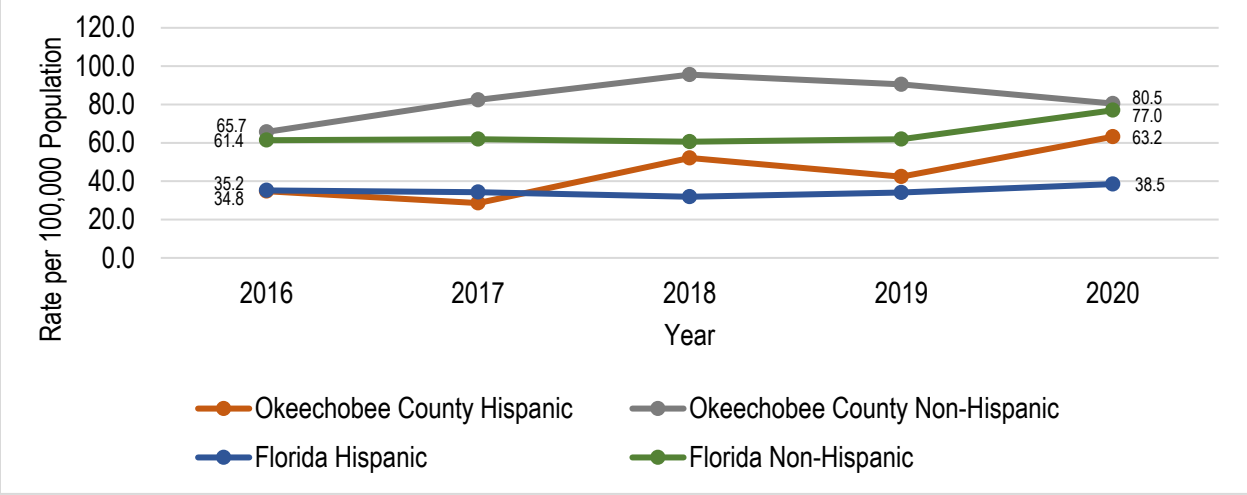
The table and figure below show the age-adjusted unintentional injury death rate per 100,000 population by ethnicity in Okeechobee County and Florida from 2016 to 2020. The death rate from unintentional injury was highest among non-Hispanic Okeechobee County residents compared to Hispanic Okeechobee County residents during this timeframe. Most recently, in 2020, the age-adjusted death rate from unintentional injury was 80.5 per 100,000 population among non-Hispanic Okeechobee County residents and 63.2 per 100,000 population among Hispanic Okeechobee County residents. The rate among non-Hispanic Okeechobee County residents also consistently exceeded the rate among their statewide counterparts.

Table 204: Age-Adjusted Deaths from Unintentional Injury by Ethnicity, Count and Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	4	34.8	23	65.7	1,742	35.2	10,633	61.4
2017	3	28.6	27	82.4	1,770	34.3	10,836	61.9
2018	5	52.1	30	95.6	1,736	31.9	10,729	60.6
2019	5	42.4	27	90.5	1,922	34.1	11,089	61.9
2020	7	63.2	28	80.5	2,246	38.5	13,488	77.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 293: Age-Adjusted Deaths from Unintentional Injury by Ethnicity, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Firearms Discharge

Deaths from firearms-related injuries include homicides, suicides, and unintentional injuries. Firearm-related injuries are a major cause of death in the United States, so prevention and intervention strategies are key in reducing the risk for the violence that leads to firearm-related deaths.[380]

The table and figure below show the age-adjusted firearms discharge death rate per 100,000 population in Okeechobee and Florida from 2016 to 2020. The death rate from firearms discharge fluctuated in Okeechobee County, increasing most recently from 5.4 per 100,000 population in 2019 to 17.3 per 100,000 population in 2020. In the state of Florida, the death rate remained relatively stable, increasing overall from 12.8 per 100,000 population in 2016 to 13.7 per 100,000 population in 2020.

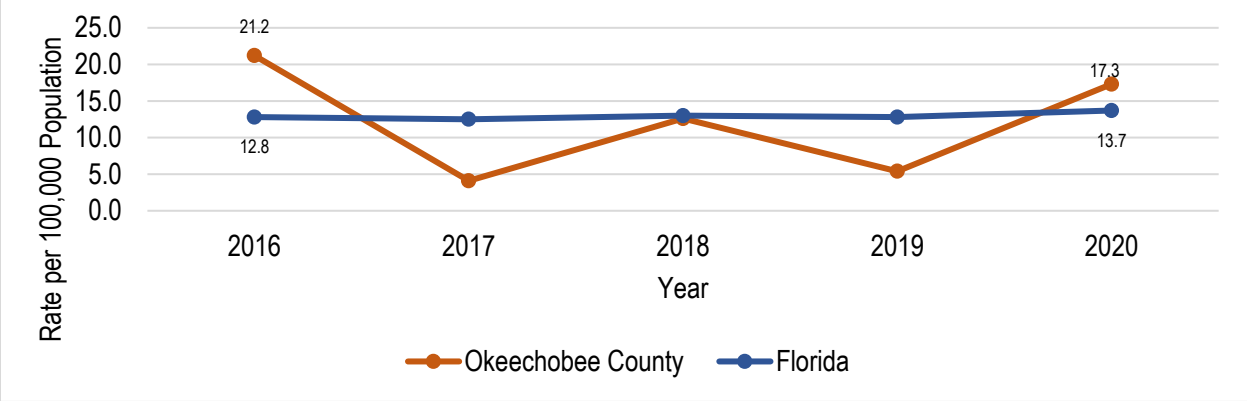
The Healthy People 2030 national target is to reduce firearm-related deaths to 10.7 per 100,000 population.[381] While Okeechobee County met this target in 2017 and 2019, the county did not meet this target most recently in 2020.

Table 205: Age-Adjusted Deaths from Firearms Discharge, Count and Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	9	21.2	2,696	12.8
2017	2	4.1	2,707	12.5
2018	6	12.6	2,899	13.0
2019	2	5.4	2,868	12.8
2020	7	17.3	3,036	13.7

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 294: Age-Adjusted Deaths from Firearms Discharge, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[380] U.S. Department of Health and Human Services. (n.d.). Reduce firearm-related deaths - IVP-13. Reduce firearm-related deaths - IVP-13 - Healthy People 2030. Retrieved August 29, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/violence-prevention/reduce-firearm-related-deaths-ivp-13
[381] U.S. Department of Health and Human Services. (n.d.). Reduce firearm-related deaths - IVP-13 - Healthy People 2030. Retrieved August 29, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/violence-prevention/reduce-firearm-related-deaths-ivp-13

Deaths from Firearms Discharge by Race

The table and figure below show the age-adjusted firearms discharge death rate per 100,000 population by race in Okeechobee and Florida from 2016 to 2020. Notably, there were no deaths reported among Black Okeechobee County residents in 2017, 2018, and 2019. Most recently, in 2020, the age-adjusted death rate from firearms discharge reached 22.4 per 100,000 population among Black Okeechobee County residents compared to 16.7 per 100,000 population among White Okeechobee County residents. In the state of Florida, Black residents experienced a higher rate of death from firearms discharge compared to their White counterparts for all years reported. Most recently, in 2020, the death rate for Black Florida residents increased to 23.2 per 100,000 population, compared to 11.2 per 100,000 population among White Florida residents.

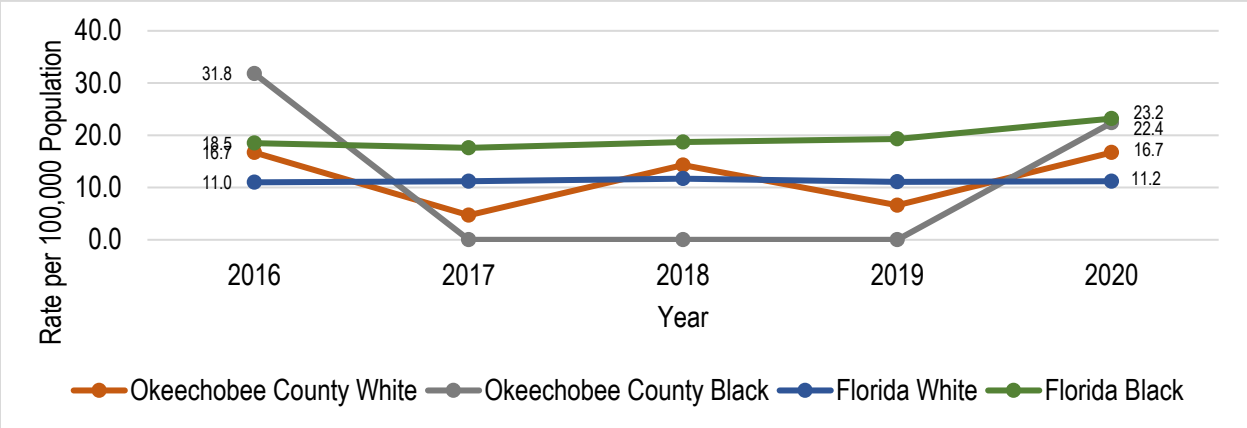
Unfortunately, data for this indicator is not available by ethnicity in Okeechobee County.

Table 206: Age-Adjusted Deaths from Firearms Discharge by Race, Count and Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	7	16.7	1	31.8	1,970	11.0	660	18.5
2017	2	4.7	0	0.0	2,007	11.2	641	17.6
2018	6	14.3	0	0.0	2,166	11.7	685	18.7
2019	2	6.6	0	0.0	2,073	11.1	720	19.3
2020	6	16.7	1	22.4	2,069	11.2	879	23.2

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 295: Age-Adjusted Deaths from Firearms Discharge by Race, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Homicide

Every year approximately 20,000 people die from homicide in the United States, and many more are injured by violence. Violence may disrupt a community in a cyclical nature, as research shows that being associated with a regular violence can increase the risk of an individual becoming a victim and partaking in violence. Interventions at the community and state level are critical in keeping people safe in their homes, schools, workplaces, and communities.[382]

The table and figure below show the age-adjusted homicide death rate per 100,000 population in Okeechobee County and Florida from 2016 to 2020. Among Okeechobee County residents, the death rate from homicide increased from 2017 (1.7 per 100,000 population) to 2020 (16.2 per 100,000 population). In Florida, the death rate from homicide increased from 2017 (6.5 per 100,000 population) to 2020 (7.7 per 100,000 population).

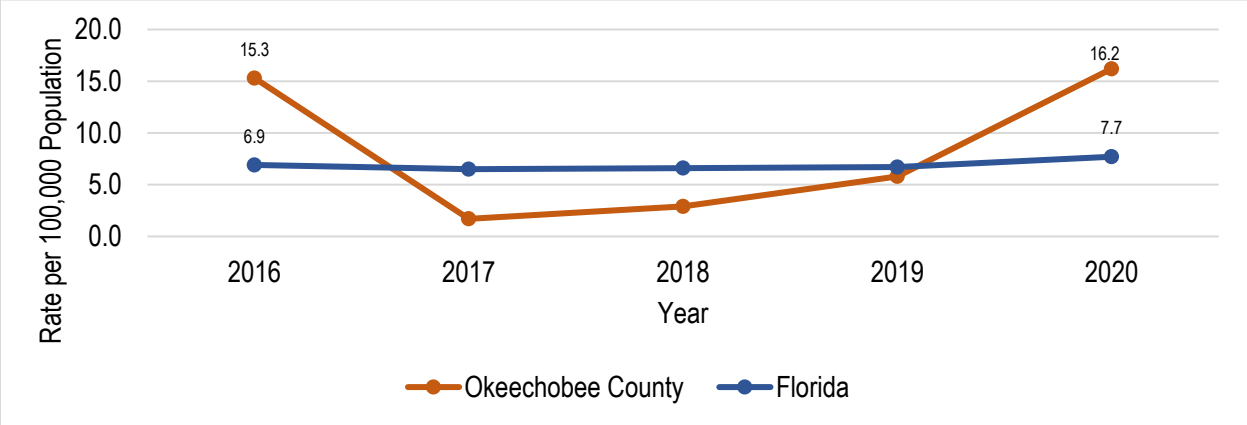
The Healthy People 2030 national target is to reduce homicides to 5.5 per 100,000.[383] Okeechobee County met this target in in 2017 and 2018, however the most recent data shows that Okeechobee County is not meeting this target as of 2020.

Table 207: Age-Adjusted Deaths from Homicide, Count and Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	6	15.3	1,292	6.9
2017	1	1.7	1,250	6.5
2018	1	2.9	1,311	6.6
2019	2	5.8	1,331	6.7
2020	6	16.2	1,524	7.7

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 296: Age-Adjusted Deaths from Homicide, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[382] U.S. Department of Health and Human Services. (n.d.). Violence prevention. Violence Prevention - Healthy People 2030. Retrieved August 29, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/violence-prevention
[383] U.S. Department of Health and Human Services. (n.d.). Reduce homicides - IVP-09. Reduce homicides - IVP-09 - Healthy People 2030. Retrieved August 29, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/violence-prevention/reduce-homicides-ivp-09

Deaths from Homicide by Race

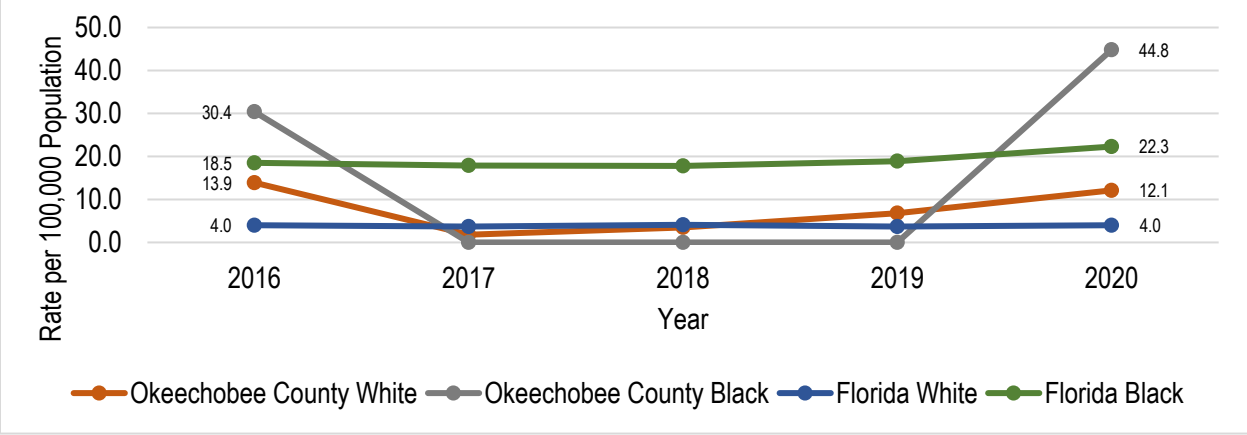
The table and figure below show the age-adjusted homicide death rate per 100,000 population by race in Okeechobee County and Florida from 2016 to 2020. From 2017-2019, were no reported homicide deaths among Black Okeechobee County residents. Most recently, in 2020, the age-adjusted death rate from homicides reached 44.8 per 100,000 population among Black Okeechobee County residents, compared to 12.1 per 100,000 population among White Okeechobee County residents. In the state of Florida overall, Black residents experienced a higher death rate from homicides compared to their White counterparts in all years reported. Most recently, in 2020, the death rate among Black Florida residents increased to 22.3 per 100,000 population compared to 4.0 per 100,000 population among White Florida residents.

Table 208: Age-Adjusted Deaths from Homicide by Race, Count and Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	5	13.9	1	30.4	604	4.0	653	18.5
2017	1	1.8	0	0.0	567	3.7	646	17.9
2018	1	3.5	0	0.0	630	4.1	654	17.8
2019	2	6.8	0	0.0	574	3.7	709	18.9
2020	4	12.1	2	44.8	624	4.0	841	22.3

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 297: Age-Adjusted Deaths from Homicide by Race, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Homicide by Ethnicity

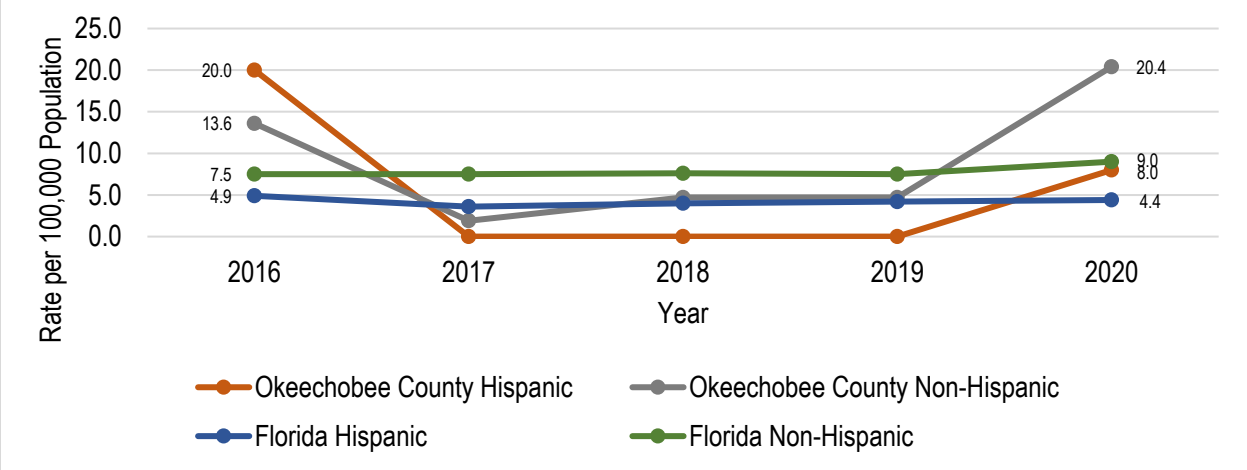
The table and figure below show the age-adjusted homicide death rate per 100,000 population by ethnicity in Okeechobee County and Florida from 2016 to 2020. Notably, there were no deaths from homicide among Hispanic Okeechobee County residents in 2017, 2018, and 2019. Most recently, in 2020, the age-adjusted death rate from homicides was 8.0 per 100,000 population among Hispanic Okeechobee County residents and 20.4 per 100,000 population among non-Hispanic Okeechobee County residents. In Florida, the age-adjusted death rate from homicide was 4.4 per 100,000 population among Hispanic Florida residents and 9.0 per 100,000 population among non-Hispanic Florida residents.

Table 209: Age-Adjusted Deaths from Homicide by Ethnicity, Count and Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	2	20.0	4	13.6	248	4.9	1,027	7.5
2017	0	0.0	1	1.9	185	3.6	1,046	7.5
2018	0	0.0	1	4.7	218	4.0	1,078	7.6
2019	0	0.0	1	4.7	240	4.2	1,055	7.5
2020	1	8.0	5	20.4	256	4.4	1,247	9.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 298: Age-Adjusted Deaths from Homicide by Ethnicity, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Unintentional Injury by Drug Poisoning

Unintentional injury by drug poisoning that resulted in death includes intentional or unintentional drug overdose, being given the wrong drug, taking a drug in error, or taking a drug inadvertently.[384] This can happen when an individual is exposed to a natural or manmade substance that results in death. Drug overdoses are a public health emergency in in the United Stated and can be largely prevented when treatment and preventative services are used. Notably, opioid use disorders have become increasingly problematic and are linked to an array of health problems, including death.[385]

The table and figure below show the age-adjusted death rate from unintentional injury by drug poisoning in Okeechobee County and Florida from 2016 to 2020. In Okeechobee County, the age-adjusted death rate from unintentional injury by drug poisoning increased overall from 2016 (11.1 per 100,000 population) to 2020 (29.3 per 100,000 population). In Florida, a similar increasing trend occurred from 2016 (21.8 per 100,000 population) to 2020 (32.9 per 100,000 population).

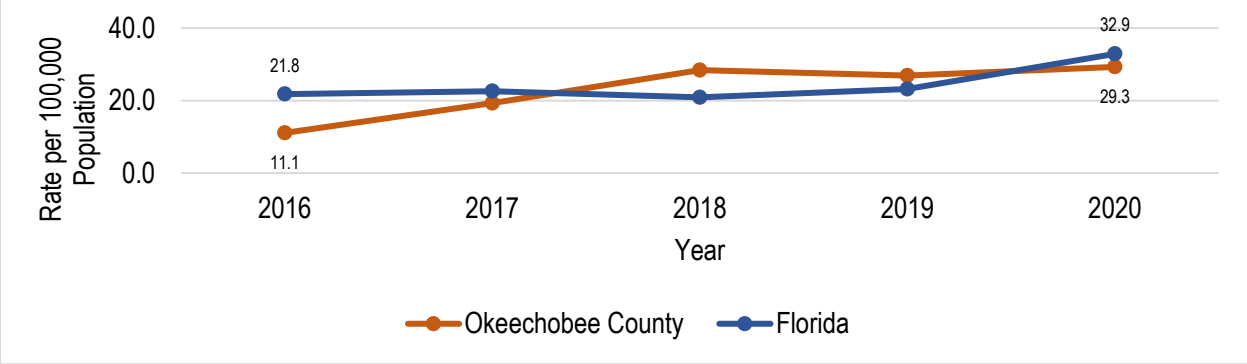
There is no Healthy People 2030 national target specific to this indicator. However, the most closely related Healthy People 2030 national target is to reduce drug overdose deaths to 20.7 per 100,000 population.[386]

Table 210: Age-Adjusted Deaths from Unintentional Injury by Drug Poisoning, Count and Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	5	11.1	4,207	21.8
2017	8	19.3	4,445	22.6
2018	10	28.4	4,193	20.9
2019	10	26.9	4,688	23.2
2020	12	29.3	6,734	32.9

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 299: Age-Adjusted Deaths from Unintentional Injury by Drug Poisoning, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[384] Florida Department of Health. (2021). Deaths from unintentional injury by drug poisoning - Florida Health charts Retrieved August 29, 2022, from https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=NonVitalInd.Dataviewer&cid=9870
[385] U.S. Department of Health and Human Services. (n.d.). Drug and alcohol use. Drug and Alcohol Use - Healthy People 2030. Retrieved August 29, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use
[386] U.S. Department of Health and Human Services. (n.d.). Reduce drug overdose deaths - SU-03 - Healthy People 2030. Retrieved August 29, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-drug-overdose-deaths-su-03

Deaths from Unintentional Injury by Drug Poisoning by Race

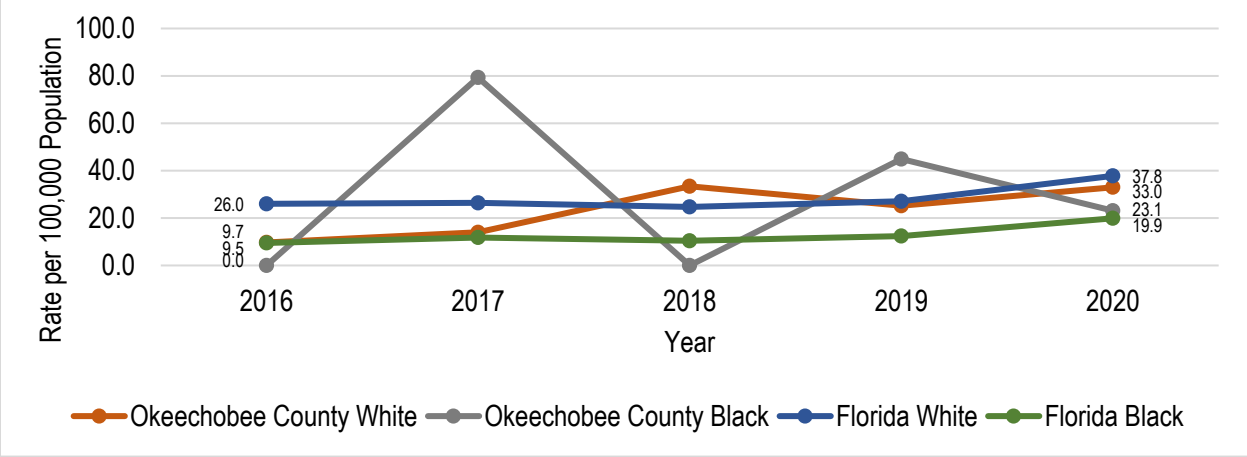
The table and figure below show the age-adjusted death rate from unintentional injury by drug poisoning by race in Okeechobee County and Florida from 2016 to 2020. In 2016 and 2018, there were no reported drug poisoning deaths among Black Okeechobee County residents. Most recently, in 2020, the age-adjusted death rate from unintentional injury by drug poisoning reached 33.0 per 100,000 population among White Okeechobee County residents and 23.1 per 100,000 population among Black Okeechobee County residents. In the state of Florida in 2020, the age-adjusted death rate from unintentional injury by drug poisoning was 37.8 per 100,000 population among White Florida residents and 19.9 per 100,000 population among Black Florida residents.

Table 211: Age-Adjusted Deaths from Unintentional Injury by Drug Poisoning by Race, Count and Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	4	9.7	0	0.0	3,808	26.0	319	9.5
2017	5	14.0	3	79.3	3,933	26.4	410	11.8
2018	10	33.4	0	0.0	3,744	24.7	369	10.4
2019	8	25.2	2	44.9	4,141	27.1	445	12.4
2020	11	33.0	1	23.1	5,837	37.8	726	19.9

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 300: Age-Adjusted Deaths from Unintentional Injury by Drug Poisoning by Race, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Unintentional Injury by Drug Poisoning by Ethnicity

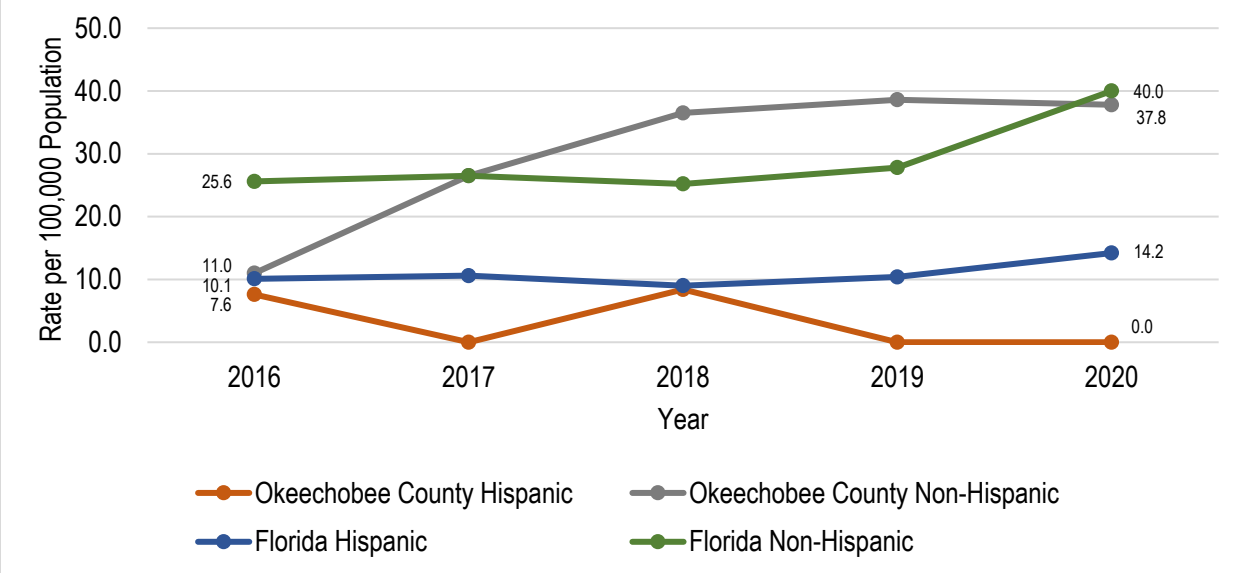
The table and figure below show the age-adjusted death rate from unintentional injury by drug poisoning by ethnicity in Okeechobee County and Florida from 2016 to 2020. Notably, there were no deaths from unintentional injury by drug poisoning among Hispanic Okeechobee County residents in 2017, 2019, and 2020. Most recently, in 2020, the rate of deaths from unintentional injury by drug poisoning among non-Hispanic Okeechobee County residents was 37.8 per 100,000 population, compared to 40.0 per 100,000 population among non-Hispanic Florida residents and 14.2 per 100,000 population among Hispanic Florida residents.

Table 212: Age-Adjusted Deaths from Unintentional Injury by Drug Poisoning by Ethnicity, Count and Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	1	7.6	4	11.0	518	10.1	3,609	25.6
2017	0	0.0	8	26.5	558	10.6	3,772	26.5
2018	1	8.4	9	36.5	502	9.0	3,604	25.2
2019	0	0.0	10	38.6	596	10.4	3,967	27.8
2020	0	0.0	10	37.8	839	14.2	5,731	40.0

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 301: Age-Adjusted Deaths from Unintentional Injury by Drug Poisoning by Ethnicity, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Unintentional Falls

Falls are the leading cause of death among older adults, but the age-adjusted fall death rate is also increasing. Falling once doubles the chances of falling again, but research suggests less than half of individuals who experience a fall will tell their doctor. Approximately one in five falls results in a serious injury and hospitalization, mainly due to a head injury or broken bone. There are several risk factors that can be changed or modified in order to prevent falls, including strength and balance exercises, having your eyes checked, making your home safer and less cluttered, and talking to your doctor about evaluating your risk of falling.[387]

The table and figure below show the age-adjusted unintentional fall death rate per 100,000 population in Okeechobee County and Florida from 2016 to 2020.The rate among Florida residents remained higher than the county rate from 2016 (10.0 per 100,000 population among Florida residents and 8.4 per 100,000 population among Okeechobee County residents) to 2020 (10.8 per 100,000 population among Florida residents and 4.5 per 100,000 population among Okeechobee County residents). Notably, the rate of deaths from unintentional falls decreased from 8.4 per 100,000 population in 2016 to 4.5 per 100,000 population in 2020.

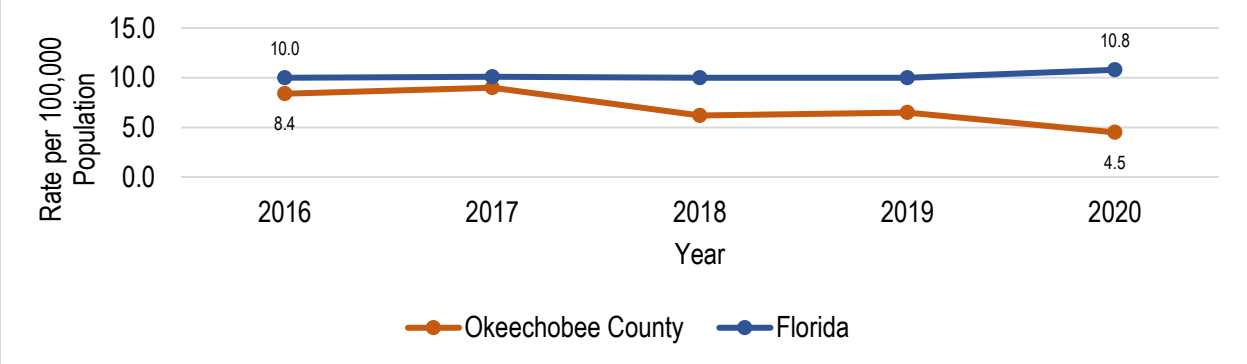
The Healthy People 2030 national target is to reduce fall-related deaths among older adults to 63.4 per 100,000.[388] While this indicator focuses on age-adjusted death rates from unintentional falls for all ages, a reduction in these numbers would indicate progress towards a healthier community.

Table 213: Age-Adjusted Deaths from Unintentional Falls, Count and Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	5	8.4	3,082	10.0
2017	4	9.0	3,183	10.1
2018	4	6.2	3,217	10.0
2019	4	6.5	3,351	10.0
2020	3	4.5	3,728	10.8

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 302: Age-Adjusted Deaths from Unintentional Falls, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[387] Centers for Disease Control and Prevention. (2021, August 6). Facts about falls. Centers for Disease Control and Prevention. Retrieved August 30, 2022, from https://www.cdc.gov/falls/facts.html
[388] U.S. Department of Health and Human Services. (n.d.). Reduce fall-related deaths among older adults - IVP-08 - Healthy People 2030. Retrieved August 30, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention/reduce-fall-related-deaths-among-older-adults-ivp-08

Deaths from Unintentional Falls by Race

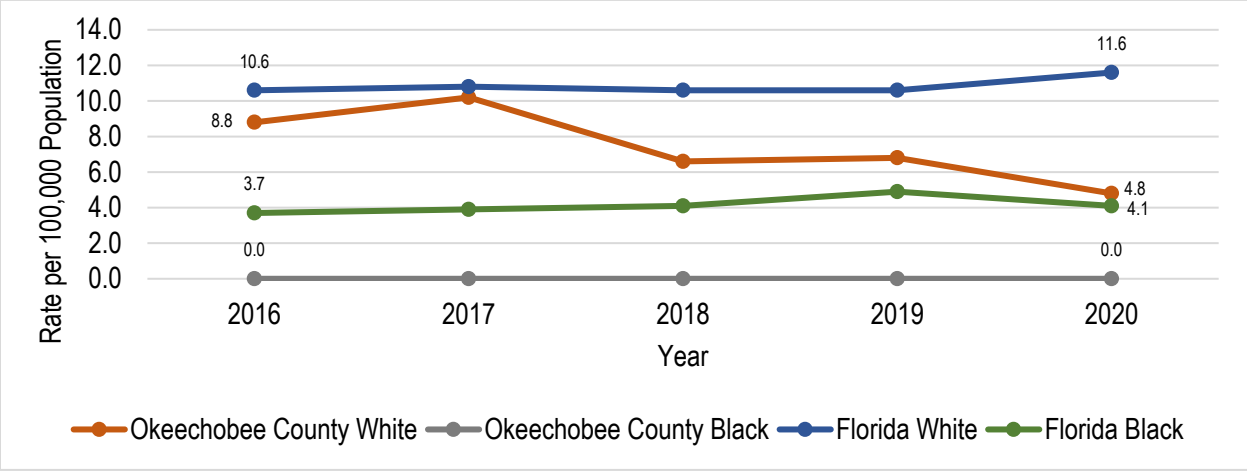
The table and figure below show the age-adjusted unintentional fall death rate per 100,000 population by race in Okeechobee County and Florida from 2016 to 2020. From 2016 to 2020, there were no reported deaths from unintentional falls among Okeechobee County Black residents. The rate among Okeechobee County White residents was consistently lower than the rate among Florida White residents from 2016 to 2020. Notably, the rate of age-adjusted deaths from unintentional injury falls among Okeechobee County White residents decreased from 2017 (10.2 per 100,000 population) to 2020 (4.8 per 100,000 population). During this timeframe, the rate among Florida White residents increased from 2017 (10.8 per 100,000 population) to 2020 (11.6 per 100,000 population).

Table 214: Age-Adjusted Deaths from Unintentional Falls by Race, Count and Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	5	8.8	0	0.0	2,928	10.6	102	3.7
2017	4	10.2	0	0.0	3,016	10.8	112	3.9
2018	4	6.6	0	0.0	3,035	10.6	122	4.1
2019	4	6.8	0	0.0	3,140	10.6	147	4.9
2020	3	4.8	0	0.0	3,538	11.6	125	4.1

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 303: Age-Adjusted Deaths from Unintentional Falls by Race, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Unintentional Falls by Ethnicity

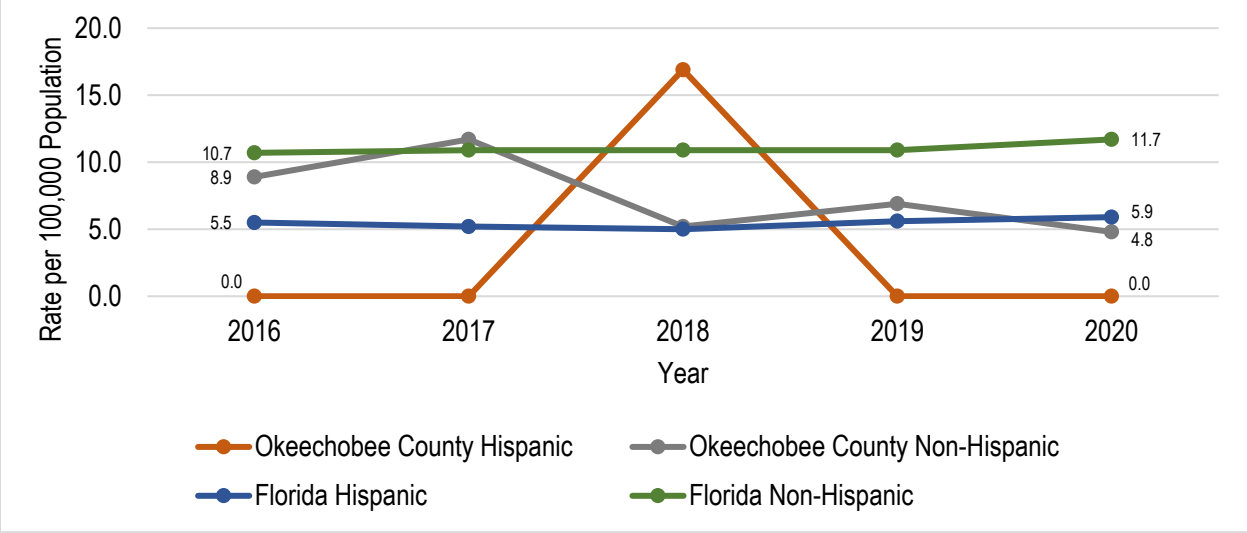
The table and figure below show the age-adjusted unintentional fall death rate per 100,000 population by ethnicity in Okeechobee County and Florida from 2016 to 2020. There were no reported deaths from unintentional falls among Okeechobee County Hispanic residents in 2016, 2017, 2019, and 2020. Most recently, in 2020, the age-adjusted death rate from unintentional falls was 0.0 among Okeechobee County Hispanic residents, 4.8 per 100,000 population among Okeechobee County non-Hispanic residents, 5.9 per 100,00 population among Florida Hispanic residents, and 11.7 per 100,000 population among Florida non-Hispanic residents.

Table 215: Age-Adjusted Deaths from Unintentional Falls by Ethnicity, Count and Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	0	0.0	5	8.9	257	5.5	2,812	10.7
2017	0	0.0	4	11.7	255	5.2	2,912	10.9
2018	1	16.9	3	5.2	265	5.0	2,938	10.9
2019	0	0.0	4	6.9	309	5.6	3,032	10.9
2020	0	0.0	3	4.8	339	5.9	3,368	11.7

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 304: Age-Adjusted Deaths from Unintentional Falls by Ethnicity, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Stroke Deaths

Deaths from Stroke

Strokes affect the arteries leading to and within the brain when blood vessels clot or rupture, restricting the blood and oxygen supply to certain parts of the brain. Research suggests that stroke is the fifth leading cause of death and a leading cause of disability in the United States. Notably, 80% of strokes are preventable. Managing blood pressure and cholesterol, controlling blood sugar, eliminating smoking, and maintaining a healthy diet and activity levels can reduce the chances of a stroke.[389]

The table and figure below show the age-adjusted stroke death rate per 100,000 population in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the death rate in Florida steadily increased from 38.5 per 100,000population in 2016 to 44.4 per 100,000 population in 2020. The rate in Okeechobee County fluctuated, but ultimately increased overall from 2016 (40.7 per 100,000 population) to 2020 (46.6 per 100,00 population).

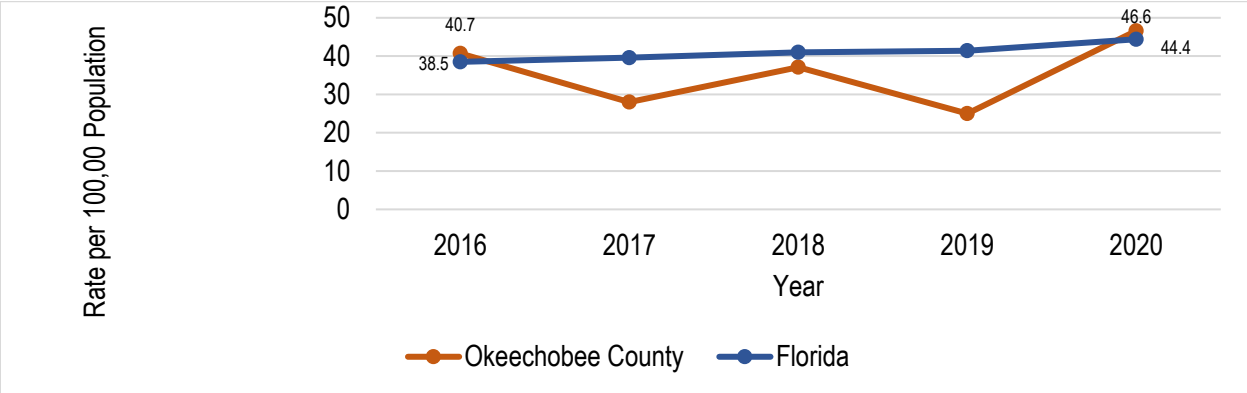
The Healthy People 2030 national target is to reduce stroke deaths to 33.4 per 100,000 population.[390] Okeechobee County has not yet met this target as of 2020.

Table 216: Age-Adjusted Deaths from Stroke, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	22	40.7	11,843	38.5
2017	16	28.0	12,557	39.6
2018	22	37.1	13,238	41.0
2019	16	25.0	13,868	41.4
2020	30	46.6	15,356	44.4

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 305: Age-Adjusted Deaths from Stroke, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

[389] About stroke. American Stroke Association. (n.d.). Retrieved August 30, 2022, from https://www.stroke.org/en/about-stroke
[390] U.S. Department of Health and Human Services. (n.d.). Reduce stroke deaths - HDS-03 - Healthy People 2030. Retrieved August 30, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke/reduce-stroke-deaths-hds-03

Deaths from Stroke by Race

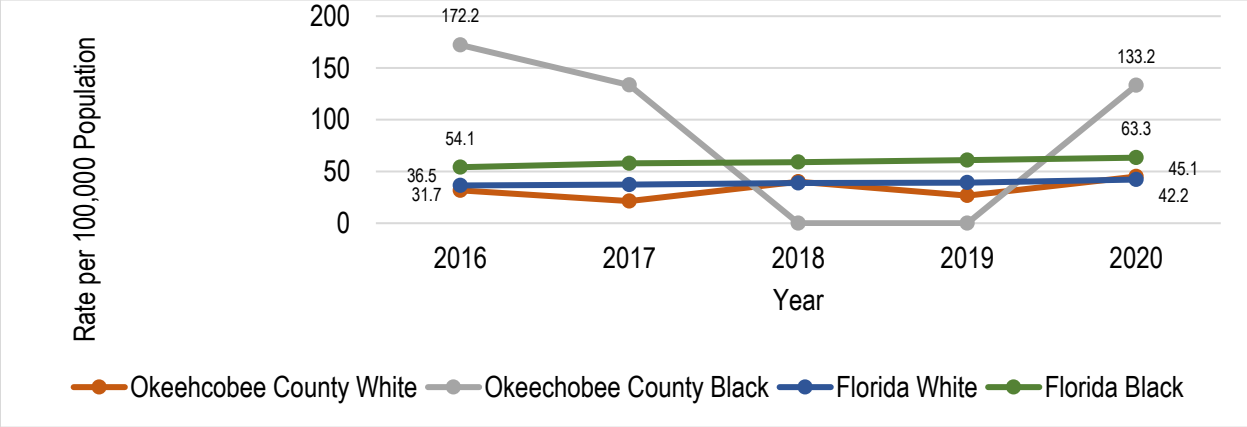
The table and figure below show the age-adjusted stroke death rate per 100,000 population by race in Okeechobee County and Florida from 2016 to 2020. Notably, there were no deaths from stroke among Black Okeechobee County residents in 2018 and 2019. Most recently, in 2020, the death rate from stroke reached 45.1 per 100,00 population among White Okeechobee County residents and 133.2 per 100,000 population among Black Okeechobee County residents. In Florida, the death rate increased among White and Black residents from 2016 (36.5 per 100,000 population and 54.1 per 100,000 population, respectively) to 2020 (42.2 per 100,000 population and 63.3 per 100,000 population, respectively).

Table 217: Age-Adjusted Deaths from Stroke by Race, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	17	31.7	5	172.2	10,085	36.5	1,454	54.1
2017	12	21.4	3	133.5	10,587	37.2	1,626	57.8
2018	22	40.1	0	0.0	11,236	38.8	1,681	59.0
2019	16	26.7	0	0.0	11,719	39.2	1,818	60.9
2020	27	45.1	3	133.2	12,972	42.2	1,981	63.3

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 306: Age-Adjusted Deaths from Stroke by Race, Rate per 100,000 Population, Okeechobee County and Florida, 20016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from Stroke by Ethnicity

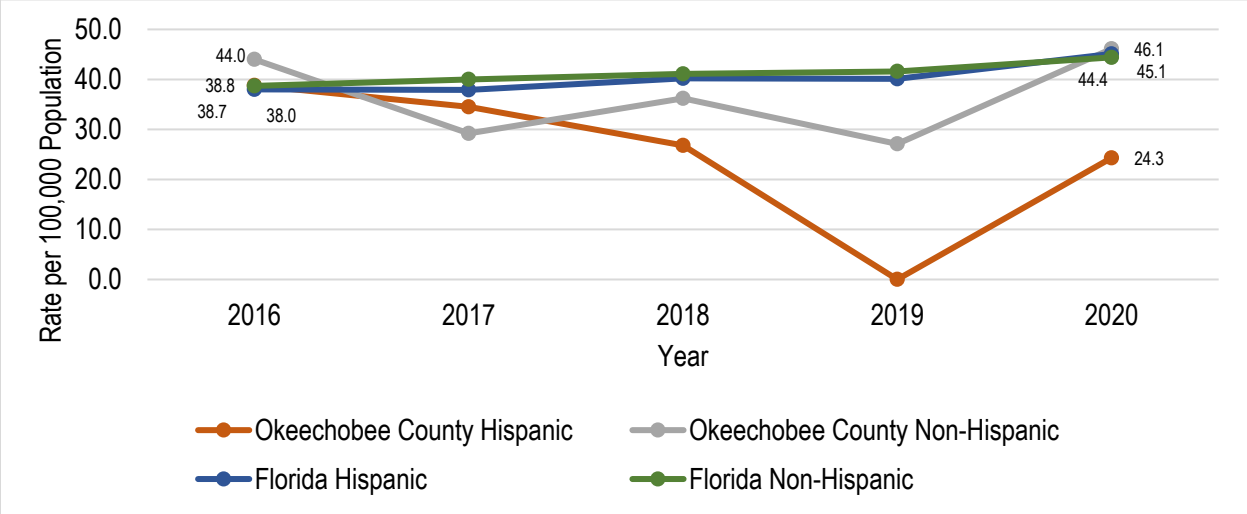
The table and figure below show the age-adjusted stroke death rate per 100,000 population by ethnicity in Okeechobee County and Florida from 2016 to 2020. Notably, there were no deaths from stroke among the Hispanic residents in 2019. Most recently, in 2020, the age-adjusted death rate from stroke was 24.3 per 100,000 population among Hispanic Okeechobee County residents compared to 46.1 per 100,000 population among non-Hispanic Okeechobee County residents. Comparatively, the death rate among Florida residents in 2020 increased to 45.1 per 100,000 population among Hispanic Florida residents and 44.4 per 100,000 population among non-Hispanic Florida residents.

Table 218: Age-Adjusted Deaths from Stroke by Ethnicity, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	1	38.8	21	44.0	1,730	38.0	10,066	38.7
2017	1	34.5	15	29.2	1,839	37.9	10,665	40.0
2018	2	26.8	20	36.2	2,103	40.2	11,065	41.1
2019	0	0.0	16	27.1	2,200	40.1	11,605	41.6
2020	2	24.3	28	46.1	2,597	45.1	12,699	44.4

Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 307: Age-Adjusted Deaths from Stroke, By Ethnicity, Rate per 100,000 Population, Okeechobee County and Florida, 20016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2020
Compiled by: Health Council of Southeast Florida, 2022

HIV/AIDS Deaths

Deaths from HIV/AIDS

Human Immunodeficiency Virus (HIV) is a virus that weakens a person's immune system and can lead to Acquired Immune Deficiency Syndrome (AIDS) if not treated. HIV is mainly transmitted through unprotected sex or sharing needles, syringes, or other drug equipment. With proper medical care, HIV viral load suppression can be achieved and a person living with HIV can subsequently live a long and healthy life.[391]

The table and figure below show the age-adjusted HIV/AIDS death rate per 100,000 population in Okeechobee County and Florida from 2016 to 2020. In Okeechobee County, the death rate from HIV/AIDS increased from 2016 (1.7 per 100,000 population) to 2018 (2.6 per 100,000 population). Notably, in 2019 and 2020, there were no deaths from HIV/AIDS in Okeechobee County. In the state of Florida, the death rate from HIV/AIDS decreased from 2016 (3.8 per 100,000 population) to 2020 (2.7 per 100,000 population). The rate among Florida residents was higher for all years reported compared to those in Okeechobee County.

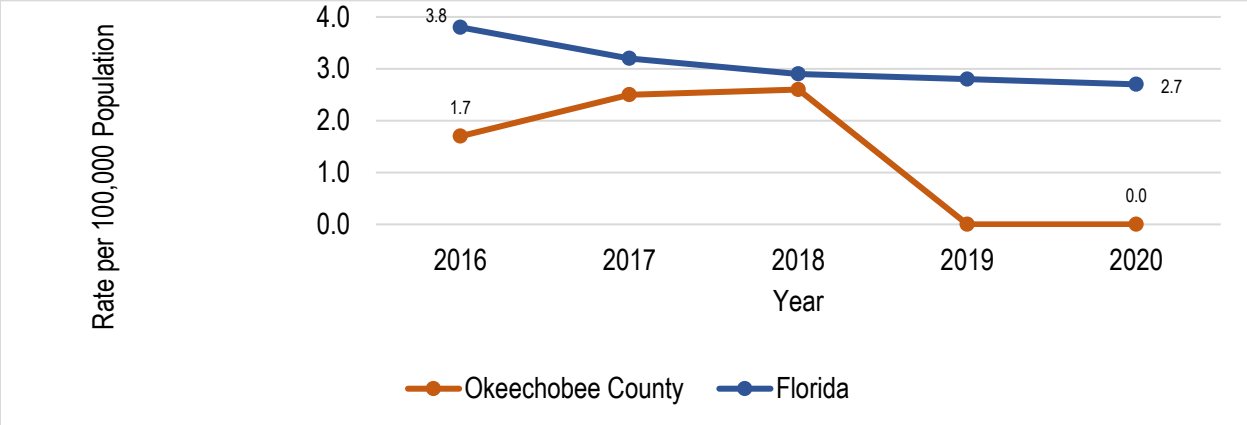
There is no Healthy People 2030 national target specific to this indicator.

Table 219: Age-Adjusted Deaths from HIV/AIDS, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	1	1.7	864	3.8
2017	1	2.5	749	3.2
2018	1	2.6	692	2.9
2019	0	0.0	692	2.8
2020	0	0.0	672	2.7

Source: Florida Department of Health, Bureau of Communicable Diseases, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 308: Age-Adjusted Deaths from HIV/AIDS, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Communicable Diseases, 2020
Compiled by: Health Council of Southeast Florida, 2022

[391] Centers for Disease Control and Prevention. (2022, July 20). HIV basics. Centers for Disease Control and Prevention. Retrieved August 30, 2022, from https://www.cdc.gov/hiv/basics/index.html

Deaths from HIV/AIDS by Race

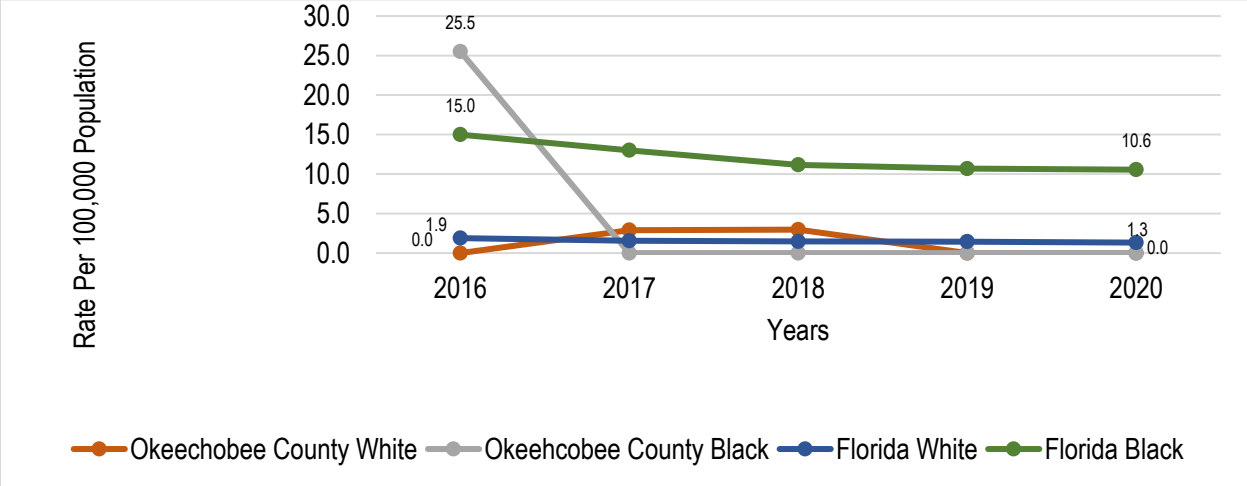
The table and figure below show the age-adjusted HIV/AIDS death rate per 100,000 population by race in Okeechobee County and Florida from 2016 to 2020. Notably, the rate among Black Florida residents was higher than all other groups each year, except in 2016. In 2016, the Okeechobee County Black population experienced a death rate of 25.5 per 100,000 population. However, there were no deaths among this group from 2017 to 2020. The death rate among the Okeechobee County White residents fluctuated slightly, increasing from 0.0 per 100,000 population in 2016 to 3.0 per 100,000 population in 2018. Notably, there were no HIV/AIDS deaths among the Okeechobee County White population in 2019 and 2020.

Table 220: Age-Adjusted Deaths from HIV/AIDS by Race, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	White		Black		White		Black	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	0	0.0	1	25.5	356	1.9	495	15.0
2017	1	2.9	0	0.0	296	1.6	443	13.0
2018	1	3.0	0	0.0	288	1.5	389	11.2
2019	0	0.0	0	0.0	293	1.4	384	10.7
2020	0	0.0	0	0.0	278	1.3	382	10.6

Source: Florida Department of Health, Bureau of Communicable Diseases, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 309: Age-Adjusted Deaths from HIV/AIDS by Race, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Communicable Diseases, 2020
Compiled by: Health Council of Southeast Florida, 2022

Deaths from HIV/AIDS by Ethnicity

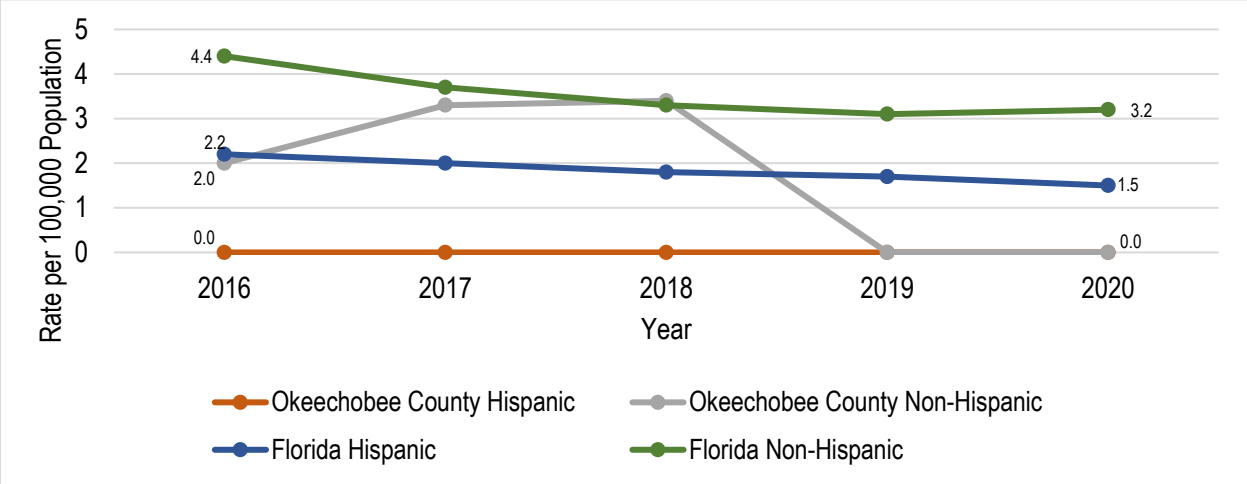
The table and figure below show the age-adjusted HIV/AIDS death rate per 100,000 population by ethnicity in Okeechobee County and Florida from 2016 to 2020. Notably, there were no deaths from HIV/AIDS among Hispanic Okeechobee County residents during this timeframe. Among Okeechobee County non-Hispanic residents, the age-adjusted death rate from HIV/AIDS increased from 2016 (2.0 per 100,000 population) to 2018 (3.4 per 100,000 population). In 2019 and 2020, there were no deaths from HIV/AIDS among non-Hispanic Okeechobee County residents. In Florida, the age-adjusted death rate from HIV/AIDS decreased for Hispanic and non-Hispanic residents from 2016 to 2020, reaching 1.5 per 100,000 population and 3.2 per 100,000 population in 2020, respectively.

Table 221: Age-Adjusted Deaths from HIV/AIDS by Ethnicity, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County				Florida			
	Hispanic		Non-Hispanic		Hispanic		Non-Hispanic	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2016	0	0.0	1	2.0	112	2.2	735	4.4
2017	0	0.0	1	3.3	105	2.0	633	3.7
2018	0	0.0	1	3.4	99	1.8	578	3.3
2019	0	0.0	0	0.0	100	1.7	575	3.1
2020	0	0.0	0	0.0	90	1.5	567	3.2

Source: Florida Department of Health, Bureau of Communicable Diseases, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 310: Age-Adjusted Deaths from HIV/AIDS by Ethnicity, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Communicable Diseases, 2020
Compiled by: Health Council of Southeast Florida, 2022

Health Resource Availability and Access

Overall health and well-being are influenced by an individual's ability to access quality health care services. Unfortunately, many people in the United States are not able to get the care they need. Health insurance, financial circumstances, healthcare provider and facility supply, and geographic location are some factors that can act as barriers for individuals to receive care.[392] Approximately one in four Americans do not have a health center where they receive regular medical services, including a primary care doctor. Such services are vital to ensure health equity and to improve the overall quality of life for community members.[393] If primary care services are difficult to access, it poses the threat of other health needs like preventative screenings, laboratory testing and specialty care services to be neglected as well.

While health care access and availability are far-reaching issues in the United States, rural communities in particular face a unique set of challenges. Over the past three decades, the gaps in health outcomes have continued to widen between rural and urban areas, resulting in rural communities experiencing significantly worse health outcomes. While the causes are multi-faceted, examining these factors through the health care delivery system lens offers insight into how the healthcare infrastructure could be improved. For example, despite 20% of the population living in rural areas, only 9% of physicians in the United Stated practice in these communities. Provider availability is just one disparity rural communities are faced with when it comes to access health services.[394]

This section focuses on indicators related to health resource availability and access in Okeechobee County, while also using the state of Florida's data for comparison. Exploring these factors and analyzing the data specifically related to Okeechobee County is important in being able to decrease inequities the residents face. Data on the following indicators are included: hospital utilization, health care facility capacity, health care provider supply, Federal Professional Shortage Area, Federal Medically Underserved Areas/Populations, health insurance, Federally Qualified Health Centers, and health care access.

[392] U.S. Department of Health and Human Services. (n.d.). Health Care Access and Quality. Health Care Access and Quality - Healthy People 2030. Retrieved October 13, 2022, from https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality
[393] Centers for Disease Control and Prevention. (2016, November 30). CDC - Healthy People 2020 - access to health services - publications by topic - public health law. Centers for Disease Control and Prevention. Retrieved October 13, 2022, from https://www.cdc.gov/phlp/publications/topic/hp2020/access.html
[394] American Heart Association. (2020, February 10). Call to action: Rural health: A presidential advisory from the American Heart Association and American Stroke Association. Circulation. Retrieved October 13, 2022, from https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000753

Hospital Utilization

Utilization by Principal Diagnosis Grouping

Top 10 Principal Diagnosis Groupings for Inpatient Discharges (All Discharges)

The table below shows the top ten principal diagnosis groupings for inpatient discharges among Okeechobee County residents in 2021. “Single liveborn infant, delivered vaginally" (4.7% of all inpatient discharges) was the most common principal diagnosis grouping for an inpatient discharge, followed by “COVID-19” (4.5%), “Sepsis, unspecified organism” (4.3%), “Single liveborn infant, delivered by cesarean (2.3%), and “Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease” (2.2%). Importantly, this data was pulled by resident ZIP code and it is possible that inpatient visits occurred at hospitals outside of the county.

Table 222: Top 10 Principal Diagnosis Groupings for Inpatient Discharges (All Discharges), Count and Percent of Discharges, Okeechobee County, 2021

Principal Diagnosis Group	Discharges	
	Count	Percent
Single liveborn infant, delivered vaginally (ICD Code Z38.00)	350	4.7%
COVID-19 (ICD Code U07.1)	337	4.5%
Sepsis, unspecified organism (ICD Code A41.9)	320	4.3%
Single liveborn infant, delivered by cesarean (ICD Code Z38.01)	171	2.3%
Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease (ICD Code I12.0)	169	2.2%
Other specified sepsis (ICD Code A41.89)	168	2.2%
Non-ST elevation (NSTEMI) myocardial infarction (ICD Code I21.4)	160	2.1%
Chronic obstructive pulmonary disease with acute exacerbation (ICD Code J44.1)	143	1.9%
Hypertensive heart disease with heart failure (ICD Code I11.0)	136	1.8%
Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease (ICD Code I13.0)	117	1.6%

Source: Agency for Healthcare Administration (AHCA), 2021
Compiled by: Health Council of Southeast Florida, 2022

Top 10 Principal Diagnosis Groupings for Inpatient Discharges (Mental Health)

The table below shows the top 10 principal diagnosis groupings for inpatient discharges for mental health for Okeechobee County residents in 2021. "Major depressive disorder, recurrent, moderate" was the most common principal diagnosis grouping, accounting for 10.4% of all inpatient discharges related to mental health in 2021. "Major depressive disorder, recurrent severe without psychotic features" (8.9%) was the second most common principal diagnosis grouping, followed by "Alcohol dependence with withdrawal, unspecified" (5.6%), "Bipolar disorder, unspecified" (4.4%), and "Alcohol dependence, uncomplicated" (3.7%), and "Disruptive mood dysregulation disorder" (3.7%). Importantly, this data was pulled by resident ZIP code and it is possible that inpatient visits occurred at hospitals outside of the county.

Table 223: Top 10 Principal Diagnosis Groupings for Inpatient Discharges (Mental Health Diagnoses), Count and Percent of Discharges, Okeechobee County, 2021

Principal Diagnosis Group	Discharges	
	Count	Percent
Major depressive disorder, recurrent, moderate (ICD Code F33.1)	28	10.4%
Major depressive disorder, recurrent, severe without psychotic features (ICD Code F33.2)	24	8.9%
Alcohol dependence with withdrawal, unspecified (ICD Code F10.239)	15	5.6%
Bipolar disorder, unspecified (ICD Code F31.9)	12	4.4%
Alcohol dependence, uncomplicated (ICD Code F10.20)	10	3.7%
Disruptive mood dysregulation disorder (ICD Code F34.81)	10	3.7%
Major depressive disorder, single episode, unspecified (ICD Code F32.9)	9	3.3%
Unspecified mood (affective) disorder (ICD Code F39)	9	3.3%
Bipolar disorder, current episode depressed, severe, without psychotic features (ICD Code F31.4)	8	3.0%
Alcohol abuse with intoxication, unspecified (ICD Code F10.129)	7	2.6%
Alcohol dependence with intoxication, unspecified (ICD Code F10.229)	7	2.6%
Other psychoactive substance use, unspecified with psychoactive substance-induced mood disorder (ICD Code F19.94)	7	2.6%
Alcohol dependence with withdrawal delirium (ICD Code F10.231)	6	2.2%
Schizophrenia, unspecified (ICD Code F20.9)	6	2.2%
Schizoaffective disorder, bipolar type (ICD Code F25.0)	6	2.2%
Major depressive disorder, single episode, moderate (ICD Code F32.1)	6	2.2%
Major depressive disorder, single episode, severe without psychotic features (ICD Code F32.2)	6	2.2%
Unspecified psychosis not due to a substance or known physiological condition (ICD Code F29)	5	1.9%
Generalized anxiety disorder (ICD Code F41.1)	5	1.9%
Anxiety disorder, unspecified (ICD Code F41.9)	5	1.9%

Data Note: ICD-10 Codes F10-F69 and F90-F99
Source: Agency for Healthcare Administration (AHCA), 2021
Compiled by: Health Council of Southeast Florida, 2022

Top 10 Principal Diagnosis Groupings for Emergency Department Discharges (All Discharges)

The table below shows the top ten principal diagnosis groupings for emergency department discharges for Okeechobee County residents in 2021. Notably, "COVID-19" was the leading principal diagnosis grouping, accounting for 5.4% of all emergency department discharges in 2021. "Active upper respiratory infection, unspecified" (3.0%), "Other chest pain" (2.5%), "Urinary tract infection, site not specified" (2.2%), and "Viral infection, unspecified" (1.8%) followed. Importantly, this data was pulled by resident ZIP code and it is possible that emergency department visits occurred at hospitals outside of the county.

Table 224: Top 10 Principal Diagnosis Groupings for Emergency Department Discharges (All Discharges), Count and Percent of Discharges, Okeechobee County, 2021

Principal Diagnosis Group	Discharges	
	Count	Percent
COVID-19 (ICD Code U07.1)	1,253	5.4%
Active upper respiratory infection, unspecified (ICD Code J06.9)	701	3.0%
Other chest pain (ICD Code R07.89)	579	2.5%
Urinary tract infection, site not specified (ICD Code N39.0)	503	2.2%
Viral infection, unspecified (ICD Code B34.9)	425	1.8%
Nausea with vomiting, unspecified (ICD Code R11.2)	322	1.4%
Noninfective gastroenteritis and colitis, unspecified (ICD Code K52.9)	288	1.2%
Headache, unspecified (ICD Code R51.9)	264	1.1%
Pneumonia, unspecified organism (ICD Code J18.9)	229	1.0%
Strain of muscle, fascia and tendon at neck level, initial encounter (ICD Code S16.1XXA)	206	0.9%

Source: Agency for Healthcare Administration (AHCA), 2021
Compiled by: Health Council of Southeast Florida, 2022

Top 10 Principal Diagnosis Groupings for Emergency Department Discharges (Mental Health)

The table below shows the top 10 principal diagnosis groupings for emergency department discharges related to mental health for Okeechobee County residents in 2021. "Anxiety disorder, unspecified" was responsible for over one-quarter (27.4%) of all emergency department discharges related to mental health in 2021. "Alcohol abuse with intoxication, unspecified" accounted for 10.8% of all emergency department discharges related to mental health, followed by "Major depressive disorder, single episode, unspecified" and "Panic disorder (episodic paroxysmal anxiety" (5.8%). Importantly, this data was pulled by resident ZIP code and it is possible that emergency department visits occurred at hospitals outside of the county.

Table 225: Top 10 Principal Diagnosis Groupings for Emergency Department Discharges (Mental Health Diagnoses), Count and Percent of Discharges, Okeechobee County, 2021

Principal Diagnosis Group	Discharges	
	Count	Percent
Anxiety disorder, unspecified (ICD Code F41.9)	142	27.4%
Alcohol abuse with intoxication, unspecified (ICD Code F10.129)	56	10.8%
Major depressive disorder, single episode, unspecified (ICD Code F32.9)	30	5.8%
Panic disorder (episodic paroxysmal anxiety) (ICD Code F41.0)	30	5.8%
Alcohol dependence with intoxication, unspecified (ICD Code F10.229)	21	4.1%
Other psychoactive substance abuse, uncomplicated (ICD Code F19.10)	21	4.1%
Alcohol abuse, uncomplicated (ICD Code F10.10)	16	3.1%
Other stimulant abuse, uncomplicated (ICD Code F15.10)	14	2.7%
Cannabis use, unspecified, uncomplicated (ICD Code F12.90)	13	2.5%
Generalized anxiety disorder (ICD Code F41.1)	13	2.5%
Opioid dependence with withdrawal (ICD Code F11.23)	11	2.1%
Brief psychotic disorder (ICD Code F23)	11	2.1%
Alcohol use, unspecified with intoxication, unspecified (ICD Code F10.929)	10	1.9%
Opioid abuse, uncomplicated (ICD Code F11.10)	10	1.9%
Cannabis abuse, uncomplicated (ICD Code F12.10)	10	1.9%
Other psychoactive substance use, unspecified, uncomplicated (ICD Cod F19.90)	8	1.5%

Data Note: ICD-10 Codes F10-F69 and F90-F99
Source: Agency for Healthcare Administration (AHCA), 2021
Compiled by: Health Council of Southeast Florida, 2022

Mental Health Hospital Utilization: Emergency Department and Inpatient

Mental health hospitalizations may occur if the individual is in a situation where they need to be closely monitored for a worsening mental health condition, they are experiencing an acute mental health crisis, they are medically compromised by a mental health crisis, or if they need to have their medications adjusted or stabilized immediately. Individuals may also be hospitalized for a mental health condition if they require an immediate, accurate diagnosis. Hospitalization may occur based on individual decision or at the insistence of a family member or professional. Hospitalizations for mental health may also occur as the result of an encounter with a first responder, such as an EMT, paramedic, or police officer.[395] [396] Because the hospital setting is typically used for crisis situations, understanding mental health hospital utilization can help inform understanding of mental health in a community and access to care.

Healthy People 2030 has not set a national target for mental disorder emergency department utilization as of the time of report publication.

Mental Disorder Emergency Department Utilization by Race

The table below shows mental disorder emergency department utilization by race in Okeechobee County in 2021. Notably, 78.7% of all mental disorder emergency department visit diagnoses were among White patients, followed by 10.4% among patients of an "other" race, and 8.8% among Black or African American patients. Importantly, this data was pulled by resident ZIP code and it is possible that emergency department visits occurred at hospitals outside of the county.

Table 226: Mental Disorder Emergency Department Utilization by Race, Count and Percent of Total Utilization, Okeechobee County, 2021

Race	Okeechobee County			
	Principal Diagnosis	Other Diagnosis 1-3	Total	Percent of Total Diagnoses
American Indian or Alaska Native	14	61	75	1.5%
Asian	2	4	6	0.1%
Black or African American	43	402	445	8.8%
Native Hawaiian or Other Pacific Islander	0	2	2	0.0%
Other	83	442	525	10.4%
Unknown	3	22	25	0.5%
White	373	3,601	3,974	78.7%
Total	518	4,534	5,052	100%

Data Note: ICD-10 Codes F10-F69 and F90-F99
Source: Agency for Healthcare Administration (AHCA), 2021
Compiled by: Health Council of Southeast Florida, 2022

[395] Mental Health America. (2022). *Hospitalization.* Retrieved from https://mhanational.org/hospitalization
[396] University of Utah Huntsman Mental Health Institute. (2022). *When to seek inpatient mental health treatment at a hospital.* Retrieved from https://healthcare.utah.edu/hmhi/treatments/hospital-inpatient-program/when-to-seek-help.php

Mental Disorder Emergency Department Utilization by Ethnicity

The table below shows mental disorder emergency department utilization by ethnicity in Okeechobee County in 2021. Non-Hispanic patients accounted for 88.2% of all emergency department visits with mental disorder diagnoses in Okeechobee County in 2020, while Hispanic or Latino patients accounted for 11.2%. Importantly, this data was pulled by resident ZIP code and it is possible that emergency department visits occurred at hospitals outside of the county.

Table 227: Mental Disorder Emergency Department Utilization by Ethnicity, Count and Percent of Total Utilization, Okeechobee County, 2021

Ethnicity	Okeechobee County			
	Principal Diagnosis	Other Diagnosis 1-3	Total	Percent of Total Diagnoses
Hispanic or Latino	90	477	567	11.2%
Non-Hispanic	424	4,031	4,455	88.2%
Unknown	4	26	30	0.6%
Total	518	4,534	5,052	100%

Data Note: ICD-10 Codes F10-F69 and F90-F99
Source: Agency for Healthcare Administration (AHCA), 2021
Compiled by: Health Council of Southeast Florida, 2022

Mental Disorder Emergency Department Utilization by Sex

The table below shows mental disorder emergency department utilization by sex in Okeechobee County in 2021. Among the emergency department visits with a mental disorder diagnosis (primary or "Other Diagnosis 1-3), a greater proportion were among female residents (52.9%) than male residents (47.1%) in Okeechobee County. Importantly, this data was pulled by resident ZIP code and it is possible that emergency department visits occurred at hospitals outside of the county.

Table 228: Mental Disorder Emergency Department Utilization by Sex, Count and Percent of Total Utilization, Okeechobee County, 2021

Sex	Okeechobee County			
	Principal Diagnosis	Other Diagnosis 1-3	Total	Percent of Total Diagnoses
Female	260	2,411	2,671	52.9%
Male	258	2,123	2,381	47.1%
Total	518	4,534	5,052	100%

Data Note: ICD-10 Codes F10-F69 and F90-F99
Source: Agency for Healthcare Administration (AHCA), 2021
Compiled by: Health Council of Southeast Florida, 2022

Mental Disorder Emergency Department Utilization by Age

The table below shows mental disorder emergency department utilization by age in Okeechobee County in 2021. Among patients diagnosed with a mental disorder in the emergency department (Principal Diagnoses and Other Diagnoses 1-1), the greatest proportion of patients were aged 31-40 years (24.4%), followed by those aged 21-30 years (20.9%), and those aged 41-50 years (19.6%). Importantly, this data was pulled by resident ZIP code and it is possible that emergency department visits occurred at hospitals outside of the county.

Table 229: Mental Disorder Emergency Department Utilization by Age, Count and Percent of Total Utilization, Okeechobee County, 2021

Age	Okeechobee County			
	Principal Diagnosis	Other Diagnosis 1-3	Total	Percent of Total Diagnoses
0-10 Years	4	5	9	0.2%
11-20 Years	55	256	311	6.2%
21-30 Years	95	962	1,057	20.9%
31-40 Years	133	1,101	1,234	24.4%
41-50 Years	86	902	988	19.6%
51-60 Years	44	674	718	14.2%
61-70 Years	76	451	527	10.4%
71-80 Years	19	147	166	3.3%
81-90 Years	6	32	38	0.8%
91+ Years	0	3	3	0.1%
Unknown	0	1	1	0.0%
Total	518	4,534	5,052	100%

Data Note: ICD-10 Codes F10-F69 and F90-F99
Source: Agency for Healthcare Administration (AHCA), 2021
Compiled by: Health Council of Southeast Florida, 2022

Mental Disorder Inpatient Utilization by Race

The table below shows mental disorder inpatient utilization by race in Okeechobee County in 2021. Among all inpatient visits with patients diagnosed with a mental disorder (Principal Diagnosis and Other Diagnosis 1-3), 80.6% were among White residents. Comparatively, 9.5% of inpatient visit mental disorder diagnoses were among patients of an "Other" race, 4.0% were among Black or African American patients, 3.0% of were among patients of an unknown race, 2.8% of were among American Indian or Alaska Native patients, and 0.1% of were among Asian patients from Okeechobee County. Importantly, this data was pulled by resident ZIP code and it is possible that inpatient visits occurred at hospitals outside of the county.

Table 230: Mental Disorder Inpatient Utilization by Race, Count and Percent of Total Utilization, Okeechobee County, 2021

Race	Okeechobee County			
	Principal Diagnosis	Other Diagnosis 1-3	Total	Percent of Total Diagnoses
American Indian or Alaska Native	13	16	29	2.8%
Asian	0	1	1	0.1%
Black or African American	10	31	41	4.0%
Native Hawaiian or Other Pacific Islander	0	0	0	0.0%
Other	25	72	97	9.5%
Unknown	11	20	31	3.0%
White	211	615	826	80.6%
Total	270	755	1,025	100%

Data Note: ICD-10 Codes F10-F69 and F90-F99
Source: Agency for Healthcare Administration (AHCA), 2021
Compiled by: Health Council of Southeast Florida, 2022

Mental Disorder Inpatient Utilization by Ethnicity

The table below shows mental disorder inpatient utilization by ethnicity in Okeechobee County in 2021. Non-Hispanic patients accounted for 89.5% of all inpatient visits with mental disorder diagnoses (Principal Diagnosis and Other Diagnosis 1-3), while Hispanic or Latino patients accounted for 9.0%. Importantly, this data was pulled by resident ZIP code and it is possible that inpatient visits occurred at hospitals outside of the county.

Table 231: Mental Disorder Inpatient Utilization by Ethnicity, Count and Percent of Total Utilization, Okeechobee County, 2021

Ethnicity	Okeechobee County			
	Principal Diagnosis	Other Diagnosis 1-3	Total	Percent of Total Diagnoses
Hispanic or Latino	25	67	92	9.0%
Non-Hispanic	239	678	917	89.5%
Unknown	6	10	16	1.6%
Total	270	755	1,025	100%

Data Note: ICD-10 Codes F10-F69 and F90-F99
Source: Agency for Healthcare Administration (AHCA), 2021
Compiled by: Health Council of Southeast Florida, 2022

Mental Disorder Inpatient Utilization by Sex

The table below shows mental disorder inpatient utilization by sex in Okeechobee County in 2021. Female patients accounted for 54.3% of all inpatient visits with mental disorder diagnoses (Principal Diagnosis and Other Diagnosis 1-3) in 2021, while males accounted for 45.7%. Importantly, this data was pulled by resident ZIP code and it is possible that inpatient visits occurred at hospitals outside of the county.

Table 232: Mental Disorder Inpatient Utilization by Sex, Count and Percent of Total Utilization, Okeechobee County, 2021

Sex	Okeechobee County			
	Principal Diagnosis	Other Diagnosis 1-3	Total	Percent of Total Diagnoses
Female	141	416	557	54.3%
Male	129	339	468	45.7%
Total	270	755	1,025	100%

Data Note: ICD-10 Codes F10-F69 and F90-F99
Source: Agency for Healthcare Administration (AHCA), 2021
Compiled by: Health Council of Southeast Florida, 2022

Mental Disorder Inpatient Utilization by Age

The table below shows mental disorder inpatient utilization by age in Okeechobee County in 2021. Among all inpatient visits with mental disorder diagnoses (Principal Diagnosis and Other Diagnosis 1-3), a greater proportion were among patients aged 51-60 years old (17.7%), patients aged 11-20 years old (17.3%), patients 61-70 years old (16.2%), patients aged 41-50 years old (16.0%), patients 31-40 years old (13.1%), and patients aged 21-30 years old (10.6%). Notably, 6.8% of inpatient visits with mental disorder diagnoses were among patients aged 71-80 years old. Importantly, this data was pulled by resident ZIP code and it is possible that inpatient visits occurred at hospitals outside of the county.

Table 233: Mental Disorder Inpatient Utilization by Age, Count and Percent of Total Utilization, Okeechobee County, 2021

Age	Okeechobee County			
	Principal Diagnosis	Other Diagnosis 1-3	Total	Percent of Total Diagnoses
0-10 Years	0	5	5	0.5%
11-20 Years	71	106	177	17.3%
21-30 Years	26	83	109	10.6%
31-40 Years	34	100	134	13.1%
41-50 Years	41	123	164	16.0%
51-60 Years	43	138	181	17.7%
61-70 Years	40	126	166	16.2%
71-80 Years	12	58	70	6.8%
81-90 Years	2	16	18	1.8%
91+ Years	1	0	1	0.1%
Unknown	0	0	0	0.0%
Total	270	755	1,025	100%

Data Note: ICD-10 Codes F10-F69 and F90-F99
Source: Agency for Healthcare Administration (AHCA), 2021
Compiled by: Health Council of Southeast Florida, 2022

Health Care Facility Capacity

Hospital Beds

Total Hospital Beds

The table below shows the count and rate per 100,000 population of total hospital beds in Okeechobee County and Florida from 2016 to 2020. This rate fluctuated slightly but decreased overall in the county and in the state during this timeframe. Most recently in 2020, the rate of total hospital beds in Okeechobee County was 237.0 per 100,000 population compared to 307.6 per 100,000 population in the state overall.

Table 234: Total Hospital Beds, Rate Per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	100	244.0	63,209	312.4
2017	100	241.1	64,197	312.3
2018	100	241.0	64,585	308.2
2019	100	241.9	66,195	311.2
2020	100	237.0	66,558	307.6

Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Nursing Home Beds

Total Nursing Home Beds

The table below shows the rate of total nursing home beds per 100,000 population in Okeechobee County and Florida from 2016 to 2020. In Okeechobee County, the rate of nursing home beds fluctuated but decreased overall from 439.2 beds per 100,000 population in 2016 to 426.7 beds per 100,000 population in 2020. Additionally, the rate of total nursing home beds in Okeechobee County was higher than the rate in Florida each year during this timeframe.

Table 235: Total Nursing Home Beds, Rate Per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	180	439.2	83611	413.3
2017	180	434.1	83782	407.6
2018	180	433.8	83779	399.8
2019	180	435.3	85470	401.9
2020	180	426.7	83634	386.5

Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Adult Psychiatric Beds

Total Adult Psychiatric Beds

The table below shows the rate of adult psychiatric beds per 100,000 population in Okeechobee County and Florida from 2016 to 2020. The rate of adult psychiatric beds in Okeechobee County remained consistent each year from 2016 to 2020 (0.0 per 100,000). Additionally, the rate at the county level was lower than the rate at the state level every year reported during this timeframe.

Table 236: Adult Psychiatric Beds, Rate Per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	0	0.0	4,208	20.8
2017	0	0.0	4,279	20.8
2018	0	0.0	4,377	20.9
2019	0	0.0	4,475	21.0
2020	0	0.0	4,467	20.6

Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Child and Adolescent Psychiatric Beds

Total Child and Adolescent Psychiatric Beds

The table below shows the rate of child and adolescent psychiatric beds per 100,000 population in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the rate of child adolescent psychiatric beds in Okeechobee County remained consistent from 2016 to 2020 (0.0 per 100,000). Each year, the rate at the county level was lower than the rate at the state level.

Table 237: Child and Adolescent Psychiatric Beds, Rate Per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee Beach		Florida	
	Count	Rate	Count	Rate
2016	0	0	545	2.7
2017	0	0	516	2.5
2018	0	0	644	3.1
2019	0	0	646	3.0
2020	0	0	658	3.0

Source: Florida Health CHARTS, Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Adult Substance Abuse Beds

Total Adult Substance Abuse Beds

The table below shows the rate of adult substance abuse beds per 100,000 population in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the rate of adult substance abuse beds in Okeechobee County remained consistent from 2016 to 2020 (0.0 per 100,000). Each year, the rate at the county level was lower than the rate at the state level.

Table 238: Adult Substance Abuse Beds, Rate Per 100,000 Population, Okeechobee County and Florida, 2016-2020

Year	Okeechobee County		Florida	
	Count	Rate	Count	Rate
2016	0	0	305	1.5
2017	0	0	352	1.7
2018	0	0	376	1.8
2019	0	0	366	1.7
2020	0	0	366	1.7

Source: Florida Agency for Health Care Administration (AHCA), 2020
Compiled by: Health Council of Southeast Florida, 2022

Health Care Provider Supply

Rural areas have historically struggled with a lack of healthcare facilities and provider retention. Hospitals are a core part of the healthcare infrastructure, making these facilities and providers a critical component on the local public health system. Furthermore, hospitals in rural areas are often one of few places to offer health services for residents when provider availability is limited. Unfortunately, despite their critical role, rural hospitals often face challenges surrounding the lack of human and financial resources that are needed to provide high quality, complex medical services. [397] Healthcare in rural communities may come with complexities that require a special skillset, including providers that can treat a diverse array of illnesses and procedures with limited resources and infrastructure. In recent years, strategies have been implemented to recruit and retain rural providers, including education and training.[398] This is an important implementation in rural communities considering limited provider availability makes it hard for residents to access care, thus leading further adverse health outcomes. Healthcare access barriers in a rural community where resources are typically limited can contribute to detrimental effects on the residents' overall health. In this section, healthcare facilities and provider availability are examined at the county and state level.

Facilities

Licensed Hospitals

The table below shows the licensed hospital in Okeechobee County as of May 2022. As of May 2022, Raulerson Hospital, Okeechobee County's only hospital, had 100 licensed beds.

Table 239: Licensed Hospitals, Okeechobee County, As of May 2022

Name	Street Address	Street City	Licensed Beds	Profit Status	Web Address
HCA Florida Raulerson Hospital	1796 HWY 441 North	Okeechobee	100	For-Profit	http://www.raulersonhospital.com

Source: Florida Health Finder, Agency for Healthcare Administration, 2022
Compiled by: Health Council of Southeast Florida, 2022

[397] The Journal of the American Medical Association. (2018). A Path to Sustain Rural Hospitals. Jama Network. Retrieved September 2, 2022, from https://jamanetwork.com/journals/jama/article-abstract/2676120
[398] Journal of General Internal Medicine. (2017, November 27). Recruiting Rural Healthcare Providers today: A systematic review of training program success and determinants of geographic choices - journal of general internal medicine. SpringerLink. Retrieved September 2, 2022, from https://link.springer.com/article/10.1007/s11606-017-4210-z

Licensed Nursing Homes

The table below shows the licensed nursing home in Okeechobee County as of May 2022. As of May 2022, Okeechobee Health Care Facility was the only licensed nursing home in Okeechobee County with 210 licensed beds.

Table 240: Table: Licensed Nursing Homes, Okeechobee County, As of May 2022

Name	Street Address	Street City	Licensed Beds	Profit Status	Web Address
Okeechobee Health Care Facility	1646 US Highway 441 N	Okeechobee	210	For-Profit	okeechobeehealthcare.com

Source: Florida Health Finder, Agency for Healthcare Administration, 2022
Compiled by: Health Council of Southeast Florida, 2022

Licensed Home Health Agencies

The table below shows the licensed home health agency in Okeechobee County as of May 2022. As of May 2022, there was one licensed home health agency in Okeechobee County named Big Lake Home Health Services.

Table 241: Licensed Home Health Agencies, Okeechobee County, As of May 2022

Name	Street Address	Street City	Licensed Beds	Profit Status	Web Address
Big Lake Home Health Services	111 NE11th Street	Okeechobee	0	For-Profit	n/a

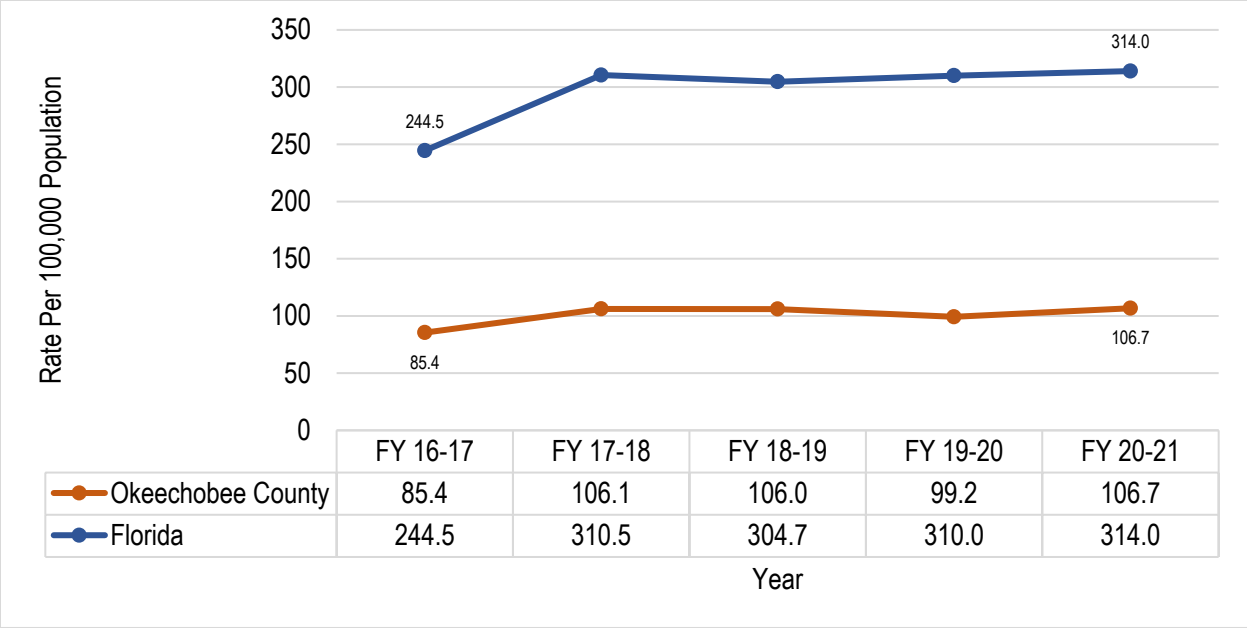
Source: Florida Health Finder, Agency for Healthcare Administration, 2022
Compiled by: Health Council of Southeast Florida, 2022

Provider Availability

Total Licensed Florida Physicians

The figure below shows the rate of licensed Florida physicians in Okeechobee County and Florida from FY 2016 – 2017 to FY 2020 – 2021. The rate of licensed physicians in Florida was higher than that of Okeechobee County each year during this timeframe, with both rates increasing in FY 2020 – 2021. Most recently in FY 2020 – 2021, the rate of licensed physicians reached 106.7 per 100,000 population in Okeechobee County and 314.0 per 100,000 population in Florida.

Figure 311: Total Licensed Florida Physicians, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2021



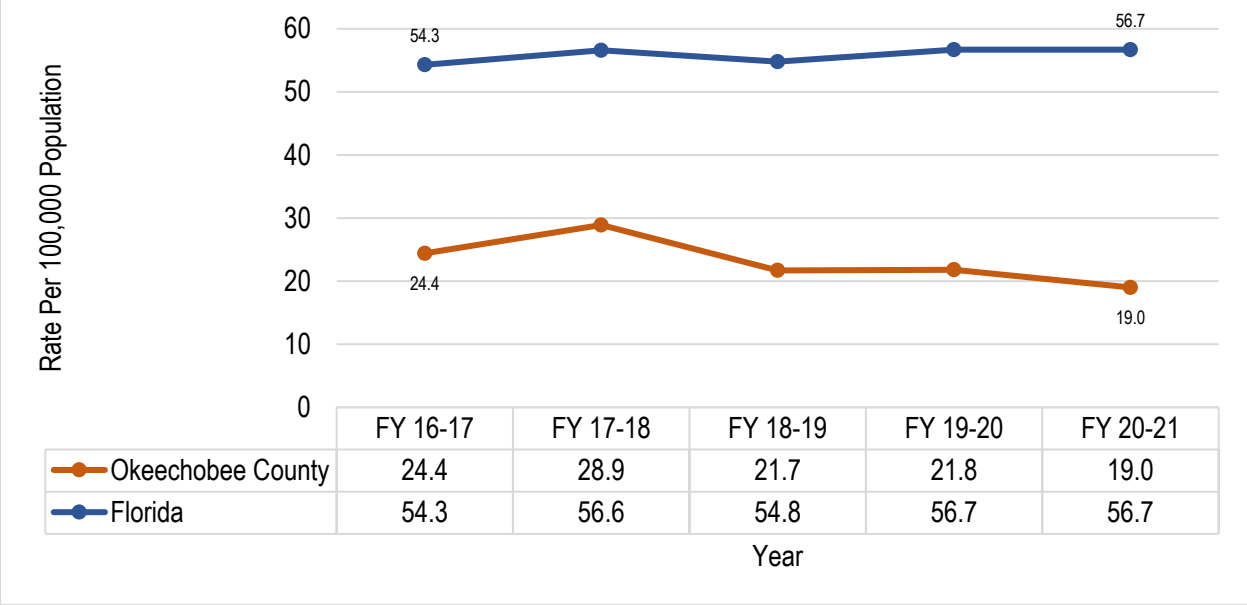
	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
Okeechobee County	85.4	106.1	106.0	99.2	106.7
Florida	244.5	310.5	304.7	310.0	314.0

Source: Florida Department of Health, Division of Medical Quality Assurance, 2021
Compiled by: Health Council of Southeast Florida, 2022

Total Licensed Florida Dentists

The figure below shows the rate of licensed Florida dentists in Okeechobee County and Florida from FY 2016 – 2017 to FY 2020 – 2021. The rate of licensed dentists in Florida was consistently higher than the rate in Okeechobee County each year reported. In Okeechobee County, the rate of licensed Florida dentists decreased overall from FY 2016 – 2017 (24.4 per 100,000 population) to FY 2020 – 2021 (19.0 per 100,000 population). In Florida, the rate of licensed dentists increased overall from FY 2016 – 2017 (54.3 per 100,000 population) to FY 2020 -2021 (56.7 per 100,000 population), despite some fluctuation.

Figure 312: Total Licensed Florida Dentists, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2021

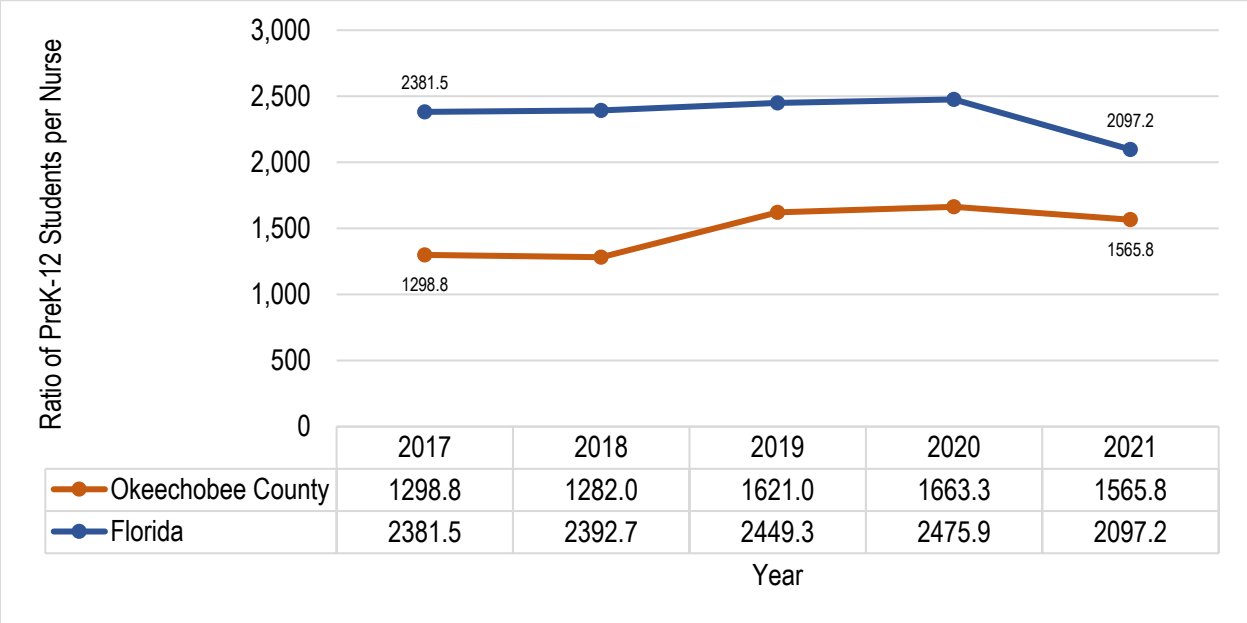


Source: Florida Department of Health, Division of Medical Quality Assurance, 2021
Compiled by: Health Council of Southeast Florida, 2022

Nurse-Student Ratio in Schools Grades K-12

The figure below shows the nurse-student ratio in schools from Kindergarten to 12th grade in Okeechobee County and Florida from 2016 to 2020. This ratio indicates how many Kindergarten students to 12th grade students each school nurse is responsible for. The ratio in Florida was higher than the ratio in Okeechobee County each year reported. Most recently, in 2021, the nurse-student ratio decreased to 1,565.8 students per school nurse in Okeechobee County and 2,097.2 students per school nurse in Florida.

Figure 313: Nurse-Student Ratio in Schools Grades K-12, Ratio of K-12 Students per Nurse, Okeechobee County and Florida, 2017-2021



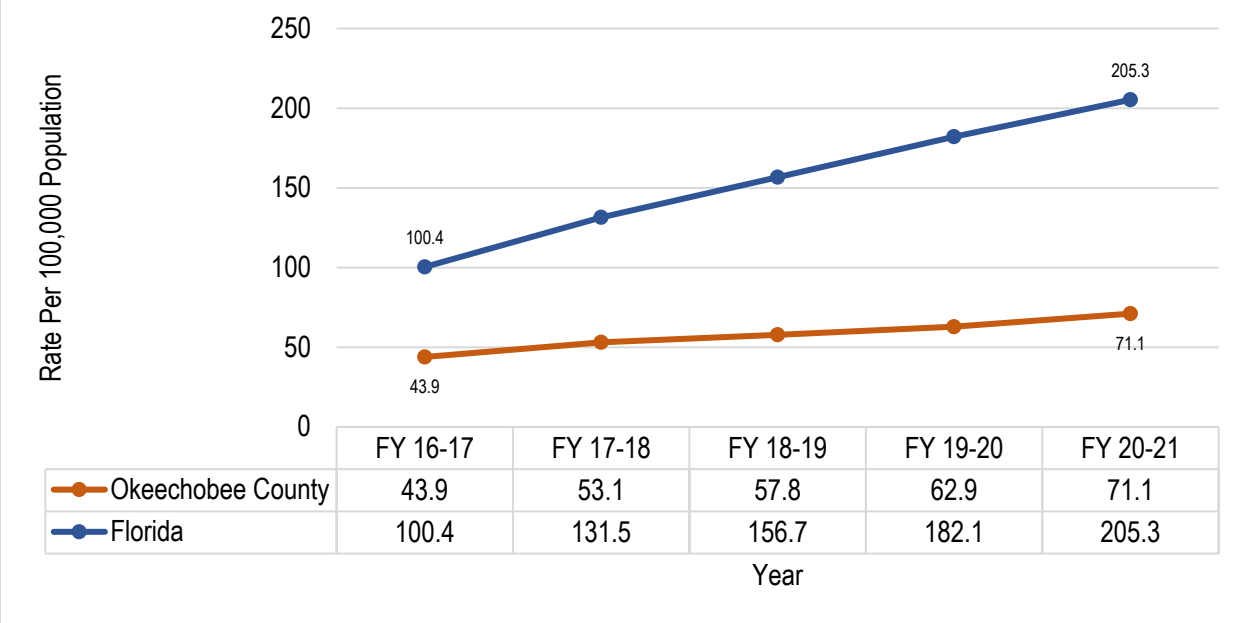
	2017	2018	2019	2020	2021
Okeechobee County	1298.8	1282.0	1621.0	1663.3	1565.8
Florida	2381.5	2392.7	2449.3	2475.9	2097.2

Source: Florida Department of Health, School Health Services Program, 2021
Compiled by: Health Council of Southeast Florida, 2022

Advanced Practice Registered Nurses (APRNs)

The figure below shows the rate per 100,000 population of Advanced Practice Registered Nurses (APRNs) in Okeechobee County and Florida from FY 2016 – 2017 to FY 2020 – 2021. The rate of APRNs increased in both Okeechobee County and Florida each year, but the rate of APRNs in Florida remained higher than the rate in Okeechobee County across this timeframe. In FY 2020 – 2021, the rate of APRNs reached 205.3 per 100,000 population in Florida, compared to 71.1 per 100,000 population in Okeechobee County. Notably, however, the rate of APRNs in Okeechobee County increased from 43.9 per 100,000 population in FY 2016 – 2017 to 71.1 per 100,000 population in FY 2020 -2021.

Figure 314: Advanced Practice Registered Nurses, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2021



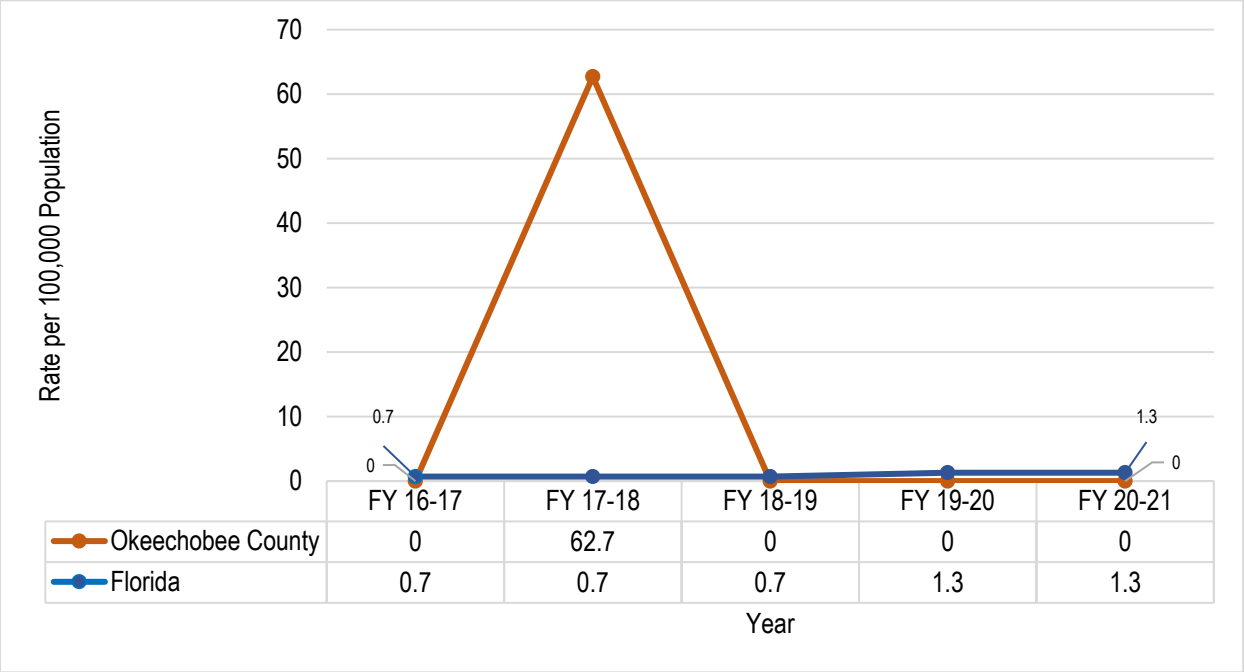
	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
Okeechobee County	43.9	53.1	57.8	62.9	71.1
Florida	100.4	131.5	156.7	182.1	205.3

Source: Florida Department of Health, School Health Services Program, 2021
Compiled by: Health Council of Southeast Florida, 2022

Clinical Nurse Specialists

The table below shows the rate per 100,000 population of Clinical Nurse Specialists in Okeechobee County and Florida from FY 2016 – 2017 to FY 2020 – 2021. In each year except for FY 2017-2018, there were no clinical nurse specialists in Okeechobee County. During FY 2017 – 2018, there were 26 clinical nurse specialists in Okeechobee County, resulting in a rate of 62.7 per 100,000 population. The rate of Clinical Nurse Specialists in Florida remained 0.7 per 100,000 population from FY 2016 – 2017 to FY 2018 – 2018, then increased to 1.3 per 100,000 population in FY 2019 – 2020 and FY 2020 – 2021.

Figure 315: Clinical Nurse Specialists, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2020



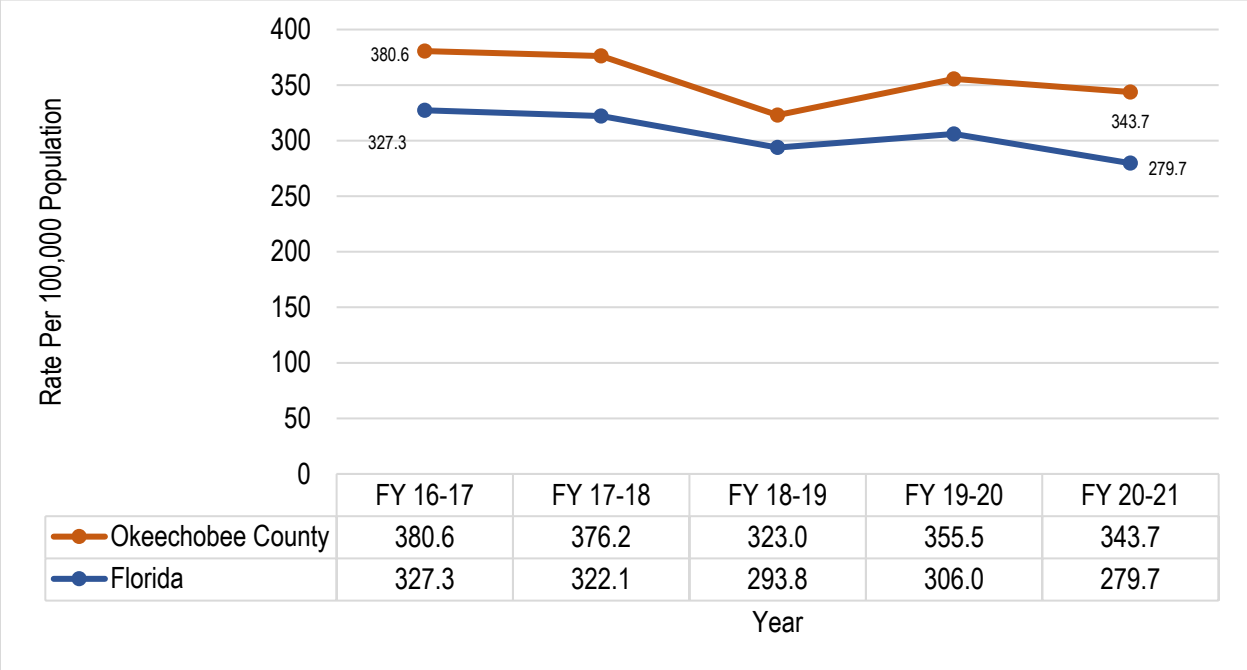
	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
Okeechobee County	0	62.7	0	0	0
Florida	0.7	0.7	0.7	1.3	1.3

Source: Florida Department of Health, Division of Medical Quality Assurance, 2021
Compiled by: Health Council of Southeast Florida, 2022

Licensed Practical Nurses

The figure below shows the rate of Licensed Practical Nurses (LPNs) in Okeechobee County and Florida from FY 2016 – 2017 to FY 2020 – 2021. The rate in both Okeechobee County and Florida decreased recently, but the rate of Licensed Practical Nurses remained higher in Okeechobee County compared to the state of Florida overall each year reported. Most recently, in FY 2020 – 2021, the rate of Licensed Practical Nurses was 343.7 per 100,000 population in Okeechobee County compared to 279.7 per 100,000 population in Florida.

Figure 316: Licensed Practical Nurses, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2021



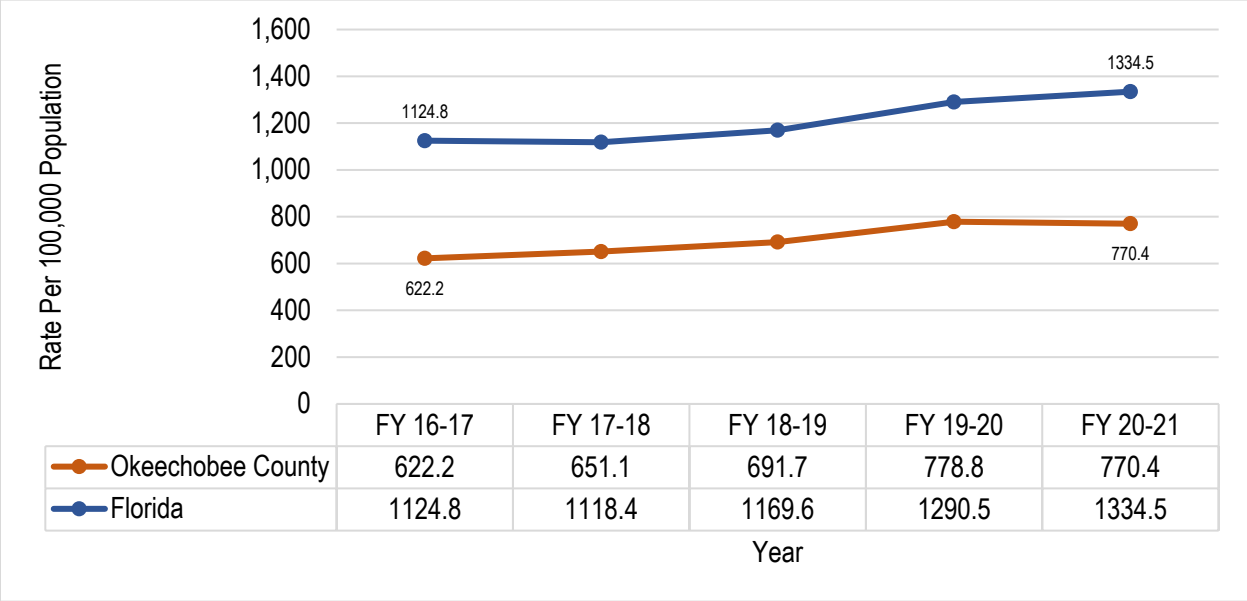
	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
Okeechobee County	380.6	376.2	323.0	355.5	343.7
Florida	327.3	322.1	293.8	306.0	279.7

Source: Florida Department of Health, Division of Medical Quality Assurance, 2021
Compiled by: Health Council of Southeast Florida, 2022

Registered Nurses (RNs)

The figure below shows the rate of Registered Nurses (RNs) in Okeechobee County and Florida from FY 2016 – 2017 to FY 2020 – 2021. The rate of Registered Nurses in Florida increased each year during this timeframe and consistently remained higher than the rate of Registered Nurses in Okeechobee County. The rate of registered nurses in Okeechobee County steadily increased from 622.2 per 100,000 population in FY 2016 – 2017 to 778.8 per 100,000 population in FY 2019 – 2020 but decreased slightly in FY 2020 – 2021 (770.4 per 100,000 population).

Figure 317: Registered Nurses, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2021



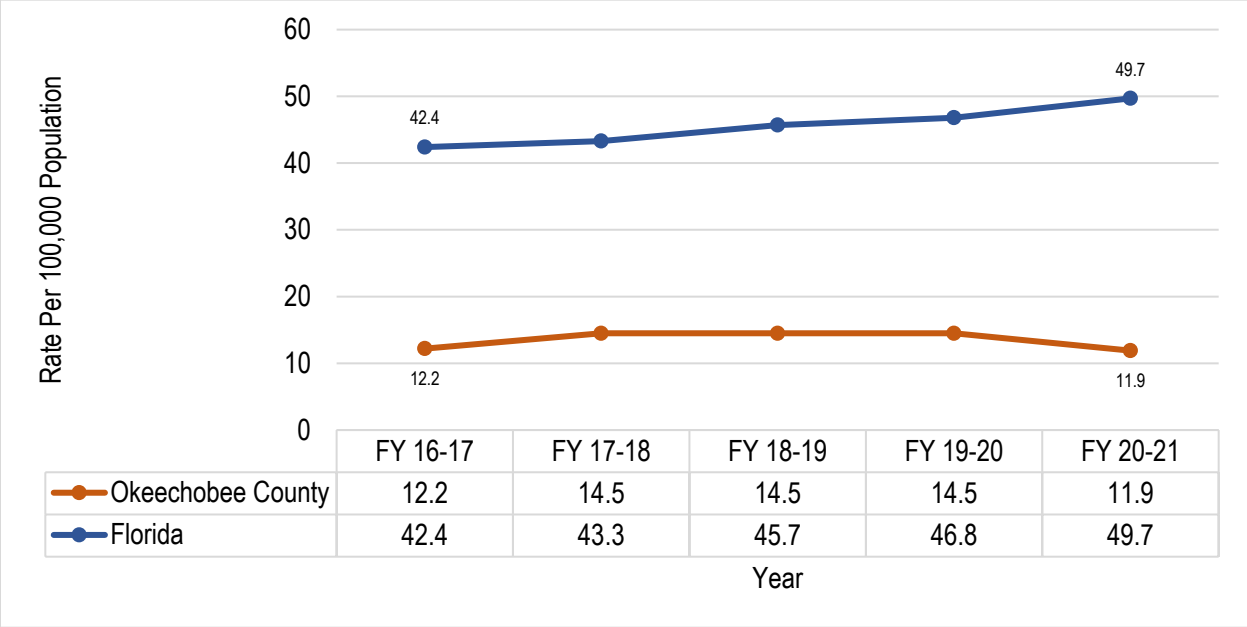
	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
Okeechobee County	622.2	651.1	691.7	778.8	770.4
Florida	1124.8	1118.4	1169.6	1290.5	1334.5

Source: Florida Department of Health, Division of Medical Quality Assurance, 2021
Compiled by: Health Council of Southeast Florida, 2022

Licensed Clinical Social Workers (LCSW)

The figure below shows Licensed Clinical Social Workers (LCSWs) in Okeechobee County and Florida from FY 2016 – 2017 to FY 2020 – 2021. From FY 2019 – 2020, the rate of Licensed Clinical Social Workers in Okeechobee County decreased from 14.5 per 100,000 population to 11.9 per 100,000 population. Alternatively, the rate of Licensed Clinical Social Workers in Florida increased over this timeframe, from 46.8 per 100,000 population in FY 2019 – 2020 to 49.7 per 100,000 population in FY 2020 – 2021.

Figure 318: Licensed Clinical Social Workers, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2021



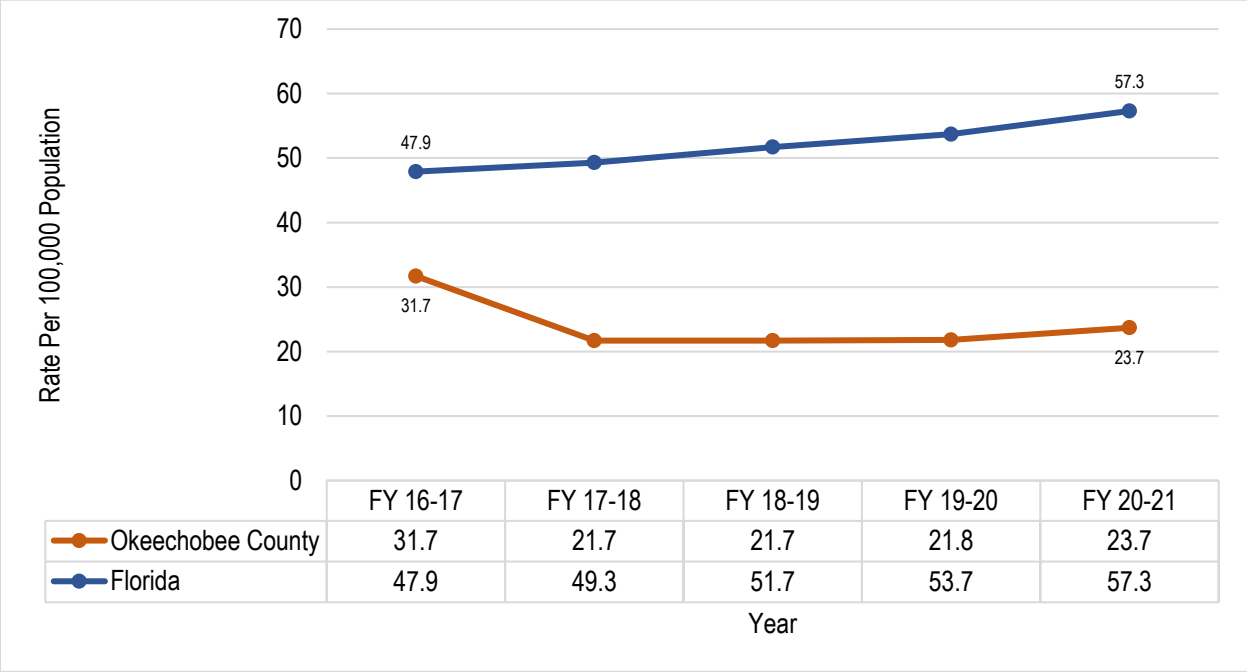
	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
Okeechobee County	12.2	14.5	14.5	14.5	11.9
Florida	42.4	43.3	45.7	46.8	49.7

Source: Florida Department of Health, Division of Medical Quality Assurance, 2021
Compiled by: Health Council of Southeast Florida, 2022

Licensed Mental Health Counselors (LMHCs)

The figure below shows Licensed Mental Health Counselors (LMHCs) in Okeechobee County and Florida from FY 2016 – 2017 to FY 2020 – 2021. The rate of Licensed Clinical Social Workers in Okeechobee County ultimately decreased from FY 2016 – 2017 (31.7 per 100,000 population) to FY 2020 – 2021 (23.7 per 100,000 population). Alternatively, the rate of Licensed Mental Health Counselors in Florida increased during this timeframe, from 47.9 per 100,000 population in FY 2016 – 2017 to 57.3 per 100,000 population in FY 2020 – 2021.

Figure 319: Licensed Mental Health Counselors, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2021



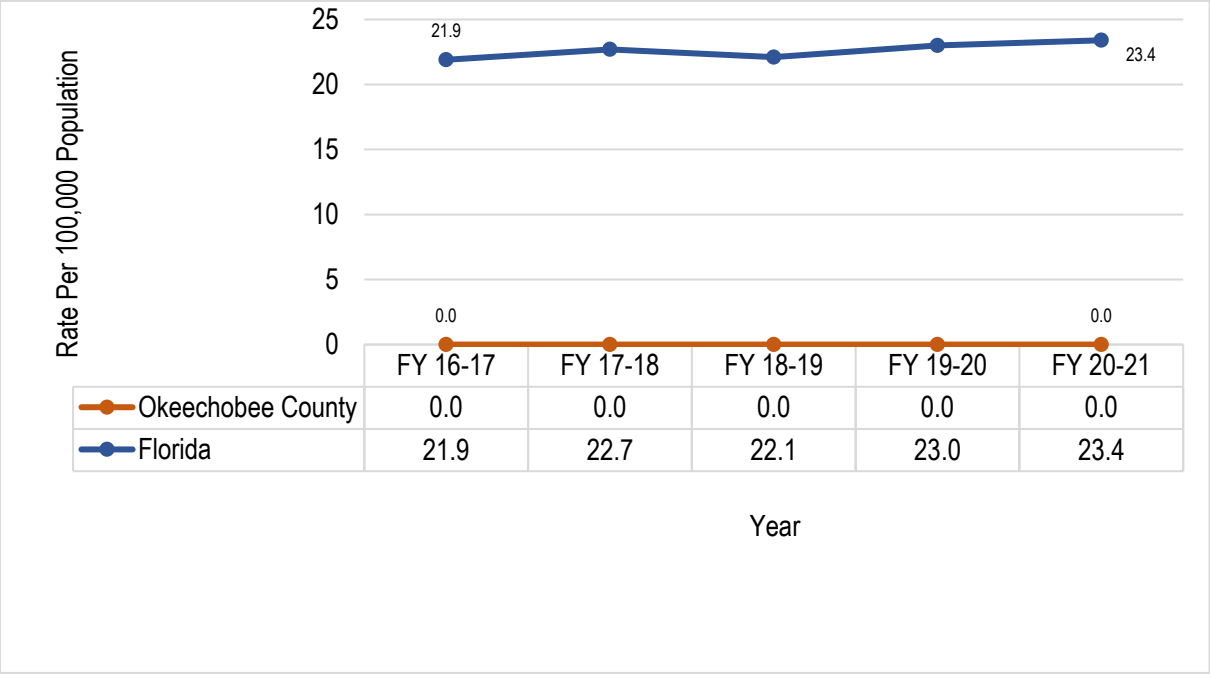
	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
Okeechobee County	31.7	21.7	21.7	21.8	23.7
Florida	47.9	49.3	51.7	53.7	57.3

Source: Florida Department of Health, Division of Medical Quality Assurance, 2021
Compiled by: Health Council of Southeast Florida, 2022

Licensed Psychologists

The figure below shows Licensed Psychologists in Okeechobee County and Florida from FY 2016 – 2017 to FY 2020 – 2021. There were no reported licensed psychologists in Okeechobee County from 2016-2021. However, the rate in Florida remained relatively consistent during this time period, increasing slightly from 21.9 per 100,000 in FY 2016-2017 to 23.4 per 100,000 in FY 2020-2021.

Figure 320: Licensed Psychologists, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2021

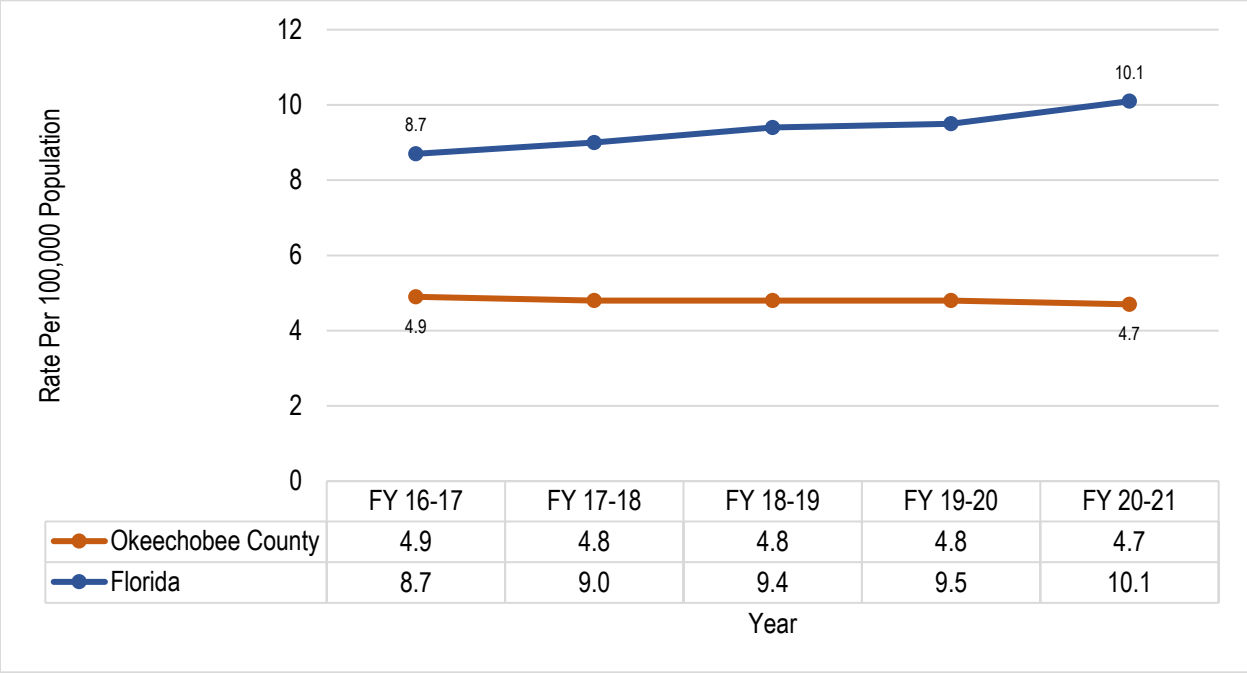


Source: Florida Department of Health, Division of Medical Quality Assurance, 2021
Compiled by: Health Council of Southeast Florida, 2022

Licensed Marriage and Family Therapists

The figure below shows Licensed Marriage and Family Therapists in Okeechobee County and Florida from FY 2016 – 2017 to FY 2020 – 2021. The rate of Licensed Marriage and Family Therapists in Florida increased each year reported, whereas the rate of Licensed Marriage and Family Therapists in Okeechobee County decreased during this timeframe. Most recently, in FY 2020- 2021, the rate of Licensed Marriage and Family Therapists in Okeechobee County decreased to 4.7 per 100,000 population, compared to 10.1 per 100,000 population in the state of Florida overall.

Figure 321: Licensed Marriage and Family Therapists, Rate per 100,000 Population, Okeechobee County and Florida, 2016-2021



	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
Okeechobee County	4.9	4.8	4.8	4.8	4.7
Florida	8.7	9.0	9.4	9.5	10.1

Source: Florida Department of Health, Division of Medical Quality Assurance, 2021
Compiled by: Health Council of Southeast Florida, 2022

Federal Professional Shortage Area

Federal Health Professional Shortage Area, or HPSAs, are geographic areas, populations, or facilities that have a shortage of primary care, dental health, or mental health providers. The Health Resources Services Administration (HRSA) designates HPSAs and determines which HPSAs are eligible to receive certain federal resources with the aim of improving access to health care services in under-resourced communities.[399]

It is important to note that HRSA provides each HPSA with a score based on certain common criteria, and the scores range from 0 to 25 for primary care and mental health providers and from 0 to 26 for dental health providers. The HPSA score criteria considers population-to-provider ratio, percent of population below 100% of the Federal Poverty Level (FPL), and travel time to the nearest source of care outside of the HPSA designation area. HPSAs with greater scores indicate a greater need in that specific area.[400] Notably, HPSA FTE is included on the tables below. This data indicates the number of full-time equivalent (FTE) practitioners needed to achieve the population to primary practitioner target ratio in that specific HPSA. [401]

Primary Care Health Professional Shortage Areas

The figure below shows the Primary Care HPSA scoring process. As previously mentioned, Primary Care areas can receive a score between 0 and 25. HPSAs with greater scores indicate a greater need in that specific area.

Figure 322: Primary Care HPSA Scoring

Source: Health Resources and Services Administration, Scoring Shortage Designations, 2021

The table below shows the Primary Care Health Professional Shortage Areas in Okeechobee County as of October 21. There was 1 Primary Care HPSA designations in Okeechobee County. The low-income population HPSA of Okeechobee had a HPSA score of 14.0 as of October 2021. Notably, the number of full-time equivalent (FTE) primary practitioners needed to achieve the population to primary care practitioner target ratio in the HPSA was 2.1 during this timeframe. In addition, the low-income population HPSA of Okeechobee received rural status.

Table 242: Primary Care Health Professional Shortage Areas, Okeechobee County, As of October 2021

HPSA Name	Designation Type	HPSA FTE Short	HPSA Score	Rural Status
Okeechobee	Low Income Population HPSA	2.1	14.0	Rural

Source: U.S Department of Health and Human Services, Health Resources and Service Administration, 2021
Compiled by: Health Council of Southeast Florida, 2022

[399] Health Resources and Services Administration. (2021). *Shortage Areas*. Retrieved from https://data.hrsa.gov/topics/health-workforce/shortage-areas
[400] Health Resources and Services Administration. (2022). *Scoring Shortage Designations.* Retrieved from https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring
[401] Health Resources and Services Administration. (n.d.) *HPSA Find.* Retrieved from https://data.hrsa.gov/tools/shortage-area/hpsa-find

Dental Health Professional Shortage Areas

The following figure shows the Dental HPSA scoring process. As previously noted, Dental HPSAs can receive a HPSA score between 0 and 26. HPSAs with greater scores indicate a greater need in that specific area.

Figure 323: Dental HPSA Scoring

Source: Health Resources and Services Administration, Scoring Shortage Designations, 2021

The table below shows the Dental Health Professional Shortage Areas in Okeechobee County as of October 2021. There was one designated area in Okeechobee County. The low-income population HPSA of Okeechobee had a HPSA score of 20.0 as of October 2021. Notably, the number of full-time equivalent (FTE) dental practitioners needed to achieve the population to dental practitioner target ratio in that HPSA was 3.7 during this timeframe. In addition, the low-income population HPSA of Okeechobee received rural status.

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

Table 243: Dental Health Professional Shortage Areas, Okeechobee County, As of October 2021

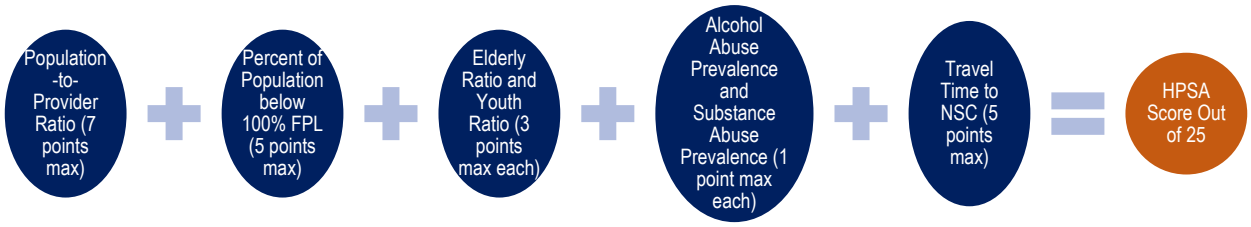
HPSA Name	Designation Type	HPSA FTE Short	HPSA Score	Rural Status
Okeechobee	Low Income Population HPSA	3.7	20.0	Rural

Source: U.S Department of Health and Human Services, Health Resources and Service Administration, 2021
Compiled by: Health Council of Southeast Florida, 2022

Mental Health Professional Shortage Areas

The following figure shows the Mental HPSA scoring process. As previously mentioned, Mental HPSAs can have a score between 0 and 25. HPSAs with greater scores indicate a greater need in that specific area.

Figure 324: Mental HPSA Scoring



Source: Health Resources and Services Administration, Scoring Shortage Designations, 2021

The table below shows the Mental Health Professional Shortage Areas in Okeechobee County as of October 2021. There was one designated area in Okeechobee County. Okeechobee, a high need geographic HPSA, had a HPSA score of 18.0 as of October 2021. Notably, the number of full-time equivalent (FTE) mental practitioners needed to achieve the population to mental health practitioner target ratio in that HPSA was 1.8 during this timeframe. In addition, the low-income population HPSA of Okeechobee received rural status.

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

Table 244: Mental Health Professional Shortage Areas, Okeechobee County, As of October 2021

HPSA Name	Designation Type	HPSA FTE Short	HPSA Score	Rural Status
Okeechobee	High Needs Geographic HPSA	1.8	18.0	Rural

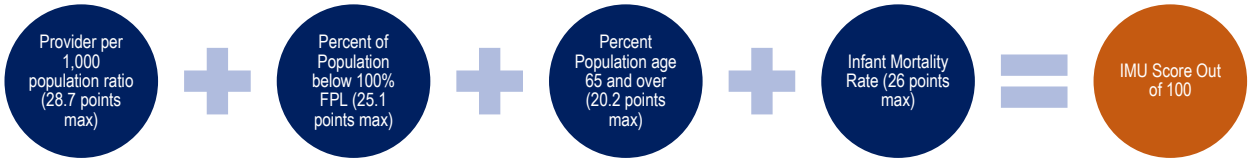
Source: U.S Department of Health and Human Services, Health Resources and Service Administration, 2021
Compiled by: Health Council of Southeast Florida, 2022

Federally Medically Underserved Areas/Populations (MUA/P)

Federal Medically Underserved Areas/Populations (MUA/P) are geographic areas and populations with a lack of access to primary care services. Many federal programs use MUAs and MUPs for distributing resources and establishing health maintenance organizations and community health centers. MUAs have a shortage of primary care services within a geographic area, such as a county, group of counties, or an urban census tract. MUPs have a specific population subset facing barriers to healthcare within a geographic area, such as people who face homelessness or migrant farmworkers.[402]

HRSA provides each MUA/P with an Index of Medical Underservice (IMU) score based on the designated area or population. The IMU score ranges from 0 to 100, and an area or population with an IMU score of 62.0 or less indicates MUA/P status. The figure below indicates the score process for MUA/Ps.

Figure 325: MUA/P Scoring



Source: Health Resources and Services Administration, Scoring Shortage Designations, 2021
Compiled by: Health Council of Southeast Florida, 2022

Federal Medically Underserved Populations and Areas

The following table shows the Federal Medically Unserved Populations and Areas (MUP/A) in Okeechobee County as of October 2021. There was one designated population and area throughout the county. Low-income/migrant farmworkers of Okeechobee County had an IMU score of 57.2. Notably, this population was also designated a rural status.

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

Table 245: Federal Medically Underserved Populations and Areas, Okeechobee County, As of October 2021

Service Area Name	MUA/P ID	Index of Medical Underservice Score	Rural Status	Designation Date
Low Income/Migrant Farmworkers of Okeechobee County	00537	57.2	Rural	09/26/2001

Source: U.S Department of Health and Human Services, Health Resources and Service Administration, 2021
Compiled by: Health Council of Southeast Florida, 2022

[402] HRSA Health Workforce. (2021). *What is Shortage Designation?* Retrieved from https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation

Health Insurance

Health insurance is considered a key determinant of access to routine, preventative, and comprehensive healthcare. The unequal distribution of coverage contributes to disparities in health among specific groups, such as low-income individuals and communities of color.[403] Often a lack of health insurance contributes to an individual's decision to forgo necessary medical treatments or medications to avoid any out-of-pocket expenses which may result in medical debt. Although insurance coverage is one barrier to accessing healthcare, it also serves as an important method for providing the opportunity to achieve a better quality of life for those in under-resourced communities. This section includes Medicaid, Children's Health Insurance Program (CHIP), Florida Healthy Kids Medical Plan, and MediKids as sources of health insurance coverage among residents of Okeechobee County.

In addition, due to the COVID-19 pandemic and subsequent recession, the increased rates of unemployment negatively impacted health insurance coverage. Research indicates that one in five adults who reported having health insurance coverage through an employer during the COVID-19 pandemic also reported now being uninsured because of the impact.[404] As a result, consideration should be given to future data related to the indicators presented in this section, as employment and health insurance coverage are often intertwined. It is important to note that the data shown below includes pre-pandemic figures and figures from the first year of the pandemic. As more data becomes available, the full impact of the pandemic on the health insurance coverage in Okeechobee County can be assessed.

[403] Office of Disease Prevention and Health Promotion. (2021). *Access to health services.* Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-health

[404] The Commonwealth Fund. (2020). *An early look at the potential implications of the COVID-19 pandemic for health insurance coverage.* Retrieved from https://www.commonwealthfund.org/publications/issue-briefs/2020/jun/implications-covid-19-pandemic-health-insurance-survey

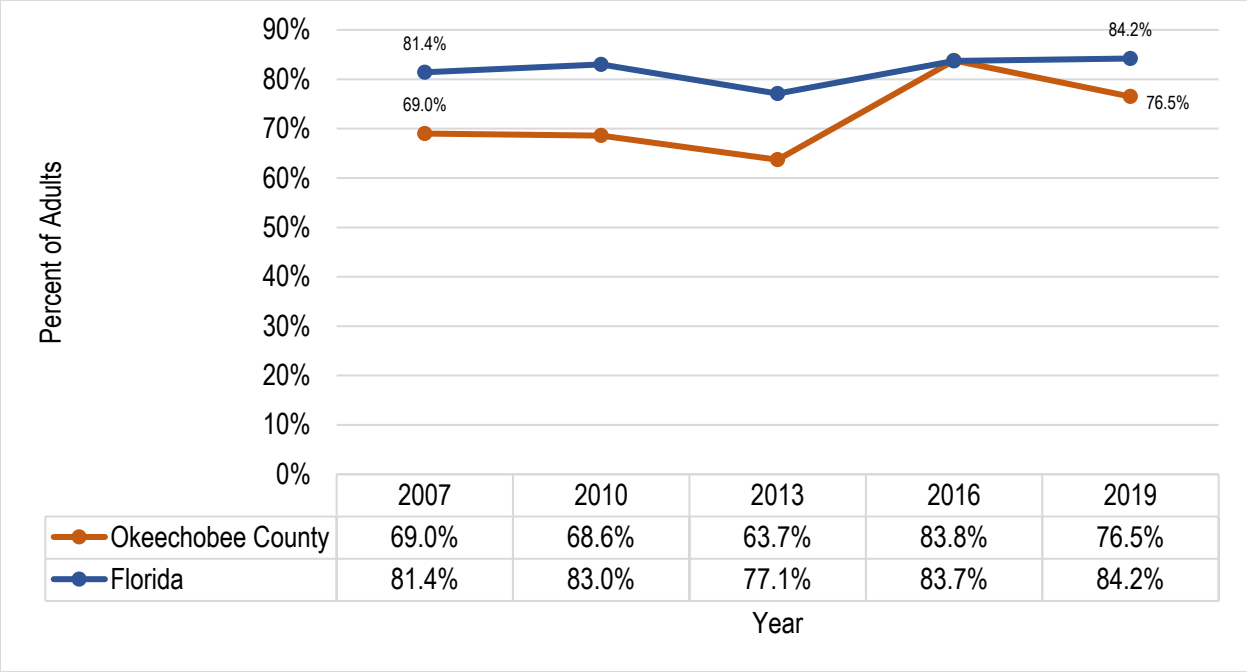
Insured

Adults with Any Type of Health Care Insurance Coverage

The figure below shows the percentage of adults with any type of health care insurance coverage in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. During this timeframe, the percentage of adults with any type of health insurance coverage was lower in Okeechobee County compared to the state overall each year except in 2016. Most recently in 2019, 76.5% of Okeechobee County residents had any type of health insurance coverage compared to 84.2% of Florida residents overall.

The Healthy People 2030 national target is to increase the proportion of people with health insurance from 88.0% (2019) to 92.4%. While this target only focuses on adults with any type of health care insurance coverage under 65, any increase in these numbers in Okeechobee County would indicate progress towards a healthier community.[405]

Figure 326: Adults with Any Type of Health Care Insurance Coverage, Percent of Adult Population, Okeechobee County and Florida, 2007-2019



	2007	2010	2013	2016	2019
Okeechobee County	69.0%	68.6%	63.7%	83.8%	76.5%
Florida	81.4%	83.0%	77.1%	83.7%	84.2%

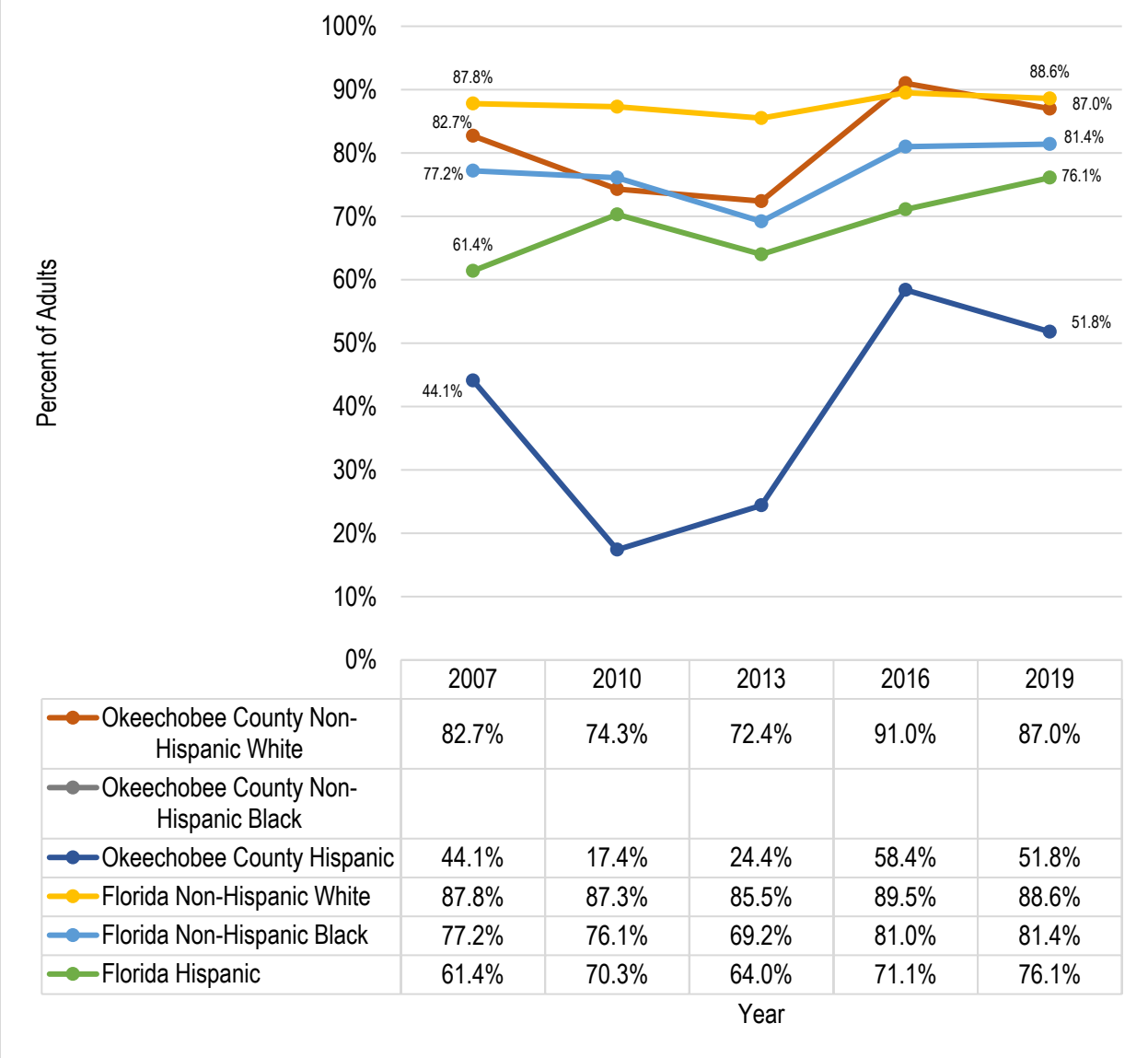
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2019
Compiled by: Health Council of Southeast Florida, 2022

[405] U.S. Department of Health and Human Services. Healthy People 2030. Increase the proportion of people with health insurance – AHS-01. https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/increase-proportion-people-health-insurance-ahs-01

Adults with Any Type of Health Care Insurance Coverage by Race and Ethnicity

The figure below shows the percentage of adults with any type of health care insurance by race and ethnicity in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. While the percentage in Okeechobee and Florida fluctuated among races and ethnicities, the percentage of adults with any type of health insurance was the lowest among Okeechobee County Hispanic adults compared to all other groups each year reported. In 2019, 87.0% of Okeechobee County non-Hispanic, White adults had any type of health insurance coverage compared to 51.8% of Okeechobee County Hispanic adults. It is important to note, data was not available for Okeechobee County Black adults during this timeframe.

Figure 327: Adults with Any Type of Health Care Insurance Coverage by Race and Ethnicity, Percent of Adult Population, Okeechobee County and Florida, 2007-2019



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
Compiled by: Health Council of Southeast Florida, 2022

Health Insurance Coverage by Age

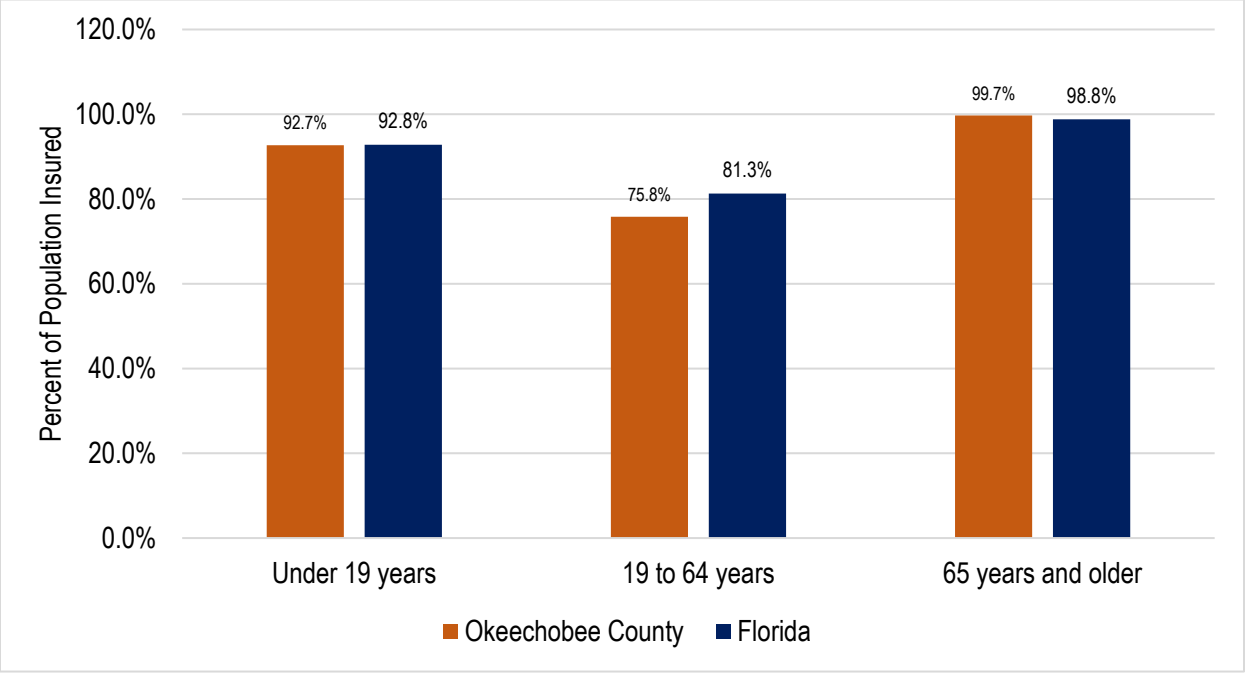
The table below shows the percentage of individuals who had health insurance coverage by age in Okeechobee County and Florida in 2020. Overall, a lower proportion of Okeechobee County residents were insured compared to the state (84.7% and 87.3%, respectively). In Okeechobee County, a lower proportion of residents aged 19 to 64 years old were insured (75.8%) compared to their counterparts under 19 years old (92.7%) and 65 years and older (99.7%).

Table 246: Health Insurance Coverage by Age, Count and Percent, Okeechobee County and Florida, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Total Civilian Noninstitutionalized Population Insured	32,656	84.7%	18,250,257	87.3%
Under 19 years	8,306	92.7%	44,134,956	92.8%
19 to 64 years	16,396	75.8%	9,887,906	81.3%
65 years and older	7,954	99.7%	4,227,395	98.8%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 328: Health Insurance Coverage by Age, Okeechobee County and Florida, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Health Insurance Coverage by Sex

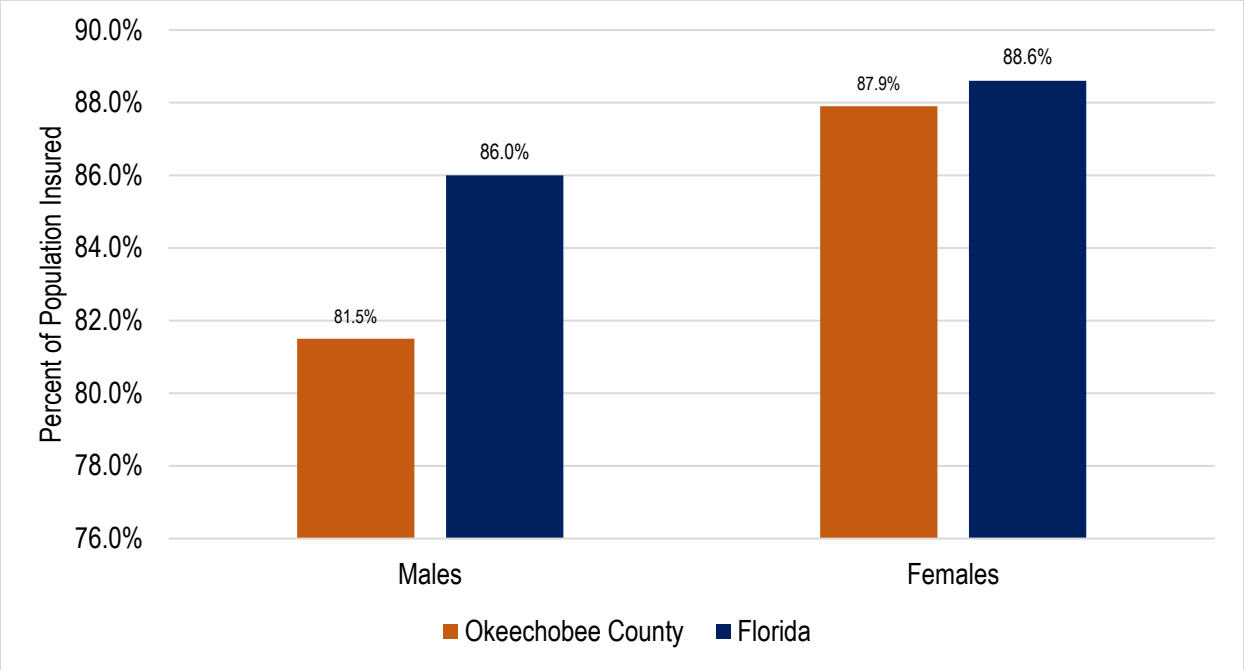
The table below shows the percentage of individuals who had health insurance coverage by sex in Okeechobee County and Florida in 2020. In Okeechobee County, a lower proportion of male residents were insured compared to their female counterparts (81.5% and 87.9%, respectively).

Table 247: Health Insurance Coverage by Sex, Count and Percent, Okeechobee County and Florida, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Total Civilian Noninstitutionalized Population Insured	32,656	84.7%	18,250,257	87.3%
Males	15,911	81.5%	8,714,006	86.0%
Females	16,745	87.9%	9,536,251	88.6%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 329: Health Insurance Coverage by Sex, Okeechobee County and Florida, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Health Insurance Coverage by Race

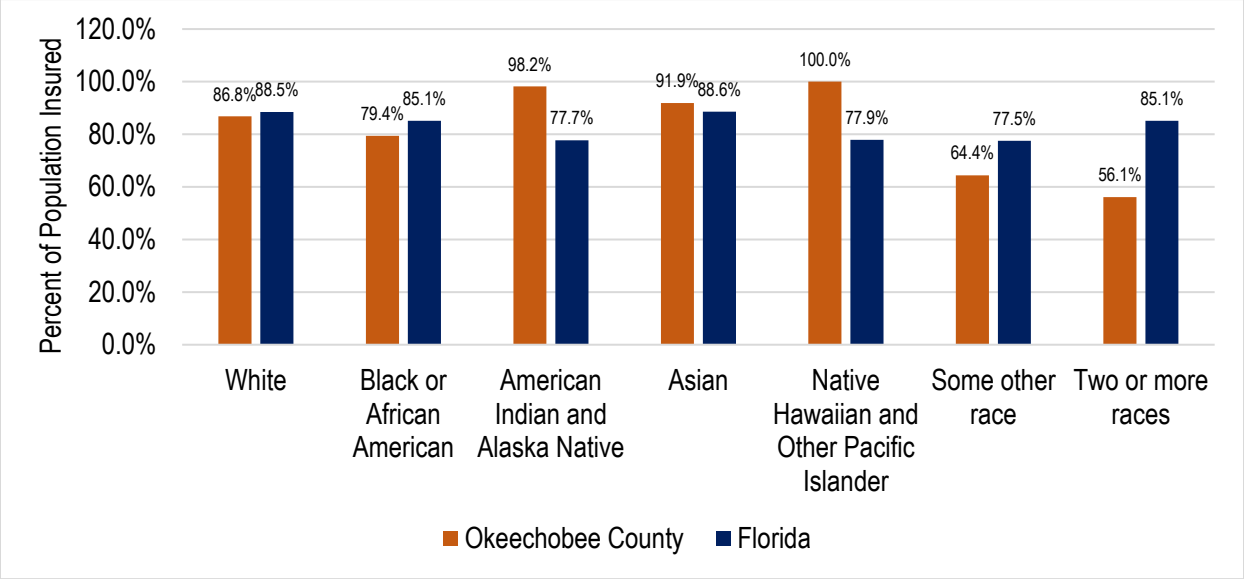
The table below shows the percentage of individuals who had health insurance coverage by race in Okeechobee County and Florida in 2020. In Okeechobee County, the lowest health insurance proportions were among residents who identify as two or more races (56.1%), residents who identify as some other race (64.4%), and Black or African American residents (79.4%). The proportion among White Okeechobee County residents was 86.8%, which was 1.1 times higher than Black or African American residents, 1.3 times higher than residents who identify as some other race, and 1.5 times higher than residents who identify as two or more races. The highest proportion of insured residents was among Native Hawaiian and Other Pacific Islanders (100%), followed by American Indian and Alaska Natives (98.2%) and Asians (91.9%).

Table 248: Health Insurance Coverage by Race, Count and Percent, Okeechobee County and Florida, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Total Civilian Noninstitutionalized Population Insured	32,656	84.7%	18,250,257	87.3%
White alone	28,644	86.8%	13,274,852	88.5%
Black or African American alone	1,653	79.4%	2,791,019	85.1%
American Indian and Alaska Native alone	219	98.2%	42,005	77.7%
Asian alone	361	91.9%	520,092	88.6%
Native Hawaiian and Other Pacific Islander alone	83	100.0%	10,239	77.9%
Some other race alone	1,005	64.4%	536,569	77.5%
Two or more races	691	56.1%	1,075,481	85.1%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 330: Health Insurance Coverage by Race, Okeechobee County and Florida, 2020



Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Health Insurance Coverage by Ethnicity

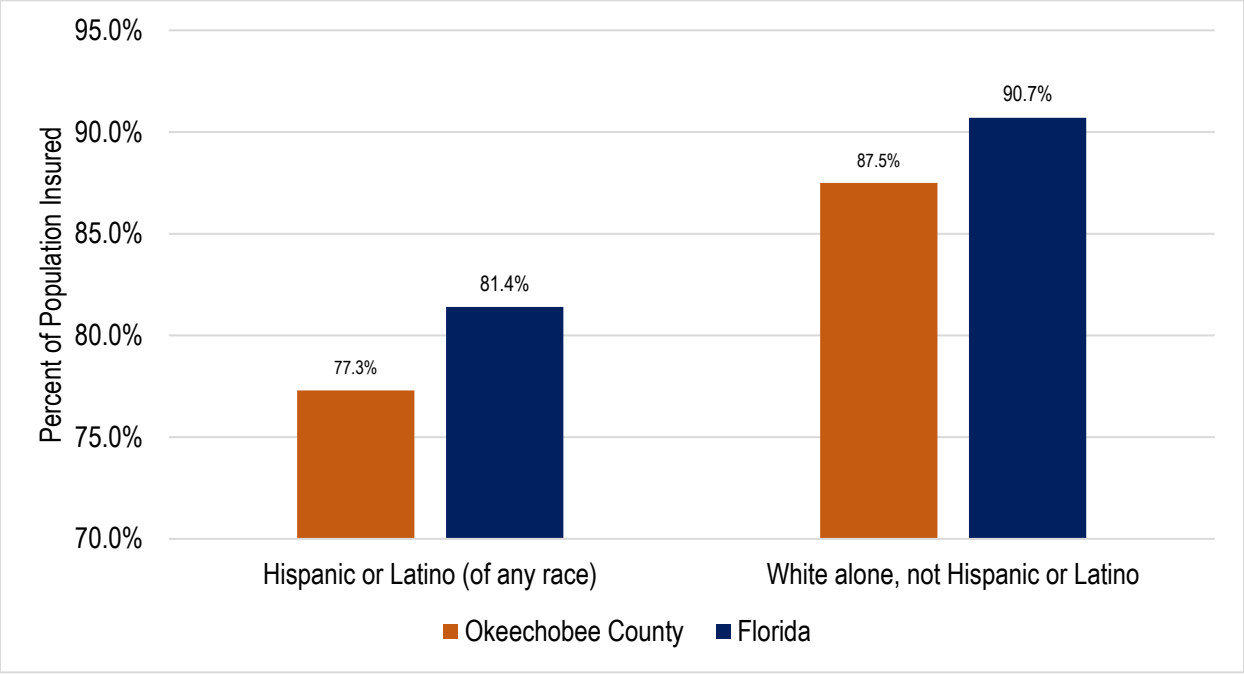
The table below shows the percentage of individuals who had health insurance coverage by ethnicity in Okeechobee County and Florida in 2020. In Okeechobee County, a lower proportion of Hispanic or Latino residents were insured compared to their White non-Hispanic counterparts (77.3% and 87.5%, respectively), a 1.1 times difference.

Table 249: Health Insurance Coverage by Ethnicity, Count and Percent, Okeechobee County and Florida, 2020

	Okeechobee County		Florida	
	Count	Percent	Count	Percent
Total Civilian Noninstitutionalized Population Insured	32,656	84.7%	18,250,257	87.3%
Hispanic or Latino (of any race)	7,535	77.3%	4,408,873	81.4%
White alone, not Hispanic or Latino	22,217	87.5%	10,139,730	90.7%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Figure 331: Health Insurance Coverage by Ethnicity, Okeechobee County and Florida, 2020



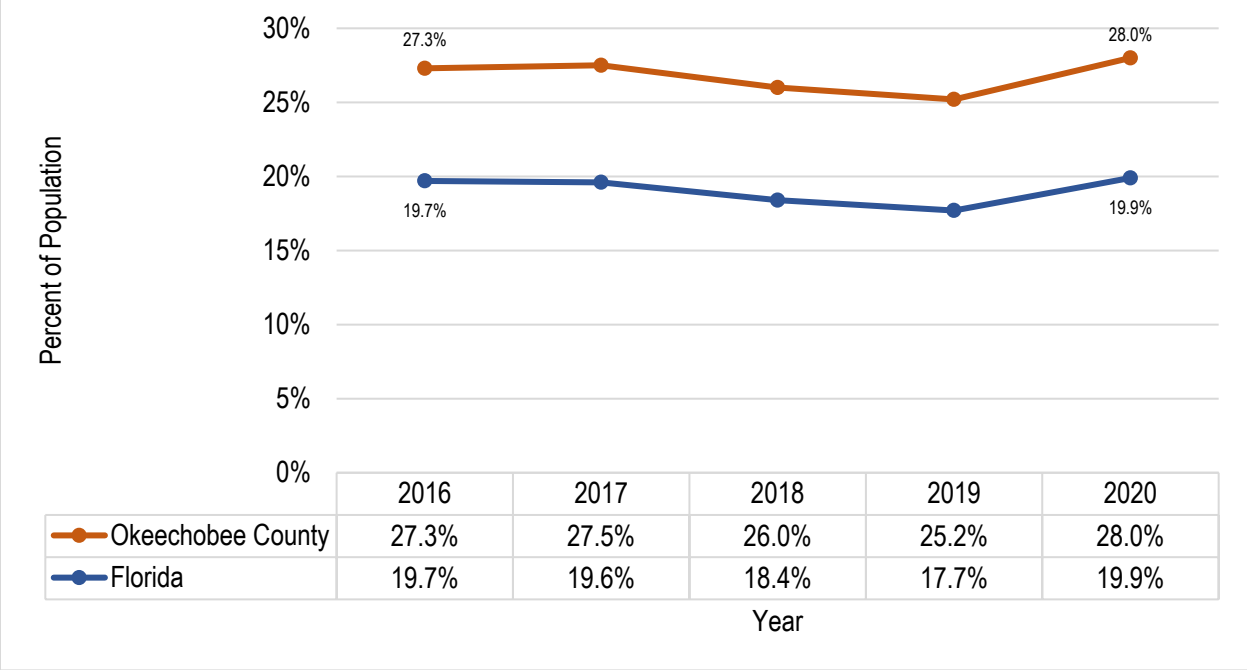
Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Medicaid

Monthly Medicaid Enrollment

The table below shows the percentage of monthly Medicaid enrollment in Okeechobee County and Florida from 2016 to 2020. Each year during this timeframe, the Medicaid enrollment percentage among Okeechobee County residents was higher than the percentage among state residents overall. While the percentage among Okeechobee County residents declined from 25.5% in 2017 to 25.2% in 2019, the percentage increased most recently in 2020 to 28.0%.

Figure 332: Monthly Medicaid Enrollment, Percent of Residents Enrolled in Medicaid, Okeechobee County and Florida, 2016-2020



	2016	2017	2018	2019	2020
Okeechobee County	27.3%	27.5%	26.0%	25.2%	28.0%
Florida	19.7%	19.6%	18.4%	17.7%	19.9%

Source: U.S Census Bureau, American Community Survey, 2020
Compiled by: Health Council of Southeast Florida, 2022

Children's Health Insurance Program (CHIP)

The Children's Health Insurance Program (CHIP) was established by the federal government in 1997 with the goal of providing health insurance coverage to uninsured children who are low-income and are not eligible for Medicaid. According to the Kaiser Family Foundation, children enrolled in state CHIPs have experienced increased access to care, utilization, and financial protection during economic downturns. Additionally, evidence suggests that children with Medicaid and CHIP have improved health, leading to better performance in school, which ultimately has positive implications for the overall economy.[406]

The CHIP provides federal funding to states for designing and regulating their state's CHIP program for low-income families. In Florida, Florida Healthy Kids, MediKids, and Children's Medical Services (CMS) make up the state's CHIP program.[407]

CHIP Total Enrollment by Program

The table below shows the total enrollment numbers for the Children's Health Insurance Program (CHIP) in Okeechobee County as of August 2021. In total, 470 children in Okeechobee County were enrolled in the CHIP, of which 418 were enrolled in Healthy Kids (Ages 5-18), 36 were enrolled in MediKids (Ages 1-4), and 16 were enrolled in Children's Medical Services (CMS) (Ages 1-18).

Table 250: Children's Health Insurance Program Total Enrollment by Program, Count of Total Enrollment, Okeechobee County, As of August 2021

Program	Okeechobee County
	Count
MediKids (Ages 1 - 4)	36
Healthy Kids (Ages 5 - 18)	418
Children's Medical Services (CMS) (Ages 1 - 18)	16
Total	470

Source: Florida Healthy Kids Corporation, 2020
Compiled by: Health Council of Southeast Florida, 2022

[406] Kaiser Family foundation. (2014). The Impact of the Children's Health Insurance Program (CHIP): What Does the Research Tell Us? Retrieved from https://www.kff.org/report-section/the-impact-of-the-childrens-health-insurance-program-chip-issue-brief/
[407] Healthy Kids. (2021). Frequently Asked Questions. Retrieved from https://www.healthykids.org/healthykids/faq/

Healthy Kids

Florida Healthy Kids Enrollment by Medical Plan

The table below shows the total Healthy Kids medical plan enrollment by plan in Okeechobee County and Florida as of August 2021. Of the three available plans, Aetna has the most children enrolled (296) compared to Community Cares Plan (CCP) (87) and Simply (35).

Table 251: Florida Healthy Kids Medical Plan Enrollment by Plan, Count of Total Enrollment, Okeechobee County and Florida, As of August 2021

Medical Plan	Okeechobee County	Florida
Aetna	296	68,975
Community Cares Plan (CCP)	87	10,171
Simply	35	66,101

Source: Florida Healthy Kids Corporation, 2020
Compiled by: Health Council of Southeast Florida, 2022

Healthy Kids Enrollment by Dental Plan

The table below shows the total Healthy Kids dental plan enrollment by plan in Okeechobee County and Florida as of August 2021. Of the three available plans, Argus has the most children enrolled (205) compared to MCNA (143) and DentaQuest (61).

Table 252: Health Insurance Coverage for Individuals with Disabilities by Age, Count of Total Enrollment, Okeechobee County and Florida, 2020

Dental Plan	Okeechobee County	Florida
Argus	205	31,850
DentaQuest	61	59,488
MCNA	143	50,953

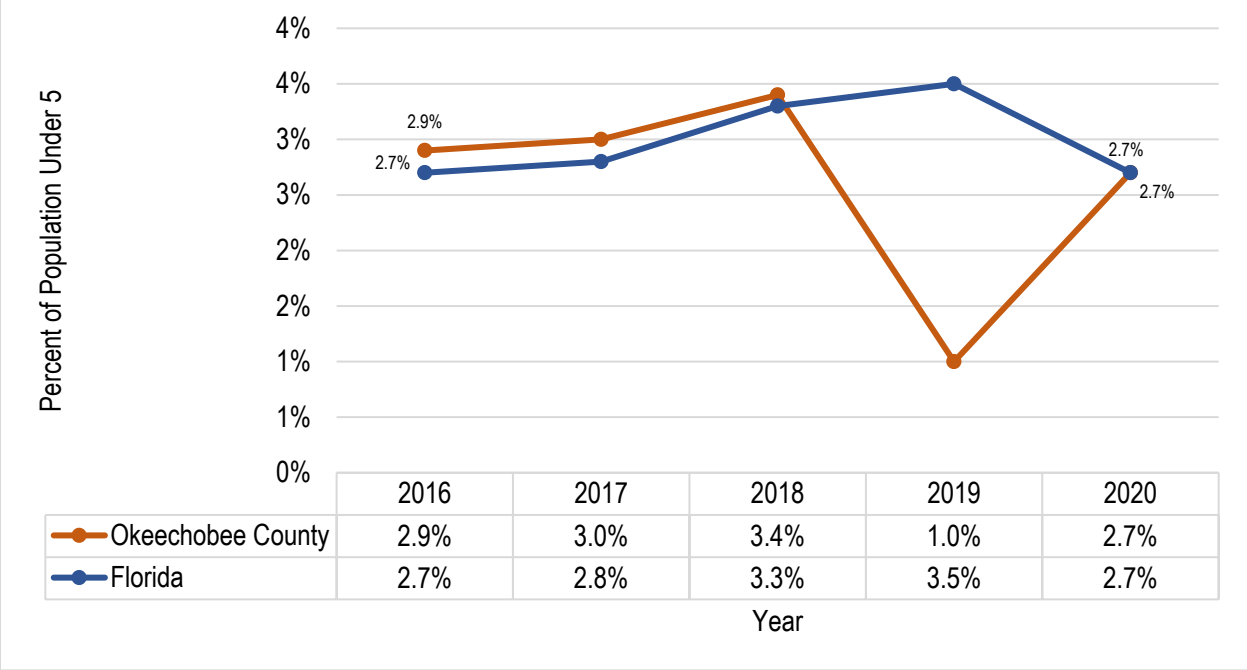
Source: Florida Healthy Kids Corporation, 2020
Compiled by: Health Council of Southeast Florida, 2022

MediKids

Children Under 5 Covered by MediKids

The figure below shows the percentage of children under 5 years of age covered by MediKids in Okeechobee County and Florida from 2016 to 2020. During this timeframe, the percentage of children in Okeechobee County and Florida fluctuated. Most recently, in 2020, 2.7% of children under 5 years of age in both Okeechobee County and Florida were covered by MediKids.

Figure 333: Children Under 5 Covered by MediKids, Percent of Population Under 5 Years of Age, Okeechobee County and Florida, 2016-2020



Source: Florida Health CHARTS, Agency for Health Care Administration, 2020
Compiled by: Health Council of Southeast Florida, 2022

Federally Qualified Health Centers

Federally Qualified Health Centers are community-based health care providers that receive funds from the HRSA Health Care Program to provide primary care services in underserved areas. HRSA established a set of requirements that Federally Qualified Health Centers must meet, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients. Federally Qualified Health Centers may be Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Health Centers for Residents of Public Housing. Often Federally Qualified Health Centers provide medical, dental, pharmacy, behavioral health, geriatric care, and enabling services such as transportation for underserved resource areas.[408]

Federally Qualified Health Centers

The table below shows the Federally Qualified Health Centers in Okeechobee County as of 2021. There were two federally qualified centers that serve the county, one in North Okeechobee and one in Okeechobee.

Table 253: Federally Qualified Health Centers, Okeechobee County, 2021

Health Center Name	Street Address	City	ZIP Code
Florida Community Health Centers Dr. Fred Brown Children's Health Centers (Satellite Site)	2015 HWY 441	North Okeechobee	34972
Lakeshore Medical – Adult (Satellite Site)	1100 N. Parrott Avenue	Okeechobee	34972

Source: Health Resources & Services Administration, 2021
Compiled by: Health Council of Southeast Florida, 2022

[408] Health Resource & Service Administration. (n.d.). *Federally Qualified Health Centers*. Retrieved from https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc/index.html

Health Care Access

Access to health care and the quality of health care is a critical social determinant of health. The ability to afford health care, for example, is associated with improved prescription drug utilization, increased preventative care visits, and higher numbers of screenings for chronic conditions that can help to maintain or improve health.[409] Having a limited availability of medical specialists in an area may influence how many people seek care and treatment, including cost and wait times. The larger the distance to a healthcare location, the less likely patients will seek care, leading to delayed treatment and costlier interventions later on.[410] Patients living in primary care shortage areas, or those living far from healthcare options, may also suffer from a lack of check-ups and less opportunities to be educated on healthcare topics, which may influence lifestyle and health behaviors and thus health outcomes.

During the COVID-19 pandemic, many individuals lost their employment, thereby losing their employer-sponsored health insurance coverage, negatively impacting their access to care. Notably, the data in this section includes pre-pandemic figures. As more data becomes available, the full impact on the pandemic of health care accessibility in Okeechobee County can be assessed.

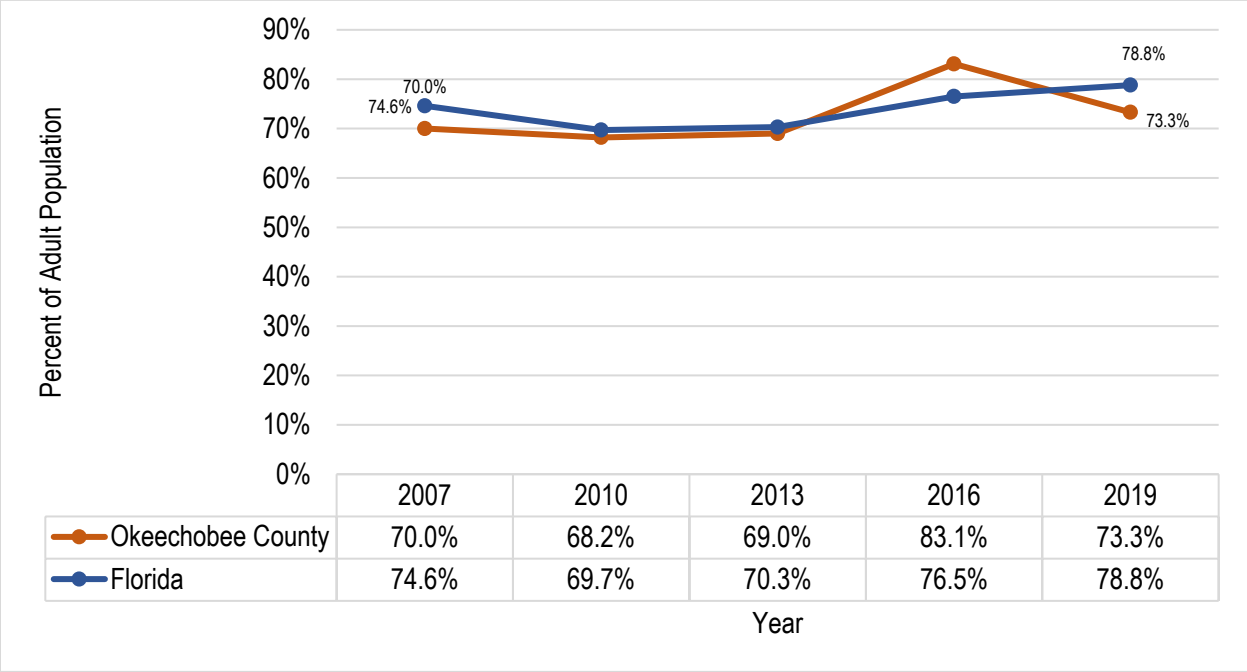
[409] Sommers, B. D., Gawande, A. A., & Baicker, K. (2017). Health insurance coverage and health—what the recent evidence tells us. N Engl J Med, 377(6), 586-593.
[410] Kelly, C., Hulme, C., Farragher, T., & Clarke, G. (2016). Are differences in travel time or distance to healthcare for adults in global north countries associated with an impact on health outcomes? A systematic review. BMJ open, 6(11), e013059. https://doi.org/10.1136/bmjopen-2016-013059.

Adults Who Had a Medical Checkup in the Past Year

The figure below shows the percentage of adults who had a medical checkup in the past year in Okeechobee County and Florida in 2007, 20010, 2013, 2016, and 2019. Overall, the percentage of adults who had a medical checkup in the past year fluctuated among Okeechobee County and Florida residents. Most recently, in 2019, 73.3% of Okeechobee County adults had a medical checkup in the past year, which is lower than the state percentage of 78.8%.

The Healthy People 2030 national target is to increase the proportion of people with a usual primary care provider to 84.0%. While this target focuses on increasing people with a primary care provider, research indicates that adults with a primary care doctor are more likely to receive preventative services. Any increase in these numbers among Okeechobee County residents would indicate progress towards a healthier community.[411]

Figure 334: Adults Who Had a Medical Checkup in the Past Year, Percent of Adult Population, Okeechobee County and Florida, 2007-2019



	2007	2010	2013	2016	2019
Okeechobee County	70.0%	68.2%	69.0%	83.1%	73.3%
Florida	74.6%	69.7%	70.3%	76.5%	78.8%

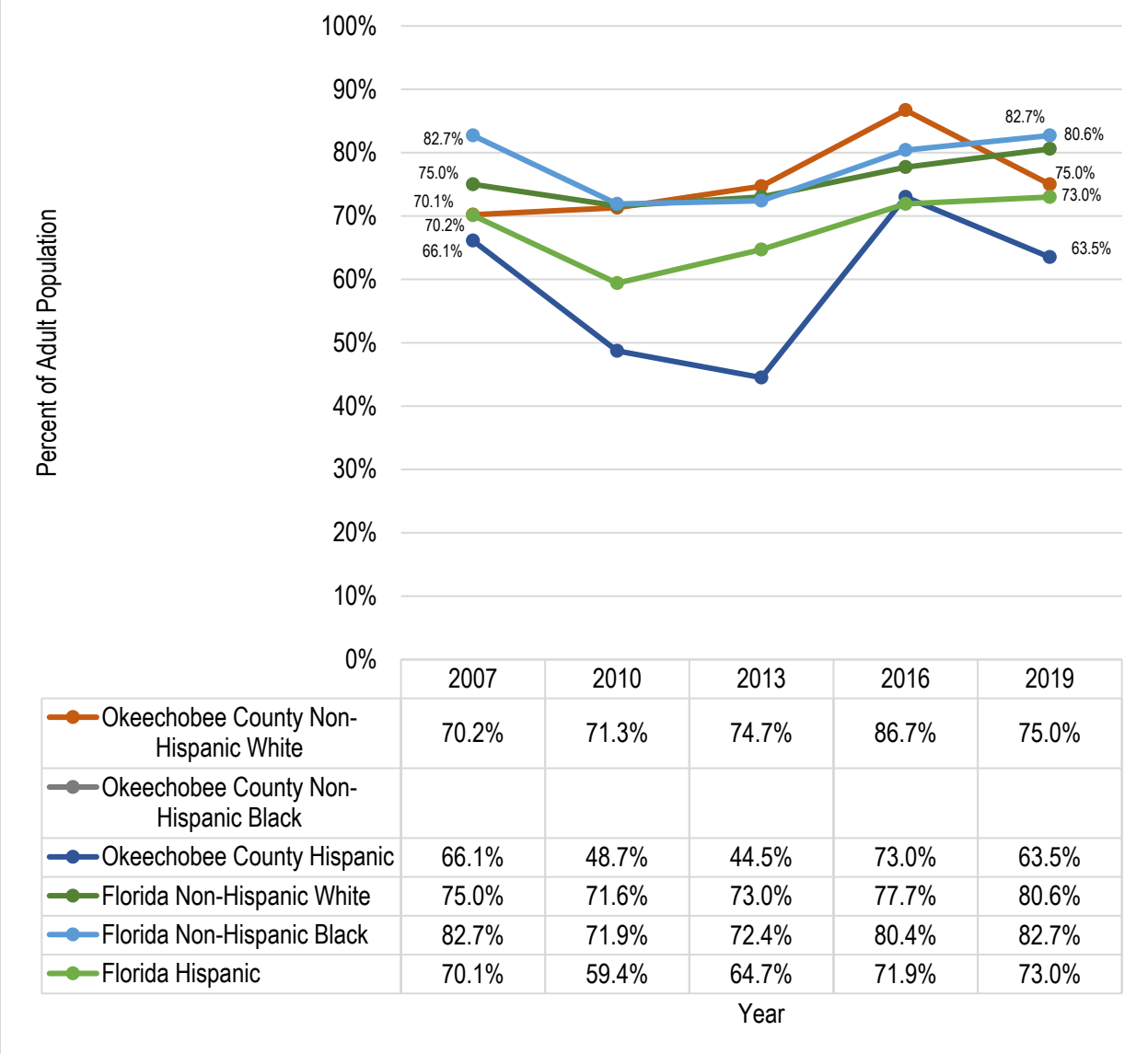
Source: Florida Health CHARTS, Agency for Health Care Administration, 2019
Compiled by: Health Council of Southeast Florida, 2022

[411] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the proportion of people who can't get medical care when they need it – AHS-04. https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/reduce-proportion-people-who-cant-get-medical-care-when-they-need-it-ahs-04

Adults Who Had a Medical Checkup in the Past Year by Race and Ethnicity

The table below shows the percentage of adults who had a medical checkup in the past year by race and ethnicity in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. Overall, the percentage of adults fluctuated among all races and ethnicities in Okeechobee County. Most recently, in 2019, 75.0% of non-Hispanic White adults had a medical checkup in the past year compared to 63.5% of Hispanic adults in Okeechobee County. Unfortunately, data was not available for non-Hispanic Black adults in Okeechobee County each year reported.

Figure 335: Adults Who Had a Medical Checkup in the Past Year by Race and Ethnicity, Okeechobee County and Florida, 2007-2019



	2007	2010	2013	2016	2019
Okeechobee County Non-Hispanic White	70.2%	71.3%	74.7%	86.7%	75.0%
Okeechobee County Non-Hispanic Black					
Okeechobee County Hispanic	66.1%	48.7%	44.5%	73.0%	63.5%
Florida Non-Hispanic White	75.0%	71.6%	73.0%	77.7%	80.6%
Florida Non-Hispanic Black	82.7%	71.9%	72.4%	80.4%	82.7%
Florida Hispanic	70.1%	59.4%	64.7%	71.9%	73.0%

Year

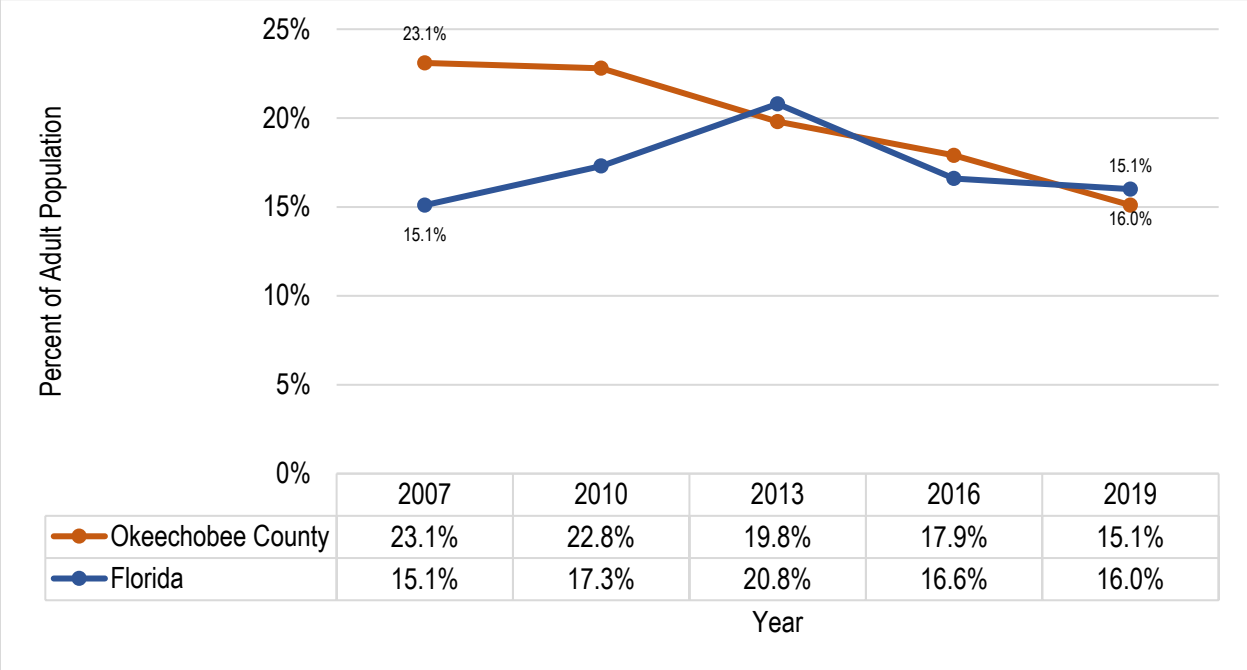
Source: Florida Health CHARTS, Agency for Health Care Administration, 2019
Compiled by: Health Council of Southeast Florida, 2022

Adults Who Could Not See a Doctor in the Past Year Due to Cost

The figure below shows the percentage of adults who could not see a doctor in the past year due to cost in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. In Okeechobee County, the percentage of adults who could not see a doctor in the past year due to cost declined from 23.1% in 2007 to 15.1% in 2019.

The Healthy People 2030 national target is to reduce the proportion of people who can't get medical care when they need it to 3.3%. While this target focuses on adults who could not see a doctor due to cost, a reduction in these numbers would indicate progress towards a healthier community.[412]

Figure 336: Adults Who Could Not See a Doctor in the Past Year Due to Cost, Percent of Adult Population, Okeechobee County and Florida, 2007-2019



	2007	2010	2013	2016	2019
Okeechobee County	23.1%	22.8%	19.8%	17.9%	15.1%
Florida	15.1%	17.3%	20.8%	16.6%	16.0%

Year

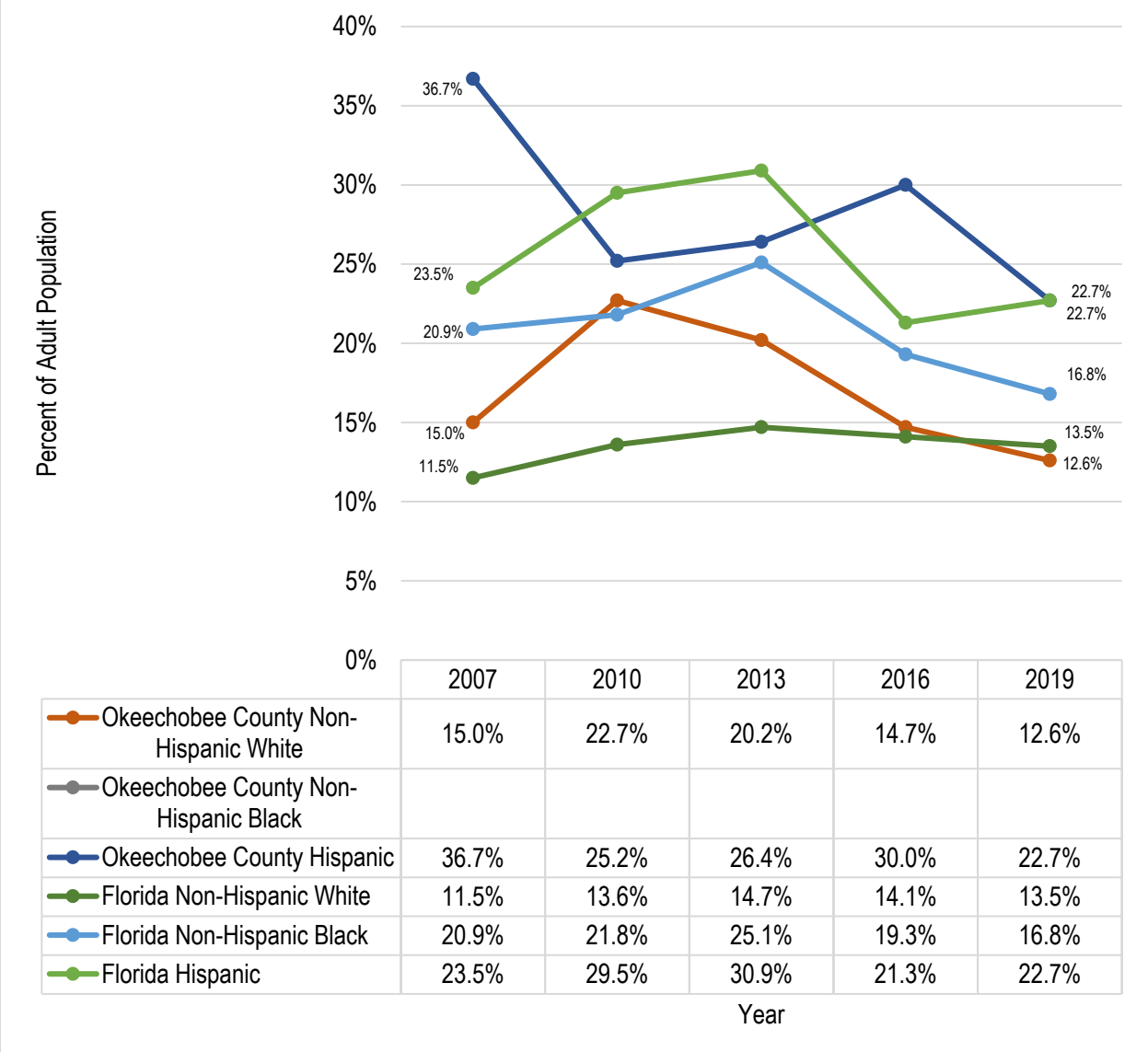
Source: Florida Health CHARTS, Agency for Health Care Administration, 2019
Compiled by: Health Council of Southeast Florida, 2022

[412] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the proportion of people who can't get medical care when they need it – AHS-04. https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/reduce-proportion-people-who-cant-get-medical-care-when-they-need-it-ahs-04

Adults Who Could Not See a Doctor in the Past Year Due to Cost by Race and Ethnicity

The figure below shows the percentage of adults who could not see a doctor in the past year due to medical costs by race and ethnicity in Okeechobee County and Florida in 2007, 2010, 2013, 2016, and 2019. Overall, the percentage of adults who could not see a doctor in the past year due to cost fluctuated among all racial and ethnic groups in Okeechobee County and Florida. Most recently, in 2019, 22.7% of Hispanic adults and 12.6% of non-Hispanic adults in Okeechobee County could not see a doctor in the past year due to cost. Unfortunately, data was not available for Black adults in Okeechobee County during this timeframe.

Figure 337: Adults Who Could Not See a Doctor in the Past Year Due to Cost by Race and Ethnicity, Percent of Adult Population, Okeechobee County and Florida, 2007-2019



	2007	2010	2013	2016	2019
Okeechobee County Non-Hispanic White	15.0%	22.7%	20.2%	14.7%	12.6%
Okeechobee County Non-Hispanic Black					
Okeechobee County Hispanic	36.7%	25.2%	26.4%	30.0%	22.7%
Florida Non-Hispanic White	11.5%	13.6%	14.7%	14.1%	13.5%
Florida Non-Hispanic Black	20.9%	21.8%	25.1%	19.3%	16.8%
Florida Hispanic	23.5%	29.5%	30.9%	21.3%	22.7%

Year

Source: Florida Health CHARTS, Agency for Health Care Administration, 2019
Compiled by: Health Council of Southeast Florida, 2022

Neighborhood and Built Environment

The ability to live, work, learn, and play in a healthy and safe environment is considered a social determinant of health and an indicator of individual and community wellbeing. Research indicates that ZIP code is a better predictor of health than genetic code.[413]

According to the United States Department of Agriculture, in 2021, 10.2% of U.S. households reported being food insecure, including households with low food security and very low food security.[414] Food accessibility, neighborhood walkability and access to recreation, and other factors, such as water or air quality, impact the neighborhood and built environment and can pose barriers to health. Communities of color and low-income populations are more likely to live in neighborhoods with barriers to health, which can contribute to poor health outcomes, health disparities, and differential access to resources.

This section explores the neighborhood and built environment in Okeechobee County to assess residents' ability to access resources and identify gaps or barriers that exist. Inequities in the neighborhood and built environment can lead to disparities in health outcomes, so it is important to understand these factors related to Okeechobee County residents specifically in the community health assessment process. Data for the state of Florida overall has been provided for context. This section includes data on the following indicators: food access, community needs index, child opportunity index, social vulnerability index, built environment and geography, air pollution, broadband access, and racial residential segregation index.

[413] Haggerty, J., Chin, M. H., Katz, A., Young, K., Foley, J., Groulx, A., Pérez-Stable, E. J., Turnbull, J., DeVoe, J. E., & Uchendu, U. S. (2018). Proactive strategies to address health equity and disparities: Recommendations from a bi-national symposium. American Board of Family Medicine. Retrieved from https://www.jabfm.org/content/31/3/479.short

[414] United States Department of Agriculture. (2022). Food Insecurity in the U.S. Key Statistics & Graphics. Retrieved from https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/#:~:text=Food%20Security%20Status%20of%20U.S.%20Households%20in%202021,-Food%20secure%E2%80%94These&text=89.8%20percent%20(118.5%20million)%20of,were%20food%20secure%20throughout%202021.

Food Access

Neighborhoods and communities that have limited access to affordable and healthy foods sources may experience higher rates of chronic health conditions. The accessibility of healthy food sources, including proximity to the nearest supermarket, supercenter, or large grocery store or number of food outlets, can provide an indication of food accessibility in an area. Neighborhood-level indicators, such as average neighborhood income, can provide an indicator of access as well.

The United States Department of Agriculture Economic Research Service's Food Access Research Atlas maps census tracts that are considered to be both low income and low access, which provide an indication of food accessibility within the region. A census tract is considered low income and low access when at least 500 people (or 33%) of the population within a rural census tract are living more than 10 miles from the nearest supermarket, and when the proportion of residents living in poverty is greater than 20%, the tract's median family income (MFI) is less than or equal to 80% of the statewide MFI, or where the tract is in a metropolitan area and has an MFI less than or equal to 80% of the metropolitan area's MFI.[415]

The table and figure below show the low income and low food access census tracts in Okeechobee County. Most recently, in 2019, seven census tracts in Okeechobee County were defined as Low Income and Low Food Access, indicated by purple coloring on the figure below. There were four census tracts in Okeechobee County that were defined as Not Low Income and Low Access in 2019 (census tracts 9103.00, 9104.01, 9106.01, and 9106.2), indicated by yellow coloring on the figure below. It is important to note that tracts where no data was available were labeled as 'insufficient data' on the table and figure below.

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

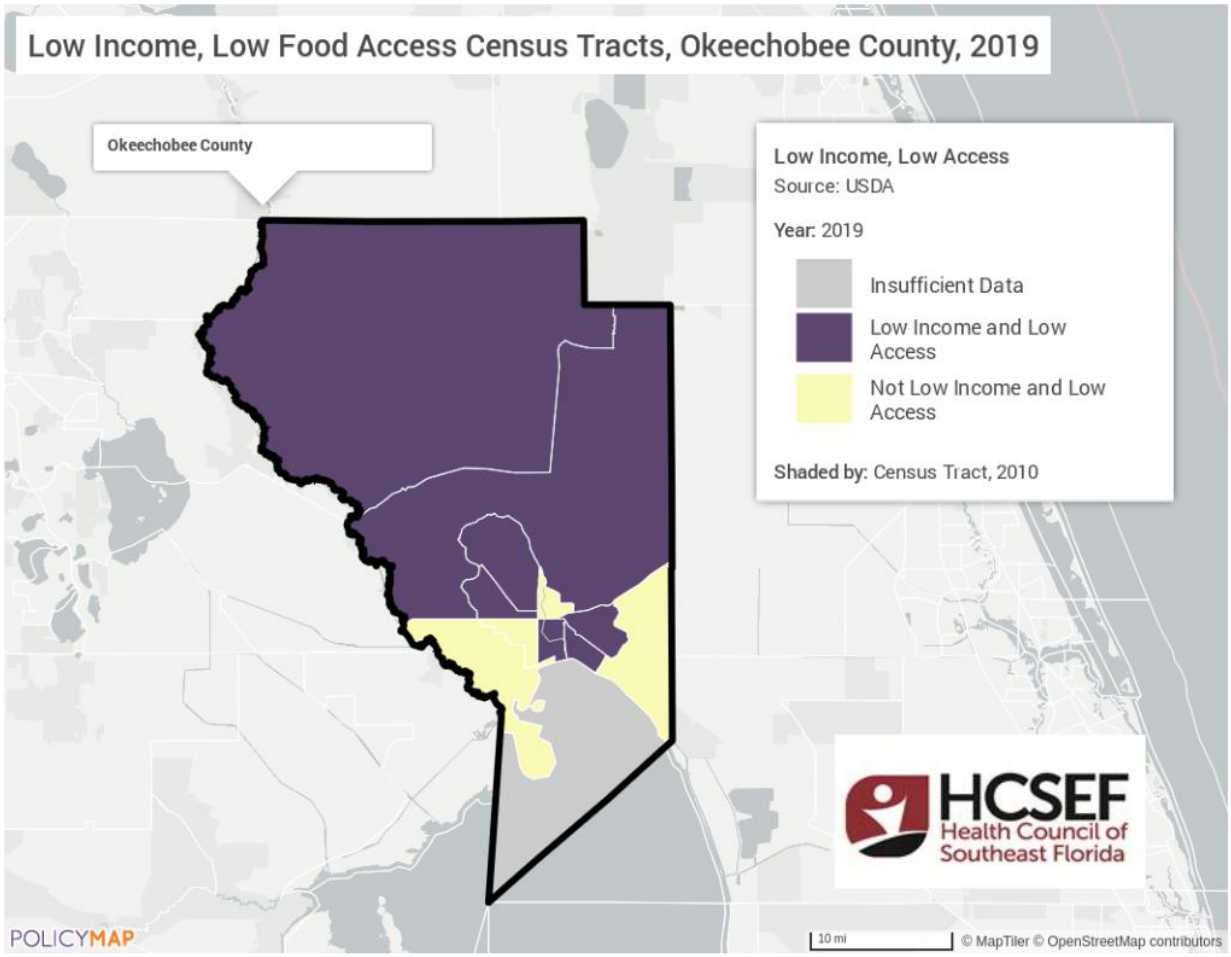
Table 254: Low Income and Low Food Access Census Tracts, Okeechobee County, 2019

Census Tract	2019
9101.01	Low Income and Low Access
9101.02	Low Income and Low Access
9102.01	Low Income and Low Access
9102.02	Low Income and Low Access
9103.00	Not Low Income and Low Access
9104.01	Not Low Income and Low Access
9104.02	Low Income and Low Access
9104.03	Low Income and Low Access
9105.00	Low Income and Low Access
9106.01	Not Low Income and Low Access
9106.02	Not Low Income and Low Access
9900.00	Insufficient Data

Source: Policy Map, United States Department of Agriculture, 2019
Compiled by: Health Council of Southeast Florida, 2022

[415] U.S. Department of Agriculture. (2019). United States Department of Agriculture, Economic Research Service (ERS/USDA) Food Access Research Atlas. Retrieved from https://www.ers.usda.gov/data-products/food-access-research-atlas/download-the-data.aspx

Figure 338: Low Income, Low Food Access Census Tracts, Okeechobee County, 2019



Source: Policy Map, United States Department of Agriculture, 2019
Compiled by: Health Council of Southeast Florida, 2022

Community Needs Index

The Community Needs Index (CNI) considers multiple social determinants of health and identifies geographic areas with a lack of access to resources such as healthcare services. When determining the CNI, five factors are taken into consideration: income, culture/language, education, housing status, and insurance coverage. A score of 1.0 indicates a ZIP Code with the lowest socioeconomic barriers (low need), while a score of 5.0 represents a ZIP Code with the most socioeconomic barriers (high need).[416]

The table and figure below show the CNI by ZIP code in Okeechobee County in 2021. In 2021, the 34972 and 34974 ZIP codes were given a CNI score of 4.2 or higher, indicating the highest need. Notably, data was not available during this time frame for the 34973 ZIP code.

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

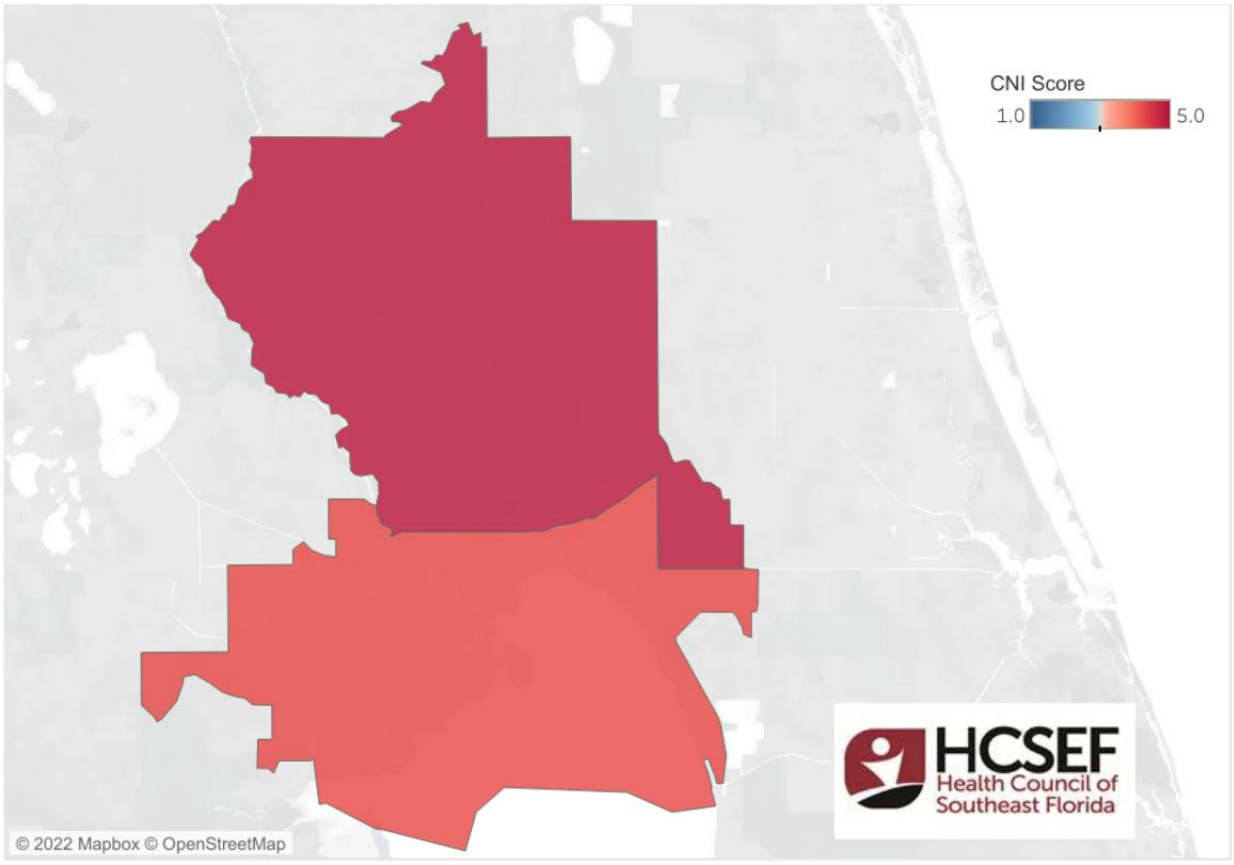
Table 255: Community Needs Index, by ZIP Code, Okeechobee County, 2021

ZIP Code	CNI Score
34972	4.8 (Highest Need)
34973	-
34974	4.2 (Highest Need)

Source: Dignity Health, 2021
Compiled by: Health Council of Southeast Florida, 2022

[416] Dignity Health. (2011). Nationwide maps guide community health planning. Retrieved from https://www.dignityhealth.org/about-us/press-center/press-releases/national-health-need-maps-guide-public-health-planning

Figure 339: Community Needs Index, by ZIP Code, Okeechobee County, 2021



Source: Dignity Health, 2021
Compiled by: Health Council of Southeast Florida, 2022

Child Opportunity Index

The Child Opportunity Index (COI) provides a measure of children's neighborhood opportunity, or the context of neighborhood-based conditions and resources that influence child development and long-term outcomes, such as health and economic mobility.[417] Examples of neighborhood conditions and resources include such things as early childhood education, schools, and access to healthy food. This index combines data from 29 neighborhood-level indicators into a single composite measure. The 29 indicators cover three domains: education, health and environment, and social and economic conditions. Child Opportunity Scores are on a scale from 1 (lowest) to 100 (highest). Scores are then grouped into Very Low, Low, Moderate, High, and Very High.[418] The index is also considered state-based and compares the COI of a census tract solely to tracts within the state of Florida.

The table below shows the COI in Okeechobee County in 2010 to 2015. Most recently, in 2015, seven Okeechobee County census tracts scored Very Low on the Child Opportunity Index, one scored Low, and two scored Moderate. Notably, census tract 9106.02 scored High on the Child Opportunity Index. No Okeechobee County census tracts scored Very High on the Child Opportunity Index in 2010 or 2015.

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

Table 256: Child Opportunity Index, Okeechobee County, 2010 and 2015

Census Tract	2010	2015
9101.01	15.0 (Very Low)	14.0 (Very Low)
9101.02	12.0 (Very Low)	17.0 (Very Low)
9102.01	3.0 (Very Low)	23.0 (Low)
9102.02	8.0 (Very Low)	10.0 (Very Low)
9103.00	13.0 (Very Low)	6.0 (Very Low)
9104.01	23.0 (Low)	17.0 (Very Low)
9104.02	30.0 (Low)	9.0 (Very Low)
9104.03	7.0 (Very Low)	9.0 (Very Low)
9105.00	18.0 (Very Low)	41.0 (Moderate)
9106.01	46.0 (Moderate)	50.0 (Moderate)
9106.02	40.0 (Low)	63.0 (High)
9900.00	-	-

Source: Diversity Data Kids, Child Opportunity Index 2.0 Index Data, 2022
Compiled by: Health Council of Southeast Florida, 2022

[417] Acevedo-Garcia, D, Noelke, C., McArdle, N., et al. (2020). Racial and Ethnic Inequities in Children's Neighborhoods: Evidence from the New Child Opportunity Index 2.0. *Children's Health.* 39(10) https://doi.org/10.1377/hlthaff.2020.00735
[418] Agency for Toxic Substances and Disease Registry (n.d.) CDC/ATSDR Social Vulnerability Index. Centers for Disease Control and Prevention. Retrieved from https://www.atsdr.cdc.gov/placeandhealth/svi/index.html

Social Vulnerability Index

Social vulnerability refers to populations particularly vulnerable to disruption and health problems due to natural disasters, human-made disasters, climate change, and extreme weather. In the case of a disaster or extreme weather event, the social vulnerability index (SVI) identifies areas where residents are in greatest need of support and recovery assistance. The index comprises four vulnerability categories: socioeconomic status, household composition and disability, minority status and language, and housing and transportation. Additionally, the four social vulnerability levels—Very Low, Low, Moderate, and High—are defined by dividing all tracts or counties in the country into quantiles based on the SVI.[419] The index is also considered state-based and compares the SVI of a census tract solely to tracts within the state of Florida.

The table and figure below show the SVI by census tract in Okeechobee County in 2018. Most recently, in 2018, seven census tracts had a High SVI and three census tracts had a Moderate SVI. Further, one census tract, 9106.02, had a Very Low SVI during this timeframe, as indicated in the figure below.

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

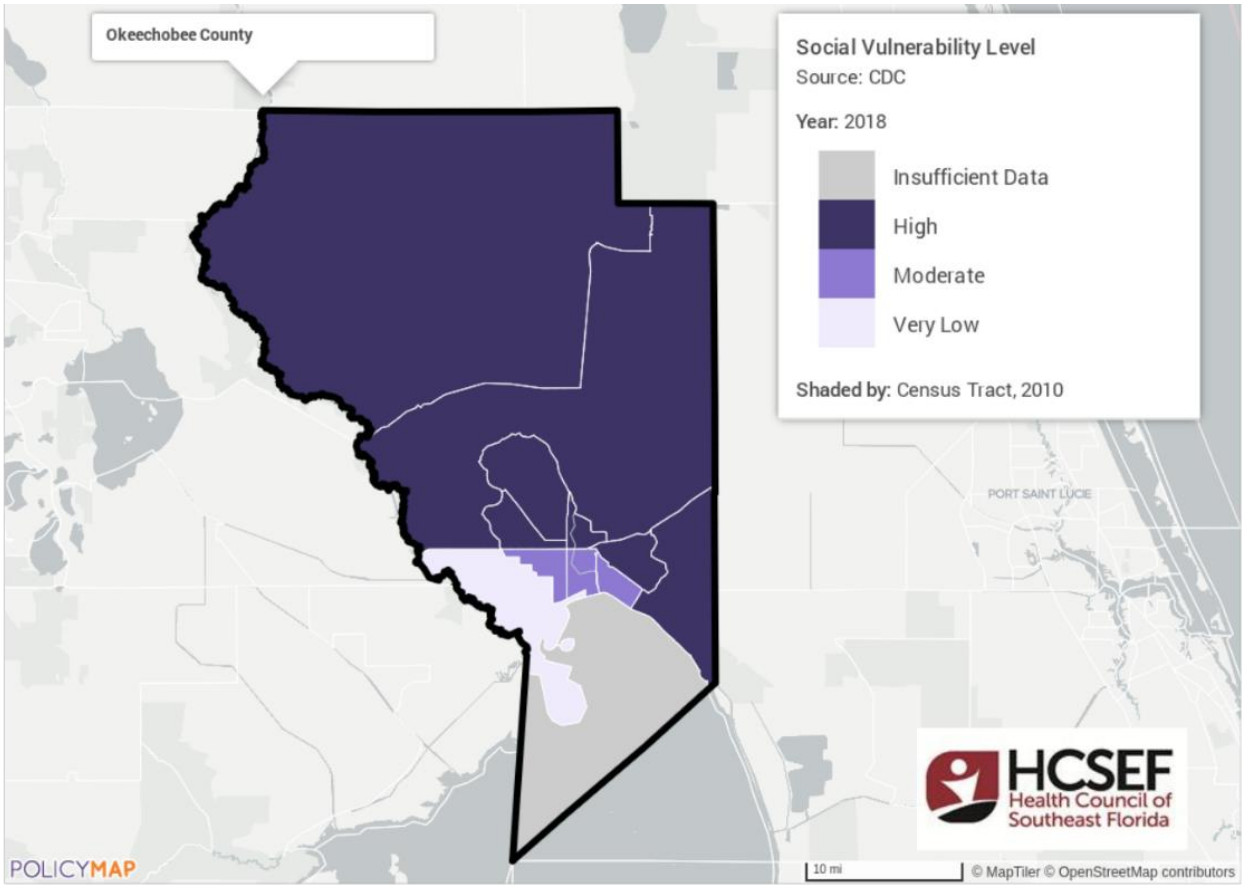
Table 257: Social Vulnerability Index, By Census Tract, Okeechobee County, 2018

Census Tract	2018
9101.01	High
9101.02	High
9102.01	High
9102.02	High
9103.00	High
9104.01	High
9104.02	High
9104.03	Moderate
9105.00	Moderate
9106.01	Moderate
9106.02	Very Low
9900.00	--

Source: Policy Map, Centers for Disease Control and Prevention, 2018
Compiled by: Health Council of Southeast Florida, 2022

[419] Agency for Toxic Substances and Disease Registry (n.d.) CDC/ATSDR Social Vulnerability Index. Centers for Disease Control and Prevention. Retrieved from https://www.atsdr.cdc.gov/placeandhealth/svi/index.html

Figure 340: Social Vulnerability Index, By Census Tract, Okeechobee County, 2018



Source: Policy Map, Centers for Disease Control and Prevention, 2018
Compiled by: Health Council of Southeast Florida, 2022

Built Environment and Geography

Neighborhood and built environment, including access to healthy foods, opportunities for physical activity and environmental conditions, can have a major impact on community health and well-being. For instance, research indicates that both built environment and geography can impact health risks and outcomes, such as the prevalence and prevention of chronic disease and the containment of infectious disease.[420]

The table below shows health indicators related to the built environment and geography in Okeechobee County in 2019. In Okeechobee County, 7.4% of residents lived half a mile of a fast-food source while 7.1% of residents lived within a half a mile of a healthy food source. Additionally, 9.9% of Okeechobee County residents lived within a 10-minute walk or half mile from a park and 11.6% lived within a 10-minute walk or half might from an off-street trail system, both indicators of outdoor recreational access.

There is no Healthy People 2030 national target specific to these indicators.

Table 258: Built Environment and Geography, Okeechobee County, 2019

Indicator	Okeechobee County	Florida
Percent of Population Living within ½ Mile of a Healthy Food Source	7.1%	27.7%
Percent of Population Living within ½ Mile of a Fast-Food Restaurant	7.4%	29.3%
Percent of Population Living within a 10 Minute Walk (1/2 mile) of a Park	9.9%	40.1%
Percent of Population Living within a 10 Minute Walk (1/2 Mile) of an Off-Street Trail System	11.6%	18.2%
Percent of Population Living within 500 Feet of a Busy Roadway	0.9%	--
Percent of Population on Public Water with Optimally Fluoridated Water Supplies	0.0%	--
Percent of Children Screened for Lead Poisoning	39.2%	--
Age-Adjusted Rate of Carbon Monoxide Deaths	0.0 per 100,000 Population	0.5 per 100,000 Population
Age-Adjusted Heat-related Emergency Department Visits During Summer Months	99.6 per 100,000 Population	31.6 per 100,000 Population
Age-Adjusted Heat-related Hospitalizations During Summer Months	8.9 per 100,000 Population	5.5 per 100,000 Population
Number of Days with Daily Maximum Heat Index Above 100 Degrees	56	--
Number of Days with Daily Maximum Heat Index Above 90 Degrees	145	--

Source: Florida Environmental Public Health Tracking, 2019
Compiled by: Health Council of Southeast Florida, 2022

[420] Pinter-Wollman, N., Jelic, A., & Wells. N.M. (2018). *The impact of the built environment on health behaviours and disease transmission in social systems*. Philosophical Transactions of the Royal Society B: Biological Sciences. Retrieved from https://royalsocietypublishing.org/doi/full/10.1098/rstb.2017.0245

Built Environment and Geography by Census Tract

The table below shows health indicators related to the built environment and geography by census tract in Okeechobee County in 2019. Notably, the census tracts 9101.02, 9102.01, and 9106.02 had the lowest percentage of residents living within half a mile of a healthy food source (0.0%), while census tract 9105.00 had the highest percentage (25.4%). Additionally, census tract 9105.00 had the largest percentage (30.9%) of residents living within half a mile of a fast-food restaurant. Among residents in census tract 9103.00, 28.7% lived within half a mile of a park, whereas 0.1% of residents in census tract 9104.02 lived within a half mile of a park. Lastly, 37.8% of residents in census tract 9104.3 lived within half a mile of an off-street trail system.

Table 259: Built Environment and Geography, Okeechobee County, 2019

Census Tract	Population within ½ Mile of Healthy Food Source	Population within ½ Mile of Fast Food Restaurant	Population within ½ Mile of a Park	Population within ½ Mile of an Off-street Trail System
9101.01	0.5%	0.0%	1.2%	5.7%
9101.02	0.0%	0.0%	1.1%	27.3%
9102.01	0.0%	0.7%	8.1%	0.0%
9102.02	7.4%	4.7%	10.0%	0.0%
9103.00	10.5%	13.8%	28.7%	0.0%
9104.01	0.0%	0.0%	2.0%	12.0%
9104.02	4.2%	0.0%	0.1%	0.0%
9104.03	0.0%	0.0%	27.6%	37.8%
9105.00	25.4%	30.9%	23.0%	21.4%
9106.01	23.6%	24.3%	8.0%	5.0%
9106.02	0.0%	0.5%	4.7%	31.4%
9900.00	-	-	-	-

Source: Florida Environmental Public Health Tracking, 2019
Compiled by: Health Council of Southeast Florida, 2022

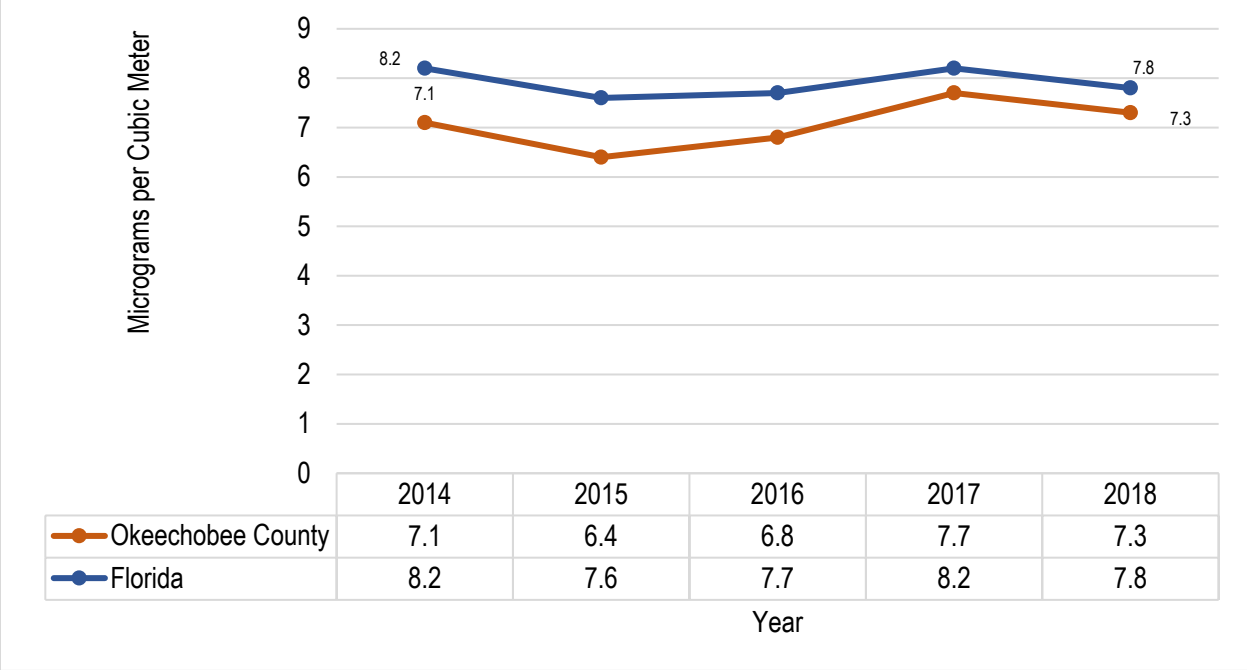
Air Pollution

Air pollution is the contamination of the indoor or outdoor environment, and common pollutants may include particulate matter, carbon monoxide, ozone, nitrogen dioxide, and sulfur dioxide.[421] Additionally, research indicates that health inequities due to air pollution and the adverse effects of climate change are becoming disproportionately prevalent among vulnerable populations.[422]

The figure below shows air pollution, the average density of fine particulate matter, in Okeechobee County and Florida from 2014 to 2018. Overall, Florida consistently reported a higher average density of fine particulate matter compared to Okeechobee County. Most recently, in 2018, Okeechobee County reported a level of 7.3 micrograms per cubic meter which was less than the state average of 7.8 micrograms per cubic meter.

The Healthy People 2030 national target is to reduce the amount of toxic pollutants released into the environment to 1,862,612 tons.[423] While this indicator focuses on the average density of fine particulate matter, a reduction in these numbers would indicate progress towards a healthier community.

Figure 341: Air Pollution, Average Density of Fine Particulate Matter, Micrograms per Cubic Meter, Okeechobee County and Florida, 20014-2018



Source: Florida Department of Health, Florida Environmental Public Health Tracking, 2019
Compiled by: Health Council of Southeast Florida, 2022

[421] World Health Organization. (n.d.). Air Pollution. Retrieved from https://www.who.int/health-topics/air-pollution#tab=tab_1
[422] Fagliano JA, Diez Roux AV (2018) Climate change, urban health, and the promotion of health equity. PLoS Med 15(7): e1002621. https://doi.org/10.1371/journal.pmed.1002621
[423] U.S. Department of Health and Human Services. Healthy People 2030. Reduce the amount of toxic pollutants released into the environment– EH-06. https://health.gov/healthypeople/objectives-and-data/browse-objectives/environmental-health/reduce-amount-toxic-pollutants-released-environment-eh-06

Broadband Access

Access to broadband is playing an increasingly important role in the delivery of healthcare as telehealth and telemedicine use increases. Telehealth and telemedicine have the potential to increase access to care for individuals who experience barriers, such as those living in rural or geographically isolated areas or with limited access to transportation, among other factors.[424] However, disparities in broadband access may exacerbate existing health inequities in underserved communities.

The table below shows the percent and count of total households with broadband access in Okeechobee County and Florida in 2020. In Okeechobee County, 85.6% of households had one or more types of computing devices, which was lower than the state percentage of 93.1%. Regarding internet subscriptions, 68.6% of households in Okeechobee County had an internet subscription compared to 83.3% of Florida households overall. Further, 1.2 times less Okeechobee County residents had broadband of any type compared to their statewide counterparts (68.4% and 85.4%, respectively).

The Healthy People 2030 national target is to increase the proportion of adults with broadband internet to 60.8%.[425] Okeechobee County has met this target as 68.4% of households in Okeechobee County have broadband of any type.

Table 260: Broadband Access, Count and Percent of Total Households, Okeechobee County and Florida, 2020

	Okeechobee County		Florida	
	Total	Percent	Total	Percent
Total households	14,601	--	7,931,313	--
Type of Computer				
Has one or more types of computing devices:	12,495	85.6%	7,383,447	93.1%
Desktop or laptop	9,688	66.4%	6,360,853	80.2%
Smartphone	11,073	75.8%	6,726,278	84.8%
Tablet or other portable wireless computer	6,771	46.4%	4,910,692	61.9%
Other computer	287	2.0%	259,513	3.3%
No computer	2,106	14.4%	547,866	6.9%
Type of Internet Subscription				
With an Internet subscription:	10,017	68.6%	6,794,361	85.7%
Dial-up with no other type of Internet subscription	28	0.2%	18,605	0.2%
Broadband of any type	9,989	68.4%	6,775,756	85.4%
Cellular data plan	8,142	55.8%	5,965,727	75.2%
Cellular data plan with no other type of Internet subscription	1,355	9.3%	831,209	10.5%
Broadband such as cable, fiber optic or DSL	7,804	53.4%	5,717,530	72.1%
Satellite Internet service	1,492	10.2%	472,176	6.0%
Without an Internet subscription	4,584	31.4%	1,136,952	14.3%

Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2022

[424] Bauerly, B. C., McCord, R. F., Hulkower, R., & Pepin, D. (2019). Broadband Access as a Public Health Issue: The Role of Law in Expanding Broadband Access and Connecting Underserved Communities for Better Health Outcomes. *The Journal of law, medicine & ethics: a journal of the American Society of Law, Medicine & Ethics*, *47*(2_suppl), 39–42. https://doi.org/10.1177/1073110519857314

[425] U.S. Department of Health and Human Services. Healthy People 2030. Increase the proportion of adults with broadband internet – EC/HIT-0. https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05

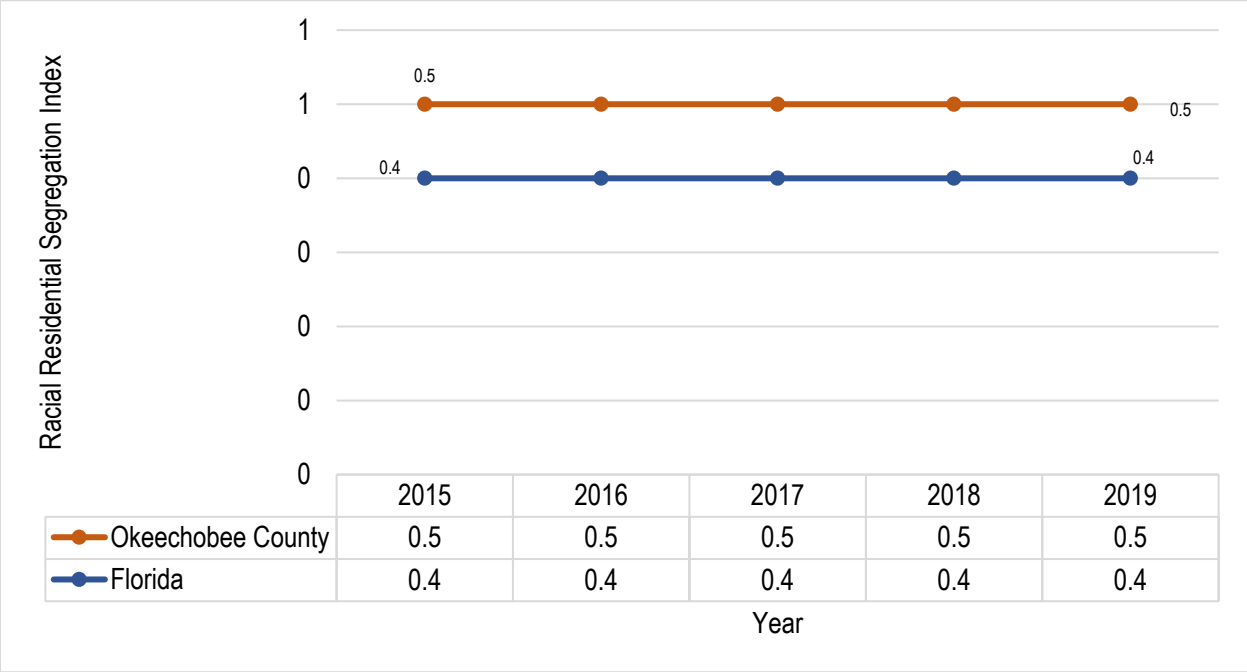
Racial Residential Segregation Index

Racial residential segregation index measures the spatial distribution of different racial groups in specific areas. The index ranges from a value of 0.0 to 1.0, with 0.0 representing complete integration and 1.0 representing complete segregation.[426] Further analysis is important to determine areas with high dissimilarity, segregation, concentration, and isolation levels within a community.

The figure below shows the racial residential segregation index in Okeechobee County from 2015 to 2019. During this specific timeframe, the racial residential segregation index for in Okeechobee County and Florida remained consistent at 0.5, slightly higher than Florida at 0.4, indicating slightly more segregation.

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

Figure 342: Air Pollution, Racial Residential Segregation Index, Okeechobee County and Florida, 2019



Source: U.S Census Bureau, American Community Survey, 2019
Compiled by: Health Council of Southeast Florida, 2022

[426] United States Census. Housing Patterns: Appendix B: Measures of Residential Segregation
Measures of Residential Segregation. https://www.census.gov/topics/housing/housing-patterns/guidance/appendix-b.html

Community Perspective

The community perspective is a valuable and critical component of the Community Health Assessment process. The Health Council of Southeast Florida utilized numerous strategies to gain the perspectives and experiences of community members and leaders, including the Local Public Health System Assessment, community focus groups, and key informant interviews. The primary, qualitative data gained from these strategies gave a platform for residents' and community leaders' voices to be heard and included in the countywide assessment. This purpose of this portion of the report was to collect the thoughts, opinions, concerns, and experiences from a diverse and representative group of constituents, including stakeholders and residents.

Local Public Health System Assessment

Background

In October 2022, the Health Council of Southeast Florida facilitated the Local Public Health System Assessment (LPHSA) in Okeechobee County utilizing the standardized National Public Health Performance Standards (NPHPS) tools. The LPHSA efforts are intended to analyze and improve the practice of public health and the performance of public health systems. The NPHPS were developed by the CDC, American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), National Network of Public Health Institutes (NNPHI), and the Public Health Foundation (PHF).

The NPHPS tool is used to guide state and local jurisdictions in evaluating the performance of their public health system against a set of optimal or model standards. This assessment helps local public health systems determine how well their system addresses various components of the 10 Essential Services and accompanying Model Standards, answering questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the 10 Essential Public Health Services being provided in our system?" The insight gained from this assessment can help local public health systems identify and address areas for improvement, ensuring that the local public health system is meeting the needs of residents, partners, and stakeholders to improve the health of the community.

The 10 Essential Public Health Services that are referenced throughout the assessment are as follows:

1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

Purpose

The primary purpose of the National Public Health Performance Standards (NPHPS) Local Public Health System Assessment (LPHSA) is to promote continuous improvement through performance evaluation of the current local public health system. In the context of this Community Health Assessment, the LPHSA assessment was used as a tool to:

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

Methodology

The Local Public Health System Assessment was conducted over the course of two meetings. On October 19, 2022, six internal stakeholders of the Florida Department of Health in Okeechobee County gathered together to assess Essential Services 1, 2, 5, 6, and 10. On October 24, 2022, 10 external stakeholders and two members of the Florida Department of Health in Okeechobee County assessed Essential Services 3, 4, 7, 8, and 9.

Over the course of these two meetings, the Okeechobee County local public health system partners assessed the performance of the public health system in Okeechobee County, relative to the national standards set by the National Public Health Performance Standards. Activities of all public health system partners and agencies that contribute to the local public health system, including public, private, and nonprofit entities, were assessed. Attendees were asked to evaluate the performance of the local public health system in each of the 10 Essential Public Health Services. The scores ranged from a minimum value of 0% (indicating that no level of activity is performed in the local public health system pursuant to the standards) to a maximum of 100% (indicating that all activities associated with the standards are performed at optimal levels). Each scoring measure represented a range, as depicted in the figure below. Each participant was asked to vote in real time on the local public health system's performance in each Model Standard through a Zoom poll, and results were displayed instantly after each vote. The final score for each Model Standard was captured by majority vote or consensus in the responses. In some instances, participant responses were tied. In these cases, further discussion was facilitated among attendees and a re-vote was conducted to reach a consensus. At the end of both sessions, each Essential Service was ultimately given a composite score, determined by the aggregation of the scores given to individual Model Standards that contribute to each Essential Service area.

In addition to the LPHSA standard performance score assessment, the Internal LPHSA group, made up of staff from the Florida Department of Health in Okeechobee County, was asked to complete an additional Local Health Department (LHD) Contribution Questionnaire. This additional assessment asked participants to consider the contribution of the local health department to each Model Standard. The External LPHSA group, made up of a variety of community stakeholders and leaders, was asked to complete an additional Priority of Model Standards Questionnaire. This additional assessment asked participants to prioritize the importance of each Model Standard in the community. These two optional NPHPS questionnaires serve as additional indicators of the local public health system's performance in each Essential Service area and provide deeper analysis of the local public health system in Okeechobee County. The results from these additional assessments were recorded in the NPHPS assessment score

sheet and compiled using the report tool from NACCHO/CDC. The following assessment includes aggregate data from all questionnaires and assessments used throughout the LPHSA process.

The table below shows the response options that participants were given in their effort to evaluate each Model Standard throughout the Local Public Health System Assessment.

Figure 343: LPHSA Performance Measure Response Options

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

Source: National Public Health Standards, Version 3.0

Data Limitations

Potential data limitations are associated with this assessment process. Community health partners must understand these potential limitations and how to appropriately interpret results to effectively evaluate and improve the local public health system. While these scores provide an overarching view of the strengths, weaknesses, and opportunities within the Okeechobee County public health system, caution should be exercised when reviewing results. A low-performance score may not necessarily indicate that improvement is warranted, nor does a high-performance score indicate that there is no need for improvement. These scores are provided as guidelines. Stakeholders and partners should review and discuss these scores to effectively identify strategies for improvement.

This assessment utilizes input from a diverse set of stakeholders that comprise the local public health system in Okeechobee County. Each stakeholder contributes a unique perspective, experience, and set of expertise. Therefore, this process of information gathering incorporates an element of subjectivity and bias. These limitations can be minimized through the use of particular methods; however, the assessment methods are not fully standardized, and these differences may introduce an element of measurement error. Due to these inherent limitations, the results below and associated recommendations should be used only for quality and performance improvement purposes and should not be interpreted to reflect the capacity of performance or priorities of any single agency or organization.

Results

The Local Public Health System Assessment asks the question "How well is the local public health system performing the ten Essential Public Health Services?" The table and figure below provide an overview of the Okeechobee County local public health system's performance in each of the 10 Essential Public Health Services, as assessed by stakeholders in Okeechobee County. The assessment was completed through the Performance Assessment (Performance Score listed on the table below), the Priority of Model Standards Questionnaire (Priority Rating listed on the table below), and the Local Health Department Contribution Questionnaire (Agency Contribution Scores listed on the table below).

Summary of Findings

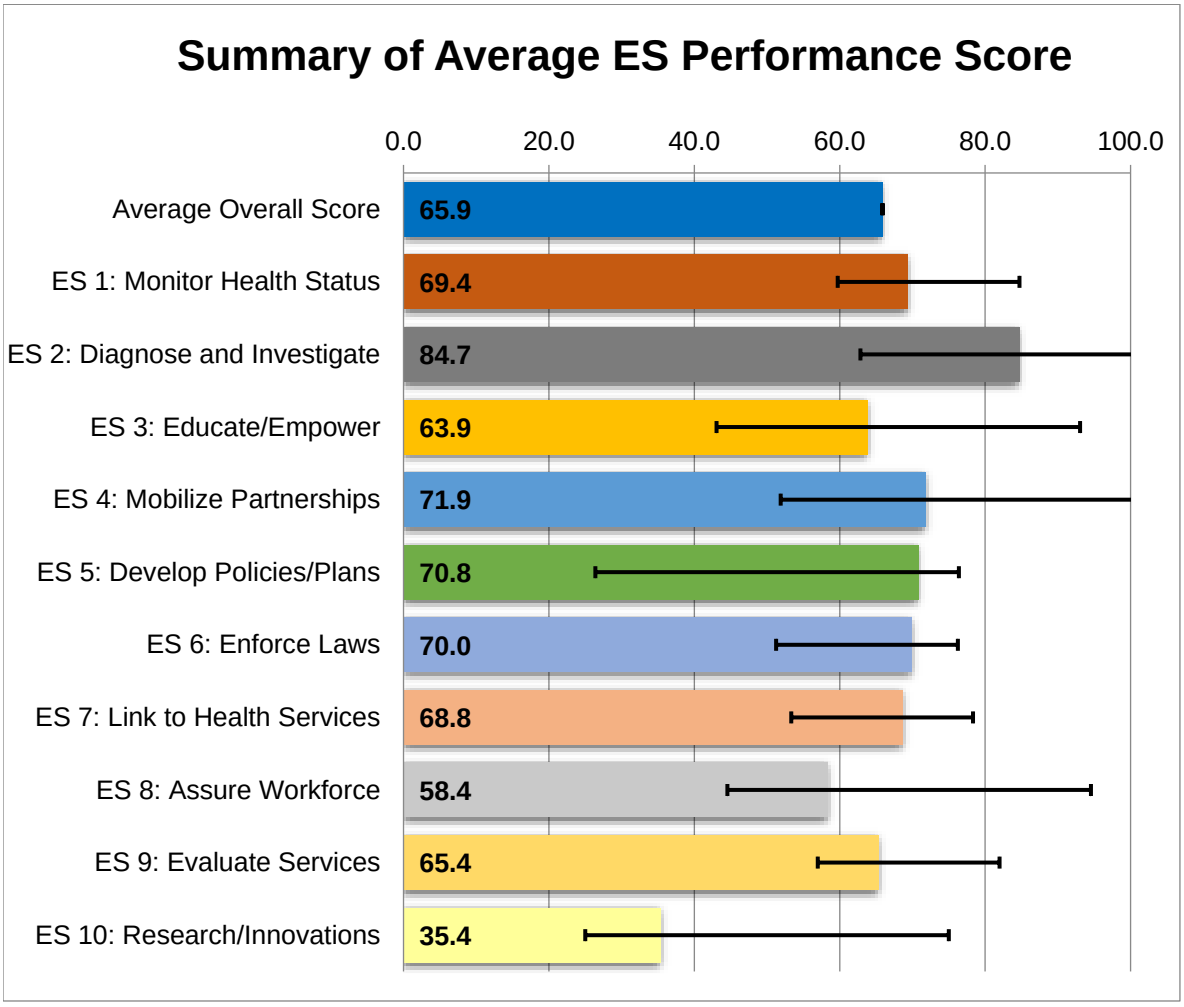
As depicted in the table below, the average overall performance score was 65.9 and the average overall priority rating was 8.4. Lastly, the average overall agency (local health department) contribution score was 51.9 among all assessed Essential Service areas. Additionally, the figure below depicts the average scores (colored bars) as compared to the range of performance score responses from participants (black line). The following sections provide details related to these assessments and their results, as well as recommendations for consideration based on the National Public Health Performance Standards assessment tool.

Table 261: Overall Performance, Priority, and Contribution Scores by Essential Public Health Service

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	69.4	8.0	83.3
ES 2: Diagnose and Investigate	84.7	9.0	83.3
ES 3: Educate/Empower	63.9	8.7	50.0
ES 4: Mobilize Partnerships	71.9	9.0	50.0
ES 5: Develop Policies/Plans	70.8	8.3	56.3
ES 6: Enforce Laws	70.0	7.7	50.0
ES 7: Link to Health Services	68.8	8.5	37.5
ES 8: Assure Workforce	58.4	8.3	50.0
ES 9: Evaluate Services	65.4	8.3	33.3
ES 10: Research/Innovations	35.4	8.0	25.0
Average Overall Score	**65.9**	**8.4**	**51.9**
Median Score	**69.1**	**8.3**	**50.0**

Source: Okeechobee County Local Public Health System Report, 2022
Aggregated by: National Public Health Performance Standards Tool and Score Sheet, Version 3.0
Compiled by: Health Council of Southeast Florida, 2022

Figure 344: Summary of Average Essential Service Performance Scores



Source: Okeechobee County Local Public Health System Report, 2022
Aggregated by: National Public Health Performance Standards Tool and Score Sheet, Version 3.0
Compiled by: Health Council of Southeast Florida, 2022

Performance Assessment

The following section provides detailed information on the performance ratings of each Essential Service and accompanying Model Standards. The collective scores for the Model Standards under each Essential Service are provided, as are the themes related to strengths, opportunities, and/or recommendations for improvement within the public health system, as discussed by participants during the Local Public Health System Assessment sessions.

Performance Assessment Results: Essential Public Health Service 1 – Monitor Health Status

The local public health system strengths in this area were as follows:

- The Okeechobee County Community Health Assessment is completed and conducted regularly. This assessment uses primary and secondary qualitative data, including focus groups, key informant interviews, and the Local Public Health System Assessment process.
- The Community Health Improvement Plan is informed by the findings of the Community Health Assessment.
- The Florida Department of Health in Okeechobee County utilizes the "My Sidewalk" platform to provide data visuals, resources, and progress updates related to goals and objectives identified through the Community Health Assessment and Community Health Improvement Plan. This platform also features partner organizations and serves as a "hub" for community health improvement information.
- The Florida Department of Health in Okeechobee County collects data, tracks trends, and develops graphs and charts to depict health indicators and programmatic outcomes throughout the Department's various programs.

Overall, according to the assessment, the local public health system in Okeechobee County does significant activity to meet the performance standards in this area, but the following areas were highlighted as opportunities to improve:

- There is an opportunity to improve information dissemination from the local public health system agencies to residents. While data software and visualization efforts are conducted within various departments, there is an opportunity to provide education to the public using these resources.

Table 262: Essential Service 1 Summary of Performance Measures

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	**Model Standard: Population-Based Community Health Assessment (CHA)** *At what level does the local public health system:*	
1.1.1	Conduct regular community health assessments?	75
1.1.2	Continuously update the community health assessment with current information?	75
1.1.3	Promote the use of the community health assessment among community members and partners?	25

1.2	**Model Standard: Current Technology to Manage and Communicate Population Health Data** *At what level does the local public health system:*	
1.2.1	Use the best available technology and methods to display data on the public's health?	75
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	75
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	75
1.3	**Model Standard: Maintenance of Population Health Registries** *At what level does the local public health system:*	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	75
1.3.2	Use information from population health registries in community health assessments or other analyses?	75

Source: Okeechobee County Local Public Health System Report, 2022
Aggregated by: National Public Health Performance Standards Tool and Score Sheet, Version 3.0
Compiled by: Health Council of Southeast Florida, 2022

Performance Assessment Results: Essential Public Health Service 2 – Diagnose and Investigate

The local public health system strengths in this area were as follows:

- Statewide surveillance procedures are followed within Okeechobee County to identity, monitor, and address public health threats. Examples of these efforts include environmental health surveillance and epidemiological disease and exposure surveillance conducted at the local level.
- Rapid response plans for public health emergencies are developed, practiced, and executed in Okeechobee County. Most recently, the local public health system exercised these response plans during the COVID-19 pandemic and natural disasters, such as Hurricane Ian. These efforts utilized local and state partnerships and called upon those with technical expertise to respond. Following these efforts, After Action Reports are utilized to evaluate incidents and review opportunities for improvement moving forward.

Overall, according to the assessment, the local public health system in Okeechobee County does optimal activity to meet the performance standards in this area, but the following areas were highlighted as opportunities to improve:

- There is an opportunity to increase communication among partners and residents in crisis response situations.

Table 263: Essential Service 2 Summary of Performance Measures

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	**Model Standard: Identification and Surveillance of Health Threats** *At what level does the local public health system:*	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	75
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	75
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	75
2.2	**Model Standard: Investigation and Response to Public Health Threats and Emergencies** *At what level does the local public health system:*	
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	75

2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	75
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	75
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	100
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	75
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	75
2.3	**Model Standard: Laboratory Support for Investigation of Health Threats** *At what level does the local public health system:*	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	100
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	100
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	100

Source: Okeechobee County Local Public Health System Report, 2022
Aggregated by: National Public Health Performance Standards Tool and Score Sheet, Version 3.0
Compiled by: Health Council of Southeast Florida, 2022

Performance Assessment Results: Essential Public Health Service 3 – Inform, Educate, and Empower

The local public health system strengths in this area were as follows:

- Various community meetings are held in Okeechobee County to convene partners and facilitate cross-sector collaboration.
- A variety of local partners conduct targeted outreach efforts to assist in the coordination of health promotion and health education activities. Partners have also engaged in cross-sector collaboration to expand these outreach efforts.
- The Florida Department of Health in Okeechobee County's "My Sidewalk" platform serves as a central location to share community resources. Other platforms, such as 211 Resource Guides, are available to provide comprehensive lists of services throughout the county.

Overall, according to the assessment, the local public health system in Okeechobee County does significant activity to meet the performance standards in this area, but the following areas were highlighted as opportunities to improve:

- There is an opportunity to reach residents more effectively with information beyond local meetings and events. It was noted that many residents are not aware of available resources and services. Increased communication and outreach efforts in this area could improve resident knowledge.
- Efforts should also be increased to educate and inform the most vulnerable and hard to reach populations within the community, including those who speak Spanish.

Table 264: Essential Service 3 Summary of Performance Measures

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	**Model Standard: Health Education and Promotion** *At what level does the local public health system:*	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	75
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	50
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	50
3.2	**Model Standard: Health Communication** *At what level does the local public health system:*	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	50

3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	50
3.2.3	Identify and train spokespersons on public health issues?	50
3.3	**Model Standard: Risk Communication** *At what level does the local public health system:*	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	100
3.3.2	Make sure resources are available for a rapid emergency communication response?	100
3.3.3	Provide risk communication training for employees and volunteers?	50

Source: Okeechobee County Local Public Health System Report, 2022
Aggregated by: National Public Health Performance Standards Tool and Score Sheet, Version 3.0
Compiled by: Health Council of Southeast Florida, 2022

Performance Assessment Results: Essential Public Health Service 4 – Mobilize Community Partnerships

The local public health system strengths in this area were as follows:

- The local public health system maintains a directory of health and human service community organizations throughout the county. Examples include the "My Sidewalk" platform and the 211 Resource Guides. These directories are available online for increased access. Both platforms are updated regularly and promoted among partners and residents.
- Events, such as the local Health and Safety Expo, are conducted annually to provide information and resources to residents.
- Partnerships among agencies in Okeechobee County are strong, allowing for comprehensive approaches in addressing issues and linking residents with needed care.

Overall, according to the assessment, the local public health system in Okeechobee County does significant activity to meet the performance standards in this area, but the following areas were highlighted as opportunities to improve:

- There is opportunity for increased resident engagement in and awareness of the establishment of community health improvement efforts. Residents may not be fully aware of these efforts and resources in Okeechobee County.

Table 265: Essential Service 4 Summary of Performance Measures

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	**Model Standard: Constituency Development** *At what level does the local public health system:*	
4.1.1	Maintain a complete and current directory of community organizations?	100
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	50
4.1.3	Encourage constituents to participate in activities to improve community health?	75
4.1.4	Create forums for communication of public health issues?	50
4.2	**Model Standard: Community Partnerships** *At what level does the local public health system:*	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	75
4.2.2	Establish a broad-based community health improvement committee?	75
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	75

Source: Okeechobee County Local Public Health System Report, 2022
Aggregated by: National Public Health Performance Standards Tool and Score Sheet, Version 3.0
Compiled by: Health Council of Southeast Florida, 2022

Performance Assessment Results: Essential Public Health Service 5 – Develop Policies and Plans

The local public health system strengths in this area were as follows:

- The Florida Department of Health in Okeechobee County is an Accredited Health Department through the Public Health Accreditation Board (PHAB).
- Local public health system partners provide groups such as the local school board and county commission with information related to public health concerns. For example, during the COVID-19 pandemic, the Florida Department of Health in Okeechobee County provided updates and information to the school board to inform the members as they made decisions.
- Local public health partners review their policies and procedures regularly and in accordance with industry standards.
- Emergency preparedness plans and drills are conducted by the Florida Department of Health in Okeechobee County.

Overall, according to the assessment, the local public health system in Okeechobee County does significant activity to meet the performance standards in this area, but the following areas were highlighted as opportunities to improve:

- There is an opportunity to expand regular emergency preparedness drills to include additional partners from the community. With this additional participation, enhancements could be made to the plans to ensure they are comprehensive and effective in crisis situations.
- As a small community, Okeechobee County faces barriers in obtaining adequate resources to provide some public health services. There is an opportunity to increase cross-sector collaboration and advocacy to obtain more resources in the community.

Table 266: Essential Service 5 Summary of Performance Measures

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	**Model Standard: Governmental Presence at the Local Level** *At what level does the local public health system:*	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	100
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	50
5.2	**Model Standard: Public Health Policy Development** *At what level does the local public health system:*	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	75

5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	75
5.2.3	Review existing policies at least every three to five years?	75
5.3	**Model Standard: Community Health Improvement Process and Strategic Planning** *At what level does the local public health system:*	
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	75
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	75
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	75
5.4	**Model Standard: Plan for Public Health Emergencies** *At what level does the local public health system:*	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	50
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	75
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	75

Source: Okeechobee County Local Public Health System Report, 2022
Aggregated by: National Public Health Performance Standards Tool and Score Sheet, Version 3.0
Compiled by: Health Council of Southeast Florida, 2022

Performance Assessment Results: Essential Public Health Service 6 – Enforce Laws and Regulations

The local public health system strengths in this area were as follows:

- The Florida Department of Health in Okeechobee County is responsible for multiple regulatory actions in the county, including those related to Environmental Health. Statewide laws, regulations, and ordinances are utilized by these departments.
- Various sectors within the local public health system have access to legal counsel in Okeechobee County.
- Partners within the local public health system work collaboratively to link residents with the correct agencies when complaints or questions arise. Additionally, partners in Okeechobee County work together to address issues collaboratively based on agency authority to ensure that effective measures are taken, and the health and safety of residents is protected.
- Local public health system partners strive to provide education and raise awareness when enforcing laws, regulations, and ordinances.

Overall, according to the assessment, the local public health system in Okeechobee County does significant activity to meet the performance standards in this area, but the following areas were highlighted as opportunities to improve:

- There is an opportunity for public health partners to further engage in developing or updating laws, regulations, and ordinances that better promote public health in Okeechobee County. There is also an opportunity for members of the local public health system to engage in providing technical assistance when laws, regulations, and ordinances are written to ensure that these measures are coordinated with and supportive of public health best practices.

Table 267: Essential Service 6 Summary of Performance Measures

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	**Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	75
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	75
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	75
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	75
6.2	**Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	

6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	50
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	50
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	50
6.3	**Model Standard: Enforcement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	75
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	75
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	100
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	100
6.3.5	Evaluate how well local organizations comply with public health laws?	75

Source: Okeechobee County Local Public Health System Report, 2022
Aggregated by: National Public Health Performance Standards Tool and Score Sheet, Version 3.0
Compiled by: Health Council of Southeast Florida, 2022

Performance Assessment Results: Essential Public Health Service 7 – Link and Assure Provision of Services

The local public health system strengths in this area were as follows:

- Through efforts related to the Okeechobee County Community Health Assessment and the Community Health Improvement Plan, local public health system partners work together to identify health service needs in the community.
- Local public health system partners in Okeechobee County have established partner roles and responsibilities to respond to the unmet needs of the community. This work is successful due to the close-knit ties among Okeechobee County partners and the small community that they serve.
- Community partners provide services such as benefits enrollment assistance for residents to help ensure they are linked to the services they need.

Overall, according to the assessment, the local public health system in Okeechobee County does significant activity to meet the performance standards in this area, but the following areas were highlighted as opportunities to improve:

- Although the local public health system in Okeechobee County has worked to identify needs, there is a gap in obtaining the required resources to successfully address these needs. For example, while partners understand that there is a need for OB/GYN and prenatal services in the community, efforts to recruit and retain specialists have faced consistent barriers.
- Additionally, although partners have been able to successfully identify vulnerable populations who are at an increased risk of experiencing negative health outcomes, there is an opportunity to further engage these residents with tailored approaches to ensure successful linkage.
- There is opportunity to further enhance linkages to services for residents in need, specifically in ensuring that residents successfully receive the care they need after referrals take place.

Table 268: Essential Service 7 Summary of Performance Measures

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	**Model Standard: Identification of Personal Health Service Needs of Populations** *At what level does the local public health system:*	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	50
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	75
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	50
7.1.4	Understand the reasons that people do not get the care they need?	75
7.2	**Model Standard: Assuring the Linkage of People to Personal Health Services** *At what level does the local public health system:*	

7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	75
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	75
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	75
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	75

Source: Okeechobee County Local Public Health System Report, 2022
Aggregated by: National Public Health Performance Standards Tool and Score Sheet, Version 3.0
Compiled by: Health Council of Southeast Florida, 2022

Performance Assessment Results: Essential Public Health Service 8 – Assure a Competent Workforce

The local public health system strengths in this area were as follows:

- Agencies throughout Okeechobee County offer interagency training opportunities to increase partnership and provide education on health topics and available services.
- Multiple leadership and professional development opportunities exist within the county, including programs for residents, leaders, and nonprofit staff. For example, the local Chamber of Commerce provides trainings and workshops to ensure the development of core skills. Additionally, continuing education opportunities are available for local medical professionals.

Overall, according to the assessment, the local public health system in Okeechobee County does significant activity to meet the performance standards in this area, but the following areas were highlighted as opportunities to improve:

- Partners shared that many career resources are regional, instead of specific to Okeechobee County. Because of this, there is an opportunity to provide more tailored information and resources specific to Okeechobee County residents and providers.
- The expansion of partnerships between colleges and universities and the public health sector would benefit the workforce.
- There is an opportunity to further advertise and update job boards and job postings in Okeechobee County to ensure timely and comprehensive communication related to workforce opportunities and associated competencies.
- There is an opportunity to increase communication and reporting related to workforce assessments among partners. While agencies may conduct these assessments individually, increased communication related to county-wide results would benefit partners.

Table 269: Essential Service 8 Summary of Performance Measures

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		
8.1	**Model Standard: Workforce Assessment, Planning, and Development** *At what level does the local public health system:*	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	50
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	50
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	50
8.2	**Model Standard: Public Health Workforce Standards** *At what level does the local public health system:*	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	50

8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	50
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	50
8.3	**Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring** *At what level does the local public health system:*	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	50
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	50
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	75
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	75
8.3.5	Continually train the public health workforce to deliver services in a culturally competent manner and understand social determinants of health?	75
8.4	**Model Standard: Public Health Leadership Development** *At what level does the local public health system:*	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	75
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	75
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	75
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	50

Source: Okeechobee County Local Public Health System Report, 2022
Aggregated by: National Public Health Performance Standards Tool and Score Sheet, Version 3.0
Compiled by: Health Council of Southeast Florida, 2022

Performance Assessment Results: Essential Public Health Service 9 – Evaluate Effectiveness, Accessibility, and Quality

The local public health system strengths in this area were as follows:

- Partners within the local public health system conduct programmatic evaluations. Notably, partners collaborate on these evaluations in some instances, providing technical assistance to ensure quality and comprehensive evaluations. In addition to internal programmatic evaluations, partners utilize satisfaction surveys and evaluation surveys among patients and clients.
- Partners throughout the local public health system utilize the results of evaluations to set priorities and allocate resources accordingly.

Overall, according to the assessment, the local public health system in Okeechobee County does significant activity to meet the performance standards in this area, but the following areas were highlighted as opportunities to improve:

- There is an opportunity to improve communication between service providers and local policymakers and/or decision-makers in Okeechobee County.
- While some partners within the local public health system have worked to utilize internet or electronic health records services, many residents have faced barriers to internet access and technology, making these platforms challenging for service delivery in the rural community. The "digital divide" is present in Okeechobee County and creates barriers for residents in accessing services such as telehealth, online programs, and virtual meetings.

Table 270: Essential Service 9 Summary of Performance Measures

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services		
9.1	**Model Standard: Evaluation of Population-Based Health Services** *At what level does the local public health system:*	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	75
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	75
9.1.3	Identify gaps in the provision of population-based health services?	75
9.1.4	Use evaluation findings to improve plans and services?	75
9.2	**Model Standard: Evaluation of Personal Health Services** *At what level does the local public health system:*	

9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	50
9.2.2	Compare the quality of personal health services to established guidelines?	50
9.2.3	Measure satisfaction with personal health services?	75
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	75
9.2.5	Use evaluation findings to improve services and program delivery?	75
9.3	**Model Standard: Evaluation of the Local Public Health System** *At what level does the local public health system:*	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	50
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	50
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	75
9.3.4	Use results from the evaluation process to improve the LPHS?	50

Source: Okeechobee County Local Public Health System Report, 2022
Aggregated by: National Public Health Performance Standards Tool and Score Sheet, Version 3.0
Compiled by: Health Council of Southeast Florida, 2022

Performance Assessment Results: Essential Public Health Service 10 – Research and Innovation

The local public health system strengths in this area were as follows:

- Partnerships exist between local public health system partners and local colleges and universities, such as Indian River State College and Florida Atlantic University.
- While participation in continuing education and research is frequently encouraged, partners identified barriers related to capacity in completing these activities.

Overall, according to the assessment, the local public health system in Okeechobee County does moderate activity to meet the performance standards in this area, but the following areas were highlighted as opportunities to improve:

1. There is an opportunity to expand partnerships with local colleges and universities, as capacity issues have limited the current involvement in this area.
2. There is also an opportunity for the local public health system to participate in studies and research to foster innovation in public health practices in Okeechobee County.
3. As additional efforts are made in this area, there is an opportunity to further share these findings with local leaders, stakeholders, partnering organizations, and residents to inform decision-making and improve knowledge, policies, and practices.

Table 271: Essential Service 10 Summary of Performance Measures

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		
10.1	**Model Standard: Fostering Innovation** *At what level does the local public health system:*	
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	25
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	25
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	75
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	25
10.2	**Model Standard: Linkage with Institutions of Higher Learning and/or Research** *At what level does the local public health system:*	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	25

10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	25
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	25
10.3	**Model Standard: Capacity to Initiate or Participate in Research** *At what level does the local public health system:*	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	50
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?	50
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	50

Source: Okeechobee County Local Public Health System Report, 2022
Aggregated by: National Public Health Performance Standards Tool and Score Sheet, Version 3.0
Compiled by: Health Council of Southeast Florida, 2022

Priority of Model Standards Questionnaire

As a supplement to the Performance Assessment scoring, local public health stakeholders in Okeechobee County completed a Priority of Model Standards Questionnaire. This questionnaire allowed participants to provide individual priority rankings for each Model Standard and compare priority rankings to Local Public Health System Assessment (LPHSA) performance scores. Surveys were distributed electronically to all external LPHSA meeting participants after the October 24, 2022 LPHSA session.

The below figure depicts the ranking structure established by the National Public Health Performance Standards guidelines and tools. The four quadrants in the figure are determined by the resultant aggregate priority rankings of the Model Standards for the Essential Services, as compared to the corresponding performance score. These results may aid in pinpointing recommended areas of high priority for improvement within the local public health system.

Figure 345: Priority of Model Standards Questionnaire Ranking Guidelines

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Source: National Public Health Standards, Version 3.0

Priority of Model Standards Questionnaire Results

The following table displays the priority rating based on the Priority Model of Standards Questionnaire, as compared to the Performance Assessment score from the LPHSA, for each Essential Service's Model Standard.

Model Standards within Quadrant A are considered to be high priority areas based on the Priority of Model Standards Questionnaire with low performance based on the LPHSA. Based on the National Public Health Performance Standards ranking guidelines, these activities may need increased attention in Okeechobee County's local public health system. These Model Standards included evaluation of the local public health system, workforce standards, personal health service needs, and health education and promotion.

Model Standards within Quadrant B are considered to be high priority areas based on the Priority of Model Standards Questionnaire with high performance based on the LPHSA. Based on the National Public Health Performance Standards ranking guidelines, these activities are being done well in Okeechobee County's local public health system, and it is important to maintain efforts in these areas due to their high priority ranking. These Model Standards included emergency planning, community partnerships, constituency development, risk communication, laboratories, emergency response, and identification and surveillance.

Model Standards within Quadrant C are considered to be low priority areas based on the Priority of Model Standards Questionnaire with high performance based on the LPHSA. Based on the National Public Health Performance Standards ranking guidelines, these activities are being done well in Okeechobee County's local public health system, and consideration may be given to reducing efforts in these areas due to low priority ranking. These Model

Standards included evaluation of population health, leadership development, assured linkage, enforcement of laws, review of laws, community health improvement planning and strategic planning, policy development, governmental presence, registries, and technology.

Lastly, Model Standards within Quadrant D are considered to be low priority areas based on the Priority of Model Standards Questionnaire with low performance based on the LPHSA. Based on the National Public Health Performance Standards ranking guidelines, these activities could be improved in Okeechobee County's local public health system, but due to low priority ranking, they may need little to no attention at this time. The Model Standard highlighted in this area included research capacity, academic linkages, innovation, evaluation of personal health, continuing education, workforce assessment, improvement of laws, health communication, and the community health assessment.

Table 272: Summary of Priority Model Standards Questionnaire Results, By Priority Rating and Performance Score of Model Standards

Quadrant	Model Standard	Performance Score	Priority Rating
Quadrant A	9.3 Evaluation of LPHS	56.3%	9
Quadrant A	8.2 Workforce Standards	50.0%	9
Quadrant A	7.1 Personal Health Services Needs	62.5%	9
Quadrant A	3.1 Health Education/Promotion	58.3%	9
Quadrant B	5.4 Emergency Plan	66.7%	9
Quadrant B	4.2 Community Partnerships	75.0%	9
Quadrant B	4.1 Constituency Development	68.8%	9
Quadrant B	3.3 Risk Communication	83.3%	9
Quadrant B	2.3 Laboratories	100.0%	9
Quadrant B	2.2 Emergency Response	79.2%	9
Quadrant B	2.1 Identification/Surveillance	75.0%	9
Quadrant C	9.1 Evaluation of Population Health	75.0%	8
Quadrant C	8.4 Leadership Development	68.8%	8
Quadrant C	7.2 Assure Linkage	75.0%	8
Quadrant C	6.3 Enforce Laws	85.0%	7
Quadrant C	6.1 Review Laws	75.0%	8
Quadrant C	5.3 CHIP/Strategic Planning	75.0%	8
Quadrant C	5.2 Policy Development	66.7%	8
Quadrant C	5.1 Governmental Presence	75.0%	8
Quadrant C	1.3 Registries	75.0%	8
Quadrant C	1.2 Current Technology	75.0%	8
Quadrant D	10.3 Research Capacity	43.8%	8
Quadrant D	10.2 Academic Linkages	25.0%	8
Quadrant D	10.1 Foster Innovation	37.5%	8
Quadrant D	9.2 Evaluation of Personal Health	65.0%	8
Quadrant D	8.3 Continuing Education	65.0%	8

Quadrant D	8.1 Workforce Assessment	50.0%	8
Quadrant D	6.2 Improve Laws	50.0%	8
Quadrant D	3.2 Health Communication	50.0%	8
Quadrant D	1.1 Community Health Assessment	58.3%	8

Source: Okeechobee County Local Public Health System Report, 2022
Aggregated by: National Public Health Performance Standards Tool and Score Sheet, Version 3.0
Compiled by: Health Council of Southeast Florida, 2022

Local Health Department Contribution Questionnaire

In addition to the Performance Assessment scoring and the Priority of Model Standards Questionnaire, the Local Health Department (LHD) Contribution Questionnaire was used to further analyze the local public health system in Okeechobee County. This questionnaire allowed participants to provide an individual assessment of the contribution of the local health department to each Model Standard. Surveys were distributed electronically to all internal LPHSA meeting participants after the October 19, 2022 LPHSA session.

The below figure depicts the ranking structure for the Local Health Department Contribution Questionnaire established by the National Public Health Performance Standards guidelines and tools. The four quadrants in the figure are determined by the performance rating of each Essential Service area and associated Model Standard compared to the respective contribution of the local health department in that area, as scored by the questionnaire aggregate results.

Figure 346: Local Health Department Contribution Questionnaire Ranking Guidelines

Quadrant A	(High Agency Contribution and Low Performance) – These activities may need increased attention.
Quadrant B	(High Agency Contribution and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Agency Contribution and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.
Quadrant D	(Low Agency Contribution and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Source: National Public Health Standards, Version 3.0

Local Health Department Contribution Questionnaire Results

The following table displays the priority ranking based on the Local Health Department (LHD) Contribution Questionnaire, as compared to the Performance Assessment score from the LPHSA (Local Public Health System Assessment), for each Essential Service's Model Standard.

Model Standards within Quadrant A are considered to be areas with high agency contribution based on the Local Health Department Contribution Assessment and low performance based on the LPHSA. Based on the National Public Health Performance Standards ranking guidelines, these activities may need increased attention in Okeechobee County's local public health system. Okeechobee County did not have any model standards in this area.

Model Standards within Quadrant B are considered to be areas with high agency contribution based on the Local Health Department Contribution Assessment and high performance based on the LPHSA. Based on the National Public Health Performance Standards ranking guidelines, these activities are being done well in Okeechobee County's local public health system, and it is important to maintain efforts in these areas. These Model Standards included enforcement of laws, emergency planning, community health improvement planning and strategic planning, laboratories, emergency response, identification and surveillance, registries, and technology.

Model Standards within Quadrant C are considered to be areas with low agency contribution based on the Local Health Department Contribution Assessment and high performance based on the LPHSA. Based on the National Public Health Performance Standards ranking guidelines, these activities are being done well in Okeechobee

County's local public health system, and consideration may be given to reducing efforts in these areas. These Model Standards included evaluation of population health, leadership development, assured linkage, review of laws, policy development, governmental presence, community partnerships, constituency development, and risk communication.

Lastly, Model Standards within Quadrant D are considered to be areas with low agency contribution based on the Local Health Department Contribution Assessment and low performance based on the LPHSA. Based on the National Public Health Performance Standards ranking guidelines, these activities could be improved in Okeechobee County's local public health system, but due to low priority status, they may need little to no attention at this time. These Model Standards included research capacity, academic linkages, innovation, evaluation of the local public health system, evaluation of personal health, continuing education, workforce standards, workforce assessment, personal health service needs, improvement of laws, health communication, health education and promotion, and the community health assessment.

Table 273: Local Health Department Contribution Questionnaire Results

Quadrant	Model Standard	LHD Contribution	Performance Score
Quadrant B	6.3 Enforce Laws	75.0%	85.0%
Quadrant B	5.4 Emergency Plan	75.0%	66.7%
Quadrant B	5.3 CHIP/Strategic Planning	75.0%	75.0%
Quadrant B	2.3 Laboratories	100.0%	100.0%
Quadrant B	2.2 Emergency Response	75.0%	79.2%
Quadrant B	2.1 Identification/Surveillance	75.0%	75.0%
Quadrant B	1.3 Registries	100.0%	75.0%
Quadrant B	1.2 Current Technology	100.0%	75.0%
Quadrant C	9.1 Evaluation of Population Health	25.0%	75.0%
Quadrant C	8.4 Leadership Development	50.0%	68.8%
Quadrant C	7.2 Assure Linkage	25.0%	75.0%
Quadrant C	6.1 Review Laws	50.0%	75.0%
Quadrant C	5.2 Policy Development	25.0%	66.7%
Quadrant C	5.1 Governmental Presence	50.0%	75.0%
Quadrant C	4.2 Community Partnerships	50.0%	75.0%
Quadrant C	4.1 Constituency Development	50.0%	68.8%
Quadrant C	3.3 Risk Communication	50.0%	83.3%
Quadrant D	10.3 Research Capacity	25.0%	43.8%
Quadrant D	10.2 Academic Linkages	25.0%	25.0%
Quadrant D	10.1 Foster Innovation	25.0%	37.5%
Quadrant D	9.3 Evaluation of LPHS	50.0%	56.3%
Quadrant D	9.2 Evaluation of Personal Health	25.0%	65.0%
Quadrant D	8.3 Continuing Education	50.0%	65.0%
Quadrant D	8.2 Workforce Standards	50.0%	50.0%
Quadrant D	8.1 Workforce Assessment	50.0%	50.0%

Quadrant D	7.1 Personal Health Services Needs	50.0%	62.5%
Quadrant D	6.2 Improve Laws	25.0%	50.0%
Quadrant D	3.2 Health Communication	50.0%	50.0%
Quadrant D	3.1 Health Education/Promotion	50.0%	58.3%
Quadrant D	1.1 Community Health Assessment	50.0%	58.3%

Source: Okeechobee County Local Public Health System Report, 2022
Aggregated by: National Public Health Performance Standards Tool and Score Sheet, Version 3.0
Compiled by: Health Council of Southeast Florida, 2022

Conclusion

The process of the Local Public Health System Assessment identified strengths and opportunities for both short-term and long-term improvement in the Okeechobee County local public health system. This process also actively engaged community stakeholders in improvement efforts across the local public health system, further enhancing the current system of support and community resources in the county. This assessment is intended to ultimately help guide planning and collaboration efforts of local health and human services agencies in Okeechobee County to further advance the scope and impact of the local public health system.

Community Focus Groups

Introduction

The Health Council of Southeast Florida conducted 18 focus groups with 128 residents in September and October of 2022 to gain primary qualitative insights on health in Okeechobee County. These sessions allowed residents to voice their opinions, experiences, and needs related to health in Okeechobee County in a discussion-based format.

Methodology

Eighteen focus group sessions were conducted over the course of two months, reaching 128 Okeechobee County residents. Sessions lasted approximately 90 minutes and allowed participants to share their experiences and opinions related to health in Okeechobee County through a series of questions and probes. In addition to English language sessions, sessions were offered in Spanish. Due to the COVID-19 pandemic, 14 sessions were held virtually over Zoom and four sessions were held in-person in Okeechobee County. Registration and technical assistance were provided to all participants who requested it via phone, email, and in-person. Participants answered a series of demographic questions upon registration. Upon the start of each session, participants were given an overview of the session goals and community health assessment process, and all participants were assured that no names would be included in the summarization of answers. As a token of appreciation for their time, participants were awarded a $25 gift card for their participation in a session.

Participant Demographics

The following section includes the participant responses to the focus group registration demographic questions.

Table 274: Focus Group Participant Sex

Sex	Count	Percent of Participants
Female	72	56.3%
Male	54	42.2%
Genderqueer/gender non-conforming/neither exclusively male or female	1	0.8%
Transgender man/trans man/female-to-male	1	0.8%
Transgender woman/trans woman/male-to-female	0	0.0%
I prefer not to answer	0	0.0%
Other	0	0.0%
Total	**128**	**100%**

Table 275: Focus Group Participant Sexual Identity

Sexual Identity	Count	Percent of Participants
Bisexual	5	3.9%
Heterosexual (straight)	105	82.0%
Homosexual (gay or lesbian)	11	8.6%
Queer, pansexual, and/or questioning	1	0.8%
Don't know	1	0.8%
I prefer not to answer	5	3.9%
Other	0	0.0%
Total	**128**	**100%**

Table 276: Focus Group Participant Age

Age	Count	Percent of Participants
18-19 years	0	0.0%
20-24 years	21	16.4%
25-34 years	51	39.8%
35-44 years	22	17.2%
45-54 years	4	3.1%
55-59 years	0	0.0%
60-64 years	5	3.9%
65-74 years	9	7.0%
75-84 years	9	7.0%
85+ years	7	5.5%
Total	**128**	**100%**

Table 277: Focus Group Participant Race

Race	Count	Percent of Participants
American Indian or Alaskan Native	1	0.8%
Asian	2	1.6%
Black or African American	53	41.4%
Native Hawaiian or other Pacific Islander	2	1.6%
White	63	49.2%
Two or more races	0	0.0%
Other	6	4.7%
I prefer not to answer	1	0.8%
Total	**128**	**100%**

Table 278: Focus Group Participant Language

Language	Count	Percent of Participants
An Asian language	0	0.0%
English	121	94.5%
French	0	0.0%
Haitian Creole	0	0.0%
Native or Indigenous	0	0.0%
Spanish	6	4.7%
Spanish Creole	0	0.0%
I prefer not to answer	0	0.0%
Other	1	0.8%
Total	**128**	**100%**

Table 279: Focus Group Participant Hispanic, Latino, or Spanish Origin

Hispanic, Latino, or Spanish Origin	Count	Percent of Participants
Non-Hispanic, Latino, or Spanish Origin	100	78.1%
Hispanic, Latino, or Spanish Origin	28	21.9%
Total	**128**	**100%**

Table 280: Focus Group Participant Level of Educational Attainment

Highest Level of Educational Attainment	Count	Percent of Participants
Associate Degree	20	15.6%
Bachelor's Degree	49	38.3%
Doctorate	0	0.0%
High School diploma or equivalent	16	12.5%
Less than a High School diploma	5	3.9%
Master's Degree	8	6.3%
Professional Degree	2	1.6%
Some college, no degree	22	17.2%
Technical School	4	3.1%
I prefer not to answer	2	1.6%
Other	0	0.0%
Total	**128**	**100%**

Table 281: Focus Group Participant Combined Annual Household Income

Annual Household Income	Count	Percent of Participants
Less than $10,000	4	3.1%
$10,000 to $14,999	8	6.3%
$15,000 to $24,999	5	3.9%
$25,000 to $34,999	9	7.0%
$35,000 to $49,999	25	19.5%
$50,000 to $74,999	23	18.0%
$75,000 to $99,999	20	15.6%
$100,000 to $149,999	17	13.3%
$150,000 to $199,999	4	3.1%
$200,000 or more	1	0.8%
I prefer not to answer	12	9.4%
Total	**128**	**100%**

Table 282: Focus Group Participant Current Employment Status

Current Employment Status	Count	Percent of Participants
Full-time employed (35 or more hours)	43	33.6%
Homemaker	6	4.7%
Part-time employed (less than 35 hours per week)	26	20.3%
Retired	23	18.0%
Self-employed	11	8.6%
Student	8	6.3%
Unable to work	0	0.0%
Unemployed and currently looking for work	5	3.9%
Unemployed and not currently looking for work	0	0.0%
Work two or more jobs	5	3.9%
I prefer not to answer	0	0.0%
Other	1	0.8%
Total	**128**	**100%**

Table 283: Focus Group Participant Health Insurance Status

Health Insurance Status	Count	Percent of Participants
Cash/I don't have insurance	19	14.8%
Medicaid	23	18.0%
Medicare	40	31.3%
Medicare and Private Insurance	4	3.1%
Medicaid and Medicare	13	10.2%
Military Care/VA/TRICARE	2	1.6%
Private insurance	25	19.5%
I prefer not to answer	2	1.6%
Total	**128**	**100%**

Table 284: Focus Group Participant Marital Status

Marital Status	Count	Percent of Participants
Married, cohabitating, or in a domestic partnership	55	43.0%
Separated or divorced	10	7.8%
Single (never married)	46	35.9%
Widowed	17	13.3%
I prefer not to answer	0	0.0%
Total	**128**	**100%**

Table 285: Focus Group Participant ZIP Code

ZIP Code	Count	Percent of Participants
34972	35	27.3%
34973	31	24.2%
34974	62	48.4%
Total	**128**	**100%**

Results

The following section includes the findings and themes that emerged across all the Community Health Assessment resident focus groups.

Table 286: Current Community Strengths

Current Community Strengths	
Community strengths identified by residents can provide insight into what community members value and admire in their community. With this information, leaders can build upon current strengths and leverage resources to improve community health and address gaps and opportunities for improvement. Participants answered the following questions about perceived strengths and associated influences on their community.	
Question	**Insights and Responses**
What are some of the things that make Okeechobee County a healthy place to live? These are the strengths in your community.	Participants highlighted the **outdoor environment**, the **sense of community**, and the **committed community organizations** as the main factors that made Okeechobee County a healthy place to live. **Outdoor environment** • Participants noted that the overall landscape of Okeechobee County, characterized by open, green spaces with natural recreation opportunities such as the lake and nature trails, made Okeechobee County a healthy place to live. • The environment was also conducive to limited polluting industries and traffic congestion that are seen in busier, denser communities in the region. • Amenities such as parks and the skate park were highlighted by participants. • For those who lived in the city of Okeechobee, walkability was highlighted. It is important to note that many county residents who do not live in the city cited transportation as a major barrier to accessing goods and services. **Sense of community** • Throughout the sessions, participants highlighted the sense of community as a main strength of Okeechobee County. Residents shared stories of neighbors coming together in times of need, a strong bond between community members, and the sense of belonging that is fostered through the support networks that are characteristic of Okeechobee County. Residents shared that Okeechobee County has a "small-town" feel where neighbors come together for each other to help with fundraisers in times of need. • Residents indicated that Okeechobee County boasts a peaceful environment overall, characterized by low crime and a "quiet community." **Committed community organizations** • While accessing services was frequently cited as a barrier throughout the focus groups, residents emphasized that there are local community organizations that are dedicated to helping Okeechobee County residents. Of mention were a mobile dental van, Our Village Okeechobee, Healthy Start, Salvation Army, United Way, Dr. Fred Brown Children's Health Center, Pregnancy Center of Okeechobee County, Raulerson Hospital, the school district, the Senior Center, RiteLife, the L.O.T. Center, and the local churches. These organizations were

	seen as pillars in the community which provided stabilizing and compassionate services for community members. • Other facilities mentioned included the sports complex, the skate park, the community pool, and The Pier at Lake Okeechobee. • Organized sports and community events offer an outlet for students and other residents to come together and be physically active in the community.
How do these strengths help create a healthy community?	Residents stated that overall, these strengths make Okeechobee County a safe place to live and foster the sense of community that allows residents to feel valued and cared for.

Table 287: Opportunities for Improvement

Opportunities for Improvement	
Focus group participants explored opportunities for improvement and barriers to health through group discussion during the sessions. This information can provide insight into the current gaps in the local public health system, as well as the barriers that may influence those gaps. According to the Health Belief Model, a public health model that helps leaders understand health behaviors and actions, perceived barriers play a critical role in an individual's behavior, and thus their health. As one of the most widely applied behavior theories in health behavior research, the Health Belief Model states that the intentional targeting of perceived barriers, benefits, self-efficacy, and threats will most effectively lead to optimal behavior change.[427] This approach, combined with the inherent value of understanding what gaps exist within the local public health system, can provide insight into what areas leaders may focus efforts and resources in the future to create a healthier community. Participants were asked the following questions about opportunities for improvement in their community.	
Question	**Insights and Responses**
You just shared some of the great things in Okeechobee County that help residents live healthily. What opportunities exist for improving the health of your community? In other words, what health services are unavailable or hard to access?	Participants identified several factors that make optimal health difficult to attain in Okeechobee County. The **limited in-county services**, **barriers related to the Social Determinants of Health**, **environmental and safety issues**, and **substance use** were seen as the major challenges faced by residents. **Limited in-county services available** • Participants emphasized that there were very few mental and behavioral health services located within Okeechobee County. • The lack of OB/GYN services was also highlighted by participants. The local, in-county hospitals do not deliver babies, limiting maternity and delivery care for residents. Participants shared experiences of driving over 45 minutes to another county to deliver their children. Many participants noted that because these services are not available in county, prenatal care is often overlooked. Mammograms were also noted as services that were unavailable in the county. Residents shared experiences of paying thousands of dollars for a mammogram when their insurance was not accepted. • In-county dentists are also limited. Because of the limited number of dentists located within the county, insurance acceptance and scheduling were cited as barriers in addition to the quantity of providers. Participants also shared that because of these barriers, residents tend to forgo preventative visits and screenings. • Participants emphasized that specialists, including oncologists, are very limited or non-existent in the county. Accessing these services outside of the county can be time-consuming and costly, limiting the utilization of these important services among Okeechobee County residents. • Participants also noted that there were limited or no childcare options and fitness centers, such as YMCA's, in the county. • Among those services that are offered in-county, participants noted that the local clinics are often short-staffed when compared to the need in the community, leading to long wait times. Participants also shared that many providers are not taking new patients, which further limits options.

[427] Jones, C. L., Jensen, J. D., Scherr, C. L., Brown, N. R., Christy, K., & Weaver, J. (2015). The Health Belief Model as an explanatory framework in communication research: exploring parallel, serial, and moderated mediation. *Health communication*, *30*(6), 566–576. https://doi.org/10.1080/10410236.2013.873363

- In addition to the limited quantity of providers, participants noted that they were not always satisfied with the quality of care. One participant shared an experience of "chasing a diagnosis" for months with Okeechobee County providers, only to be diagnosed immediately in an emergency room in another county. In these cases, participants stated that they experienced missed diagnoses, delayed care, and avoidable negative health outcomes.

Transportation, healthcare system navigation, and other access barriers related to the Social Determinants of Health

- Barriers to access, especially for older adults, were highlighted throughout the sessions and were seen as a primary challenge in Okeechobee County.
- Transportation and the lack of a public transportation system were frequently cited throughout the sessions. Transportation barriers led to decreased access to medical appointments, healthy food options, places of employment, and more.
- In addition to cost barriers related to healthcare, overall health system navigation was a challenge for participants. Many participants shared experiences of difficulties in reaching providers, obtaining appointments, finding the information they needed, and coordinating insurance claims successfully.
- Internet access served as a major barrier for participants in trying to access services, learn about resources, and participate in virtual medical appointments. Many participants shared experiences of having limited or no access to internet in their neighborhoods.
- Overall, an understanding and awareness of the available resources in the community was limited. Participants felt as though they did not always know where to go to get help or how to seek assistance.
- Cultural and linguistic barriers between providers and residents was also a challenge. Participants noted that there is a need for more providers who represent the minority populations and speak languages other than English. Participants shared that the lack of these diverse providers posed a threat to access and health literacy among residents.
- Accurate information related to the community, including accurate data on the homeless population, posed challenges for organizations to provide adequate community services. Participants noted that there is a general belief that the current data related to homelessness in Okeechobee County is unreliable and inaccurate compared to the current situation of many residents.

Environmental and Safety Issues

- Infrastructure issues, such as damaged or nonexistent sidewalks and a lack of street lighting, were cited as barriers to achieving and maintaining optimal health. Participants noted that improved infrastructure would foster increased physical activity and safety.
- Traffic congestion, especially among semi-trucks and large industry vehicles, escalated transportation-related issues.
- Flooding in certain parts of the county, including Basswood, decreased opportunities for physical activity and posed environmental threats for community members.
- Safety was also cited as an issue, especially in unmonitored areas such as Nubbins Slough. Areas that are monitored, such as the Lake Okeechobee area, was seen as a safer place for recreation. Additionally, a need for safe, public hiking trails was shared by participants.

	Alcohol/substance use • Alcohol and substance use were seen as major hinderances towards the advancement of health in Okeechobee County. Many participants cited cultural and generational influences that normalized substance use and threatened the health of future generations.
What resources or social services to promote health are unavailable or hard to access?	Participants stated that **systems of support**, **educational opportunities**, and **support services and infrastructure** to address public health issues and the Social Determinants of Health were unavailable or hard to access in Okeechobee County. **Systems of support, such as community health workers, community health advocates, and social workers** • Navigating the healthcare and social service systems was cited as a frequent challenge among participants. To address these barriers, participants suggested the utilization of social workers, community health workers, or community health advocates to help educate, assist, and successfully link residents with needed services. These professionals were seen as solutions to reaching residents who may live further out of town or may not have adequate access to internet, transportation, and phone services. **Education on available resources, services, and programs for residents** • A lack of education or awareness related to resources, services, and programs in Okeechobee County was emphasized throughout the focus groups. Participants suggested increasing communication related to health education and programs to enhance knowledge among residents. Participants felt that without the basic knowledge, they were unable to seek out the care they needed, further exacerbating issues. • Free programs to promote health were also suggested by participants to increase health literacy and link residents with services. **Support services and infrastructure to address public health issues and factors related to the Social Determinants of Health** • Participants emphasized a lack of transportation infrastructure and services throughout the sessions. A lack of public transportation operations, necessity of a vehicle due to the rural landscape, and issues accessing ride options were cited as key barriers to accessing services. While some services do exist for transportation to medical appointments, participants emphasized that these programs were often unreliable or inconvenient. One participant shared an experience where the medical transportation program only allowed one adult to accompany the child receiving services, posing an issue when the mother had a second child to care for and the father was unable to attend the appointment. Similar barriers existed within these local programs when appointments were out-of-county, which is often the case according to participants. Other medical-support ride services required health insurance coverage, which is another barrier for residents, according to the focus group participants. • In conversations about transportation, participants also identified food access and insecurity issues. Participants noted that accessing healthy food options is challenging due to the lack of transportation options and the rural landscape of

	the county. Food deserts are a growing issue in the community, as many residents struggle to obtain transportation to food sources. Participants noted that mobile food banks have been added to the area to assist with these needs, but many residents are still unable to access healthy food options on a regular basis due to limited availability of these mobile food banks. It is important to note that healthy food options were more challenging to access compared to fast-food options. Notably, healthy food services for seniors were also identified as a need among participants. • Financial assistance programs were suggested by participants to assist residents in accessing services. Throughout sessions, participants shared that finances and insurance coverage were primary barriers to accessing care and proposed financial assistance programs were seen as solutions to addressing these economic barriers that lead residents to delay or forego care. • Participants shared that housing issues persist in Okeechobee County. Participants noted that there is no Section 8 Housing and no rental assistance programs for residents. Quality of housing, especially among rental properties, was identified as a key issue contributing to poor health outcomes and quality of life for residents. • Additional medical resources to promote health were also identified by participants. Telehealth options, primary care doctors and facilities, mental health services (including therapists), and specialists were all seen as limited in the county, making it hard for residents to access these services. Additionally, drug abuse treatment and addiction recovery services were identified as a need in the community, along with pediatric healthcare options, OB/GYN services (including prenatal care, teen pregnancy services, and childbirth services), and Applied Behavior Analysis (ABA) therapy options. • Prevention services, such as substance abuse prevention and sex education, were identified by participants as a necessity to improve health outcomes in the community. • Participants identified family support services, such as childcare programs, as a need in the community. Participants noted that these services would help improve child education and increase caregiver's access to employment options and medical appointments. • Participants noted that community services, such as a neighborhood community center, would offer physical activity options and serve as a positive outlet for residents to socialize, access services, and participate in healthy activities.
What barriers do you see in your community that make it hard to be healthy? **In other words, what makes it difficult for you, your family or members of your community to improve or maintain their health?**	Participants highlighted barriers related to the **Social Determinants of Health** and **cultural humility**, barriers related to **health education** and **information dissemination** between providers or organizations and residents, and barriers related to **the current public health system and infrastructure** in Okeechobee County. **Barriers related to the Social Determinants of Health and cultural humility** • Transportation was identified by participants as one of the most impactful barriers to obtaining services and staying healthy in Okeechobee County. In addition to overall transportation barriers, the location of health facilities and services, which are often far from the neighborhoods in the most need, created barriers to accessing services, programs, and healthy food sources.

- Participants shared that affordable insurance options were hard to access or unavailable for residents, decreasing their access to healthcare and services. Participants shared experiences of forgoing care or ignoring health issues due to a lack of insurance coverage. In addition to affordable coverage options, participants noted that many providers in the county do not accept certain health insurance plans, impacting access for residents who may have coverage but do not have qualifying in-network coverage for the providers that are based in Okeechobee County. Notably, many participants experienced this barrier with dental services in Okeechobee County. Participants noted that many residents utilize the emergency department as their primary care doctor for these reasons.
- Adequate income and financial stability were highlighted as barriers to accessing care, receiving adequate and timely care, and making healthy decisions in Okeechobee County.
- Language barriers, racism, and limited racial and ethnic diversity of providers were also identified as key factors that made it challenging to access services and maintain health in Okeechobee County. Many participants spoke to the importance of having a provider that "looks and sounds like you" to address access barriers and improve health literacy among communities of color.
- Participants noted that there were limited healthy food options in Okeechobee County. This issue is exacerbated by the emergence of food deserts in certain neighborhoods where a grocery store is not nearby. An increased presence of fast-food options has also contributed to this issue, according to participants.
- Participants noted that limited employment opportunities within Okeechobee County contributed to financial issues, health insurance coverage issues, and transportation issues, all of which were barriers identified by the group in accessing services and maintaining health.
- Limited caregiving options for elderly residents led to declining health issues, minimal support for these residents, and an increased burden on family caregivers. These caregivers, in turn, experienced employment and income barriers as a result of their caregiving duties, according to participants.
- Cultural norms around smoking posed a threat to healthy living in Okeechobee County, as smoking and chewing tobacco is engrained in the culture. Participants noted that generational and peer influence related to smoking impacted the view of tobacco use in the community, and as a result the overall community health of Okeechobee County is influenced.

Barriers related to health education and health information dissemination between providers and organizations and residents

- Participants noted that a general lack of knowledge about health conditions, healthy living habits, and available resources and services has impacted health in Okeechobee County. As one participant noted, "those who need [services] the most don't know about them."

Barriers related to the current public health system and infrastructure

- Limited availability of specialists was reiterated among participants of the focus groups.
- Participants emphasized that while the hospital serves as a key provider for healthcare in the community, the burden on this system has led to challenges in accessing care. Many residents utilize the hospital for their general care or primary care option.

	• Participants noted that limited providers in the community make obtaining a timely appointment challenging. • In addition to the quantity of providers available, participants noted that quality of providers is also an issue in the community. One participant noted that there is an overall "lack of trust in the healthcare system and the providers here." • Programmed physical activity options are not available for adults, limiting organized fitness options for these residents. Importantly, participants noted that elderly-friendly activities are also limited. Elderly participants noted that "there are not enough activities to be healthy." • A lack of insurance, or provider acceptance of insurance, was noted by participants throughout the sessions. One participant noted that many residents are forced to choose to "pay high copays or pay your mortgage." Additionally, participants shared that signing up for health insurance coverage is cumbersome and confusing. Participants shared that many residents do not have health insurance because of systematic barriers related to enrollment, leading them to "give up." Participants also expressed that the claim process for insurance can be unclear and challenging, leading many residents to pay out-of-pocket for services because they are frustrated with the claims process. It is also important to note that participants expressed concern related to access for those with Medicaid and Medicare. In some instances, participants shared experiences where they felt that those with Medicaid were discriminated against and turned away for services. • While some transportation services are available, logistical barriers to utilizing these services existed. Participants noted that some ride services require a ride to be booked two weeks in advance, but users often are given follow-up appointments with one-week notice, limiting their ability to utilize the transportation services. • Participants highlighted that COVID-19 played a role in accessing services, impacting resident's ability to get the timely care they needed during the height of the pandemic.
What types of support do you believe residents need to overcome these barriers? **How would you suggest providing this type of support?**	Support in the form of **education and information dissemination**, **systems-level changes**, and **navigation and resource support** were highlighted by participants. **Education and information dissemination** • Overall, participants cited a lack of knowledge and information related to health issues and habits, as well as available community resources. Participants suggested health education programs to address these knowledge gaps and increase healthy behaviors and utilization of available services. Mental health, life skills, sex education, healthy living, and smoking cessation programs were suggested. To increase awareness of local services, participants suggested increased communication between the organizations and residents to share information about available services. • Participants also suggested free check-up events in neighborhoods to help residents identify health issues and receive education. These events were suggested to be held within neighborhoods to increase accessibility. • Importantly, participants emphasized the need for this education and information dissemination to be conducted in Spanish, in addition to English, to adequately reach all members of the community.

	Systems-level changes • Environmental enhancements to increase opportunities for physical activity and healthy foods were suggested by participants. Notably, residents shared that the mobile food bank assists with these needs, but efforts could be increased to reach more residents. Additional environmental suggestions include increased street lighting and street infrastructure, including truck bypasses. Transportation infrastructure, including public transit options, were identified by participants. Caregiver and childcare support programs and facilities were also suggested. • Enhancements to the public health system, including the addition of free medical programs, reduced rates on medications, increased providers, and increased screening options were suggested by participants. Additionally, participants noted that many services are currently located near or within the hospital. To increase access, participants suggested spreading these services out throughout the county to address transportation issues associated with accessing the services. Furthermore, participants suggested increased racial representation within local public health system organizations and providers to increase inclusivity. It is important to note that participants identified the hospital as a primary care source throughout the sessions. Participants identified a need to increase the amount and affordability of care options within the local community to reduce the burden on the hospital system and increase engagement in timely, adequate, and preventative care. • Support for employment and affordable, quality housing was also suggested by participants. **Navigation and resource support** • Participants cited issues related to understanding and accessing care throughout the focus group sessions. Notably, participants suggested the utilization of community health workers to help connect residents to needed resources and services. Participants expressed that these individuals could increase education, reach residents "where they are at," and help link organizations with residents in need. • In addition to community health workers, participants identified a need for health insurance enrollment navigators to assist residents with health insurance enrollment and claims. Participants shared experiences of "giving up" on enrolling in health insurance because the process was too challenging. Participants felt that these navigators would assist with those barriers.
How can residents and community organizations work together to improve the health of the county?	Participants noted opportunities for residents and community organizations and leaders to work together to improve the health of the county. Participants saw this as a shared opportunity, emphasizing practices related to **increased communication** between the parties and **opportunities for collaborative efforts** to address barriers and increase health literacy, access to services, and resource navigation in Okeechobee County. **Increased communication between residents and leaders and organizations** • Participants noted that increased communication from residents to leaders and vice versa was needed in Okeechobee County. Participants expressed that resident engagement should be increased to provide feedback to leaders and organizations. Increased opportunities to share this two-way feedback were

suggested by participants. Importantly, participants noted that meetings should be held in times and locations that are accessible for residents. For example, many local organizations may host meetings during business hours, which poses issues for working residents who are not available to attend during those times.

- Overall, awareness of available services and education related to health issues and habits was limited, and participants suggested an increase in educational campaigns to address these issues. Participants also suggested a forum led by healthcare and social service providers to facilitate education for residents. Another suggestion included the dissemination of information through the school system to reach additional families.
- Targeted and expanded communication among providers and organizations and the Spanish-speaking population was suggested by participants. Overall, support for those who do not speak English as a first language was suggested by participants.
- Participants noted that residents have a responsibility to follow the public health guidelines set out by local leaders. Specifically, guidelines related to COVID-19 were cited.
- A dedicated community center or online platform was suggested as a means to increase communication between residents and organizations. Participants also noted that there is an opportunity to improve local websites to include more information on social services and health resources in the county. Mobile services were also suggested to help reach more residents with information about services and programs.
- Participants noted that increased communication from healthcare providers is needed to inform patients on next steps, care options, and processes to navigate the healthcare system and obtain any needed additional services or procedures.

Collaborative efforts between residents and community organizations

- Participants emphasized opportunities for collaborative efforts between residents and community organizations, citing a shared responsibility for efforts in improving health in the community. Notably, participants felt it was important for residents and community organizations to work together towards a common goal in unity to ensure that efforts were focused and productive.
- Participants suggested enhanced resident engagement in volunteer efforts, especially at local health events. These efforts could aid in increasing effective communication between organizations and residents, as volunteers may be seen as peers and more approachable by residents attending the events.
- Community health workers were also seen as an imperative way to increase collaboration between residents and organizations to increase overall community health. Participants noted that community health workers are more approachable and can help residents access care and services that they may not be aware of. Participants advised that these community health workers could provide outreach efforts in targeted neighborhoods and could represent the diversity of the community, increasing overall engagement from residents. Participants suggested the utilization of train-the-trainer programs to identify, educate, and support community health workers so they would have the knowledge and resources to visit community members, identify needs, and successfully link residents to services and resources. Notably, participants shared that some members of the community may be distrustful of organizations or the medical field due to past experiences or immigration status, so the community health worker

	model could serve as an intermediary to increase comfort and access for residents. • Participants also suggested additional environmental health programs with mutual responsibility between leaders, organizations, and residents to help keep community spaces clean and address pollution, especially in Lake Okeechobee.

Table 288: Highlighted Issues, Causes, and Affected Populations

Highlighted Issues, Causes, and Affected Populations	
A community health assessment is used to identify issues and health needs that can be strategically addressed to improve the health of a community.[428] As such, it is critical to understand residents' impressions of current issues, causes, and affected populations. This insight can help leaders understand the issues most important to community members at this time, allowing stakeholders to make informed decisions and prioritize efforts and resources effectively and efficiently moving forward. Participants were asked the following questions about common issues, causes, and vulnerable populations in their community.	
Question	**Insights and Responses**
What are common health issues that you, your family or your community struggle with?	Participants noted multiple health issues such as **mental and behavioral health issues**, **chronic health conditions**, **conditions related to aging**, **accidents and unintentional injuries**, **teenage births**, **overweight and obesity**, **dental issues**, and environmental issues stemming from lake **pollution**. • **Mental and behavioral health issues** such as depression, anxiety, suicide, substance use, alcohol abuse, smoking, and drug overdoses. Methamphetamine use among adults and vaping of marijuana among teens were specifically noted by participants. • **Chronic health conditions**, such as stroke, heart disease, migraines, cancer, high blood pressure, diabetes, hypertension, COPD, and asthma were highlighted. It is important to note that many residents emphasized the lack of providers in the county to treat these chronic health conditions, which was seen as a contributing factor to their prevalence in the community. • **Conditions related to aging**, such as dementia • **Accidents** and unintentional injuries • **Teenage births**, which are further compounded by reduced access to local maternal health resources in the community • **Overweight and obesity** among community members and the subsequent effects of these conditions on overall health and wellbeing • **Dental health**, including preventative care and issues related to limited access to screenings and treatment • **Pollution from the lake**, like bacteria
What do you believe causes the health issues you have described?	Participants cited an overall **lack of awareness, education**, and **health literacy**, **individual and cultural behaviors and beliefs**, **environmental factors**, the **social determinants of health**, **financial constraints**, **health insurance coverage**, and an overall **lack of available services or resources** as the primary causes of health issues in Okeechobee County. **Lack of awareness, education, and overall health literacy** • Participants emphasized that an overall lack of awareness and education related to health issues was a primary contributor to problematic health conditions in Okeechobee County. This includes understanding prevention, healthy habits, and

[428] Centers for Disease Control and Prevention. (2018). *Public health professionals gateway: assessments and plans.* Retrieved from https://www.cdc.gov/publichealthgateway/cha/plan.html

treatment options. Without this basic understanding, participants noted that many health issues are overlooked or exacerbated. Participants also emphasized that many residents do not know of the resources and services available to them, leading to delayed or missed care. Participants suggested increased health education outreach efforts to help educate residents and give them the tools and knowledge to make informed decisions about their health.

- Participants expressed that many residents ignore health issues or delay preventative care. This leads to exacerbated health issues, causing emergency situations that may have been mitigated or prevented if addressed sooner. Reasons for delayed or avoided care included cost, time off work, a lack of local providers, and a general lack of understanding of the severity of the issue or options for care. As residents skip or delay preventative services and screenings, participants felt that resident health declined over time and led to additional health issues.
- It is important to note that participants believed there was a gap in knowledge of available services and programs among both residents and local providers and service organizations.

Individual and cultural behaviors and beliefs

- Substance use issues, such as alcohol, drug use, and tobacco use were seen as contributors to poor health outcomes by participants.
- Notably, participants shared that the Okeechobee County community holds a strong cultural influence. As such, participants noted that smoking and chewing tobacco is prevalent and is a habit that is influenced by friends and family in the community.
- Generational upbringing was noted to influence health outcomes, specifically related to habits, nutrition, and perception and prioritization of health.
- Religious beliefs and spirituality were also highlighted by participants. In these instances, participants shared experiences of residents utilizing natural remedies or avoiding medical care due to their religious beliefs.
- Additionally, community and faith-based stigma surrounding mental and behavioral health issues was highlighted.
- Overall, participants emphasized that Okeechobee County is “reactive, not proactive” in addressing health issues on the individual and community level, leading many health conditions to go unresolved or ignored until they are a major threat.

Environmental factors

- Environmental contributors shared by participants included pollution from burning cane fields, algae in the lake, and limited physical activity options for adults. Additionally, limited street lighting and sidewalk infrastructure in the county posed a challenge for residents engaging in physical activity. Participants noted that these issues often affect those of low socioeconomic status the most.
- Participants also noted nutrition barriers as a contributor to poor health outcomes in the county. Unhealthy school lunches and minimal access to affordable, convenient, healthy food options made it hard for residents to consistently make healthy food choices. Participants noted that in Okeechobee County, fast-food options are the most easily accessible food sources for residents.
- The environmental impact of empty lots and unkept houses was also highlighted as a contributor to poor health by participants.

The social determinants of health, financial constraints, and health insurance coverage

- Participants noted that factors related to the social determinants of health, such as housing instability and financial constraints, were major contributors to health issues in Okeechobee County. Income limits on low-income housing options leave many residents unable to qualify for housing programs, but unable to afford market-price rentals or homes. Participants shared experiences of residents feeling forced to work part-time so they would not lose their housing benefits because they could not afford market price housing with a full-time job. As one participant stated, "residents are too poor to afford medical costs, but make too much money to secure affordable housing."
- Furthermore, poverty was seen as a major contributing factor to poor health outcomes throughout the focus groups. Participants noted that many residents are "just trying to fill [their] belly and not able to worry about nutrition." Participants also shared experiences of rationing insulin because of financial constraints and being unable to attend medical appointments because of long working hours, both of which contribute to missed treatment according to participants. Financial constraints were also seen to impact early intervention and prevention measures, leading residents to experience worsened conditions over time. Overall, participants felt that insecurities related to the social determinants of health triggered and compounded other health issues, ultimately forcing residents to choose between "paying their bills and their health."
- Participants also noted that adults with Medicaid insurance coverage often faced more barriers than their peers with private health insurance.

Lack of available service providers and resources

- Throughout the focus group sessions, participants reiterated that the limited availability of providers in Okeechobee County is a major barrier to maintaining and improving health. According to participants, mental health services, services for seniors, specialists, dentists, and OB/GYN services are limited. Participants shared experiences of traveling out-of-county to receive care, noting that this was a considerable time, cost, and logistical barrier for most residents and, as a result, many residents forgo care in these instances. Among the providers that are available in the county, participants noted that many don't take their insurance options, especially dentists, creating an additional barrier to receiving adequate and timely care.
- Notably, participants emphasized access issues related to OB/GYN services during this discussion. Participants highlighted that because there are no childbirth facilities available in the county, OB/GYN prenatal care is also limited. Participants stated that there is a critical issue with the limited number of OB/GYN providers available and the growing number of residents who need this type of care in Okeechobee County.
- Additionally, participants stated that because Okeechobee County is a small community, residents are hesitant to seek certain services, such as mental health services, due to stigma in the community.
- Because of the limited availability of providers within the county, participants noted that the wait times for services can be months, leading many residents to forgo or delay needed care.

	• Participants also highlighted issues related to provider quality. In these instances, participants felt distrust towards providers based on the quality of care they received. • Notably, one participant stated that "sometimes the only solution is to move out of Okeechobee County."
Who do you feel struggles the most with these health issues you have described? **Why do you believe these groups are most affected?**	According to participants, groups such as the **elderly**, **low-income residents**, **residents without insurance or with Medicaid insurance**, **young people**, **undocumented and migrant residents**, **people of color**, **residents with disabilities**, and **those who speak English as a second language** were most vulnerable to the health issues discussed during the focus groups. **Elderly residents** • Participants noted that the elderly population in Okeechobee County faces increased transportation barriers, especially when accessing out-of-county specialist services, and an overall lack of access to resources. Fixed incomes and limited finances contributed to barriers in accessing services for these residents. Throughout the focus group sessions, participants noted a need for caregivers and stated that elderly residents are at an increased disadvantage without adequate caregivers. **Low-income residents, those with Medicaid insurance, those without insurance, and the "the working poor"** • Due to the limited availability and accessibility of providers in the county, residents of low socioeconomic status and those without insurance were seen to face additional barriers in accessing necessary out-of-county services. Generational and systematic poverty were seen as key determinants of health in Okeechobee County. Participants noted that these populations face hardship in paying for medical bills, traveling to out-of-county specialists, and taking time off work to attend appointments that may be out-of-county. One participant stated, "health is income-based – if you have the means to pay for healthcare and go to specialists, you are healthier than those who don't have the money." • Participants noted that residents with Medicaid are often unable to access services due to longer wait times and lower quality of care. • In some instances, participants shared experiences of having health insurance, but because the needed treatments and procedures were not covered by their insurance, they are now facing medical bankruptcy or other challenges paying bills. **Young residents** • Participants noted that young residents are vulnerable to mental health and substance use issues as they navigate social circles. The culture of the community, including factors related to substance use and tobacco use, were seen to influence young people. **Undocumented and migrant residents** • Participants advised that migrant and undocumented residents face increased hardships due to health insurance status, fear of immigration issues, and

	language barriers, making timely and adequate access to care and services especially challenging for these residents. **People of color** • Participants stated that residents of color often face racism and discrimination when accessing programs and services. Participants also noted that diverse and representative providers are limited in the county, leading some residents to feel uncomfortable seeking services. **Residents with disabilities** • Participants felt that residents with disabilities were particularly affected by health issues, as these residents are isolated with limited transportation options and face increased challenges in accessing specialists and high-level care that is often only available outside of the county. **Residents who speak English as a second language** • Residents who speak English as a second language, primarily those who speak Spanish, were noted by participants to face increased access and health literacy barriers. These residents are often overlooked in information dissemination, and the limited availability of Spanish-speaking providers within the community contributes to isolation and a lack of service provision for these individuals.

Table 289: Healthcare and Health Education Touchpoints

Healthcare and Health Education Touchpoints	
Thoughtful and targeted outreach is a critical component of influencing and addressing health issues in a community. Leaders must understand where residents go for health care and health information to effectively reach these community members with services, programs, and information to improve health. The concept of understanding healthcare and health education touchpoints used by residents and patients, known as Health Information-Seeking Behavior, can inform health marketing and outreach efforts to ensure that resources are used wisely to reach as many residents as possible in the most effective manner.[429] Participants were asked the following questions about where they currently seek health care and health information.	
Question	**Insights and Responses**
Where do you get health care?	Overall, participants noted that **primary care services are typically obtained within the county**, while **more extensive medical procedures or specialists are utilized outside of the county**. It is important to note that while some participants were able to utilize telehealth services to access care that was unavailable within the county, participants shared that many Okeechobee residents do not have adequate internet access to utilize telehealth. **In-county services** • Free clinics, hospitals, and emergency rooms were utilized in-county. Notably, participants expressed that because of the limited availability of providers in Okeechobee County, the hospital system, urgent care, and emergency room are often used for general health issues in addition to emergency or crisis situations. Additionally, participants shared experiences of treating themselves with over-the counter medications or avoiding care altogether because of cost or health insurance status. • Local services, such as the Dr. Fred Brown Children's Health Center, Lake Shore Medical Center, the Okeechobee VA Clinic, and Florida Community Health Center were utilized by participants in-county. **Out-of-county services** • Participants emphasized that almost all services that required a specialist were utilized outside of the county. Most notably, oncologists, dentists, ABA therapy, and eye doctors were utilized outside of Okeechobee County due to limited or no availability within the county. Participants shared experiences of traveling outside of the county regularly to attend specialist visits. • Notably, OB/GYN and birthing services were utilized out-of-county due to the lack of providers in Okeechobee County. Participants noted that many women in Okeechobee County forgo prenatal care because of this.
Where do you get most of your health information?	Many participants stated that while they received most of their health information from sources such as **social media** or the **internet**, they were not always satisfied with these sources due to misinformation and the lack of specificity to their unique medical situations or conditions. However, social media was also used to identify local

[429] Zimmerman, M. S. (2021). Health information-seeking behavior in the time of COVID-19: information horizons methodology to decipher source path during a global pandemic. *Journal of documentation, 77*(6). Retrieved from https://www.emerald.com/insight/content/doi/10.1108/JD-01-2021-0022/full/html

What types of information are you getting from these sources? **Are you satisfied or would you prefer something else?**	community events or markets that are scheduled in Okeechobee County. In these instances, participants valued the ease of communication and information sharing in local groups on social media. Overall, most participants would prefer to receive more direct, tailored health information from **medical professionals**, indicating a gap between the current avenues of information dissemination and the preferences of residents. Participants noted that in some instances, it can take an extended amount of time to speak with a provider or obtain an appointment, leading residents to utilize information sources such as social media or the internet instead of their healthcare provider, even though they would prefer to receive this information from their provider. Some participants felt distrusting of the medical community though, with one participant stating, "you have to be your own health advocate and figure out information for yourself." Notably, residents also valued receiving information from **community organizations**, such as Our Village, Healthy Start, 211, the Florida Department of Health in Okeechobee County, and the Senior Center. Automated calls for events such as mobile food banks were also utilized. Participants also noted that they received information through the "word of mouth" from **friends and family members**. Importantly, some participants noted that a lack of access to the internet leads residents to obtain information from **pamphlets, flyers, or local radio outlets**. While many current approaches to information dissemination rely on technology, it is imperative to continue these traditional modes of information sharing to ensure all residents have access to the information regardless of internet connectivity.

Table 290: Impact of COVID-19

Impact of COVID-19	
The COVID-19 pandemic has had a significant impact on the way in which community members live, work, and play. Stay-at-home orders altered how residents attend work and school, as well as the ways in which they receive health care. Social isolation, economic hardship, limited medical capacity and virtual health care visits, and remote schooling have changed the dynamics in both families and communities and have oftentimes led to increased stress and uncertainty related to once-normal activities.[430] Additionally, early studies show that COVID-19 has had a significant impact on other health indicators, such as mental health, substance use, and disease prevalence. Participants were asked the following questions regarding the impact of COVID-19 on their family and community, as well as the impact of COVID-19 on their ability to access health and social services.	
Question	**Insights and Responses**
How has COVID-19 affected you, your family, and members of your community? **How has COVID-19 affected access to health and social services in your community?**	Participants shared the effect that COVID-19 has had on both their networks and on access to health and social services. Overall, participants noted that COVID-19 affected their daily lives through **changes in normal habits**, **economic hardships**, and **overall mental health and emotional wellbeing**. In accessing health and social services, participants shared experiences of COVID-19 **interrupting overall access to services, resources, and medical care**. COVID-19 was also seen to pose unique challenges related to the healthcare system's **response** to the pandemic. **Changes in daily life** • Participants emphasized the impact of COVID-19 on their daily lives, citing changes to physical activity, daily habits, and social routines. Oftentimes, participants noted the negative impact of COVID-19 on overall relationships. • While some participants noted the strain that COVID-19 put on children's education, some participants noted that the homeschool community grew as a result of the pandemic, increasing the number of children participating in homeschool programs and enhancing that specific community. COVID-19 was also seen to spur innovation in the school system. However, while the online platforms helped some children succeed, these new modes of education were detrimental for some children's education and development, according to participants. **Economic hardship** • Overall, economic hardship was identified among participants as a major impact of COVID-19. Job loss led multiple participants to be unable to provide for their families, increasing food insecurity, impacting housing, and leading many residents to forgo medical care. • Increased costs related to shortages on goods created a financial strain for participants. Many participants noted that the costs of groceries and medical services have increased since the pandemic began, impacting their ability to purchase necessities. **Mental health and emotional wellbeing** • Participants shared experiences of increased anxiety, depression, and other mental health issues as a result of the COVID-19 pandemic and its impact on

[430] The National Child Traumatic Stress Network. (2021). *The traumatic impact of COVID-19 on children and families: current perspectives from the NCTSN.* Retrieved from https://www.nctsn.org/print/2494

social isolation and uncertainty. Participants also expressed fear related to contracting the virus, which impacted their overall mental health and wellbeing. Experiences of family members being sick or dying the in the hospital alone due to COVID-19 restricted access to visitors also caused immense stress among participants. While occurrences of mental health issues were seen to increase during the pandemic, it is important to note that participants also found that the pandemic helped increase overall awareness about mental health issues. In these instances, participants felt that more residents were willing to seek help for mental health issues and talk about mental health. The increased availability of telehealth therapy services was seen as a positive impact of the pandemic, as participants stated that the stigma related to mental health and therapy may have deterred residents from seeking in-person services previously.

- Participants noted that substance use increased during the COVID-19 pandemic.
- Participants reported a divide in the community as the pandemic became "politicized." As one participant stated, "it became something you don't talk about – politics, religion, and COVID-19." Participants stated that many residents did not comply with masking and social distancing requirements, creating tension in the community. Participants also shared that residents did not believe that COVID-19 was real and thought it was a government initiative or that it was "just a hyped-up flu." This led to further division among community members. Participants emphasized that disinformation spread through the community and increased vaccine hesitancy among residents, further increasing divisions between community members.

Interrupted access to social services, resources, and medical care

- Participants expressed that overall, most resources, social services, and non-emergency medical services were not accessible during the pandemic. Participants highlighted that access to services, resources, and medical care was a challenge prior to COVID-19 in Okeechobee County, and the pandemic further compounded these issues for residents of Okeechobee County.
- Preventative care and non-emergency visits were delayed or eliminated during the pandemic, as participants did not feel comfortable attending in-person services or providers closed these services. Participants noted that the hospital serves as a primary point of care for many residents in Okeechobee County. For these residents, the burden that COVID-19 placed on the hospital system resulted in many residents forgoing care for the duration of the pandemic because they were accustomed to accessing all services through the hospital system, which was the primary care source for COVID-19. Participants noted that elective surgeries, such as knee replacements, were deemed unnecessary during the pandemic and created issues related to quality of life and the exacerbation of medical conditions.
- While telehealth services filled some gaps for residents, participants shared that many residents, such as seniors or those without internet access, were unable to utilize these services. Limited internet accessibility was highlighted as a barrier for Okeechobee County residents.
- Group transportation options, often used in the county to overcome transportation barriers, especially among seniors, were limited, further compounding access issues during the pandemic. Riders were also hesitant to use these services for fear of contracting the virus in the public setting.

	• Participants noted that the pandemic placed a strain on the medical community in Okeechobee County, leading to provider burnout among medical professionals, including EMS staff. As Okeechobee County faced historical challenges in recruiting and retaining medical providers, participants stated that the COVID-19 pandemic further compounded this issue, impacting healthcare access and resources for residents across the county. • Participants highlighted low vaccination rates in Okeechobee County and noted that many residents were delayed in receiving a vaccine due to limited quantities in the county. As the vaccines become more readily available, participants noted that vaccine hesitancy in Okeechobee County is still an issue and has led to many residents being unvaccinated. **Challenges specific to the local COVID-19 response** • Participants also shared experiences related to the local COVID-19 emergency response. Notably, participants reported that it was challenging to get tested and vaccinated in Okeechobee County. Limited supplies and opportunities for testing and vaccination delayed care for many participants or led them to seek services outside of Okeechobee County where these services were more readily available.

Focus Group Recruitment Flyers

Eighteen focus groups were held with Okeechobee County residents over the course of two months. In addition to the sessions advertised below, additional sessions took place at the Okeechobee County Senior Services Center and Our Village Okeechobee.

¿VIVES EN EL CONDADO DE OKEECHOBEE? ¡QUEREMOS ESCUCHAR SUS EXPIERENCIAS DE SALUD!

Únase a nosotros en un grupo de enfoque para el condado de Okeechobee a través de Zoom. ¡Queremos conocer sus experiencias y creencias sobre la salud y la atención médica en el condado de Okeechobee!

¡RECIBIRÁ UNA TARJETA DE REGALO DE $25!




Para registrarse, visite los enlaces o escanee el código QR, envíenos un correo electrónico o llámenos. Por favor consulte a la información de contacto debajo.

OCTOBER 21, 2022
12:30 PM - 2:00 PM
https://rebrand.ly/october21okc

¡SU opinión es importante y ayudará a informar los esfuerzos de planificación de la salud, mejorar la salud en el Condado de Okeechobee y tener un impacto positivo en su comunidad!

¿Tiene preguntas o necesita asistencia para registrarse?
Envíe un correo electrónico a: planning@hcsef.org o
llame a 561-844-4220 x 1600

HCSEF Health Council of Southeast Florida

LIVE IN OKEECHOBEE COUNTY? WE WANT TO HEAR ABOUT YOUR HEALTH EXPERIENCES!

Please join us for one of our Okeechobee County focus groups via Zoom. We want to hear about your experiences and beliefs towards health & healthcare in Okeechobee County!

RECEIVE A $25 GIFT CARD!




Choose the date and time that works best for you! To register, visit the links, scan the QR Code next to the session that works best for you, email us, or give us a call! See contact information below.

OCTOBER 17, 2022
3:30 - 5:00 PM
HTTPS://REBRAND.LY/OCTOBER17OKC

OCTOBER 28, 2022
12:00 - 1:30 PM
HTTPS://REBRAND.LY/OCTOBER28OKC

We can also conduct in-person focus groups with small groups at your agency location. If you are interested in scheduling an in-person focus group with your agency or clients, please contact planning@hcsef.org.

YOUR opinion matters and will help inform health planning efforts, improve the health of Okeechobee County, and make a positive impact on your community!

For questions or registration assistance, please email us at planning@hcsef.org or give us a call at 561-844-4220 x 1800

HCSEF Health Council of Southeast Florida

LIVE IN OKEECHOBEE COUNTY? WE WANT TO HEAR ABOUT YOUR HEALTH EXPERIENCES!

Please join us for one of our Okeechobee County focus groups at Our Village Okeechobee. We want to hear about your experiences and beliefs towards health & healthcare in Okeechobee County!

RECEIVE A $25 GIFT CARD!




All focus groups will take place at Our Village Okeechobee on October 25, 2022. Choose the session that works best for you!

ENGLISH LANGUAGE SESSION

OCTOBER 25, 2022
10:00 AM - 11:30 AM

ENGLISH LANGUAGE SESSION

OCTOBER 25, 2022
2:00 PM - 3:30 PM

YOUR opinion matters and will help inform health planning efforts, improve the health of Okeechobee County, and make a positive impact on your community!

For questions, please email us at planning@hcsef.org or give us a call at 561-844-4220 x 1800

HCSEF Health Council of Southeast Florida

¿VIVES EN EL CONDADO DE OKEECHOBEE? ¡QUEREMOS ESCUCHAR SUS EXPIERENCIAS DE SALUD!

Por favor, únase a nosotros para esta sesión de enfoque sobre sus experiencia de salud. La sesión sera ubicada en Our Village Okeechobee. ¡Queremos saber sobre sus experiencias y creencias sobre la salud y la atención medica en el condado de Okechobee!

¡RECIBIRÁ UNA TARJETA DE REGALO DE $25!

Esta sesión en español sera localizado en
Our Village Okeechobee
25 de Octubre, 2022
12:00 PM - 1:30 PM.

¡SU opinión es importante y ayudará a informar los esfuerzos de planificación de la salud, mejorar la salud en el Condado de Okeechobee y tener un impacto positivo en su comunidad!

¿Tiene preguntas? Por favor, envíe un correo electrónico
a: planning@hcsef.org
o llame a 561-844-4220 x 1600

HCSEF Health Council of Southeast Florida

Key Informant Interviews

Introduction

The Health Council of Southeast Florida conducted nine (9) interviews with key community stakeholders and members in 2022. The purpose was to collect first-hand information from a wide range of community leaders who have expertise about Okeechobee County, its residents and its resources, on topics such as key health issues, the most impacted communities, community strengths and assets, opportunities and strategies for improvement, the forces of change, and the impact of the COVID-19 pandemic. The individuals selected for the interviews included leaders, representatives, or members of medically underserved, low-income populations and communities of color, as well as funders, members of law enforcement, leaders of community organizations, including faith-based organizations. Their expert knowledge and understanding provides insight on the nature of issues and recommendations for solutions and future planning.

Methodology

The Health Council of Southeast Florida (HCSEF) developed protocols, a script, and questions for key informant interviews. Interview appointments were scheduled and each interview was conducted by a trained facilitator via the Microsoft Teams platform. The interviews lasted on average 30-45 minutes. Prior to beginning the interview, the facilitator provided an overview of the process and assured the confidentiality of all comments, names and other identifying information during reporting.

Results

Key informant interviews were conducted with nine (9) key stakeholders from October to November 2022. A total of 18 questions were asked and probes were used to clarify information and glean additional insight. The following information includes the common themes that emerged during the key informant interviews regarding Okeechobee County and from stakeholders living in, serving, and representing the Okeechobee County communities.

Table 291: Key Informant Interviews

Topic Area	Emergent Themes
Key Health Issues	• All key informants emphasized that Okeechobee County residents struggle with **chronic health conditions**, such as obesity, diabetes, cardiovascular and heart disease, high blood pressure, cancer, lung cancer, and COPD. • Most key informants also mentioned **the impact that the small town, "cowboy culture" has on substance use and behavioral health**. For instance, smoking and chewing tobacco is engrained in the culture, which leads to chronic health conditions and higher lung cancer rates. Key informants also mentioned that residents turn to substance use, gambling, and drinking to cope with life's challenges.

	• Several key informants mentioned the increase in **mental health concerns** across different age groups. Among seniors, the pandemic led to increased isolation and depression. Among youth, there is an increase in anxiety and suicidality. Several key informants stated that the cowboy culture also makes it so that **people suffer in silence**. Key informants stressed the need for mental health services in the county – currently there are no providers – as well as the need to address **mental health stigma**. • Some key informants also stressed the impact that limited access to care has on the community. One mentioned that they have seen an **increase in the number of amputees** throughout the community, which highlights the fact that residents are not receiving adequate and timely care. • Several key informants also mentioned that there is poor **oral health** because there are very limited dental services in the county, and this also leads to the presence of other chronic illnesses.
Populations with Unmet Needs	• Key informants listed several populations in Okeechobee County with unmet needs, including: ○ **Okeechobee County residents in general** who suffer silently due to mental health stigma and say they are fine when they are not. One key informant stated, "hurt people hurt people and hurt themselves." ○ **Communities of color**, specifically Black or African American residents and Hispanic or Latino residents. Several key informants called out the increase in blatant racism and how that has increased mistrust among communities of color in the county. Key informants mentioned that residents refer to Hispanic communities as "illegal;" one stated "Hispanic communities suffer the most because they suffer in the shadows, scared to death of seeking services and being ostracized." ○ The **migrant and agricultural communities** who have very limited access to care due to transportation barriers, who live in the dairy farms in the outskirts of town, who experience fear when seeking services, and who have limited awareness about the availability of services. ○ The **elderly**, as there is a program but not enough services. Key informants mentioned that this is a very vulnerable population and people often take advantage of them. Further, older residents struggle financially and often need to choose between food and medicine. ○ **Low-income, uninsured communities**. There is a gap between those who are eligible for government assistance and those with incomes just outside of the eligibility requirements. Key informants mentioned that even for those with benefits, they are not enough. For these communities, there is also a lack of knowledge and health literacy, which makes it all the more difficult to navigate the health care system.

Strategies to Create a Healthy County	• Key informants provided several insights on strategies and resources that are needed to create a healthy county. ○ All key informants stressed the need for **increased collaboration** to increase access to services. One emphasized the importance of a **single-entry point of care** and a referral system. ○ Most key informants emphasized the ability for residents to access **basic needs**, such as public transportation, affordable housing, livable wages, and healthy food. ○ All key informants stressed the **need for more providers** in the county, specifically specialists. ○ Many key informants urged the need for a focus on **health equity** and reaching the county's most vulnerable communities, increasing their awareness. One mentioned "if you build it, they will come, but it needs to be inclusive."
Community Strengths and Assets	• Key informants noted many community strengths and assets within Okeechobee County that contribute to a healthy community. Among the most commonly mentioned strengths and assets were: ○ The community is **resilient** and determined to plug through life's difficulties. One key informant mentioned "Our strength is our people." ○ There is a strong sense of community and residents pull together when individuals are in need. One key informant mentioned "If one family goes through a traumatic fire, our community pulls through like no tomorrow." ○ There are less resources in the community, but it is rich in terms of **genuine care and commitment** among those who serve. One key informant stated, "when we do something, we do it well. People are very passionate for whatever they are advocating for." ○ Many **great partnerships across entities that provide low-to-no cost services** to those most in need, including: The Department of Health in Okeechobee County, Our Village Okeechobee, QuitDoc and the Tobacco-Free Partnership, Florida Community Health Centers, the local domestic violence shelter, Healthy Start, 211, Salvation Army, Helping People Succeed, and Rite Life. One key informant stated, "We have all the pieces in the county to make a difference and we are continuously putting them together." ○ Okeechobee County is a **very small town with southern, community-based values.** The county has a smaller network, so everyone knows each other and works together. One key informant mentioned, "Being rural makes us a tight knit community where no one is competing to meet individual goals." ○ Some key informants mentioned the **physical environment** and the fact that a lot of entertainment tends to be outdoors, whether it be sports, fishing, or hunting.

Challenges and Barriers in Maintaining Health	• Key informants listed various challenges and barriers that Okeechobee County residents face when trying to maintain their health. Among the most commonly reported were: ○ The **lack of transportation**. There is no public transportation or bus, and people live very remotely, making it difficult to access basic needs and care. ○ The **lack of mental health services** to address mental health and substance use issues that are prevalent in the community. ○ The **limited providers in the county with very limited specialists**. Residents often need to drive out of the county for care. Key informants stressed that this is extremely difficult for people on fixed incomes. Further, at times, specialists travel once a month into the county so even when they come, it is difficult to get an appointment. ○ The **lack of education**. Many people are repeat patients in the hospital and the ERs. Key informants stated that many residents don't understand how dangerous unhealthy food consumption is or how important prevention is. ○ The **lack of insurance** and high medical costs. People are not able to get the care they need when they really need it due to the inability to pay. ○ Prevalent **food insecurity**. Key informants stressed the inability to access healthy foods due to financial barriers or physical distance from a grocery store. People also often need to decide between food and medicine due to financial constraints. ○ Existing **language barriers**. Key informants mentioned that there are many people from different cultures and there is low health literacy. People may not be well versed in health information. ○ The **"cowboy mentality" and personal behavior**, including smoking, living a sedentary lifestyle, and consuming sodium-rich and country fried food. Key informants mentioned that this worsens physical health, which worsens mental health, which increases unhealthy behaviors, and it becomes a cyclical issue. ○ The **built environment**, including low walkability, limited exercise opportunities, rurality, and distance. ○ The **family dynamics** and cycles of substance use, addiction, abuse, and trauma.
Opportunities to Note	• Key informants mentioned several opportunities for improving health in Okeechobee County. Among the most commonly reported were: ○ Establishing a **single-entry point system** and increasing awareness of what 211 provides. ○ Increasing **public transportation** so that people can travel to access basic needs and specialty care. ○ Increasing the **availability of providers and specialists** in the county, perhaps through traveling doctors and

	nurses if necessary. Key informants stressed the desperate need for OBGYN services. ○ Increasing **equitable distribution of services and information**. For instance, there is only one place in the county that residents can go to apply for Medicaid and many people can't access it or even know about it. ○ Increased presence of **community health workers** to meet the community where they are at, provide important navigation services, and improve health and digital literacy. ○ Improved **built environment**, including walkability, sidewalks, bike lanes, and healthy food sources. ○ With the advent of technology, there's a huge **digital divide and a lack of digital literacy**. People aren't able to effectively utilize telehealth or receive important appointment reminders. ○ Increased **affordable, safe housing and stable employment**. There is a homeless, underhoused population and people are barely making it by. ○ The **need to retain and employ residents in the county**. Many times, people get hired in the county and use it as their learning grounds and then leave for a job on the coast that pays better. Key informants stressed that this cheats residents from essential services and often they are used and abused as professionals. They need a stable workforce and to start this training young so that people will want to stay when they're older. ○ The need for significantly more **mental health services** for residents and for children. Suicide has been on the rise among youth.
Suggestions for Improvement	• In addition to the previously mentioned opportunities for improvement, key informants provided specific suggestions for how to improve the health of Okeechobee County. Among the most commonly reported were: ○ Suggestions around the need for more **central hubs, in-town organizations, and single-entry point of care systems**. Key informants mentioned that there are currently very limited brick-and-mortars for essential services in the county. ○ Suggestions for **increasing awareness among communities in need and the most vulnerable populations**, such as those on the dairy. Key informants emphasized the need for increased resources for communities of color through the prioritization of health equity. ○ Suggestions for **partners to meet together and commit to taking action**, as there has been a decrease in partner engagement as a result of the pandemic. Key informants stressed that there needs to be more engagement to creating long-lasting solutions. One key informant mentioned the idea to participate in group costs so it

	reduces the cost of providing essential services throughout the county. ○ Suggestions for **securing additional funding from federal and state-level sources**. There are currently limited resources so, often, health and human service providers are stretched thin. One key informant stated, "When funding comes in, we are a sandwich county. Okeechobee County is added to the Treasure Coast so that rural numbers help secure grants, but we don't reap the benefits. Money funnels to larger communities and doesn't ever make it back here. We're not foundation or non-profit rich and that hurts us." ○ Suggestions for **deploying community health workers and patient navigators** to increase health literacy and provide services in the community so they don't need to leave or travel far to access them. ○ Suggestions for **creating a public transportation system** with considerations for bus vouchers. ○ Suggestions for **advocating for more support from the state and federal level**. One key informant mentioned "We're working with very complex situations – a lot of substance use and trauma, and we need support to sustain our efforts and create change." ○ Suggestions for **more job opportunities for people from different walks of life**. One key informant stated that a wage comparable study is needed to make sure the job market is inclusive and effective.
Forces of Change	• Key informants spoke to forces of change, or external forces happening at the local, state, national and global levels that may impact the health of the community and the local public health system. Forces of change may be environmental, political, technological, or systematic. The most commonly reported forces of change included: ○ The **digital nature of the world** as a result of the pandemic. ▪ Key informants mentioned that while this provides increased opportunity for connectivity, this **may also limit opportunities for effective collaboration** and partnership on important issues. ▪ Further, key informants mentioned that **there is a huge digital divide in the county which exacerbates health disparities**. The lack of technological resources was brought to light during the pandemic, as many residents do not have internet access or basic technology. Because there is a lack of providers, providers are utilizing telehealth but so many people don't have computers, internet or smart phones needed to access such services. Additionally, one key informant mentioned that **seniors do**

	not trust telemedicine even if they can connect because they are afraid that if they disclose a medical condition over the phone, someone will hear it and forcibly remove them from their homes. ▪ Key informants also mentioned that cellphone use and **social media has also had a negative impact on youth mental health**. ○ **Climate change and natural disasters** which exacerbate barriers among the most vulnerable communities. One key informant noted that people experienced a lot of personal damage and many couldn't access FEMA benefits after Hurricane Ian because they didn't have internet or computers. ○ Increased **political divide and tension.** Key informants mentioned that there is little room for a middle anymore and public health has become a target – it has been demonized and used as a political weapon. There's a prevailing attitude of 'us versus them.' One key informant mentioned that their biggest champions for public health were voted out now that there is a **war on science**. ○ The **economy, inflation, and increased cost of living**. Key informants mentioned that housing, food, and gas are all becoming even more unaffordable. ○ The **change in healthcare landscape** to factory-style service delivery. Key informants mentioned that doctors see more patients to get reimbursed by insurance so it is more about quantity than quality. Further, they mentioned that doctors run every test even if people don't need it to prevent liability and this drives up the cost of healthcare. ○ The **oversaturation of information**. Key informants mentioned that society has gotten too busy to realize individual needs. One key informant stated, "We've gotten so inundated with information regularly that it is easier to become desensitized and misinformed." ○ The **increased presence of fentanyl**. Many key informants highlighted that this is silently killing people whether they intend to use or not. One mentioned that fentanyl can look like skittles and a 10-month-old baby died of fentanyl overdose, stating "it breaks my heart because it is impacting innocent children."
COVID-19 Impact	• All key informants mentioned the COVID-19 pandemic as a major force of change. In their responses, key informants revealed that COVID-19 greatly impacted Okeechobee County residents. The impacts most commonly reported include: ○ COVID led to a **great loss of life and increased isolation**. Key informants mentioned that the county didn't take mask wearing seriously and there was a lot of refusal that worsened the situation. ○ The **political climate greatly impacted health** at levels not seen in recent history, with political leaders hugely

	influencing life and death decisions. Key informants noted that there is now more political division with people denying that COVID is real unless their political leader acknowledges it. Even people who have lost family continue to think COVID is not a real issue. o COVID **greatly impacted access to care** because there's already limited providers in the county with some providers traveling from outside of the county. One key informant mentioned that **telehealth has been great but there is a huge digital divide**, stating "I hope the Lake Okeechobee Rural Health Network continues their work to expand telehealth access." Further illustrating the issue, one key informant mentioned that, when vaccines were made available, people needed to register online but many didn't have the necessary tools to do so. o Key informants mentioned that the **economic impact of the pandemic was tremendous**, as businesses had no choice but to close. o A few key informants mentioned that COVID has been heightened and has **instilled a sense a fear**. Many service providers closed and now there's a loss of trust in the system because many people couldn't get what they needed during the pandemic. One key informant mentioned, "We focused so much on physical health and fear of COVID but we didn't take as much time to look at emotional and mental health." o Key informants stressed the **impact on the local public health system workforce**, mentioning that they lost a huge portion of the workforce which was already limited. o One key informant worried that once the money that is being funneled to assist with COVID issues goes away, people who have grown dependent on it are going to face **significant economic and health issues**. o Key informants mentioned that the **lockdown led to increased stress**, causing individuals to partake in poor health behaviors as a means to cope (smoking, drinking, substance use, etc.). One key informant mentioned that people needed services more than ever and it was difficult to access them, so prevention took a big hit.

Conclusion

The 2022 Okeechobee County Community Health Assessment is a collaborative effort by community members, local leaders, stakeholders, and partnering organizations with the goal of understanding the health needs and priorities of the community. The data presented in this report aims to provide residents and decision-makers with the information needed to understand and improve access to quality health and human services in Okeechobee County. Ultimately, we hope this information will serve to help inform future planning, programming, policies, and community-based decision-making in the future.