



Community Health Improvement Plan Annual Progress Report, 2019

Florida Department of Health in Flagler County

May 2019

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Introduction

This is the annual review report for the 2016 – 2019 Flagler County Community Health Improvement Plan. The activities and collaborative efforts of the Florida Department of Health in Flagler County and community partners will be reflected within the report. This document will serve as a progress review of the strategies that were developed and the activities that have been implemented. While the CHIP is a community driven and collectively owned health improvement plan, the Florida Department of Health in Flagler County is charged with providing administrative support, tracking and collecting data, and preparing the annual review report.

The community partners involved in the 2016-2019 CHA and CHIP health planning process, including the annual review that occurred on May 2, 2019, involved the following: Advent Health Palm Coast Hospital, Halifax Health, Flagler Cares, Inc., United Way of Volusia/Flagler, Stewart-Marchman-Act Behavioral Healthcare, Azalea Health, Flagler Free Clinic, Flagler County Sheriff's Office, Flagler County Schools, Family Life Center, Health Start, Early Learning Coalition of Flagler/Volusia, DCF, Commission on the Homeless, City of Palm Coast, City of Bunnell, City of Flagler Beach and representatives from several non-profit health and social services groups in our community. These individuals and organizations comprise the membership of the Flagler Cares Coalition that has a Board of Directors and Executive Committee. The Coalition and Board meet quarterly and the Executive Committee, that includes the Health Officer of DOH-Flagler meets monthly. At these meetings, our progress in implementing strategies and actions to address the 5 health priorities in our community are tracked and reported on.

The 2016-2019 CHIP formal annual review meeting occurred on May 2, 2019. It took place at Advent Health Palm Coast hospital and representatives from the partner groups above were present through a Flagler Cares Coalition leadership meeting. 25 individuals participated. Flagler Cares, Inc. was formed in 2015 prior to the 2016-19 CHA and CHIP planning cycle. Flagler Cares is a 501c3 collective impact organization formed to improve the lives of Flagler County residents through the advancement of systematic solutions to our county's most pressing health, social and financial challenges. Flagler Cares adopted the 5 priorities that emerged through the 2016-19 CHA/CHIP and has developed and launched several initiatives, strategies and actions focused on public health and wellness of our community. This annual review report documents our collective efforts and work.

Overview of the Community Health Improvement Plan (CHIP)

In 2015, to reflect best practices and maximize community impact, leaders from Florida Hospital Flagler, Florida Department of Health-Flagler, Flagler Cares and Halifax Health were convened to explore a collaborative process to develop a shared Community Health Needs Assessment & Community Health Improvement Plan (CHIP) for Flagler.

Flagler CHNA/CHIP Partnership



Community Engagement

A core component of an effective CHNA/CHIP process is the engagement of community leaders and stakeholders in assessment, prioritization and planning activities. A Leadership Council of executives from 18 local organizations was formed to lead the assessment, prioritization and planning processes. Additionally, the broader community was engaged through a Community Health Survey (584 respondents) and over 50 stakeholders participated in 3 hosted meetings.

Process

The Flagler County CHNA process utilized quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community, including the review of information on risk factors, quality of life, mortality, morbidity, community assets, forces of change, social determinants of health and health inequity, and information on how well the public health system provides essential services. The prioritization process enabled the Leadership Council to gradually narrow down the areas of focus from over 300 data indicators to a final set of five countywide priorities.

Priorities

- **Adult Behavioral Health** (mental health, substance use/abuse, tobacco use)
- **Youth Behavioral Health** (mental health, substance use/abuse, tobacco use)
- **Mothers & Children Under Age 5** (women's health, teen pregnancy, prenatal care, birth outcomes, child health and development, early learning)
- **Cardiovascular Diseases & Diabetes** (including the shared modifiable risk factors of healthy eating & physical activity)
- **Family Violence** (domestic violence and child abuse/neglect)

Community Benefit & Community Health Needs Assessments

Mission-driven, tax-exempt health care organizations have a long tradition of working to improve community health through community benefit activities to maintain their tax-exempt or “charitable” status. Recent changes in legislation now require that tax-exempt hospitals explicitly and publicly demonstrate community benefit by conducting a **Community Health Needs Assessment (CHNA)** and adopting implementation strategies to meet the identified community health needs. This change in federal law has provided an impetus for these organizations to create a more structured assessment and planning process.

Health departments also engage in cyclical community needs assessments using a process called **Mobilizing for Action through Planning and Partnerships (MAPP)**. MAPP is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide strategic planning. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, considering their unique circumstances and needs, and forming effective partnerships for strategic action.

Considerations for Improving Community Health

To successfully address the health needs identified in this report, it will take forming a collective vision and community collaboration. According to the Centers for Disease Control (CDC), National Prevention Strategy and the Robert Wood Johnson Foundation, Clinical Care only represents 20% of the factors that affect health, so it is essential that the following partners should all be part of the process and solution:

- **Nonprofits**
- **Community Developers**
- **Businesses**
- **Education Systems**
- **Government**
- **Philanthropists and Investors**
- **Faith-based Organizations**
- **Public Health**
- **Health Care Providers**
- **Health Insurance**
- **Community Members**



As part of the Flagler County Community Health Needs Assessment and Planning Partnership, these partners were brought to the table as collaborative stakeholders to identify Flagler County’s health priorities. Continuing partner engagement and leveraging the available community resources through investing in a balanced portfolio of interventions and strategies

will bring about the highest return on investment when it comes to improving the health and well-being of Flagler citizens.

According to the 2016 Catholic Health Association of the United States, it is important to consider the factors that affect health and the scale of their impact. By taking into consideration that socioeconomic factors contribute to 40% of what determines health and well-being, investment opportunities in pillars such as; education, removing disparities, fueling a healthy economy with sustainable wages, and ensuring affordable housing should be explored. The second highest impact can be gained from influencing environmental changes and policy decisions that directly impact health such as; lighted neighborhoods, smoke-free work places, seat belt laws, folic acid fortification, childhood immunization schedules, etc. Maximum impact occurs when these types of interventions are complemented by sound, long-lasting, protective interventions such as mammograms, colonoscopies and immunizations along with effective clinical interventions.



As Flagler County moves into their collaborative Community Health Improvement Planning process, they will be working closely with all available community partners to create a balanced portfolio of interventions and strategies to ensure the greatest community impact for the selected health priorities.

HOW Use a Balanced Portfolio of Interventions for Greatest Impact

- Action in one area may produce positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.

Four ACTION Areas

SOCIOECONOMIC FACTORS
PHYSICAL ENVIRONMENT
HEALTH BEHAVIORS
CLINICAL CARE

VISIT www.cdc.gov/CHInav FOR TOOLS AND RESOURCES TO IMPROVE YOUR COMMUNITY'S HEALTH AND WELL-BEING

CDC NATIONAL PREVENTION STRATEGY Robert Wood Johnson Foundation

MARCH 2015

Flagler County Community Health Needs Assessment Methodology

Collaboration

During the first cycle of Community Health Needs Assessments in 2012-2013, Flagler organizations each invested in their own independent assessment and planning process. In 2015, to reflect best practices and maximize community impact, leaders from Florida Hospital Flagler, Florida Department of Health-Flagler, Flagler Cares and Halifax Health were convened to explore a collaborative process to develop a shared Community Health Needs Assessment & Community Health Improvement Plan (CHIP) for Flagler.

Flagler CHNA/CHIP Partnership



<http://flagler.floridahealth.gov/>



www.flaglercares.org



www.FloridaHospitalFlagler.com



halifaxhealth.org

These pillar organizations unanimously agreed to work together for the greater good and they formed the **Flagler County Community Health Needs Assessment and Planning Partnership** through committing their time, talent and resources to support the CHNA process outlined below which was facilitated by One Voice for Volusia.

The **Flagler County CHNA/CHIP Partnership** entities held a common vision to improve the population health and wellbeing in Flagler County. They committed to a 9-month long process of convening to review and examine county-level and sub-county-level secondary data along with supporting the collection and review of primary data to establish high-level and priority health issues. They agreed to invest in the creation of this shared community health needs assessment document that contains the examined and prioritized health issues along with the data indicators and identified community assets. This shared document will then serve as a

common resource for both the investing partner organizations and the many community stakeholders that will support the creation of community health improvement plans based on these findings.

The Leadership Council

A core component of an effective CHNA/CHIP process is the engagement of community leaders and stakeholders in assessment, prioritization and planning activities. As part of the Flagler County Community Health Needs Assessment and Planning Partnership process, a devoted group of community leaders and executives was developed by expanding the membership of the Flagler Cares Board of Directors to include leaders from 18 local organizations representing major sectors of the community. See Appendix A for the Leadership Council roster.



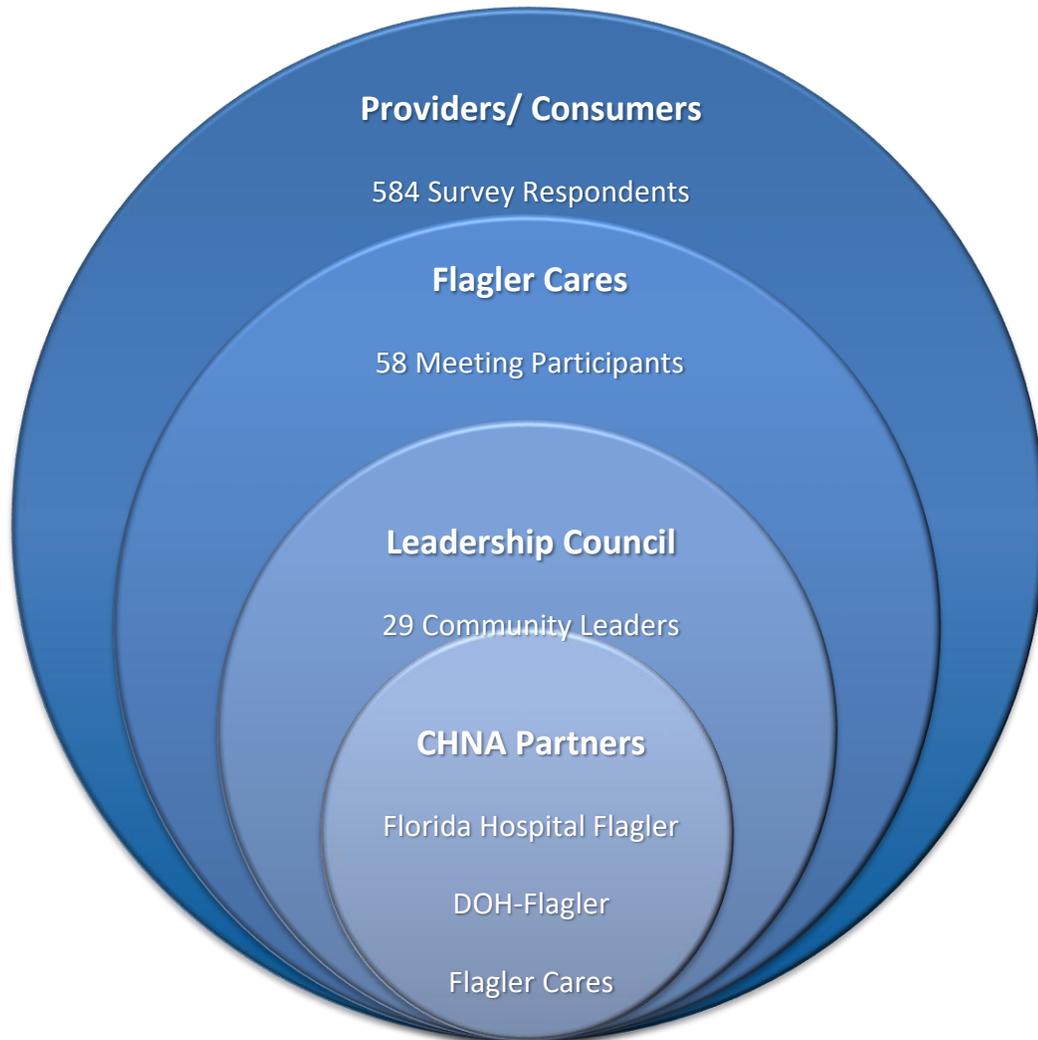
FLAGLER COUNTY
SHERIFF'S OFFICE



Family Life Center
A Domestic Violence and Sexual Assault Center



To maximize the reach and input received throughout the CHNA process, the Leadership Council utilized and mobilized the available community resources to gain input, review data, collect community assets, prioritize indicators and validate priorities.

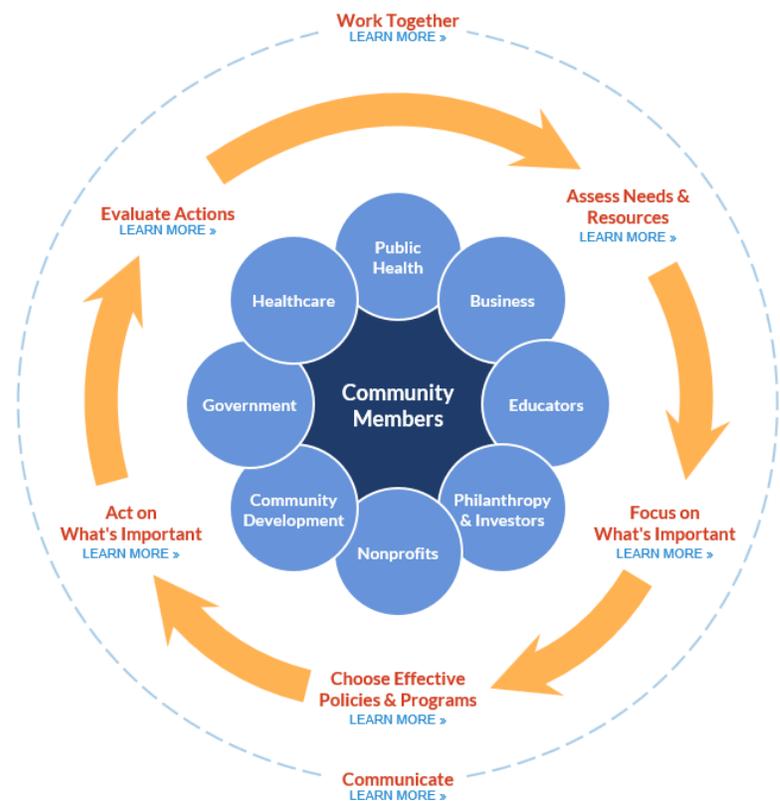


The CHNA Process

A CHNA is a process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community. An ideal assessment

includes information on risk factors, quality of life, mortality, morbidity, community assets, forces of change, social determinants of health and health inequity, and information on how well the public health system provides essential services. According to the National Association of County and City Health Officials (NACCHO), community health assessment data informs community decision making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans. In light of best practices, the Leadership Council provided their input and expertise by completing the following tasks through a series of meetings and document reviews:

- Reviewing secondary data detailing risk factors, quality of life, mortality, morbidity, and social determinants of health for the entire county and all ZIP codes
- Discussing forces of change and community assets
- Interpreting community survey data and input from a variety of community stakeholders
- Reviewing the strengths and challenges of the public health system
- Assisting in gathering primary data from consumers served by representatives' organization
- Developing initial community-wide priorities to form a foundation for the collaborative Community Health Improvement Planning process



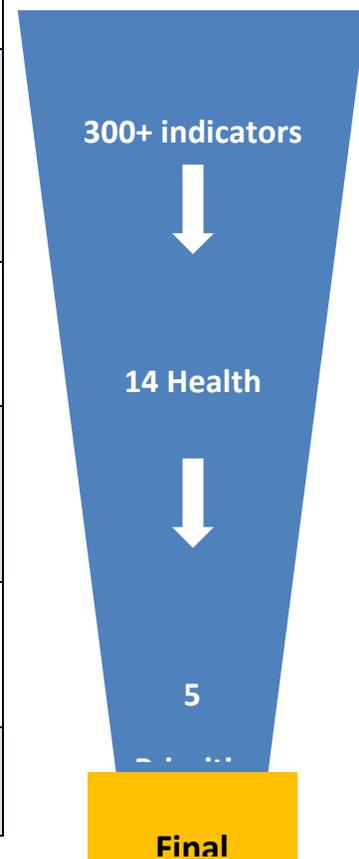
www.countyhealthrankings.org

The Timeline

The Flagler County CHNA/CHIP process included community input, data review, analysis and prioritization activities that enabled the Leadership Council to gradually narrow down the areas of focus from over 300 data indicators to a final set of five countywide priorities for planning and action. The Leadership Council convened four times to complete these tasks, with meetings held on October 12, 2015, November 2, 2015, March 30, 2016, and May 18, 2016. Many of the Leadership Council members also participated in additional community engagement activities including:

- Local Public Health System Assessment hosted by Flagler Cares on December 14, 2015
- Results-Based Accountability Workshop on February 29, 2016, hosted by Flagler Cares and One Voice for Volusia to support this process
- Community Validation and Input meeting hosted by Flagler Cares on April 11, 2016

Timeline	Process	Task
October 2015	CHNA/CHIP Leadership Council Meeting 1	<ul style="list-style-type: none"> • Orientation
October-December 2015	Community Stakeholder Survey	<ul style="list-style-type: none"> • Community Input on health of community
November 2015	CHNA/CHIP Leadership Council Meeting 2	<ul style="list-style-type: none"> • Review initial indicators (300+) • Forces of Change • Identify issues for research
December 2015	Local Public Health System Assessment <i>(hosted by Flagler Cares)</i>	<ul style="list-style-type: none"> • Assess Public Health System
March 2016	CHNA/CHIP Leadership Council Meeting 3	<ul style="list-style-type: none"> • Review data/information and determine initial priorities
April 2016	Review & Input on Initial Priorities <i>(hosted by Flagler Cares)</i>	<ul style="list-style-type: none"> • Validate initial priorities • Map assets and needs
May 2016	CHNA/CHIP Leadership Council Meeting 4	<ul style="list-style-type: none"> • Finalize Priorities for countywide CHIP



June 2016	CHNA Complete	• CHNA finalized
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Prioritization Process

The Flagler County CHNA/CHIP Leadership Council met on March 30, 2016, to discuss fourteen health issues detailed in a 133-page document sent to each member prior to the meeting. The document included a summary of the Forces of Change exercise, Local Public Health System Assessment, 2015-2016 Community Health Survey and the latest indicator data related to each health issue. Members were asked to consider each health issue through the lens of three prioritization criteria:

1. **Impact:** How much does the issue affect other issues? What is the cost of NOT addressing it?
2. **Trend & Magnitude of Difference:** Has the trend improved or worsened in the last five years? How much worse is the problem in Flagler compared to Florida?
3. **Feasibility:** Are there successful strategies to address this problem? Is there a positive cost-benefit to addressing the problem?

Utilizing a multi-voting technique, the original 14 health issues were reduced to five initial priority health issues listed below. In addition to the five selected issues, the Leadership Council discussed the impact of poverty on all health and wellness issues and the importance of developing strategies that either address poverty directly or appropriately address the health disparities created by poverty.

Adult Behavioral Health (mental health, substance use/abuse, tobacco use)
Youth Behavioral Health (mental health, substance use/abuse, tobacco use)
Mothers & Children Under Age 5 (women’s health, teen pregnancy, prenatal care, birth outcomes, child health and development, early learning)
Chronic Disease: Cardiovascular Diseases & Diabetes (including the shared modifiable risk factors of healthy eating & physical activity)
Family Violence (domestic violence and child abuse/neglect)

The validation process included a Community Input Survey and a Community Meeting hosted by Flagler Cares. Forty-one (41) individuals responded to the survey and 37 individuals from 29

organizations participated in the community meeting. There was 80% or higher agreement with the Initial Priority Health Issues among the survey respondents and 100% agreement at the Community Meeting. The results of the validation process can be found in Appendix D.

Final Priorities

The Flagler Leadership Council reconvened on May 18, 2016 for a final review of the five initial health priorities. The group consensus was to keep all five health priorities as focus areas for the Community Health Improvement Plan. The Leadership Council collaboratively agreed upon specific issues for targeted action and established existing community activities and strategies to sustain. As the specific issues were identified for action, participating council members volunteered to champion them based on their community position and current assets. This meeting created a synergistic bridge between the Community Health Needs Assessment process and the Community Health Improvement Planning process by engaging the community leaders in both vital phases.

In May, 2017, 2018 and 2019, the Flagler Cares Executive Committee reviewed the 5 community health priorities, including actions taken to implement the strategies to address each priority below. At these reviews, it was determined through documentation and progress reports that all 5 priorities were being addressed through collaboration and action by Flagler Cares Coalition partners. For instance, the Sheriff's Office convened several community partners to tackle the rise in Family Violence (Priority #5) and January, 2017, a Domestic Violence Summit was held. A total of five sub-groups were formed to begin addressing the 3-year rise in domestic violence in Flagler County. Another example, involves our high suicide rate that relates to strategic area #1, which is Adult Behavioral Health. A Suicide Prevention Task Force comprised of 12 community partners was developed to raise awareness about this growing problem. A website, called Lifeline was created and community dialogues and community presentations were organized. One more example of partners in action, involves the DOH-Flagler who has taken the lead in lowering infant mortality by strengthening its prenatal program and introducing a program called Life Song. This initiative was developed for African American churches and educating congregations about safe sleep, good nutrition, importance of prenatal care and stopping tobacco use if pregnant.

Please see the table below for the five 2016-19 Community Health Improvement Plan priority areas and related strategies.

<i>CHIP Priority Area</i>	<i>Strategy/Actions</i>
Adult Behavioral Health	<i>1. Implement a Central Receiving System</i>
	<i>2. Provide Smoking Cessation Classes</i>
	<i>3. Implement Lung Cancer Screening Program</i>

	4. <i>Community Suicide Prevention Program</i>
	5. <i>Increase Mental Health First Aid Training</i>
	6. <i>Increase Inpatient Behavioral Health service capacity</i>
	7. <i>Increase Senior Behavioral Health education</i>
Youth Behavioral Health	1. <i>Implement a Community Action Team</i>
	2. <i>Expand School -Based Behavioral Health Services</i>
	3. <i>Expand Help Me Grow program</i>
Cardiovascular Disease	1. <i>Initiate Community Education strategies</i>
	2. <i>Provide Access to Free Health Screenings</i>
	3. <i>Increase awareness of Diabetes prevention and intervention</i>
	4. <i>Implement the Community Care Network program at Advent Health Palm Coast hospital</i>
	5. <i>Implement the American Diabetes Association's Morning Mile program at Rymfire Elementary School</i>
Mothers and Children Under Age 5	1. <i>Provide Newborn Education and Lactation classes</i>
	2. <i>Implement the Life Song program</i>
	3. <i>Establish a Circle of Friends program in Flagler County</i>
	4. <i>Expand WIC nutrition and breastfeeding support groups</i>
	5. <i>Promote family planning programs</i>
	6. <i>Improve the quality of Early Learning programs in Flagler County</i>
	7. <i>Ensure consistent delivery of prenatal care to women eligible for Medicaid</i>
	8. <i>Decrease preventable injuries to children</i>
Family Violence	1. <i>Launch a Community-wide initiative to address Domestic Violence</i>
	2. <i>Maximize reach of Start by Believing Campaign</i>

Summary of CHIP Annual Review Meeting

CHIP Priority Area #1: Adult Behavioral Health

Behavioral health is a term that covers the full range of mental and emotional well-being – from coping with daily life challenges to the often-complex treatment of mental illnesses, such as depression or personality disorder, as well as substance use disorder and other addictive behaviors. Now more than ever, health experts across all fields are recognizing the important link between good behavioral health and good overall health. According to the 584 respondents of the Community Health Survey, Behavioral Health related issues were the top three unhealthy behaviors Flagler County residents were most concerned about (Drug Abuse 51.9%, Alcohol Abuse 44.4% and, Mental Health/Stress 36%).

Mental Health

According to The Substance Abuse and Mental Health Services Administration (SAMHSA), good mental health is essential to overall health and personal well-being. The ability to lead a healthy, balanced and productive life stems, in part, from an individual's ability to handle emotions. Emotional problems can impair a person's thinking, feelings, and behavior and, over time, can become increasingly serious and disabling.

Since mental health and physical health are closely connected, mental health plays a major role in a person's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect a person's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery. The Centers for Medicare and Medicaid Services estimate that depression in older adults occurs in 25 percent of those with other illnesses, including: arthritis, cancer, cardiovascular disease, chronic lung disease, and stroke.

According to the Healthy People 2020 report, mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to SAMHSA's 2014 National Survey on Drug Use and Health (NSDUH) an estimated 43.6 million (18.1%) Americans aged 18 and up experienced some form of mental illness. In the past year, 20.2 million adults (8.4%) had a substance use disorder. Of these, 7.9 million people had both a mental disorder and substance use disorder, also known as co-occurring mental and substance use disorders.

Suicide: Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, per the Centers for Disease Control and Prevention (CDC), suicide is the 10th leading cause of death in the United States, accounting for the deaths of approximately 41,149 Americans in 2013 and The Florida Department of Health's (FDOH) Bureau of Vital Statistics reported a 14.4 rate of suicide per 100,000 in Flagler County.

Substance Abuse

Drug abuse and addiction have negative consequences for individuals and for society. Estimates of the total overall costs of substance abuse in the United States, including productivity and health- and crime-related costs, exceed \$600 billion annually according to the National Institutes of Health. This includes approximately \$193 billion for illicit drugs, \$193 billion for tobacco, and \$235 billion for alcohol. As staggering as these numbers are, they do not fully describe the breadth of destructive public health and safety implications of drug abuse and addiction, such as family disintegration, loss of employment, failure in school, domestic violence, and child abuse.

Tobacco: Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least 1 serious tobacco-related illness. Tobacco use brings premature death to almost half a million Americans each year and in Flagler County 20.6% of adults are smoking despite these risks. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, respiratory infections, and asthma. *(Northeast Florida Counts)*

Alcohol: Drinking alcohol has immediate physiological effects on all tissues of the body, including those in the brain. Alcohol is a depressant that impairs vision, coordination, reaction time, judgment, and decision making, which may in turn lead to harmful behaviors. According to the CDC, excessive alcohol use, either in the form of heavy drinking (drinking more than two drinks per day on average for men or more than one drink per day on average for women), or binge drinking (drinking more than 5 drinks during a single occasion for men or more than 4 drinks during a single occasion for women), can lead to increased risk of health problems, such as liver disease and unintentional injuries.

Alcohol abuse is also associated with a variety of other negative outcomes, including employment problems, legal difficulties, financial loss, traffic accidents and other injuries, family disputes, and other interpersonal issues. The prevalence of binge drinking among men is twice that of women. In addition, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. Motor vehicle crashes that involve an alcohol-impaired driver kill 32 people in the United States every day. The annual cost of alcohol-related crashes totals more than \$51 billion. The 2015 County Health Rankings showed that of the 93 driving-related deaths in Flagler County, 39 were alcohol-related.

Drug Abuse: Drug abuse and its related problems are among society's most pervasive health and social concerns. Addicted persons frequently engage in self-destructive and criminal behavior, which can result in injury or death. In addition, recreational drug-use can lead to unintentional overdose and death. Drug overdose deaths are the leading cause of injury death in the United States, with over 100 drug overdose deaths occurring every day. The death rate due to drug overdose has been increasing over the last two decades.

Local Data Summary

Behavioral Health: The percentage of adults in Flagler County who self-reported they were current smokers was 23% higher than the Florida rate in 2013. Flagler adults also self-reported an increase in heavy or binge drinking from 2010 through 2013. The rate of alcohol-suspected motor vehicle traffic crashes and crashes with injuries both increased over a five-year reporting period ending in 2014. The rate of alcohol-suspected motor vehicle traffic crash deaths decreased yet remained more than twice the Florida rate. Additionally, the rate of deaths from chronic liver disease and cirrhosis almost doubled over the reported years. Both counts and rates for chronic liver disease and cirrhosis deaths are higher for males than for females in Flagler County. ZIP Code 32137 had the highest cirrhosis death rate both countywide and for Blacks while 32110 had the highest rate for Whites during 2012-2014. There were no deaths due to cirrhosis reported for Hispanics during those years.

In 2015, the most common (30.8%) primary drug of choice for adults entering substance abuse treatment at Stewart-Marchman-Act Behavioral Healthcare was marijuana although there was a decrease from 2011 to 2015. Alcohol was the second most common and almost doubled since 2011. Less common were Hydromorphone (Dilaudid) which showed an increasing five-year trend and Oxycodone (Oxycontin) which showed a decreasing trend over the same time period.

Mental Health: In 2013, Flagler adults -- by self-report -- had fewer recent poor mental health days and unhealthy mental days than did Florida adults statewide. Additionally, a lesser percentage of Flagler adults than Florida adults reported that they had ever been told they had a depressive disorder. The Flagler suicide death rate was very similar to Florida and decreased slightly over the reported years. The incidence of suicide deaths among Flagler adults ages 19 to 21 was 2 or fewer for each three-year period reported and had a decreasing trend over the reported years with no occurrences in 2012-2014. There were a greater number and higher rate of suicide deaths among males than females in Flagler. ZIP Code 32110 had the highest suicide death rate countywide and for Whites during 2012-2014. For that same time period, the rates were highest for Hispanics in 32110. The rate for Blacks was unstable due to a count fewer than

Key Partners: SMA Healthcare, Halifax Health, Law Enforcement, Advent Health Palm Coast, other community mental health providers

<u>Strategy</u>	<u>2018-19 Outcomes</u>	<u>Lead and Partners</u>	<u>Status</u>
A.1. Seek funding to implement a Central Receiving system for individuals needing evaluation or stabilization for mental health or substance abuse crisis services.	SMA Healthcare has successfully maintained their CRS funding from the Legislature. A \$ 2million federal Zero Suicide grant was awarded to SMA. SMA has created a Mobile Crisis Response Team	SMA Healthcare, Halifax Health, Adventist Health Palm Coast, hospital and other service providers	
A.2. Provide Smoking Cessation Classes in various locations around the County	Advent Health Palm Coast and AHEC provided classes to 88 individuals in 2018. DOH-Flagler provided 12 classes for	Advent Health Palm Coast, AHEC and DOH-Flagler	

	pregnant mothers in 2019 through a program called 'Tobacco Free Baby and Me' in 2019; Free diapers are an incentive.		
A.3. Provide lung cancer screening to at risk individuals	In 2018, Advent Health Palm Coast provided low dose CT lung screenings to 171 individuals	Advent Health Palm Coast	
A.4. Suicide Prevention Awareness: Flagler County has the highest suicide rate in the State of Florida. The data shows 30 suicides per 100,000 people in 2018. All age ranges are affected.	In 2018, Flagler Cares created a 12-person Suicide Prevention Task Force. The TF created a website called Lifeline, education materials, prevention training and community events, presentations. In March, 2019, QPR (Question, Persuade, Refer) training was provided for our community by a Regional Suicide Prevention Specialist.	12-person Suicide Prevention Task Force, Flagler Cares, UCF, USF, Florida Council for Community Mental Health, Lutheran Health Systems	
A.5. Mental Health First Aid Training	Both SMA Healthcare and Flagler County Schools are providing this training	SMA Healthcare, Focus on Flagler Youth, DCF SAMH Office and FL LINC project.	
A.6. Increase inpatient psychiatric service capacity	Halifax Health inpatient psychiatric unit expanded in 2018. 174 patients were served in 2017 and 298 served in 2018.	Halifax Health	
A.7. Increase Senior behavioral health education	In 2018, Halifax Health provided 17 emotional wellness education opportunities in Volusia County and 1 in Flagler. Collectively, the 18 events served 263 seniors. The YMCA provided 3 Dementia classes to 32 seniors. In 2018, More classes will be held in October, 2019	Halifax Health, Healthy Living Centers and YMCA.	

 symbol denotes that progress has been made

 denotes that strategy was achieved and ongoing

CHIP Priority Area #2: Youth Behavioral Health

Behavioral Health

According to SAMHSA, mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities. In 2014, 2.8 million youth (ages 12 to 17) had a major depressive episode during the past year. People with a mental health issue are more likely to use alcohol or drugs than those not affected by a mental illness, and substance use can often be an indicator that there is an underlying mental health issue that needs to be addressed. In 2014, an estimated 22.5 million Americans aged 12 and older self-reported needing treatment for alcohol or illicit drug use.

These disorders are among the top conditions that cause disability and carry a high burden of disease in the United States, resulting in significant costs to families, employers, and publicly funded health systems. By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide. In addition, drug and alcohol use can lead to other chronic diseases such as diabetes and heart disease. Addressing the impact of substance use alone is estimated to cost Americans more than \$600 billion each year.

Preventing mental and/or substance use disorders and related problems in children, adolescents, and young adults is critical to Americans' behavioral and physical health. Behaviors and symptoms that signal the development of a behavioral disorder often manifest 2-4 years before a disorder is present and according to NIH, 50% of mental health disorders have their onset by age 14.

In addition, the Institute of Medicine and National Research Council's Preventing Mental, Emotional, and Behavioral Disorders Among Young People report – 2009, notes that cost-benefit ratios for early treatment and prevention programs for addictions and mental illness programs range from 1:2 to 1:10. This means a \$1 investment yields \$2 to \$10 savings in health costs, criminal and juvenile justice costs, educational costs, and lost productivity.

Mental Health Disorders:

If approximately one out of five adolescents have a diagnosable mental health disorder and nearly one third show symptoms of depression, it is important for all systems of care, including families, to have access to screening tools and information about where and how to receive treatment. Flagler youth often have access to care barriers when it comes to receiving services as clinical resources are often located outside the county, especially for crisis stabilization.

According to the U.S. Department of Health and Human Services Office of Adolescent Health, important mental health habits—including coping, resilience and good judgment—help adolescents to achieve overall wellbeing and set the stage for positive mental health in adulthood. It is estimated that approximately one in five adolescents has a diagnosable mental disorder, such as depression and/or anxiety disorders and that less than half of adolescents with psychiatric disorders are thought to have received any kind of treatment in the last year.

According to SAMHSA an estimated 1.7 million young adults ages 18 to 25 in the United States had a serious mental illness, and their prognosis was greatly enhanced when the early signs and symptoms were discovered and treated during adolescence.

According to the National Institute of Mental Health, of teens 13-18, 11% will have a mood disorder, 10% a behavior or conduct disorder and 8% an anxiety disorder (these can be co-occurring). Warning signs aren't always obvious as they mimic what is considered typical teenage behavior, but more common symptoms include persistent irritability, repeated substance use, anger or social withdrawal, as well as major changes in appetite or sleep. Mental health disorders can disrupt school performance, harm relationships, and lead to suicide (the third leading cause of death among adolescents). Barriers such as not recognizing the symptoms early on, or fear of labeling and stigma regarding mental health disorders, inhibit some adolescents and their families from seeking help.

Delinquency: Delinquency, mental health and substance abuse can be co-occurring. According to the National Institute for Mental Health, 70% of youth in state and local juvenile justice systems have a mental illness. Youth who have a juvenile record may face future barriers that will impact their health and wellbeing, such as the inability to apply for certain jobs, gain entrance into certification programs, university systems or the military. Flagler County's juvenile arrests have steadily declined since 2010 with 319 intake arrests (223 youth) in the 2014-15 fiscal year per the Juvenile Justice Information System.

Suicide: Young people with mental health problems such as anxiety, depression, bipolar disorder, or insomnia are at higher risk for suicidal thoughts. Teens experiencing major life changes (parents' divorce, the loss of a loved one, moving, a parent leaving home due to military service or parental separation, relationships failing, financial changes) and those who are victims of bullying are at greater risk of suicidal thoughts. According to the CDC, among high school students in the United States, females were more likely to report having considered, planned, and attempted suicide compared to males.

Youth Alcohol Use in Florida

The Florida Youth Substance Abuse Survey (FYSAS) is administered bi-annually to randomly selected middle & high school students. The survey includes questions to measure the percent of self-reported use of alcohol and the self-reported use of marijuana or hashish by high school students and middle school students in the past 30 days. With overall prevalence rates of 46.7% for lifetime use and 21.7% for past-30-day use, alcohol is the most commonly used drug among Flagler County students, and 20% of high school students reported riding in a car with a driver who was under the influence of alcohol.

According to research by the National Institute on Alcohol Abuse and Alcoholism, adolescents who begin drinking at a young age are more likely to develop alcohol dependence than those who begin drinking at age 21 due to the social, emotional and neurological patterns established during this critical developmental period. Alcohol use also impairs judgment and can lead to other high-risk behaviors such as drunk driving and sexual activity. Excessive alcohol use in the form of binge drinking can lead to increased risk of health problems such as liver disease or

unintentional injuries. According to the most recent FYSAS report, 10.4% of Flagler County Youth reported binge drinking.

Tobacco: Youth who start smoking young are more likely to have a long-term addiction to nicotine than people who start smoking later in life, putting them at greater risk for smoking-related illness and death. If smoking prevalence among adolescents persists, it is estimated that 5 million persons under the age of 18 will die prematurely from smoking-related diseases. According to the 2014 FYSAS, 21.7% of Flagler youth reported “any lifetime” cigarette use and 7.5% “past 30-day” use.

Marijuana: Among youth, illicit drug use is associated with heavy alcohol use, tobacco use, delinquency, violence, and suicide. Marijuana is the most commonly abused illicit drug by Flagler youth, with a 27.6% “any lifetime” and 13.3% “past 30-day” use. Marijuana intoxication can cause distorted perceptions, impaired coordination, difficulty thinking and problem solving, and problems with learning and memory with adverse effects that last for days or weeks after the acute effects of the drug have worn off. Chronic marijuana use can lead to addiction. Addictive behaviors may result in harmful effects on social functioning in the context of family, school, work, and recreational activities. Students who are not current marijuana users are more than twice as likely to report an average grade of “A” than those who are current users of marijuana. In Flagler County, 10.5% of surveyed students reported using Marijuana before or during school and 23.8% reported riding in a car with someone driving under the influence of marijuana.

Local Data Summary

Behavioral Health: The percentage of middle school and high school students in Flagler County who self-reported they had used alcohol in the past 30 days or reported binge drinking decreased over the reported years. The rate for each of those indicators was similar to the Florida rate. There was also a decrease in middle school students who reported using marijuana/hashish in the past 30 days and the rate was consistently higher than the state rate. The percent of high school students who reported using marijuana/hashish increased then decreased over the reported years ending almost at the same percentage as it began and the same as the state percentage. The percentage of middle school and high school students who reported smoking cigarettes in the past 30 days decreased over the years reported; however, the percent of middle school students increased slightly in the last year reported from the previous reported year. Both percentages were higher than the Florida percentage.

Mental Health: The percentage of children in grades K-12 who were Emotionally Handicapped has decreased over the five years reported and was lower than the Florida rate throughout. The Suicide Death Rate for youth ages 12 to 18 started lower than the state rate and increased with the count going from 0 in the initial three-year period to 2 in the final three-year period reported ending higher than the state rate. Over the same time period, the rate for non-fatal hospitalizations for self-inflicted injuries for youth ages 12 to 18 decreased with a count of 4 or fewer each single year of the three-year rates reported and the rate consistently below the Florida rate. The rates for referral to the Department of Juvenile Justice decreased significantly and was higher than the Florida rate.

Key Partners: SMA Healthcare, Flagler Schools, DCF, Department of Juvenile Justice, SEDNET, Community Partnership for Children, United Way, Early Learning Coalition, Halifax Health

<u>Strategy</u>	<u>2018-19 Outcomes</u>	<u>Lead and Partners</u>	<u>Status</u>
B.1. Seek funding to implement a Community Action Team in Flagler	In 2017, funding for CAT teams was achieved through a Legislative Budget request by DCF. Halifax Health won the contract to provide mental health and substance abuse services to children aged 11 to 21. In 2018, the Flagler CAT team served 15 youth. In 2019, Halifax Health served an additional 19 youth	Halifax Health, SMA Healthcare, Flagler schools, DCF, DJJ, SEDNET, Community Partnership for Children	
B.2. Expand School-Based Behavioral Healthcare services	In 2018, Halifax Health, Flagler School System, SMA and Flagler Cares teamed up and won 2 grants, totaling \$400,000 to provide a new centralized and coordinated system of mental health and substance abuse services. The goal is to divert students from the Juvenile Justice system and avoid hospitalization through Baker Act. In 2018, 514 students had been screened and referred for behavioral health services. Services are continuing in 2019. As of March 31, 2019, 728 youth have been referred for services.	Flagler Schools, Halifax Health, DCF, Lutheran Health, Flagler Cares, SMA Healthcare, DJJ.	
B.3. Expand the Help Me Grow program in Flagler County	In 2018, 192 Flagler children ages birth to 8 years old took the ASQ-SE (Social-Emotional) screening at the Health Department via the WIC program. Help Me Grow screening and promotion continues in 2019.	DOH-Flagler, Early Learning Coalition, Healthy Start, United Way	

CHIP Priority Area #3: Cardiovascular Disease and Diabetes

Chronic diseases and conditions—such as heart disease, stroke, cancer, and diabetes—are among the most common, costly, and preventable of all health problems. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers.

According to the Centers for Disease Control and Prevention (CDC):

- As of 2012, about half of all adults in the United States—117 million people—had one or more chronic health conditions. One of four adults had two or more chronic health conditions.
- Seven of the top 10 causes of death in the United States in 2010 were chronic diseases. Two of these chronic diseases—heart disease and cancer—together accounted for nearly 48% of all deaths. In 2014, 46% of all Flagler County deaths were from heart disease and cancer, with cancer being the leading cause of death according to Florida CHARTS.

Health risk behaviors contribute significantly to this high prevalence of chronic diseases. Four of these health risk behaviors—lack of exercise or physical activity, poor nutrition, tobacco use, and drinking too much alcohol—cause much of the illness, suffering, and early death related to chronic diseases and conditions.

While chronic disease affects health and quality of life, it is also a major driver of health care costs. According to the CDC, in 2010, eighty-six percent of all health care spending was for people with one or more chronic medical conditions.

Cardiovascular Diseases

Heart Disease: The term "heart disease" refers to several types of heart conditions. The most common type of heart disease in the United States is coronary artery disease, which affects the blood flow to the heart. Decreased blood flow can cause a heart attack. The Flagler County heart failure rate and rate among Whites in Flagler County has exceeded the state rate for the last five years.

Cerebrovascular Disease or Stroke: A stroke occurs when blood vessels carrying oxygen to the brain become clogged (or burst), thereby cutting off the brain's supply of oxygen. Each year, approximately 795,000 people in the U.S. will suffer a new or recurrent stroke. The risk of stroke more than doubles with each decade of life for those that are 55 and older.

Diabetes: Diabetes is a disease in which blood glucose levels are above normal. Diabetes can cause serious health complications including: heart disease, blindness, kidney failure, and lower-extremity amputations. The A1C test is a common blood test used to diagnose type 1 and type 2 diabetes and then to gauge how well diabetes is being managed. In Flagler County, the diabetes death rate was higher than the state rate and there was an age-adjusted death rate disparity for Blacks with diabetes in 4 out of the 5 reporting periods.

Modifiable Risk Factors: Chronic diseases are the leading causes of death not just in Flagler, but worldwide and a small set of common risk factors are responsible for most of the main chronic diseases. These major risk factors are modifiable and the same in men and women; unhealthy diet, physical inactivity and tobacco use. Harmful alcohol use is also an important contributor to the global burden of disease but its relationship to chronic disease is more complex.

Regular physical activity can help people manage their weight as well as reduce their risk for chronic disease. According to guidelines set by the Centers for Disease Control and Prevention, children and adolescents should get 60 minutes or more of physical activity per day, and adults 18 years and older should get 150 minutes of physical activity per week. Most people do not get the recommended amount of daily activity.

Proximity to exercise opportunities, such as parks and recreation facilities, has been linked to an increase in physical activity among residents. Regular physical activity has a wide array of health benefits including weight control, muscle and bone strengthening, improved mental health and mood, and improved life expectancy.

As reported on the Community Health Survey, Flagler residents' *Top 5 Things that Allow YOU to be Healthy Where You Live are:*

- Access to health care
- Having a clean and healthy environment
- Access to places where they could be active
- Areas where it is easy and safe to walk
- Low Crime rates/safe neighborhoods

Adults who are Overweight: The percentage of overweight and obese adults is an indicator of the overall health and lifestyle of a community. Losing weight and maintaining a healthy weight helps prevent and control these diseases. Being overweight or obese carries significant economic costs due to increased health care spending and lost earnings.

Obesity Increases Risk of:

- Heart disease
- Type 2 diabetes
- Cancer
- Hypertension
- Stroke
- Liver Disease
- Gallbladder disease
- Respiratory problems
- Osteoarthritis

Adults with Good Physical Health: According to the CDC, physical activity:

- helps control weight, increases chances of living longer
- reduces risk of cardiovascular disease
- reduces risk of type 2 diabetes and metabolic syndrome
- reduces risk of some cancers
- strengthens bones and muscles
- improves mental health and mood
- improves ability to do daily activities and prevent falls

Children: Inactivity during childhood and adolescence increases the likelihood of being inactive as an adult. Adults who are less active are at greater risk of dying of heart disease and developing diabetes, colon cancer, and high blood pressure. Half of American youths ages 12-21 are not vigorously active on a regular basis, and about 14 percent of young people report no recent physical activity. Participation in all types of physical activity declines drastically with both age and grade in school.

Local Data Summary

Cardiovascular Diseases: The Flagler age-adjusted rate for heart failure deaths increased over the years reported and was higher than the Florida rate. Flagler males had consistently higher rates for heart failure deaths than Flagler females with higher counts for three of five time periods reported. The highest heart failure death rate countywide and for Whites was in ZIP Code 32110 with the highest count in 32164. The counts for both Blacks and Hispanics were fewer than 5 causing the rates to be considered unstable. The hospitalization rate for congestive heart failure decreased over the reporting period and ended slightly lower than the Florida rate. While Blacks and Hispanics had a lower death rate than Whites, the hospitalization rate for Blacks was higher than that of Hispanics and Whites which were very similar.

Regarding coronary heart disease, Flagler's age-adjusted hospitalization rate decreased from 2010 to 2013 then increased in 2014 to end higher than the Florida rate while the age-adjusted death rate increased consistently and remained lower than the Florida rate. Flagler males have coronary heart disease death rates more than twice Flagler females with counts higher in every time period reported. The Hispanic hospitalization rate was consistently lower than the rate for Whites while the rate for Blacks decreased from 2010 to 2011 then increased for the remaining years. The coronary heart disease death rate for Whites mirrored the county rate with the rate for Blacks and Hispanics having been very similar and trended upward more steeply. The coronary heart disease death rate was highest in ZIP Code 32136 though the count was highest in 32164. The highest rate for Blacks and Hispanics was 32137 and the highest rate (and lowest count) for Whites was in 32110.

Hospitalizations with a primary diagnosis of cardiovascular disease and an associated diagnosis of obesity had the highest count overall and among Whites in ZIP code 32164 and the highest rate in 32110. The rate among Blacks was highest in 32110 and more than double the next

closest ZIP code, 32137, although 32164 had the highest count. The lowest rates were among Hispanics in all ZIP codes. There were no hospitalizations with these two diagnoses among Blacks or Hispanics in ZIP code 32136.

Regarding stroke, the Flagler age-adjusted rate for both hospitalizations and deaths has remained somewhat steady and similar to the Florida rate. For both hospitalization and death rates, Hispanics in Flagler County had the lowest rates, Whites and Blacks had rates similar to the county rate. The stroke death rate was similar in three ZIP Codes and all were higher than 32164. The rate for Whites was highest in 32110. The rates by ZIP Code for Blacks and Hispanics were considered borderline unstable due to counts of 6 or fewer. In Flagler, the age-adjusted deaths from stroke for females had consistently higher counts and rates than Flagler males. A slightly higher percentage of Flagler adults had been told they had high blood cholesterol than Florida adults. Flagler also had a slightly higher percentage of adults than Florida who had ever been told they had hypertension.

Diabetes: The Flagler age-adjusted Diabetes death rate increased slightly over the reported years and ended slightly higher than the Florida rate. The rate was highest for Blacks (which increased overall) and lowest for Hispanics (which decreased overall) in most years with the White rate similar to the county rate. The diabetes age-adjusted death rates and counts were higher for Flagler males (sometimes twice as high) as for Flagler females. The highest rate for diabetes deaths was in ZIP Code was in 32110 with the highest count in 32137. The highest diabetes death rate for Whites was in ZIP Code 32110 with the highest count in 32164. The ZIP Code rates for Blacks and Hispanics were considered borderline unstable due to counts of 7 or fewer. The rate of preventable hospitalizations for adults under 65 increased over the years reported surpassing the state rate in 2013. Hospitalizations with a primary diagnosis of diabetes and an associated diagnosis of obesity were highest overall and among Whites in ZIP code 32137 by count and highest in 32110 by rate. Both the count and rate overall and among Whites were lowest in 32164 where there were no hospitalizations among Blacks or Hispanics. The rate among Blacks was higher than all other races/ethnicities in 32110 and 32136 with the 32110 rate more than double 32136 and almost triple the rate of Whites in 32110. Hispanics had the lowest counts and rates in all ZIP codes for all races/ethnicities.

Diabetes hospitalizations for ages 12 to 18 decreased then increased and ended essentially the same as it began remaining below the state rate throughout. The percentage for Flagler adults who have ever been told they had Diabetes was slightly lower than the Florida percentage.

Healthy Eating and Physical Activity: The percentage of middle school students without sufficient vigorous physical activity decreased and was consistently lower than the Florida percentage. For high school students, the percentage decreased then increased ending essentially the same as Florida. Flagler adults who meet muscle strengthening recommendations had a slightly higher percentage than Florida. In addition, the percentage of Flagler adults who are inactive or insufficiently active is less than Florida. The percentage of WIC children age 2 or older who are overweight or obese decreased over the years reported and was consistently lower than Florida. Similarly, the percentage of middle and high school

students who are overweight decreased and was consistently lower than Florida. For middle and high school students who are obese, the Flagler percentage increased and remained lower than the Florida percentage throughout. The percentage of middle school students with a BMI at or above the 95th percentile increased and surpassed the Florida percentage in 2012. High school students with the same BMI percentile also increased but the percentage remained somewhat lower than Florida. Adults who self-reported being overweight decreased slightly over the years reported and was essentially the same as Florida. Adults who are obese also decreased and fell below the state in 2013. Concurrently, the percentage of adults who self-reported having a healthy weight increased and rose above the state percentage in 2013. Adults who reported consuming five or more servings of fruits or vegetables per day had a slightly lower percentage in Flagler than in Florida statewide. Hospitalizations with nutritional deficiencies were highest in count and rate in 32164. The counts for Blacks and Hispanics in each ZIP Code were 3 or fewer causing the rates to be considered unstable. Although the counts for Whites were not large, the count and rate was highest in 32164. A greater percentage of Flagler adults said their overall health was “good” to “excellent” than did Florida adults.

Key Partners: DOH-Flagler, Halifax Health, Early Learning Coalition, Advent Health

Palm Coast hospital

<u>Strategy</u>	<u>20128-19 Outcomes</u>	<u>Lead and Partners</u>	<u>Status</u>
C.1. Increase community health, wellness, healthy eating and ‘change your life’ programs in Flagler County	In 2018, Halifax Health Renew You employee services provided 39 Healthy/Eating/Nutrition/Living Well educational events to 507 individuals and another 537 attended Halifax Health’s Diabetes Self-Management training program. Advent Health Palm Coast implemented outreach and health education to 2,000 individuals and 66 participated in the Creation Health program. DOH-Flagler implemented their DSME, MNT and DPP program in January, 2019. Early Learning Coalition of Volusia and Flagler Counties implemented the 5-2-1-0- campaign to child care providers.	DOH-Flagler, Advent Health Palm Coast, Halifax Health, Early Learning Coalition	
C.2. Provide access to free health screenings (Cholesterol,	In 2018, Halifax Health provided these screenings to 2, 367 employees of which 210 were Flagler County	Halifax Health, DOH-Flagler, Advent Health Palm Coast hospital.	

<p>HbA1C, Blood Pressure)</p>	<p>residents. Advent Health Palm Coast provided 585 screenings. In January, 2019, DOH-Flagler began diabetes screening to identify eligible patients for DSME, MNT and DPP classes. Outreach has occurred at 17 physicians with Advent Health Medical Group, 22 other PCP's, Espanola Community Center, Publix and local churches.</p>		
<p>C.3. Increase awareness of Diabetes prevention, education and intervention services</p>	<p>In 2018, DOH-Flagler planned a Diabetes Self-Management Education, Medical Nutritional Therapy and Diabetes Prevention Program. A \$140,000 grant was received to begin hiring staff. 2.5 FTE's were hired in 2019. Outreach, screening services, patient assessments and classes began in January, 2019. Thus far, 10 patients completed DSME classes; DPP classes will begin in the summer, 2019. A \$300,000 Florida Blue grant has been applied for.</p>	<p>DOH-Flagler</p>	
<p>C.4. Implementation of Advent Health's Community Care Program.</p>	<p>Dr. Stephen Bickel, Medical Director for DOH-Flagler and DOH-Volusia is also Clinical Director of the hospital's Community Care Network, which is focused on decreasing unnecessary ER admissions due to poor coordination of care and case management of underserved, non-compliant, patients with chronic disease. In 2018, 55 patients participated in the program and avoided inpatient admissions.</p>	<p>DOH-Flagler, Advent Health Palm Coast hospital and Emergency Room.</p>	
<p>C.5. Implement the American Diabetes Association Morning Mile program in School System</p>	<p>In 2018, Advent Health Palm Coast partnered with Rymfire Elementary school and implemented the Morning Mile before school walking program. 37 students participated.</p>	<p>Advent Health Palm Coast hospital, Flagler County school system, Rymfire Elementary</p>	

CHIP Priority Area #4: Maternal and Child Health Under Age 5

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system (Healthy People 2020). There is now extensive evidence that conditions before birth and in early childhood influence health in adult life. For example, low birth weight is now known to be associated with increased rates of high blood pressure, heart disease, stroke and diabetes.

Factors Affecting Pregnancy, Infant and Child Health:

- Preconception health status
- Age
- Access to appropriate preconception and inter-conception health care
- Poverty
- Socio-demographic factors (family income, physical and mental health of parents and caregivers)

Low Birth Weight: Birth weight is one of the strongest predictors of an infant's health and survival. Low birth weight is often associated with premature birth. Babies born with a low birth weight are more likely to require specialized medical care and there may be risk of infant death or long-term disability.

Fetal Mortality: Fetal mortality is the death of a fetus or baby after 20 weeks' gestation. Florida CHARTS notes that fetal mortality and the fetal mortality rate reflect the health and well-being of the population's reproductive-age women, their pregnancies, and quality of the health care available.

Infant Mortality: Infant mortality is the death of a live-born baby during the first year of life. Pre-term birth (<37 weeks gestation) is a major contributor to infant mortality. Florida CHARTS states that infant mortality and the infant mortality rate reflect the health and well-being of the population's women of reproductive age and their infants as well as the quality of health care available. It further states that infant mortality information is used by local governments and organizations to identify areas in need and designate available resources.

Births to Mothers with First Trimester Prenatal Care: Prenatal care refers to the medical care that women receive during pregnancy. Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. To achieve the greatest benefit for both the mother and baby, it is recommended that women begin prenatal visits in the first trimester of pregnancy or as soon as pregnancy is suspected or confirmed.

Teen Pregnancy: According to Florida CHARTS, teen pregnancy is a critical public health issue that affects the health, educational, social and economic future of the mother and child. Teen

pregnancy is closely linked to a host of other critical social issues as well: welfare dependency, out-of-wedlock births, responsible fatherhood, and workforce development. Adolescents are less likely to seek out prenatal care because they are afraid or embarrassed. This phenomenon and the immature physical nature of adolescents result in higher rates of low birth weight babies than in other age groups.

Early Child Development: According to the World Health Organization, early childhood development is the most important phase in life which determines the quality of health, well-being, learning and behavior across the life span. It is a period of great opportunity, but also of great vulnerability to negative influences and constitutes a unique phase for capitalizing on developmental forces to prevent or minimize disabilities and potential secondary conditions.

Health Insurance: Health insurance plays a vital role in helping children to stay healthy. Children require regular checkups, dental and vision care, vaccinations and medical attention for illness and injury. Children with health insurance are more likely to have better health throughout their childhood and adolescence, as they have access to care. Having access to regular screenings and immunizations improves school performance through less frequent illnesses and absences, therefore reducing overall health costs.

Children Fully Immunized: Immunizations protect children from contracting and spreading communicable disease such as measles, mumps, and whooping cough. These diseases can result in extended school absences, hospitalizations, and death. Childhood illnesses also have a significant financial impact on parents including costly medical bills and loss of work time.

Immunization is one of public health's leading health indicators and a primary defense against some of the deadliest and debilitating diseases known. It is particularly important to vaccinate small children to prevent them from contracting serious diseases that can be prevented by immunizations.

Early Learning and School Readiness: Child Trends reports that children with early skills are more likely to experience later success in education and employment. Flagler's Kindergarten readiness rates have slightly improved over the years despite a decline in participation in Voluntary Pre-Kindergarten Programs. A child's brain is already 80% formed by age 3; 90% by age 5, so exposing young children to early learning activities that help with language, social and emotional development, and equipping parents and caregivers with the skills to successfully support their children will improve not only their childhood but their future as an adult.

Local Data Summary

Births and Maternal Characteristics: Births to mothers ages 10-14 were 1 or fewer per year over the years reported as the rate decreased and was below the state rate from 2010-2012 to 2012-2014. Births to mothers ages 15-19 also decreased over the five years reported with the Flagler rate and Florida rate ending almost the same. The rate for Blacks was higher than Whites or Hispanics for four of the five years reported and decreased overall. The rate for Whites and Hispanics varied as to which was higher each year and each decreased overall.

The birth rate for mothers at a healthy weight at the time pregnancy occurred remained steady and below the state rate for the years reported. Births rates for mothers at a healthy weight were highest in ZIP Code 32137 although the highest count was in 32164. The highest count and rate for Black mothers at a healthy weight were in 32164. For White and Hispanic mothers at a healthy weight, the counts were highest in 32164 with the rates highest in 32137. The percentage of births to overweight mothers fluctuated slightly over the reported years and decreased ending slightly below the state percentage. The percentages for overweight Black mothers were the highest of all groups for three of the five years and lowest for White mothers for four of the five years reported. The count for births to mothers who were overweight was highest in 32164 with the highest rate in 32136. The highest rates for Black, White and Hispanic mothers who were overweight was in 32136 which also had the lowest counts for each group. The percent of mothers who were obese at the time pregnancy occurred remained steady over the years reported and very similar to the state percentage. Percentages for obese Black mothers were the highest of all groups for four of the five years and the percentage for Hispanic mothers was higher than White mothers for three of the five years reported. Rates for births to mothers who were obese at the time of pregnancy were highest in ZIP Code 32110 but the counts were highest in 32164. The rate for Black mothers who were obese was highest in 32137, highest for White mothers in 32110, and highest for Hispanic mothers in 32164. The counts for births to mothers who were underweight at the time of pregnancy were small with the highest rate in 32110 which also had the highest rate for White mothers. The counts for underweight Black and Hispanic mothers were 6 and fewer causing those rates to be considered unstable.

The percent of births to mother over age 18 without a high school education fluctuated and increased overall. The percentages for Black mothers and Hispanic mothers without a high school education exceeded that of White mothers each year with Black mothers having the highest percentage for three of five years. The Flagler percentage as well as the percentage for Whites and Hispanics without a high school education were lower than the state percentage throughout except for Hispanic mothers in 2011. Births to unwed mothers ages 15-19 and ages 20-54 increased slightly over the reported years and were very similar to the Florida percentages for both age groups.

Repeat Births: The number of repeat births to mothers ages 15 to 17 was 5 or fewer for each of the three-year periods reported causing the rate to be considered unstable. The Flagler percentage for repeat births to ages 15 to 17 and the percentages for Blacks, Whites, and Hispanics all decreased to 0 in 2012-2014 and were consistently below the Florida rate. The Flagler percentage of repeat births to mothers ages 15 to 19 decreased overall and was lower than the Florida percentage for all years reported. The percentages for Black mothers and Hispanic mothers for repeat births ages 15 to 19 started higher and ended lower than for White mothers. The percentage of repeat births to mothers age 18 to 19 decreased slightly overall and was very similar to the Florida percentage. The count for Black mothers and Hispanic mothers ages 18 to 19 having repeat births was 3 or fewer for each year from 2010 to 2014 which caused the rate to be considered unstable for those groups.

Maternal Health: The percentage of births with an inter-pregnancy interval of less than 18 months was the same in 2010 as it was in 2014 with a slight increase in 2012. The Flagler percentage was lower than the Florida percentage in all years reported except 2012. The percentage for Hispanic mothers increased and was the lowest of all groups for four of the five years. The percentage for Black mothers also increased and was the highest of all groups for three of the five years. The Flagler percentage of mothers who reported smoking during pregnancy fluctuated and ended essentially as it began and was higher than the Florida percentage throughout. The percentage for White mothers was the highest of all groups throughout with the percentages for Black mothers and Hispanic mothers similar to the Florida percentage. The Flagler rate for bacterial STDs among women ages 15 to 34 was consistently lower than the Florida rate and decreased over the reporting period. Women over the age of 17 self-reported heavy or binge drinking at a fluctuating percentage between 2007 and 2013 starting the same as the state percentage and ending higher.

Birth Characteristics: The Flagler percentage of very-low-birth-weight (VLBW) births remained steady and was consistently below the Florida percentage. The count for VLBW births for Blacks and Hispanics was 4 or fewer for each year from 2010 through 2014 causing the rates to be considered unstable for those groups. The Flagler percentage of low-birth-weight (LBW) births fluctuated slightly over the reporting period and ended essentially as it began and was lower than the Florida percentage throughout. The percentage for Black LWB births was the highest of all groups for all years. The LBW birth percentages for Whites and Hispanics were similar to the Flagler percentages. The highest percentage for LWB was in ZIP Code 32136 which had the lowest count which was also the case for White LBW births. The counts for Black and Hispanic LBW births in each ZIP Code were 6 and fewer causing the rates to be considered unstable. The percentage of multiple births in Flagler were steady with a slight increase in 2012-2014 and remained below the state percentage throughout. The counts for Blacks and Hispanics were 6 or fewer for each year from 2010 to 2014 causing the rates to be considered unstable for those groups. The Flagler percentage of pre-term births decreased slightly and was consistently lower than the Florida percentage. The percentages for Blacks fluctuated and decreased overall and the percentages for Hispanics fluctuated and increased overall.

Fetal and Infant Deaths: The Flagler fetal death rate increased over the reporting period and was similar to the Florida rate. The count for Black, White and Hispanic fetal deaths was 5 or fewer for each year from 2010 to 2014 except for Whites in 2013 (9) causing the rates to be considered unstable in most years for those groups. The count for neonatal mortality (0-27 days) was 5 or fewer for each year from 2010 to 2014. The Flagler neonatal mortality three-year rolling rate decreased for all Flagler groups and decreased to 0 (2012-2014) for Whites and Hispanics. The count for Black and Hispanic neonatal mortality was 4 or fewer for each time period causing the rates to be considered unstable. The Flagler neonatal mortality rate was higher than the Florida rate for three time periods and dropped below for the final two time periods. Similarly, the count for Flagler Post neonatal mortality (28-364 days) was 4 or fewer for each year from 2010 to 2014. The three-year rolling rate for Post neonatal mortality in Flagler increased and increased to become higher than the Florida rate. The Post neonatal mortality count for Blacks and Hispanics was 3 or fewer for all time periods reported causing those rates

to be considered unstable. The count for Whites was 4 or fewer for all three-year time periods except 2012-2014 causing the earlier rates to be considered unstable. The infant mortality rate for Flagler has fluctuated and increased slightly overall and was similar to the Florida rate. The Black infant mortality rate was higher than all groups for four of five time periods reported with a count of 5 or fewer in each time period. The Hispanic infant mortality rate was higher than the Flagler rate with a count of 3 or fewer in each time period causing the rate to be considered unstable. The Flagler rate for deaths from Sudden Unexpected Infant Deaths (SUID) increased and was higher than the Florida rate for the last three time periods of the five with a count of 4 or fewer each time period causing the rates to be considered unstable. The SUID rate for Blacks was the highest of all groups for three of the five time periods with a count for each of those three of 1. There were no Hispanic SUID deaths for any of the five time periods.

Prenatal Care: The Flagler rate for births with adequate prenatal care increased and was consistently above the Florida rate. The highest rate for births with adequate prenatal care was in ZIP Code 32136 with the highest count in 32164. The highest rates for Black births with adequate prenatal care was in 32164, highest for Whites in 32136 and highest stable rate for Hispanics in 32164 due to 32110 having a count so low the rate was considered unstable. The Flagler percentage of prenatal care entry in the first trimester increased slightly and was also above the Florida percentage for all years reported. The percentage for Blacks for first trimester entry into prenatal care was the lowest of all groups for four of the five years reported. The percentage for Hispanics entering prenatal care in the first trimester was lower than the Flagler rate for until the final year reported. The highest rate for births where prenatal care began in the first trimester was 32136 which had the lowest count. The highest stable rate for Black births with first trimester prenatal care was in 32164 (32136 rate was unstable), highest for White births in 32136, and highest for Hispanic births in 32137. The percentage of births to mothers with no prenatal care increased slightly and was lower than the Florida percentage throughout. The counts for births with no prenatal care for Blacks, Whites and Hispanics were 5 or fewer for each year reported causing rates to be considered unstable by race and ethnicity. Counts for births with no prenatal care were 2 or fewer in each ZIP Code causing the rates to be considered unstable. The rate for births with late entry into prenatal care were highest in 32137 with the count highest in 32164. The highest rates for Black births and White births with late entry into prenatal care were also 32137 with the highest count and rate for Hispanics in 32164.

Early Childhood: the rate of Flagler licensed child care centers and homes started slightly higher than the Florida rate, decreased and ended slightly lower. The rate of children in school readiness programs in Flagler County decreased by almost 25% and was lower than the Florida rate for all years reported. The percentage of Flagler children participating in Voluntary Pre-Kindergarten (VPK) decreased considerably (80.4% to 6.5%) and dropped lower than the Florida rate in 2012. The Flagler trend followed the same silhouette as the Florida trend. The rate of Flagler children displaying school readiness at Kindergarten entry increased and was essentially the same as the Florida rate throughout. The percent of immunization levels in kindergarten decreased and started higher than the Florida percentage, ending with the two percentages essentially the same. The percentage of mothers initiating breastfeeding increased over the years reported and was consistently lower than the Florida percentage. The percentage initiating breastfeeding was the lowest for Blacks among all groups for all years. The

percentage for Hispanics initiating breastfeeding was the highest of all groups for three of the five years. The rate of Flagler children ages 1-5 receiving mental health treatment services decreased by over 60% from 2006-2008 to 2009-2011 (most recent data available). The Flagler rate remained well below the Florida rate since 2007-2009. The rate for Asthma hospitalizations ages 1 to 5 decreased and was considerably lower than the Florida rate for all three-year time periods reported. The leading cause for non-fatal injuries leading to Emergency Department visits for children under age 5 was falls. The only cause for non-fatal injury hospitalizations for children under age 1 was also falls. The leading causes (tied) for non-fatal injury hospitalizations for children ages 1-4 was bites/stings and struck by, against.

Key Partners: DOH-Flagler, Halifax Health, Early Learning Coalition, Advent Health Palm Coast hospital, Flagler Cares, Healthy Start of Flagler and Volusia Counties, DOH-Flagler WIC program, DOH-Flagler's prenatal and women's health programs,

<u>Strategy</u>	<u>2018-19 Outcomes</u>	<u>Lead and Partners</u>	<u>Status</u>
D.1. Provide Newborn and Lactation classes	In 2018, Advent Health Palm Coast provided lactation education classes to 20 individuals. We don't have a birthing hospital in Flagler County. DOH-Flagler has a full time Breastfeeding Counselor and numerous classes on the benefits of breastfeeding and techniques are held throughout the year. DOH-Flagler has the 2 nd highest breastfeeding participation rate among its clients in the State of Florida. It is 86%.	Advent Health Palm Coast, DOH-Flagler	
D.2. Implement Life Song, a program developed by Healthy Start and focused on congregations from African American churches and providing health education on topics like Safe Sleep, stop smoking during pregnancy and preventing unintentional injury during infancy.	DOH-Flagler successfully began Life Song in Flagler County. In 2018, the Health Department hired a Life Song part time coordinator who conducted 24 presentations at Health Fairs and African American churches and organizations.	Healthy Start Coalition of Flagler and Volusia Counties, DOH-Flagler	

<p>D.3. Establish Circle of Parents program in Flagler County</p>	<p>In 2018, Healthy Start served 210 parents at 11 monthly Parent Café Dialogues held at SMA's Project Warm in Bunnell. In 2019, 57 parents have participated in 3 monthly café dialogues</p>	<p>Healthy Start Coalition, SMA Healthcare</p>	
<p>D.4. Expand promotion of nutrition and breastfeeding support groups through the WIC program</p>	<p>In 2018, the DOH-Flagler did outreach to 95 community groups and 1,582 individuals to raise awareness about the benefits of breastfeeding. Breastfeeding education and awareness activities have continued in 2019 and a part time breastfeeding counselor has been hired.</p>	<p>DOH-Flagler</p>	
<p>D. 5. Promote family planning services in pediatric offices and child care centers.</p>	<p>In 2018, Healthy Start, promoted family planning services through their Coordinated Intake and Referral CONNECT process that receives prenatal and infant screening information for pregnant and post-partum women. The HSCFV Subcontracted Community Liaison visits pediatric offices to share community resource information. In 2019, HSFVC adopted and implemented an Interconception Care curriculum and partnered with Florida Perinatal Quality Collaborative at USF to promote Long Acting Reversible Contraception insertion. HSFVC also partners with a local OB-GYN who does Title X tubal ligations for women with no health insurance. The DOH-Flagler provided 2,600 family planning services in 2018 and are on track to serve a similar number of clients and services in 2019.</p>	<p>Healthy Start Coalition of Flagler and Volusia, DOH-Flagler</p>	
<p>D.6. Improve the quality of early learning resources in Flagler County.</p>	<p>In 2018, the Early Learning Coalition of Flagler/Volusia received a donated RV and implemented PRESCHOOL PLAYLAND with 3 focus areas: community events, visiting areas considered child care deserts'</p>	<p>Early Learning Coalition of Volusia and Flagler</p>	

	and conduct house filed trips for preschools to model quality interactions for teachers and children. In 2019, the ELCFV will continue these activities		
D.7. Ensure consistent delivery of prenatal care to women on Medicaid and without insurance coverage	In Flagler County, we do not have a birthing hospital. The DOH-Flagler is the provider of choice for prenatal services. In 2018, 3,861 Medicaid prenatal visits occurred. This included 13,296 services related to pregnancy checks. Also, a new program called 'Baby and Me, Tobacco Free' was introduced in collaboration with AHEC and Tobacco Free Flagler. 5 classes were provided, 38 referrals were made, 11 individuals participated in the program and 3 mothers quit smoking while pregnant. In 2019, these activities will continue. In 2016 and 2017, the African American infant mortality rate in Flagler County was '0'.	DOH-Flagler, Healthy Start	
D.8. Decrease the number of preventable injuries to children	In 2018, Safe Kids Program information, including but not limited to care seat safety, pedestrian safety, bike safety and water safety were presented to 18,500 individuals at more than 70 events, 5 of which were held in Flagler County. 30 community care seat check-up events were held and 395 car seat inspection/installations were conducted. 3 National Child Passenger Safety Certification Training Courses were held and 29 individuals were certified as Child Passenger Safety Technicians. In 2019, these programs are continuing	Halifax Health	

CHIP Priority Area #5: Family Violence

Violence negatively impacts communities by reducing productivity, decreasing property values, and disrupting social services. The lasting trauma of witnessing or being a victim of violence can have life-long emotional, physical and social consequences.

Domestic Violence: Domestic Violence is any criminal offense resulting in physical injury or death of one family or household member by another family or household member, including assault, battery, sexual assault, sexual battery, stalking, kidnapping, or false imprisonment.

Domestic Violence impacts a large portion of our society. According to the CDC, every minute, about 20 people are physically abused by an intimate partner in the U.S. and more than 1 in 3 women will be victims of intimate partner violence in their lifetimes, as will more than 1 in 4 men. Females ages 18 to 24 and 25 to 34 generally experienced the highest rates of intimate partner violence, and abuse is more likely to occur in relationships outside of marriage. According to Florida CHARTS the Domestic Violence rate in Flagler is slightly higher than the state rate. Flagler County experienced a large spike in Domestic Violence reports in 2014.

Child Abuse: There are several types of child abuse including physical, sexual, and emotional abuse and most children who have reported abuse report multiple instances and types. Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood. All types of child abuse and neglect have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, work, school.

The Adverse Childhood Experiences (ACE) Study is the largest and most influential study of the relationship between childhood adversity and long term health. As researchers followed participants over time, they discovered that a person's adverse childhood experiences had a strong correlation to numerous health, social, and behavioral problems throughout their lifespan, including being associated with adulthood high-risk health behaviors such as smoking, alcohol and drug abuse, promiscuity, and severe obesity, and correlated with ill-health including depression, heart disease, cancer, diabetes stroke, chronic lung disease and shortened lifespan, with many of these problems tending to be co-occurring. With 8,703 child abuse related protective investigations reported by Community Partnership for Children in Volusia, Flagler and Putnam Counties in fiscal year 2015 and 1,127 children living in out of home care in 2016, both the immediate safety and the long-term well-being of this population must be taken into account.

Local Data Summary

Domestic Violence: The Domestic Violence offense rate in Flagler County started above the Florida rate in 2010 and decreased steadily, dropping below the state rate through 2013 then, in 2014, increased almost to where it began while the Florida rate continued to trend downward.

Child Abuse: The Flagler rate for children ages 5 to 11 experiencing child abuse was essentially equal to the Florida rate in the three-year period of 2008-2010. Flagler’s rate increased then decreased falling below the Florida rate in 2012-2014 ending lower than it began in the years reported. Over the same reporting period, the rate of Flagler children ages 5-11 who experienced sexual violence decreased steadily staying below the Florida rate from 2010-2012 through 2012-2014. The rate of Flagler infants in foster care started lower than the Florida rate. The Flagler rate increased and the Florida rate decreased to become the same in 2009-2011. Since that time period, both rates decreased with Flagler staying below the Florida rate. The rate of Flagler children ages 1 to 5 and 5 to 11 in foster care followed the same path by increasing over the first half of the reporting period and above the Florida rate then decreasing and ending below the Florida rate in 2012-2014. For Flagler children ages 12-17 in foster care the rate decreased over the years reported and remained well below the Florida rate throughout.

Key Partners: Flagler County Sheriff’s Office, Family Life Center, Community Partnership for Children, faith based organizations, SMA Healthcare, and a group of 20-25 who comprised 5 different sub-groups to address varying aspects of the community’s domestic violence problem that has increased since 2016.

<u>Strategy</u>	<u>2018-19 Outcomes</u>	<u>Lead and Partners</u>	<u>Status</u>
5.1. Launch a Community-wide initiative to address domestic violence	In 2017, the newly elected Sheriff initiated a Domestic Violence Summit. Approximately 50 folks from the community attended. In 2017 and continuing in 2018, a Task Force was developed that broke into 5 sub-groups. In 2018, the sub-groups reported out their recommendations to the Sheriff and other leaders for decreasing the incidence of family violence. Significant changes have been implemented including the creation of a full time DV detective, the creation of an InVEST (Intimate Violence Enhanced Service Team) program and the initiation of an ankle monitoring GPS	Flagler County Sheriff’s Office, Family Life Center	

	<p>system. While incarcerated, those charged with domestic violence can participate in anger management and behavior modification training. In 2019, these programs will continue and the domestic violence rate will be monitored.</p>		
<p>5.2. Maximize reach of the Start By Believing campaign</p>	<p>This is a public awareness campaign uniquely focused on the public response to sexual assault. In 2018, the Family Life Center participated in 31 events/presentations reaching about 15,500 people; 10 Flagler County businesses were engaged. In 2019, FLC held 17 events reaching approximately 17,645 people and engaged 12 local businesses.</p>	<p>Family Life Center</p>	

Revisions

In 2018-2019, the Flagler Cares Coalition began to address the social determinants of health. Social and economic factors, such as income, housing, education, employment, community safety, social and financial supports can significantly affect how healthy we are and how long we live. These factors impact our ability to make healthy choices, afford medical care, housing, manage stress and more. SDOH are receiving more attention in Flagler County especially the issue of homelessness and attainable, affordable and supportive housing. An affordable housing Summit was held in August, 2018. In February, 2019, the annual homeless count was taken. It resulted in an increase in the homeless from 70 in 2018 to 130 today. A homeless tent city whose population was around 50 folks and located adjacent to the county library has received much media attention. Homelessness has become a topic of discussion on BOCC's Safety Coordinating Council. The Flagler County Task Force on Homelessness and Housing has been recently revitalized as the group who will provide recommendations for change and response to the Board of County Commissioners. Both the City of Palm Coast and County government are engaged in the process. Volusia county has been grappling with this issue and solutions during the past 4 years.

Flagler County has a high percentage of ALICE (Asset Limited, Income Constrained, Employed) at 45%. 64% of households in Bunnell live in poverty and are below the ALICE threshold. Over 30% of Flagler County households spend more than 30% of their income on housing and all workers in the top 20 occupations are estimated to be housing burdened based on median wages. At the moment, we have no attainable, affordable, supportive housing in Flagler County.

The Flagler Cares Coalition, Executive Committee and Board of Directors has adopted a 'Housing First' philosophy as a major social determinant of health. We are working through the County's Attainable Housing Task Force recognized, supported by the City of Palm Coast and BOCC. A 4-pronged approach has been adopted and includes:

1. Community Education
2. Access to Existing Rental Housing Stock
3. New Housing development and learning from non-profit housing developers like Affinity, who have developed affordable apartments with case management supports in several Florida communities.
4. Research developer friendly public policy on homelessness and housing

For these reasons, Homelessness and Attainable Housing has been added to our Community Health Improvement Plan.

CHIP Priority Area # 6: Homelessness and Affordable Housing

<u>Additional Strategy</u>	<u>2018-19 Outcomes</u>	<u>Lead and Partners</u>	<u>Status</u>
6.1. Develop a community-wide strategy	Due to media attention surrounding a tent city	County government, BOCC, Cities of Bunnell	

to address homelessness and identify attainable, supportive housing solutions	near the library that was dismantled and an increase in the homeless count in 2019 (140 vs 70 a year ago,), city, county government has become more engaged, including residents of the county. A County Homeless and Housing task force has been developed. Its representation is broad based. The group is meeting on a regular basis and much work needs to be done	and Palm Coast, the Sheltering Tree, Family Matters of Flagler, Catholic Charities, Life Coast Food Pantry, LSF Health Systems, Family Life Center, several churches and social justice committees, County Sheriff's Office, United Way of Volusia and Flagler, DOH-Flagler, Flagler Cares, Volusia and Flagler Coalition for the Homeless.	
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Accomplishments

Goal	Objective	Accomplishment
1. Identify a strategy to address the high prevalence rate of persons with diabetes in Flagler County, which is 14% of the total population and greater than the state average.	1.1 Plan, seek funding for and implement a DSME, MNT and DPP programs in collaboration with community partners such as the DiaBEATes Alliance, hospital, foundation and primary care physicians.	In 2017, the DOH-Flagler researched, made site visits at other CHD's and conducted a needs assessment for a diabetes intervention program. In 2018, funding support of \$120,000 was established through the State DOH's Diabetes Program Office. A budget, work plan, communication plan for DSME, MNT and DPP was developed by the Director of Nursing. Funding was secured. DON hired a Diabetes Program Coordinator and DPP coordinator. In January, 2019, the Diabetes programs were implemented through numerous screening events, marketing to PCP offices, the beginning of patient assessments and DSME, MNT classes. DPP classes should start in the summer, 2019,
How it's important for our community: Diabetes is a significant chronic disease impacting our community the prevalence rate is 14% of the total population and 33-40% of the total population is estimated to be impacted by pre-diabetes. A person can prevent diabetes by adopting lifestyle changes (healthier eating, physical exercise, self-management of the disease) that are best practices to prevent many other health issues that can be reversed and prevented such as hypertension, obesity, stroke, cancer and heart disease.		
2. Identify a strategy to decrease the	2.1 Implement a community wide response to the	In 2017-18, Flagler Cares formed a Suicide Prevention Task Force comprised of 12 individuals. The task force leads

high rate of Suicide in Flagler County, which is 30 per 100,000 compared to the state average, which 16 per 100,000.

high suicide rate in our community. Flagler Cares take responsibility for convening the appropriate Coalition members to form a task force focused on addressing the high suicide rate.

include the Executive Director of Flagler Cares, a School Board member and an Administrator of the Flagler County School System. Much has been accomplished including the creation of a Suicide Prevention website called Lifeline, QPR training focused on what signs and symptoms to look for, several community presentations about suicide prevention, and a community dialogue scheduled for May 23, 2019. All these activities have been coordinated by the Flagler Cares Suicide Prevention Task Force.

This is important to the community due to the gravity of the problem. The Suicide rate in Flagler County is double the state average. All age groups seem to be impacted. The high rate has received much media attention. Adult and Youth Behavioral health issues, including mental health, substance and alcohol abuse have been tagged as major health priorities in Flagler County through the CHA and CHIP planning process. The high suicide rate is a manifestation of this significant problem facing our community.

Conclusion

The CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive and static document. We will evaluate progress on an ongoing basis through quarterly CHIP implementation reports and quarterly discussion by community partners. We will conduct annual reviews and revisions based on input from partners and create CHIP annual reports each year by May 31st of each year. The CHIP will continue to change and evolve over time as new information and insight emerge at the local, state and national levels.

By working together, we can have a significant impact on the community's health, improving where we live, work and play and realize the vision of a healthier Flagler County.

Appendices
