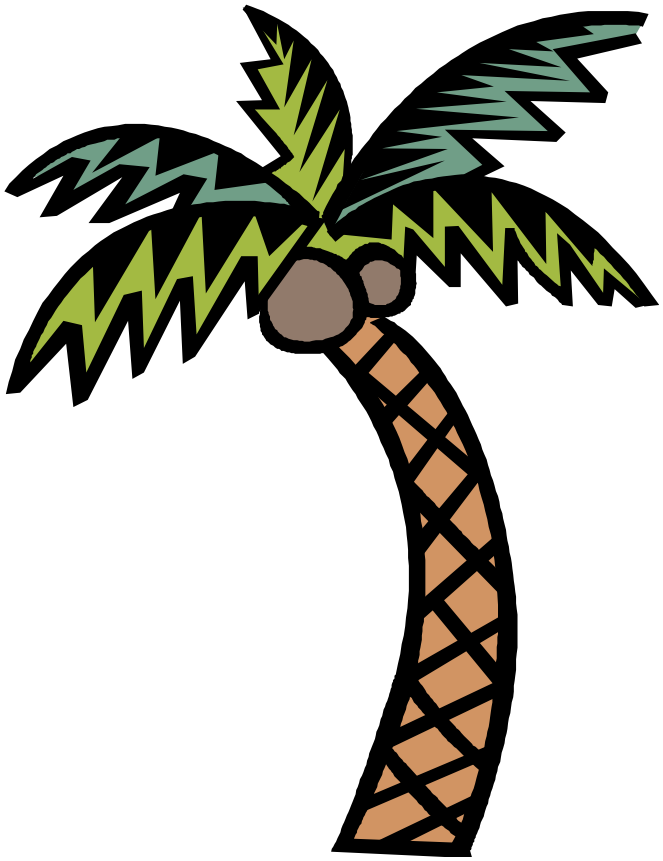
Palm Beach County

Community Health Improvement Plan

2012



HCSEF Health Council of Southeast Florida

Florida HEALTH Palm Beach County

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PALM BEACH COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN
2012

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Palm Beach County Community Health Improvement Plan
Table of Contents

Executive Summary 1

Acknowledgements 2

Community Health Improvement Plan Timeline 5

Palm Beach County Snapshot 6

Priority 1: Obesity in Palm Beach County – Why is it a Priority? 16

Evidence-Supported Initiatives and Campaigns 22

Community Resources 24

Priority 2: Shortage of Primary and Oral Healthcare Providers for the Uninsured and the Underinsured in Palm Beach County - Why is it a Priority? 25

Evidence-Supported Initiatives and Campaigns 27

Community Resources 28

Priority 3: Mental and Behavioral Health in Palm Beach County- Why is it a Priority? 29

Evidence-Supported Initiatives and Campaigns 32

Community Resources 33

Using the Plan and Next Steps 35

Get Involved 36

Summary Of Changes 37

EXECUTIVE SUMMARY

The Palm Beach County Community Health Improvement Plan (CHIP) Council was charged with the development of the CHIP for Palm Beach County. This group came together to better understand the current and emerging public health needs of Palm Beach County and to outline a plan for community health improvement. The process of assessing, prioritizing and planning to address the needs in the community was facilitated by the Health Council of Southeast Florida. The product of this process is the CHIP, a model for strategic health improvement in the community. The CHIP Council met during August and September 2012 to create the Plan for Palm Beach County. The Council worked in the months previous to extensively review the data contained in the Community Health Assessment in preparation for the development of the CHIP. The 2012 Palm Beach County Community Health Assessment can be found on the Palm Beach County Health Department's website (www.pbchd.com). The health priorities addressed in this plan emerged from the review of the data and the input and discussions of the CHIP Council. It is important to note that the qualitative data reflects the sentiments of other key stakeholders, including consumers and providers.

Top 3 Health Priorities Identified by CHIP Council

- Obesity (including childhood and adult obesity and associated comorbidities)
- Shortage of Primary and Oral Healthcare Providers for the Uninsured and Underinsured
- Mental and Behavior Health

The Council worked to identify to the root causes of the top health priorities in an effort to ensure the CHIP addresses the priorities in an appropriate and effective manner. The Plan that follows details the, objectives, measures, strategies and action steps that were developed to address the community's health priorities.

Palm Beach County's CHIP is the product of much collaboration, brainstorming, review and discussion by many dedicated individuals. It is a thorough and executable plan that can be used in the community's health planning activities in the coming years. We hope that you will review this plan and consider how you can play a part in the achievement of a healthier Palm Beach County.

ACKNOWLEDGEMENTS

The 2012 Palm Beach County CHIP is the product of much input, discussion, collaboration and participation by a broad spectrum of stakeholders in the local public health system. These individuals, as advocates for their agencies, the populations they serve and the health of Palm Beach County as a whole, came together around the commitment to improve and enhance services for the betterment of the entire Palm Beach County community. Their participation brought tremendous value to the community health improvement planning process.

The Health Council of Southeast Florida wishes to extend our appreciation and thanks to all the organizations that participated and contributed to this comprehensive body of work. The commitment and collective efforts of these individuals, agencies and organizations will enable strides to be made towards improving access to health care on behalf of the residents of Palm Beach County. Special recognition is due to the dedicated members of the Palm Beach County CHIP Council, whose ongoing input and participation in this assessment and planning process resulted in a thorough and executable plan with a focus on creating a healthier Palm Beach County.

CHIP Council Participating Organizations:

Bethesda Memorial Hospital
C.L. Brumback Health Center Governing Board
Caridad Center
Children's Services Council of Palm Beach County
Citizens for Improved Transit
Delray Medical Center
Families First
Florida Community Health Centers, Inc.
Genesis Community Health
Health Care District of Palm Beach County
Judy Goodman, P.A.
Palm Beach County Dep't. of Community Services
Palm Beach County Health Department
Palm Beach County League of Cities, Inc.
Palm Beach County Medical Society
Palm Tran
School District of Palm Beach County
St. Mary's Medical Center
Workforce Alliance
Your Aging Resource Center

We are grateful to the Palm Beach County Health Department for the assistance, guidance and funding support for this process.

INTRODUCTION

The Palm Beach County Health Department contracted with the Health Council of Southeast Florida to lead and facilitate the Community Health Assessment (CHA) and CHIP processes. The completion of the CHA and the CHIP are pre-requisites for public health department accreditation. Additionally, carrying out these processes allows community health policymakers, planners and stakeholders to have an appraisal of the health of the community.

A CHIP is a long-term systematic effort and set of actions that community partners take to improve health. The development of the CHIP was a collaborative effort and uses data from the CHA to identify priority issues and to aid in defining, developing and implementing strategies and actions for health promoting activities and plans. The goal of the Palm Beach County CHIP is to have a workable, relevant, appropriate and actionable document that will help guide efforts to improve the health status of the community.

CAPACITY, COLLABORATION AND CONTINUED INVOLVEMENT

Essential ingredients in the achievement of the objectives outlined in this plan include strengthening partnerships, increasing collaboration and garnering support from a broad spectrum of individuals in the community and in the local public health system.

When developing and implementing a Community Health Improvement Plan it is important to understand that processes such as these are often most effective and garner the most support when they are done with a community, rather than to a community.

Collaboration among the community partners is especially important in putting this plan into action, increasing opportunities for linkages and information sharing, building capacity, lessening the effects of working in silos, helping reduce duplication of services and efforts and increasing the reach and impact of programs.

The continued support and involvement of the Palm Beach County community will be an extremely valuable asset to the health improvement process.

"There is no power for change greater than a community discovering what it cares about."

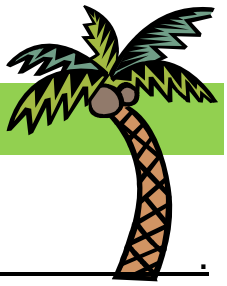
-- Margaret J. Wheatley

PALM BEACH COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN TIMELINE

March 2012	Began the Palm Beach County Local Public Health Assessment with half-day meeting with Health Department staff
March 2012	Completed the Local Public Health System Assessment with external stakeholders
April 2012	Invitations sent to potential Palm Beach County CHIP members
May 2012	First meeting of the Palm Beach County CHIP Council and review Part I of the quantitative data
May 2012	Second meeting of the Palm Beach County CHIP Council and review of Part II of the quantitative data
June 2012	Third meeting of the Palm Beach County CHIP Council and review of Part III of the quantitative data and the Local Public Health System Assessment report
June 2012	Completed Phase 1 of the Community Health Assessment, issuance of a press release and publication on several websites
June 2012	Internal meetings with HCSEF and the Health Department to develop tools for qualitative data collection
July 2012	Collection of community member perspectives through facilitation of seven focus groups
July-August 2012	Development and administration of the Palm Beach County Provider / Stakeholder Survey
August 2012	Fourth meeting of the Palm Beach County CHIP Council and review of focus group and survey data as well as the work in the community related to the PACE EH project. Begin initial prioritization.
August-Sept. 2012	Continuation of brainstorming to develop list of priorities
September 2012	Fifth meeting of the Palm Beach County CHIP Council and prioritization, root cause analysis and begin developing the action steps
September 2012	Internal meetings with HCSEF and the Health Department to further refine action steps
September 2012	CHIP developed

PALM BEACH COUNTY SNAPSHOT



Demographic and Socioeconomic Profile

- Residents of the county account for 7.02% of Florida's population
- One quarter of the residents in the county are 62 years or older
- Nearly three quarters of the population is White
- 19% of the residents in PBC identify as Hispanic
- There is a significant Latin American population (16.7% of the total)
    - Caribbean (8.6%)
    - Central America (4.6%)
    - South America (3.5%)
- Nearly a third of the residents speak a language other than English
- Just over 14% of the population is at or below the poverty level
- Palm Beach has significant income inequality
- Though it has increased (now 79.8%), the county's HS graduation rate still lags behind Florida as a whole
- Unemployment at 8.8% is slightly higher than state's (8.6%) and national rate (8.4%)

Health Status Profile

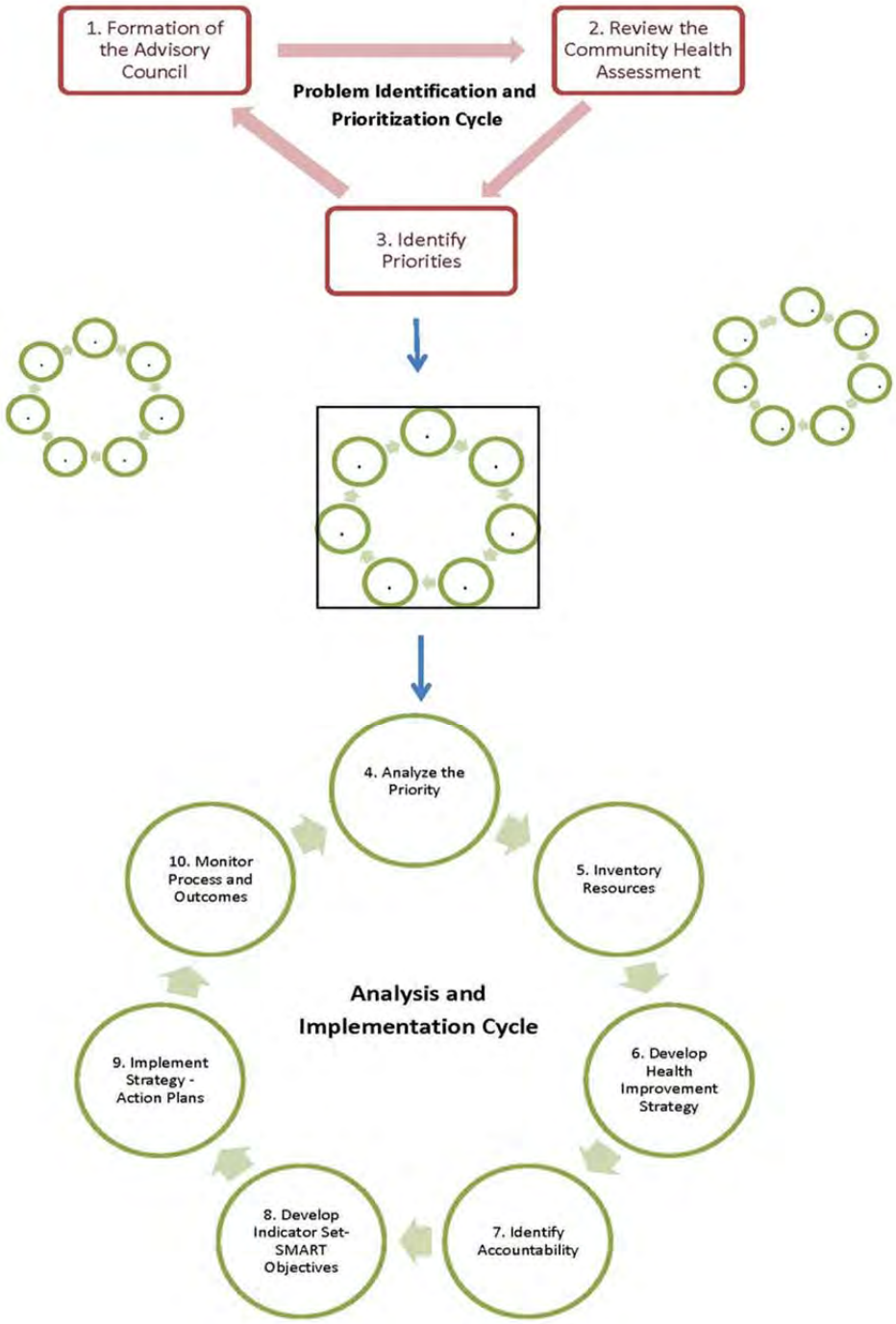
- Just over three quarters of births are to mothers who have received prenatal care beginning in the 1st trimester
- The county's birth rate for teens 13 – 15 is slightly higher than in Florida
- The county's rate of repeat births to mothers in the 15 – 17 age group is slightly higher than in Florida
- The rate of low weight births in the county is 8.9%, a bit higher than the state's rate at 8.7%
- The county's infant mortality rate is lower than Florida's, though there is significant disparity between whites and non-whites

- Palm Beach County Health Department is one of 44 county health departments in the state to offer dental services as part of the dental safety net; in 2010, there 3826 emergency room visits for conditions generally considered “preventable”
- 18.5% of high school students reported being drunk or high at school within the past 12 months
- 41.8% of high school students report having used alcohol in the previous 30 days (compared to Florida’s 38%)
- 22.7% of high school students report using marijuana/hashish in the previous 30 days (compared to Florida’s 18.6%)
- Nearly a quarter of students report that “bullying caused worry”
- More than a quarter of students report that they were taunted or teased within the past 30 days
- Just under 1% of those tested for HIV in PBC were positive; the rate was higher in males than females. There were 314 new HIV cases in the county.
- Palm Beach’s suicide rate (13.8 per 100,000) is a bit higher than Florida’s (13.6 per 100,000)
- Nearly a half million visits to emergency rooms in the county; top diagnoses include:
    - Abdominal Pain
    - Acute Respiratory Infection - nonspecific
    - Head Injury
    - Urinary Tract Infection
    - Otitis Media – nonspecific
- The rate of new cancer cases in the county is 467.2 per 100,000, slightly higher than in Florida (455.8 per 100,000)
- The age-adjusted breast cancer incidence rate in 2008 was 126.2 per 100,000 compared to Florida’s rate of 113.5 per 100,000
- The age-adjusted melanoma incidence rate was 23.8 per 100,000 compared to Florida’s rate of 18.1 per 100,000
- Heart disease is the leading cause of death in the county followed by cancer
- Lung cancer caused over a quarter of deaths due to cancer
- In 2010, there were 568 deaths due to unintentional injuries in Palm Beach county
- 11.6% of Black high school students in the county are obese, compared to 7.5% of White students

Health Resource Availability and Access Profile .

- There are 115 identified primary care health professional shortage areas; 68 identified dental care health professional shortage areas; and 6 identified mental health professional shortage areas in the county
- 17.4% of Whites in the county are uninsured; 33.8% of Blacks are uninsured; and 25.1% of Asians in the county are uninsured
- 38.3% of Hispanics or Latinos in the county are uninsured
- 41.6% of those with less than a high school diploma were uninsured (2010); this is considerably higher than the state's 34.8%

PALM BEACH COUNTY COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT FRAMEWORK



Adapted from Institute of Medicine's Community Health Improvement Process

The Palm Beach County Health Department contracted with the Health Council of Southeast Florida to lead and facilitate the CHA and CHIP processes.

Problem Identification and Prioritization

Step 1: The Health Council of Southeast Florida worked with the Palm Beach County Health Department to identify invitees to participate on the Palm Beach County Community Health Improvement Plan Council. A matrix was used to help guide the selection process and to help ensure that there was representation from a broad array of local public health system stakeholders.

The Health Council led the community through the Local Public Health System Assessment (LPHSA), an instrument developed by the Centers for Disease Control (CDC). The tool was completed in a series of two meetings in March 2012. The first LPHSA meeting was with Health Department staff. HCSEF then worked with the Health Department to compile a list of stakeholders in the local public health system to invite to participate in the completion of the second and final portion of the assessment tool.

Step 2: The Community Health Improvement Plan Council met three times between May and June 2012. These meetings consisted of review and discussion related to the quantitative data and the LPHSA contained in the CHA. The quantitative data in the CHA consisted of demographic and socioeconomic indicators, indicators related to health status including: maternal and child health, behavioral health, oral health, morbidity and mortality as well as data related to health resource availability and access including: hospital and nursing home utilization data, provider supply, health professional shortage areas and underserved populations, health insurance coverage and the safety net in the community.

The first phase of the Community Health Assessment was finalized in June 2012. This document was posted on the Health Department's website and feedback was solicited from the community regarding health priorities. The document was also posted on HCSEF's website, the PBC Counts website, the Florida Public Health Institute's website and featured as an example of an exemplary CHA on the National Association County and City Health Officials' (NACCHO) website.

In August 2012, the group met to review data for the second phase of the Community Health Assessment, including qualitative data from the community member focus groups and the provider / stakeholder survey. The group was presented information about the PBCHD's

Environmental Health Department's work in the community utilizing the PACE-EH model. Prior to transitioning into the prioritization phase of the process, a 'Trigger Report', which recapped highlights from the quantitative data, was presented to the group.

Analysis and Implementation

Step 3: In August 2012, the Council and process transitioned into work on the CHIP. A nominal group exercise was facilitated with the group to develop a list of issues and priorities. For those not present at this meeting, this information was solicited via email.

The entire list of the priorities identified through the brainstorming exercise was presented to the group. The group consolidated the issues into seven priorities. A multi-voting exercise was facilitated to establish a ranking of the priorities and to select which were going to be addressed in the CHIP. The ranking was as follows:

1. Obesity and Co-morbidities
2. Lack of Primary Care, Oral Health Care Providers for the Uninsured and Underinsured
3. Mental and Behavior Health
4. Oral Health
5. Preconception, Prenatal and Reproductive Health
6. Healthy Development (Ages 0-8)
7. Falls in Seniors

The Council elected to move forward with the top three priorities, Obesity and Co-morbidities, Shortage of Primary and Oral Healthcare Providers, and Mental and Behavioral Health for the CHIP.

Steps 4-8: HCSEF staff facilitated a Root Cause Analysis exercise with the group to identify the 'root causes' of the selected health priorities. The information derived from this exercise was used to develop the goals and objectives. There was also discussion about current activities in the community related to the selected priorities. HCSEF worked with the Health Department staff to further refine the goals and objectives, with particular emphasis on crafting them as S.M.A.R.T objectives. There was a concerted effort to honor existing efforts and not duplicate them, so if there are current and ongoing activities in the community, strategies devised related to the linkage to those activities where appropriate.

The specific objectives, measures, strategies and action steps for each or the priorities are outlined in the Strategies and Action Steps section of this plan.

Steps 9-10: The remaining two steps, the Implementation and Monitoring of the process and outcomes will be carried out through during term of the Community Health Improvement Plan (2012-2015).

THE COMMUNITY HEALTH IMPROVEMENT PLAN

The Palm Beach County CHIP was designed by stakeholders in the local public health system, many of whom will be involved with implementation. The Plan defines specific objectives, measures, strategies, action steps and resources for the selected priorities.

The Plan focuses on the top three health priorities that were selected by the CHIP Council. There were several other health priorities that emerged as well, and though they are not addressed herein, they are nonetheless important and, if possible, should be considered during future health planning activities in the community.

A few themes emerged that are woven through the planning for all selected priorities. The importance of identifying and reaching underserved populations in an effort to reduce disparities was stressed as well as addressing health planning and health improvement activities in a culturally competent manner. There were suggestions around framing the issues in a positive light and celebrating successes.

Approach

The intervention strategies in the CHIP attempt to:

- Address the underlying causes of the identified health priorities
- Utilize data to identify priorities and to measure the impact of interventions
- Outline approaches that are relevant and realistic in the community given the available time and resources
- Devise an action plan that can have a wide-reaching community-wide impact
- Detail measurable objectives to evaluate progress
- Engage a broad range of community stakeholders
- Support ongoing efforts in the community
- Implement evidence-supported models for community health improvement
- Include interventions that encourage beneficial behavior modification
- Focus on improving health factors and health outcomes in the community

Descriptions of evidence supported programs related to the selected priorities are provided. It is recommended that the campaigns detailed in this CHIP are modeled after these or other

evidence-supported programs. An important element to any process is continued evaluation. This allows for monitoring of progression toward outcome goals and allows for adjustments to be made, if necessary. Evaluation throughout the course of this Plan will also help guide future planning activities in the community.

STRATEGIC PRIORITIES AND ACTION PLANS

This section of the report presents the culmination of the perspective, input and effort of the community in this improvement planning process.

The sections below detail, for each of the three priorities that are addressed in this CHIP: specific objectives, measures, strategies, action steps, and data sources (which assist in evaluating the objectives and measures).

The objective is a broad, general statement about a desired outcome. It represents the destination the community hopes to reach with regard to the priority.

The measures are more specific and detail what the community hopes to achieve and by when. Whenever feasible, the measures in this plan are S.M.A.R.T., meaning they are: **S**pecific, **M**easureable, **A**chievable, **R**elevant/**R**ealistic and **T**ime-bound.

The strategies detailed in the plan represent ways to achieve the objectives.

The action steps detailed in the plan provide more detail and specific steps to outline how the strategies should be approached.[1]

When relevant, the formulation of the objectives were informed based on review of the State (Florida) Health Improvement Plan (SHIP), the National Prevention Strategy and Healthy People 2020.

The information in this plan aims to lay a solid foundation and provide direction for the community health improvement planning efforts in the community. This CHIP is a 'living document' and can be adapted throughout the planning cycle to meet the emerging needs of the community.

[1] Guide and Template for Comprehensive health Improvement Planning, Version 2.1, Planning & Workforce Development Section, Connecticut Department of Public Health, 2009

PRIORITY 1: OBESITY IN PALM BEACH COUNTY – WHY IS IT A PRIORITY?

During the past two decades our nation has experienced a considerable increase in the percentage of overweight and obese children and adults. In Palm Beach County the rate of overweight or obese adults (BMI >25) is approximated to be 61.3%.[2] The number of high school students who are estimated to be overweight (>=85th and <95 percentile BMI) is 13.8% and the percentage who are estimated to be obese (>= 95th percentile BMI) is 9.3%. Though these rates are below the state and national average, this is still significant concern in the community, particularly due to the projections that the trend of overweight and obesity will continue to increase.

Overweight and obesity have serious health consequences. Research has shown that being overweight or obese can increase one's risk for the following conditions: coronary heart disease, Type 2 diabetes, cancers (endometrial, breast, and colon), hypertension (high blood pressure), dyslipidemia (for example, high total cholesterol or high levels of triglycerides), stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis (a degeneration of cartilage and its underlying bone within a joint) and gynecological problems (abnormal menses, infertility).[3] There are also economic consequences associated with overweight and obesity. In addition to the costs related to the prevention, diagnosis and treatment of many of the associated conditions and co-morbidities, there are indirect costs from decreased productivity and missed work, as well as costs associated with loss of future income due to premature death.[4]

There are several factors that play a role in overweight and obesity, making it a complex issue to address. Health behaviors including diet and exercise, the environment, genes, certain health conditions and medications all are believed to play a part in causing overweight and obesity.4

[2] Behavioral Risk Factor Surveillance Survey, 2010
[3] NIH, NHLBI Obesity Education Initiative. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Available online: http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf
[4] http://www.cdc.gov/obesity/adult/causes/index.html

OBJECTIVES	MEASURES	STRATEGIES	ACTION STEPS	DATA SOURCES
Objective 1.1 Contribute to preventing the increase of children, adolescents, and adults in Palm Beach County who are overweight or obese and to a decrease in the percentage who have related co-morbidities.	1.1.1 Reduce the percentage of adults in the county who are overweight or obese from 61.3% to 59% by December 2015 (HP 2020 target adults at healthy weight is 33.9%)	Promote community-wide campaigns: Let's Go, Let's Move and a chronic disease prevention program modeled after the National Diabetes Prevention Program *(see below for description of evidence-supported campaigns)*	• Identify individuals to champion the promotion of this goal in the community • Recruit community organizations and agencies to partner in the promotion of the campaign • Link with Obesity "Call to Action"** Coalition in the County • Link with the Diabetes Coalition in the County • Develop website and guide for community that will be centralized resource for information of physical activity and nutrition o Tie website/guide into 2-1-1 Palm Beach • Develop marketing materials related to the promotion of the community wide campaigns **Added for 1.1.5:** • Collaborate with the Diabetes Coalition, "Call to Action" Coalition, The American Heart Association, and the American Diabetes Association on specific activities and initiatives related to diabetes education, care and management	*County-level data from the Behavioral Risk Factor Surveillance Survey*
	1.1.2 Decrease the percentage of overweight (>= 85th percentile but < 95th percentile) high school students in Palm Beach County from 13.8% to 12% by December 2015.			*County-level data from Youth Risk Behavior Survey*
	1.1.3 Decrease the percentage of obese (>= 95th percentile for BMI) high school students in Palm Beach County from 9.3% to 8% by December 2015. (HP 2020 target for adolescents aged 12-19 is 16.1%)			*County-level data from Youth Risk Behavior Survey*
	1.1.4 Decrease the percentage of adults in Palm Beach County with diagnosed hypertension from 29.3% to 26.9% by 2015. (Aligned with HP 2020 target)			*County-level data from the Behavioral Risk Factor Surveillance Survey*

OBJECTIVES	MEASURES	STRATEGIES	ACTION STEPS	DATA SOURCES
	1.1.5 By December 31, 2015, increase the proportion of adults in Palm Beach County with diabetes who have a glycosylated hemoglobin (A1C) measurement at least twice a year from 77.8% to 81.7%. (Aligned with HP 2020 target)		• Collaborate and support at least two community-wide campaigns related to making healthy lifestyle choices • Coordinate with Palm Beach Medical Society's Triple Aim Project on diabetes • Collaborate in the development of marketing and education materials related to the promotion of community-wide campaigns • Collaborate with 211 to create and active link from their Diabetes Reference Guide that goes directly to organizational information	*Florida CHARTS*
Objective 1.2 Increase access to healthy and affordable foods in community.	1.2.1 Reduce the number census tract qualifying as food deserts* in Palm Beach County from 27 to 25 by 2015.	• Promote public policy changes regarding continuation / persistence to reduce food deserts. • Investigate opportunities to have a mobile van transport fresh fruits and vegetables from local growers to those who do not have access.	• Identify individuals to champion the promotion of this goal in the community	*United States Department of Agriculture Economic Research Service, Food Desert Locator*
	1.2.2 Increase the percentage of zip codes in county that have a healthy food outlet from 60% to 61.4% by 2015.		• Recruit community organizations and agencies to partner in the promotion of this goal	*U.S. Census Bureau, Zip Business Patterns (last data year 2006)*

OBJECTIVES	MEASURES	STRATEGIES	ACTION STEPS	DATA SOURCES
Objective 1.3 Help people recognize and make healthy food and beverage choices.	1.3.1 Decrease the percentage of youth in Palm Beach Count who did not eat vegetables (green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the 7 days before the survey) from 8.8% to 7.9% by 2015. (Represents a 10% reduction - consistent with HP 2020 goals	• Create a county-wide online resource directory to inform residents about healthier food and beverage options • Promote community-wide campaigns such as "Let's Go"	• Identify individuals to champion the promotion of this goal in the community • Recruit community organizations and agencies to partner in the promotion of the campaign • Form committee to research and create online resource directory • Establish linkages with 2-1-1 Palm Beach	*County-level data from Youth Risk Behavior Survey*
	1.3.2 Decrease the percentage of youth who drank a can, bottle, or glass of soda or pop one or more times per day (not counting diet soda or diet pop, during the 7 days before the survey) from 24.6% to 22.1% by 2015. (Represents a 10% reduction - consistent with HP 2020 goals)			*County-level data from Youth Risk Behavior Survey*
Objective 1.4 Support policies and programs that promote breastfeeding.	1.4.1 Increase the proportion of WIC infants who are exclusively breastfed through 6 months. (Target 25.5% - National Prevention Strategy and aligned with HP 2020 target)	Implement an evidence-based program to increase education of mothers about breast feeding *(see below for description of evidence-supported campaigns)*	• Establish baseline/target population. • Identify individuals to champion the promotion of this goal in the community • Recruit community organizations and agencies work with pregnant women and new mothers to partner in the promotion of the campaign • Encourage agencies to train staff on educating women about breast feeding	*Investigate opportunities for measurement through the WIC program and the Health Department.*

OBJECTIVES	MEASURES	STRATEGIES	ACTION STEPS	DATA SOURCES
Objective 1.5 Promote physical activity among residents of Palm Beach County.	1.5.1 Increase the percentage of adults in Palm Beach County who get moderate exercise from 35.8% to 39.4% by 2015. (Represent 10% improvement, consistent with HP 2020 goals for adult physical activity)	• Create a county-wide, online directory to inform residents of opportunities to be physically active. • Promote community-wide campaigns: "Let's Go", "Let's Move" *(see below for description of evidence-supported campaigns)**	• Identify individuals to champion the promotion of this goal in the community • Recruit community organizations and agencies to partner in the promotion of the campaign • Form committee to research and create online resource directory • Establish linkages with 2-1-1 Palm Beach • Promote walking groups • Investigate evidence-based Safe Routes to School Program • Investigate evidence-based programs to decrease 'screen time'	*County-level data from the Behavioral Risk Factor Surveillance Survey, if available, or by survey administration*
	1.5.2 Decrease the percentage of adults in Palm Beach County who report no leisure-time activity in the past month from 21.5% to 19.3% by 2015. (Represents a 10% reduction - consistent with HP 2020 goals for adult physical activity)			*County-level data from the Behavioral Risk Factor Surveillance Survey*
	1.5.3 Increase the percentage of youth who are physically active at least 60 minutes per day on less than 5 days of the previous 7 day from 59.4% to 65.3% by 2015. (Represent 10% improvement, consistent with HP 2020 goals)			*County-level data from Youth Risk Behavior Survey*

OBJECTIVES	MEASURES	STRATEGIES	ACTION STEPS	DATA SOURCES
	1.5.4 Decrease the percentage of youth who watched television 3 or more hours per day (on an average school day) from 37.9% to 34.1% by 2015. (Represents a 10% reduction - consistent with HP 2020 goals for screen time)			*County-level data from Youth Risk Behavior Survey*

EVIDENCE-SUPPORTED INITIATIVES AND CAMPAIGNS

Let's Go!

"Let's Go" is a nationally recognized childhood obesity prevention program based in Maine. The focus is on creating healthy places to help children and families eat healthy and be active. The program can be implemented in six different settings to reach families where they live, study, work and play to reinforce the importance of healthy living. The 5-2-1-0 message (5 or more fruits and vegetables, 2 hours or less of recreational screen time, 1 hour or more of physical activity and 0 sugary drinks, more water and low fat milk a day) is used across the settings to remind families of these recommendations for healthy eating and active living". [5]

Let's Move!

"Let's Move is a comprehensive initiative, launched by the First Lady, Michelle Obama, dedicated to solving the challenge of childhood obesity within a generation, so that children born today "will grow up healthier and be able to pursue their dreams." Combining comprehensive strategies with common sense, *Let's Move!* is about putting children on the path to a healthy future during their earliest months and years by:

- Giving parents helpful information and fostering environments that support healthy choices.
- Providing healthier foods in our schools.
- Ensuring that every family has access to healthy, affordable food.
- Helping kids become more physically active.

Everyone has a role to play in reducing childhood obesity, including parents, elected officials from all levels of government, schools, health care professionals, faith-based and community-based organizations, and private sector companies. Your involvement is key to ensuring a healthy future for our children".[6]

[5] www.letsgo.org
[6] www.letsmove.gov

National Diabetes Prevention Program

The CDC-led National Diabetes Prevention Program is "designed to bring to communities evidence-based lifestyle change programs for preventing Type 2 diabetes. It is based on the Diabetes Prevention Program research study led by the National Institutes of Health and supported by Centers for Disease Control and Prevention. The lifestyle program in this study showed that making modest behavior changes, such as improving food choices and increasing physical activity to at least 150 minutes per week, helped participants lose 5 to 7 percent of their body weight. These lifestyle changes reduced the risk of developing Type 2 diabetes by 58 percent in people at high risk for diabetes. People with pre-diabetes are more likely to develop heart disease and stroke.

Participants work with a lifestyle coach in a group setting to receive a 1-year lifestyle change program that includes 16 core sessions (usually 1 per week) and 6 post-core sessions (1 per month). The National Diabetes Prevention Program encourages collaboration among federal agencies, community-based organizations, employers, insurers, health care professionals, academia, and other stakeholders to prevent or delay the onset of Type 2 diabetes among people with pre-diabetes in the United States.

The inaugural partners of the National Diabetes Prevention Program were the Y (also known as YMCA of the USA) and UnitedHealth Group (UHG). These partner organizations were instrumental in starting up the national program and continue to expand the reach of evidence-based lifestyle programs. CDC is enthusiastic about other organizations becoming involved in the National Diabetes Prevention Program".[7]

It is recommended that the community invests time to research the available evidence-supported programs to identify a program that will be appropriate for Palm Beach County, taking into consideration the demographics, available resources, community partners, etc. For additional information on evidence-supported campaigns, there are many useful resources including: the Health Indicators Warehouse developed by the National Center for Health Statistics (www.healthindicator.gov), the County Health Rankings & Roadmaps website (www.countyhealthrankings.org), the Centers for Disease Control and Prevention (www.cdc.gov) and the National Prevention Strategy.

[7] www.cdc.gov

COMMUNITY RESOURCES

Community Call to Action Against Obesity

The Community Call to Action Against Obesity is comprised of over 50 community stakeholders have come together around a multi-faceted approach to address obesity in the community including: increasing physical activity, reducing in screen time, reducing sugary drinks, increasing consumption of fruits and vegetables, promoting community gardens, implementing evidence-supported initiative such as the 5-2-1-0 message and lobbying for policy change.

> Mission: To engage people of all ages in promoting and practicing healthier lifestyles to reduce obesity.
>
> Vision: The healthiest community offering an optimal environment to pray, live, work, and play. [8]

Palm Beach County Diabetes Coalition

The Diabetes Coalition of Palm Beach County is an alliance of healthcare organizations and community partners working together to prevent diabetes and improve the lives of people living with the disease and those who are touched by it through:

- Education
- Awareness
- Quality Services
- Management
- Advocacy

The vision is that Palm Beach County is a national model for controlling and preventing the incidence of diabetes.

There are more than 40 organizations represented in the membership of the Coalition, spanning the entire county.

[8] Community Call to Action, Putting Prevention Where It Counts PowerPoint Presentation, 2012

Priority 2: Shortage of Primary and Oral Healthcare Providers for the Uninsured and the Underinsured in Palm Beach County - Why is it a Priority?

Many residents in the community experience challenges accessing primary and oral health care providers. A primary barrier related to the access of care is lack of insurance or underinsurance. A challenge in the County, and in many areas nationwide, is the insufficient number of providers who will treat the uninsured or who will accept Medicaid. There are many repercussions resulting from this shortage. Affected individuals are unable to access preventative care, screenings and timely primary care, often resulting in the further progression and worsening of disease and conditions that would be benefited from earlier treatment. Increased costs, due to inappropriate use of the emergency room for conditions that could have been addressed on an outpatient basis and for treatment of preventable conditions, often result due to barriers accessing care.

OBJECTIVES	MEASURES	STRATEGIES	ACTION STEPS	DATA SOURCES
Objective 2.1 Increase access to primary care services for the uninsured and underinsured residents of Palm Beach County.	2.1.1 Increase the number of adults in the community who report having any kind of health care coverage from 89.7% to 94.2% by the 2015. (Consistent with Florida's SHIP's target of 5% improvement)	• Review data from physician survey conducted in community • Encourage providers to offer pro-bono services or to accept Medicaid • Establish a task force to champion the cause Conduct an in-depth analysis to determine the segments of the population that are uninsured	• Link with Project Access of the Palm Beach County Medical Society • Link / collaborate with Palm Beach County residency program • Identify individual/ agency to lead the data collection and to conduct an analysis the results	*County-level data from the Behavioral Risk Factor Surveillance Survey*
	2.1.2 Decrease the percentage of adults in Palm Beach County who needed to see a doctor but could not because of cost from 9.7% to 9.2% by 2015. (Consistent with Florida's SHIP's target of a 5% reduction)	• Increase awareness of community residents about organizations that provide services to the uninsured and underinsured	• Identify individual/ agency to champion the cause • Link with the 'Navigate PBC' initiative in community to arrange for an educational session for navigators in the community	*County-level data from the Behavioral Risk Factor Surveillance Survey*
Objective 2.2 Achieve optimal dental health and access to dental care for residents of Palm Beach County	2.2.1 By July 1, 2013, take actions towards improving the understanding of the barriers and gaps related to access dental health services in Palm Beach County.	Conduct an analysis of key barriers and gaps to accessing dental health care	• Link with Florida Public Health Institute and the 'Oral Health Florida' program • Collaborate with the 'Oral Health Florida' program •	*Report on findings*
	2.2.2 Increase access to dental care by low income persons in Palm Beach County from 47.8% to 49.5% by 2015. (Consistent with Florida's SHIP's target of 3.5% improvement regarding oral health)		• Link with Florida Public Health Institute and the 'Oral Health Florida' program • • Encourage providers to offer pro-bono services or to accept Medicaid	*Florida Department of Health, Public Health Dental Program*

EVIDENCE-SUPPORTED INITIATIVES AND CAMPAIGNS

Primary Access Care Network

The Primary Access Care Network (PCAN) helps communities faced with challenges meeting the healthcare needs of the uninsured individuals in the community. This model has been implemented in Orange County, FL

"The PCAN model is centered around community-based Federally Qualified Health Centers (FQHC) that serve as "medical homes" for uninsured patients. FQHCs provide primary care (including OB/Gyn, pediatrics, dental and behavioral health)on a sliding fee scale. Medicaid, Medicare and public and private payer sources are also accepted. The FQHCs receive federal grants and supplemental funding from county government. No-charge urgent care is offered at faith-based volunteer clinics, and a centralized Secondary Care clinic links qualified patients with paid and volunteer specialty care as well as diagnostic and hospital services. PCAN also provides referrals to behavioral health and substance abuse, and dental and pharmacy services. PCAN's network of providers uses electronic medical and case management systems to assure quality and continuity of care. PCAN leverages local, state and federal funding to provide care and expand".[9]

[9] http://www.pcanorangecounty.com/toolkit.aspx

COMMUNITY RESOURCES

Project Access

"Project Access is a coordinated system of volunteer physician care, hospital care, diagnostic services, and medication assistance for the low-income uninsured residents of Palm Beach County. The program is administered by the Palm Beach County Medical Society Services, Inc., a 501(c) 3 corporation." "Before being accepted as a Project Access participant, individuals undergo a screening process to determine eligibility." "While patients are under Project Access care, the staff works with them to find other ongoing care within six to nine months." [10]

Palm Beach County Preventive Medicine/Public Health Residency Program.

"The Preventive Medicine/Public Health Residency Program offers physicians learning opportunities to develop and enhance their level of competency in public health practice, program planning and administration. As a part of the residency program, (NSU) Nova Southeastern University College of Osteopathic Medicine provides the residents with the academic experience required to complete their Master of Public Health (MPH) degree. The program is open to both osteopathic and allopathic physicians and is accredited by both the Accreditation Council for Graduate Medical Education and the American Osteopathic Association. Physicians completing the program are eligible to sit for the preventive medicine board exams." [11]

Community Health Network

The Community Health Network is an alliance of Federally Qualified Health Centers (FQHC), Community Health Centers and other stakeholders in the local public health system, essentially the safety net, who collaborate on many public health and health care access issues in the Palm Beach County community. The meetings are organized by the Florida Public Health Institute.

[10] http://www.pbcms.org/projectaccess
[11] http://www.pbchdresidency.org/questions.html

PRIORITY 3: MENTAL AND BEHAVIORAL HEALTH IN PALM BEACH COUNTY- WHY IS IT A PRIORITY?

Mental and Behavioral Health in the context of the CHIP for Palm Beach County is wide reaching and includes, mental illness, such as depressions, bipolar disorder, schizophrenia, post-traumatic stress disorder, Alzheimer's Disease, etc. as well as mental health defined as" a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."[12] Behavioral health in the context of the CHIP is also referring to topics including substance and alcohol abuse.

Poor mental health, dangerous health behaviors or the presence of a mental illness often result in detrimental physical health and financial outcomes. Failure to access care is a significant issue among those suffering from mental or behavioral health conditions. Stigma, lack of education and awareness and missed opportunities for screenings are among the barriers for receiving appropriate care.

Due to the significant and impactful consequences and the challenges and barriers experienced accessing care, this was deemed an important issue to be addressed in Palm Beach County's CHIP.

[12] World Health Organization. *Strengthening Mental Health Promotion*. Geneva, World Health Organization (Fact sheet no. 220), 2001

OBJECTIVES	MEASURES	STRATEGIES	ACTION STEPS	DATA SOURCES
Objective 3.1 Promote early identification of mental health needs.	3.1.1 By 2015 aim to have 2.4% of primary care physician office visits screen adults and youth for depression in Palm Beach County. *(10-yr target 2.4% adults and 2.3% youth-National Prevention Strategy)*	Promote community-wide campaigns such as 'Be Merge' *(see below for description of evidence-supported campaigns)**	• Link/Collaborate with the Mental Health Association • Enlist help/expertise of PBCHD Director of Clinical Services • Develop promotion materials for the campaign	*Survey administration*
	3.1.2 By July 1, 2013 identify and support an evidence-supported campaign to increase mental health-seeking behaviors in Palm Beach County	Join forces with 'It's Okay to Get Help' or research other evidence-supported campaign. Devise a plan to increase capacity of community to identify and reach at risk populations.	• Link/ collaborate with the Mental Health Association • Develop promotion materials for the campaign	*Survey Administration*
	3.1.3 Decrease the average number of unhealthy mental health days in the past 30 days reported by adults in Palm Beach County from 3.2 to 2.9 by 2015. (Represents 10% improvement consistent with HP 2020 goals)			*County-level data from the Behavioral Risk Factor Surveillance Survey*
	3.1.4 Decrease the percentage of adults who report 'poor mental health' in 14 of the past 30 days from 9.4% to 8.5% by 2015. (Represents 10% improvement consistent with HP 2020 goals)			*County-level data from the Behavioral Risk Factor Surveillance Survey*
Objective 3.2 Contribute to a decrease in the percentage of the	3.2.1 Decrease the percentage of adults who report engaging in heavy or binge drinking in Palm Beach County from 14.8% to 13.3% by 2015. (Represents 10% improvement consistent with HP 2020 goals)	Promote/ implement evidence-based community-wide program to reduce alcohol abuse and substance use in the community.	• Link with Palm Beach County Substance Abuse Coalition • Link with Mental Health Association • Collaborate with faith-based	*County-level data from the Behavioral Risk Factor Surveillance Survey*

OBJECTIVES	MEASURES	STRATEGIES	ACTION STEPS	DATA SOURCES
population who abuse drugs or use alcohol excessively	3.2.2 Decrease the percentage of middle and high school students in Palm Beach County who report using alcohol on any illicit drug in the past 30 days from 36.6% to 34% by 2015. *(Consistent with 7% decrease for youth illicit drug use in the National Prevention Strategy)*		institutions in the community • Collaborate with the School District	*Florida Youth Substance Abuse Survey*
Objective 3.3 Investigate challenges related to access of mental health services in Palm Beach County.	3.3.1 By July 1, 2013, take actions toward improving the understanding of the barriers and gaps related to access mental health services in Palm Beach County.	Conduct an analysis of key barriers and gaps to accessing mental health services	• Link / collaborate with the Mental Health Association to devise a plan for analysis • Outline methodology for garnering community perspective • Conduct an inventory of resources in the community	*Report on findings*

EVIDENCE-SUPPORTED INITIATIVES AND CAMPAIGNS

Be Merge Primary and Behavioral Health Integration

"With support from the Palm Healthcare Foundation, the United Way of Palm Beach County and the Health Care District, MHA is changing the way that primary care and behavioral health services are integrated in Palm Beach County. The Be Merge Primary and Behavioral Health Integration Initiative has studied ways of educating doctors, nurses and medical students about recognizing mental health issues in the primary care setting and treating them appropriately. We have created a new online training for primary care clinics that want to integrate mental health and primary care. Our Care Access Navigation Services System (CANSS) is linking people needing integrated health care with the resources they need".[13]

It's Okay to Get Help!

"The Mental Health Association of Palm Beach County is leading a public education and awareness campaign, *"It's Okay to Get Help!"*, to reduce the stigma of seeking mental health treatment. The campaign involves a collaboration of organizations involved in the prevention of mental health problems and the delivery of services to those in need. This collaboration is focused on prevention and early intervention. This campaign seeks to lower the stigma of getting mental health care using public education on television and in other public settings. This prevention and education campaign reduces illness progression and reduces devastating consequences for families, employers, and the community". [13]

It is recommended that the community invests time to research the available evidence-supported programs to identify a program that will be appropriate for Palm Beach County, taking into consideration factors including demographics, available resources, community partners, etc. For additional information on evidence-supported campaigns useful resources include: the Health Indicators Warehouse developed by the National Center for Health Statistics (www.healthindicator.gov), the County Health Rankings & Roadmaps website (www.countyhealthrankings.org) and the Centers for Disease Control and Prevention (www.cdc.gov) and the National Prevention Strategy.

[13] www.mhapbc.org

COMMUNITY RESOURCES

Mental Health Association

"The Mental Health Association of Palm Beach County, Inc., a non-profit organization, is dedicated to leadership in promoting mental wellness for children, adults, and families, and providing advocacy for those with mental disorders through education and cooperative planning.

Since its inception in 1949, the Mental Health Association of Palm Beach County (MHA) has been dedicated to improving the lives of people who are touched by mental illness and working to improve mental wellness in our community. MHA is working with community partners to prevent mental health disorders and to improve understanding about issues related to mental health and well-being. Through advocacy, education, and outreach, MHA seeks to improve access to mental health services for all who need them."[14]

Palm Beach Substance Abuse Coalition

"Palm Beach County Substance Abuse Coalition was created to give parents and youths the tools to live drug and smoke-free.

By bringing together local educators, substance abuse professionals, law enforcement administrators, and business leaders, we coordinate activities, provide information, and organize public awareness campaigns to steer youths and adults away from harmful substances. Since 2002, the coalition has coordinated Palm Beach County's efforts to keep our communities healthy, safe and drug-free."[15]

[14] http://www.mhapbc.org/AboutUs
[15] http://www.pbcsac.org/about-us

Palm Beach 2-1-1

"2-1-1 is a *helpline and crisisline* service of 211 Palm Beach/Treasure Coast, providing crisis intervention, information, assessment and referral to community services."

"As a 501(c) 3 non-profit agency, 211 Palm Beach/Treasure Coast is into its fifth decade of providing a team of specially trained paid and volunteer staff to assist callers with crisis intervention, information, assessment and referral to community services, 24 hours a day, 365 days a year.

Additionally, 211 Palm Beach/Treasure Coast collects and maintains information on community health and human services and makes this information available via its hotlines, helplines, printed directories, and on the web. Services are provided at no cost to anyone regardless of race, age, religion, national origin, sexual orientation, or disability."[16]

Your Aging Resource Center: The Area Agency on Aging

The Area Agency on Aging of Palm Beach / Treasure Coast, Inc. is a dynamic non-profit organization dedicated to serving the needs of all seniors and their caregivers in Palm Beach, Martin, St. Lucie, Indian River and Okeechobee counties.

Part of a nationwide network, The Area Agency on Aging provides information on aging issues, advocacy, one-on-one assistance and a host of services that help seniors maintain their independence and dignity."

Their mission "is to advocate, plan and promote the independence, dignity, and well-being of seniors and their caregivers in a manner that embraces diversity and reflects the communities we serve."[17]

[16] http://www.211palmbeach.org/index.cfm
[17] http://www.myanswersonaging.org/content.asp?id=4

USING THE PLAN AND NEXT STEPS

Palm Beach County has much to be proud of in terms of the health of the community; however there are always opportunities for improvement. The implementation of the CHIP will help strengthen the public health infrastructure, aid and guide planning, foster collaboration and capacity-building and ultimately promote the well-being and quality of life for Palm Beach County residents. Health improvement does not occur only at the governmental or agency level, but must be practiced in our homes, our schools, our workplaces and our faith based organizations. Below are some suggestions and strategies of ways that you can play a part in achieving a healthier community.

- Get the word out about the health priorities in the community and the CHIP
- Support programs, policies, initiatives and campaigns aimed to address the health priorities in the community
- Be an advocate in the community for healthy behaviors and for health improvement
- Lead by example and practice healthy behaviors in your homes, workplaces and social circles
- Share your resources whether it be time, support, funding, or expertise to strengthen the health improvement efforts

The County Health Rankings & Roadmaps Take Action Center[18] provides detailed, specific suggestions for: community advocates, community leaders, community members, healthcare professionals, public health professionals, government officials, businesses, employers, grantmakers and educators on how to use the Plan.

[18] http://www.countyhealthrankings.org/roadmaps/action-center

GET INVOLVED

Community health improvement is improvement of the community and it is done largely by the community. To that, all stakeholders are invited to participate in the improving Palm Beach County's health. The Palm Beach County Community Health Improvement Plan can be accessed on the Palm Beach County Health Department's website www.pbchd.com.

For more information or to get involved in the County's health improvement activities, please contact:

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Individual health is closely linked to community health -- the health of the community in which people live, work, and play. Likewise, community health is profoundly affected by the collective beliefs, attitudes, and behaviors of everyone who lives in the community.

-Healthy People 2010: Understanding and Improving Health

SUMMARY OF CHANGES

January 2014:

- Updated cover to include the current DOH-Palm Beach logo.
- Changed measure 1.4.1 Increase the proportion of infants who are exclusively breastfed through 6 months to 1.4.1 Increase the proportion of **WIC** infants who are exclusively breastfed through 6 months. This change was approved at the 9-12-2013 meeting.
- Added new measure: 1.1.5 By December 31, 2015, increase the proportion of adults in Palm Beach County with diabetes who have a glycosylated hemoglobin (A1C) measurement at least twice a year from 77.8% to 81.7%. This change was approved by the CHIP council through email voting in December 2013.
- Updated contact information under the “Get Involved” section.