

Community Health Improvement Plan

Santa Rosa County 2013



Contributors

The following organizations participated in the Community Health Improvement project:

Children's Medical Services	Health Alliance Institute	Santa Rosa Emergency Management
Community Drug & Alcohol Council, Inc.	Lifeguard Ambulance Services	Santa Rosa Health Start Coalition
Covenant Hospice	MANNA Food Bank	Santa Rosa Medical Center
Department of Children & Families	Milton High School	The Awareness Academy
Early Learning Coalition of Santa Rosa	Northwest Florida Rural Health Network	United Way of Santa Rosa County
Escambia Community Clinic	Pensacola State College	University of West Florida
Families Count	Sandy Ridge Health & Rehabilitation	UWF Allied Health & Life Sciences
Favor House	Santa Rosa Chamber of Commerce	West Florida Community Care Center
Florida Black Chamber	Santa Rosa County Extension Service	Workforce Escarosa
Good Samaritan Clinic	Santa Rosa County School District	YMCA
Gulf Breeze Hospital	Santa Rosa County Sheriff's Office	



We would also like to thank Leah Roberts who wrote the original grant and the Senior Leadership Team of the Florida Department of Health in Santa Rosa County:

Sandra L. Park-O'Hara, Administrator, FDOH-SRC
Del Lewis, Administrative Services Director
Barbara McMillion, RN, Health Services Director
Dianne Pickens, WIC Director
Dr. Thomas Pyritz, Dental Director
Bill Sirmans, Environmental Manager

Funded in part by a grant from the Florida Department of Health
for Local Community Health Improvement Planning.



PREPARED BY



Quad R, LLC
<http://www.quadr.net>

Disclaimer

While statistics and data for the indicators were, to the best of the author's knowledge, current as the Santa Rosa County Community Health Improvement Plan 2013 was drafted, there may be subsequent data and developments, including recent legislative actions, that could alter the information provided herein.

This report does not include statistical tests for significance and does not constitute medical advice. Individuals with health problems should consult an appropriate health care provider. This report does not constitute legal advice.

For more information, contact the Santa Rosa County Health Department: Deborah Stilphen, Operations Analyst II, Administration Division, at (850) 983-5200, ext. 175 or Deborah_stilphen@doh.state.fl.us.

Table of Contents

CONTRIBUTORS TO THE COMMUNITY HEALTH IMPROVEMENT PLAN	2
EXECUTIVE SUMMARY	7
INTRODUCTION	11
METHODOLOGY	12
IDENTIFYING STRATEGIC ISSUES & FORMULATING GOALS AND STRATEGIES	17
Background	17
Methods.....	17
Goals & Strategies.....	19
Summary/Key Findings.....	29
ACTION PLAN (Program planning, implementation, and evaluation).....	31
Background	31
Methods.....	31
Action Plans.....	33
Protect and Strengthen Families.....	33
Access to Care	49
Sexually Transmitted Diseases.....	69
Obesity	85
Action Plan Linkages	89
Community Health Improvement Plan: Next Steps	97
APPENDICES	89
1. Strategic Priorities & Goals Workshop	91
Email to Community Health Partners	101
Workshop Participants	102
2. CHIP Workshop	103
Email to Community Health Partners	103
Workshop Participants	104
Workshop Agenda	105
Workshop Handouts	108
FDLE 2011 Report.....	136
Workshop Summary Notes	138



Santa Rosa County Community Health Improvement Plan

EXECUTIVE SUMMARY

Building a healthier Santa Rosa County began as a community-wide initiative with the goal of establishing an ongoing process for identifying and addressing health needs. The intent of this project was to foster successful partnerships within the community in order to improve the health of Santa Rosa County residents. The *Public Health Accreditation Board* defines a Community Health Improvement Plan (CHIP) as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.” A CHIP can be used by health departments, as well as other government, education, or human service agencies, to coordinate efforts and target resources that promote health.

A CHIP serves to address health issues, roles, and common goals and objectives throughout the community. The plan can be used to guide action and monitor and measure progress toward achievement of goals and objectives. The plan, along with a Community Health Assessment (CHA), can be utilized as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

Health Priorities and Recommendations

The Santa Rosa County Community Health Improvement Committee identified four key issues – *Protect & Strengthen Families, Access to Health Care, Sexually Transmitted Diseases, and Obesity* - and developed recommendations and action steps. The Task Force recommends the Community Health Action Plans should be incorporated into the work of the Florida Department of Health in Santa Rosa County, existing community groups, and health care partners.

Health Priority: Protect and Strengthen Families

Goal: Santa Rosa County will decrease incidences of domestic violence, other crime and need for foster care.

Objective 1: Decrease the percent of children ages 5-17 entering foster care by 1% per 1,000 population by December 31, 2016 from 5.5% to 4.5% (ages 5-11) and 6.9% to 5.9% (ages 12-17).

Objective 2: Hold crime rate to (+/-) 2% of current levels through December 31, 2016.

Objective 3: Decrease the number of domestic violence cases by 10% from 695 cases in 2011 to 625 cases by December 31, 2016.

Health Priority: Access to Healthcare

Goal: Santa Rosa County will improve access to Health Care for residents.

Objective 1: Establish a centralized repository of Health Care information for Santa Rosa County by December 31, 2016.

Strategy 1: Identify all healthcare service sources in Santa Rosa County by June 30, 2014.

Strategy 2: Establish online healthcare service sources system architecture by December 30, 2015.

Strategy 3: Achieve awareness of online healthcare service sources repository of Health Care information by 25% of Santa Rosa County residents and 50% underserved population by December 31, 2016.

Objective 2: Increase the percentage of volunteer dental providers by 10% in WECARE program for underserved adult patients by August 15, 2016.

Objective 3: Increase alternate resources for non-emergency healthcare needs for underserved clients by 1 site by December 30, 2016.

Health Priority: Sexually Transmitted Diseases

Goal: Reduce the incidence of STDs in Santa Rosa County.

Objective: Reduce the rate of STDs among Santa Rosa residents by 10% by December 30, 2016 from 58% to 52%.

Strategy 1: Reduce the number of STD cases among 15-19 year olds by 10% from 121% to 111%.

Strategy 2: Deliver elementary school parental STD training education to 80% of students in Title 1 elementary schools by August 30, 2016.

Strategy 3: Increase awareness of available community resources for diagnosis and treatment of STDs to 15-34 years old by August 30, 2016.

Health Priority: Obesity

Goal: Reduce the incidence of obesity in Santa Rosa County.

Objective: Decrease percent of middle and high school age youth who report being overweight in Santa Rosa County by 10% by November 30, 2016 from 15.5% (middle school) to 13.95% and from 15.4% (high school) to 13.85%.

Strategy 1: Increase availability of Healthy food for middle and high school age youth.

THIS PAGE INTENTIONALLY LEFT BLANK

INTRODUCTION

The health status of a community plays a large role in social and economic prosperity, hence it is important that a community strives to continually improve and maintain its health.

Government agencies (city, county, state) may provide health services; however, successful health programs require an active partnership between all community agencies.

Community health improvement planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities and the community health improvement process. The resulting Community Health Improvement Plan is used by health and other government, educational and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It defines the vision for the health of the community through a collaborative process and addresses the strengths, weaknesses, challenges, and opportunities that exist in the community in order to improve the health status of that community.

The Santa Rosa County Community Health Improvement Committee initiated community-wide strategic planning for improving community health utilizing the *Mobilizing for Action through Planning and Partnerships* (MAPP) model. MAPP was developed by the *National*

Association of County and City Health Officials (NACCHO), in collaboration with the *Centers for Disease Control and Prevention* (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community. The resulting community health improvement plan is designed to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action.



METHODOLOGY

The Santa Rosa County Community Health Improvement Committee met together for the purpose of evaluating the health status of the citizens of the Santa Rosa County area in order



to develop interventions. The goal of the of these partners was to develop and implement comprehensive, community-based health promotion and wellness programs in the Santa Rosa County area and provide a forum where members may join together to plan, share resources, and implement strategies and programs to address the health care needs of citizens.

The NACCHO MAPP model for community health planning was used, which provides a strategic approach to community health improvement. This model utilizes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments
 - Community Health Status Assessment
 - Community Strength and Themes Assessment
 - Local Public Health System Assessment
 - Forces of Change Assessment
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

Community input was sought March to May 2010 through the **Community Health Needs Assessment Survey**. This county-wide paper survey sought to provide an overview of the community health needs of county residents in the areas of: general demographics, medical and dental insurance, healthcare providers, pregnancy, tobacco use and H1N1 Swine Flu vaccinations.

Santa Rosa County residents completed the anonymous survey. There were 990 total residents who provided valuable information regarding their health and perceptions of Santa Rosa County health issues, with proportional representation from all segments of the community. The survey was distributed at 13 locations throughout the county.

Community perceptions of the health care system are a critical part of the MAPP process. **Community Themes and Strengths** were identified during a workshop in April 2012. Seventeen community health partners reviewed the **10 Essential Public Health Services** rankings from the **Local Public Health Performance Standards Program**. Workshop participants identified 10 opportunities for improvement and challenges. These include:



- Demographics
- Insurance
- Healthcare and Healthcare Providers
- Tobacco Use
- Maternal and Child Health
- Communicable Diseases
- Environmental Health
- Injury and Violence
- Social and Mental Health
- Health Resources Availability

Community Health Task Force members participated in the **Forces of Change Assessment** workshop in October 2012 in order to identify what is occurring or might occur that impacts

the health of the community and local public health system. A total of 22 individuals attended the workshop. Four themes or issues, with corresponding sub-themes and threats, were identified:

- Economic
- Health
- Geography
- Social



The **Community Health Status Assessment** or Community Health Profile provided a “snapshot in time” of the demographics, employment, health status, health risk factors, health resource availability, and quality of life perceptions and was finalized in January 2013. Data from the 2010 U.S. Census, U.S. Bureau of Labor Statistics, and the Florida Department of Health, Legislative Office of Economic and Demographic Research, Department of Children and Families, Department of Law Enforcement, and Agency for Health Care Administration was utilized in the *Community Health Status Assessment*. Major findings from the **Community Health Status Assessment** included:

- Santa Rosa County has a median household income of \$51,208; exceeding the state average and accounts for a lower number of households living in poverty.
- Over 88% of residents in Santa Rosa County graduated from high school, technical school or college.
- 85% of adults have some type of health coverage.
- The number of primary care physicians to patient ratio is 1,474:1. The national benchmark is 631:1.
- Preventable hospital stays within the county exceeded the state and national averages by more than 40%.
- In 2010, in Santa Rosa County the sexually transmitted diseases rate in 15 to 24 year olds was 1,488 per 100,000 while the Department of Health Target is 2,771.
- The number of Santa Rosa County residents identified as obese or overweight were 33%.
- Cancer is Santa Rosa County’s leading cause of death which is attributed to lung cancer caused by the high rate of tobacco consumption.

- The number of children moved to licensed foster care or adoption placement average 100, according to the Florida Department of Children and Families. Children in relative and non-relative placements in Santa Rosa County averaged 147 for 2011.

Data from the **2012 County Health Rankings**, compiled by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation were reviewed by community task force members throughout the MAPP process.

THIS PAGE INTENTIONALLY LEFT BLANK

IDENTIFYING STRATEGIC ISSUES & FORMULATING GOALS AND STRATEGIES

BACKGROUND

As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in Santa Rosa County, the Strategic Priorities & Goals workshop was held on January 30, 2013. The purpose of this workshop was to identify health priorities which are impacting Santa Rosa County residents and to develop goal statements and strategies for each priority.



A total of 26 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, and other public health system agencies. Participants represented a cross-section of the community and input provided was based on their knowledge, awareness and perceptions of related health concerns within Santa Rosa County.

Methods

Two weeks prior to the scheduled Strategic Priorities & Goals workshop, community health partners were contacted by e-mail from the Santa Rosa County Health Department regarding the date, time, and purpose of the workshop. These documents can be found in Appendix 1.

The meeting was facilitated by JoAnn Vanfleteren of Vanfleteren Consulting. The participants were presented with an overview of the county's demographics and explanation of the MAPP process. Participants were given a copy of and reviewed the Community Health Assessment (CHA). They then identified 14 issues that were considered to have the most impact on the overall health of the county. These issues include:

1. Cancer as the leading cause of death.
2. High tobacco use compared to the state average.
3. 3rd & 4th quartile for chronic lower respiratory diseases.
4. High rate of preventable hospital admissions.
5. Low primary care physician to patient ratio.
6. Obesity.
7. Increasing numbers of cases of sexually transmitted diseases.
8. Low rate of access to dental care.
9. High numbers of children in foster care.
10. Domestic violence and crime.
11. High rate of unintentional injuries.
12. Limited repository for referrals for specialty care.
13. Poor air quality.
14. Lack of public transportation.

The participants then agreed to eliminate issues 1, 3, 5, and 13 from the list as it was determined that either resources were not available to address the issue, or the issue could be combined with another from the list.

The committee then broke into five groups of four participants each. Each group was assigned two issues to analyze. Findings were used to complete the Identification of Priorities & Goals worksheets. Ten health issues were identified:

- High use of tobacco
- Preventable hospital stays
- Sexually Transmitted Diseases (STDs)
- Dental care
- Obesity
- Foster care
- Domestic violence and crime
- Unintentional injuries
- Limited repository for referrals
- Transportation

Participants were then tasked with developing a Goal Statement and Strategies for each health issue. The following tables represent the work of the participants.

GOALS & STRATEGIES

HIGH USE OF TOBACCO			
Priority Issue	Goals	Strategy	Implementation
<p>Santa Rosa County has higher incidences of tobacco use compared to the state averages; adult use 22%, youth use 18.4%.</p>	<p>1. Reduce the incidence of tobacco use by youths by 2% (840 middle/high school students).</p>	<p>1. Presentations from experts in the field of tobacco prevention, i.e. Dr. Victor DeNoble and Rick Stoddard.</p> <p>2. Meet with policy makers regarding the sale of candy flavored tobacco products.</p>	<p>Timeline 3 Years</p> <p>Lead & Team Members Jimmie Melvin Aleta Hoodless Angela Hahn CHD-Dennis Bratten SWAT-Robbie Leggett</p> <p>Resources Health Department School Board AHEC Tobacco Coalition</p>
	<p>2. Reduce the incidence of tobacco use by adults by 2% (3,080 adults).</p>	<p>1. Offer cessation classes.</p> <p>2. Smoke free housing policies.</p> <p>3. Encourage smoke free businesses/work sites and employer support of cessation efforts.</p>	<p>Timeline 3 Years</p> <p>Lead & Team Members Dennis Bratten Tobacco Free Coalition</p> <p>Resources Health Department School Board AHEC Tobacco Coalition Chambers of Commerce City of Milton</p>

PREVENTABLE HOSPITAL STAYS

Priority Issue	Goals	Strategy	Implementation
Hospital stays within the county exceed the state and national averages by more than 40%, and over utilization of hospital emergency rooms in most areas is greater than the state average.	1. Identify the top 3-5 reasons for over utilization of emergency rooms.	<ol style="list-style-type: none"> 1. Obtain and examine data from area hospitals to categorize top healthcare utilization issues. 2. Find alternate resources for non-emergent healthcare access. 	<p>Timeline 1 Year</p> <p>Lead & Team Members Karen Barber - SRCSD Jenea Highfill, RN - SRCHD Ary Habig, RN - Gulf Breeze Hospital Pilar Martin - UWF</p> <p>Resources Partnership For Healthy Communities Data from Baptist Healthcare System Data from HMA/SRMC, UWF media/marketing</p>
	2. Educate the public about different options for healthcare access.	<ol style="list-style-type: none"> 1. Develop media campaign for public dissemination. 2. Develop ongoing communication channels for appropriate utilization of non-emergent resources. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Same as above.</p> <p>Resources Same as above.</p>

SEXUALLY TRANSMITTED DISEASE (STDs)

Priority Issue	Goals	Strategy	Implementation
There are an increased number of STD cases in the 15-19 year old population in Santa Rosa County.	1. Decrease number of STD cases through increased community education and awareness.	<ol style="list-style-type: none"> 1. Reintroduce STD prevention in the schools. 2. Provide peer counseling for students. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Lead-County Health Department Santa Rosa School Board Ministerial Association Private physicians</p> <p>Resources School Health Advisory Council School Health Nurses and techs Business partners Medical community</p>
	2. Early detection and treatment.	<ol style="list-style-type: none"> 1. Educate medical providers to current trends and numbers. 2. Provide easy access to treatment. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Same as above.</p> <p>Resources Same as above.</p>

LOW ACCESS TO DENTAL CARE

Priority Issue	Goal	Strategy	Implementation
Santa Rosa County has poor access to dental care for uninsured and low income residents.	1. Provide prevention education to school age children.	<ol style="list-style-type: none"> 1. Involve the Escarosa Dental Association to provide education in the schools. 2. Include an oral healthcare component in the schools' healthcare curriculums. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Health department Escarosa Dental Association Oral Health Taskforce Santa Rosa School Board Head Start Program</p> <p>Resources Same as above.</p>
	2. Increase the number of providers who are willing to serve low income residents.	<ol style="list-style-type: none"> 1. Communicate the need to private providers. 2. Encourage volunteer efforts through the We Care Program. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Same as above.</p> <p>Resources Same as above.</p>

OBESITY

Priority Issue	Goal	Strategy	Implementation
The obesity rate for Santa Rosa County is 33% or 1/3 of the population.	1. Reduce the obesity rate in the school age population.	<ol style="list-style-type: none"> 1. Ensure proper nutrition. 2. After school activities. 	<p>Timeline 3 Years</p> <p>Lead & Team Members</p> <ul style="list-style-type: none"> • SRDS • YMCA • Sodexo • Health Department • Boys & Girls Clubs • Bridges out of Poverty • Churches • Rec center • 4H • Scouts <p>Resources</p> <ul style="list-style-type: none"> • Rails to Trails • National Park Service • Chamber of Commerce • Beaches to Woodlands • University of Florida County Extension services • City of Milton recreation center • High school athletic departments • Running clubs supported by local businesses • After school fitness programs
	2. Decrease the obesity rate in the adult population.	<ol style="list-style-type: none"> 1. Encourage adults to engage in recreational activities. 2. Increase healthy lifestyle to mobile adult populations. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Same as above</p> <p>Resources Same as above.</p>

FOSTER CARE

Priority Issue	Goal	Strategy	Implementation
The number of 5-17 year old children entering the foster care system in Santa Rosa County exceeds the state average.	1. Decrease the number of 5-11 year old children entering foster care.	<ol style="list-style-type: none"> 1. Media campaign to build awareness of the increased number of children entering foster care within Santa Rosa County. 2. Create educational programs aimed at drug and alcohol abuse. 3. Initiate new programs and funding to transition children from foster care into traditional families (e.g. adoption). 4. Identify other issues that put children at risk for foster care placement. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Randy Fleming, DCF Tammy Peterson, SRKH Denise Manassas, CDAC</p> <p>Resources Santa Rosa County School Board Department of Children & Families Santa Rosa Kid's House</p>
	2. Decrease the number of 12-17 year old children entering foster care.	<ol style="list-style-type: none"> 1. Media campaign to build awareness of the increased number of children entering foster care within Santa Rosa County. 2. Create educational programs aimed at drug and alcohol abuse. 3. Initiate new programs and funding to transition children from foster care into traditional families (e.g. adoption). 4. Identify other issues that put children at risk for foster care placement. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Randy Fleming, DCF Tammy Peterson, SRKH Denise Manassas, CDAC</p> <p>Resources Santa Rosa County School Board Department of Children & Families Santa Rosa Kid's House</p>

DOMESTIC VIOLENCE AND CRIME

Priority Issue	Goal	Strategy	Implementation
The rate of domestic violence and crime in Santa Rosa County exceeds the state average.	1. Decrease the rate of domestic violence in the county.	<ol style="list-style-type: none"> 1. Identify underlying causes of domestic violence (i.e. drugs, alcohol, economic). 2. Media and educational campaign to inform victims of the available resources. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Sue Hand, Favor House Family Promise Fleet and Family Services at bases Law Enforcement - SRSO, GBPD, MPD, FHP, FDLE</p> <p>Resources Same as above.</p>
	2. Decrease the rate of crime in the county.	<ol style="list-style-type: none"> 1. Identify underlying causes of crime (i.e. drugs, alcohol, economic). 2. Media and educational campaign to educate community on gangs and signs/signals and importance of informing law enforcement when seen. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Same as above.</p> <p>Resources Same as above.</p>

UNINTENTIONAL INJURIES

Priority Issue	Goal	Strategy	Implementation
Motor vehicle accidents are the number one cause of fatalities and Injuries for those under the age of 21 in Santa Rosa County.	1. Reduce motor vehicle traffic related deaths by 15%.	<ol style="list-style-type: none"> Educate and condition drivers in the use of safety devices and safety related issues. Increase public awareness and law enforcement awareness of potentially impaired or problematic drivers. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Tamie Petersen/Santa Rosa Sheriff's Office Shawn Bradberry/Lifeguard Ginny Hinton FDOH in Santa Rosa County</p> <p>Resources Child Passenger Safety Coalition MADD SADD SRSO, Highway Patrol Cell phone vendors Civic groups Jimmie Melvin</p>
	2. Increase the use of safety belts, car seats and helmets.	<ol style="list-style-type: none"> Media campaign to identify and educate the public in the proper uses of safety equipment. Conduct random and planned surveillance and check points to promote the use of safety devices and practices. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Same as above.</p> <p>Resources Same as above.</p>

LIMITED REPOSITORY REFERRALS

Priority Issue	Goal	Strategy	Implementation
No central repository exists for referrals, resources and information in Santa Rosa County.	1. Determine if resources exist to create a central repository.	<ol style="list-style-type: none"> 1. Identify financial resources to create and maintain the repository. 2. Identify the administrator of the repository. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Community partners Civic groups Service organizations Faith based groups</p> <p>Resources Same as above.</p>
	2. Develop a committee to determine the types of services that should be included in the repository.	<ol style="list-style-type: none"> 1. Invite community partners, agencies, businesses, and providers to voluntarily contribute contact and content information. 2. Encourage contributing members to submit updates as necessary to ensure relevance of information. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Same as above.</p> <p>Resources Same as above.</p>

TRANSPORTATION

Priority Issue	Goal	Strategy	Implementation
No public transportation system exists in Santa Rosa County.	1. Create a self-sustaining public transportation system that will serve the North, Central, and South regions of the county.	<ol style="list-style-type: none"> 1. Inventory assets in all parts of county (survey). 2. Determine the necessary budget to sustain the system over the long term. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Chambers of Commerce Businesses that would benefit from public use of system</p> <p>Resources Vehicles Drivers</p>
	2. Develop a media campaign to inform the public about the availability of a transportation system and encourage system use.	<ol style="list-style-type: none"> 1. Determine if funding or public service message availability exists to create and distribute written and audio advertising materials. 2. Offer incentives to encourage use (passes, coupons, etc.). 	<p>Timeline 3 Years</p> <p>Lead & Team Members Media outlets</p> <p>Resources Media outlets Newspapers/circulars</p>

Summary/Key Findings



The information gathered during the Strategic Priorities & Goals workshop is an important component of the MAPP comprehensive community assessment process. These findings can be used in conjunction with the other three MAPP assessments to develop the Community Health Improvement Plan (CHIP) for implementation and evaluation within the Santa Rosa County public health system.

Nationally, the current economic climate will continue to affect the local public health system and overall community throughout Santa Rosa County and the state of Florida. Budget cuts and limited grant opportunities have led to a decrease in funding for various services, from social services to charity care, mental illness and Medicaid. With local, state, and federal budget cuts, public health systems are challenged to find creative ways of continuing services and leveraging resources through collaboration and partnership with more non-traditional partners. The High use of tobacco, Preventable hospital stays, Sexually Transmitted Diseases (STDs), Obesity, and Dental care were identified as key priority health issues.

Continued unemployment and foreclosures result in a burdening of current health care and social service systems. Population growth and changing demographics also contribute to an increase in the need for services and programs. Santa Rosa County is a rural community, and as such, challenges to both access to healthcare, education, and the transportation infrastructure result. Changing demographics within Santa Rosa County and the state of Florida also present the need to address language and cultural barriers. Unintentional Injury, Transportation, Limited repository for referrals, Foster Care, and Domestic violence and Crime are priority issues which impact the health of Santa Rosa County residents.

In summary, these strategic priorities and goals impact the community's ability to implement action plans and impact (positively) the health of the Santa Rosa County community. These strategic priorities and goals influence multiple sectors of the Santa Rosa County community and surrounding counties, and should be reviewed in conjunction with the other MAPP community health assessments.

THIS PAGE INTENTIONALLY LEFT BLANK

Action Plan (Program planning, implementation, and evaluation)

BACKGROUND

Community Health Improvement Team members met to develop the ***Community Health Improvement Plan***, which involved creating an action plan that focused on program planning, implementation, and evaluation. The seven-hour workshop was held at the Florida Department of Health - Santa Rosa County in Milton, Florida on February 27, 2013.

METHODS

There were 30 community health partners representing a diverse collection of public and private agencies in Santa Rosa County. The workshop participants were welcomed by the Santa Rosa County Health Department Administrator, Sandra Park-O'Hara. After participants introduced themselves and the organization they represented, the facilitator reviewed the workshop agenda and provided the data and information which was to serve as the foundation of the Action Plan efforts. Appendix 2 contains the email invitation, agenda, and list of workshop participants.



Community health partners reviewed data from the:

- *2012 Santa Rosa Community Health Status Profile, Forces of Change Assessment*
- *Florida Department of Law Enforcement 2011 Crime Statistics for Santa Rosa County*
- *Strategic Priorities and Goals* matrix developed on January 30, 2013. Data from the Florida Department of Health CHARTS was included for each health priority within the *Strategic Priorities and Goals* matrix. This information is displayed in Appendix 2.

Using this data, each participant self-selected into one of the 10 health priorities and identified two “Do-able” activities to address and/or improve that health issue and two “Barriers” that would block activities to address and/or improve that health issue. This information was captured on a flipchart sheet. Participants then reviewed each of the remaining 10 health priorities and added other “Do-able” actions and “Barriers” to the list for that health priority. Appendix 2 contains the results of this activity.

After reviewing the information for each of the 10 health priorities, participants prioritized the issues using a multi-voting technique. This group decision-making technique is used to reduce a long list of items to a manageable number by means of a structured series of votes. Five issues emerged as critical health issues for Santa Rosa County residents:

- Protect and Strengthen Families
- Access to Health Care
- Sexually Transmitted Diseases
- Obesity
- Tobacco

Participants self-selected into one of the five key health issue teams to develop action plans. A goal, objectives, strategies, activities, and evaluation measures were created for each action plan. In addition, the participants identified lead roles, community resources, and target date(s) for completion.

Each Action Plan contained the following components:

- Goals and Objectives for improving Santa Rosa County Health Issues
- Performance measures with measurable and time-framed targets
- Policy changes needed to accomplish health objectives
- Designation of accountable persons and organizations for implementing strategies
- Measurable health outcomes or indicators to monitor progress

It should be noted that each team discussed whether there were policy changes required in order to accomplish the specific Objective associated with their Action Plan. The teams decided either there were no policy changes required or needed policy changes would emerge through the activities within the Action Plan and would be addressed and added to the Action Plan. A presentation with the evaluation measure of “Approval Obtained” was identified for these specific Action Plans with identified policy changes.

The final product is presented on the following pages.

Issue Area: Protect and Strengthen Families

Goal: Santa Rosa County will decrease incidences of domestic violence, other crime and need for foster care by 2016.

Objective 1: Decrease the percent of children ages 5-17 entering foster care by 1% per 1,000 population by December 31, 2016 from 5.5% to 4.5% (ages 5-11) and 6.9% to 5.9% (ages 12-17).

Baseline/Source:

Children in foster care per 1,000 population (Florida CHARTS 2012)

Ages 5-11 – Santa Rosa County 78 (number), 5.5 (rate); State of Florida 3.5 (rate)

Ages 12-17 – Santa Rosa County 88 (number), 6.9 (Rate); State of Florida 4.5 (rate)

211 children were moved to Foster Care, with the largest number of removals (130) being attributed to caretaker drug or alcohol use. (Santa Rosa County Children Subject of Maltreatment Reports - October 2010 - September 2011).

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form committee.	<ul style="list-style-type: none">• Co-chair: Randy Fleming; DCF or Tina Cain – DCF• SANTA ROSA COUNTY School Board• DCF• Families First Network• Families Count	8/31/2013		Committee formed.	
2. Review and revise Action Plan as needed.	Committee	9/30/2013		Action Plan reviewed and revised.	
3. Identify factors that impact entry into foster care.	Committee	12/31/2013		Factors identified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
4. Research evidence-based program for community prevention to include: <ul style="list-style-type: none"> a. Funding opportunities b. Children ages 5-11 c. Children ages 12-17 d. Rural community e. Behavior modification f. Environmental change g. Social change h. Intact program plan(s) i. Implementation plan j. Evaluation measure(s) k. Community presentation including materials l. Media/Marketing campaign including materials 	Committee Members	6/30/2014		Research completed.	
5. Develop selection criteria for community prevention programs to include items a-l in Step 4.	Committee	6/30/2014		Selection criteria developed.	
6. Modify program(s) to meet Santa Rosa County needs.	Committee	12/31/2014		Program(s) modified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
7. Develop implementation plan to include: a. Timeline b. Target Audience c. Program plan d. Presentation plan/strategy e. Media/Marketing plan/strategy f. Evaluation measures for each activity	Committee	4/30/2015		Implementation plan developed.	
8. Begin Presentation plan and/or marketing plan.	Committee	5/30/2015		<ul style="list-style-type: none"> • Presentation plan and/or marketing plan implemented. • Evaluation data collected, analyzed, and summarized. 	
9. If community feedback obtained through presentation and/or marketing: a. Modify program(s) b. Modify implementation plan	Committee Committee	6/30/2015 10/30/2015		Program(s) modified. Implementation plan modified.	
10. Begin implementation plan.	Committee	12/31/2015		<ul style="list-style-type: none"> • Implementation plan initiated. • Progress tracked in Action Plan. 	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
11. Collect data for activities within Implementation Plan.	Committee	6/30/3016		Data collected.	
12. Analyze and summarize data.	Committee	8/30/3016		Data summarize.	
13. Evaluate and compare to baseline.	Committee	12/31/2016		Decreased the percent of children ages 5-17 entering foster care by 1% per 1,000 population from 5.5% to 4.5% (ages 5-11) and 6.9% to 5.9% (ages 12-17).	
14. Determine Next Steps.	Committee	12/31/2016		Next Steps determined.	

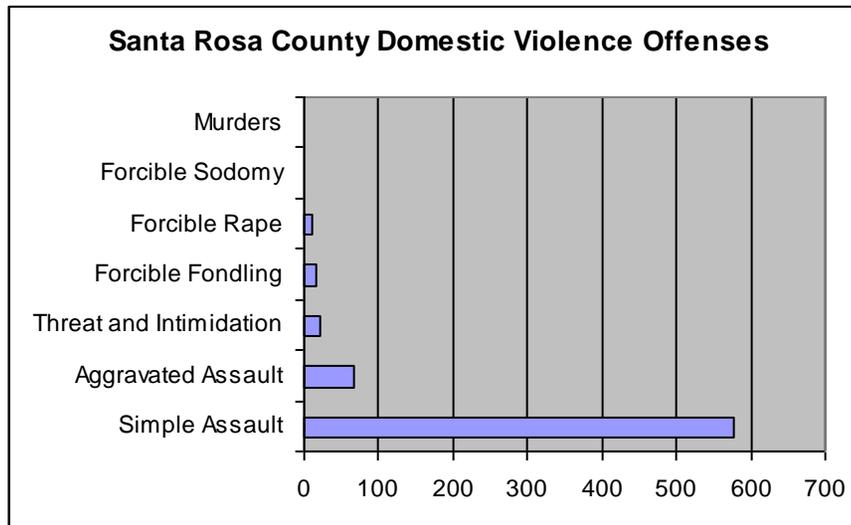
Issue Area: Protect and Strengthen Families

Goal: Santa Rosa County will decrease incidences of domestic violence, other crime and need for foster care by 2016.

Objective 2: Hold crime rate to (+/-) 2% of current levels through December 31, 2016.

Baseline/Source:

In 2011 there were a reported 695 instances of Domestic Violence within Santa Rosa County, a breakdown of the types of domestic violence reported are in the chart below:



During 2011, in Santa Rosa County, there were:

- 21 instances of threat and intimidation
- 576 instances of simple assault
- 68 instances of aggravated assault
- 16 instances of forcible fondling
- 2 instances of forcible sodomy
- 10 instances of forcible rape,
- 2 murders

(Florida Department of Law Enforcement, 2011 summary)

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form Committee.	<ul style="list-style-type: none"> • Sue Hand, Favor House • Family Promise • Fleet and Family Services at bases • Law Enforcement - SRSO, GBPD, MPD, FHP, FDLE • Cindy Sarver - SRSO 	8/31/2013		Committee formed	
2. Review and revise Action Plan as needed.	Committee	9/30/2013		Action Plan reviewed and revised.	
3. Identify three top underlying causes of crime in Santa Rosa County.	Committee	10/31/2013		Factors identified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
4. Research evidence-based program for community prevention to include: <ul style="list-style-type: none"> a. Funding opportunities b. Rural community c. Behavior modification d. Environmental change e. Social change f. Intact program plan(s) g. Implementation plan h. Evaluation measure(s) i. Community presentation including materials j. Media/Marketing campaign including materials 	Committee Members	6/30/2014		Research completed.	
5. Develop selection criteria for community prevention programs to include items a-l in Step 4.	Committee	6/30/2014		Selection criteria developed.	
6. Modify program(s) to meet Santa Rosa County needs.	Committee	12/31/2014		Program(s) modified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
7. Develop implementation plan to include: k. Timeline l. Target Audience m. Program plan n. Presentation plan/strategy o. Media/Marketing plan/strategy p. Evaluation measures for each activity	Committee	4/30/2015		Implementation plan developed.	
8. Begin Presentation plan and/or marketing plan.	Committee	5/30/2015		<ul style="list-style-type: none"> • Presentation plan and/or marketing plan implemented. • Evaluation data collected, analyzed, and summarized. 	
9. If community feedback obtained through presentation and/or marketing: q. Modify program(s) r. Modify implementation plan	Committee Committee	6/30/2015 10/30/2015		Program(s) modified. Implementation plan modified.	
10. Begin implementation plan.	Committee	12/31/2015		<ul style="list-style-type: none"> • Implementation plan initiated. • Progress tracked in Action Plan. 	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
11. Collect data for activities within Implementation Plan.	Committee	6/30/3016		Data collected.	
12. Analyze and summarize data.	Committee	8/30/3016		Data summarize.	
13. Evaluate and compare to baseline.	Committee	12/31/2016		Crime rate held to (+/-) 2% of current.	
14. Determine Next Steps.	Committee	12/31/2016		Next Steps determined.	

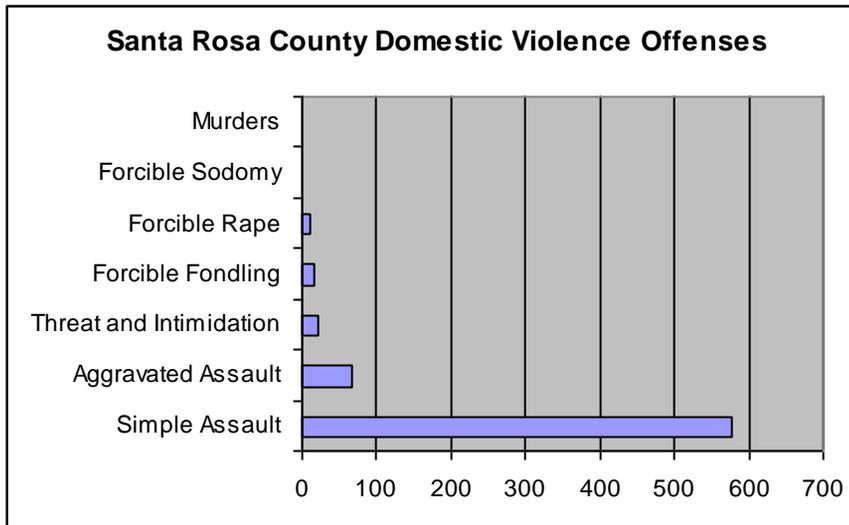
THIS PAGE INTENTIONALLY LEFT BLANK

Issue Area: Protect and Strengthen Families

Goal: Santa Rosa County will decrease incidences of domestic violence, other crime and need for foster care by 2016.

Objective 3: Decrease the number of domestic violence cases by 10% from 695 cases in 2011 to 625 cases by December 31, 2016.

Baseline measure/Source: In 2011 there were a reported 695 instances of Domestic Violence within Santa Rosa County, a breakdown of the types of domestic violence reported are in the chart below:



During 2011, in Santa Rosa County, there were:

- 21 instances of threat and intimidation
- 576 instances of simple assault
- 68 instances of aggravated assault
- 16 instances of forcible fondling
- 2 instances of forcible sodomy
- 10 instances of forcible rape,
- 2 murders

(Florida Department of Law Enforcement, 2011 summary)

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form committee.	Lead: Sue Hand; Favor House <ul style="list-style-type: none"> • FDLE • SANTA ROSA COUNTY Health Dept • DCF • Families Count • Law enforcement • Fleet and Families SVCS • Medical professionals • Family Promise • Consumer 	8/31/2013		Committee formed.	
2. Review and revise Action Plan as needed.	Committee	9/30/2013		Action Plan reviewed and revised.	
3. Identify factors that impact domestic violence in Santa Rosa County.	Committee	10/31/2013		Factors identified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
4. Research evidence-based program for community prevention to include: <ul style="list-style-type: none"> a. Funding opportunities b. Rural community c. Education d. Behavior modification e. Environmental change f. Social change g. Intact program plan(s) h. Implementation plan i. Evaluation measure(s) j. Community presentation including materials k. Media/Marketing campaign including materials 	Committee Members	6/30/2014		Research completed.	
5. Develop selection criteria for community prevention programs to include items a-l in Step 4.	Committee	6/30/2014		Selection criteria developed.	
6. Modify program(s) to meet Santa Rosa County needs to include: <ul style="list-style-type: none"> a. Locations: Milton, Pace, Jay, Gulf Breeze, Navarre 	Committee	12/31/2014		Program(s) modified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
7. Develop implementation plan to include: a. Timeline b. Target Audience c. Program plan d. Presentation plan/strategy e. Media/Marketing plan/strategy f. Evaluation measures for each activity	Committee	4/30/2015		Implementation plan developed.	
8. Begin Presentation plan and/or marketing plan.	Committee	5/30/2015		<ul style="list-style-type: none"> • Presentation plan and/or marketing plan implemented. • Evaluation data collected, analyzed, and summarized. 	
9. If community feedback obtained through presentation and/or marketing: a. Modify program(s) b. Modify implementation plan	Committee Committee	6/30/2015 10/30/2015		Program(s) modified. Implementation plan modified.	
10. Begin implementation plan.	Committee	12/31/2015		<ul style="list-style-type: none"> • Implementation plan initiated. • Progress tracked in Action Plan. 	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
11. Collect data for activities within Implementation Plan.	Committee	6/30/3016		Data collected.	
12. Analyze and summarize data.	Committee	8/30/3016		Data summarize.	
13. Evaluate and compare to baseline.	Committee	12/31/2016		Decreased the number of domestic violence cases by 10% from 695 cases in 2011 to 625 cases.	
14. Determine Next Steps.	Committee	12/31/2016		Next Steps determined.	

THIS PAGE INTENTIONALLY LEFT BLANK

Issue Area: Access to Health Care.

Goal: Santa Rosa County will improve access to Health Care for residents.

Objective 1: Establish a centralized repository of Health Care information for Santa Rosa County by December 31, 2016.

Strategy 1: Identify all healthcare service sources in Santa Rosa County by June 30, 2014.

Baseline measure/Source: There is no current centralized repository of Healthcare information in Santa Rosa County.

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Establish a committee.	<ul style="list-style-type: none"> • Health Department • United Way • SAFER Santa Rosa • Community Data System (CDS) • All stakeholders (should be invited) 	9/15/2013		Committee established.	
2. Review and revise Action Plan as needed.	Committee	10/15/2013		Action Plan revised.	
3. Establish format and needed information for list including: <ul style="list-style-type: none"> a. Headings b. Cells c. Rows d. Font e. Layout design 	Committee	11/15/2015		List format established.	
4. Identify Health Care service providers within Santa Rosa County.	Committee	11/15/2013		Health Care service providers identified.	
5. Confirm accuracy of list.	Committee	12/15/2013		List updated as needed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
6. Conduct a “gap analysis” in order to identify missing resources & provider information.	Committee	2/15/2014		<ul style="list-style-type: none"> • Gap analysis conducted. • Health Care service providers, resources, and information list developed. 	
7. Format Health Care service providers, resources, and information list.	Committee	5/15/2014		List formatted.	
8. Finalize all information on list including third party data.	Committee	6/30/2014		<ul style="list-style-type: none"> • List finalized. • All information current and complete. 	
9. Evaluate and compare to baseline.	Committee	6/30/2014		Established a centralized repository of Healthcare information for Santa Rosa County.	

Issue Area: Access to Health Care.

Goal: Santa Rosa County will improve access to Health Care for residents.

Objective 1: Establish a centralized repository of Health Care information for Santa Rosa County by December 31, 2016.

Strategy 2: Establish online healthcare service sources system architecture by December 30, 2015.

Baseline measure/Source: There is no current centralized repository of Healthcare information in Santa Rosa County.

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Evaluate existing committee members.	Committee	7/30/2014		<ul style="list-style-type: none"> Committee membership evaluated. Additional committee members obtained as needed. 	
2. Research online Health Care repositories.	Committee	9/30/2014		Online Health Care repositories researched.	
3. Research funding opportunities to include: <ul style="list-style-type: none"> a. Federal funding b. State funding c. Local funding d. Partners 	Committee	9/30/2014		Funding opportunities researched.	
4. Establish criteria of platform.	Committee	9/30/2014		Platform criteria established.	
5. Identify available platforms using selection criteria.	Committee	10/30/2014		Platforms identified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
6. Determine budget for project to include: a. Implementation b. Revisions/modifications c. Maintenance d. Administration e. Marketing	Committee	10/30/2014		Budget determined.	
7. Obtain funding for project to include: a. Grants b. Partnerships c. Other viable funding	Committee	3/30/2015		<ul style="list-style-type: none"> • Applications submitted. • Partnerships established. 	
8. Establish selection criteria for vendor.	Committee	1/30/2015		Vendor selection criteria established.	
9. Obtain proposals from vendors to include: a. Detailed budget b. Personnel c. Timeline d. Platform requirements e. Modification requirements f. Hosting	Committee	3/30/2015		Proposals obtained.	
10. Select vendor.	Committee	4/30/2015		Vendor selected. Contract completed.	
11. Update Health Care service providers, resources, and information list.	Committee	4/30/2015		List updated.	
12. Review and revise Action Plan based on Vendor timeline.	Committee	5/30/2015		Action Plan revised.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
13. Implement platform development to include: a. Modifications b. Testing/Evaluation c. Revisions d. Testing/Evaluation e. "Go Live" date.	<ul style="list-style-type: none"> • Vendor • Committee 	5/30/2015		Platform development implemented.	
14. Develop Marketing Plan to launch online list.	Committee	5/30/2015		Marketing plan developed.	
15. Develop maintenance plan for program.	Committee	6/30/2015		Maintenance plan developed.	
16. Implement "Go Live" date.	<ul style="list-style-type: none"> • Committee • Vendor 	TBD		"Go Live" implemented.	
17. Implement Marketing Plan.	Committee	TBD		Marketing plan implemented.	
18. Implement maintenance plan.	Committee	TBD		Maintenance plan implemented.	
19. Evaluate and compare to baseline.	Committee	12/30/2015		Established online system architecture.	

THIS PAGE INTENTIONALLY LEFT BLANK

Issue Area: Access to Health Care.

Goal: Santa Rosa County will improve access to Health Care for residents.

Objective 1: Establish a centralized repository of Health Care information for Santa Rosa County by December 31, 2016.

Strategy 3: Achieve awareness of online healthcare service sources repository of Health Care information by 25% of Santa Rosa County residents and 50% underserved population by December 31, 2016.

Baseline measure/Source:

2011 Census data - 154,104 residents (25% = 26,276)

→ Need to establish baseline for underserved population for 2011.

Santa Rosa Community Health Assessment 2010

14% of respondents said they do not need a healthcare provider, while 10% did not know how to find a healthcare provider.

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Evaluate committee to include marketing partners.	Committee	1/1/2016		Committee evaluated. Marketing partners included.	
2. Establish a 3 year marketing strategy to include: <ul style="list-style-type: none"> a. Target audiences – general population & underserved population b. Demographics/psychographics c. Budget d. Media to be utilized e. Media/PR plan f. Success criteria g. Evaluation of criteria h. Survey of current awareness of target audiences i. Survey of target audiences to evaluate penetration 	Committee	1/30/2016		3 year marketing strategy established.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
3. Implement marketing strategy.	Committee	3/30/2016		<ul style="list-style-type: none"> Marketing strategy implemented. 	
4. Collect data from survey of target audiences to evaluate penetration.				Data collected.	
5. Analyze and summarize data.	Committee	4/30/2016		Data summarized.	
6. Evaluate and compare to baseline.	Committee	6/30/2016		Achieve awareness of online repository of Health Care information by 25% of Santa Rosa County residents.	
7. Modify marketing strategy if 25% awareness not achieved.	Committee	8/30/2016		Marketing strategy modified.	
8. Implement modified marketing strategy.	Committee	9/30/2016.		Marketing strategy implemented.	
9. Collect data from survey of target audiences to evaluate penetration by using survey from Step 4.				Data collected.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
10. Evaluate and compare to baseline.	Committee	6/30/2016		Achieve awareness of online repository of Health Care information by: <ul style="list-style-type: none"> • 25% of Santa Rosa County residents • 50% of underserved population 	

THIS PAGE INTENTIONALLY LEFT BLANK

Issue Area: Access to Health Care.

Goal: Santa Rosa County will improve access to Health Care for residents.

Objective 2: Increase the percentage of volunteer dental providers by 10% in WECARE program for underserved adult patients by August 15, 2016.

Baseline measure/Source:

→ Need to collect baseline data for:

- Number of dentists currently registered in WECARE program.
- Number of patients served in WECARE program for 2014.
- Number of services provided in WECARE program for 2014.
- Number of in-kind donations to WECARE program for 2014.

Florida CHARTS (2013)

Santa Rosa Dentists	
Year	Count
2007-09	130
2008-10	128
2009-11	131

From Florida CHARTS (BRFSS):

Adults who could not see a dentist in the past year because of cost, Overall		
Year	Santa Rosa	Florida
2007	18.3% (14.2 - 23.4)	19.2% (18.2 - 20.2)

Percentage of adults who visited a dentist or a dental clinic in the past year, Overall		
Year	Santa Rosa	Florida
2010	64.2% (58.4 - 70.1)	64.7% (63.5 - 65.9)

Percentage of adults who had their teeth cleaned in the past year, Overall		
Year	Santa Rosa	Florida
2010	60.0% (54.0 - 66.1)	60.9% (59.6 - 62.1)

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form a committee.	<ul style="list-style-type: none"> • FQHC • Department of Health • Good Samaritan • CHD • Hospitals • Urgent Cares • Pro-health 	10/30/2014		Committee formed.	
2. Review and revised Action Plan as needed.	Committee	11/30/2014		Action plan revised.	
3. Research evidence-based programs which were successful in increasing percentage of volunteer dental providers to include: <ul style="list-style-type: none"> a. Rural community b. Underserved adult patient c. Marketing strategy d. Implementation plan e. Presentation materials f. WECARE program or something similar g. Evaluation tool 	Committee	2/28/2015		Program researched.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
4. Collect baseline data for: <ul style="list-style-type: none"> a. Number of dentists currently registered in WECARE program. b. Number of patients served in WECARE program for 2014. c. Number of services provided in WECARE program for 2014. d. Number of in-kind donations to WECARE program for 2014. 	Committee	2/28/2015		Baseline data collected: <ul style="list-style-type: none"> a. Number of dentists currently registered in WECARE program. b. Number of patients served in WECARE program for 2014. c. Number of services provided in WECARE program for 2014. d. Number of in-kind donations to WECARE program for 2014. 	
5. Establish selection criteria for program(s) to be used in Santa Rosa County to include: <ul style="list-style-type: none"> a. Items a-f in Step 3 b. Budget/cost 	Committee	2/28/2015		Selection criteria established.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
6. Identify dentists in Santa Rosa County including: <ul style="list-style-type: none"> a. Those in WECARE program b. Those not in WECARE program c. Contact information d. Location e. Adult clients served (e.g., location, ages, insurance, etc.) 	Committee	3/30/2015		Dentists identified.	
7. Select program(s) based on selection criteria.	Committee	3/30/2015		Program(s) selected.	
8. Develop a implementation plan for program(s) to include: <ul style="list-style-type: none"> a. Marketing strategy b. Outreach person(s) to dentists c. Materials d. Timeline e. Evaluation tool 	Committee	5/15/2015		Implementation plan developed.	
9. Begin implementation plan.	Committee	6/30/2015		Implementation plan initiated.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
10. Collect data.	Committee	10/15/2015		<ul style="list-style-type: none"> • Volunteer paperwork completed by dentists. • Evaluation tool from implementation plan. 	
11. Analyze and summarize data.	Committee	11/30/2015		Data summarized.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
12. Evaluate and compare to baseline.	Committee	12/30/2015		Compare baseline to: <ul style="list-style-type: none"> • Number of dentists currently registered in WECARE program. • Number of patients served in WECARE program for 2014. • Number of services provided in WECARE program for 2014. • Number of in-kind donations to WECARE program for 2014. Increased the percentage of volunteer dental providers by 10 in WECARE program.	
13. Determine Next Steps	Committee	12/30/2015		Next Steps determined.	

Issue Area: Access to Health Care.

Goal: Santa Rosa County will improve access to Health Care for residents.

Objective 3: Increase alternate resources for non-emergency healthcare needs for underserved clients by 1 site by December 30, 2016.

Baseline measure/Source:

→ Need to establish the current number of alternate resources for non-emergent healthcare needs for underserved clients in 2013.

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form a committee.	<ul style="list-style-type: none">• FQHC• Department of Health• Good Samaritan• CHD• Hospitals• Urgent Cares• Pro-health	10/30/2014		Committee formed.	
2. Review and revised Action Plan as needed.	Committee	11/30/2014		Action plan revised.	
3. Define “underserved clients.”	Committee	11/30/2014		Definition established.	
4. Evaluate resource utilization rates of non-emergency clinics providing services to underserved clients.	Committee	5/15/2014		Rates obtained for 2013.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
5. Identify locations where underserved clients seek non-emergency services to include: a. Existing data sources b. Exit survey at emergency & non-emergency clinics c. Services provided d. Services obtained	Committee	5/15/2014		Locations identified. Data collected.	
6. Analyze and summarize data.	Committee	6/30/2014		Data summarized.	
7. Identify “gaps” in non-emergency healthcare needs in underserved clients.	Committee	7/30/2015		“Gaps” identified.	
8. Identify “ideal” for non-emergency healthcare clinic for underserved clients to include: a. Location b. Services c. Hours d. Costs e. Personnel/staff f. Records g. Marketing	Committee	12/30/2014		“Ideal” non-emergency healthcare clinic criteria identified.	
9. Identify partners to facilitate the non-emergency clinic program serving underserved clients.	Committee	2/28/2015		Partners identified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
10. Develop implementation plan for non-emergency clinic to include: a. Items a-g in Step 8. b. Partners c. Budget d. Marketing e. Evaluation tools	<ul style="list-style-type: none"> • Committee • Partners from Step 9 	6/30/2015		Operational plan created	
11. Initiate implementation plan.	<ul style="list-style-type: none"> • Committee • Partners from Step 9 	7/1/2015		Implementation plan initiated. Data collected.	
12. Evaluate and compare to baseline.	Committee	12/30/2015		Increased alternate resources for non-emergency healthcare needs for underserved clients by 1 site.	
13. Evaluate non-emergency clinic impact.	Committee	10/20/2016		<ul style="list-style-type: none"> • Compare to data collected in Step 4. • Compare to “ideal” criteria established in Step 8. 	

THIS PAGE INTENTIONALLY LEFT BLANK

Issue Area: Sexually Transmitted Diseases (STDs)

Goal: Reduce the incidence of STDs in Santa Rosa County.

Objective: Reduce the rate of STDs among Santa Rosa residents by 10% by December 30, 2016 from 58% to 52%.

Strategy 1: Reduce the number of STD cases among 15-19 year olds by 10% from 121 to 109.

Baseline measure/Source:
 110 total STD cases in 2009 among 15-19 year olds (18 cases male, 92 cases female)
 121 total STD cases in 2010 among 15 -19 year olds (23 cases male, 98 cases female)
 Rate in 2010 for total STD cases 58

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form a committee.	<ul style="list-style-type: none"> • Pregnancy Resource Center • Department of Health • School Health Nurses • Awareness 365 	10/30/2014		Committee formed.	
2. Review and revised Action Plan as needed.	Committee	11/30/2014		Action plan revised.	
3. Review and modify YAU program for: a. 7 th graders b. 8 th graders c. 9 th graders	<ul style="list-style-type: none"> • Committee • Pregnancy Resource Center 	2/28/2015		YAU program modified.	
4. Review and modify DREAM team curriculum for: a. 7 th graders b. 9 th graders	<ul style="list-style-type: none"> • Committee • Awareness 365 	2/28/2015		DREAM team curriculum modified.	
5. Review and modify STD curriculum for 9 th graders.	Committee	2/28/2015		STD curriculum modified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
6. Develop implementation plan for YAU program for 7 th -9 th graders to include: <ol style="list-style-type: none"> a. Location b. Schedule c. Instructors d. Parents' permission e. Marketing strategy f. School Board approval plan to include presentation & materials (if needed) g. Curriculum materials h. Evaluation tool 	<ul style="list-style-type: none"> • Committee • Pregnancy Resource Center 	2/28/2015		Implementation plan developed.	
7. Implement School Board approval plan if needed.	Committee	4/30/2015		School Board approval obtained.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
8. Develop DREAM team implementation plan for 7 th & 9 th graders to include: <ol style="list-style-type: none"> a. Location b. Schedule c. Instructors d. Parents' permission e. Marketing strategy f. School Board approval plan to include presentation & materials (if needed) g. Curriculum materials h. Evaluation tool 	<ul style="list-style-type: none"> • Committee • Awareness 365 	2/28/2015		DREAM team implementation plan developed.	
9. Implement School Board approval plan if needed.	Committee	4/30/2015		School Board approval obtained.	
10. Develop STD curriculum implementation plan for 9 th graders to include: <ol style="list-style-type: none"> a. Location b. Schedule c. Instructors d. Parents' permission e. Marketing strategy f. School Board approval plan to include presentation & materials (if needed) g. Curriculum materials h. Evaluation tool 	Committee	2/28/2015		STD curriculum implementation plan developed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
11. Implement School Board approval plan if needed.	Committee	4/30/2015		School Board approval obtained.	
12. Begin YAU program implementation plan.	<ul style="list-style-type: none"> Committee Pregnancy Resource Center 	8/30/2015		YAU program implementation plan started.	
13. Collect data from YAU program for: <ul style="list-style-type: none"> a. 7th graders b. 8th graders c. 9th graders 	Committee	8/30/2016		<ul style="list-style-type: none"> Pre-class survey Post test # of students served 	
14. Begin Dream Team program implementation plan.	<ul style="list-style-type: none"> Committee Awareness 365 	8/30/2015		DREAM team program implementation plan started.	
15. Collect data from DREAM team program for: <ul style="list-style-type: none"> a. 7th graders b. 9th graders 	<ul style="list-style-type: none"> Committee Awareness 365 	8/30/2016		<ul style="list-style-type: none"> Pre-class survey Post test # of students served 	
16. Begin STD program implementation plan.	Committee	8/30/2015		STD program implementation plan started.	
17. Collect data from STD program for: <ul style="list-style-type: none"> a. 9th graders 	Committee	8/30/2016		<ul style="list-style-type: none"> Pre-class survey Post test # of students served 	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
18. Analyze and summarize data for: a. YAU program b. DREAM team program c. STD program	Committee	10/30/2016		Data summarized.	
19. Evaluate and compare to baseline.	Committee	12/30/2016		Reduced the rate of STDs among Santa Rosa residents by 10% from 58 to 52. Reduced the number of STD cases among 15-19 year olds by 10% from 121 to 109.	
20. Determine Next Steps.	Committee	12/30/2016		Next Steps determined.	

THIS PAGE INTENTIONALLY LEFT BLANK

Issue Area: Sexually Transmitted Diseases (STDs)

Goal: Reduce the incidence of STDs in Santa Rosa County.

Objective: Reduce the rate of STDs among Santa Rosa residents by 10% by December 30, 2016 from 58 to 52.

Strategy 2: Deliver elementary school parental STD training education to 80% of students in Title 1 elementary schools by August 30, 2016.

Baseline measure/Source:

→ Need 2015 baseline data for number of elementary school students.

110 total STD cases in 2009 among 15-19 year olds (18 cases male, 92 cases female)

121 total STD cases in 2010 among 15 -19 year olds (23 cases male, 98 cases female)

Rate in 2010 for total STD cases 58

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form a committee.	<ul style="list-style-type: none"> • Pregnancy Resource Center • Department of Health • School Health Nurses • Awareness 365 • School District 	10/30/2014		Committee formed.	
2. Review and revised Action Plan as needed.	Committee	11/30/2014		Action plan revised.	
3. Review and modify STD training materials for elementary school parents.	<ul style="list-style-type: none"> • Committee • School District 	2/28/2015		STD training materials modified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
4. Develop implementation plan for STD training materials for elementary school parents to include: <ol style="list-style-type: none"> Location Schedule Marketing strategy School Board approval plan to include presentation & materials (if needed) Curriculum materials Evaluation tool 	<ul style="list-style-type: none"> Committee School District 	2/28/2015		Implementation plan developed.	
5. Implement School Board approval plan if needed.	Committee	4/30/2015		School Board approval obtained.	
6. Begin STD training program implementation plan.	<ul style="list-style-type: none"> Committee School District 	8/30/2015		STD training program implementation plan started.	
7. Collect data from STD training program.	Committee	8/30/2016		<ul style="list-style-type: none"> Number of materials distributed. Number of schools participated. Other evaluation measures. 	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
8. Analyze and summarize data.	Committee	10/30/2016		Data summarized.	
9. Evaluate and compare to baseline.	Committee	12/30/2016		Delivered elementary school parental STD training education to 80% of students in Title 1 elementary schools. Reduced the number of STD cases among 15-19 year olds by 10% from 121 to 109.	
10. Determine Next Steps.	Committee	12/30/2016		Next Steps determined.	

THIS PAGE INTENTIONALLY LEFT BLANK

Issue Area: Sexually Transmitted Diseases (STDs)

Goal: Reduce the incidence of STDs in Santa Rosa County.

Objective: Reduce the rate of STDs among Santa Rosa residents by 10% by December 30, 2016 from 58 to 52.

Strategy 3: Increase awareness of available community resources for diagnosis and treatment of STDs to 15-34 years old by August 30, 2016.

Baseline measure/Source:

→ Need 2015 baseline data for 15-34 year old's awareness of available community resources for diagnosis and treatment of STDs.

110 total STD cases in 2009 among 15-19 year olds (18 cases male, 92 cases female)

121 total STD cases in 2010 among 15 -19 year olds (23 cases male, 98 cases female)

Rate in 2010 for total STD cases 58

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form a committee.	<ul style="list-style-type: none">• Pregnancy Resource Center• Department of Health• School Health Nurses• Awareness 365• School District	10/30/2014		Committee formed.	
2. Review and revised Action Plan as needed.	Committee	11/30/2014		Action plan revised.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
3. Review and modify list of community resources for diagnosis and treatment of STDs.	<ul style="list-style-type: none"> • Committee • School District Note: Review list created by Committee working on Access to Health Care Objective 1: Establish a centralized repository of Health Care information for Santa Rosa County by December 31, 2016.	2/28/2015		List of resources modified.	
4. Research survey tools for measuring 15-34 year old's awareness level of available community resources for diagnosis and treatment of STDs to include: <ol style="list-style-type: none"> a. Best data collection method for the target audience. b. Cost effectiveness c. Preferred mode of survey completion d. Awareness level rating 	<ul style="list-style-type: none"> • Committee 	2/28/2015		Survey tools researched.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
5. Establish selection criteria for survey tools to include: <ul style="list-style-type: none"> a. Cost b. Target audience (15-34 year olds) c. Rural community d. Access to social media & technology e. Permission slips for audience ages 15-18. f. Data collection methods. g. Implementation plan. h. Marketing strategy i. Partners 	Committee	2/28/2015		Selection criteria established.	
6. Select survey tool(s) based on selection criteria.	Committee	3/30/2015		Survey tool(s) selected.	
7. Develop implementation plan for Survey Tool to include: <ul style="list-style-type: none"> a. Location b. Schedule c. Marketing strategy d. School Board approval plan to include presentation & materials (if needed) e. Curriculum materials f. Evaluation tool 	Committee	2/28/2015		Implementation plan developed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
8. Initiate implementation plan for Survey tool.	Committee	4/30/2015		Survey tool implemented to collect baseline data.	
9. Collect data from survey tool for baseline measure.	Committee	5/30/2015		Data collected.	
10. Summarize and analyze data.	Committee	6/30/2015		Data summarized.	
11. Research evidence-based programs for increasing awareness of available community resources for diagnosis and treatment of STDs among 15-34 year olds to include: <ul style="list-style-type: none"> a. Social media b. Online resources c. Hard-copy resources d. Cost e. Effectiveness in reach to target audience f. Awareness level rating g. Print and/or online materials, resources, etc. h. Other evaluation measures Note: Use data from baseline measure to determine "best" method for accessing information for target audiences.	Committee	1/30/2015		Research completed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
12. Establish selection criteria for Awareness program to include: <ul style="list-style-type: none"> a. Cost b. Target audience (15-34 year olds) c. Rural community d. Access to social media & technology e. Permission slips for audience ages 15-18. f. Data collection methods. g. Implementation plan. h. Marketing strategy i. Partners 	Committee Note: Work with Committee for Access to Health Care Objective 1: Establish a centralized repository of Health Care information for Santa Rosa County by December 31, 2016.	2/28/2015		Selection criteria established.	
13. Select Awareness program based on selection criteria.	Committee	3/30/2015		Survey tool(s) selected.	
14. Develop implementation plan for Awareness program to include: <ul style="list-style-type: none"> a. Location b. Schedule c. Marketing strategy d. School Board approval plan to include presentation & materials (if needed) e. Curriculum materials f. Evaluation tool 	Committee	4/30/2015		Implementation plan developed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
15. Initiate implementation plan for Awareness program.	Committee	5/30/2015		Implementation plan started.	
16. Collect data using survey tool in Step 9.	Committee	8/30/2015		Data collected.	
17. Analyze and summarize data.	Committee	10/30/2015		Data summarized.	
18. Evaluate and compare to baseline.	Committee	12/30/2016		<p>Increased awareness of available community resources for diagnosis and treatment of STDs to 15-34 years old.</p> <p>Other measures (e.g., # of hits on website or social media, # of hard-copy materials distributed, etc.)</p> <p>Reduced the number of STD cases among 15-19 year olds by 10% from 121 to 109.</p>	
19. Determine Next Steps.	Committee	12/30/2016		Next Steps determined.	

Issue Area: Obesity

Goal: Reduce the incidence of obesity in Santa Rosa County.

Objective: Decrease percent of middle and high school age youth who report being overweight in Santa Rosa County by 10% by November 30, 2016 from 15.5% (middle school) to 13.95% and from 15.4% (high school) to 13.85%.

Strategy 1: Increase availability of Healthy food for middle and high school age youth.

Baseline measure/Source:
 Overweight (i.e., at or above the 85th percentile but below the 95th percentile for body mass index, by age and sex)
 Middle School – 15.5%
 High School – 15.4%
 Obese (i.e., at or above the 95th percentile for body mass index, by age and sex)
 Middle School – 10.9%
 High School – 12.1%
 (Florida Youth Tobacco Survey 2012)

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
1. Form a committee.	<ul style="list-style-type: none"> • Julie Burger • Department of Health • Debbie Price • County extension service • IFAS • Americorps • 4-H • Manna • Sodhexo • Faith based organization • Community firefighters • Habitat for humanity • School board • Individual schools 	10/30/2014		Committee formed.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
2. Review and revised Action Plan as needed.	Committee	11/30/2014		Action plan revised.	
3. Research target populations according USDA food atlas.	Committee	4/1/2015		Research completed.	
4. Research evidence-based programs on increasing healthy food options for middle and high school youth to include: a. Cost b. Target audience c. Rural community d. Implementation program e. Marketing strategy and materials f. Curriculum g. Printed materials h. Evaluation tools	Committee	4/1/2015		Research completed.	
5. Research funding opportunities: a. Federal grants b. State grants c. Partners/Sponsors	Committee	4/1/2015		Funding research completed.	
6. Establish selection criteria for program(s).	Committee	4/1/2015		Selection criteria established.	
7. Select program(s).	Committee	4/30/2015		Program(s) selected.	
8. Modify program(s) to meet Santa Rosa middle & high school student needs.	Committee	6/30/2015		Program(s) modified.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
9. Develop implementation plan for Healthy food option program(s) to include: a. Location b. Schedule c. Volunteers d. Sponsors e. Participants f. Cost g. Target audience h. Rural community i. Implementation program j. Marketing strategy and materials k. Curriculum l. Printed materials m. Evaluation tools	Committee	6/30/2015		Implementation plan developed.	
10. Write and submit funding applications.	Committee	6/30/2015		Applications submitted.	
11. Modify implementation plan based on funding.	Committee	8/30/2015		Implementation plan modified, if needed.	
12. Initiate implementation plan.	Committee	9/30/2015		Implementation plan started.	
13. Collect data based on evaluation tools.	Committee	8/30/2016		Data collected.	
14. Analyze and summarize data.	Committee	9/30/2016		Data summarized.	

Key Activities	Lead Role & Community Resources	Target Date for Completion	Status of Progress	Evaluation Measure	Evaluation Results
15. Evaluate and compare to baseline.	Committee	10/30/2016		Decreased percent of middle and high school age youth who report being overweight in Santa Rosa County by 10% from 15.5% (middle school) to 13.95% and from 15.4% (high school) to 13.85%.	
16. Determine Next Steps.	Committee	11/30/2016		Next Steps determined.	

ACTION PLAN LINKAGES

The Community Health Improvement Project planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities. This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.

The Santa Rosa County CHIP identifies the priorities, goals, objectives, and strategies for the public health system within Santa Rosa County. Through the integrated efforts of the health department and community partners, the desired health outcomes can be addressed in a systematic and accountable manner.

This CHIP plan provides a framework to promote greater collaboration across the organization and with external community partners, supports a comprehensive approach to public health service delivery within the 10 Essential Services of Public Health, and provides leverage to address the needs of Santa Rosa County residents and the larger Florida Department of Health community.

Using the NACCHO model for strategic planning, this CHIP plan can be integrated with the Florida Department of Health in Santa Rosa County Strategic Plan, and is informed by the Community Health Assessment. The CHIP plan can serve as the guiding force for the health department's activities and direction for the next five years, as well as coordinate community health partners' efforts within the three health issue areas. The strategies and activities identified in this plan are specific standards for achievement designed to evaluate and measure success and impact.



The CHIP plan is aligned with the following:

- **Department of Health in Santa Rosa County Strategic Plan 2013-2016**
- **Florida Department of Health’s State Health Improvement Plan 2012-2015**
Representing the plan for the Florida public health system, this document enables the network of state and local health partners to target and integrate health improvement efforts.
http://www.doh.state.fl.us/Planning_eval/Strategic_Planning/SHIP/FloridaSHIP2012-2015.pdf
- **Healthy People 2020**
This U.S. Department of Health and Human Services program provides 10-year objectives for improving the health of all U.S. residents.
<http://www.healthypeople.gov/2020/Consortium/HP2020Framework.pdf>
- **National Prevention and Health Strategies 2011**
Developed by the National Prevention Council at the U.S. Department of Health and Human Services, Office of the Surgeon General, 2011, these strategies aim to guide the nation in the most effective and achievable means for improving health and well-being.
<http://www.surgeongeneral.gov/initiatives/prevention/index.html>

The tables on the following pages identify the linkages between the Santa Rosa County CHIP and each of the above referenced plans.

Alignment

Santa Rosa County 2013 Community Health Improvement Plan	Santa Rosa County Health Department Strategic Plan	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Health Protection					
<p>Goal: Reduce the incidence of STDs in Santa Rosa County.</p> <p>Objective: Reduce the rate of STDs among Santa Rosa residents by 10% by December 30, 2016 from 58 to 52.</p> <p>Strategy 1: Reduce the number of STD cases among 15-19 year olds by 10% from 121 to 109.</p> <p>Strategy 2: Deliver elementary school parental STD training education to 80% of students in Title 1 elementary schools by August 30, 2016.</p> <p>Strategy 3: Increase awareness of available community resources for diagnosis and treatment of STDs to 15-34 years old by August 30, 2016.</p>	<p>Goal: Prevent and Control Infectious Diseases</p>	Goal HP1	Prevent and control infectious disease.	HIV-1	(Developmental) Reduce new HIV diagnoses among adolescents and adults.	Promote and disseminate national screening recommendations for HIV and other STIs.
	<p>Strategy 1. Prevent disease, disability and death through immunizations.</p> <p>Strategy 2. Reduce disease transmission and infection from STDs and TB, through education outreach, testing, early identification and community collaboration.</p> <p>Strategy 3. Conduct disease surveillance to detect, monitor, and collect data for public health program.</p>			STD-2	(Developmental) Reduce Chlamydia rates among females aged 15 to 44 years.	Support states, tribes, and communities to implement evidence-based sexual health education.

Santa Rosa County 2013 Community Health Improvement Plan	Santa Rosa County Health Department Strategic Plan	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Health Protection					
<p>Goal: Santa Rosa County will decrease incidences of domestic violence, other crime and need for foster care.</p> <p>Objective 1: Decrease the percent of children ages 5-17 entering foster care by 1% per 1,000 population by December 31, 2016 from 5.5% to 4.5% (ages 5-11) and 6.9% to 5.9% (ages 12-17).</p> <p>Objective 2: Hold crime rate to (+/-) 2% of current levels through December 31, 2016.</p> <p>Objective 3: Decrease the number of domestic violence cases by 10% from 695 cases in 2011 to 625 cases by December 31, 2016.</p>	<p>Goal: Prevent and reduce illness, injury and death related to environmental factors.</p> <p><u>Strategy 1.</u> A review of the Environmental Public Health data and form collaborative partnerships to address public health issues.</p> <p><u>Strategy 2.</u> Identify environmental threats through inspections, partner notifications, data collection and analysis.</p> <p><u>Strategy 3.</u> Ensure that environmental inspections and response activities are in compliance with public health standards.</p>	Goal HP2	Prevent and reduce illness, injury and death related to environmental factors.	Injury and Violence Prevention Goal	Prevent unintentional injuries and violence, and reduce their consequences.	<p>Support policies to reduce exposure to environmental and occupational hazards, especially among those at greatest risk.</p> <p>Research and disseminate effective methods to prevent intimate partner violence and sexual violence.</p> <p>Support effective public safety measures, such as community-based anti-crime and anti-gang initiatives to facilitate physical activity and prevent injury and violence.</p>

Santa Rosa County 2013 Community Health Improvement Plan	Santa Rosa County Health Department Strategic Plan	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Chronic Disease Prevention					
<p>Goal: Reduce the incidence of obesity in Santa Rosa County.</p> <p>Objective: Decrease percent of middle and high school age youth who report being overweight in Santa Rosa County by 10% by November 30, 2016 from 15.5% (middle school) to 13.95% and from 15.4% (high school) to 13.85%.</p> <p>Strategy 1: Increase availability of Healthy food for middle and high school age youth.</p>	<p>Goal: Increase the percentage of children who are at a healthy weight.</p> <p><u>Strategy 1.</u> Assess and evaluate available BMI data collected on school age children.</p> <p><u>Strategy 2.</u> Collaborate with community partners to implement nutrition and physical initiatives.</p>	Goal CD1	Increase the percentage of adults and children who are a healthy weight.	Nutrition and Weight Status Goal	Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.	Support research and programs that help people make healthy choices (e.g., understand how choices should be presented).

THIS PAGE INTENTIONALLY LEFT BLANK

Santa Rosa County 2013 Community Health Improvement Plan	Santa Rosa County Health Department Strategic Plan	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
Access to Healthcare						
<p>Goal: Santa Rosa County will improve access to Health Care for residents.</p> <p>Objective 1: Establish a centralized repository of Health Care information for Santa Rosa County by December 31, 2016.</p> <p>Strategy 1: Identify all healthcare service sources in Santa Rosa County by June 30, 2014.</p> <p>Strategy 2: Establish online healthcare service sources system architecture by December 30, 2015.</p> <p>Strategy 3: Achieve awareness of online healthcare service sources repository of Health Care information by 25% of Santa Rosa County residents and 50%</p>	<p>Goal: Regularly assess health care assets and service needs.</p> <p><u>Strategy 1.</u> Collaboratively assess and report SRC's health care access resources and needs including patterns of health care system use and barriers to care.</p>	Goal AC1	Regularly assess health care assets and service needs.	PHI-8	(Developmental) Increase the proportion of Healthy People 2020 objectives that are tracked regularly at the national level.	<p>Promote and expand research efforts to identify high-priority clinical and community preventive services and test innovative strategies to support delivery of these services.</p> <p>Improve monitoring capacity for quality and performance of recommended clinical preventive services.</p>
		Goal AC2	Improve access to primary care services for Floridians.	AHS-3	Increase the proportion of persons with a usual primary care provider.	Support health center service delivery sites in medically underserved areas and place primary care providers in communities with shortages.
				AHS-4	(Developmental) Increase the number of practicing primary care providers.	
		Goal AC3	Improve behavioral health services	AHS-5	Increase the proportion of persons who have a specific source of ongoing care.	Support delivery of clinical preventive services in various health care and out-of-home care settings, including Federally Qualified Health Centers; Bureau of Prisons, Department of Defense, and Veterans Affairs facilities; and among Medicare providers.
AHS-1	Increase the proportion of persons with health insurance.	Develop and evaluate community-based interventions to reduce health disparities and health outcomes.				

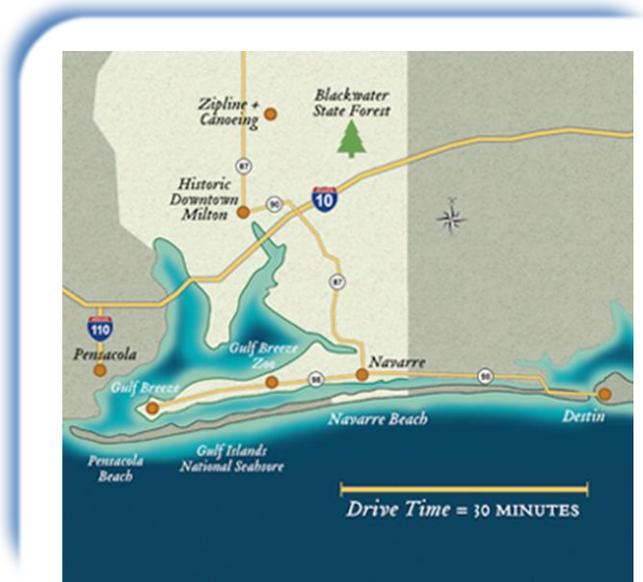
<p>underserved population by December 31, 2016.</p> <p>Objective 2: Increase the percentage of volunteer dental providers by 10% in WECARE program for underserved adult patients by August 15, 2016.</p> <p>Objective 3: Increase alternate resources for non-emergency healthcare needs for underserved clients by 1 site by December 30, 2016.</p>			so that adults, children and families are active, self-sufficient participants living in their communities.			<p>Foster development of a nationwide community-based prevention system involving state, tribal, local, and territorial governments and partners such as schools, health and social service systems, law enforcement, faith communities, local businesses, and neighborhood organizations.</p> <p>Enhance linkages between drug prevention, substance abuse, mental health, and juvenile and criminal justice agencies to develop and disseminate effective models of prevention and care coordination.</p>
	<p>Goal: Enhance access to preventive, restorative and emergency oral health.</p>	Goal AC4	Enhance access to preventive, restorative and emergency oral health care.	AHS-6	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.	Educate clinicians, federal employees, and the public (especially those in underserved populations) about coverage improvements and elimination of cost-sharing for clinical preventive services as set forth in the Affordable Care Act.
	<p><u>Strategy 1.</u> Improve access to oral care services.</p> <p><u>Strategy 2.</u> Promote innovative oral health care delivery practice models.</p>			AHS-8	(Developmental) Increase the proportion of persons who have access to rapidly responding prehospital emergency medical services.	
		Oral Health Goal	Prevent and control oral and craniofacial diseases, conditions, and injuries, and improve access to preventive services and dental care.			

Community Health Improvement Plan: Next Steps

Community Health Improvement Plans (CHIPs) are detailed work plans that guide communities through their action steps in order to address priorities that have been defined in the community health profile through community input and review of local health data.

The Santa Rosa County Community Health Improvement Team developed four action plans for the key health issues of *Protect & Strengthen Families, Access to Health Care, Sexually Transmitted Diseases, and Obesity*. These action plans:

- Provide a framework for planning the work needed to achieve the objectives;
- Provide justification as to why funds are needed and how they will be used, imparting credibility to the organization or agency;
- Provide a guide for accomplishing the work within the given time period; and
- Communicate specific action-oriented approaches and measures for impact which can be shared with all interested parties.



The Santa Rosa County Community Health Improvement Committee will work with other community health partners to implement and evaluate each action plan activity for success and impact. Implementation of the action plans will ultimately strengthen the public health infrastructure, enhance the planning, research and development of community health partnerships, and promote and support the health, well-being, and quality of life of Santa Rosa County residents. It is recommended that the Community Health Improvement Committee review the implementation on an annual basis to update the information and to continually, and collaboratively, improve the health of Santa Rosa County.

THIS PAGE INTENTIONALLY LEFT BLANK

Appendices

Santa Rosa County



THIS PAGE INTENTIONALLY LEFT BLANK

Appendix 1: Strategies & Goals Workshop – January 30, 2013

Email to Community Health Partners

From: Stilphen, Deborah P

Sent: Friday, January 11, 2013 4:42 PM

To: Amos, Anthea; Beverly, Mary M; Bradberry, Shawn; Clanton, Mary B; Cornett, Fred; Fleming, Randy; Foster, Elizabeth; Franklin, Eugene; Gibson, Gloria; Habig, Ary; Hahn, Angela; Hahn, Daniel; Hand, Sue; Hinton, Ginny; Holley, Kyle; Hoodless, Aleta; Ivey, Maxine; Karen Barber, PhD; Lewis, Del W; Long, Loretta; Manassa, Denise; Martin, Picar; McMillion, Barbara J; Melvin, Jimmie; Mowbray, Fiona; Nelson, Kimberly N; Park-O'Hara, Sandra L; Peloke, Sandy; Peterson, Tamie; Pickens, Dianne S; Polk, Melissa; Porten, Vanessa; Pyritz, Thomas H; Reese, Lisa; Sarver, Cindy; Sirmans, William H; Smith, Dana; Spears, Glenda; Sponburgh, Janell; Stilphen, Deborah P; Stuckey, Melissa; Thomas, Dottie; Thomas, Glenda P; Thompson, Guy; Tucker, Donna; Zimmerman, Martha

Subject: Community Health Improvement Meeting

Importance: High

We would like to invite you to attend the next Community Health Improvement Committee meeting on Wednesday, January 30, 2013, from 9:00 a.m. - 12:00 Noon. The meeting will be held in the main conference room of the Santa Rosa County Health Department's Milton location, 5527 Stewart Street. The focus of the meeting will be to identify strategic issues that must be addressed if we are to achieve our goal of improving the overall health of our communities.

The participation of our community partners is very important at this stage of the community health improvement planning process. Even if you are unable to attend the whole two hours, please consider joining us for part of the meeting, as your ideas and input are very important to us. Please also feel free to invite another member of your organization to join us or attend in your place if you are unavailable.

You may RSVP by email or by calling the number below.

We look forward to having you join us!

Deborah Stilphen
Operations Analyst II
Administration Division
Florida Department of Health at Santa Rosa County
P. O. Box 929
Milton, Florida 32572-0929
Phone: (850) 983-5200, ext. 175
iPhone: (850) 554-1643
Fax: (850) 983-4540

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communications may, therefore, be subject to public disclosure.

Workshop Participants

Name/Title	Organization
Dr. Karen Barber, Director of Federal Programs	Santa Rosa County School District
Lisa Carden, Registered Clinical Social Worker	Children's Medical Services
Eugene Franklin, President/CEO	Florida Black Chamber
Ary Habig, Infection Control Director	Gulf Breeze Hospital
Angela Hahn, Assistant Director	University of West Florida Allied Health & Life Sciences
Daniel Hahn, Plans Chief	Santa Rosa Emergency Management
Aleta Hoodless, Marketing Director	Santa Rosa Medical Center
Hilma Jones, Social Worker	Gulf Breeze Hospital
Del Lewis, Administrative Services Director	Florida Department of Health, Santa Rosa County
Denise Manassa, Environmental Prevention Coordinator	Community Drug & Alcohol Council, Inc.
Maria Pilar Martin, Faculty	University of West Florida
Barbara McMillion, Director of Nursing	Florida Department of Health, Santa Rosa County
Jimmie Melvin, Marketing Director	Sandy Ridge Health & Rehabilitation Center
Tamie Peterson, Executive Assistant	Santa Rosa County Sheriff's Office
Dianne Pickens, WIC (Women, Infants & Children Nutrition Program) Director	Florida Department of Health, Santa Rosa County
Bill Sirmans, Environmental Manager	Florida Department of Health, Santa Rosa County
Dottie Thomas, Branch Director	Betty Pullum YMCA
Donna Tucker, Executive Director	Santa Rosa Chamber of Commerce
Martha Zimmerman, Executive Director	Santa Rosa Healthy Start Coalition
Jenea Highfill, Nursing Program Specialist	Florida Department of Health, Santa Rosa County
Mary Beverly, Epidemiologist	Florida Department of Health, Santa Rosa County
Kelli Selwyn, Intern	Santa Rosa County Emergency Management
Enid Sisskin, Faculty	University of West Florida
Justice Mbizo, Faculty	University of West Florida Public Health
Sandra Park-O'Hara, Administrator	FLorida Department of Health, Santa Rosa County
Deborah Stilphen, Operations Analyst II	Florida Department of Health, Santa Rosa County

Appendix 2: CHIP Workshop – February 27, 2013

Email to Community Health Partners

From: Deborah_Stilphen@doh.state.fl.us [mailto:Deborah_Stilphen@doh.state.fl.us]
Sent: Tuesday, February 19, 2013 12:51 PM
Subject: CHIC Meeting Invitation
Importance: High

We would like to invite you to our next meeting of the Community Health Improvement Committee on February 27. The meeting will be an all day session during which we will finalize our plan of action and identify the goals and objectives that will go into our three year plan. Your participation in this process is vital in addressing the issues that affect the health of our communities. If you are unable to attend yourself, please feel free to send another member of your organization in your place. Lunch will be provided.

DATE: February 27, 2013
TIME: 9:00 a.m. - 4:00 p.m.
LOCATION: Florida Department of Health
Santa Rosa County
5527 Stewart Street
Milton, Florida

You may RSVP by return email or by calling the number below.

We look forward to seeing you!

Deborah Stilphen
Operations Analyst II
Administration Division
Florida Department of Health at Santa Rosa County
P. O. Box 929
Milton, Florida 32572-0929
Phone: (850) 983-5200, ext. 175
iPhone: (850) 554-1643
Fax: (850) 983-4540

Workshop Participants

Name/Title	Organization
Julie Burger	AmeriCorps/ Florida Department of Health - Santa Rosa County
Glenda Thomas, Executive Community Health Nursing Director	Children's Medical Services
Lisa Carden	Department of Children & Families
Sue Hand	FavorHouse of North West Florida
Eugene Franklin	Florida Black Chamber
Mary Beverly	Florida Department of Health - Santa Rosa County
Mary Clanton – Operation Analyst 1	Florida Department of Health - Santa Rosa County
L. Jenea Highfill	Florida Department of Health - Santa Rosa County Healthy Start
Del Lewis	Florida Department of Health - Santa Rosa County
Barb McMillion	Florida Department of Health - Santa Rosa County
Sandra Park-O'Hara	Florida Department of Health - Santa Rosa County
Diane Pickens	Florida Department of Health - Santa Rosa County
Debbie Price	Florida Department of Health - Santa Rosa County – School Health
Bill Sirmans	Florida Department of Health - Santa Rosa County – Environmental Health
Deborah Stilphen	Florida Department of Health - Santa Rosa County
JoAnn Vanfleteren	Florida Department of Health - Santa Rosa County
Fred Cornett	Good Samaritan Clinic
Martha Zimmermann, Executive Director	Healthy Start Coalition – Santa Rosa County
Cathy Sowell	Manna Food Pantries
Maxine Ivey	NWFRH Net
Jimmie Melvin	Sandy Ridge
Angela Hahn	SAHLS – UWF
Daniel Hahn	Santa Rosa County Department of Emergency Management
Kelli Selwyn, Intern	Santa Rosa County Department of Emergency Management
Karen Barber	Santa Rosa County Schools
Carol Manning, HSA	Santa Rosa Sheriff's Office
Tamie Peterson	Santa Rosa Sheriff's Office
Kelly Sharp, RN, DON	Santa Rosa Sheriff's Office
Ginny Hinton, Extension Faculty	UF/IFAS Santa Rosa County Extension
Enid Sisskin, Faculty	University of West Florida, Masters of Public Health

Workshop Agenda



Community Health Improvement Plan 2013

February 27, 2013 Agenda

February 27, Wednesday – 9:00am-4:00pm

Santa Rosa County Health Department
5527 Stewart Street
Milton, FL 32570

9:00am – 9:15am

Introductions
Workshop Logistics Review

9:15am - 10:30am

Workgroup Assignments
Participants will be assigned to a workgroup to prioritize issues.

- Review Community Health profile data
- Review Community Identified Strategic Priorities/Goals
- Identify *Do-able* issues – Which Issues/Goals can be realistically impacted in the next 2 years?

10:30am - 10:35am

Quick Break

10:35am – 10:45am Group Decision Making

Issues/goals will be prioritized using nominal group technique.
Top 2-3 issues/goals will be selected for development in the Community Health Improvement Plan.

10:45am – 11:45am Action Plan for each Health Issue

Participants will self-select into an issue and work together to develop:

- Goal
- SMART Objective
- Strategy(s)

11:45am - 12:30pm

Lunch Break (Lunch provided & networking)

12:30pm – 1:30pm

Continued work on Goal, SMART Objective, Strategy
Participants will review each other's work and provide feedback.
Feedback will be used to refine Goal, SMART Objective and Strategy.

1:30pm – 1:35pm	Quick Break
1:35pm – 2:30pm	Action Plan for each Health Issue Participants will work together to develop: <ul style="list-style-type: none"> • Activity(s) • Lead Person(s) • Community Resources • Completion Target Date • Evaluation Measure
2:30pm – 3:00pm	Continued work on Goal, SMART Objective, Strategy Participants will review each other’s work and provide feedback. Feedback will be used to refine Action Plan.
3:00pm - 3:45pm	Review of Action Plan for each Issue/Goal Participants will review each Action Plan <ul style="list-style-type: none"> • Is it <i>Do-able</i>? • Is it <i>Realistic</i>? • <i>Who</i> is missing? • What <i>resources</i> are required?
3:45pm - 4:00pm	Community Health Improvement Plan Workshop Summary Next Steps

A Community Health Improvement Plan (CHIP) has been defined as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.”

A CHIP:

- Serves to address issues, roles, and common goals and objectives throughout the community.
- Is used to coordinate efforts and target resources that promote health.
- Guides action and monitors and measures progress toward achievement of goals and objectives.
- Often used as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

S-M-A-R-T Objectives

Specific means that the outcome is concrete, detailed, focused and well defined.

Measurable outcomes include units for counting, which determines quantity and comparison.

Achievable outcomes are feasible, reasonable and actionable.

Realistic outcomes add value or contribute to the accomplishment of the goal.

Time limited means there is a deadline(s) for completion.

Workshop Handouts

Major Findings from 2012 Santa Rosa Community Health Status Profile

- Population (US Census 2011) 154,104
- Santa Rosa County has a median household income of \$51,208; exceeding the state average and accounts for a lower number of households living in poverty.
- Over 88% of residents in Santa Rosa County graduated from high school, technical school or college.
- 85% of adults have some type of health coverage.
- The number of primary care physicians to patient ratio is 1,474:1. The national benchmark is 631:1.
- Preventable hospital stays within- the county exceeded the state and national averages by more than 40%.
- In 2010, in Santa Rosa County the sexually transmitted diseases rate in 15 to 24 year olds was 1,488 per 100,000 while the Department of Health Target is 2,771.
- The number of Santa Rosa County residents identified as obese or overweight were 33%.
- Cancer is Santa Rosa County's leading cause of death which is attributed to lung cancer caused by the high rate of tobacco consumption.
- The number of children moved to licensed foster care or adoption placement average 100, according to the Florida Department of Children and Families. Children in relative and non-relative placements in Santa Rosa County averaged 147 for 2011.
- Domestic Violence cases increased by more than 50% from 2009 to 2011.

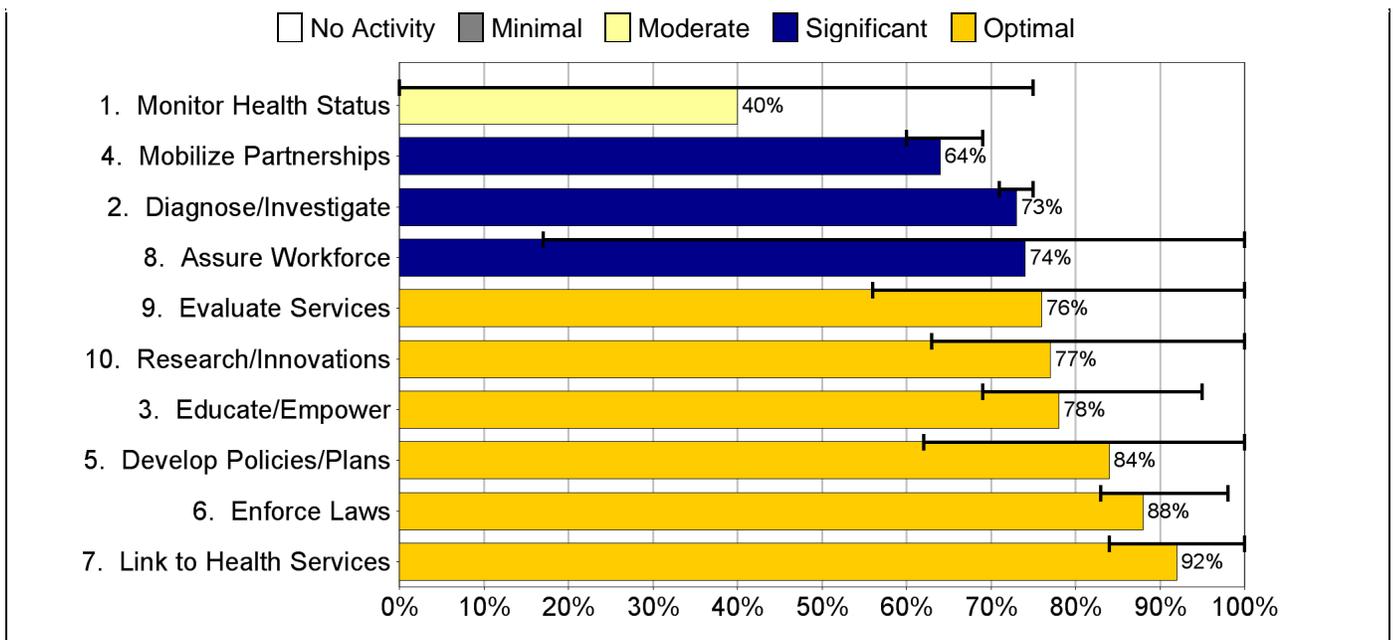
Positive Outcomes

- Residents have a good sense of community.
- Median household income is higher than the national average.
- High number of educated residents.
- Health coverage of adults is 85%.
- Infant mortality rate is low.
- Immunization rate for children is 95%.
- No reported communicable Tuberculosis cases.

Needs for Improvement

- Cancer is the leading cause of death.
- High usage of tobacco in comparison to the state average.
- Third and fourth quartile for chronic lower respiratory disease.
- Preventable hospital stays within the county exceed the state and national averages by more than 40%. Over utilization of hospital emergency room in most areas greater than the state average.
- Low primary care physicians to patient ratio 1,474:1 the national benchmark is 631:1.
- Residents identified as obese or overweight is 33%.
- Increasing number of STD cases.
- Low access to dental care.
- Foster care, crime, and domestic violence.
- Limited repository referrals, resources and information.

Range of Activity for 2012 LPHSP Essential Services Overall Scores



Santa Rosa County Forces of Change	
FORCE (Trends, Events, Factors)	THREATS
Social (continued)	
Large Military population	<ul style="list-style-type: none"> Population needs continued growth and support.
Percentage of adults with Bachelor's degree about 25%	<ul style="list-style-type: none"> Large number of skilled workforce. Limited skilled jobs available. Unemployment rate above 8%.
Families living together to avoid homelessness	<ul style="list-style-type: none"> Additional support and resources necessary.

Santa Rosa County Forces of Change	
FORCE (Trends, Events, Factors)	THREATS
Economic	
Household income	<ul style="list-style-type: none"> Median household income \$55,129.
Unemployment	<ul style="list-style-type: none"> >8% Unemployment.
Poverty	<ul style="list-style-type: none"> 11.3% families below poverty level.
Business closures, relocations, downsizing	<ul style="list-style-type: none"> Contributing to increase in under or unemployment. Less sales tax generated. Vacant buildings. Community blight.
Budget cuts to police, schools and prevention programs, county personnel, health departments	<ul style="list-style-type: none"> Less workforce. Decreased or compromised services. Increase in risky behaviors among students. Stressed local public health system. Less police/law enforcement presence.
Healthcare delivery changing rapidly	<ul style="list-style-type: none"> Increased government control of healthcare on the horizon. Potentially more underinsured or uninsured will be able to purchase healthcare. Potential for decreased effectiveness, number of providers unable to deliver care to eligible.
State budget	<ul style="list-style-type: none"> Continued decreases in funding/budgetary allowance predicted.

Santa Rosa County Forces of Change

FORCE (Trends, Events, Factors)	THREATS
Health	
High rates of insured residents	<ul style="list-style-type: none"> ○ Continue to support, push prevention strategies.
Decreased funding to County Health Departments	<ul style="list-style-type: none"> ○ Educate legislature regarding public health funding. ○ Sole Medicaid provider for dental care in children. ○ Surveillance of disease unable to delegate to other agencies.
Increasing rates of Sexually Transmitted Infections (STIs), marijuana use, risky behaviors among youth	<ul style="list-style-type: none"> ○ School administration and parental support varies within county for sex education and Youth Risk Behavior Survey (YRBS) surveillance in schools.
Low rates of dental coverage	<ul style="list-style-type: none"> ○ Adults unable to access affordable dental care. ○ Youth eligible for Medicaid not utilizing services.
Decreased Medicaid payments	<ul style="list-style-type: none"> ○ Secure alternate funding sources to support services
Inadequate number of primary care providers	<ul style="list-style-type: none"> ○ Work with economic development to recruit primary care providers.
Increased rates for obesity and chronic diseases	<ul style="list-style-type: none"> ○ Increase physical activity in the school systems. ○ Increase prevention efforts.
Decreasing rates of death from cardiac events	<ul style="list-style-type: none"> ○ Continue to fund prevention efforts, handouts for heart attack, stroke, Hypertension (high blood pressure) at health fairs.
High adult smoking rates	<ul style="list-style-type: none"> ○ Increase awareness of local adult smoking cessation classes by focusing on Primary Care Physician (PCP) office referrals.
Access to technology or inability to navigate the system creates barriers to receiving social services/education/access to care	<ul style="list-style-type: none"> ○ Assist parents with signing up for Medicaid dental. ○ Find out reason for low dental enrollment. ○ Work with community leaders to locate and train individuals that can help identify those at risk for lapses in social services due to technical issues.
Use of Emergency Department as primary care	<ul style="list-style-type: none"> ○ Promote use of urgent care.

Santa Rosa County Forces of Change

FORCE (Trends, Events, Factors)	THREATS
Geography	
Rural county	<ul style="list-style-type: none"> ○ Food deserts, poverty pockets within county.
Limited public transportation	<ul style="list-style-type: none"> ○ Difficulty in getting to medical appointments, jobs, universities or job interviews for lower income individuals. ○ Sidewalks and bike lanes could become mandatory for communities developed in the future.
Population centers split north and south	<ul style="list-style-type: none"> ○ Poor walkability of cities, rural areas disconnected with poor access.
Uneven distribution of assets	<ul style="list-style-type: none"> ○ Allocation of resources difficult due to various population centers mixed with rural communities. ○ Unincorporated population areas.
Poor walkability, lack of mixed-use lands	<ul style="list-style-type: none"> ○ Grants available through Florida Department of Transportation to fund expansion of sidewalks around elementary schools
Wetlands to woodlands	<ul style="list-style-type: none"> ○ Diverse county; integration of cultures can be difficult.
Transportation plans	<ul style="list-style-type: none"> ○ Develop and seek funding for transportation plans.

Santa Rosa County Forces of Change

FORCE (Trends, Events, Factors)	THREATS
Social	
Residents perceive a high quality of life	<ul style="list-style-type: none"> ○ Continue bringing services to those in need.
High rates of marijuana use in middle school students. Increased risky behavior in youth. (Youth Risk Behavior Survey)	<ul style="list-style-type: none"> ○ Drug Abuse Resistance Education (DARE) program funding could be reinstated or provided in an alternate method (volunteers). ○ Expand volunteer-based programs to address risky behaviors, expand Awareness Academy.
High rates of high school graduation	<ul style="list-style-type: none"> ○ Continued support of parents and school systems. ○ Mentoring programs for students at risk of dropping out. ○ Increase access to trade schools, universities, online education and career planning.
High rates of children in foster care	<ul style="list-style-type: none"> ○ Domestic Violence linked to drug/alcohol abuse. ○ Domestic Violence leads to children in foster care. ○ Difficulty in finding foster homes for placement. ○ Work with churches to increase foster parent participation. ○ Foster care children likely to have children who will enter foster care.
High rates of domestic violence	<ul style="list-style-type: none"> ○ Empower women and children. ○ Talk about Domestic Violence. ○ Help bring services to those in need. ○ Teen dating violence education could be increased.
Increasing population within county	<ul style="list-style-type: none"> ○ Inadequate number of primary care physicians available. ○ Higher enrollment in school system could strain budget, space. ○ May increase education and skill level of workforce. ○ Increase in tax base. ○ Overburden law enforcement. ○ Stressing current budgets on all fronts.
Largest population between ages 45-64	<ul style="list-style-type: none"> ○ Largest population on the cusp of retirement. ○ Limited specialty medical services available.

THIS PAGE INTENTIONALLY LEFT BLANK

HIGH USE OF TOBACCO			
Priority Issue	Goals	Strategy	Implementation
Santa Rosa County has higher incidences of tobacco use compared to the state averages; adult use 22%, youth use 18.4%.	3. Reduce the incidence of tobacco use by youths by 2% (840 middle/high school students).	<p>3. Presentations from experts in the field of tobacco prevention, i.e. Dr. Victor DeNoble and Rick Stoddard.</p> <p>4. Meet with policy makers regarding the sale of candy flavored tobacco products.</p>	<p>Timeline 3 Years</p> <p>Lead & Team Members Jimmie Melvin 686-2176 Aleta Hoodless 626-5113 Angela Hahn 982-2820/994-0905 CHD-Dennis Bratten SWAT-Robbie Leggett</p> <p>Resources Health Department School Board AHEC Tobacco Coalition</p>
	4. Reduce the incidence of tobacco use by adults by 2% (3,080 adults).	<p>4. Offer cessation classes.</p> <p>5. Smoke free housing policies.</p> <p>6. Encourage smoke free businesses/work sites and employer support of cessation efforts.</p>	<p>Timeline 3 Years</p> <p>Lead & Team Members Dennis Bratten Tobacco Free Coalition</p> <p>Resources Health Department School Board AHEC Tobacco Coalition Chambers of Commerce City of Milton</p>

According to the Santa Rosa Health Department Snapshot for 2012:

- Middle and high school students who reported using tobacco in the past 30 days was 18.4% which was higher than the state and DOH targets.
- Adults who smoke in Santa Rosa County was 22%, with the state at 17%, and the DOH target at 12%.

Measure	Rate Type	Year(s)	County Quartile 1=most favorable 4=least favorable	County Number	County Rate	State Comparison
Modifiable Behaviors Leading to Premature Death (continued)						
Tobacco Use						
Percent of students smoking cigarettes in the past 30 days						
Middle school	Percent	2012	2		3.2%	3.3%
High school	Percent	2012	4		16.9%	10.1%

The top causes of cancer death in Santa Rosa County, in rank order, were:

- Lung, 58%
- Colorectal, 15%
- Breast, 11%

From the **Santa Rosa 2010 Community Health Needs Assessment Survey**:

- 78% of those surveyed do not use tobacco products, while 20% do.
- 95% of the survey respondents that use tobacco prefer to use smoke tobacco, such as cigarettes and cigars.
- 5% would rather use spit tobacco.
- 60% of the surveyed tobacco users would like to quit using tobacco; 40% would rather not quit.
- 14% of survey respondents indicated that someone smokes tobacco inside their home or car more than 4 days a week.
- 80% do not have anyone smoking in their home or car.

Adults who are current smokers, Overall		
Year	Santa Rosa	Florida
2002	28.6% (23.2 - 34.7)	22.2% (21.1 - 23.2)
2007	23.5% (19.3 - 28.3)	19.3% (18.3 - 20.3)
2010	22.0% (16.8 - 27.2)	17.1% (16.1 - 18.1)

From FDOH CHARTS (BRFSS)

PREVENTABLE HOSPITAL STAYS

Priority Issue	Goals	Strategy	Implementation
Hospital stays within the county exceed the state and national averages by more than 40%, and over utilization of hospital emergency rooms in most areas is greater than the state average.	<ol style="list-style-type: none"> Identify the top 3-5 reasons for over utilization of emergency rooms. 	<ol style="list-style-type: none"> Obtain and examine data from area hospitals to categorize top healthcare utilization issues. Find alternate resources for non-emergent healthcare access. 	<p>Timeline 1 Year</p> <p>Lead & Team Members Karen Barber - SRCSD Jenea Highfill, RN - SRCHD Ary Habig, RN - Gulf Breeze Hospital Pilar Martin - UWF</p> <p>Resources Partnership For Healthy Communities Data from Baptist Healthcare System Data from HMA/SRMC, UWF</p>

			media/marketing
	2. Educate the public about different options for healthcare access.	1. Develop media campaign for public dissemination. 2. Develop ongoing communication channels for appropriate utilization of non-emergent resources.	Timeline 3 Years Lead & Team Members Same as above. Resources Same as above.

From the **Santa Rosa 2010 Community Needs Assessment Survey** –

- 71% of survey respondents indicated they get most of their healthcare from family doctors.
- 9% receive most of their healthcare from the emergency room
- 4% from an urgent care clinic
- 4% from the community clinic
- 2% from the health department
- 5% said “other.”

82% of those surveyed said they had a healthcare provider where they go most often for healthcare.

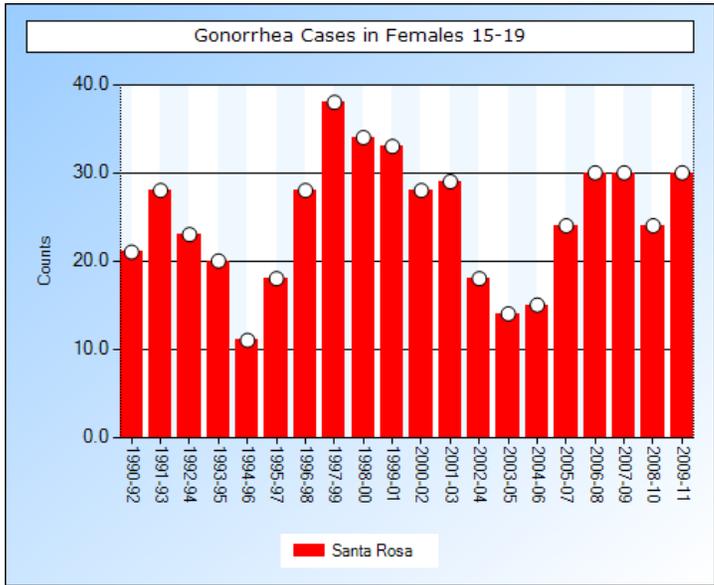
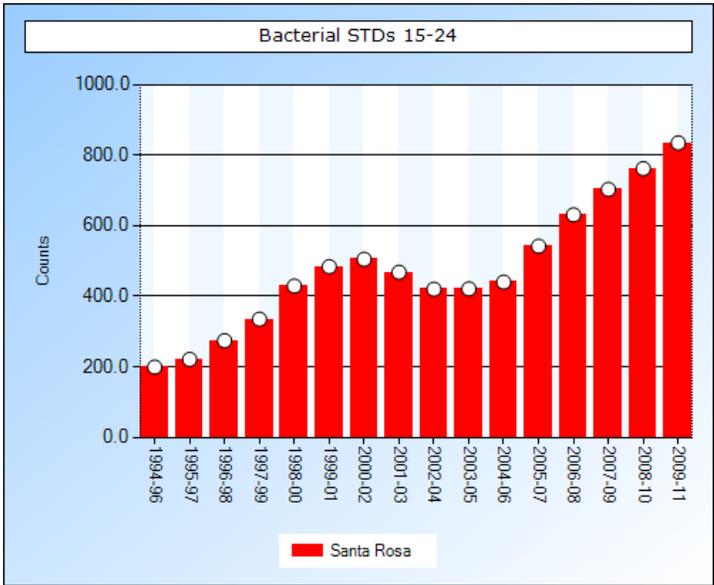
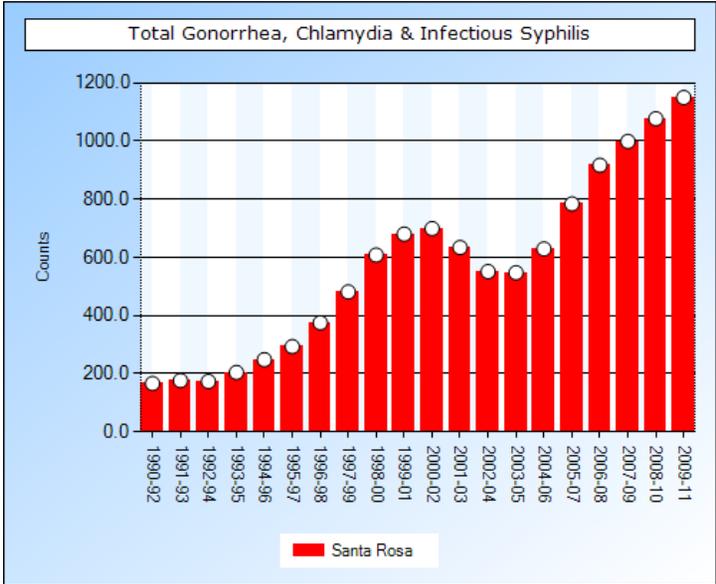
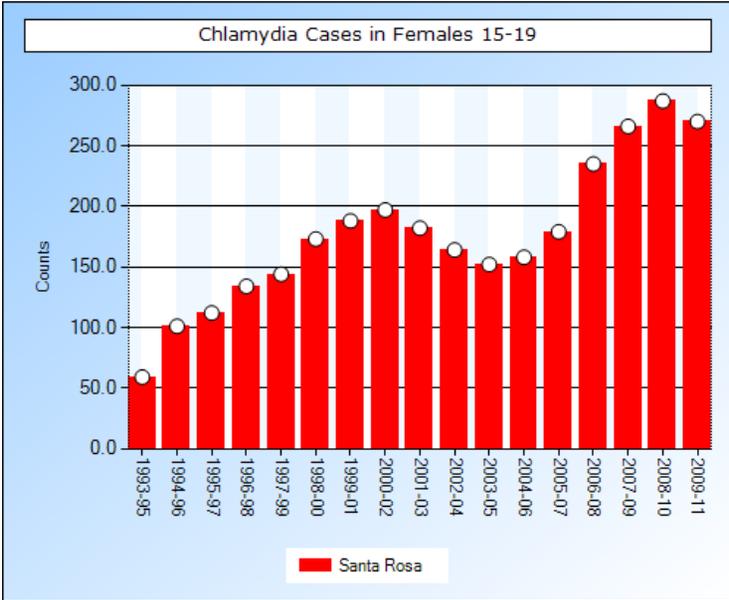
- 53% of survey respondents stated they were unable to pay for a visit as the reason why they do not have a healthcare provider.
- 14% said they do not need a healthcare provider, while 10% did not know how to find a healthcare provider.

SEXUALLY TRANSMITTED DISEASE (STDs)			
Priority Issue	Goals	Strategy	Implementation
There are an increased number of STD cases in the 15-19 year old population in Santa Rosa County.	1. Decrease number of STD cases through increased community education and awareness.	<ol style="list-style-type: none"> 1. Reintroduce STD prevention in the schools. 2. Provide peer counseling for students. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Lead-County Health Department Santa Rosa School Board Ministerial Association Private physicians</p> <p>Resources School Health Advisory Council School Health Nurses and techs Business partners Medical community</p>
	2. Early detection and treatment.	<ol style="list-style-type: none"> 1. Educate medical providers to current trends and numbers. 2. Provide easy access to treatment. 	<p>Timeline 3 Years</p> <p>Lead & Team Members Same as above.</p> <p>Resources Same as above.</p>

While chlamydia and gonorrhea reports remained relatively constant in 2011, Santa Rosa County experienced increases in infections of early and latent syphilis by 13.7% and 10.4% respectively. Briefly, comparing weeks 1- 40 (January-October) with the percent of change from 2011 with 2012 in Santa Rosa County:

- Chlamydia increased by 4.5%.
- Gonorrhea increased by 76.5%.
- Early Latent Syphilis increased by 200% (change from one to three cases).
- Total Early Syphilis increased by 900% (change from one to ten cases).

As of October 2012, there were 148 Santa Rosa County residents living with HIV/AIDS. In 2011, Santa Rosa County had seven HIV cases and in 2012 there were five new cases – which accounts for a 71% increase. The AIDS cases that were reported in 2011 was seven, 2012 was five cases – which accounts for -29% decrease during the 2011-2012 time period.

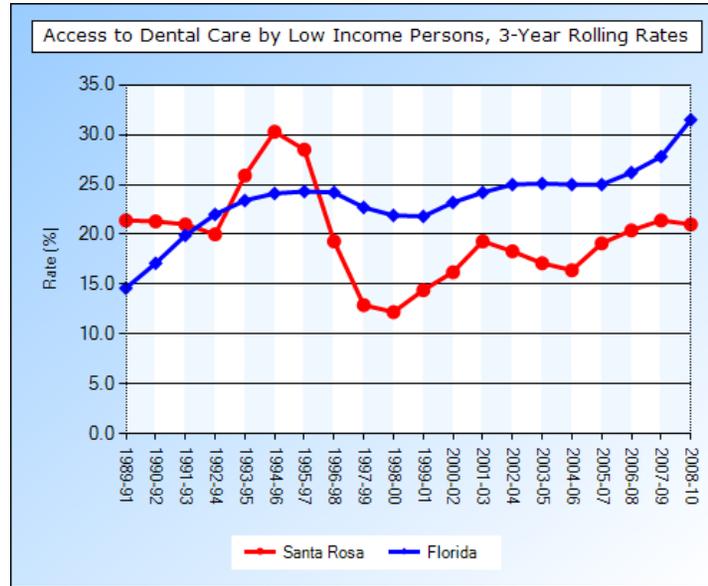


LOW ACCESS TO DENTAL CARE			
Priority Issue	Goal	Strategy	Implementation
Santa Rosa County has poor access to dental care for uninsured and low income residents.	3. Provide prevention education to school age children.	3. Involve the Escarosa Dental Association to provide education in the schools. 4. Include an oral healthcare component in the schools' healthcare curriculums.	Timeline 3 Years Lead & Team Members Health department Escarosa Dental Association Oral Health Taskforce Santa Rosa School Board Head Start Program Resources Same as above.
	4. Increase the number of providers who are willing to serve low income residents.	3. Communicate the need to private providers. 4. Encourage volunteer efforts through the We Care Program.	Timeline 3 Years Lead & Team Members Same as above. Resources Same as above.

From the **Santa Rosa 2010 Community Health Needs Assessment Survey**

- 56% of those surveyed indicated they did have dental insurance, while 42% said they did not have dental insurance
- 45% of all survey respondents went to the dentist in the last 6 months
- 16% indicated they went to the dentist within the last 6 to twelve months
- 13% had been to the dentist within 1 to 2 years
- 23% had been longer than 2 years ago

From FDOH CHARTS



From Florida CHARTS (BRFSS):

Adults who could not see a dentist in the past year because of cost, Overall		
Year	Santa Rosa	Florida
2007	18.3% (14.2 - 23.4)	19.2% (18.2 - 20.2)

Percentage of adults who visited a dentist or a dental clinic in the past year, Overall		
Year	Santa Rosa	Florida
2010	64.2% (58.4 - 70.1)	64.7% (63.5 - 65.9)

Percentage of adults who had their teeth cleaned in the past year, Overall		
Year	Santa Rosa	Florida
2010	60.0% (54.0 - 66.1)	60.9% (59.6 - 62.1)

Percentage of adults who had a permanent tooth removed because of tooth decay or gum disease, Overall		
Year	Santa Rosa	Florida
2010	45.9% (40.0 - 51.8)	53.0% (51.7 - 54.2)

Total Licensed Dentists		
	Santa Rosa	Florida
Year	Count	Count
2008-10	128	35,375
2009-11	131	35,523

OBESITY

Priority Issue	Goal	Strategy	Implementation
<p>The obesity rate for Santa Rosa County is 33% or 1/3 of the population.</p>	<p>2. Reduce the obesity rate in the school age population.</p>	<p>3. Ensure proper nutrition.</p> <p>4. After school activities.</p>	<p>Timeline 3 Years</p> <p>Lead & Team Members</p> <ul style="list-style-type: none"> • SRDS • YMCA • Sodexo • Health Department • Boys & Girls Clubs • Bridges out of Poverty • Churches • Rec center • 4H • Scouts <p>Resources</p> <ul style="list-style-type: none"> • Rails to Trails • National Park Service • Chamber of Commerce • Beaches to Woodlands • University of Florida County Extension services • City of Milton recreation center • High school athletic departments • Running clubs supported by local businesses • After school fitness programs
	<p>3. Decrease the obesity rate in the adult population.</p>	<p>3. Encourage adults to engage in recreational activities.</p> <p>4. Increase healthy lifestyle to mobile adult populations.</p>	<p>Timeline 3 Years</p> <p>Lead & Team Members Same as above</p> <p>Resources Same as above.</p>

From FDOH CHARTS (BRFSS)

Adults who are overweight , Overall		
Year	Santa Rosa	Florida
2002	37.2% (32.2 - 42.5)	37.5% (36.3 - 38.8)
2007	36.3% (31.4 - 41.5)	38.0% (36.8 - 39.2)
2010	33.3% (27.8 - 38.8)	37.8% (36.6 - 39.0)

Adults who are obese , Overall		
Year	Santa Rosa	Florida
2002	17.4% (13.8 - 21.7)	20.4% (19.5 - 21.4)
2007	21.3% (17.2 - 26.2)	24.1% (23.1 - 25.1)
2010	29.8% (24.1 - 35.5)	27.2% (26.1 - 28.4)

Adults who are obese, By male		
Year	Santa Rosa	Florida
2002	21.2% (15.4 - 28.5)	22.0% (20.5 - 23.5)
2007	23.4% (17.0 - 31.3)	25.2% (23.6 - 26.9)
2010	34.9% (25.5 - 44.2)	29.8% (27.9 - 31.7)

Adults who are obese, By female		
Year	Santa Rosa	Florida
2002	13.5% (9.7 - 18.4)	19.0% (17.8 - 20.3)
2007	19.2% (14.4 - 25.1)	23.0% (21.8 - 24.3)
2010	24.4% (18.4 - 30.4)	24.7% (23.3 - 26.1)

Adults who are obese, By age 18-44		
Year	Santa Rosa	Florida
2002	14.8% (10.1 - 21.2)	19.2% (17.7 - 20.8)
2007	18.8% (12.5 - 27.2)	23.1% (21.3 - 25.0)
2010	31.1% (20.4 - 41.9)	26.9% (24.7 - 29.0)

Adults who are obese, By age 45-64		
Year	Santa Rosa	Florida
2002	21.6% (15.8 - 28.8)	25.4% (23.6 - 27.2)
2007	23.9% (18.0 - 31.1)	28.1% (26.5 - 29.7)
2010	25.3% (18.7 - 31.8)	30.6% (28.6 - 32.5)

Adults who are obese, By age 65 & Older		
Year	Santa Rosa	Florida
2002	17.0% (8.7 - 30.3)	17.1% (15.4 - 18.8)
2007	23.1% (14.8 - 34.3)	20.6% (19.2 - 22.0)
2010	36.4% (27.8 - 44.9)	22.2% (20.8 - 23.7)

Measure	Rate Type	Year(s)	County Quartile 1=most favorable 4=least favorable	County Number	County Rate	State Comparison
Insufficient Physical Activity						
Percent of students without sufficient vigorous physical activity						
Middle school	Percent	2012	2		27.4%	29.9%
High school	Percent	2012	3		36.9%	37.3%
Obesity						
Percent of students reporting BMI at or above 95th percentile						
Middle school	Percent	2012	2		12.1%	11.1%
High school	Percent	2012	3		15.4%	14.3%

FOSTER CARE			
Priority Issue	Goal	Strategy	Implementation
The number of 5-17 year old children entering the foster care system in Santa Rosa County exceeds the state average.	2. Decrease the number of 5-11 year old children entering foster care.	5. Media campaign to build awareness of the increased number of children entering foster care within Santa Rosa County. 6. Create educational programs aimed at drug and alcohol abuse. 7. Initiate new programs and funding to transition children from foster care into traditional families (e.g. adoption). 8. Identify other issues that put children at risk for foster care placement.	Timeline 3 Years Lead & Team Members Randy Fleming, DCF Tammy Peterson, SRKH Denise Manassas, CDAC Resources Santa Rosa County School Board Department of Children & Families Santa Rosa Kid's House
	3. Decrease the number of 12-17 year old children entering foster care.	5. Media campaign to build awareness of the increased number of children entering foster care within Santa Rosa County. 6. Create educational programs aimed at drug and alcohol abuse. 7. Initiate new programs and funding to transition children from foster care into traditional families (e.g. adoption). 8. Identify other issues that put children at risk for foster care placement.	Timeline 3 Years Lead & Team Members Randy Fleming, DCF Tammy Peterson, SRKH Denise Manassas, CDAC Resources Santa Rosa County School Board Department of Children & Families Santa Rosa Kid's House

According to the **Santa Rosa County Children Subject of Maltreatment Reports** during October 2010 through September 2011:

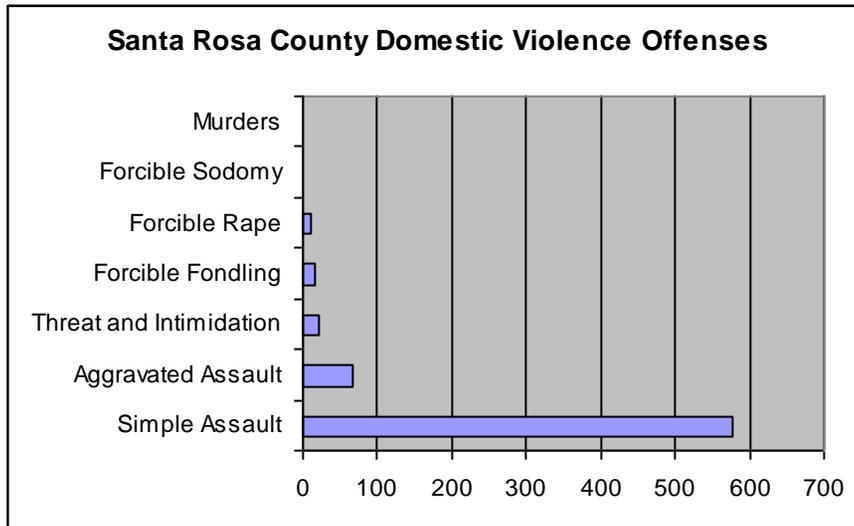
- 211 children were moved to Foster Care, with the largest number of removals (130) being attributed to caretaker drug or alcohol use.

From **FDOH CHARTS:**

Measure	Rate Type	Year(s)	County Quartile 1=most favorable 4=least favorable	County Number	County Rate	State Comparison
Social Environment						
Children in foster care per 1,000 population						
5-11	Per 1,000	2011	4	78	5.5	3.5
12-17	Per 1,000	2011	4	88	6.9	4.5
Children 5-11 experiencing child abuse per 1,000 pop. 5-11	Per 1,000	2009-11	2	185	13.3	11.5
Children 5-11 experiencing sexual violence per 1,000 pop. 5-11	Per 1,000	2009-11	1	7	0.5	0.6

DOMESTIC VIOLENCE AND CRIME			
Priority Issue	Goal	Strategy	Implementation
The rate of domestic violence and crime in Santa Rosa County exceeds the state average.	3. Decrease the rate of domestic violence in the county.	3. Identify underlying causes of domestic violence (i.e. drugs, alcohol, economic). 4. Media and educational campaign to inform victims of the available resources.	Timeline 3 Years Lead & Team Members Sue Hand, Favor House Family Promise Fleet and Family Services at bases Law Enforcement - SRSO, GBPD, MPD, FHP, FDLE Resources Same as above.
	4. Decrease the rate of crime in the county.	3. Identify underlying causes of crime (i.e. drugs, alcohol, economic). 4. Media and educational campaign to educate community on gangs and signs/signals and importance of informing law enforcement when seen.	Timeline 3 Years Lead & Team Members Same as above. Resources Same as above.

In 2011 there were a reported 695 instances of Domestic Violence within Santa Rosa County, a breakdown of the types of domestic violence reported are in the chart below:



During 2011, in Santa Rosa County, there were:

- 21 instances of threat and intimidation
- 576 instances of simple assault
- 68 instances of aggravated assault
- 16 instances of forcible fondling
- 2 instances of forcible sodomy
- 10 instances of forcible rape,
- 2 murders

FavorHouse of Northwest Florida provided annual statistics from July 2011-June 2012 regarding the following shelter and outreach programs statistics for Santa Rosa County based on their service levels and the statistics provided by local law enforcement which is outlined above:

- Shelter: 422 (241 women, 179 children and 2 men)
- Nights of Shelter: 6,339
- Crisis Calls: 744
- Victims Counseled: 1,091
- Counseling Hours: 4,079.5

Community Education and temporary assistance provided for the Needy Families Program (Federal Funds) totaled 1,443 (937 Children; 493 women; and 13 men—reported below the Federal Poverty Guidelines).

UNINTENTIONAL INJURIES			
Priority Issue	Goal	Strategy	Implementation
Motor vehicle accidents are the number one cause of fatalities and Injuries for those under the age of 21 in Santa Rosa County.	3. Reduce motor vehicle traffic related deaths by 15%.	3. Educate and condition drivers in the use of safety devices and safety related issues. 4. Increase public awareness and law enforcement awareness of potentially impaired or problematic drivers.	Timeline 3 Years Lead & Team Members Tamie Petersen/Santa Rosa Sheriff's Office Shawn Bradberry/Lifeguard Ginny Hinton FDOH in Santa Rosa County Resources Child Passenger Safety Coalition MADD SADD SRSO, Highway Patrol Cell phone vendors Civic groups Jimmie Melvin
	4. Increase the use of safety belts, car seats and helmets.	3. Media campaign to identify and educate the public in the proper uses of safety equipment. 4. Conduct random and planned surveillance and check points to promote the use of safety devices and practices.	Timeline 3 Years Lead & Team Members Same as above. Resources Same as above.

In 2011, injuries claimed 12,364 lives and accounted for 7.2% of all resident deaths.

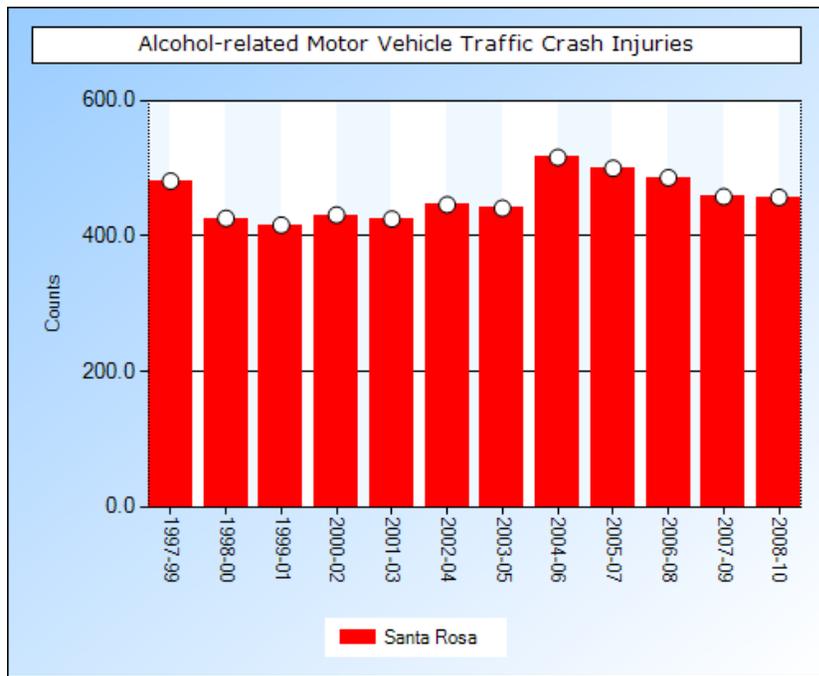
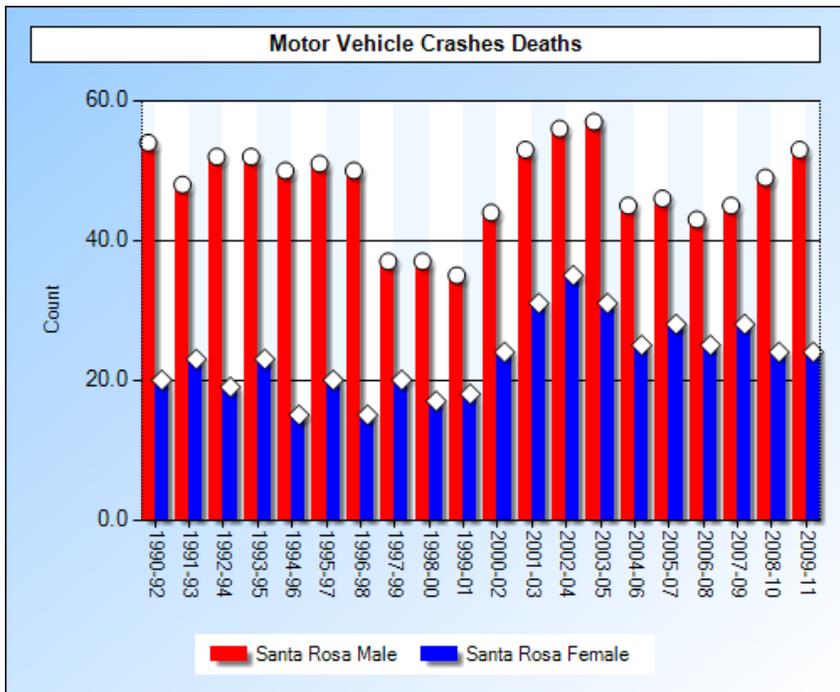
- Santa Rosa County's unintentional injuries age-adjusted death rate was 43.6 per 100,000 which is higher than the *Healthy People* goal of 36.
- Motor vehicle crash age-adjusted death rate was 16.4 per 100,000 and the *Healthy People* goal is 12.4.

From FDOH CHARTS (BRFSS)

Percentage of adults who, in the past 30 days, drove a vehicle after consuming too many alcoholic beverages, Overall		
Year	Santa Rosa	Florida
2010	1.3% (0.1 - 2.6)	1.9% (1.5 - 2.3)

Percentage of adults 45 years of age and older who had a fall-related injury in the past 3 months, Overall		
Year	Santa Rosa	Florida
2010	6.1% (3.3 - 9.0)	5.7% (5.1 - 6.4)

From FDOH CHARTS



Measure	Rate Type	Year(s)	County Quartile 1=most favorable 4=least favorable	County Number	County Rate	State
Injuries and Violence (3-Year rates)						
Licensed drivers in motor vehicle crashes per 1,000 licensed drivers						
15-18	Per 1,000	2010	2		24.6	13.9
19-21	Per 1,000	2010	2		28.6	15.6
Child Passengers injured/killed in motor vehicle crashes per 100,000 pop.						
5-11	Per 100,000	2008-10	3	60	439.0	369.1
12-18	Per 100,000	2008-10	3	90	609.4	570.5
Motor vehicle deaths per 100,000 population						
5-11	Per 100,000	2009-11	1	<2	0.0(u)	2.2
12-18	Per 100,000	2009-11	2	<2	9.0(u)	8.7
19-21	Per 100,000	2009-11	2	<2	23.2(u)	23.5
Non-fatal motor vehicle related hospitalizations per 100,000 pop. (MV occupants only)						
5-11	Per 100,000	2009-11	4	3	26.3	12.2
12-18	Per 100,000	2009-11	2	6	40.3	39.0
19-21	Per 100,000	2009-11	4	11	191.6	94.0
Head injury deaths per 100,000 population						
5-11	Per 100,000	2008-10	1	<2	0.0(u)	1.4
12-18	Per 100,000	2008-10	2	<2	4.5(u)	7.5
19-21	Per 100,000	2008-10	3	<2	29.9(u)	21.1
Non-fatal head injury hospitalizations per 100,000 population						
5-11	Per 100,000	2009-11	3	4	31.1	25.6
12-18	Per 100,000	2009-11	3	12	80.7	58.4
19-21	Per 100,000	2009-11	4	8	151.0	93.1
Other unintentional injury deaths per 100,000 population						
5-11	Per 100,000	2009-11	1	<2	0.0(u)	1.2
12-18	Per 100,000	2009-11	1	<2	0.0(u)	4.4
19-21	Per 100,000	2009-11	2			

LIMITED REPOSITORY REFERRALS

Priority Issue	Goal	Strategy	Implementation
<p>No central repository exists for referrals, resources and information in Santa Rosa County.</p>	<p>3. Determine if resources exist to create a central repository.</p>	<p>3. Identify financial resources to create and maintain the repository.</p> <p>4. Identify the administrator of the repository.</p>	<p>Timeline 3 Years</p> <p>Lead & Team Members Community partners Civic groups Service organizations Faith based groups</p> <p>Resources Same as above.</p>
	<p>4. Develop a committee to determine the types of services that should be included in the repository.</p>	<p>3. Invite community partners, agencies, businesses, and providers to voluntarily contribute contact and content information.</p> <p>4. Encourage contributing members to submit updates as necessary to ensure relevance of information.</p>	<p>Timeline 3 Years</p> <p>Lead & Team Members Same as above.</p> <p>Resources Same as above.</p>

TRANSPORTATION			
Priority Issue	Goal	Strategy	Implementation
No public transportation system exists in Santa Rosa County.	2. Create a self-sustaining public transportation system that will serve the North, Central, and South regions of the county.	3. Inventory assets in all parts of county (survey). 4. Determine the necessary budget to sustain the system over the long term.	Timeline 3 Years Lead & Team Members Chambers of Commerce Businesses that would benefit from public use of system Resources Vehicles Drivers
	3. Develop a media campaign to inform the public about the availability of a transportation system and encourage system use.	3. Determine if funding or public service message availability exists to create and distribute written and audio advertising materials. 4. Offer incentives to encourage use (passes, coupons, etc.).	Timeline 3 Years Lead & Team Members Media outlets Resources Media outlets Newspapers/circulars

As of January 2013 – Florida Department of Motor Vehicle Statistics:

<ul style="list-style-type: none"> • 126,782 registered drivers (82% of population) • 6,464 are 15-18 years of age (5% of total drivers) • 4,264 are 19-20 years of age (3% of total drivers) • 21,103 are 21-30 years of age (16.6% of total drivers) • 19,661 are 31-40 years of age (15.55 of total drivers) 	<ul style="list-style-type: none"> • 24,052 are 41-50 years of age (18.9% of total drivers) • 23,046 are 51-60 years of age (18% of total drivers) • 16,400 are 61-70 years of age (12.9% of total drivers) • 8,709 are 71-80 years of age (6.8% of total drivers) • 3,083 are 81-100 years of age (2.4% of total drivers)
---	---

From FDOH CHARTS (US Census)

Percentage of individuals below poverty level , Single Year Rates		
	Santa Rosa	Florida
Year	Rate (%)	Rate (%)
2010	11.3	13.8
2000	9.8	12.5
1990	14.2	12.7

Percentage of families below poverty level , Single Year Rates		
	Santa Rosa	Florida
Year	Rate (%)	Rate (%)
2010	7.9	9.9
2000	7.9	9.0
1990	11.5	9.0

Percentage of Individuals Over 65 Years Living Below Poverty Level , Single Year Rates		
	Santa Rosa	Florida
Year	Rate (%)	Rate (%)
2010	7.3	9.9
2000	7.5	9.1
1990	15.3	10.8

Percentage of individuals below 200% of poverty level , Single Year Rates		
	Santa Rosa	Florida
Year	Rate (%)	Rate (%)
2010	28.4	33.7
2000	28.7	31.1

Percentage of individuals with urban residence , Single Year Rates		
	Santa Rosa	Florida
Year	Rate (%)	Rate (%)
2010	71.9	89.3
2000	71.0	89.3
1990	44.4	84.8

Percentage of individuals with rural residence , Single Year Rates		
	Santa Rosa	Florida
Year	Rate (%)	Rate (%)
2010	28.1	10.7
2000	29.0	10.7
1990	55.6	15.2



CRIME IN FLORIDA

**Santa Rosa County
January - December 2011**



Florida Department of
Law Enforcement

The statistics presented in this release are an indication of crime and criminal activities known to, and reported by, law enforcement agencies for 2011. This report reflects data residing in the UCR database as of 04/12/2012.

Offense Totals

INDEX OFFENSES	2010	2011	Percent Change
Murder	6	2	-66.7
Firearm	5	1	-80.0
Knife/Cutting Instr.	0	0	
Hands/Fists/Feet	1	1	0.0
Other	0	0	
Forcible Sex Offenses	76	69	-9.2
Forcible Rape	38	29	-23.7
Firearm	2	1	-50.0
Knife/Cutting Instr.	2	0	
Hands/Fists/Feet	34	27	-20.6
Other	0	1	
Forcible Sodomy	10	4	-60.0
Firearm	0	0	
Knife/Cutting Instr.	0	0	
Hands/Fists/Feet	10	4	-60.0
Other	0	0	
Forcible Fondling	28	36	28.6
Firearm	0	0	
Knife/Cutting Instr.	0	0	
Hands/Fists/Feet	28	36	28.6
Other	0	0	
Robbery	28	16	-42.9
Firearm	11	5	-54.5
Knife/Cutting Instr.	3	2	-33.3
Hands/Fists/Feet	12	8	-33.3
Other	2	1	-50.0
Aggravated Assault	151	137	-9.3
Firearm	30	33	10.0
Knife/Cutting Instr.	32	33	3.1
Hands/Fists/Feet	22	21	-4.5
Other	67	50	-25.4
Burglary	609	722	18.6
Forced Entry	351	390	11.1
No Forced Entry	236	305	29.2
Attempted Entry	22	27	22.7
Larceny	1,346	1,621	20.4
Pocket Picking	4	2	-50.0
Purse Snatching	4	2	-50.0
Shoplifting	259	304	17.4
From Motor Vehicle	339	428	26.3
Motor Vehicle Parts	117	103	-12.0
Bicycles	59	63	6.8
From Building	55	63	14.5
From Coin Oper. Dev.	8	15	87.5
All Other	501	641	27.9
Motor Vehicle Theft	75	102	36.0
TOTAL INDEX OFFENSES	2,291	2,669	16.5

Crime Volume

Total Index	2,669
Total Violent	224
Total Nonviolent	2,445

Property Values

Total Stolen	\$ 3,750,733
Total Recovered	\$ 915,920

Arrest Data

Total	6,717
Adult	6,200
Juvenile	517
Male	4,939
Female	1,778

**Domestic Violence
by Offense Type**

PRIMARY OFFENSE	2010	2011	Percent Change
Murder	2	2	0.0
Manslaughter	0	0	
Forcible Rape	13	10	-23.1
Forcible Sodomy	4	2	-50.0
Forcible Fondling	14	16	14.3
Aggravated Assault	66	68	3.0
Aggravated Stalking	0	0	
Simple Assault	556	576	3.6
Threat/Intimidation	26	21	-19.2
Simple Stalking	0	0	
TOTAL	681	695	2.1

PROPERTY INFORMATION VALUES

TYPE PROPERTY	STOLEN VALUE	RECOVERED VALUE
Currency, Note, Etc.	231,213	2,875
Jewelry, Precious Metals	678,441	43,130
Clothing & Furs	48,759	12,570
Motor Vehicles	849,060	507,313
Office Equipment	185,523	55,738
TVs, Radios, Stereos	129,132	17,248
Firearms	54,195	12,323
Household Goods	161,935	8,740
Consumable Goods	10,271	1,322
Livestock	400	30
Miscellaneous	1,401,804	254,631
TOTAL VALUES	3,750,733	915,920

CRIME IN FLORIDA
Santa Rosa County

January - December 2011

Crime Trends

	Index Total Crimes	% CH	Violent Crime	% CH	Nonviolent Crime	% CH	Population	% CH	Crime Rate	% CH
2007	2,528	-12.5	372	1.6	2,156	-14.6	142,144	0.5	1,778.5	-13.0
2008	2,407	-4.8	280	-24.7	2,127	-1.3	144,136	1.4	1,670.0	-6.1
2009	2,200	-8.6	237	-15.4	1,963	-7.7	144,508	0.3	1,522.4	-8.8
2010	2,291	4.1	261	10.1	2,030	3.4	146,162	1.1	1,567.4	3.0
2011	2,669	16.5	224	-14.2	2,445	20.4	154,901	6.0	1,723.0	9.9

Domestic Violence

by Offense Type to Victim's Relationship to Offender

OFFENSES	Total	RELATIONSHIP VICTIM TO OFFENDER							Arrests
		Spouse	Parent	Child	Sibling	Other Family	Cohabitant	Other	
Murder	2	1	0	1	0	0	0	0	0
Manslaughter	0	0	0	0	0	0	0	0	0
Forcible Sex Offenses	28	1	0	10	6	8	2	1	9
Forcible Rape	10	1	0	1	3	3	1	1	5
Forcible Sodomy	2	0	0	0	2	0	0	0	0
Forcible Fondling	16	0	0	9	1	5	1	0	4
Aggravated Assault	68	17	9	6	8	12	12	4	59
Aggravated Stalking	0	0	0	0	0	0	0	0	0
Simple Assault	576	151	101	35	43	40	153	53	503
Threat/Intimidation	21	7	4	0	1	0	7	2	16
Simple Stalking	0	0	0	0	0	0	0	0	0
TOTAL OFFENSES	695	177	114	52	58	60	174	60	587

ARSON			
STRUCTURE	TOTAL INHABITED	TOTAL ABANDONED	ATTEMPTED
Single Occupied Residence	1	1	0
Other Residence	0	0	0
Storage	0	0	0
Industrial/Manufacturing	0	1	0
Commercial	0	0	0
Community/Public	0	0	0
All Other Structures	0	0	0
Motor Vehicles	2	0	0
Other Mobile	0	0	0
Other	0	0	0
TOTALS	3	2	0

VEHICLE RECOVERY	
	Number
Stolen Locally and Recovered Locally	50
Stolen Locally and Recovered By Other Jurisdictions	22
Stolen Other Jurisdictions and Recovered Locally	20

Workshop Summary Notes

Health Priority “Do-able”

Transportation	
<p>Doable</p> <p>Communication to public. County assessment of needs. Comparison to other counties with similar needs and have public transportation. Market transportation system to the population at need. Identify/ empower local community based citizen champions. Target specific stores and business where the population frequents.</p>	<p>Not doable</p> <p>Current opportunity for federal monies. Regaining lost funding (short term). Full service public transportation system (like ECAT). Cannot provide transportation vouchers. Consistent use of system.</p>
Unintentional Injuries	
<p>Doable</p> <p>Data available – create program, mitigation. Increase gun safety awareness in community. Education. State plan for children drowning “waterproof”. Use social media. Booster seat bill. Certified child passenger safety tech within 10 minutes drive of any caregiver. Patient education focus on women’s issues and adolescents. Helmet/ car seat enforcement. Education on prescription drug safety.</p>	<p>Not doable</p> <p>Reaching all visitors. ↑ Mental health resources. Change behavior perspectives. Cannot force people to utilize gun locks and safes.</p>
Obesity	
<p>Doable</p> <p>Increase adult education through school – age programs. Increase nutrition education in schools/ community and school gardens. Recruit food corps to area. Health department on planning board. Work with churches and other groups to provide food education and opportunities. ↑Physical activity in schools age 5 – 18. Business incentives for healthy employees. Use farmers market.</p>	<p>Not doable</p> <p>Change cultural value on food. Getting healthy food in poorer communities. Convincing marketers not to target kids. Social stigma. Discounts for YMCA/gyms.</p>

Access to Dental Care	
<p>Doable Recruit providers through WeCare program. Partner with escarosa dental association and dental hygiene association. Provide community preventative supplies and education. Awareness of available programs. Create senior programs and educate. Santa Rosa is resource for Escambia residents (access!).</p>	<p>Not doable Restructure Medicaid services and payment. School based dental services. Low reimbursement. No senior providers (MDI). Profitability in today's economy. Access for adults in military. Funding for dental bus for those without transportation.</p>
Preventable Hospital Stays	
<p>Doable Increased awareness of clinics/ family practitioners/ doctors/ FQHC. ↑ Access to prevention healthcare. Following protocols after patient leaves hospital → HAI's Extended hours for non – emergent clinics- accessibility Develop/ distribute local fact sheet re: script assistance. Case management for Medicaid/ HMO.</p>	<p>Not doable Client transportation. Funding. Insurance affordable in this economy for all.</p>
Foster Care	
<p>Doable Create all educational/ awareness programs. Increase partnerships. Grants available. ↑ Number of people who support family (in – home support, respite care, and education). Independent living resources for “age out” / Ameri Corps – ACES. Increase the rigor of parenting classes.</p>	<p>NOT doable New funding for initiatives. Orphanage. Getting good data on the “moving homeless”.</p>

High use of Tobacco	
<p>Doable More anti – smoking programs in schools and community (SWAT). Smoke/ tobacco products free public areas. Smoke free housing. Incentives to smoke free businesses. Links between chronic disease and tobacco use. Social disapproval increasing. Smoke free hiring.</p>	<p>Not doable Eliminate tobacco use. Good data on asthma rates to associate with smoking in multi – housing.</p>
Domestic Abuse and Crime	
<p>Doable Aggressive law enforcement. Media and educational campaign. Increase partnerships (military). More mental health intervention. Educate on alcohol and drug use. Verbiage/ Rhetoric ↑ Family/ relationship education. Domestic violence hotline for potential perpetrators> ↑ Number of victim advocates. Teen directed programs. Alternative legal consequences for non – judicial incidents.</p>	<p>Not doable ∞ Incidents. Identify all cases of domestic violence. Reduction (significant) of poverty rate. Education to local judges on domestic violence and certification.</p>
STD's	
<p>Doable D.R.E.A.M team (abs. based education). ↑ Awareness of services available. Target all college students. Walk in testing. Prevention at school clinics. Middle school sex education on STD's. Increase distribute of Yep prophylaxis and education. ↑ Perception education/ facts</p>	<p>Not doable STD testing van. Increase detection/ treatment. Funding. Changing underlying behavior. Abstinence only education for teens.</p>
Limited Repository of Referrals	
<p>Doable Data collection. Kiosk in public areas. Partner with united way to broaden scope. Media and community education as to what is available. Increase availability of ST, survival guide. ↑ Hours “off hours” availability.</p>	<p>Not doable Maintenance – resource shortages. 211 call line. Sustain funding.</p>

Goal-Objective-Activities

1 Reduce tobacco use by 2% among Santa Rosa County residents by June 30, 2016.
Reduce tobacco use by 2% among Santa Rosa County adult males ages 18 – 24 by June 30, 2016.
<p>Activity</p> <ol style="list-style-type: none"> 1. Evaluate current baseline data (BRFSS, County health). 2. Identify current cessation classes. 3. Evaluate cessation classes, - # complete follow up surveys. 4. Implementation – partner with AHER to offer classes, promote classes, press releases fliers. 5. Evaluate: 2nd set of follow up surveys.
Reduce smoking among females 18 – 35 by 2% by June 30, 2016.
<p>Activity</p> <ol style="list-style-type: none"> 1. Evaluate current baseline data (BRFSS, CHR, H.S.). 2. ID current cessation classes. 3. Evaluate cessation classes - # complete follow up surveys. 4. Implementation – partner with AHER to offer classes, promote classes, press releases fliers. 5. Physician (OB) referral for smoking pregnant women to cessation classes. 6. Evaluate: 2nd set of follow up surveys.
Smoke free housing
<p>Activity</p> <ol style="list-style-type: none"> 1. Identify multiunit housing in county. 2. Evaluate how many are smoke free. 3. Implement – approach managers of smoking units and present benefits of smoke free polices. 4. Evaluate effectiveness of policy change.
Decrease smoking in 12 – 18 year olds population by 2% by June 30, 2016.
<p>Activity</p> <ol style="list-style-type: none"> 1. Identify 2. Evaluate: youth risk behavior survey and CHR, charts to determine baseline. 3. Identify youth anti – tobacco programs 4. Evaluate participation by school. 5. Implementation: target a 50% participation rate among middle schools in Santa Rosa County by June 30, 2016. 6. Evaluate <ul style="list-style-type: none"> - # of participating schools - Youth risk behavior survey - % of smoking 12 – 18 years old

Priority: Preventable Diseases

Goal: Santa Rosa County will reduce the risk of factors for preventable diseases by 2016.

Reduce tobacco use by 10% among Santa Rosa County residence by 2016.

1. Reduce smoking among adult males ages 18 – 24 by 10% by June 30, 2016.
2. Reduce smoking among adult females 18 – 35 by 10% by June 30, 2016.
3. Decrease smoking in 12 – 18 year olds population by 10% by June 30, 2016.

Reduce the incidence of STD's by 10 % by June 30, 2016.

1. Reduce incidence of STD's among 15 – 19 year olds by 10%

Priority: Increase availability of healthy food education to school age children and their families.

1. Research target population:
Using USDA food atlas criteria property appraiser information.
2. Partnerships with extension, 4H, manna, faith based, IFAS, AmeriCorps, habitat, Sodexo, schools, SRCS, and other community orgs.
3. Reach out to school principal re: school gardens.
4. Churches, etc for community gardens.
5. Farmers re: food carts.
6. Donations for farm labor / supplies.
7. Apply for grants.
8. Establish food security coalition.
9. After school. PTA meeting/ faith/ community – based food education programs – with cooking and healthy food education.

Priority: Increase the number of minutes of physical activity by 25% in elementary schools.

1. Assessment of current activity levels
2. Add recess before meals.
3. Add community gardens.
4. After school clubs:
Running, yoga, tai chi, “wil – just dance” etc.

Priority: Decrease the rate of increase of overweight and obesity by 10% in 5 – 12 year olds by June 30, 2016.

1. Research longitudinal county (school?) data.
2. Partner with groups re: food education.
3. Activities.
4. Evaluate using annual BMI data.

Priority: Access to Affordable Care
Goal: Santa Rosa County will <u>increase</u> access to “affordable” healthcare by <u>2016</u>
Objectives:
Identify and select marketing person(s), to individually “convince” providers to join by Aug. 15, 2014. (We Care) Develop marketing plan to implement outreach by May 15, 2014. Implement dental adult Wecare program by Jan. 1, 2015.
Activities: #1
Increase % of volunteer dental providers in Santa Rosa County by 10% for underserved/ uninsured adult patients by August 15, 2016. Increase alternative resources for non-emergent healthcare needs for underserved/ uninsured clients by 1 site by August 15, 2016. Establish media and outreach campaign to reach 50% underserved/ underinsured population by December 15, 2016.
Activities #2
Evaluate resource utilization rates of clinics providing services to uninsured or underinsured clients by May 15, 2014. Identify needed partners to facilitate the program to serve population of uninsured/ underinsured clients by December 15, 2014. Develop an operational plan with designated hours of operation (staffing, location, hours, record keeping and marketing) by June 1, 2015. Establish non-emergent clinic and open to public by July 1, 2015. Evaluate clinic effectiveness (# patients, # dx- type, # services, and peak times) by August 1, 2016.
Activities #3
Research effective mode of communication for outreach campaign to underserved/ uninsured by December 15, 2014. Develop communication methods for outreach to underserved/ uninsured population by May 15, 2015. Implement outreach to underserved/ uninsured population by July 15, 2015. (How and What). Evaluate outreach methods to underserved/ uninsured population by January 1, 2016. Develop marketing message for underserved/ uninsured population by May 15, 2015. Research – evaluate for target population – Who- by December 15, 2014

Information Sharing: Santa Rosa County establishes a centralized repository of information for Santa Rosa County residents by 2016.

Smart objectives:

1. Identify all service resources in Santa Rosa County by July 30, 2014.
2. Establish online system architecture by February 30, 15.
3. 25% awareness of system by Santa Rosa County residents by December 31, 2016.

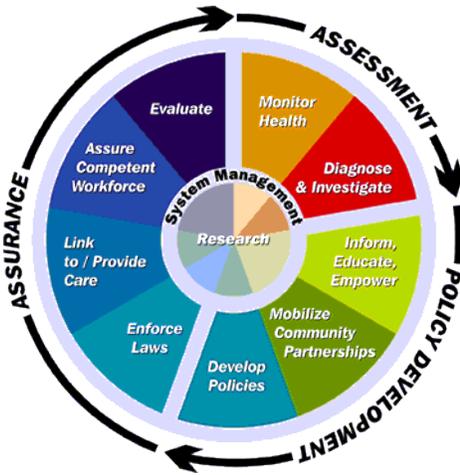
- 1a. Establish a committee September 15, 2013.
 - b. Re – evaluate timeline and tasks October 1, 2013.
 - c. Contact unites way for a list of their service providers November 15, 2013.
 - d. Confirms accuracy of list December 31, 2013.
 - e. List any services or agencies missing or is unidentified in united way list February 15, 2014.
 - f. Conduct gap analysis April 30, 2014.
 - g. Identify “missing” resources/ providers/ information by May 15, 2014.
 - h. Correlate all data of services and agencies into systematic format June 15, 2014.
 - I. Review and re – evaluate all information and 3rd party data July 30, 2014

- 2a. Identify responsible party that will be responsible (safer Santa Rosa) August 30, 2014.
 - b. Add resources to platform January 30, 2015.
 - c. Reassess resources (update).
 - d. Available platforms October 30, 2014.
 - e. Assess and select platform November 30, 2014.
 - f. Test system February 30, 2015.
 - g. Establish criteria of platform September 30, 2014.
 - h. Re – evaluate committee members July 30, 2014.
 - i. Maintenance of program.
 - j. Review and reevaluate all data
 - k. Launch March 30, 2015.
 - l. Fundraise if required.

- 3a. Re – evaluate committee January 1, 2015.
 - b. Establish marketing strategy. (3 year plan).
 1. Target audience
 2. Demographics/ psychographics of audience intended.
 3. Budget.
 4. Media to be utilized.
 5. Evaluation and success criteria.

- 6. Survey of target audience.
 - 7. Confirmation of 25% penetration rate has been achieved.
- c. Review and re – evaluate program December 31, 2016.

Priority: Protect and Strengthen Families
Goal: Santa Rosa County will ↓ incidence of domestic crime and need for foster care by 2016.
<ul style="list-style-type: none"> 1. Decrease incidence of domestic violence by 1% by December 31, 2016. 2. Decrease % of children ages 5 – 17 entering foster care to 4% per 1,000 by December 31, 2016. 3. Hold crime rate to 2% of current levels through December 31, 2016.
Goal: Decrease incidence of domestic violence by 1% by December 31, 2016. (Factors in current annual increases).
<ul style="list-style-type: none"> 1. Identify factors that impact domestic violence by October 31, 2013 through research and community stats. 2. Form committee by August 31, 2013. (FDLE, medical professionals, favor house, DCF, farm count, military, law enforcement, and family promise...) 3. Re – evaluate timelines by December 31, 2013. 4. Develop community education plans by December 31, 2014. Details determined by committee. 5. Implement plans by December 31, 2015. 6. Evaluate plans' outcome by December 31, 2016.
Goal: Decrease number of children 5 – 17 years old entering foster care to 4% by 1,000 by December 31, 2016.
<ul style="list-style-type: none"> 1. Form committee by August 31, 2013. 2. Identify factors that impact entry into foster care by October 31, 2013. 3. Re – evaluate timeline by December 31, 2013. 4. Develop community education plans by December 31, 2014. 5. Implement plans by December 31, 2015. 6. Evaluate plans' outcome by December 31, 2016.
Goal: Hold crime rate to (+) or (-) 2% of current levels through December 31, 2016.
<ul style="list-style-type: none"> 1. Form committee by August 31, 2013. 2. Identify top 3 underlying causes of crime in Santa Rosa County by October 31, 2013. 3. Develop community prevention plans by December 31, 2014. Details determined by committee. 4. Implement plans by December 31, 2015. 5. Evaluate plans' outcomes by December 31, 2016.



From:

<http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm>

The fundamental purpose of public health is defined by three core functions: assessment, policy development and assurance. Community Health Improvement Plans (CHIPs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHIPs also help measure how well a public health system is fulfilling its assurance function.

A CHIP is part of an ongoing broad community health improvement process. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a Community Health Improvement Plan (CHIP).

The Public Health Accreditation Board's (PHAB's) voluntary, national public health department accreditation program is designed to document the capacity of a public health department to deliver the three core functions of public health and the Ten Essential Public Health Services. PHAB requires completion of a CHA and a CHIP as two of three prerequisites to accreditation program application.

