



Community Health Improvement Plan (CHIP) Annual Report, 2016

*Florida Department of Health in Palm Beach
County*

January 2017

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Introduction

This is the annual review report for the 2012 – 2016 Palm Beach County Community Health Improvement Plan. The activities and collaborative efforts of DOH- Palm Beach and community partners will be reflected within this report. This document serves 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, DOH- Palm Beach is charged with providing administrative support, tracking and collecting data; preparing the annual review report and annual review executive summary; and producing and distributing a quarterly CHIP newsletter.

Overview of the Community Health Improvement Plan (CHIP)

The Palm Beach County CHIP Council originally came together to better understand the current and emerging public health needs of Palm Beach County and to outline a plan for community health improvement. The process of assessing, prioritizing and planning to address the needs in the community was facilitated by the Health Council of Southeast Florida (HCSEF). The product of this process is the CHIP, a model for strategic health improvement in the community. The CHIP Council met during August and September 2012 to create the Plan. The Council worked in the months previous to extensively review the data contained in the Community Health Assessment (CHA) in preparation for the development of the CHIP. The 2012 Palm Beach County CHA can be found on DOH- Palm Beach's website at (<http://palmbeach.floridahealth.gov/>). The health priorities addressed in this plan emerged from the review of the data and the input and discussions of the CHIP Council. It is important to note that the qualitative data reflects the sentiments of other key stakeholders, including consumers and providers.

Top 3 Health Priorities Identified by CHIP Council

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

The 2012-2016 Palm Beach County CHIP is the product of much input, discussion, collaboration and participation by a broad spectrum of stakeholders in the local public health system. These individuals, as advocates for their agencies, the populations they serve and the health of Palm Beach County as a whole, came together around the commitment to improve and enhance services for the betterment of the entire Palm Beach County community.

NOTE: The Palm Beach County CHIP was revised in January 2014, March 2015, and December 2015.

Priority #1: Obesity (including childhood and adult obesity and associated comorbidities)

During the past two decades our nation has experienced a considerable increase in the percentage of overweight and obese children and adults, including here in Palm Beach County. Overweight and obesity have serious health consequences. Research has shown that being overweight or obese can increase one's risk for the following conditions: coronary heart disease, Type 2 diabetes, cancers (endometrial, breast, and colon), hypertension (high blood pressure), and many more. There are several factors that play a role in overweight and obesity, making it a complex issue to address. Health behaviors including diet and exercise, the environment, genes, certain health conditions and medications all are believed to play a part in causing overweight and obesity.

Priority #2: Shortage of Primary and Oral Healthcare Providers for the Uninsured and Underinsured

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

Priority #3: Mental and Behavioral Health

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

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

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

The 2016 CHIP Annual Review Executive Summary document was created from the Palm Beach County CHIP progress report, a year-round monitoring tool of CHIP measures, along with supporting measures/critical actions performed by community partners in support of the CHIP objectives. This Summary appears on the following page.

Objective/Measure	Current/Target	Status	Comments	Recommendations for Indicator
Objective 1.1: Contribute to preventing the increase of children, adolescents, and adults in Palm Beach County who are overweight or obese and to a decrease in the percentage who have related comorbidities.				
1.1.1 Reduce the percentage of adults in the county who are overweight or obese from 61.3% to 59% by December 2016 (HP 2020 target adults at healthy weight is 33.9%)	60.1% / 59% (2013 BRFSS)	Made Progress	- % going in the right direction - Next BRFSS in 2016, with results available Fall 2017	No change
1.1.2 Decrease the percentage of overweight (> 85th percentile but < 95th percentile) high school students in Palm Beach County from 13.8% to 12% by December 2016.	13.9% / 12% (2015 YRBS)	Needs Improvement	- Improvement made from 2013 to 2015 YRBS, but didn't reach target of 12% - YRBS results were released June 2016	No change
1.1.3 Decrease the percentage of obese (> 95th percentile for BMI) high school students in Palm Beach County from 9.3% to 8% by December 2016. (HP 2020 target for adolescents aged 12-19 is 16.1%)	11% / 8% (2015 YRBS)	Needs Improvement	- Did not reach target - YRBS results were released June 2016	No change
1.1.4 Decrease the percentage of adults in Palm Beach County with diagnosed hypertension from 29.3% to 26.9% by December 2015. (Aligned with HP 2020 target)	34.4% / 26.9% (2013 BRFSS)	Needs Improvement	- % going in wrong direction - Next BRFSS in 2016, with results available Fall 2017	No change
1.1.5 By December 31, 2016, increase the proportion of adults in Palm Beach County with diabetes who have a glycosylated hemoglobin (A1C) measurement at least twice a year from 77.8% to 81.7%.	67.4% / 81.7% (2013 BRFSS)	Needs Improvement	- % going in wrong direction - Next BRFSS in 2016, with results available Fall 2017	No change
Objective 1.2: Help people recognize and make healthy food and beverage choices.				
1.2.1 Decrease the percentage of youth in Palm Beach County who did not eat vegetables (green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the 7 days before the survey) from 8.8% to 7.9% by December 2016.	9.8% / 7.9% (2015 YRBS)	Needs Improvement	- Did not reach target - YRBS results were released June 2016	No change
1.2.2 Decrease the percentage of youth who drank a can, bottle, or glass of soda or pop one or more times per day (not counting diet soda or diet pop, during the 7 days before the survey) from 24.6% to 22.1% by 2015.	15.6% / 22.1% (2015 YRBS)	Target met!	- % moving in the right direction and met target - YRBS results were released June 2016	No change
1.2.3 Reduce the number of census tracts qualifying as food deserts in Palm Beach County from 80 to 74 by December 2016.	85 / 74 (2015 USDA)	Needs Improvement	- Federal Food Desert definition changed in 2014. Number moving in the wrong direction	No change
Objective 1.3: Support policies and programs that promote breastfeeding.				
1.3.1 Increase the percentage of WIC infants who are ever breastfed from 79.3% to 80% by December 2016.	80.56% / 80% (June 2016 WIC)	Target met!	- % moving in the right direction and met target - June 2016 WIC data	No change
Objective 1.4: Promote physical activity among residents of Palm Beach County.				
1.4.1 Increase the percentage of youth who are physically active at least 60 minutes per day on 5 days of the previous 7 days from 59.4% to 65.3% by December 2016.	63.8% / 65.3% (2015 YRBS)	Made Progress	- Improvement made between 2013 and 2015 YRBS. Narrowly missed target - YRBS results were released June 2016.	No change
1.4.2 Decrease the percentage of youth who watched television 3 or more hours per day (on an average school day) from 37.9% to 34.1% by 2015.	26% / 34.1% (2015 YRBS)	Target met!	- % moving in the right direction and met target - YRBS results were released June 2016	No change

**Palm Beach County CHIP
2016 Annual Review Executive Summary: January 2017**

Objective/Measure	Current/Target	Status	Comments	Recommendations for Indicator
Objective 2.1: Increase access to primary care services for the uninsured and underinsured residents of Palm Beach County.				
2.1.1 Decrease the percentage of uninsured population in Palm Beach County from 16.3% to 15.3% by December 2016	13.1% / 15.3% (2015 American Community Survey)	Target met!	- % moving in the right direction and met target - American Community Survey results released September 2016	No change
Objective 2.2: Achieve optimal dental health and access to dental care for residents of Palm Beach County.				
2.2.1 By July 1, 2013, take actions towards improving the understanding of the barriers and gaps related to access dental health services in Palm Beach County.	NA	Target met!	Oral Health Coalition (OHC) has identified Factors that improve access and those that hinder access to dental care including what strategies worked and which one didn't.	No change
Objective 3.1: Promote early identification of mental health needs.				
3.1.1 By July 1, 2013 identify and support an evidence-supported campaign to increase mental health-seeking behaviors in Palm Beach County	NA	Target met!	Completed by Mental Health Association of Palm Beach County and Southeast Florida Behavioral Health Network	No change
3.1.2 By July 1, 2013, take actions toward improving the understanding of the barriers and gaps related to access mental health services in Palm Beach County.	NA	Target met!	Completed by Jerome Golden Center, Southeast Florida Behavioral Health Network, and School Health Advisory Committee	No change
Objective 3.2: Contribute to a decrease in the percentage of the population who abuse drugs or use alcohol excessively.				
3.2.1 Decrease the percentage of middle and high school students in Palm Beach County who report using alcohol or any illicit drug in the past 30 days from 36.6% to 34% by 2015.	25% / 34% (2016 FYSAS)	Target met!	- % moving in the right direction and met target	No change
Status Key:				
		Target met!	The target listed in the CHIP has been met or exceeded.	
		Made Progress	Updated data indicates that there is positive movement toward the target but it has not yet been achieved	
		Needs Improvement	Updated data indicates that there is negative movement toward the target.	
		(Blank)	There is not enough data to assign a status or needs further discussion	

Measures with a Green Status: 8/16= 50%

Measures with a Yellow Status: 2/16= 12.5%. One of these two measures is awaiting final data in late 2017.

Measures with a Red Status: 6/16= 37.5%. Two of these six measures are awaiting final data in late 2017.

NOTE: No changes are being recommended to any indicator, due to CHIP ending in 2016.

Revisions

Revisions to the CHIP were made in January 2014, March 2015, and December 2015 after careful review of the objectives, strategies and measures of the 2012 – 2016 Palm Beach County CHIP. Recommended changes were made based on the following parameters:

- Availability and frequency of data to monitor progress – performance measures that had county-level data available were preferred, etc.
- Availability of community resources

Since the CHIP only goes through 2016 and a new CHIP cycle is beginning in February 2017, no further revisions will be made to the current CHIP.

Accomplishments

- Measure 1.2.2: Please see first page of Annual Review Executive Summary. 2015 Youth Risk Behavior Survey (YRBS) data dropped our percentage of youth who drank a can, bottle, or glass of soda or pop one or more times per day down even further, to 15.6%. This dropped us to significantly below our CHIP target of 22.1%, and the trend continues to be in the right direction.
- Measure 1.4.2: Please see first page of Annual Review Executive Summary. 2015 Youth Risk Behavior Survey (YRBS) data saw our percentage of youth who watched television 3 or more hours per day (on an average school day) drop down to 26%. This dropped us to significantly below our CHIP target of 34.1%, and the trend continues to be in the right direction.
- Measure 2.1.1: Please see second page of Annual Review Executive Summary. Palm Beach County's uninsured rate dropped yet again, down to 13.1%, and below our CHIP target of 15.3%. The uninsured rate has dropped in Palm Beach County has fallen every year since our CHIP started in 2012.
- Measure 3.2.1: Please see second page of Annual Review Executive Summary. The percentage of middle and high school students in Palm Beach County who report using alcohol or any illicit drug in the past 30 days went even further down, to 25%. This dropped us to significantly below our CHIP target of 34%, and the trend continues to be in the right direction.

Lessons Learned from 2012-2016 Palm Beach County CHIP

1. When creating the CHIP objectives and measures, consult the subject matter experts.
Discussion: For example, if creating objectives and measures for mental health, get input from sources such as the Mental Health Association and Jerome Golden Center, etc. The process identified this as a priority, but when we developed the measures we should have worked more closely with the experts in this area.
2. When using school data and interventions, use elementary and middle instead of high school.
Discussion: Data availability is better, and earlier interventions are more effective.
3. Don't identify too many Objectives and Measures
Discussion: The 2014 Annual Review showcased that next cycle should have fewer CHIP objectives and measures. This will allow for more targeted, concentrated efforts. There were too many Objectives (10) and Measures (24), so efforts were spread thin.
4. BRFSS has limitations:
Discussion: For data sources, be less reliant on the BRFSS. The BRFSS only comes out every three years, so the data is not current enough for monitoring; sometimes indicators from one BRFSS don't appear on the next one.
5. Make sure measures are something the Health Department and community partners can really affect.
Discussion: For example, our ability to reduce the number of food deserts in PBC is very limited.
6. Make sure ALL measures are Specific-Measurable-Achievable-Relevant-Timed (SMART).
7. A quarterly CHIP newsletter is a good way to share information and keep members engaged between meetings.
8. Meeting Frequency.
Discussion: Conducting CHIP Council meetings every six months is the right frequency of meetings for us to maximize engagement of community partners. The second meeting of the year (November) should include an Annual Review of the CHIP, with a revised CHIP published the following January. In between, the members should be providing data, which may require some face-to-face meetings, but can also be done by phone or email, depending on the member.
9. CHIP and the new PHAB Accreditation Standards:
 - a. RD 1a Guidance: "In establishing priorities, the plan must include consideration of addressing **social determinants of health**, causes of higher health risks and poorer health outcomes of specific populations, and health inequities." **We need to address health disparities in the next CHIP.**
 - b. RD 1b Guidance: "Policy changes must include those that are adopted to alleviate the identified causes of health inequity. Policy changes may address the social and economic conditions that influence health equity including housing, transportation, education, job availability, neighborhood safety, and zoning, for example."

10. Population Health: Make sure population health is always a main focus.

11. Backbone Support Organization.

Discussion: DOH-Palm Beach served as the backbone support organization. One organization needs to be the one to facilitate the process and manage logistics in development of a CHA and CHIP. The Health Council of Southeast Florida was very effective at this in 2012, and will serve in this role again in 2016-2017.

Conclusion

The Palm Beach County CHIP has served as a roadmap for a continuous health improvement process for our 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 have evaluated progress on an ongoing basis through the Palm Beach County CHIP Progress Report, as well as conducting annual reviews. The CHIP will continue to change and evolve over time as new information, data, and priorities emerge at the local, state and national levels. We look forward to a new CHIP process beginning in February 2017, and culminating with a new Palm Beach County CHIP in June 2017.

By working together, we have made a significant impact on the community's health, improving where we live, work and play, and realizing the vision of a healthier Palm Beach County. We look forward to continuing this work over the coming years.