2025 Community Health Needs Assessment

Jupiter Medical Center

CHNA Executive Summary

About our Community

Key Health Indicators

Community Input

Prioritized Health Needs

Jupiter Medical Center 2025 CHNA

Jupiter Medical Center (hereinafter referred to as “JMC” or “Jupiter”) is an independent not-for-profit 248-bed regional medical center. Jupiter Medical Center is the leading destination for world-class health care in Palm Beach County and across the Treasure Coast region. Recognized as the region’s only independent, not-for-profit hospital, Jupiter Medical Center offers a comprehensive continuum of inpatient and outpatient healthcare services, expertise and specialties, including orthopedics and spine care, cancer care, cardiac and vascular care, stroke, obstetrics & maternity care, pediatrics, emergency care as well as diagnostic imaging, screening, testing and urgent care. Founded in 1979, Jupiter Medical Center has approximately 2,495 team members,789 physicians, 694 nurses and 402 volunteers.

JMC’s mission is to deliver excellent and compassionate healthcare advancing the well-being of the people it serves. JMC fulfills its mission by focusing on the following core values in order to be recognized as the leading health care organization in the region: Respect, Integrity, Excellence, Accountability, Teamwork and Courage.

JMC desires to continue providing clinical programs and services to meet community needs, while also pursuing continuous improvement in existing and future programs to improve the overall health of the community it serves. As such, JMC has conducted a Community Health Needs Assessment (CHNA) from October 2024 through June 2025, using primary and secondary data, to ensure community benefit programs and resources are focused on significant health needs as perceived by the community at large, as well as alignment with JMC’s mission, services and strategic priorities.

The community served by JMC is defined primarily by four zip codes and secondarily by five zip codes within Palm Beach and Martin Counties. Defining the CHNA community similarly to its primary and secondary service areas will allow Jupiter Medical Center to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities.

Jupiter obtained input from 25 leaders representing public health, healthcare organizations, social services, and community leaders through key stakeholder interviews and a key stakeholder survey. Primary input was also obtained by conducting an online community health survey distributed to members of the community.

Secondary data was assessed including:

- Demographics (population, age, sex, race)
- Socioeconomic indicators (household income, poverty, unemployment, educational attainment)
- Key health indicators

Information gathered in the above steps was reviewed and analyzed to identify health issues in the community.

Jupiter Medical Center 2025 CHNA

The process identified the following health issues listed in alphabetical order:

- Access to Care (Cost of Care and Lack of Insurance)
- Adult Mental Health
- Affordability of Health Care
- Aging Population
- Alzheimer's/Dementia
- Chronic Conditions (Cancer, Diabetes, High Blood Pressure)
- Food Insecurity/Low Food Access
- Health Literacy/Lack of Ability to Navigate Healthcare System
- Lack of Affordable Housing
- Obesity
- Preventative Care
- Transportation
- Unintentional Injuries

Health needs were prioritized with input from a broad base of members of JMC's Leadership Team by utilizing a scoring guide.

A review of existing community benefit and outreach programs was also conducted as part of this process and opportunities for increased community collaboration were explored.

Based on the information gathered through this community health needs assessment and the prioritization process described above, JMC chose the needs below to address over the next three years. Opportunities for health improvement exist in each area. JMC will work to identify areas where it can most effectively focus its resources to have significant impact and develop an Implementation Strategy for fiscal years ending 2026-2028.

Expand Access to Primary Care

Expand Access to Services and Facilities

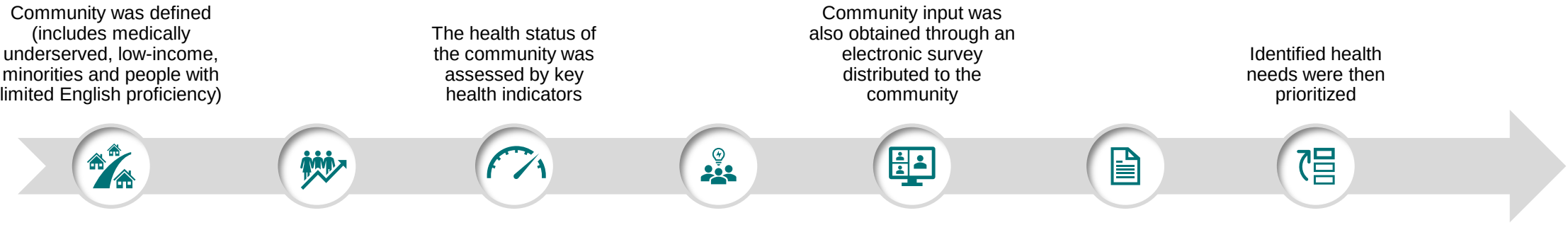
Expand Offerings in Chronic Diseases
Heart and Vascular, Oncology and Orthopedics

How the Assessment was Conducted

Jupiter conducted a community health needs assessment (CHNA) to support its mission responding to the needs in the community it serves and to fulfill the requirements established by the Patient Protection and Affordable Care Act of 2010 and comply with federal tax-exemption requirements. The goals were to:

- ✓ Identify and prioritize health issues in Jupiter's service area, particularly for vulnerable and under-represented populations.
- ✓ Ensure that programs and services closely match the priorities and needs of the community.
- ✓ Strategically address those needs to improve the health of the communities served by Jupiter facilities.

Based on current literature and other guidance from the United States Department of the Treasury, the following steps were conducted as part of Jupiter's CHNA:



Limitations and Information Gaps

Acknowledgements

The community health needs assessment for Jupiter Medical Center supports the organization's mission to *"deliver excellent and compassionate healthcare advancing the well-being of the people it serves."* This community health needs assessment was made possible because of the commitment toward addressing the health needs in the community. Many individuals across the organization devoted time and resources to the completion of this assessment.

Jupiter would like to thank members of the 2025 CHNA Committee who provided leadership and oversight of the CHNA process and reporting.

Steven Seeley
Senior VP, Chief Operating Officer
Michele Deverich
Chair, Community Health & Benefit Committee
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This community health needs assessment has been facilitated by Crowe LLP ("Crowe"). Crowe is one of the largest public accounting, consulting, and technology firms in the United States. Crowe has significant healthcare experience including providing services to hundreds of large healthcare organizations across the country. For more information about Crowe's healthcare expertise visit www.crowe.com/industries/healthcare.

Written comments regarding the health needs that have been identified in the current community health needs assessment should be directed to:

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General Description of Jupiter Medical Center

Since our founding in 1979, we have flourished to become one of South Florida's most respected and preferred hospitals, consistently performing in the top 10 percent of hospitals for quality, safety and patient experience. Recognized as the region's only independent, not-for-profit hospital, JMC consists of 248 private acute care hospital beds, provides a broad range of services with specialty concentrations in oncology, heart & vascular, orthopedics, neurosciences, women's and children's services, minimally invasive surgical procedures, including a robotic surgery program, advanced diagnostics and rehabilitation.

By advancing our surgical capabilities, acquiring next-generation technologies, breaking ground on new facilities, attracting top clinicians, and simplifying how patients manage their care, we consistently achieve optimal outcomes for patients.

As we continue to care for more patients, our facilities must also grow. In 2023, we broke ground on the new Patient Care Tower and Parking Pavilion. These projects will expand our capacity for inpatient care, including specialized oncology, cardiovascular, and orthopedic care, to serve our growing region. Additionally, our Neighborhood Hospital at Avenir, designed to improve access in our western communities, will open in early 2027. The hospital will offer 24-hour emergency services, inpatient beds, operating rooms, a diagnostic laboratory, and imaging, giving residents access to comprehensive care close to home. The following pages summarize some of our recent accomplishments.

HEART & VASCULAR: Pioneering advanced cardiovascular care: The Robson Heart & Vascular Institute sets new standards for exceptional patient outcomes.

Leading the way in cardiac care, we are often the first to introduce cutting-edge procedures. Our expertise encompasses the latest therapies, implants and devices. We are among the first in the region to provide Barostim™ Baroreflex Activation Therapy, the world's first FDA-approved heart failure device utilizing neuromodulation to alleviate symptoms in heart failure patients.

Additionally, we were the first in Palm Beach County to adopt Boston Scientific's AGENT drug-coated balloon for in-stent restenosis (ISR) and the first in the tri-county area to implement the Shockwave C2 Coronary Lithotripsy balloon for intra-coronary lithotripsy. For patients with atrial fibrillation (Afib) seeking alternatives to long-term anticoagulants, our electrophysiologists offer the Amplatzer Amulet LAA Occluder, which permanently closes a primary stroke pathway.

Jupiter Medical Center was the first hospital in Palm Beach County and the Treasure Coast to complete a robotic assisted minimally invasive director coronary artery bypass. It represents a significant advancement in cardiac surgery offering patients a less invasive surgical option with better outcomes.

General Description of Jupiter Medical Center

ONCOLOGY: At the Anderson Family Cancer Institute, our multidisciplinary team harnesses leading-edge technologies and groundbreaking therapies to empower patients-all in one convenient location. In 2024, we proudly became one of the first hospitals in Florida to acquire the da Vinci 5 surgical robot - the most intelligent of the da Vinci systems. We were the first hospital in Florida to implement Patient Discovery Artificial Intelligence, helping identify signs of lung nodules on patient CT scans to aid in early detection. We were the first hospital in the region to administer a first-in-class gene therapy for bladder cancer that harnesses the body's natural responses to target cancer cells. We were the first hospital in Florida to implement Optellum's artificial intelligence platform for CT Lung Screening, the platform stratifies risk of lung nodules that may be cancerous, aiding in the early detection of lung cancer.

Our genetic counseling program was the first clinical site in the region to integrate My Gene Counsel's Living Lab Report. The service provides updated genetic counseling information as new disease details are discovered, precision medicines are developed, guidelines evolve, and genetic variants are reclassified.

ORTHOPEDICS: On the heels of cutting-edge technological advances and surgical milestones, Jupiter Medical Center's orthopedic and spine care continues to lead the region-and change lives. We never stop looking for ways to improve our surgical capabilities and equip our talented clinicians with powerful tools, which is why we acquired the CORI™ Robotic-Assisted Surgical System in October of 2024. CORI technology is designed to enhance surgical precision for joint replacement surgeries. This versatile system, available for both partial and total knee replacements, facilitates real-time optimization of knee replacement surgery without the need for a preoperative CT scan, minimizing radiation exposure. This innovative knee replacement solution is Jupiter Medical Center's third orthopedic robot. bolstering an already unparalleled orthopedic program that features state-of-the-art robotic solutions for a range of issues, including Mako SmartRobotics™ , and the VELYS™ Robotic-assisted solution.

STROKE CENTER: When every minute matters, Jupiter Medical Center offers high-quality, comprehensive stroke care powered by cutting-edge technology. Our comprehensive approach to stroke care includes:

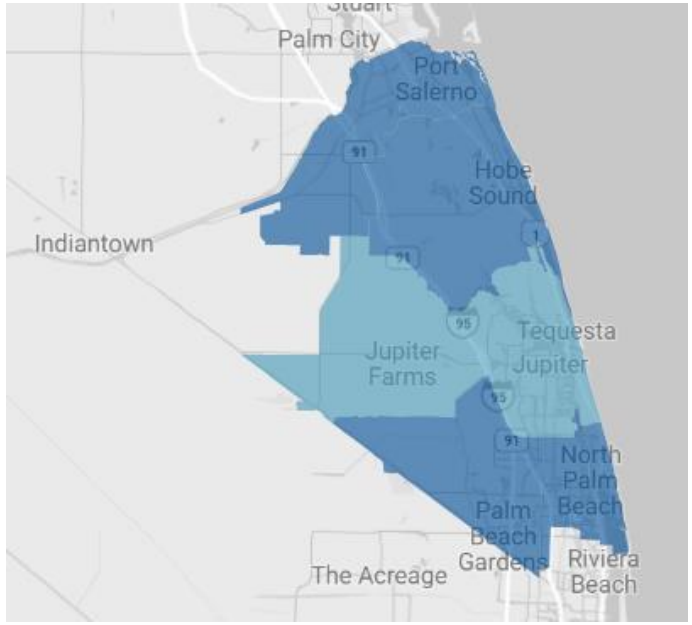
- Advanced imaging including 3T MRI and CT capabilities
- Neurointerventional radiology expertise
- Rapid Response Team for early intervention and timely care
- Neurological Intensive Care for critical care

Jupiter Medical Center is proud to be the first in our region to have earned the Thrombectomy-Capable Stroke Center (TSC) certification from The Joint Commission, in collaboration with the American Heart Association/American Stroke Association.

Who We Serve

A majority of the patients served by JMC reside in northern Palm Beach County and southeast Martin County. Palm Beach County makes up 1,970 square miles and Martin County makes up 543 square miles. Palm Beach County is the state's fourth largest county by population while Martin County is the 33rd largest county out of 67 counties in the state of Florida.

The community served by JMC is defined primarily by four zip codes and secondarily by five zip codes within Palm Beach and Martin Counties; therefore, demographic and health indicators are presented for these two counties. Within the data presented in the CHNA, zip code level data is used to report information for the primary and secondary service area, where available, and county level data is presented where zip code level data is unavailable.



Jupiter Medical Center CHNA Community

Primary Service Area	
Zip Code	Community
33458	Jupiter
33477	Jupiter
33478	Jupiter
33469	Tequesta

Secondary Service Area	
Zip Code	Community
33455	Hobe Sound
33410	Palm Beach Gardens
33418	Palm Beach Gardens
33408	North Palm Beach
34997	Stuart

Community Overview

Demographic Data

To understand the profile of Jupiter's CHNA community, the demographic and health indicator data were analyzed for the population within the defined service area. Data was analyzed for the CHNA Community as a whole. Information was analyzed for Palm Beach and Martin Counties.

The CHNA community has a total population of 263,197 according to the U.S. Census Bureau American Community Survey 2019-2023 5-year estimates. The percentage of population by combined race and ethnicity is made up of 76.26% Non-Hispanic White, 14.40% Hispanic or Latino, 3.26% Non-Hispanic Black, 2.27% Non-Hispanic Asian and 3.81% Non-Hispanic some other race. The demographic makeup of the CHNA community is as follows:

$189,752

Average Family Income

46.7%

People 25+ with a Bachelor's Degree or Higher

8%

of people are living in poverty (20,698 persons)

18%

Adults age 18-64 without Health Insurance Coverage (25,114 persons)

57%

Population 16+ in Civilian Labor Force

3%

6,747 persons living in Limited English speaking households

Growing Diversity

According to the Bureau of Economic and Business Research at the University of Florida, the estimated population as of April 1, 2024 was 1,545,905 and 164,853 for Palm Beach County and Martin County, respectively.

Palm Beach County is one of 50 counties in the United States with more than 1 million residents and is the fourth most populous county in Florida. The population change of 53,714 between 2020 and 2024 for Palm Beach County ranks the 12th highest among Florida Counties.

Population by County

Palm Beach County			
Total Population Estimate April 1, 2024	Census Count April 1, 2020	Population Change 2020-2024	% Change
1,545,905	1,492,191	53,714	3.60%

Martin County			
Total Population Estimate April 1, 2024	Census Count April 1, 2020	Population Change 2020-2024	% Change
164,853	154,431	10,422	6.75%

Data Source: https://edr.state.fl.us/Content/population-demographics/data/Estimates2024.pdf.

The table below reports the percent and number of Hispanic and Black populations in Palm Beach and Martin County. Palm Beach County and Martin County are ranked 13th and 24th among Florida's 67 counties based on the number of Hispanic population

	Hispanic Population			Black Population		
	Percent	Number	Rank Among Florida Counties	Percent	Number	Rank Among Florida Counties
Palm Beach County	24.5%	375,402	13	20.6%	315,173	15
Martin County	16.1%	26,199	24	6.7%	10,959	63

Data Source: https://edr.state.fl.us/Content/population-demographics/data/Estimates2024.pdf.

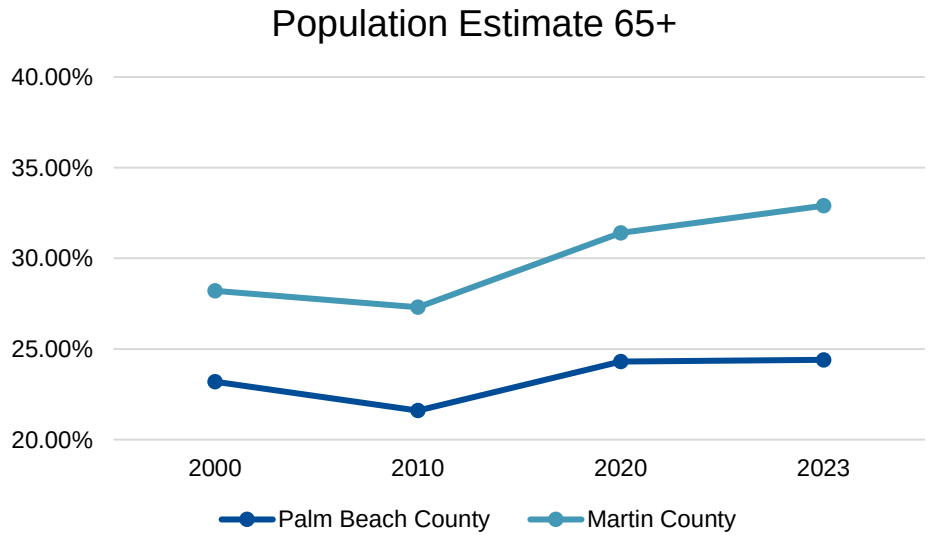
Aging Population

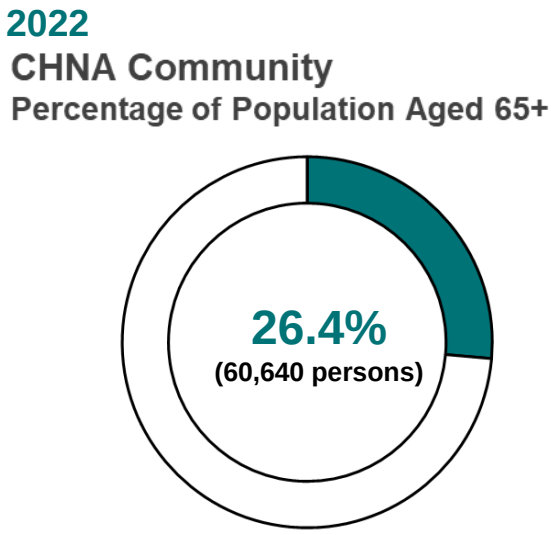
As of 2023, the population age 65+ represents 25.4% of the total population for Palm Beach County and 32.9% of the total population for Martin County.

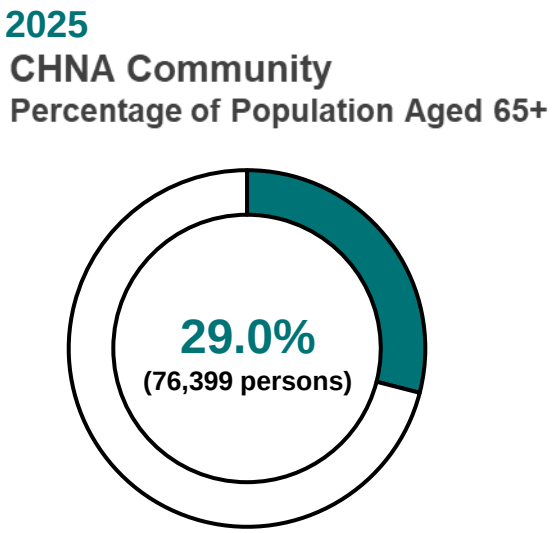
The population age 65+ for the CHNA Community has increased by 2.5% or nearly 16,000 persons since the 2022 CHNA. As shown in the table to the right, the percentage of population age 65+ in both Palm Beach County and Martin County has increased since 2010 with a significant increase occurring during the COVID-19 pandemic.

		Percent of Population			
	Age Group	2000	2010	2020	2023
Palm Beach County	0-17	21.30	20.40	19.00	18.80
	18-44	33.50	31.60	30.60	31.70
	45-64	22.00	26.40	26.10	24.20
	65+	23.20	21.60	24.30	25.40
Martin County	0-17	18.60	17.60	16.50	15.00
	18-44	28.20	25.40	24.20	25.90
	45-64	24.90	29.70	27.80	26.20
	65+	28.20	27.30	31.40	32.90

Data Source: https://edr.state.fl.us/Content/population-demographics/data/Estimates2024.pdf.







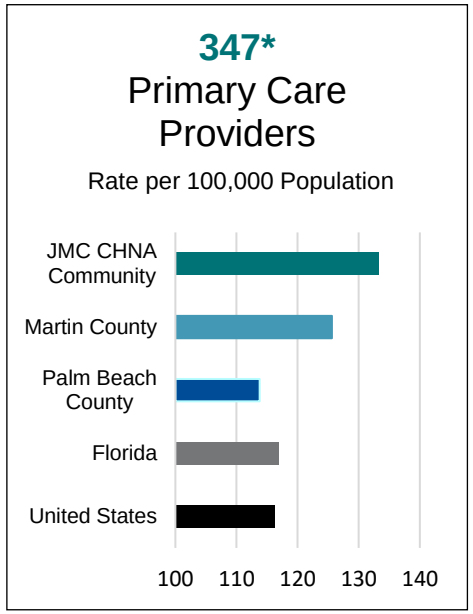
Access to Services

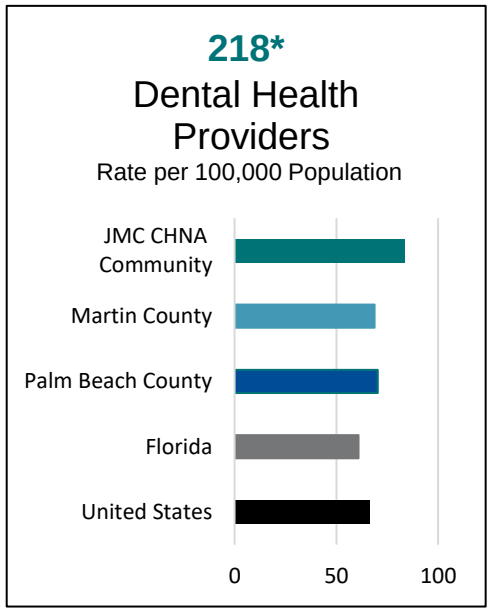
Data Tables

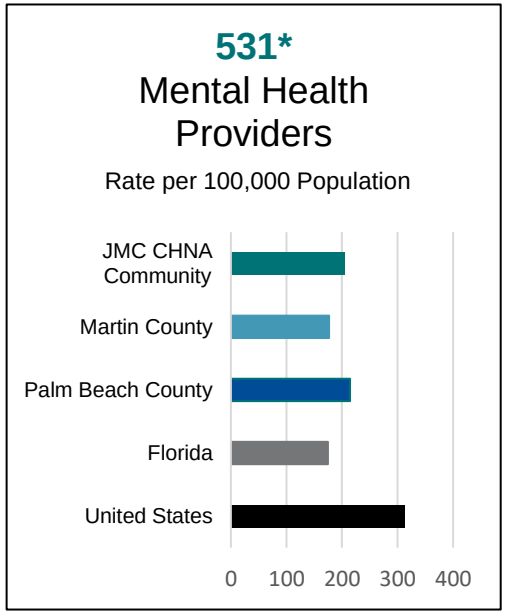
A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians affect access. As shown to the right, the rate of health care providers within JMC's CHNA community is favorable to state and national benchmarks for primary care and dental health providers. The rate of mental health providers in the CHNA community is lower than the national benchmark.

The Florida Department of Health also reports health resource access for physicians. As shown in the table below, access to providers in Palm Beach and Martin Counties ranks in the top quartile in the state with the exception of licensed family practice practitioners and pediatricians in Martin County.

The percentage of Medicare enrollees and adults 18 and over who have had a primary care visit in the past year is favorable to state and national benchmarks.





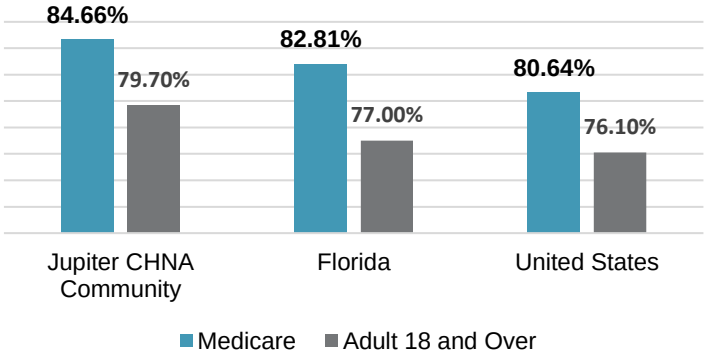


Health Resources Availability

	Palm Beach County			Martin County			Florida
	County Quartile	County Number	Rate Per 100,000	County Quartile	County Number	Rate Per 100,000	Rate Per 100,000
Total Licensed Family Practice Physicians	3	157	10.2	2	20	12.2	13.3
Total Licensed Internists	1	912	59.3	1	89	54.2	46.2
Total Licensed OB/GYN	1	193	12.5	1	21	12.8	8.6
Total Licensed Pediatricians	1	258	16.8	3	17	10.4	16.5

Data Source: Florida Department of Health, Division of Medical Quality Assurance, Agency for Health Care Administration

Recent Primary Care Visit



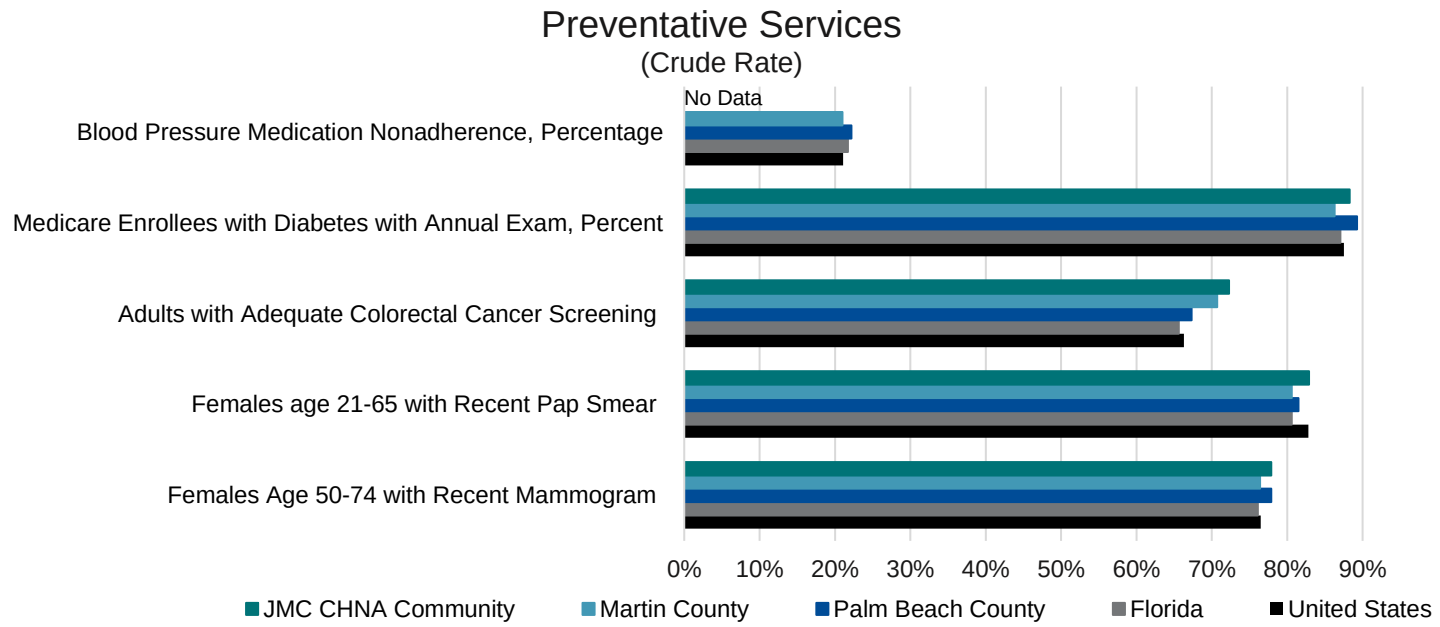
*Number of providers in JMC's CHNA Community.

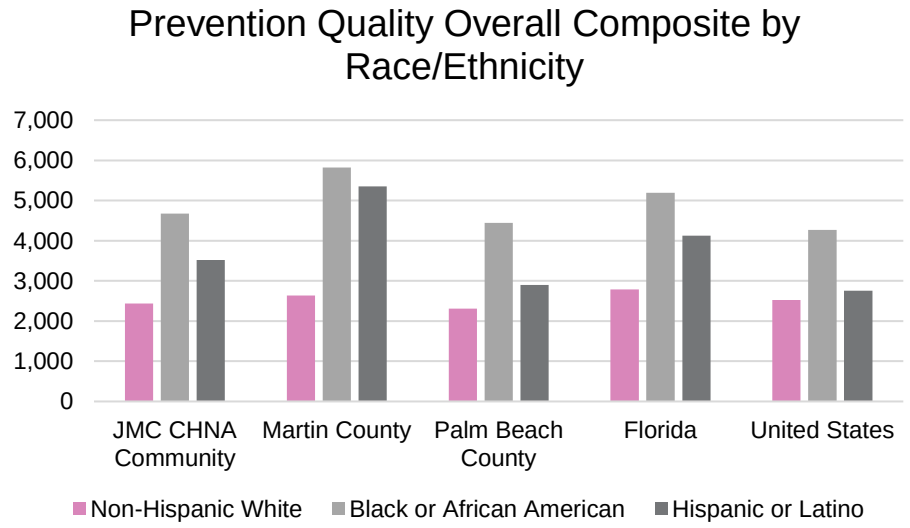
Clinical Preventative Services

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions. Screening rates for preventative services in the CHNA Community are favorable to state and federal rates.

43.7% of women 65+ in the community are up-to-date with core preventative services compared to the national benchmark of 37.9%.

45.9% of men 65+ in the community are up-to-date with core preventative services compared to the national benchmark of 43.7%.





Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022

Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. The rate for preventable hospitalizations in the CHNA Community is favorable to state and national rates.

The chart to the left reports the unsmoothed age-adjusted rate of Prevention Quality Overall Composite (PQI #90) per 100,000 by race and ethnicity for Medicare FFS population in 2022. This indicator can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions. The PQI Index is higher for Black/African American and Hispanic or Latino populations compared to non-Hispanic White population.

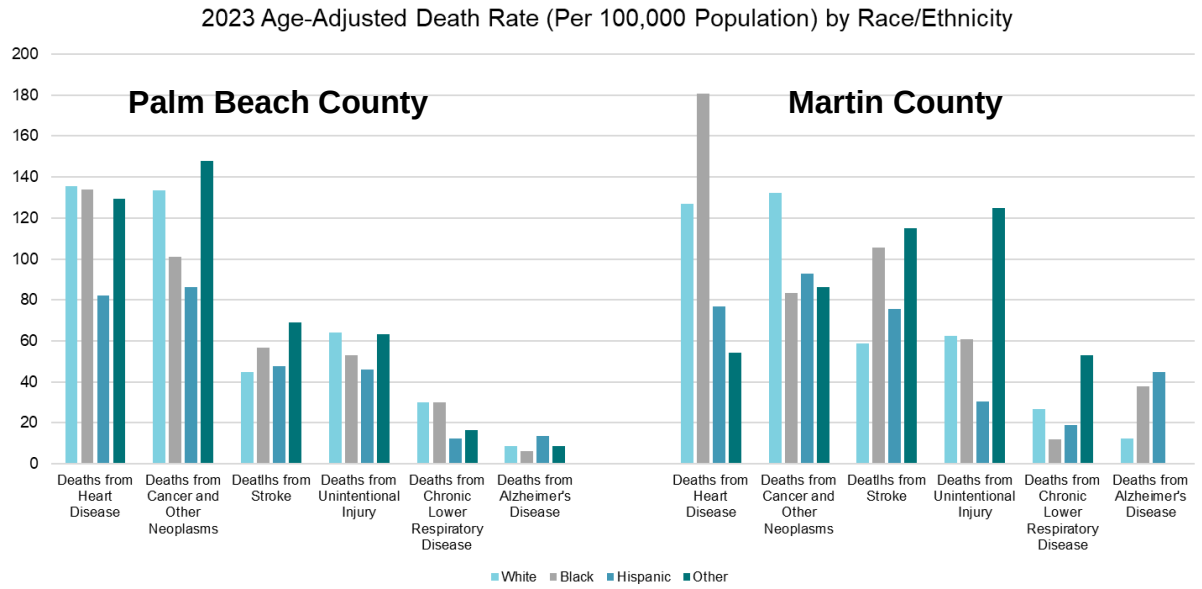
Data Tables

Health Outcomes & Mortality

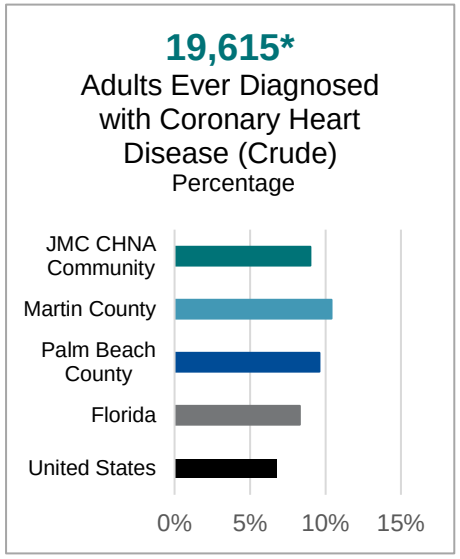
JMC's CHNA Community has a significant number of adults who have been diagnosed with chronic illnesses. The prevalence of chronic diseases in the JMC CHNA community is consistent with state and national percentages, with slightly higher rates for heart disease compared to the national benchmark. Approximately 27% of the population, 58,627 adults, have high blood pressure.

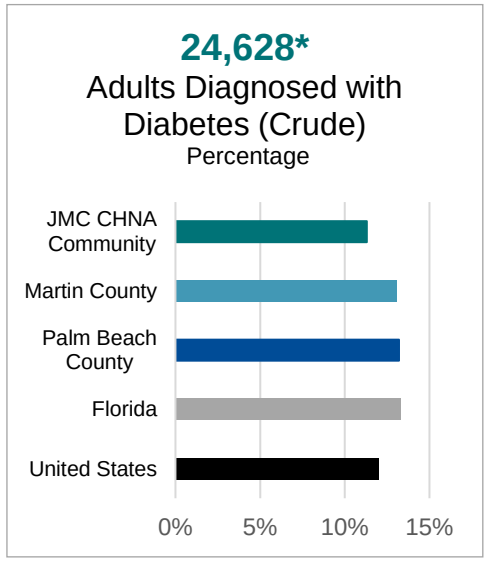
Coronary heart disease, cancer, lung disease and stroke are leading causes of death in the United States. Crude death rates for the community are favorable to state and national rates. The age-adjusted death rates for stroke are higher for black and Hispanic populations. In addition, death rates are generally higher for the leading causes of death for populations other than white, black or Hispanic.

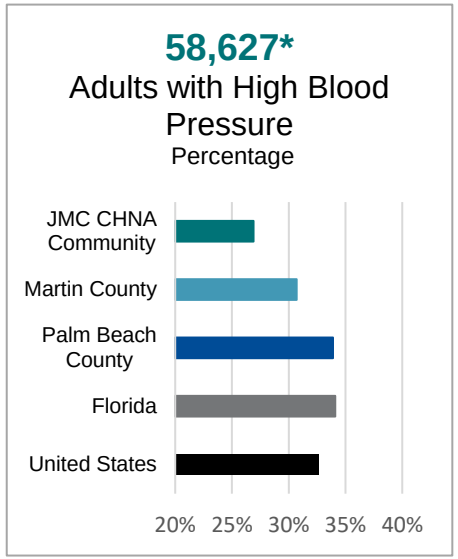
Data Tables



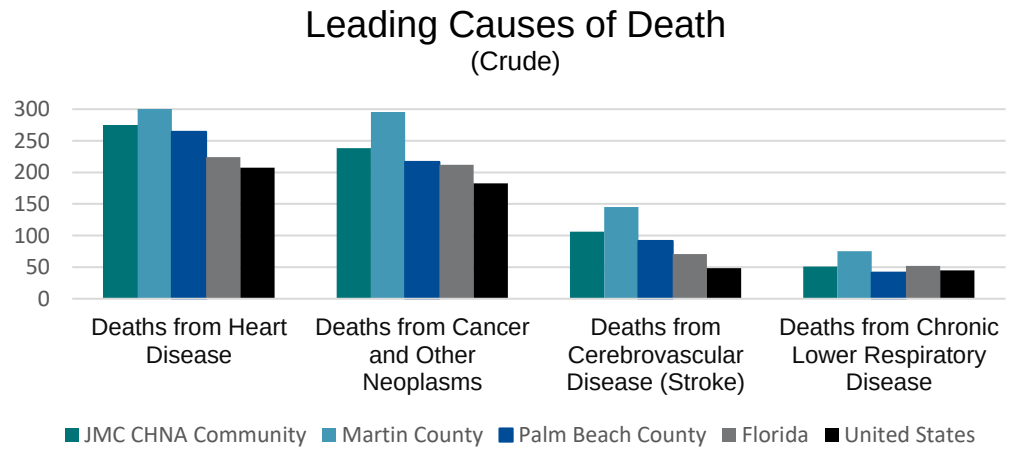
Data Source: https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=LeadingCausesofDeath.Report







*Number of adults in JMC's CHNA Community with health condition.



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. Source geography: County

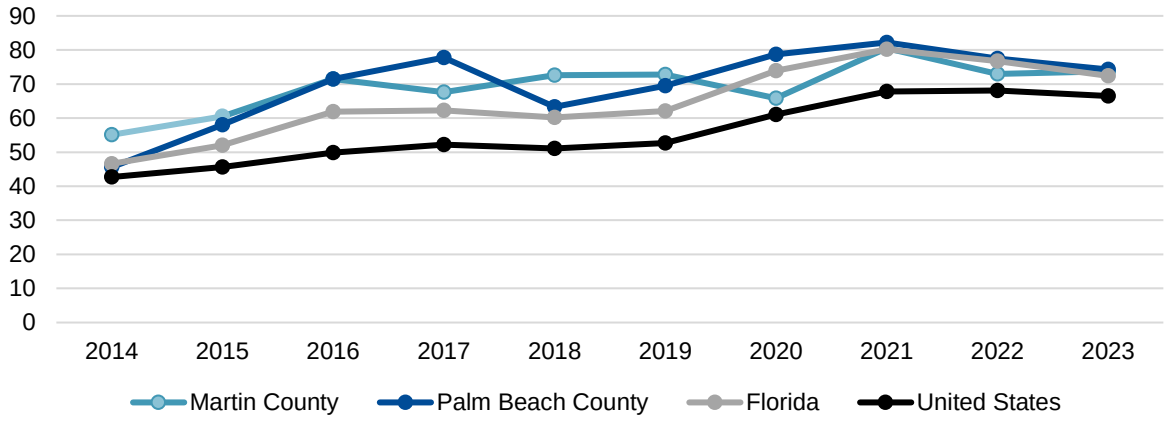
Injury and Violence

Crime rates for Martin County are favorable to state and national rates, whereas, crime rates for Palm Beach County are consistent to state and national rates.

The unintentional death rate related to unintentional injury for both Martin and Palm Beach Counties is slightly higher than state and national benchmarks. As shown in the chart to the right, deaths from unintentional injury are significantly higher than national benchmarks and steadily increased from 2014 to 2021. Since 2021, deaths from unintentional injury have started to decrease.

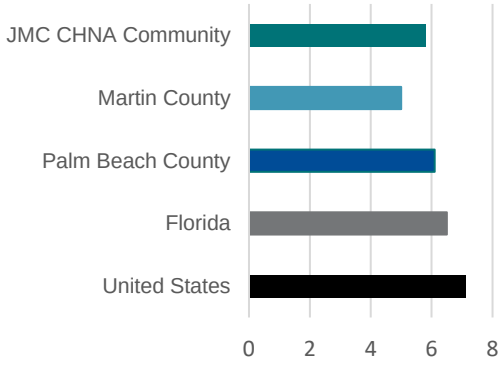
Data Tables

Unintentional Injury Death, Crude Rate (per 100,000), Yearly Trend



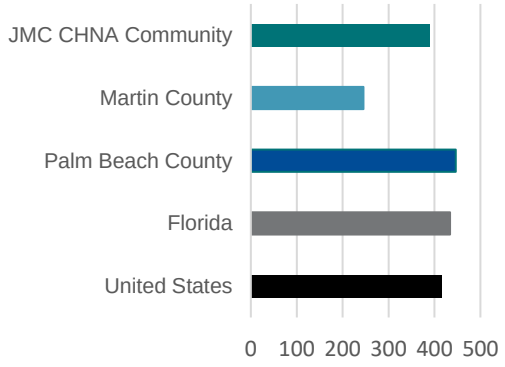
Mortality - Homicide, Crude Death Rate

Rate per 100,000 Population



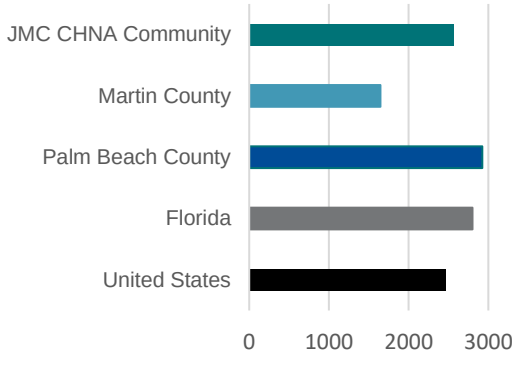
Violent Crimes, Annual Rate

Rate per 100,000 Population



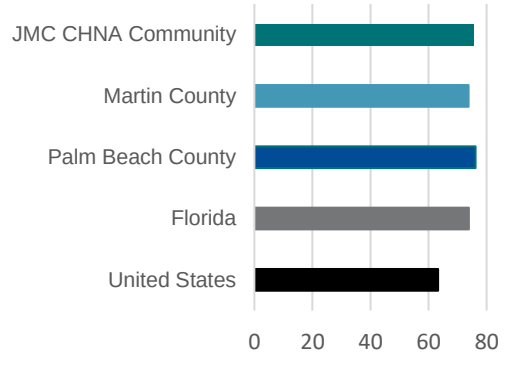
Property Crime, Annual Rate

Rate per 100,000 Population



Unintentional Injury, Crude Death Rate

Rate per 100,000 Population



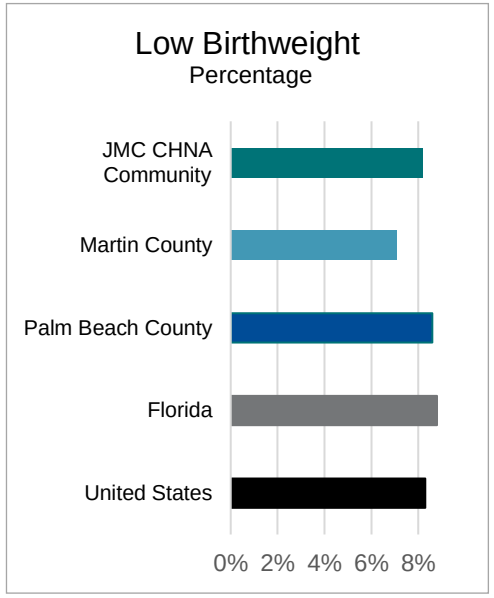
Maternal, Infant and Child Health

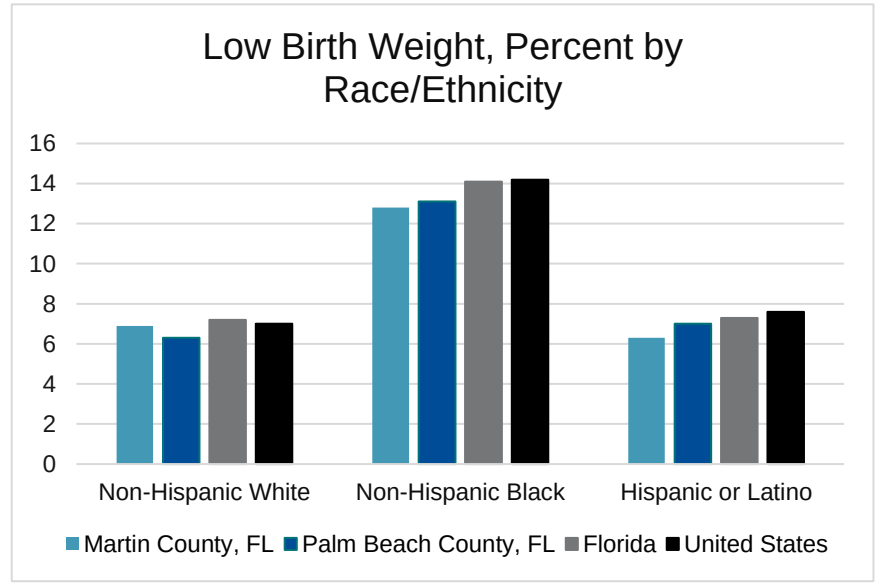
Engaging in prenatal care decreases the likelihood of maternal and infant health risks such as low birth weight. Rates for low birth weight and infant mortality indicate significantly higher rates for Non-Hispanic Black population.

Selected indicators from the Pregnancy and Young Child Profile maintained by the Florida Department of Health are provided in the table below for Martin and Palm Beach Counties. The profile indicates needs in the following areas:

- Births to overweight mothers at the time pregnancy occurred
- Children ages 1-5 receiving mental health treatment services
- Asthmas hospitalizations ages 1-5

Data Tables





Pregnancy and Young Child Profile- 2023 (Selected Indicators)

		Martin County			Palm Beach County			Florida
Health Indicator	Rate Type	County Quartile	County Number	Rate Per 100,000	County Quartile	County Number	Rate Per 100,000	Rate Per 100,000
Births to teen mothers ages 15-19	Per 1,000 females 15-19 (2021-23)	2	139	12.9	1	1,528	12.6	13.2
Births to mothers >35	Per 1,000 females > 35 (2021-23)	3	686	4.0	4	9,495	6.5	5.5
Births to overweight mothers at time pregnancy occurred	Percent of births (2021-23)	4	1,113	29.9	4	13,004	29.8	28.7
Births with late or no prenatal care	Percent of births (2021-23)	1	246	6.8	3	4,344	10.1	9.2
Infant deaths (0-364 days)	Per 1,000 live births (2021-23)	1	11	2.9	1	225	5.0	6.0
Children ages 1-5 receiving mental health treatment services	Per 1,000 population 1-5 (2021-23)	4	98	5.0	3	502	2.2	1.9
Emergency room visits 0-5	Per 100,000 population 0-5 (2021-23)	1	10,412	44,338.8	1	141,079	52,087.2	64,114.1
Asthma hospitalizations ages 1-5	Per 100,000 population 1-5 (2021-23)	2	59	299.0	4	1,349	596.0	454.8
Preventable Pediatric Hospitalizations from Asthma under 5	Per 100,000 population under 5 (2023)	2	24	375.4	4	530	710.2	487.4
Kindergarten children fully immunized	Percent of KG students (2023)	2	1,244	90.3	2	13,910	90.6	90.6

Data Source: https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.PregnancyandYoungChild

Mental Health

The 2023 reported hospitalizations attributable to mental disorders indicates higher rates for persons 18-44. Rates in Martin County for ages 18-21 and 25-44 are significantly higher compared to the rate for the State of Florida.

The number of adults with poor mental health in the CHNA community is favorable to state and national benchmarks. The map to the left reports the percentage of adults (ages 18 years and older) reporting 14 days or more of poor mental health per month.

Mortality rates for deaths of despair steadily increased from 2015 to 2021 but have started to decline since 2021.

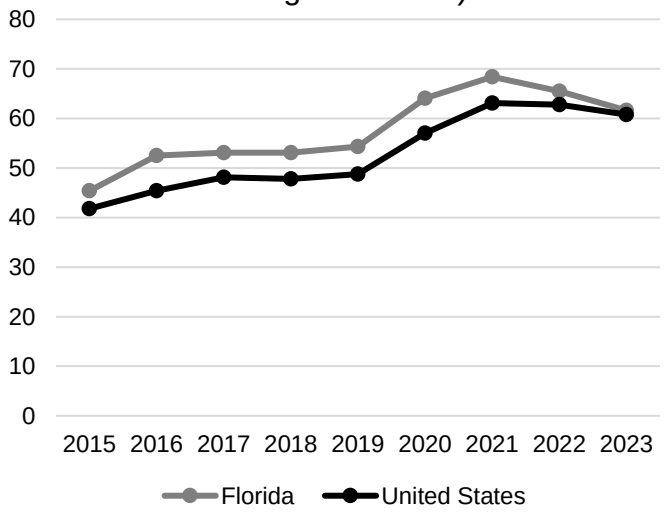
Data Tables

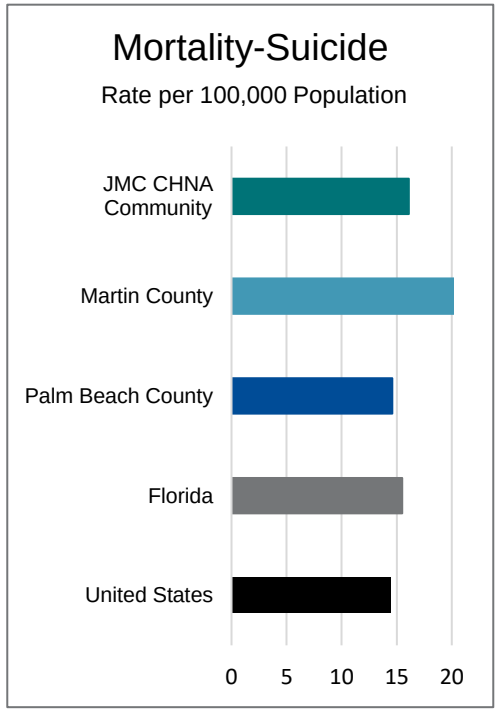
Hospitalizations Attributable to Mental Disorders - 2023

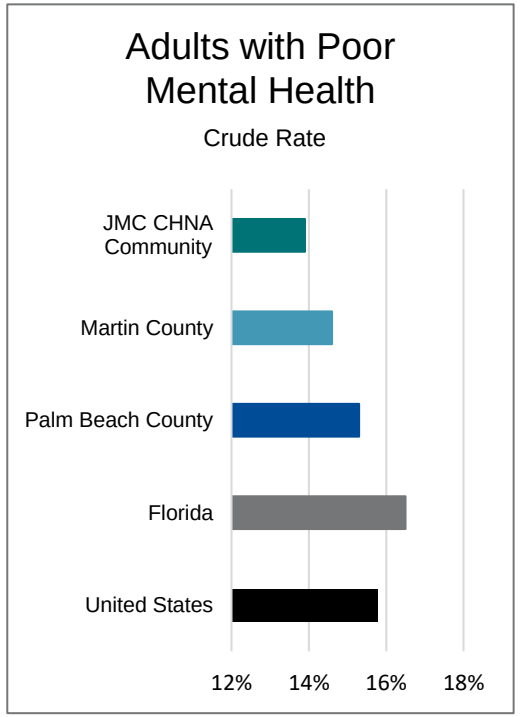
	Palm Beach County		Martin County		Florida
Age Group	**Count**	**Rate**	**Count**	**Rate**	**Rate**
Under age 18	6,639	778.3	687	887.7	704.7
18-21	2098	1,093.00	260	1,555.10	1,222.90
22-24	1795	1,246.90	173	1,358.40	1,199.50
25-44	12,770	1,206.10	1581	1,727.10	1,270.10
45-64	9,915	849.2	1563	1,185.80	1,013.80
65-74	2892	525.2	585	752.2	591
75 or older	2019	348.4	273	340.3	591
Total	38,128	838.8	5,122	1049.2	928

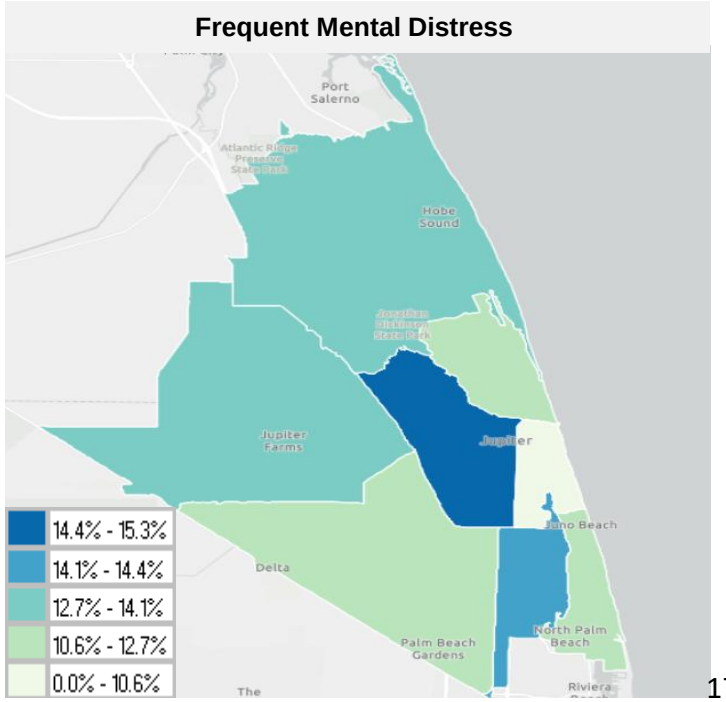
Data Source: Florida Department of Health, Bureau of Vital Statistics

Mortality Trends for Deaths of Despair
(Deaths due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses)









Nutrition, Physical Activity and Obesity

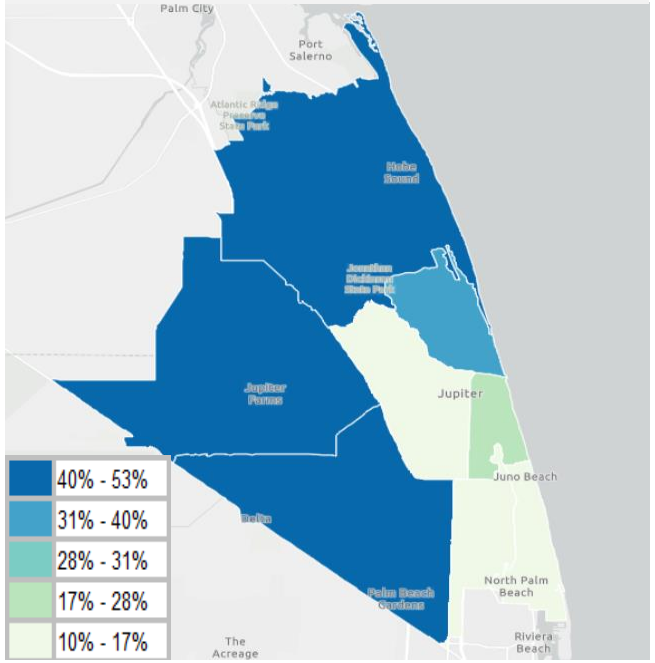
Healthy diets and physical activity contribute to healthy lifestyles and overall well-being. These factors are relevant because current behaviors are determinants of future health and well-being and these indicators may be linked to significant health issues, such as obesity and poor cardiovascular health.

- Over 50% of the census tracts are designated as food deserts, meaning the census tract lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. Over 9% of the population (24,498 persons) live with food insecurity in the CHNA Community.
- Over 57,000 persons, or 26% of adults, are obese in the CHNA Community. Obesity rates for Palm Beach and Martin Counties has steadily been increasing since 2013.
- 23% of adults, age 20 and older, self-report no active leisure time physical activity.

The map to the right reports the percentage of the low-income population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. The low- income population with low food access in the community is 14,648 with the following zip codes reporting the highest percentages: 33418, 33455, 33478.

Data Tables

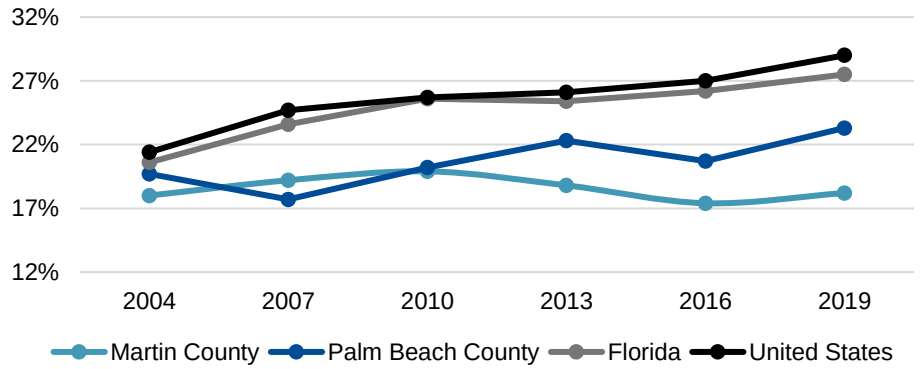
Population with Limited Food Access, Low Income Percent by Tract



24,498
Food Insecure Population

57,319
Adults with BMI>30 (Obese)

Adults Who are Obese



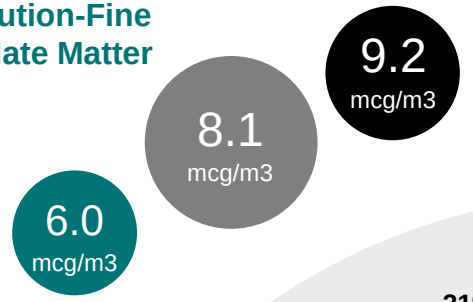
Physical Environment

The structure of housing and families and the condition and quality of housing units and residential neighborhoods are important because housing issues like overcrowding and affordability have been linked to multiple health outcomes, including infectious disease, injuries, and mental disorders.

A large number of seniors in the community, age 65+ live alone. This is important because older adults who live alone may have challenges accessing basic needs, including health needs.

Data Tables

Air Pollution-Fine Particulate Matter



- Top U.S. Benchmark
- Florida
- JMC CHNA Community

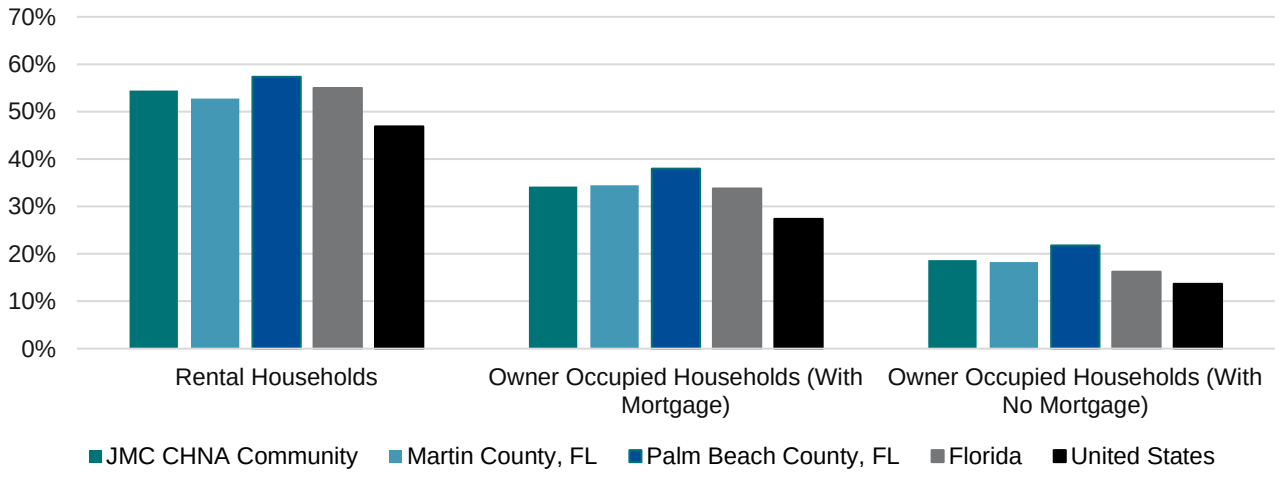
31% of households in the community, 34,831 households, are cost burdened households meaning housing costs exceed 30% of household income. **18,305** households have housing costs that **exceed 50%** of household income.

19,373 Seniors (age 65+) live alone.

32% housing units have one or more substandard conditions.

72% of the community live within half a mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors.

Cost Burdened Households (Percentage of Tenure)



Substance Abuse

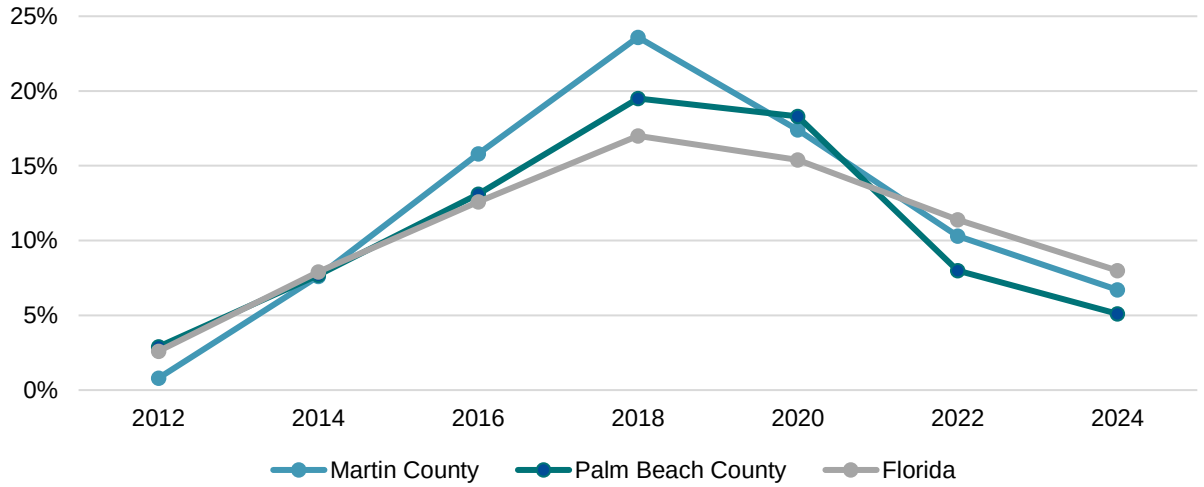
The percentage of adults in the CHNA community who currently smoke is 10.9% and is favorable to state and national benchmarks.

Binge drinking, having more five or more drinks (men) and four or more drinks (women) on an occasion in the past 30 days is favorable to the national rate of 16.6%.

Among the youth population in the CHNA Community, vaping of electronic products has significantly decreased in recent years. 8% of middle and high school students reported vaping in the last 30 days according to the 2024 Florida Youth Tobacco Survey.

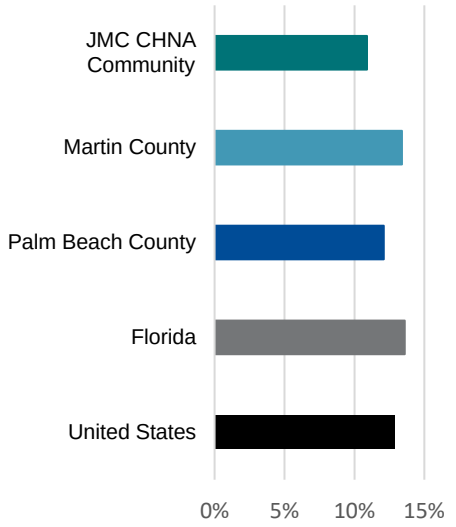
Data Tables

Percent of students who have used an electronic vaping product in the last 30 days, All Middle and High School Students



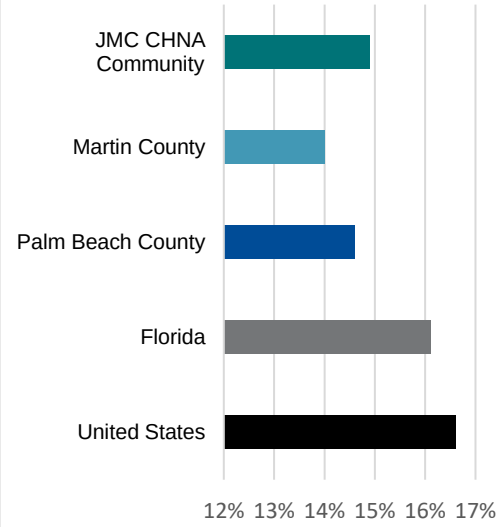
Adult Current Smokers

Percentage (Crude)



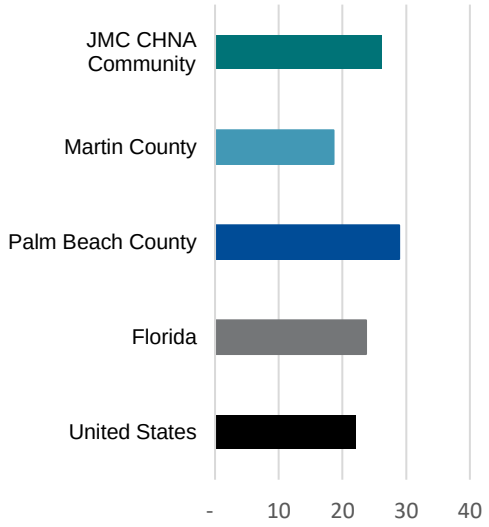
Binge Drinking

Percentage



Mortality-Opioid Overdose

Per 100,000 Population (Crude)



2023 Emergency Medical Service Responses to a Suspected Opioid-involved Overdose

Martin County: 795

Palm Beach County: 5,040

https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.Overview

Key Stakeholder Interviews

Written Summary of Stakeholder Interviews

Jupiter Medical Center obtained input from 8 leaders representing public health, healthcare providers, social services and local government leaders through key stakeholder interviews. Interviews were conducted on February 26th and 28th of 2025.

Health Disparities

The stakeholders' ratings of health and quality of life in the Jupiter community vary widely depending on socioeconomic status and access to resources. For those with financial means and insurance, ratings are consistently high, reflecting excellent healthcare access and quality of life, often bolstered by Jupiter Medical Center's services. However, for lower-income, underserved, or immigrant populations, ratings drop significantly with barriers such as lack of insurance, affordability, and accessibility cited as key issues.

Barriers

(alphabetical order)

The barriers or problems that keep community residents from obtaining necessary health services and improving health in their community include:

- Broader social determinants like housing, transportation and food insecurity
- Distrust in evidence-based medicine
- Education gaps hinder prevention efforts
- Lack of insurance
- Lack of access to affordable healthcare

Most Underserved Populations

(alphabetical order)

Populations with the most serious unmet healthcare needs include:

- Black and Hispanic populations
- Low-income/uninsured individuals
- Migrant workers
- Minorities with language barriers
- Pre-Medicare elderly
- Women at cancer risk

Critical Health Issues

(alphabetical order)

Critical issues include:

- Mental health (stigma, access)
- Chronic diseases (diabetes, renal issues)
- Lack of timely, comprehensive care for vulnerable groups
- Lack of preventative health/Lack of health knowledge
- Social determinants (housing, navigation)

Key Stakeholder Interviews

What should be done to address the most critical issues?

To address the critical issues, stakeholders propose a mix of targeted healthcare enhancements and community-based solutions. Key actions include:

- Strengthening outreach and collaboration (e.g., with local organizations, unified mental health efforts)
- Improving education and navigation (e.g., community health workers, patient time with providers).

Programs addressing social determinants of health—such as housing support, nutrition access, and health promoter roles—were also emphasized, particularly for underserved populations. Collective effort, resource accessibility, and awareness are recurring themes to bridge disparities and improve overall health and quality of life.

What should Jupiter Medical Center address over the next three to five years?

Key stakeholders were asked to recommend the most important issue that JMC should address over the next three to five years.

Service Expansion: Behavioral/dental health, and overall growth to match demand.

Community Focus: Addressing underserved pockets, adapting to demographic shifts, and supporting seniors.

Social Determinants: Affordable housing as a health equity issue.

Promotion: Enhancing awareness of existing strengths like cancer trials.

Written Summary of Stakeholder Interviews

Key Stakeholder Survey- Most Pressing Health Concerns

Summary of Stakeholder Survey

JMC obtained input from 17 key stakeholders representing community partners, public health, government officials, health centers and nonprofits. Emphasis was placed on obtaining input from organizations who support vulnerable populations including persons that lack insurance and/or have low incomes, immigrant populations and seniors. The survey was conducted from December 1, 2024 through February 28, 2025. Key findings are summarized on the following pages. A complete summary of the key stakeholder survey is available in the Appendix.

Most Underserved Populations

- Economically Disadvantaged Groups
- Racial, Ethnic and Cultural Groups
- Seniors
- Homeless and Housing Insecure Individuals
- Children
- Migrant Workers and Undocumented Individuals

Barriers to Improving Health and Quality of Life in the Community

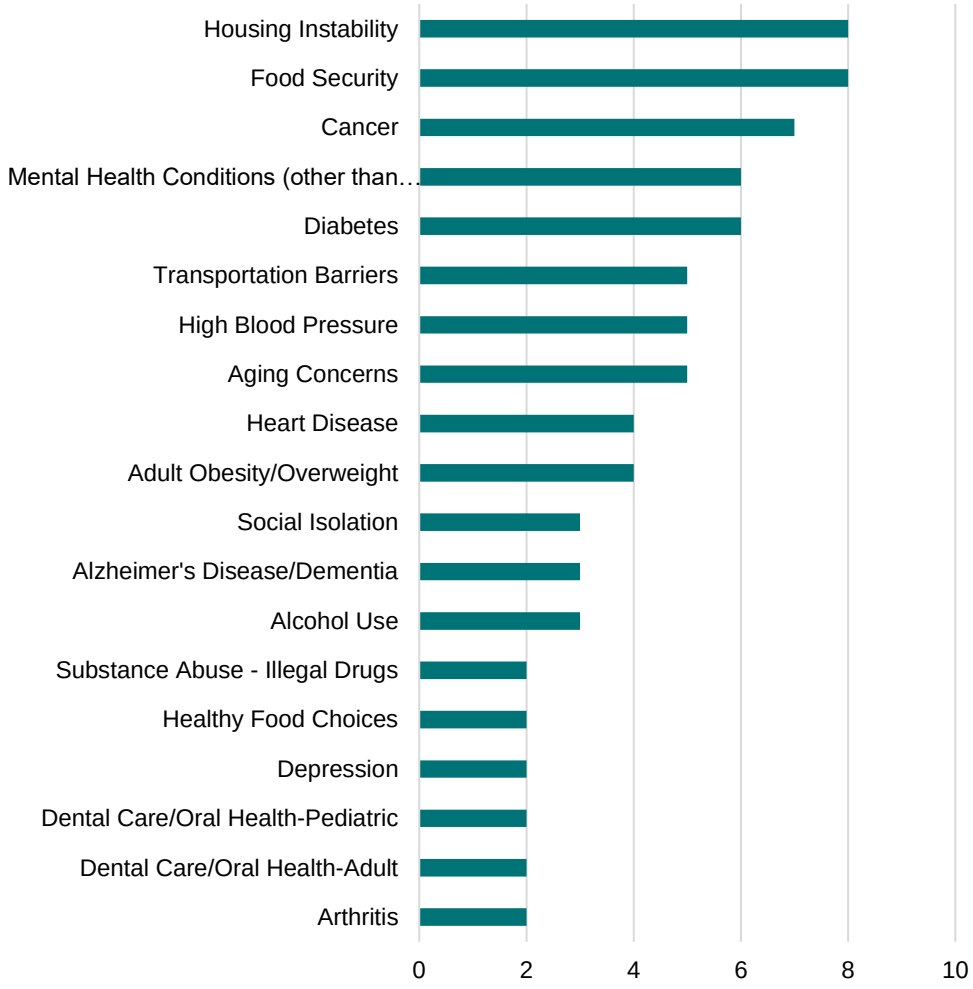
- Economic Inequities
- Food Insecurity and Poor Nutrition
- Housing Instability and Affordability
- Healthcare Access Challenges (Long Wait Times/Inadequate Insurance Coverage)
- Transportation Infrastructure
- Lack of Health Literacy and Community Education
- Systematic Racism and Structural Discrimination
- Limited Supportive Services

What Should JMC Focus on over the Next 3-5 Years

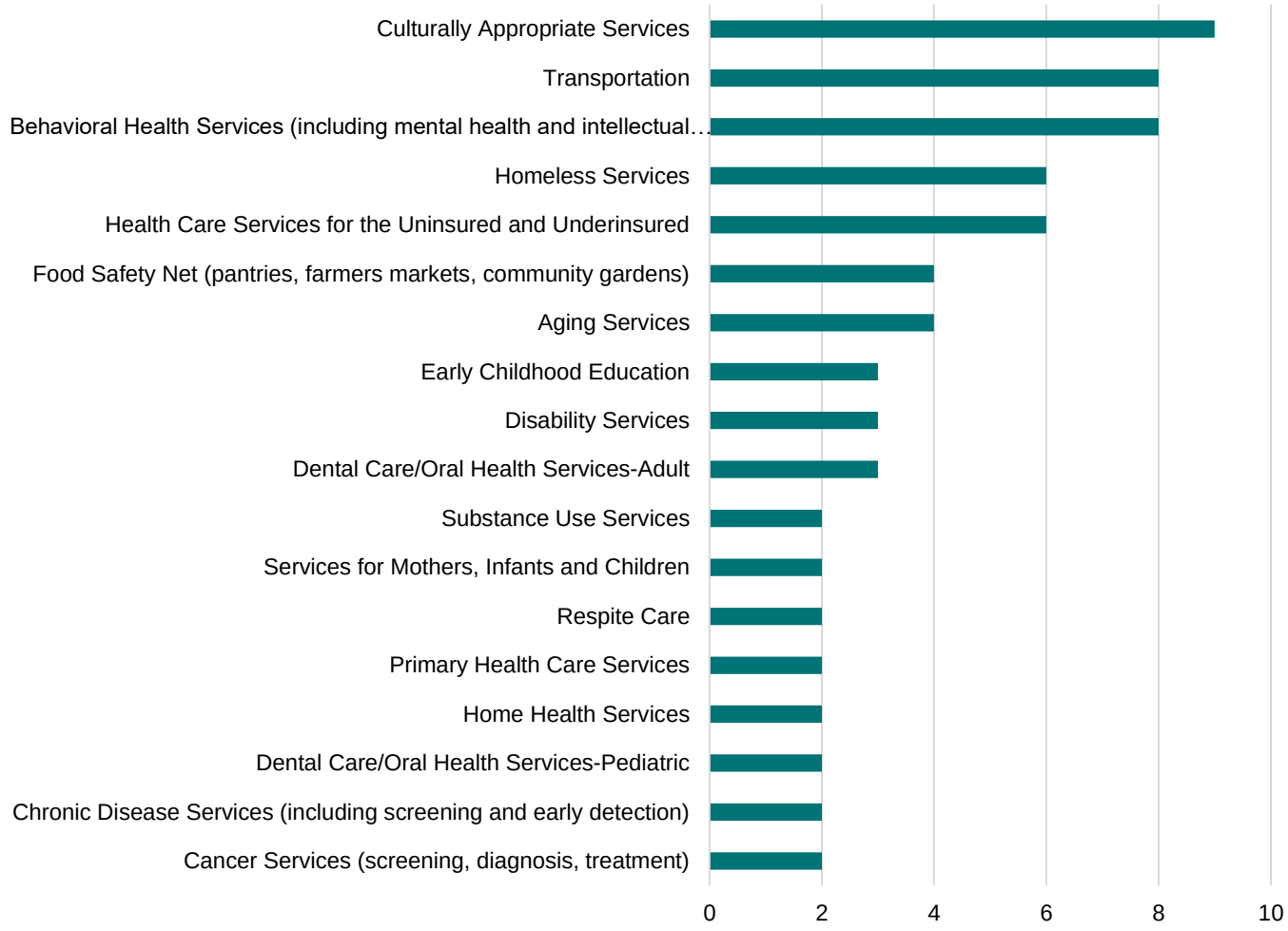
- Expand and Integrate Mental Health Services
- Address Aging Population Needs
- Focus on Chronic Disease Prevention and Management
- Increase Access and Reduce Financial Barriers
- Support Public Health and Preventive Efforts
- Transportation
- Enhance Support to Navigate Health Services
- Improve Access to Healthy Foods
- Invest in Research and Innovation

Key Stakeholder Survey

Most Important Health Concerns



Which community services and supports need strengthening?



Key Stakeholder Survey

Practices & Policies Promoting Access:

Community Centers & Nonprofits: Organizations like the Edna W. Runner Education Center and clinics such as HealthyMe or Caridad Center play a vital role in bridging service gaps, providing food assistance, education, and family support services.

Community Health Centers: Facilities operated by the Health Care District of Palm Beach County offer primary care access to underserved populations and have capacity to serve more patients.

Peer-to-Peer Education Campaigns: These help raise awareness among underserved groups and empower individuals to seek preventative and primary care.

Community Health Workers (CHWs): When used, trusted CHWs can navigate barriers and improve access to care by connecting directly with underserved communities

Practices & Policies Hindering Access:

Navigational Complexity & Lack of Advocacy: Many services are difficult to understand or access, especially for seniors or low-tech populations. Lack of patient advocacy or navigation support can cause patients to abandon follow-up care.

Inadequate Medicaid/Safety-Net Provider Coverage: Specialists often do not accept Medicaid or local health district insurance, which causes breakdowns in continuity of care after ER visits.

Housing & Cost of Living: Rising housing and food costs are causing increases in homelessness and unreported hardship, making access to health services more difficult.

Healthy Food Insecurity: While there are many food pantries, they often supply processed foods, lacking access to fresh, healthy options, which negatively impacts overall health.

Lack of Shared Use Policies: Termination of school-district agreements to use public fields has limited access to physical activity programs for youth.

Limited Use of Community Health Workers: Although effective, CHWs are underutilized, reducing trust and accessibility in vulnerable communities.

Lack of Awareness & Fragmented Communication: Many residents are unaware of available services, and poor coordination among service providers leads to duplication or gaps in care.

Concierge Practices in Primary Care: These create an illusion of provider abundance, while in reality, affordable and accessible care is lacking, especially for low-income and uninsured populations.

Inadequate Support for Seniors & Immigrants: Policies don't sufficiently support these groups with financial aid, transportation, or culturally competent care, limiting their ability to access services even when insured.

Fear of Costs & Legal Repercussions: Fear of costs, immigration repercussions, or child protective services leads some to avoid seeking help, especially undocumented families and those experiencing housing insecurity.

Key Stakeholder Survey

In your opinion, what are the top THREE most important health issues that should be addressed over the next 3 years?

Expand and Integrate Mental Health Services
- Increase access to affordable mental health care, especially for vulnerable populations including the elderly, children, and those struggling with substance abuse.
- Partner with community organizations to offer low-cost counseling, behavioral health navigation, and preventative education.

Address Aging Population Needs
- Support seniors facing social isolation, transportation barriers, and fall risks.
- Invest in services like Senior Centers, home health, and care coordination for neurologic conditions and age-related illnesses (e.g., dementia, Alzheimer's, arthritis).

Chronic Disease Prevention & Management
- Focus on diabetes, high blood pressure, childhood obesity, and tobacco/alcohol use through:
- Preventative screenings
- Healthy lifestyle programs
- Nutrition education and physical activity promotion

Increase Access to Care & Reduce Financial Barriers
- Expand access to:
- Primary care providers
- Health insurance navigation
- Financial counseling
- Offer low-cost treatments for cancer, diabetes, and routine screenings like colonoscopies for the uninsured/underinsured.

Support Public Health and Preventive Efforts
- Engage in vaccine education, pandemic preparedness, and communicable disease prevention.
- Support public trust through transparent communication and community outreach.

Enhance Transportation and Navigation Support
- Provide or partner on transportation services for those needing rides to and from procedures or regular care appointments.
- Create or support a community advocacy and legal aid center to assist with system navigation and patient rights.

Improve Access to Healthy Foods
- Collaborate with local organizations to address food insecurity and promote healthy eating, especially in low-income areas.
- Encourage food-as-medicine models to combat chronic conditions.

Invest in Research & Innovation
- Continue leadership in cancer research, chronic disease treatment advancements, and equitable care innovation.
- Explore technology-driven solutions for home-based care, remote patient monitoring, and education.

Link to Community Survey Summary

Community Survey

In order to develop a broad understanding of community health needs, JMC conducted a community survey during February and March 2025. A link to the survey was distributed via e-mail, social media and word of mouth to the community at-large. A total of 1,693 surveys were completed. Over 82% of the survey respondents reside in the nine zip codes that comprise the CHNA community.

Health Issues that Impact the Community Most	Aging Concerns	Access to Healthcare	Cancer	Heart Disease	Alzheimer's Disease/Dementia
Weaknesses in the Community	Need Expanded Transportation Services	Disparities and Inequality	Motor Vehicle Accidents	Lack of Availability of Mental Health Care	Lack of Availability of Affordable Food
What would improve the quality of life within the community?	Expand Access to Primary Care	Improve Parking and Accessibility	Address Aging Population Needs	Expand Services and Facilities	Hire and Retain Quality Nurses and Doctors

Access to Care | Aging Concerns | Chronic Diseases | Social Determinants of Health

Community Survey

Link to Community Survey Summary

What has had a ***positive*** impact on the health of the community?

Expansion of Jupiter Medical Center (JMC)

- By far the most frequently mentioned positive impact.
- Includes new facilities, more services, expanded specialties, and educational programs.
- Many respondents cited JMC's excellent care, compassionate staff, and advanced equipment

Vaccines & Public Health Initiatives

- Availability of COVID vaccines and free testing.
- Continued focus on preventative care post-COVID.

Improved Access to Healthcare Providers

- More doctors, urgent care centers, clinics, and specialists entering the area
- Walk-in clinics and faster access to care (outside of ER) seen as major improvements.
- Some mentioned concierge services, though responses were mixed.

Community Support & Neighbor Involvement

- "Neighbors helping neighbors" sentiment.
- Growth in nonprofit agencies and philanthropic support for health services.
- Access to food banks, support groups, and outreach programs.

Outdoor Spaces & Healthy Lifestyles

- Parks, beaches, trails, and green spaces allowing for outdoor exercise and fresh air.
- Community seen as "active," with many fitness opportunities (e.g., pickleball, gyms, walking)

Safe & Clean Living Environment

- Clean neighborhoods, strong police presence, and sense of community security.
- Safe places to walk and exercise cited as important for mental and physical health.

Health Education & Outreach

- Seminars, classes, and public information events hosted by JMC and others.
- Increased awareness of healthy living, disease prevention, and self-advocacy.
- COVID education and vaccine info positively acknowledged.

Community Survey

Link to Community Survey Summary

What has had a ***negative*** impact on the health of the community?

Healthcare Access & Affordability

- Lack of affordable healthcare & insurance
- High costs of medical care, insurance, prescriptions
- Physician shortages, especially primary care doctors and specialists
- Long wait times for appointments
- Concierge medicine limiting access for non-wealthy patients
- Limited mental health services
- Hospital and clinic availability (especially concerns with Cleveland Clinic and closed Urgent Care centers)
- Difficulty navigating insurance systems
- Lack of dental, vision, and preventative care access

Overpopulation & Infrastructure Strain

- Rapid population growth without matching infrastructure
- Influx of seasonal residents & out-of-towners
- Overcrowding of healthcare services
- Increased traffic, accidents, and congestion.

Environment & Lifestyle

- Processed and fast food
- Lack of healthy food access and education
- Air pollution (e.g., from sugar cane burning)
- Sedentary lifestyles due to traffic or limited outdoor activity spaces

Aging Population

- Rising elderly population requiring more care
- Alzheimer's, dementia, isolation, and lack of elder care
- Limited transportation for seniors

COVID-19 Impact

- Lingering effects of the pandemic (long COVID, healthcare shifts, lockdowns)
- Misinformation and vaccine hesitancy
- Reduced access to in-person doctor visits during the pandemic.

Economic Disparity & Inflation

- Growing gap between wealthy and poor
- Rising cost of living, housing, insurance, and food
- Residents forced to choose between healthcare and basic needs

Social & Political Issues

- Political division, mistrust in science, misinformation
- Immigration concerns and healthcare strain
- Rise in gun violence and public safety fears
- DEI hiring debates and trust issues in healthcare leadership

Community Survey

What should JMC focus on over the next three to five years?

1. **Expand Access to Primary Care (Non-Concierge)**
   - Most frequently mentioned
   - Residents are struggling to find primary care doctors who accept insurance and new patients.
   - Heavy concern about the shift to concierge medicine, which limits access for middle- and low-income patients.

2. **Improve Parking & Accessibility**
   - Huge number of complaints about insufficient parking, especially with ongoing construction.
   - Suggestions included building multi-level garages, improving transport services for patients, and adding more handicap spaces.

3. **Address Aging Population Needs**
   - Focus on geriatric care, Alzheimer's/dementia services, and chronic disease management.
   - Requests for long-term care, home health, assisted living, and aging-in-place resources.

4. **Expand Services & Facilities**
   - (Thoughtfully)Continue expansion but focus on quality over size.
   - Add specialty services like neurology, orthopedics, pediatrics, and mental health.

5. **Hire & Retain Quality Doctors and Nurses**
   - Emphasis on experienced, compassionate, and qualified professionals.
   - Improve working conditions, pay, and morale to keep staff.
   - Support training, reduce burnout, and avoid over-reliance on physician assistants.

6. **Improve Appointment Scheduling & Wait Times**
   - Many users noted delays in appointments (especially specialists).
   - Desire for better coordination of care, faster diagnostic results, and follow-up systems.

7. **Make Healthcare More Affordable**
   - Strong concerns about high costs despite insurance.
   - Call for affordable care options, especially for the uninsured and underinsured.
   - Suggestions to reduce unnecessary tests and improve billing transparency

8. **Expand Mental Health Services**
   - Increase availability of affordable and accessible mental health care.
   - Support for youth, aging adults, and community trauma-related services.

9. **Continue Community Education & Outreach**
   - Keep offering free health seminars, support groups, and public health campaigns.
   - Suggestions to do more with nutrition, exercise, aging, and chronic disease education.

10. **Stay Independent & Patient-Centered**
    - Strong support for remaining independent (not being acquired by larger hospital chains).
    - Emphasis on keeping a patient-first approach, not profit-focused.

Link to Community Survey Summary

Evaluation of the Impact of Actions Taken Since the Last CHNA

Jupiter Medical Center provides a broad array of services that provide benefit to the community. Below is a summary of some of JMC's significant community benefit initiatives taken since the last CHNA.

Access to Services – On Our Campus and in Our Region

- The Neighborhood Hospital at Avenir and its adjacent medical campus will expand access to world-class healthcare services and physicians in northwestern Palm Beach County. Projected opening in early 2027.
- The Johnny & Terry Gray Surgical Institute opened in January of 2024. The facility includes 16 state-of-the-art operating suites and two hybrid rooms, increasing access for surgeons and patients. Over 11,500 surgeries have been performed since opening.
- Emergency Department expansion completed January 2023, adding 11 private bays and a fast-track area for patients with non-life-threatening ailments.
- Emergency Department CT scanner completed April 2023.
- New Patient Care Tower and Parking Pavilion: Projected completion in 2026.
- On-campus Medical Office Building planning is in process.
- Collaborated with organizations on preventative Breast and Cervical Cancer screenings and education for underserved women:
  The Promise Fund of Florida is a non-profit organization that seeks to reduce and prevent the progression of breast and cervical cancer and save lives through early detection by utilizing patient navigation, community awareness, partnerships, and policy change.

  The Promise Fund of Florida, was co-founded by Nancy G. Brinker, Julie Fisher Cummings and Laurie Silvers. 100 percent of the funds raised for The Promise Fund of Florida remain in and directly benefit women in need in Palm Beach County.

  HealthyMe (formerly My Clinic) is the recipient of a grant from The Promise Fund, which supports their Breast and Cervical Cancer Navigator Program. Their literature is available in the breast and gyn programs and within JMC's patient navigation team. HealthyMe's navigator works closely with JMC patient navigators for care coordination. JMC has partnered to provide screening, diagnostics, and treatment for the uninsured and underinsured.

Evaluation of the Impact of Actions Taken Since the Last CHNA

Access to Services – On Our Campus and in Our Region (continued)

- JMC employs a full-time financial counselor and a full-time position to assist with Medicaid qualifications/applications.
- The Anderson Family Cancer Institute also employs a full-time financial counselor for their patients.
- MyClinic/Healthy Me imaging services:
  FY24 – 87 exams.
  FY25 YTD 14 exams. (My Clinic is no longer providing direct patient care. They are collaborating with primary and specialty care providers)
  My Clinic has rebranded as HealthyMe, serving as a navigation and resource hub for the uninsured and underinsured.

Access to Primary Care Providers

- Jupiter Medical Center Physician Group has expanded to 16 primary care providers:
  - Stuart – 3 physicians and 2 APRN's
  - Jupiter – 7 physicians and 2 APRN's
  - Palm Beach Gardens – 2 physicians
- Jupiter Medical Center continues to partner with Healthy Me through support for the Executive Director and Business Director.
- HealthyMe is co-located with the C.L. Brumback Clinic (Health Care District of Palm Beach County). The clinic provides primary care services to underserved patients.

Evaluation of the Impact of Actions Taken Since the Last CHNA

Expand Offerings in Chronic Diseases: Cancer and Heart Disease

- In FY24 - Seven educational lectures were held both on campus and in the community (425 attendees).
  Five health fairs with blood pressure screenings (386 attendees).
- In FY25 - Seven lectures were held both on campus and in the community (649 attendees).
  -Seven health fairs with blood pressure screenings (675 attendees).
- The Cardiac Wellness Program is ongoing at the Cary Grossman Health & Wellness Center, with average attendance at 8 per class (3 times per week).
- Mended Hearts Program® began in 2023 and continues to meet monthly with attendance averaging 20. The Mended Hearts® program is the nation's premier peer-support program for patients who have cardiovascular disease, their caregivers, and their families. Since its humble beginning in 1951, Mended Hearts has served millions by providing support and education, bringing awareness to issues that those living with heart disease face, and advocating to improve quality of life across the lifespan.
- Chair Yoga for cardiopulmonary rehabilitation patients started in July 2024. Attendance has been 15-20 per week.
- Mindfully Managing Blood Pressure classes started in October 2024 and continue to be offered quarterly. Average attendance is 50 per class with a focus on a heart-healthy diet and stress reduction.
- Currently, JMC has three medical oncologists and is recruiting additional physicians. Recruitment plan includes 2 additional medical oncologists (breast and thoracic).
- Currently, we have 13 clinical trials open, all are oncology-focused (breast, gastrointestinal, gynecologic, prostate, head & neck, hematology, urology, and lung).
- Afib Center of Excellence was developed and launched in 2023.
- Two EP labs are currently in use. FY25 new procedures: Concomitant Afib Ablation, Pulsed Field Ablation
- Vivek Patel, MD, cardiothoracic surgeon joined JMCPG in May of 2023. FY20-FY25: 829 cardiac surgeries performed.
- FY25 Robotic-assisted cardiac surgery program launched. Procedures include: Mitral valve surgery, Left atrial appendage closure, MIDCAB, Barostim™ for heart failure.

Evaluation of the Impact of Actions Taken Since the Last CHNA

Expand Offerings in Chronic Diseases, such as Cancer and Heart Disease (continued)

- Fresh Rx

In 2022-2023, 119 patients completed the program.

Patients by diagnosis:

- 52 Super Hero Patients (pediatric)
- 42 Wholesome Heart Patients (cardiac)
- 24 Immune Boost Patients (oncology)
- 1 unknown diagnosis

Data not yet available for FY2025

In 2023-2024, 128 patients completed the program.

Patients by Diagnosis:

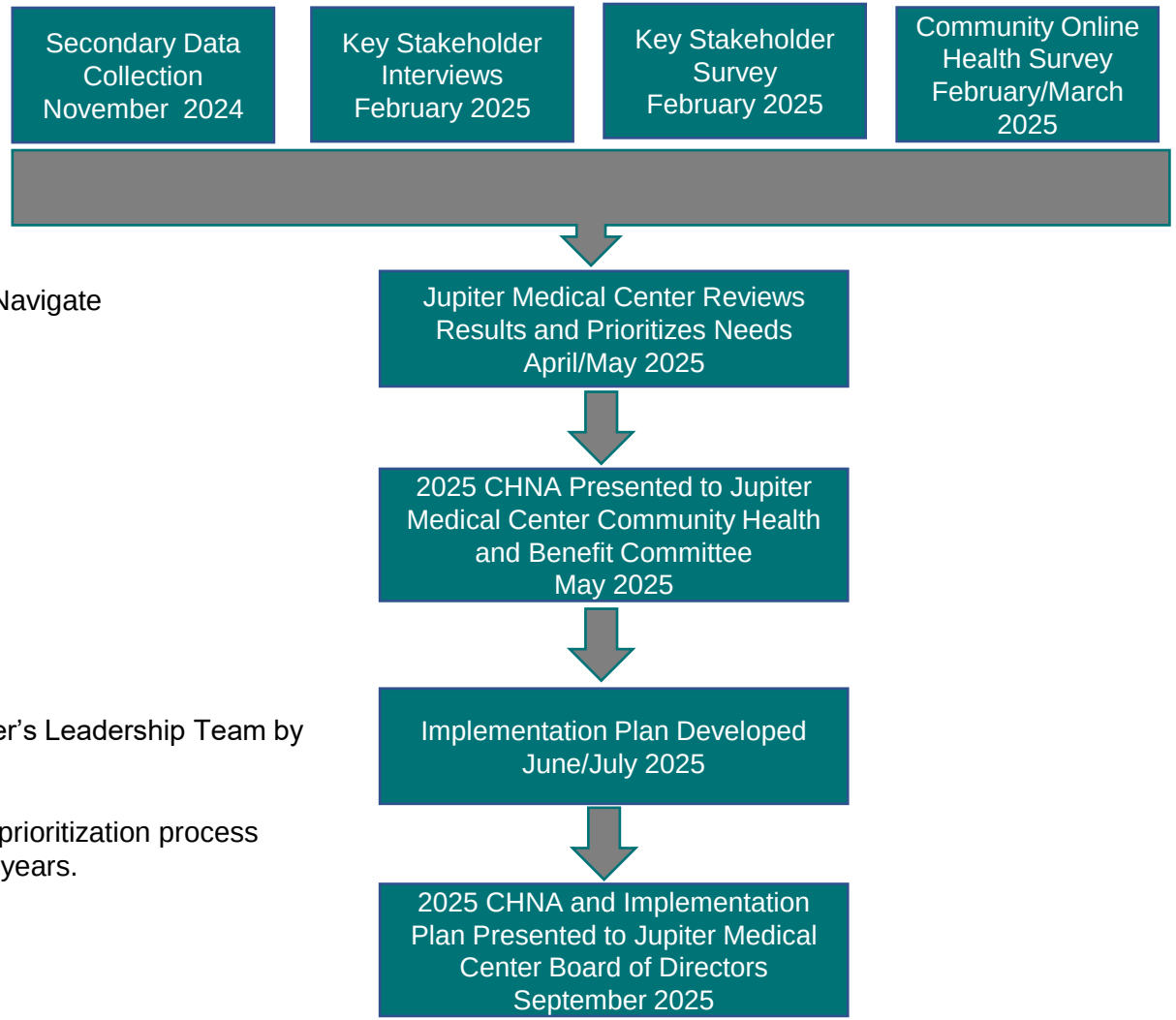
- 70 Super Hero Patients (pediatric)
- 13 Wholesome Heart Patients (cardiac)
- 40 Immune Boost Patients (oncology)
- 5 unknown diagnoses

- Siobhan Gross, RN, Diabetes Educator, provides monthly educational programs at El Sol, a Jupiter Neighborhood Resource Center for the underserved.
- New Patient Notebook was developed and distributed to all new cancer patients by the navigation team.
- Prostate Cancer Navigator added in June 2024.
- Cancer Wellness Survivorship Program began in the Summer of 2022 and is ongoing, with programs offered monthly. Topics include financial and support services, nutrition, stress management, managing side effects and what happens when treatment ends. Attendance averages 20-25 per program.
- Nutrition information has been incorporated into the Cancer Wellness Series.
- CT Lung Screenings:
  FY25 first two quarters 628
  FY24 YTD 827
  FY23 706
- Mammography provided to My Clinic patients:
  FY25 YTD 14 mammograms
  FY24 31 mammograms
  FY23 26 mammograms
- Skin Cancer Screenings:
  July 26, 2025 – 147 participants
  August 3, 2024 – 150 participants
  June 24, 2023 – 74 participants

Prioritization of Identified Health Needs

Primary and secondary data was gathered and compiled from November 2024 to April 2025. Based on the information gathered through the CHNA process, the following summary list of needs was identified. Identified health needs are listed in alphabetical order.

- Access to Care (Cost of Care and Lack of Insurance)
- Adult Mental Health
- Affordability of Health Care
- Aging Population
- Alzheimer's/Dementia
- Chronic Conditions (Cancer, Diabetes, High Blood Pressure)
- Food Insecurity/Low Food Access
- Health Literacy/Lack of Ability to Navigate Healthcare System
- Lack of Affordable Housing
- Obesity
- Preventative Care
- Transportation
- Unintentional Injuries



Health needs were prioritized with input from a broad base of members of Jupiter Medical Center's Leadership Team by utilizing a scoring guide.

Based on the information gathered through this Community Health Needs Assessment and the prioritization process described above, Jupiter Medical Center chose the needs below to address over the next three years.

- Expand Access to Primary Care
- Expand Access to Services and Facilities
- Expand Offerings in Chronic Diseases (Heart and Vascular, Oncology and Orthopedics)

Appendix A

Population by Age & Gender

Return to Report

	Age 0-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+	Total
Jupiter CHNA Community	**45,253**	**15,728**	**26,636**	**26,279**	**32,136**	**40,766**	**76,399**	**263,197**
Jupiter Counties	**310,888**	**120,772**	**188,535**	**193,212**	**203,542**	**229,179**	**421,789**	**1,667,917**
Martin County, FL	26,076	9,731	14,661	15,460	18,299	25,245	50,992	160,464
Palm Beach County, FL	284,812	111,041	173,874	177,752	185,243	203,934	370,797	1,507,453
State / National Benchmark								
Florida	4,305,366	1,773,216	2,779,896	2,738,113	2,725,323	2,976,234	4,630,733	21,928,881
United States	73,645,238	30,307,641	45,497,632	43,492,887	40,847,713	42,626,382	55,970,047	332,387,540

	Male	Female
Jupiter CHNA Community	**129,560**	**133,637**
Jupiter Counties	**814,571**	**853,346**
Martin County, FL	79,428	81,036
Palm Beach County, FL	735,143	772,310
State / National Benchmark		
Florida	10,773,620	11,155,261
United States	164,545,087	167,842,453

	Age 0-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+	Total
Jupiter CHNA Community	**17.2%**	**6.0%**	**10.1%**	**10.0%**	**12.2%**	**15.5%**	**29.0%**	**100.0%**
Jupiter Counties	**18.6%**	**7.2%**	**11.3%**	**11.6%**	**12.2%**	**13.7%**	**25.3%**	**100.0%**
Martin County, FL	16.3%	6.1%	9.1%	9.6%	11.4%	15.7%	31.8%	100.0%
Palm Beach County, FL	18.9%	7.4%	11.5%	11.8%	12.3%	13.5%	24.6%	100.0%
State / National Benchmark								
Florida	19.6%	8.1%	12.7%	12.5%	12.4%	13.6%	21.1%	100.0%
United States	22.2%	9.1%	13.7%	13.1%	12.3%	12.8%	16.8%	100.0%

	Male	Female
Jupiter CHNA Community	**49.2%**	**50.8%**
Jupiter Counties	**48.8%**	**51.2%**
Martin County, FL	49.5%	50.5%
Palm Beach County, FL	48.8%	51.2%
State / National Benchmark		
Florida	49.1%	50.9%
United States	49.5%	50.5%

Data Source: US Census Bureau, American Community Survey. 2019-23. Source geography: Tract

Population by Combined Ethnicity & Race

Return to Report

	White	Black	Asian	Hispanic	Other Race	Multiple Races	Total
Jupiter CHNA Community	**200,714**	**8,580**	**6,001**	**37,900**	**1,474**	**8,528**	**263,197**
Jupiter Counties							
Martin County, FL	121,182	7,879	2,214	24,695	546	3,947	160,464
Palm Beach County, FL	766,238	271,492	42,058	358,623	13,266	55,776	1,507,453
State / National Benchmark							
Florida	11,267,059	3,247,667	614,009	5,865,976	173,238	760,932	21,928,881
United States	193,349,832	39,986,221	19,112,284	63,120,394	3,955,412	12,863,398	332,387,540

	White	Black	Asian	Hispanic	Other Race	Multiple Races	Total
Jupiter CHNA Community	**76.3%**	**3.3%**	**2.3%**	**14.4%**	**0.6%**	**3.2%**	**100.0%**
Jupiter Counties							
Martin County, FL	75.5%	4.9%	1.4%	15.4%	0.3%	2.5%	100.0%
Palm Beach County, FL	50.8%	18.0%	2.8%	23.8%	0.9%	3.7%	100.0%
State / National Benchmark							
Florida	51.4%	14.8%	2.8%	26.8%	0.8%	3.5%	100.0%
United States	58.2%	12.0%	5.8%	19.0%	1.2%	3.9%	100.0%

Data Source: US Census Bureau, American Community Survey. 2019-23. Source geography: Tract

Household Income and Poverty

Return to Report

Average Family Income
This indicator reports average family income based on the latest 5-year American Community Survey estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members age 15 and older.

Children Eligible for Free/Reduced Price Lunch
Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).

	Population Below 100% FPL	Percentage of Population Below 100% FPL	Percentage of Population under Age 18 in Poverty	Average Family Income	Percentage of Children Eligible for Free/Reduced Price Lunch
Jupiter CHNA Community	**20,698**	**7.95%**	**9.59%**	**$189,752**	**43.5%**
Jupiter Counties					
Martin County, FL	17,817	11.36%	18.77%	$144,081	47.6%
Palm Beach County, FL	164,211	11.08%	15.42%	$147,097	51.3%
State / National Benchmark					
Florida	2,707,698	12.62%	16.87%	$118,620	52.2%
United States	40,390,045	12.44%	16.32%	$130,215	53.5%

Data Source: US Census Bureau, American Community Survey. 2019-23. Source geography: Tract

Free/Reduced Lunch Data Source: National Center for Education Statistics, NCES – Common Core of Data. 2022-2023.

Uninsured Adults

Return to Report

Uninsured Population
This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

	Total Population (For Whom Insurance Status is Determined)	Uninsured Adults	Uninsured Population, Percent
Jupiter CHNA Community	**139,469**	**25,114**	**18.0%**
Jupiter Counties			
Martin County, FL	81,471	12,531	15.4%
Palm Beach County, FL	838,645	158,593	18.9%
State / National Benchmark			
Florida	12,831,980	2,082,667	16.2%
United States	197,858,423	22,237,154	11.2%

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022. Source geography: County

Population in Limited English Households

Return to Report

Limited English Households
This indicator reports the percentage of the population aged 5 years and older living in Limited English speaking households. A limited English speaking household is one in which no household member 14 years old and over speaks only English at home, or no household member speaks a language other than English at home and speaks English "very well".

	Total Population Age 5+	Population in Limited English Households	Percentage of Population in Limited English Household
Jupiter CHNA Community	**251,273**	**6,573**	**2.6%**
Jupiter Counties			
Martin County, FL	154,073	3,252	2.1%
Palm Beach County, FL	1,433,089	102,072	7.1%
State / National Benchmark			
Florida	20,814,553	1,287,337	6.2%
United States	313,447,641	12,348,861	3.9%

Data Source: US Census Bureau, American Community Survey. 2019-23. Source geography: Tract

Educational Attainment

Return to Report

Education
Education metrics can be used to describe variation in population access, proficiency, and attainment throughout the education system, from access to pre-kindergarten through advanced degree attainment. These indicators are important because education is closely tied to health outcomes and economic opportunity.

	Population Age 25+ with No High School Diploma	Population Age 25+ with No High School Diploma, Percent	Population Age 25+ with Bachelor's Degree or Higher, Percent
Jupiter CHNA Community	**10,969**	**5.4%**	**46.7%**
Jupiter Counties			
Martin County, FL	9,073	7.3%	36.6%
Palm Beach County, FL	120,805	10.9%	39.6%
State / National Benchmark			
Florida	1,643,437	10.4%	33.2%
United States	24,230,217	10.6%	35.0%

Data Source: US Census Bureau, American Community Survey. 2019-23. Source geography: Tract

Areas Affected by a Health Professional Shortage Area (HPSA)

Return to Report

Areas Affected by a Health Professional Shortage Area
This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

	Population Living in an Area Affected by a HPSA	Total Population (5-year estimate)	Percentage of Population Living in an Area Affected by a HPSA
Jupiter CHNA Community	**1,589**	**260,700**	**0.6%**
Jupiter Counties			
Martin County, FL	19,953	159,065	12.5%
Palm Beach County, FL	244,441	1,465,027	16.7%
State / National Benchmark			
Florida	5,990,006	20,901,636	28.7%
United States	72,230,619	324,697,795	22.3%

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database. 2024. Source geography: HPSA

Access to Healthcare Services

Return to Report

	Dental Care		Mental Care		Primary Care	
	Providers per 100,000 Population	Dental Health Providers	Providers per 100,000 Population	Mental Health Providers	Providers per 100,000 Population	Primary Care Providers
Jupiter CHNA Community	**83.68**	**218**	**203.85**	**531**	**133.27**	**347**
Jupiter Counties						
Martin County, FL	68.80	109	176.73	280	125.61	199
Palm Beach County, FL	70.37	1,050	214.45	3,200	113.79	1,698
State / National Benchmark						
Florida	60.91	13,118	174.65	37,617	116.99	25,198
United States	66.47	222,511	312.48	1,045,976	116.28	389,218

Dental Care Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), 2024. Source geography: Address

Mental Care Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), December 2024. Source geography: County

Primary Care Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), December 2024. Source geography: County

Dental Care
This indicator reports the number of oral health care providers with a CMS National Provider Identifier (NPI). Providers included in this summary are those who list "dentist", "general practice dentist", or "pediatric dentistry" as their primary practice classification, regardless of sub-specialty. Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

Mental Care
This indicator reports the number of mental health providers in the report area as a rate per 100,000 total area population. Mental health providers include psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care. Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

Primary Care
This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians aged 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Preventative Services – Core Preventable Services

Return to Report

	Percentage of Males age 65+ Up to Date on Core Preventative Services, Crude	Percentage of Females age 65+ Up to Date on Core Preventative Services, Crude
Jupiter CHNA Community	**45.9%**	**43.7%**
Jupiter Counties		
Martin County, FL	46.4%	36.6%
Palm Beach County, FL	40.7%	42.0%
State / National Benchmark		
Florida	38.6%	35.6%
United States	43.7%	37.9%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020. Source geography: Tract

Male Preventative Services
This indicator reports the percentage of males age 65 years and older who report that they are up to date on a core set of clinical preventive services. Services include: an influenza vaccination in the past year; a PPV ever; and either a fecal occult blood test (FOBT) within the past year, a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or a colonoscopy within the past 10 years.

Female Preventative Services
This indicator reports the percentage of females age 65 years and older who report that they are up to date on a core set of clinical preventive services. Services include: an influenza vaccination in the past year; a pneumococcal vaccination (PPV) ever; either a fecal occult blood test (FOBT) within the past year, a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or a colonoscopy within the previous 10 years; and a mammogram in the past 2 years.

Preventative Services – Blood Pressure, Diabetes, and Preventable Hospitalizations

Return to Report

	Blood Pressure Medication Nonadherence	Medicare Enrollees with Diabetes with Annual Exam	Preventable Hospitalizations per 100,000 Beneficiaries
Jupiter CHNA Community	**No data**	**88.3%**	**2,621**
Jupiter Counties			
Martin County, FL	21.0%	86.3%	2,816
Palm Beach County, FL	22.2%	89.3%	2,504
State / National Benchmark			
Florida	21.7%	87.1%	3,074
United States	21.1%	87.5%	2,666

Blood Pressure Medication Nonadherence Data Source: Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke . 2019-2021. Source geography: County

Diabetes Annual Exam Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019. Source geography: County

Preventable Hospitalizations Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022. Source geography: County

Blood Pressure
This indicator reports the number and percentage of Medicare beneficiaries not adhering to blood pressure medication schedules. Nonadherence is defined having medication coverage days at less than 80%.

Diabetes Annual Exam
This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Preventable Hospitalizations
This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000 beneficiaries.

Preventative Services – Cancer Screenings

Return to Report

	Adults with Adequate Colorectal Cancer Screening, Crude	Females age 21-65 with Recent Pap Smear, Crude	Females Age 50-74 with Recent Mammogram, Crude
Jupiter CHNA Community	**72.3%**	**82.9%**	**77.9%**
Jupiter Counties			
Martin County, FL	70.7%	80.6%	76.4%
Palm Beach County, FL	67.3%	81.5%	77.9%
State / National Benchmark			
Florida	65.6%	80.6%	76.1%
United States	66.3%	82.8%	76.5%

Colorectal Cancer Screening Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Pap Smear Screening Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.

Mammogram Screening Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Colorectal Cancer Screening
This indicator reports the percentage of adults with adequate colorectal cancer screening.

Pap Smear Screening
This indicator reports the percentage of females age 21–65 years who report having had a Papanicolaou (Pap) smear within the previous 3 years.

Mammogram Screening
This indicator reports the percentage of females age 50-74 years who report having had a mammogram within the previous 2 years.

Health Outcomes and Mortality – Cancer Incidence Rates

Return to Report

Cancer Incidence Rates
These indicators report the age adjusted incidence rate (cases per 100,000 population per year) of individuals with cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older).

	Breast Cancer Incidence Rate (Per 100,000 Population)	Colorectal Cancer Incidence Rate (Per 100,000 Population)	Lung Cancer Incidence Rate (Per 100,000 Population)	Prostate Cancer Incidence Rate (Per 100,000 Population)
Jupiter CHNA Community	**121.2**	**30.1**	**46.4**	**99.2**
Jupiter Counties				
Martin County, FL	118.3	29.9	51.5	101.2
Palm Beach County, FL	122.5	30.2	43.8	98.2
State / National Benchmark				
Florida	121.3	35.1	54.4	97.0
United States	127.0	36.5	54.0	110.5

	Breast Cancer New Cases Annual Average	Colorectal Cancer New Cases Annual Average	Lung Cancer New Cases Annual Average	Prostate Cancer New Cases Annual Average
Jupiter CHNA Community	**249**	**131**	**230**	**214**
Jupiter Counties				
Martin County, FL	170	93	185	162
Palm Beach County, FL	1,358	704	1,154	1,111
State / National Benchmark				
Florida	18,142	10,462	17,677	14,762
United States	249,750	138,021	215,307	212,734

Data Source: State Cancer Profiles. 2016-20. Source geography: County

Health Outcomes and Mortality – Chronic Conditions

Return to Report

	Percentage of Adults with Diagnosed Diabetes, Crude	Percentage of Adults Ever Diagnosed with Coronary Heart Disease, Crude	Percentage of Adults with High Blood Pressure, Crude
Jupiter CHNA Community	**11.3%**	**9.0%**	**26.9%**
Jupiter Counties			
Martin County, FL	13.1%	10.4%	35.7%
Palm Beach County, FL	13.2%	9.6%	34.0%
State / National Benchmark			
Florida	13.3%	8.3%	34.1%
United States	12.0%	6.8%	32.6%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

High Blood Pressure Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2019.

Diabetes
This indicator reports the number and percentage of adults age 18 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Coronary Heart Disease
This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease.

High Blood Pressure
This indicator reports the percentage of adults age 18 who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure. Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

Health Outcomes and Mortality – Mortality

Return to Report

Cancer Deaths
This indicator reports the 2019-2023 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population.

Heart Disease Deaths
This indicator reports the 2019-2023 five-year average rate of death due to heart disease (ICD10 Codes I00-I09, I11, I13, I20-I151) per 100,000 population.

Lung Disease Deaths
This indicator reports the 2019-2023 five-year average rate of death due to chronic lower respiratory disease per 100,000 population.

	Cancer Death Rate (Per 100,000 Population)	Heart Disease Death Rate (Per 100,000 Population)	Lung Disease Death Rate (Per 100,000 Population)	Stroke Death Rate (Per 100,000 Population)
Jupiter CHNA Community	**238.2**	**274.4**	**50.8**	**106.2**
Jupiter Counties				
Martin County, FL	295.4	301.7	75.3	145.0
Palm Beach County, FL	216.5	264.0	41.5	91.5
State / National Benchmark				
Florida	212.1	223.9	52.1	70.9
United States	182.7	207.2	44.9	48.3

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. Source geography: County

Injury and Violence – Unintentional Injuries

Return to Report

Death due to Unintentional Injury (Accident)
This indicator reports the 2019-2023 five-year average rate of death due to unintentional injury (accident) per 100,000 population.

	Unintentional Injury Death Rate (Per 100,000 Population)	Unintentional Injury Five Year Total Deaths, 2019-2023 Total
Jupiter CHNA Community	**75.6**	**1,000**
Jupiter Counties		
Martin County, FL	73.8	597
Palm Beach County, FL	76.2	5,759
State / National Benchmark		
Florida	73.9	81,192
United States	63.3	1,048,667

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. Source geography: County

Injury and Violence – Violent Crime and Property Crime

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Violent Crime
Violent crime includes homicide, rape, robbery, and aggravated assault.

Property Crime
This indicator reports the rate of property crime offenses reported by law enforcement per 100,000 residents. Property crimes include burglary, larceny-theft, motor vehicle theft, and arson. This indicator is relevant because it assesses community safety.

	Violent Crimes, Annual Rate (Per 100,000 Pop.)	Violent Crimes, 3-year Total	Property Crimes, Annual Rate (Per 100,000 Pop.)	Property Crimes, Annual Average
Jupiter CHNA Community	**390.2**	**2,986**	**2,566.0**	**6,430**
Jupiter Counties				
Martin County, FL	245.3	1,167	1,646.2	2,570
Palm Beach County, FL	446.3	19,383	2,924.1	41,549
State / National Benchmark				
Florida	433.9	270,212	2,801.0	567,275
United States	416.0	4,579,031	2,466.1	7,915,583

Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2014; 2016. Source geography: County

Maternal, Infant, and Child Care – Infant Deaths, Low Weight Births, Birth Care

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	Number of Infant Deaths	Infant Deaths per 1,000 Live Births	Number of Low Birthweight Births	Low Birthweight Births, Percentage	Number of Births with Late/No Care	Births with Late/No Care, Percentage
Jupiter CHNA Community	**69**	**4.6**	**1,240**	**8.2%**	**662**	**9.0%**
Jupiter Counties						
Martin County, FL	42	4.8	625	7.1%	295	7.9%
Palm Beach County, FL	473	4.6	8,973	8.6%	4,184	9.3%
State / National Benchmark						
Florida	9,283	6.0	135,706	8.8%	49,447	7.4%
United States	150,841	5.7	2,190,533	8.3%	697,581	6.1%

Infant Deaths Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016-2022. Source geography: County

Low Birthweight Births Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016-2022. Source geography: County

Births with Late/No Care Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2017-19. Source geography: County

Infant Deaths
This indicator reports information about infant mortality, which is defined as the number of all infant deaths (within 1 year) per 1,000 live births.

Low Birthweight Births
This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period.

Births with Late/No Care
This indicator reports the percentage of women who did not obtain prenatal care until the 7th month (or later) of pregnancy or who didn't have any prenatal care, as of all who gave birth during the three-year period from 2017 to 2019. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Mental Health – Adult Mental Health

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	Adults with Poor Mental Health, Crude	Suicide Rate (Per 100,000 Population), Crude	Suicide Five Year Total, 2019-2023
Jupiter CHNA Community	**13.9%**	**16.1**	**213**
Jupiter Counties			
Martin County, FL	14.6%	20.2	163
Palm Beach County, FL	15.3%	14.6	1,104
State / National Benchmark			
Florida	16.5%	15.5	17,017
United States	15.8%	14.5	240,465

Poor Mental Health Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022. Source geography: Tract

Suicide Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. Source geography: County

Poor Mental Health
This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

Suicides
This indicator reports the 2019-2023 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population.

Nutrition, Physical Inactivity Obesity – Food Environment

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Food Deserts
This indicator reports the number of neighborhoods in the report area that are within food deserts. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access.

Low Food Access
This indicator reports the percentage of the population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store.

SNAP Authorized Retailers
This indicator reports the number of SNAP-authorized food stores as a rate per 10,000 population. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits.

	Total Population (2010)	Food Desert Population	Food Desert Population, Percent	Population with Low Food Access	Population with Low Food Access, Percent	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers per 10,000 Population
Jupiter CHNA Community	**235,407**	**148,876**	**63.2%**	**85,523**	**36.3%**	**123**	**6.85**
Jupiter Counties							
Martin County, FL	146,318	21,293	14.6%	55,488	37.9%	119	10.36
Palm Beach County, FL	1,320,134	56,449	4.3%	245,444	18.6%	808	7.47
State / National Benchmark							
Florida	18,801,310	2,546,335	13.5%	4,712,762	25.1%	15,146	11.31
United States	308,745,538	39,074,974	12.7%	68,611,398	22.2%	262,606	10.77

2019. Source geography: Tract
SNAP Authorized Retailers Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2024. Source geography: Tract

Nutrition, Physical Inactivity Obesity – Obesity and Physical Activity

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	Population Age 20+	Adults with BMI > 30.0	Adults with BMI > 30.0, Percent	Adults with No Leisure Time Physical Activity	Adults with No Leisure Time Physical Activity, Percent
Jupiter CHNA Community	**260,620**	**68,543**	**26.3%**	**44,149**	**23.14%**
Jupiter Counties					
Martin County, FL	162,006	42,932	26.5%	31,439	23.80%
Palm Beach County, FL	1,518,477	449,469	29.6%	272,752	23.10%
State / National Benchmark					
Florida	22,244,823	7,185,078	32.3%	4,116,180	24.56%
United States	333,287,557	110,984,756	33.3%	54,200,862	22.60%

Obesity Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2022. Source geography: County

Physical Activity Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County

Obesity
This indicator reports the number and percentage of adults aged 20 and older self-report having a Body Mass Index (BMI) greater than 30.0 (obese). Body mass index (weight [kg]/height [m]2) was derived from self-report of height and weight. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Physical Activity
This indicator is based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Physical Environment – Cost Burdened Households

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Cost Burdened Households
This indicator reports the percentage of the households where housing costs are 30% or more total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. The following zip codes have the highest percentage of households with severe cost burden of housing.

	Total Households	Cost Burdened Households (30%)	Percentage of Cost Burdened Households
Jupiter CHNA Community	**111,907**	**34,831**	**31.1%**
Jupiter Counties			
Martin County, FL	67,820	20,313	30.0%
Palm Beach County, FL	597,053	220,848	37.0%
State / National Benchmark			
Florida	8,550,911	2,913,660	34.1%
United States	127,482,865	37,330,839	29.3%

Data Source: US Census Bureau, American Community Survey. 2019-23. Source geography: Tract

Physical Environment – Housing

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	Households with No or Slow Internet, Percent	Substandard Housing Conditions, Percent
Jupiter CHNA Community	**6.4%**	**32.1%**
Jupiter Counties		
Martin County, FL	9.0%	31.2%
Palm Beach County, FL	9.9%	39.2%
State / National Benchmark		
Florida	9.8%	36.4%
United States	10.3%	32.0%

Internet Access Data Source: US Census Bureau, American Community Survey. 2019-23. Source geography: Tract

Substandard Housing Data Source: US Census Bureau, American Community Survey. 2019-23. Source geography: Tract

Internet Access
This indicator reports the percentage of households who either use dial-up as their only way of internet connection or have internet access but don't pay for the service, or have no internet access in their home, based on the 2019-2023 American Community Survey estimates.

Substandard Housing
This indicator reports the percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard.

Physical Environment – Environment and Housing

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	Percent Population within 1/2 Mile of a Park	Percent Population Using Public Transit for Commute to Work
Jupiter CHNA Community	**72.34%**	**0.35%**
Jupiter Counties		
Martin County, FL	65.00%	0.17%
Palm Beach County, FL	62.00%	1.43%
State / National Benchmark		
Florida	56.90%	1.24%
United States	61.03%	3.51%

Living Near a Park Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2020. Source geography: Tract

Public Transit Data Source: US Census Bureau, American Community Survey. 2019-23. Source geography: Tract

Living Near a Park
This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors.

Public Transit
This indicator reports the percentage of population using public transportation as their primary means of commuting to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.

Substance Abuse – Adult Alcohol and Tobacco Use

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	Percentage of Adults Binge Drinking in the Past 30 Days, Crude	Percentage of Adult Current Smokers, Crude
Jupiter CHNA Community	**14.9%**	**10.9%**
Jupiter Counties		
Martin County, FL	14.0%	13.4%
Palm Beach County, FL	14.6%	12.1%
State / National Benchmark		
Florida	16.1%	13.6%
United States	16.6%	12.9%

Alcohol Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022. Source geography: Tract

Tobacco Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022. Source geography: Tract

Adult Alcohol Use
This indicator reports the percentage of adults age 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days.

Adult Tobacco Use
This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Substance Abuse – Opioid Overdose

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Opioid Overdose
This indicator reports the 2019-2023 five-year average rate of death due to opioid drug overdose per 100,000 population. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because opioid drug overdose is the leading cause of injury deaths in the United States, and they have increased dramatically in recent years.

	Five Year Total Deaths, 2019-2023 Total	Crude Death Rate (Per 100,000 Population)
Jupiter CHNA Community	**345**	**26.1**
Jupiter Counties		
Martin County, FL	150	18.6
Palm Beach County, FL	2,187	28.9
State / National Benchmark		
Florida	26,065	23.7
United States	364,717	22.0

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2019-2023. Source geography: County

Appendix B – Key Stakeholder Interviews Summary

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1. In general, how would you rate the health and quality of life in the Community?

The stakeholders' ratings of health and quality of life in the Jupiter community vary widely depending on socioeconomic status and access to resources. For those with financial means and insurance, ratings are consistently high (8-10/10), reflecting excellent healthcare access and quality of life, often bolstered by Jupiter Medical Center's services. However, for lower-income, underserved, or immigrant populations, ratings drop significantly (2-5/10), with barriers such as lack of insurance, affordability, and accessibility cited as key issues. This reveals a community with significant disparities, where wealth and status heavily influence health outcomes and quality of life.

2. In your opinion, has the health and quality of life in the community improved/declined/stayed the same over the past few years?

Responses to whether health and quality of life have improved, declined, or stayed the same over the past few years reflect a divided community experience. For wealthier residents with access to resources, stakeholders generally report stability or improvement, often crediting JMC's expansions and programs. For lower-income or underserved groups, opinions vary: some note slight improvements due to initiatives like FQHCs or marketplace plans, while others highlight declines driven by rising costs, housing issues, or persistent barriers. Specific health issues show mixed trends—improvements in opioid outcomes contrast with worsening mental health and chronic disease challenges. Overall, the community's health and quality of life appear to have improved modestly for some, remained stable for many, and declined for the most vulnerable, depending on socioeconomic factors and access to care.

3. Why do you think it has improved/declined/stayed the same?

The reasons for changes or stability in health and quality of life vary by stakeholder and population segment. For wealthier residents, improvements or stability are attributed to JMC's expansions, resource additions, and a thriving, health-conscious community. For underserved groups, slight improvements stem from programs like FQHCs and Elevate, though declines are linked to rising costs, housing inflation, and social factors like anxiety or stigma. Specific health trends—e.g., opioid success via education vs. mental health decline due to societal pressures—highlight multifactorial causes. Overall, JMC's growth is a key positive driver, while economic and social barriers explain persistent or worsening challenges for vulnerable populations.

4. What other factors have contributed to health and quality of life in the community?

Stakeholders identified a range of additional factors influencing health and quality of life beyond healthcare services. Positive contributors include abundant greenspace, parks, and recreational options (e.g., bike paths, golf courses), which support physical activity and wellness, particularly for wealthier residents. Community support for nonprofits and a health-conscious demographic also play a role. Negative factors disproportionately affect lower-income or vulnerable groups, including delays in seeking care due to lack of insurance, emotional burdens from medical debt and immigration fears, and a high cost of living that restricts access to healthy options. Zip code-based disparities underscore how location shapes outcomes, while political climates exacerbate barriers for some. These factors highlight both the community's strengths and its socioeconomic divides.

Appendix B – Key Stakeholder Interviews Summary

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5. What barriers, if any, exist to improving health and quality of life in the community?

The most critical health and quality of life issues identified by stakeholders vary by population and perspective but center on access, chronic conditions, and mental health. For underserved groups, chronic diseases (e.g., diabetes, renal failure), workplace injuries, and lack of comprehensive, timely care (e.g., for EMA patients) are pressing. Mental health emerges as a widespread concern, driven by stigma, limited providers, and societal stressors. and distrust in evidence-based medicine challenge specific subgroups, while education gaps hinder prevention efforts. Broader social determinants like housing and healthcare navigation also underpin these issues, reflecting a community with diverse needs tied to socioeconomic disparities.

6. In your opinion, what are the most critical health and quality of life issues in the community?

Critical issues include mental health (stigma, access), chronic diseases (diabetes, renal issues), and lack of timely, comprehensive care for vulnerable groups like EMA patients. Education gaps, distrust in science, and social determinants (housing, navigation) further exacerbate disparities, reflecting diverse challenges across socioeconomic lines.

7. What needs to be done to address these issues?

To address the critical issues, stakeholders propose a mix of targeted healthcare enhancements and community-based solutions. Key actions include expanding mental health services (e.g., insurance-accepting therapists), strengthening outreach and collaboration (e.g., with local organizations, unified mental health efforts), and improving education and navigation (e.g., CHWs, patient time with providers). Programs addressing SDOH—such as housing support, nutrition access, and health promoter roles—are also emphasized, particularly for underserved populations. Collective effort, resource accessibility, and awareness are recurring themes to bridge disparities and improve overall health and quality of life.

8. In your opinion, are health services easily accessible (medical, dental, mental health services)?

Opinions on the accessibility of health services (medical, dental, mental health) are split, reflecting socioeconomic divides. Five stakeholders answered "No" (or implied it), citing barriers like cost, funding cuts, policy complexity, lack of awareness, and inconvenient service options, particularly for low-income or underserved groups who rely on ERs or struggle with navigation. Three answered "Yes," pointing to new facilities and general availability, though some qualified this with specific gaps (e.g., mental health). Accessibility varies sharply by population, with wealthier residents benefiting more than vulnerable ones facing systemic and practical obstacles.

Appendix B – Key Stakeholder Interviews Summary

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9. What is the primary reason persons identified above are unable to access health services?

For stakeholders who indicated health services are not easily accessible (Question 8: "No"), the primary reasons vary but cluster around affordability and awareness. Inability to afford co-pays and/or deductibles is cited most frequently, reflecting financial barriers even with sliding scales. People don't know how to find a doctor highlights navigation challenges. Transportation and inconvenient hours/locations are notable secondary factors, while lack of time and education affects specific groups like teens or workers. Stakeholders answering "Yes" to accessibility skipped this question, though some hinted at affordability issues elsewhere. The reasons underscore socioeconomic and logistical hurdles for underserved populations.

10. Please provide your thoughts on how well the community participates and takes ownership in personal wellness and healthy living?

Thoughts on community participation in personal wellness and healthy living reveal a stark socioeconomic divide. Wealthier or resource-accessible residents are seen as proactive—exercising, eating well, and increasingly taking ownership, with some accepting education when offered . However, underserved or low-income groups show lower engagement, often due to external pressures like work demands, lack of access, or cultural barriers. Unhealthy habits (e.g., diet, drinking) and skepticism toward medicine further hinder ownership in some segments. Overall, participation varies widely, with affluence and education enabling greater responsibility, while poverty and barriers limit it.

11. What groups of people in the community do you believe to have the most serious unmet health care needs? Please describe the causes. What should be done to address the health needs of these persons? Are there any groups that are not treated fairly or equitably? If so, what is the root cause of the disparity in treatment?

Stakeholders identified diverse groups with unmet healthcare needs, primarily tied to socioeconomic and cultural factors:

- Groups: Low-income/underserved, migrants, pre-Medicare elderly, specific zip codes, renal failure patients, minorities with language barrier, and women at cancer risk.
- Causes: Poverty, lack of insurance, transportation, language barriers, harsh working conditions, and low awareness.
- Solutions: Expanded outreach, education, funding, SDOH support, CHW navigation, and service advertising.
- Disparities: Often implied—rooted in economic inequity, location, language, and access barriers, though not always detailed.

The consensus highlights vulnerable populations facing systemic obstacles, with solutions focusing on accessibility and education.

Appendix B – Key Stakeholder Interviews Summary

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12. What are your thoughts on diversity, equity and inclusion in the community? Are there any social justice issues that need to be addressed? In addition, are there any health equity concerns that need to be addressed?

Responses to diversity, equity, and inclusion (DEI) and related issues are limited due to incomplete sections for several stakeholders, but key themes emerge:

- Thoughts on DEI: Polarization exists (Harwood), with economic divides limiting equitable access. Specific groups like migrants and low-income residents are highlighted.
- Social Justice Issues: Resistance to DEI efforts (e.g., cut programs) and focus on underserved groups suggest broader systemic challenges.
- Health Equity Concerns: Unequal access due to income, insurance, language, and location (zip codes) is a recurring issue, alongside specific needs like mental health and cultural competence.

Overall, stakeholders point to socioeconomic and cultural disparities as central to DEI and health equity challenges, with calls for targeted focus on vulnerable populations, though detailed solutions are sparse in this question's responses.

13. Do you have any ideas, programs or projects related to health, wellness or physical activities that would be a good investment for your community? (additional information related to parks, sports, Farmers Markets, etc.)

Proposed ideas for health, wellness, or physical activity investments focus on practical, community-based solutions:

- Nutrition and Food Access: Programs like FreshRX, nutrition education for SNAP users, and food-as-medicine initiatives with community gardens aim to improve diet and health outcomes.
- Health Navigation: Expanding CHW roles to support healthcare access and reduce costs.
- Dental Health: Mobile dental services for kids ("Tooth Fairy Van") address unmet needs.
- Existing Models: Transportation, outreach, and awareness campaigns are implied investments.

Many responses are incomplete, but stakeholders emphasize affordable, accessible programs targeting underserved groups, leveraging education, and building on existing efforts like parks and farmers' markets indirectly referenced elsewhere. One individual's lack of ideas suggests some see current offerings as sufficient.

Appendix B – Key Stakeholder Interviews Summary

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14. Are there any specialists (physicians) which are needed in the Community? If so, what specialties are needed?

Opinions on needed specialists vary, with a focus on pediatric and primary care gaps:

- Oncology: OBGYN oncology and certain adult cancer specialists are noted as gaps.
- Primary Care: A shift away from concierge models toward accessible general practitioners is proposed.
- Behavioral/Dental: Implied, though not directly stated here.
- Satisfaction or Uncertainty: One individual sees no gaps, while another notes retiring doctors but defers specifics; others lack responses.

The community appears well-served for adult specialties, affordable primary care are recurring concerns, reflecting demographic shifts and access disparities. Incomplete responses limit broader consensus.

15. What is the most important issue Jupiter Medical Center should address in the next 3-5 years?

Stakeholders identify diverse, pressing issues for Jupiter Medical Center (JMC) to address over the next 3-5 years:

• Service Expansion: Behavioral/dental health, and overall growth to match demand.
• Community Focus: Addressing underserved pockets, adapting to demographic shifts, and supporting seniors.
• Social Determinants: Affordable housing as a health equity issue.
• Promotion: Enhancing awareness of existing strengths like cancer trials.
• Uncertainty: One individual defers, reflecting limited direct insight.

The responses highlight a mix of clinical (behavioral health), demographic (seniors, evolving population), and socioeconomic (housing, access disparities) priorities, urging JMC to balance growth with equity and community-specific needs.

Appendix C – Key Stakeholder Survey Summary

JMC obtained input from 17 key stakeholders representing community partners, public health, government officials, health centers and nonprofits. Emphasis was placed on obtaining input from organizations who support vulnerable populations including persons that lack insurance and/or have low incomes, immigrant populations and seniors. The survey was conducted from December 1, 2024 through February 28, 2025.

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Underserved Populations

Economically Disadvantaged Groups:
- Low-income families, the working poor, and those on fixed incomes face major barriers to healthcare access, healthy food, and preventive services.
- Many are uninsured or underinsured and often unaware of assistance programs available in their communities.
- Financial barriers prevent access to necessary care, including specialty services and medications.

Racial, Ethnic, and Cultural Groups:
- Black and Brown families, Hispanic communities, and immigrant populations face systemic inequities like food deserts and limited access to healthcare providers.
- Cultural stigmas and mistrust of the healthcare system delay or prevent care-seeking.
- Ashkenazi Jewish and other communities of color are also recognized as needing more targeted support.

Seniors:
- Seniors, especially those living alone or unable to drive, are at risk due to isolation, transportation barriers, and access limitations.
- Those on Medicare Advantage plans often experience delays due to referral requirements.
- Victimization and underreporting of abuse or neglect among isolated seniors is a serious concern.

Homeless and Housing-Insecure Individuals:
- Those experiencing homelessness or unstable housing lack consistent access to basic healthcare services and nutrition.

Children and Early Childhood (Birth–5 years):
- Young children require robust support for early development, including affordable childcare, nutrition, and education.

Migrant Workers and Undocumented Individuals:
- These populations often avoid healthcare due to fear of legal consequences or lack of access.
- Language barriers and unfamiliarity with available resources add to their challenges.

Appendix C – Key Stakeholder Survey Summary

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Practices & Policies Promoting Access:

Community Centers & Nonprofits: Organizations like the Edna W. Runner Education Center and clinics such as HealthyMe or Caridad Center play a vital role in bridging service gaps, providing food assistance, education, and family support services.

Community Health Centers: Facilities operated by the Health Care District of Palm Beach County offer primary care access to underserved populations and have capacity to serve more patients.

Peer-to-Peer Education Campaigns: These help raise awareness among underserved groups and empower individuals to seek preventative and primary care.

Community Health Workers (CHWs): When used, trusted CHWs can navigate barriers and improve access to care by connecting directly with underserved communities

Practices & Policies Hindering Access:

Navigational Complexity & Lack of Advocacy: Many services are difficult to understand or access, especially for seniors or low-tech populations. Lack of patient advocacy or navigation support can cause patients to abandon follow-up care.

Inadequate Medicaid/Safety-Net Provider Coverage: Specialists often do not accept Medicaid or local health district insurance, which causes breakdowns in continuity of care after ER visits.

Housing & Cost of Living: Rising housing and food costs are causing increases in homelessness and unreported hardship, making access to health services more difficult.

Healthy Food Insecurity: While there are many food pantries, they often supply processed foods, lacking access to fresh, healthy options, which negatively impacts overall health.

Lack of Shared Use Policies: Termination of school-district agreements to use public fields has limited access to physical activity programs for youth.

Limited Use of Community Health Workers: Although effective, CHWs are underutilized, reducing trust and accessibility in vulnerable communities.

Lack of Awareness & Fragmented Communication: Many residents are unaware of available services, and poor coordination among service providers leads to duplication or gaps in care.

Concierge Practices in Primary Care: These create an illusion of provider abundance, while in reality, affordable and accessible care is lacking, especially for low-income and uninsured populations.

Inadequate Support for Seniors & Immigrants: Policies don't sufficiently support these groups with financial aid, transportation, or culturally competent care, limiting their ability to access services even when insured.

Fear of Costs & Legal Repercussions: Fear of costs, immigration repercussions, or child protective services leads some to avoid seeking help, especially undocumented families and those experiencing housing insecurity.

Appendix C – Key Stakeholder Survey Summary

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Barriers to Improving Health and Quality of Life in the Community

Economic Inequities
- Low-income families struggle to afford healthcare, housing, and healthy food.
- Residents often prioritize basic survival needs over preventive care or wellness.

Food Insecurity & Poor Nutrition
- Food deserts and limited access to nutritious food (fresh produce) lead to high reliance on processed foods.
- Many food pantries offer only unhealthy, shelf-stable food, contributing to obesity and diabetes.

Housing Instability & Affordability
- High rental prices and limited affordable housing lead to overcrowding, homelessness, and stress.
- Housing instability negatively affects both mental and physical health.

Healthcare Access Challenges
- Residents face long wait times, limited nearby medical facilities, and inadequate insurance coverage.
- Mental health services are particularly inaccessible, with many providers not accepting insurance.

Transportation Infrastructure
- Poor or nonexistent public transportation isolates vulnerable populations and limits access to jobs, medical appointments, and community resources.

Lack of Health Literacy & Community Education
- Limited awareness of available health and social services.
- Many residents lack education on preventative health, nutrition, and how to navigate the system.

Systemic Racism & Structural Discrimination
- Racial disparities in healthcare access and outcomes persist.
- Undocumented immigrants face exclusion from healthcare services due to restrictive policies.

Limited Supportive Services
- Lack of home care, dental care, behavioral health services, and senior centers disproportionately affects the elderly and underinsured.
- Mental health services are often unaffordable or unavailable for both insured and uninsured populations.

Policy Gaps
- Medicaid/Medicare limitations, especially for undocumented individuals.
- Government programs exist but are hard to navigate or not inclusive of all residents.

Fragmented Communication
- There are many resources, but communication and collaboration among health and social providers, businesses, and communities is poor.
- This results in underutilization of available services.

Appendix C – Key Stakeholder Survey Summary

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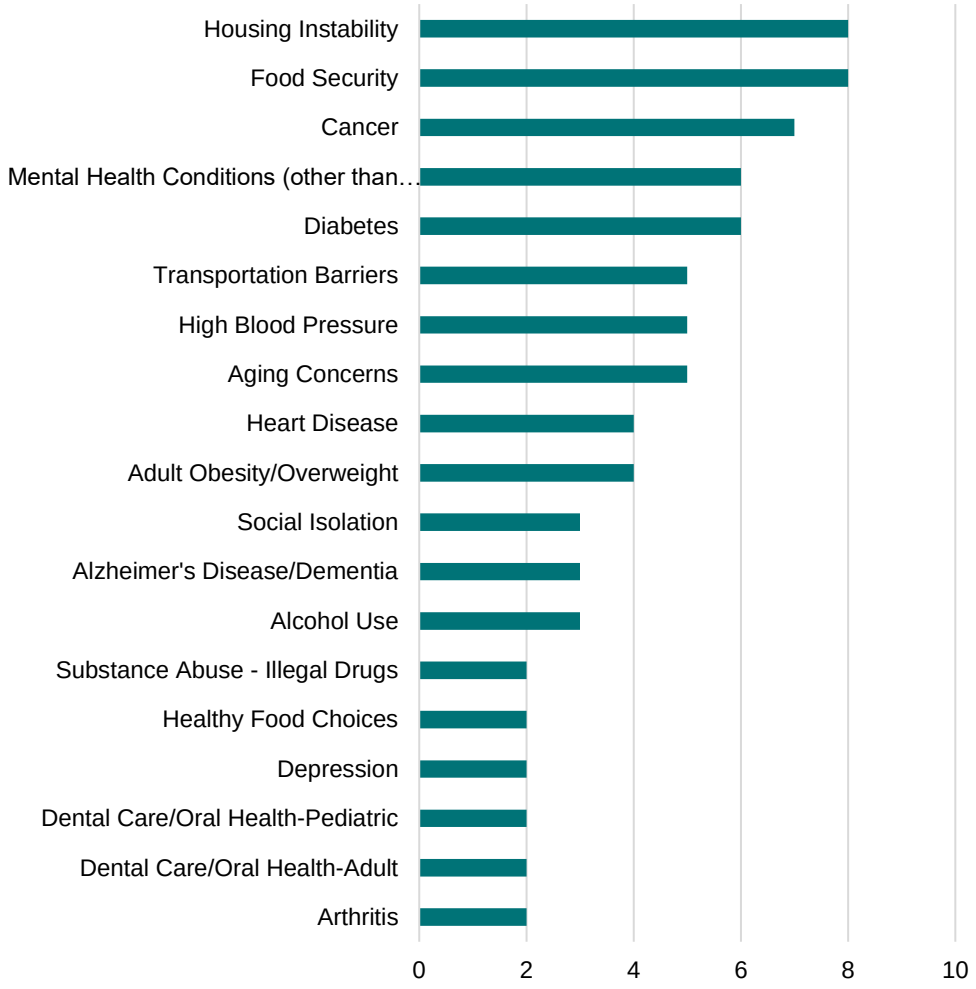
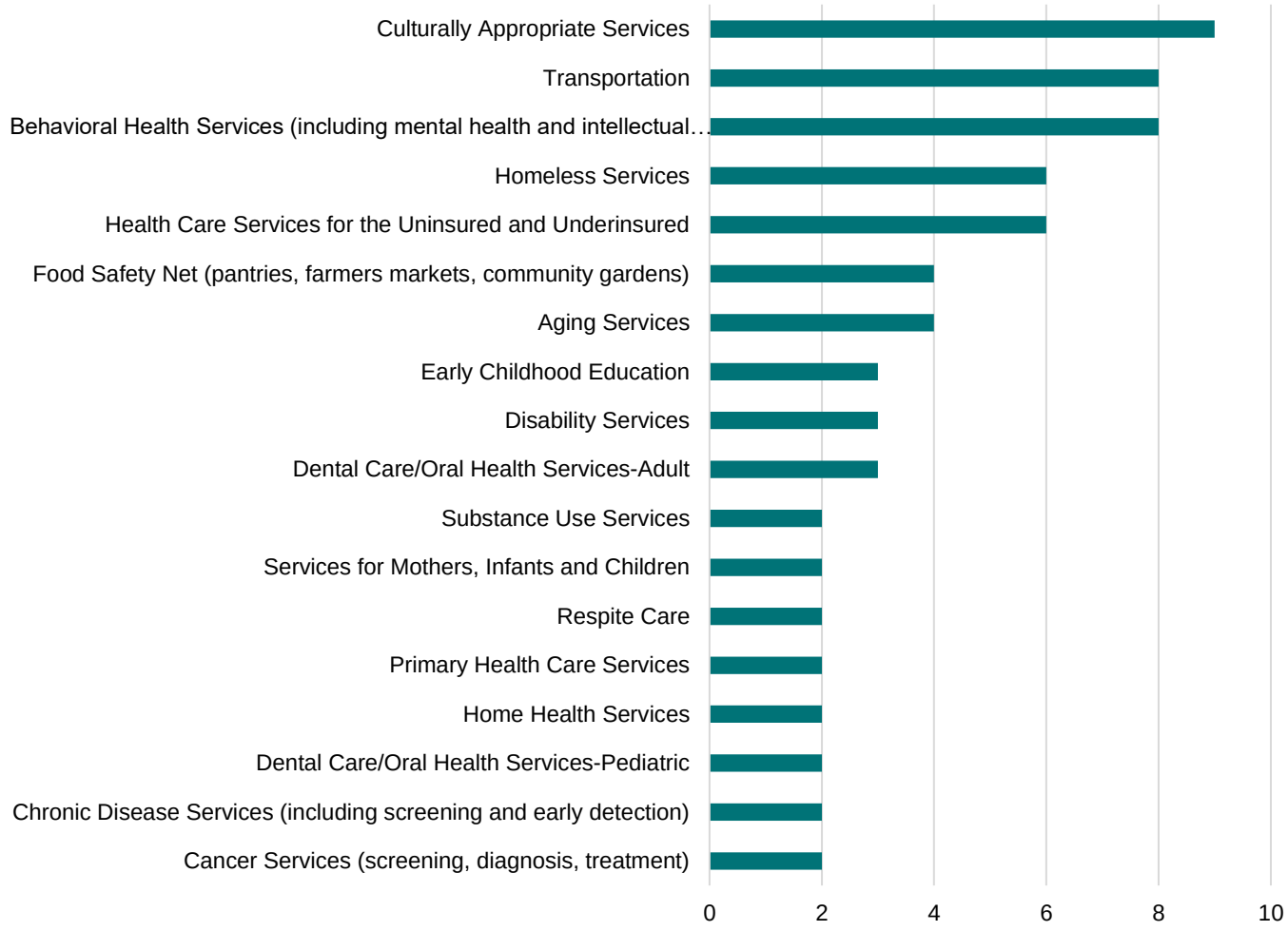
Most Important Health Concerns



Which community services and supports need strengthening?



Appendix C – Key Stakeholder Survey Summary

Return to Report

In your opinion, what are the top THREE most important health issues that should be addressed over the next 3 years?

Expand and Integrate Mental Health Services
- Increase access to affordable mental health care, especially for vulnerable populations including the elderly, children, and those struggling with substance abuse.
- Partner with community organizations to offer low-cost counseling, behavioral health navigation, and preventative education.

Address Aging Population Needs
- Support seniors facing social isolation, transportation barriers, and fall risks.
- Invest in services like Senior Centers, home health, and care coordination for neurologic conditions and age-related illnesses (e.g., dementia, Alzheimer's, arthritis).

Chronic Disease Prevention & Management
- Focus on diabetes, high blood pressure, childhood obesity, and tobacco/alcohol use through:
- Preventative screenings
- Healthy lifestyle programs
- Nutrition education and physical activity promotion

Increase Access to Care & Reduce Financial Barriers
- Expand access to:
- Primary care providers
- Health insurance navigation
- Financial counseling
- Offer low-cost treatments for cancer, diabetes, and routine screenings like colonoscopies for the uninsured/underinsured.

Support Public Health and Preventive Efforts
- Engage in vaccine education, pandemic preparedness, and communicable disease prevention.
- Support public trust through transparent communication and community outreach.

Enhance Transportation and Navigation Support
- Provide or partner on transportation services for those needing rides to and from procedures or regular care appointments.
- Create or support a community advocacy and legal aid center to assist with system navigation and patient rights.

Improve Access to Healthy Foods
- Collaborate with local organizations to address food insecurity and promote healthy eating, especially in low-income areas.
- Encourage food-as-medicine models to combat chronic conditions.

Invest in Research & Innovation
- Continue leadership in cancer research, chronic disease treatment advancements, and equitable care innovation.
- Explore technology-driven solutions for home-based care, remote patient monitoring, and education.

Appendix B – Key Stakeholder Survey Summary

Return to Report

Suggested strategies that you believe we should engage in over the next 3 years to address health issues.

Mental & Behavioral Health

- Expand Baker Act receiving facilities to include medical floors and charity care patients.
- Collaborate with behavioral health partners to improve access, streamline referrals, and support the expansion of services.
- Launch PSAs and campaigns to reduce the normalization of alcohol, especially around holidays and social events.

Elder Care & Fall Prevention

- Increase community awareness around fall risks for the elderly and provide education on prevention.
- Include fall prevention strategies in community outreach and health education programming.

Navigation & Care Coordination

- Expand the use of nurse navigators across service lines (e.g., ER, maternity, cardiovascular, mental health) to improve patient experience and outcomes.
- Hire more social workers at JMC to offer therapy and support across disciplines.
- Assign a point person at JMC to collaborate with safety net and SDOH (Social Determinants of Health) organizations for early intervention and smoother referrals.

Dental Care Access

- Partner with safety net providers like the Health Care District of Palm Beach County to assess and potentially expand dental services to underserved populations in Jupiter.

Transportation Solutions

- Reinstate Motor-Aid services or consider other forms of medical transportation to support patients who lack mobility or personal vehicles.
- Explore partnerships with local nonprofits or transit authorities to restore or introduce transportation options.

Community Engagement & Outreach

- Host health fairs at multiple locations across Jupiter to bring care and education directly to residents.
- Hold quarterly stakeholder meetings to align organizations, share updates, and strengthen partnerships.
- Develop and promote interactive health education programs (e.g., healthy grocery shopping tours, Tai Chi or low-impact exercise classes).

Awareness & Education

- Increase public education about available services, especially for the uninsured and underinsured, including those with neurological conditions.
- Support community outreach and collaborative partnerships with trusted organizations to maximize program visibility and participation.

Appendix D – Community Survey Summary

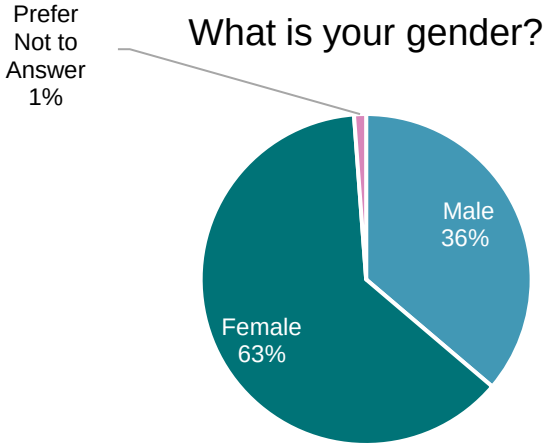
Return to Report

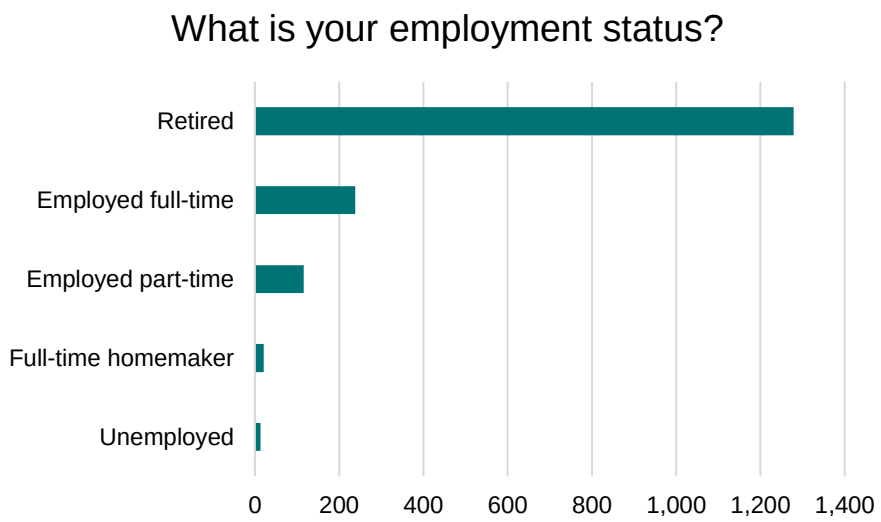
In order to develop a broad understanding of community health needs, JMC conducted a community survey during February and March 2025. A link to the survey was distributed via e-mail, social media and word of mouth to the community at-large. A total of 1,693 surveys were completed. The majority of respondents were White/Caucasian (93%), 1% of the respondents identified as Black or African American and 2% identified as Hispanic or Latino. The remaining 5% identified with other racial or ethnic identities or chose not to answer. 82% of the respondents resided in the nine zip codes comprising JMC's CHNA Community.

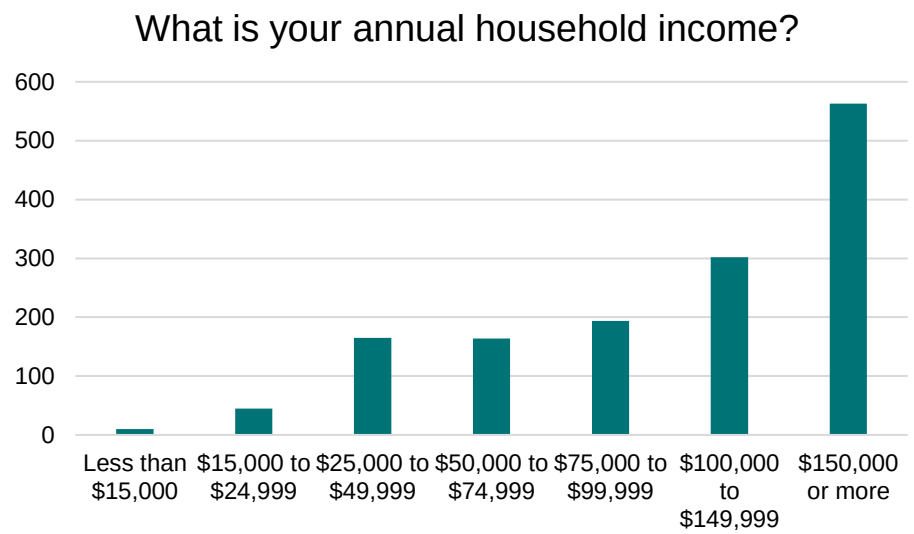
Respondents by age group were as follows:

Age Group	Percent of Total Respondents
18-35	.05%
36-45	1.5%
46-55	4%
56-65	12%
Over 65	82%

Females represented 63% of the respondents while males represented 36%. The remaining 1% of respondents identified as other genders or chose not to answer. The majority of respondents, nearly 1,300, are retired and nearly 40% of the respondents reported annual household income greater than $150,000.





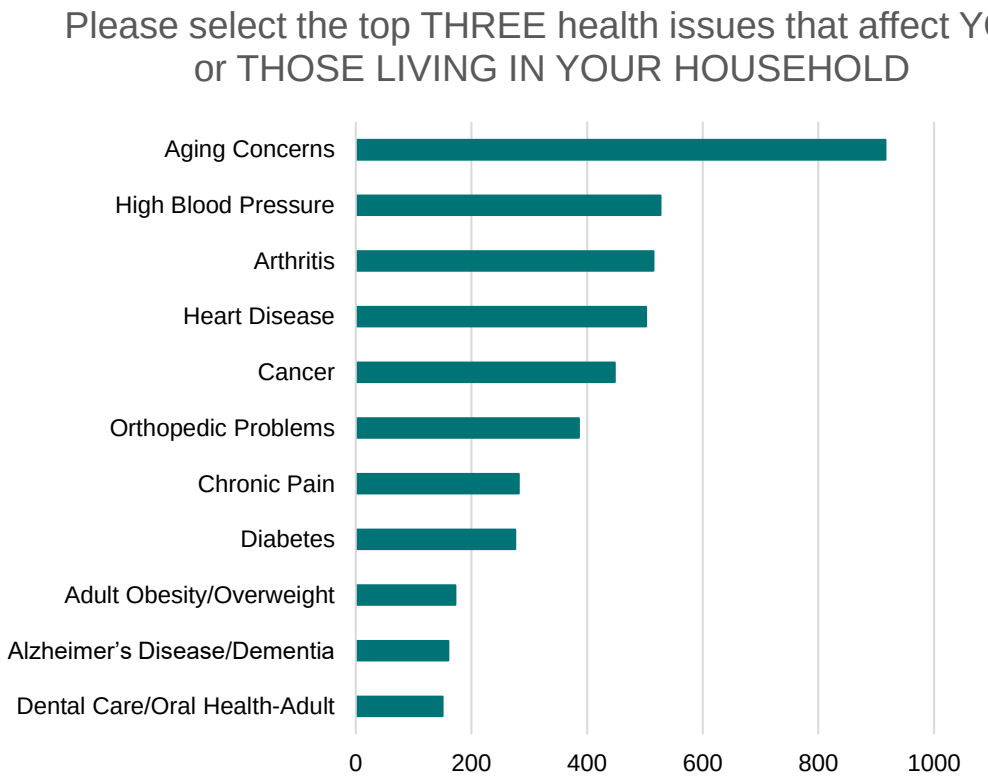


Given the reported demographics above, care should be taken with interpreting the survey results. The ethnicities, ages and gender of survey respondents do not match demographics for the CHNA Community. Specifically, the survey reached more whites and more females compared to demographic information for the community. Additionally, fewer younger adults, under 56 years old, completed the survey compared to the demographics for the CHNA Community.

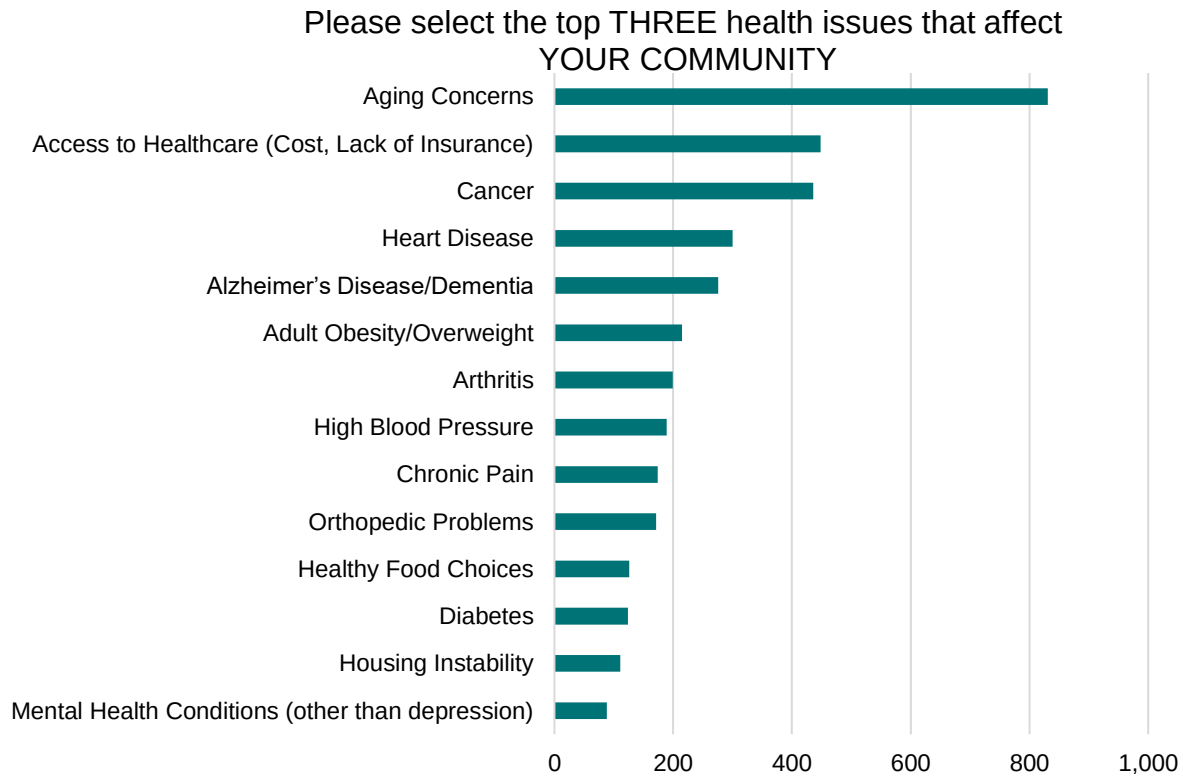
Appendix D – Community Survey Summary

Return to Report

When asked "How much do these health issues affect YOU or THOSE LIVING IN YOUR HOUSEHOLD?" aging concerns, high blood pressure, arthritis and heart disease were the issues that affected respondents most. The chart below summarizes those needs that were selected by more than 150 respondents.



When asked to rate how the same issues impacted the community, respondents identified aging concerns, access to healthcare, cancer, heart disease and Alzheimer's disease/dementia as the top health issues in the community.



Appendix D – Community Survey Summary

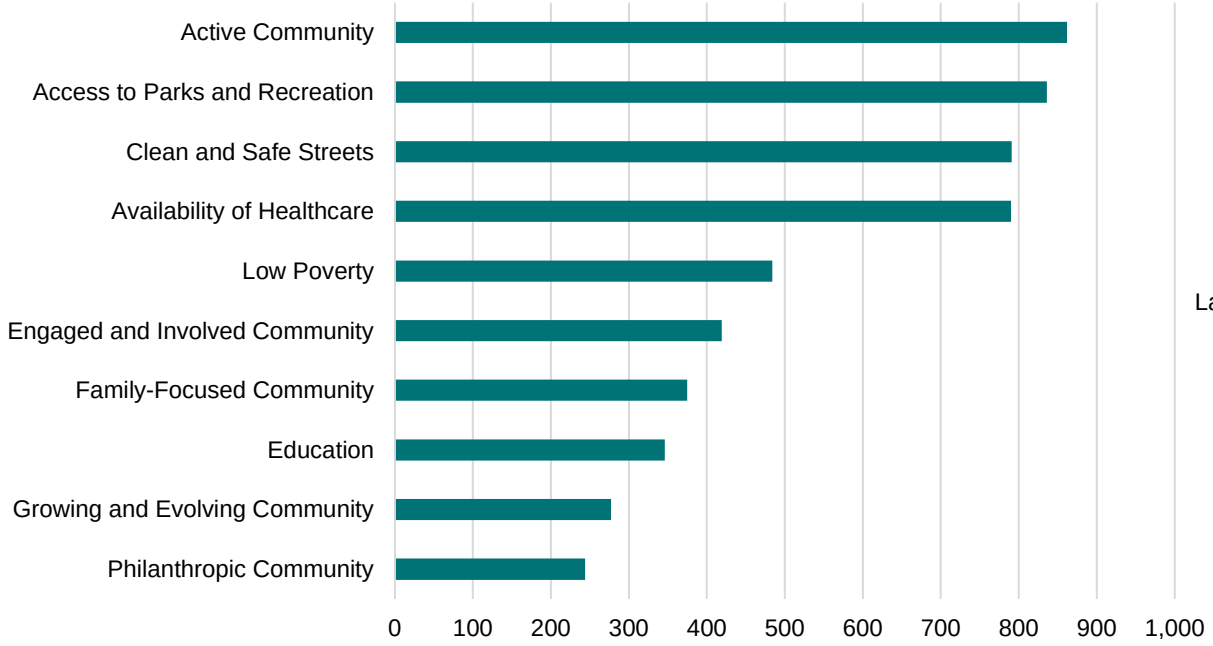
Return to Report

The survey asked the following two questions:

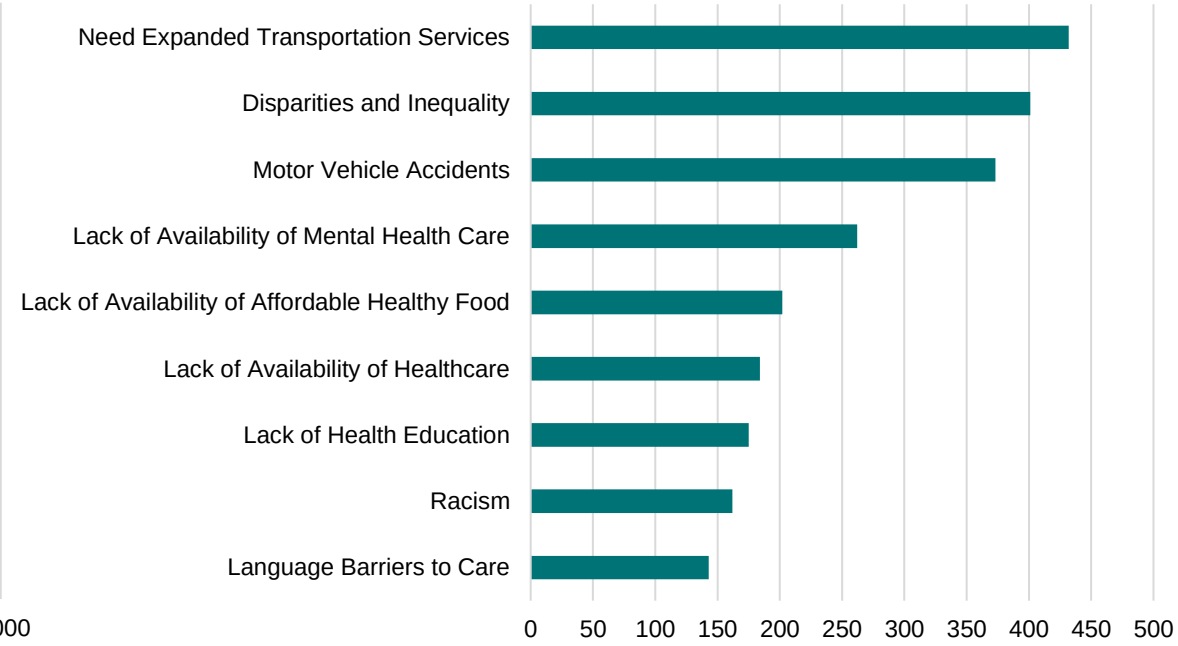
- What do you believe are the current STRENGTHS of your community?
- What do you believe are the WEAKNESSES in your community?

The survey provided predetermined responses that could be selected from the list. Respondents were instructed to mark up to five selections. Below is a summary of strengths and weaknesses identified.

From the following list, what do you believe are the current STRENGTHS of your community?



From the following list, what do you believe are the WEAKNESSES of your community?

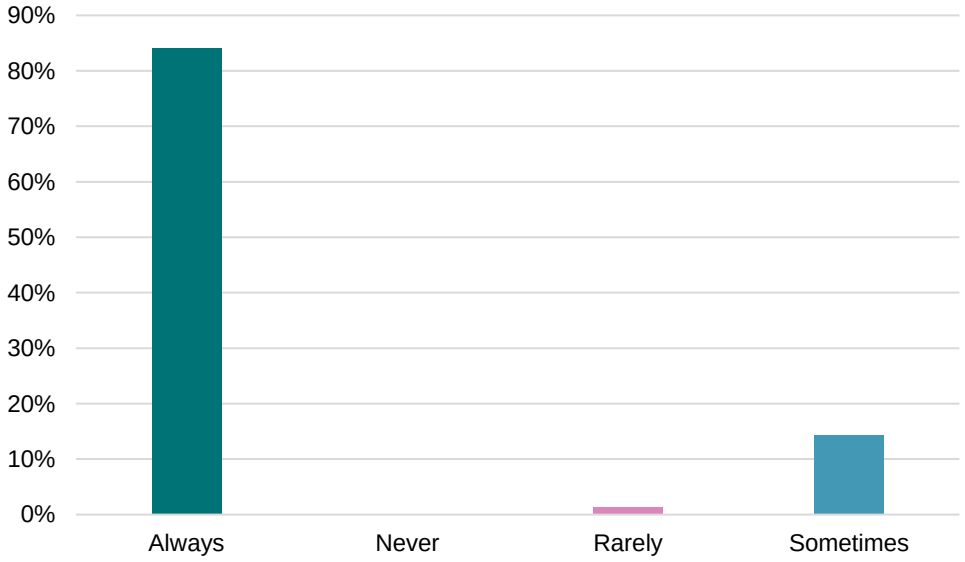


Appendix D – Community Survey Summary

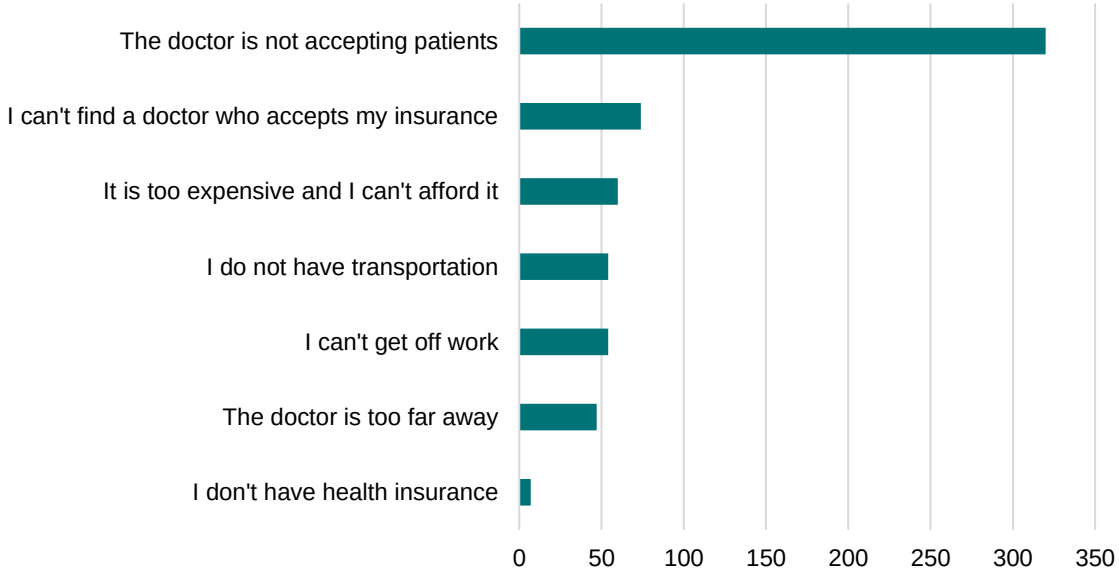
Return to Report

Healthcare Access

Are you able to visit a doctor when needed?



If you are unable to visit a doctor sometimes, rarely or never when needed, which one of the following reasons apply?



Appendix E – Available Community Resources to Address Identified Health Needs: Access to Care, Affordability of Health Care, Food Insecurity, Health Literacy/Navigation, Affordable Housing, Transportation

Return to Report

HealthyMe

https://www.healthymewellness.org/services

HeathyMe's team, including volunteers and collaborative partners, is committed to empowering individuals and families who have limited resources to improve their health and quality of life by providing information, access to clinical care and community services.

Health and Wellness Connections:
- Medical and Ancillary Care Coordination
- Hospital Discharge Assistance
- Women's Health Navigation and Education
- Behavioral Health Counseling and Referrals
- Nutrition and Wellness Programs
- Urgent Dental Referral Program

Social Care Connections:
- Food and nutrition resources
- Housing, rent and utilities assistance
- Transportation to health-related appointments
- Legal assistance
- Benefits assistance
- Family support

A **Resource Hub** where you will find healthy living programs and visiting organizations providing onsite services at HealthyMe's DiMino Center to support your overall well-being.

Jupiter Medical Center supports HealthyMe providing support for the Executive Director and Business Manager.

Our partnership includes:
HOSPITAL DISCHARGE ASSISTANCE PROGRAM
HealthyMe is pleased to offer a unique program to facilitate connections to resources, services and supplies for patients who are anticipating discharge from an acute care setting and lack insurance coverage or financial means necessary to maximize their chances of a successful recovery.

Jupiter Medical Center offers charitable care for qualifying patients, a variety of payment options, employs financial counselors to assist patients with qualifying for Medicaid and other sources of financial assistance.

The Health Care District of Palm Beach County's C.L. Brumback Clinic is co-located with HealthyMe and serves as a medical home for patients providing primary care and serving as a base for medical and non-medical care. No one will be denied access to services due to an inability to pay.

Appendix E – Available Community Resources to Address Identified Health Needs: Aging Population and Alzheimer's/Dementia

Return to Report

IHI Age-Friendly Health System

Jupiter Medical Center is a participant in the Institute for Health Care Improvement's Age-Friendly Health Systems, we will be a Level II Committed to Care Excellence member in September.

We are committed to delivering consistent care based on the 4M's framework:

- What Matters: Aligning care with older adults' specific health outcome goals and care preferences, including end-of-life care.
- Medication: Utilizing age-friendly medications that do not interfere with an older adult's mobility, mentation, or what matters most to them.
- Mentation: Preventing, identifying, treating, and managing dementia, depression, and delirium.
- Mobility: Ensuring older adults move safely every day to maintain function and do what matters

Alzheimer's/Dementia

Jupiter Medical Center's Johnny & Terry Gray Dementia Caregiver's Support Program provides comprehensive education, clinical co-management services, and emotional and social support to all navigating the complex journey of dementia.

Services include:

- Weekly Support Groups for Spouses, All Caregivers, and a virtual option
- Powerful Tools for Caregivers – six-week series of educational classes
- Educational lectures including:
    - Reversing Alzheimer's
    - Brain Health
    - Memory Loss
    - Dementia Prevention through Sleep and Mindfulness Practices

- The Happiness Program for inpatients with dementia – an interactive light program with games that engage patients and their caregivers
- Memory Café in partnership with Alzheimer's Community Cares offering quarterly program for patients and their caregivers

Appendix E – Available Community Resources to Address Identified Health Needs: Adult Mental Health

Return to Report

Behavioral Health:

Psychiatrists on Staff at JMC
Edward Barias, MD
Raju Mangrola, MD
Jeffrey Nurenburg, MD
Javedul Haque, MD
Philip Scharfer, MD

IP Programs – Baker Act Receiving Facilities

Neurobehavioral Hospitals of the Palm Beaches At St. Mary's Medical Center	Adult Services
JFK North Medical Center	Adult, Geriatric, Adolescent
Fair Oaks Pavilion At Delray Medical Center	Adult
South County Mental Health Center	Adult, Pediatric
Coral Shores, Stuart	Adult, Adolescent

OP Counseling Services

HCD Palm Beach County Multiple Locations	Adult, Pediatric
Healthy Me, Jupiter	Adult, Adolescent, Pediatric

Multiple Private Practice Counselors: Psychologists, LCSWs

Appendix E – Available Community Resources to Address Identified Health Needs: Chronic Conditions – Cancer, Diabetes, High Blood Pressure

Return to Report

Jupiter Medical Center's Anderson Family Cancer Institute provides comprehensive cancer care including surgery, radiation therapy and chemotherapy/infusion services. Patient support services include: oncology patient navigation team, oncology social worker, oncology dietitian, oncology rehabilitation program including lymphedema therapy and pelvic floor therapy, genetics and risk assessment program, support groups, educational lecture series, and a survivorship program.

Community organizations we partner with include: American Cancer Society, Hearing the Ovarian Cancer Whisper, Leukemia/Lymphoma/Myeloma Society, Pancreatic Cancer Action Network, Cancer Alliance of Help & Hope.

Jupiter Medical Center's Diabetes Education Department is accredited by the American Diabetes Association and provides:

- Group diabetes education classes
- Individual consultation sessions
- Medical nutrition therapy and counseling
- Insulin pump instruction
- Resources
- Community education programs
- Education available in Spanish

Jupiter Medical Center provides blood pressure screenings and educational information at community health fairs and events. We partner with the American Heart Association for educational handouts on understanding and managing high blood pressure. Mindfully Managing Blood Pressure educational programs are offered quarterly that include screenings, nutrition education on a low-salt diet and educational handouts

Appendix E – Available Community Resources to Address Identified Health Needs: Obesity, Preventative Care

Return to Report

Jupiter Medical Center provides ongoing education on the importance of a health lifestyle including weight management. We partner with the American Heart Association utilizing their Life's Essential 8 handouts at health fairs, lectures and events. These offer strategies for weight management, physical activity and eating better.
Jupiter Medical Center offers Medical Nutrition Counseling, health coaching, and personal training through our Cary Grossman Health & Wellness Center

Jupiter Medical Center is committed to the health and well being of the community we serve. Preventative services and programs include:

- Reduced cost screening mammograms
- Reduced cost Low Dose CT Lung Screenings
- Free skin cancer screenings
- Free blood glucose screenings at health fairs and events with educational information for diabetes prevention
- Free blood pressure screenings at health fairs and events with educational information on understanding and managing high blood pressure
- Mindfulness Center offering classes and educational programs on stress management, chair yoga, meditation and health coaching

Jupiter Medical Center has two urgent care locations and an emergency department to treat unintentional injuries. More than 36 million falls in older adults happen in the U.S. each year. Jupiter Medical Center's Cary Grossman Health & Wellness Center offers ongoing balance classes under the instruction of exercise physiologists. Fall prevention education is included.

Limitations and Information Gaps

Return to Report

As with all data collection efforts, there are several limitations related to the assessment's research methods that should be acknowledged. Years of the most current data available differ by data source. In some instances, 2024 may be the most current year available for data, while 2014 may be the most current year for other sources. Likewise, survey data based on self-reports, such as the Behavioral Risk Factor Surveillance Survey (BRFSS), should be interpreted with particular caution. In some instances, respondents may over or under report behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked.

In addition, respondents may be prone to recall bias – that is, they may attempt to answer accurately, but they remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest. Despite these limitations, most of the self-report surveys analyzed in this CHNA benefit from large sample sizes and repeated administrations, enabling comparison over time. Similarly, while the qualitative data collected for this study provide valuable insights, results are not statistically representative of a larger population due to nonrandom recruiting techniques and a small sample size. Data were collected at one point in time and among a limited number of individuals.

Therefore, findings, while directional and descriptive, should not be interpreted as definitive.