COMMUNITY HEALTH IMPROVEMENT PLAN

Escambia County
Health Department
2020 – 2023

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Executive Summary

Escambia and Santa Rosa County Health Departments have a unique opportunity to collaborate and work together with the hospitals and non-profit organizations that serve both counties. This Community Health Improvement Plan (CHIP) is a result of the continued efforts of both counties to address health issues that span across county lines. Although the collaboration has changed through the years, the goal to improve community health remains. Now with the newly formed Achieve Healthy EscaRosa planning group at the helm, the following Community Health Priorities have been adopted for both Escambia and Santa Rosa County:

- Diabetes
- Behavioral Health
- Maternal & Child Health

A community's health affects its economic competitiveness. These counties share many assets, both natural and infrastructure, and residents move routinely across county borders to live, work, play, shop, and obtain medical care. Although different in many social and demographic factors, there is significant commonality in health challenges, available assets, and community leadership.

According to the County Health Rankings published by the University of Wisconsin Robert Wood Johnson Foundation, of Florida's 67 counties, Escambia ranked 47 in Health Outcomes and 29 in Health Factors, putting the county in the bottom 30% in the State of Florida.

Throughout the community health improvement planning cycle, careful consideration is given to state health objectives, health promotion, disease prevention, and community priorities identified in the 2019 Community Health Needs Assessment for Santa Rosa and Escambia County. By working with key community partners in both the public and private sector, we will continue to spearhead efforts to keep our two counties among the healthiest in Florida and the nation.

Looking ahead, to best meet the needs of our communities and governing entity, we must acknowledge and address the social, environmental, and economic determinants of health, including issues such as poverty and community planning. We will continue efforts to ensure that our strategic planning initiatives involve all sectors of our community. Efforts will also include the consideration of possible health implications resulting from decision making that can impact the health of the community.

We are not alone in working to ensure the health of the public. In addition to our dedicated and highly trained workforce, public health depends on partnerships. As a community, Escambia County has demonstrated a commitment to building and maintaining a strong public health network. We have several examples of community coalitions working together to improve health and health equity for our residents.

This plan is not intended to serve as a policy or discussion document, but a practical, descriptive document designed to be used by our community in the coming years to make decisions about resources and prioritization. This is a living document that may expand in scope to reflect changes in the community, as well as changes in systems and support that address the well-being of the community we serve. The collaborative efforts we have forged with our neighboring county, Santa Rosa, will help improve our impact as we feel we will be stronger together.

County Profile

Escambia County, bordered by Alabama to the West and Santa Rosa County to the East, has a total population of 312,811. The City of Pensacola is the urban core of the Metro Statistical Area which covers not only Escambia County, but also Santa Rosa County. Escambia is densely populated within Pensacola's city limits and has a rural community to the North within the Town of Century. There are certain zip codes in Escambia County that experience greater inequities when it comes to early death, disease, income, housing, and transportation.

Where we live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. Key characteristics that set Escambia County apart is not only the heavy presence of the early to mid-twenties military population but also an aging population. The data on the table below shows a complete population breakdown.

Escambia County Population Demographics

Category	Number	Percentage
Female	157,367	50.3%
Male	155,444	49.7%
White	216,960	69.4%
Black	71,885	23.0%
Hispanic	17,651	5.6%
Other	23,960	7.7%
< 20 years old	76,961	24.6%
20-29	51,378	16.4%
30-39	37,888	12.1%
40-49	33,541	10.7%
50-59	42,014	13.4%
>59	71,029	22.7%

Mission, Vision, and Values

Mission: To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

To meet community expectations and meet the standards of a functional local health department, the staff for Florida Department of Health in Escambia County must serve in a variety of roles including advisor, convener, collaborator, connector, consultant, analyst, developer, innovator, regulator, educator, and provider.

As an Agency, we have attempted to create an organizational structure that maximizes the likelihood of achieving our mission and having an impact on our strategic focus areas. Like any organization, FDOH-Escambia has strengths and weaknesses which influence our ability to meet community expectations and maximize our impact. As we move forward on strategic priorities, we are making a commitment to build on our strengths and opportunities and address our weaknesses and threats.

Vision: To be the Healthiest State in the Nation.

As a public health department, our vision for what is possible for our community is influenced by our understanding of the very concept of "health". Many definitions of health exist. The most widely accepted are those that are sufficiently broad and reject health as a concept focused narrowly on the absence of disease or disability.

From a community perspective, we must recognize the broad dimensions that influence health. Health is influenced by:

- the way in which **people** live and interact with each other.
- the nature of the **place** where people live.
- opportunities to achieve **prosperity**.

Framed in these dimensions – people, place, and prosperity – the concept of health extends and becomes closely aligned, if not indistinguishable, with quality of life. As an organization, these concepts of health and quality of life form our vision, mission, values, and guiding principles.

Values: I-CARE

Innovation: We search for creative solutions and manage resources wisely.
Collaboration: We use teamwork to achieve common goals & solve problems.
Accountability: We perform with integrity & respect.
Responsiveness: We achieve our mission by serving our customers & engaging our partners.
Excellence: We promote quality outcomes through learning & continuous performance improvement.

We have developed key principles which help us think about and shape how we can best function as an organization and maximize the impact of our work. These guiding principles include: (1) Improving efficiency and effectiveness of operations; (2) Achieving unity of purpose; and (3) Aligning systems through the Quality Improvement Model.

What is Community Health?

How do we Define Health?

The World Health Organization defines health as a state of complete physical, mental and social well-being. We can have the greatest impact on community health by empowering individuals and families to adopt healthy behaviors and by building a safe community with opportunities for everyone to learn, work, and play. However, for many, the definition of health includes access to clinics and hospitals, the ability to see a doctor for preventive care, and treatment of medical problems. While these capabilities play a role, studies indicate access to care and the quality of that care account for only 20% of an individual's health. Age and genetics play a role – these are factors we can't control. Individual health behaviors such as tobacco and alcohol use, diet and exercise account for approximately 30% of individual health. Most importantly, social and economic factors contribute 40% to individual health. These factors include education, employment, income, family and social support and community safety.

Why Does Community Health Matter?

A healthy community reflects a sense of mental and physical well-being and is the foundation for achieving all other goals. Good health is often taken for granted but is essential for a productive society. Every community needs a healthy workforce upon which to build its economy along with healthy students equipped to learn and succeed academically. A healthy community that is vibrant, attracts new business and skilled labor. Healthy communities spend less on preventable healthcare costs related to chronic diseases such as diabetes, cancer and heart disease.

Comprehensive studies confirm that poor health translates into high costs for both the affected individuals and the community. Chronic diseases and related lifestyle risk factors are the leading drivers of health care costs for employers. The poorest health outcomes in Escambia County are those identified by as a priority in the CHIP. In Escambia County we see a greater burden of health outcomes related to diabetes, mental health, and maternal and child health among those who live in lower socio-economic neighborhoods. These neighborhoods lack access to resources such as transportation, healthy food and adequate healthcare.

What is a Community Health Improvement Plan?

The Community Health Improvement Plan (CHIP) is a comprehensive approach to assessing the multiple factors and identifying strategies and objectives that capitalize on the strengths in our community as well as address gaps and barriers to achieving optimal health. This Plan is the culmination of an 18-month process that began by engaging residents and members of many agencies, businesses and organizations. These individuals reviewed data on morbidity, mortality, health behaviors, social, economic and environmental factors, and the public health system. In the end, over 200 community members representing local government, nonprofit organizations, healthcare, businesses, faith-based organizations, education, and philanthropy came together to choose the priorities of this CHIP.

Planning and carrying out the actions identified in this CHIP requires time and effort from community partners. Leaders for each of the objectives will report quarterly on progress toward goals, and report annually on the progress made on outcomes, challenges and barriers faced, and new opportunities identified through collaboration. This CHIP may be modified to meet the changing needs of the community.

Community Health Needs Assessment Overview

Many health and community organizations in our area are required by accrediting bodies or regulatory agencies to conduct periodic community health assessments. For example, to retain accreditation, the Florida Department of Health must assess health status within each county every five years, while the Internal Revenue Service requires not-for-profit hospitals to identify and address community health needs every three years. In most communities, these assessments overlap each other in time, people involved, and content. This duplication results in the creation of narrowly focused assessments and unaligned health improvement efforts. In 2015, the Centers for Disease Control and Prevention (CDC) recommended communities adopt a "unified community health improvement framework supporting multiple stakeholders." The CDC's approach encourages hospitals, health departments and other community organizations to work together to identify and address community health needs. This approach was embraced by Live Well Partnership in the current 2019 CHNAs, as well as all previous assessments. To achieve a unified community health improvement framework, it was necessary to adopt a methodology that would meet the accrediting and/or regulatory requirements of all participants. The methodology adopted by Live Well Partnership is based on processes recommended by:

- Mobilizing for Action through Planning and Partnerships (MAPP) recommended by the National Association of County and City Health Officials (NACCHO) and used by local health departments.
- Engaging Patients and Communities in Community Health Assessments from the Association for Community Health Improvement (ACHI) and the American Hospital Association (AHA) followed by many non-profit hospitals such as Baptist Health Care.
- Assessing and Addressing Community Health Needs (2015 Edition II) from the Catholic Health Association (CHA) adopted by Ascension and Sacred Heart Health System.
- HCI Community Health Needs Assessment Guide from Conduent/Healthy Communities Institute (HCI).
- Community Health Improvement Navigator from the Centers for Disease Control and Prevention (CDC)

Mobilizing for Action through Planning & Partnerships

Florida Department of Health in Escambia and Santa Rosa Counties use the Mobilizing for Action through Planning & Partnerships (MAPP) process to conduct the Community Health Needs Assessment (CHNA). The MAPP process is a community-driven strategic planning process for improving community health and is comprised of four individual assessments.

- Community themes and strengths assessment

  This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life and a map of community assets.

- Forces of change assessment

  Identifies trends, factors, events and other forces that are, or will be, influencing the community's health.

- Local public health system assessment

Answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

- Community health status assessment

  Assesses the current health status of a community through analysis of relevant data trends and comparisons to benchmarks.

Community Health Framework

Health is more than the care you receive from your doctor, treatment at a hospital, or even the medicines you take. Health is affected not only by healthcare services, but also by the environment we live in, by social and economic factors, and by our own behaviors. Factors such as education level, safety of the neighborhood, quality of the air, housing conditions, poverty and employment all affect our health, for either good or bad. These factors are called ***social determinants of health.*** A collaborative effort between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute (UWPHI) developed County Health Ranking and Roadmaps to measure health within a community by looking at social determinants of health, access to and quality of health care and personal health behaviors. The framework, shown later in this document, illustrates the strong influence that **Health Factors** have on illness and death, otherwise known as **Health Outcomes. Policies and Programs**, such as the federal Clean Air Act, which limits the amount of harmful cancer-causing agents in our air, or a diabetes prevention program hosted by a hospital or health department, can improve **Health Factors,** and thus lead to lower rates of disease and better **Health Outcomes**. The former Live Well Partnership had adopted the County Health Rankings framework that produced our current CHNA. This CHNA looks first at **Health Outcomes** within our community to understand the causes of death, disease and disability. The next step after the CHNA will be to examine the **Health Factors** contributing to poor **Health Outcomes** and **Policies and Programs** that could be changed to improve our health. These issues are being addressed in the 2019 Community Health Improvement Plans of both Santa Rosa and Escambia County.

Community Survey

More than 2,200 residents of Escambia and Santa Rosa counties were surveyed in the spring of 2018 about their perceptions of health and health care services. The survey was conducted on-line as well as by paper. A concerted effort was made to include individuals from a broad cross-section of the population, including outreach efforts to obtain the perceptions of vulnerable populations, such as low income, minority, and health care insecure residents (shown in the table below). Responses were remarkably consistent across the two counties and among all respondents. This consistency was particularly true for the questions regarding important health issues and unhealthy behaviors. Obesity, mental health, and heart disease/stroke were important issues within both counties. Drug abuse, poor eating habits, and not seeing a doctor or dentist were unhealthy habits of high concern for all respondents. Respondents representing vulnerable populations differed from other respondents in two ways. First, vulnerable respondents were concerned with dental health, while for all respondents, diabetes fell into the top four most important health issues. This difference may reflect the difficulty that the uninsured or under-insured have in accessing physician and dental services. Vulnerable respondents ranked child abuse in the top four unhealthy behaviors, while overall responses included lack of exercise among the top four.

Vulnerable Populations	Escambia	Santa Rosa	Total AVG.
Less than High School Education	6.3%	9.5%	7.6%
Income less than $15,000	20.8%	22.3%	21.4%
Uninsured	20.5%	36.9%	27.3%
Black or African American	31.5%	4.9%	20.5%
Hispanic	4.8%	6.2%	5.4%
Disabled	5.6%	4.3%	5.1%
Unemployed	5.4%	9.6%	7.2%

Community Leader Survey

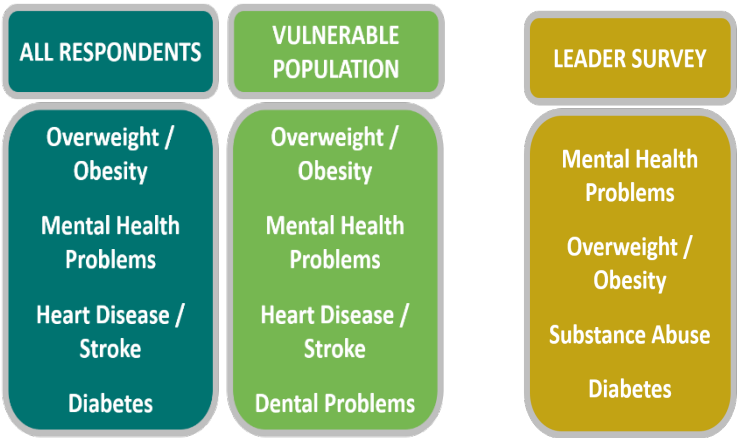
Community leaders were also surveyed using a similar questionnaire to the community survey. A total of 33 leaders participated in the on-line survey. The leaders shared many of the same concerns as voiced in the community survey. As with the community survey, leaders identified obesity, mental health, and diabetes as the most important health issues. Leaders also shared the community's concern that poor eating habits, lack of exercise and drug abuse were unhealthy behaviors. Leaders, however, differed from the community in ranking drug abuse in the top four most important health issues facing residents and in ranking tobacco use among the top unhealthy behaviors.

33 Community Leaders Surveyed

24% Healthcare
24% Business
21% Social Service or Charitable
15% Government
12% Education
3% Faith-based

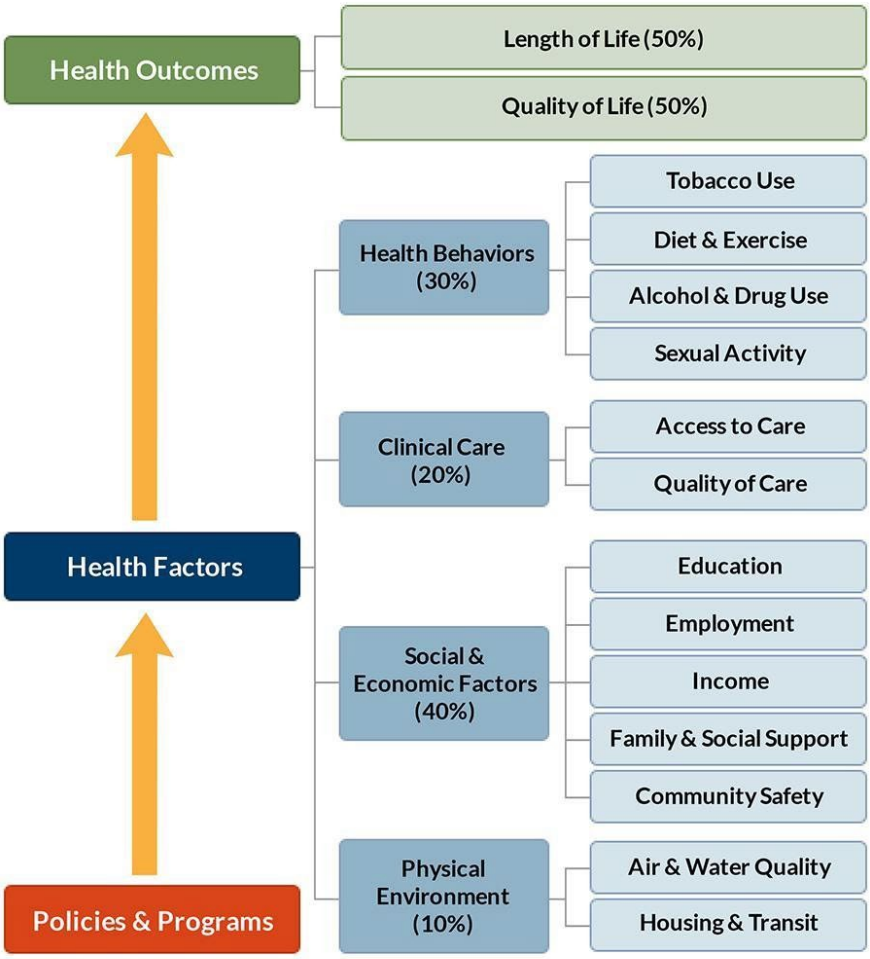
65% serve both Escambia and Santa Rosa
21% Escambia only and 15% Santa Rosa only

Public and Community Leader Input Yielded the following Most Important Health Problems



Framework for Analysis

The results of the four MAPP assessments and our community profile were reviewed within the framework of the *County Health Rankings Model* created by the University of Wisconsin Population Health and Robert Wood Johnson Foundation. To identify the issues that hold the greatest priority for the community, the indicator results were evaluated within the framework of the County Health Rankings Model. The framework emphasizes factors that, when improved, can help improve the overall health of a community. This model is comprised of three major components:



County Health Rankings model © 2014 UWPHI

Health Outcomes

This component evaluates the health of a community as measured by two types of outcomes: how long people live (Mortality/Length of Life) and how healthy people are when they are alive (Morbidity/Quality of Life).

Health Factors

Factors that influence the health of a community including the activities and behavior of individuals (Health Behaviors), availability of and quality of health care services (Clinical Care), the socioeconomic environment that people live and work in (Social and Economic Factors) and the attributes and physical conditions in which we live (Physical Environment). Although an individual's biology and genetics play a role in determining health, the community cannot influence or modify these conditions and therefore these factors are not included in the model. These factors are built from the concept of Social Determinants of Health.

Programs and Policies

There is a clear link between community health and socioeconomic factors such as education, employment, income and a social support system. Clean air and water, adequate transportation and housing are also factors that impact health. These factors are known as the *Social Determinants of Health.* Exploring root causes of health inequities is a way to consider how public health can influence the social inequalities that contribute to "unnecessary, avoidable, unjust and unfair" differences in health.

Policies and programs at the local, state and federal level have the potential to impact the health of a population (i.e. smoke free policies or laws mandating childhood immunization). As

illustrated, Health Outcomes are improved when Policies & Programs are in place to improve Health Factors. Health in All Policies is a best practice for incorporating health considerations into every policy and legislation decision; the CHIP planning team will work to encourage elected officials in the two counties to use this best practice to promote health equity and improve the overall health of the community.

Results

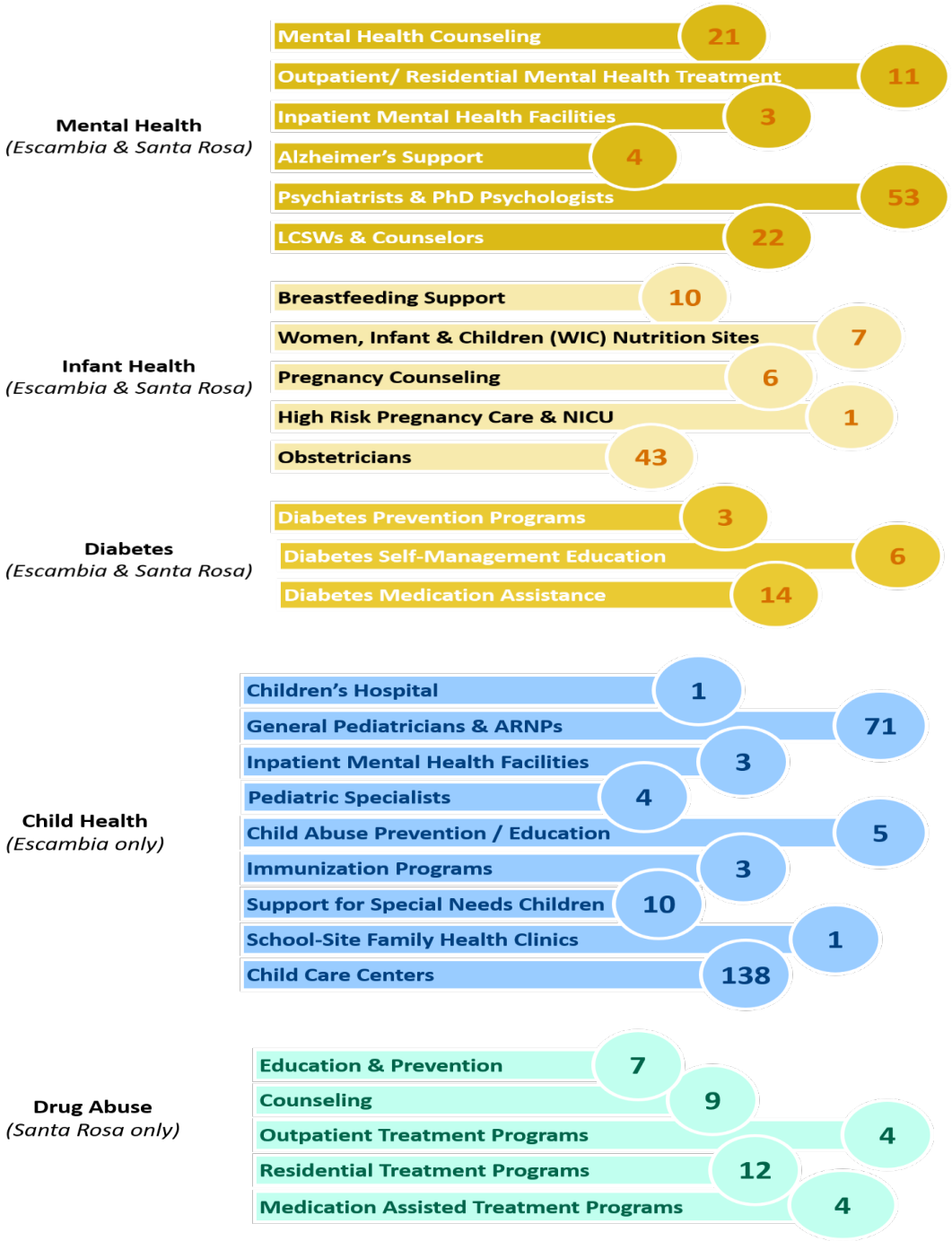
County Health Rankings produces a similar report ranking the counties in each state; this allows for a comparison across the country. Escambia ranks in the bottom 30% overall across the state in the length and quality of life factors. Despite our poor health outcome ranking, the health factors category ranks higher among the other counties with clinical care being among the top performers.

County Health Ranking	Rank
Dimension	Escambia
Health Outcomes	**47**
Length of Life (mortality)	49
Quality of Life (morbidity)	48
Health Factors	**29**
Health Behaviors	40
Clinical Care	21
Social & Economic Factors	27
Physical Environment	11

Escambia County's economic factors are lower than Santa Rosa's, for example, the median income in Escambia is $18,000 less than Santa Rosa's and still $5,000 under the state's median. This difference increases when you break out the racial/ethnic groups for comparison. Escambia also has higher rates of poverty, with children being disproportionately affected. The graphic below is a snippet from the 2019 Community Health Needs Assessment published January 2019.

Santa Rosa and Escambia Health Care Facilities

Escambia and Santa Rosa share access to two non-profit hospitals, Baptist Health Care and Ascension Sacred Heart. Along with the non-profit hospitals Escambia County also has a for profit hospital, West Florida, and a Federally Qualified Health Center providing services. The diagram below summarizes the availability of resources available in both Escambia and Santa Rosa Counties that are specifically focused on our CHIP priority areas.



Community Health Priorities

Selection Process

A subcommittee of the Live Well Northwest Florida Partnership was formed to conduct an extensive review and analysis of the data. The Community Assessment & Planning (CAP) committee included representation from the Florida Department of Health, hospitals, a federally qualified health center and university representing both Escambia and Santa Rosa Counties.

When the Live Well Northwest Florida Partnership disbanded in late 2018, the Achieve Healthy EscaRosa planning group formed in 2019. This planning team is the beginning of a new collective impact effort that involves broad, cross sector participation

Since the assessments were complete, the summary of findings was distributed to community members who participated in the assessments and discussed at various community meetings to collect public input from a diverse group of community partners. Achieve Healthy EscaRosa conducted four-rounds of focus group meetings surrounding all five health priorities. These meetings were open to the public to review and discuss what is being done within the communities already. The gaps and barriers were also discussed giving the residents the opportunity to make recommendations.

Health Priorities

The responsibility to improve the health of the community does not, and should not, fall on the shoulders of one person, one community group, or one organization. It will take a coordinated community effort across all sectors (education, health care, business, government, etc.) to improve the health of Escambia and Santa Rosa Counties. Success depends on the ability to rally the community to address the selected priority.

The Achieve Healthy EscaRosa team met regularly to discuss the health issues and available resources to impact change. Seeking to develop a collaborative effort between public health officials, representatives from non-profits, and health service providers as subject matter experts for the health issues of both counties, the team formed a consensus around three priority areas:

- **Diabetes**
- **Behavioral Health (Mental Wellness & Substance Use)**
- **Maternal and Child Health**

Health Improvement Planning Steps

The Partnership completed a holistic review of the data gathered in each of the assessments to identify overarching themes and health issues. A data team, and a communications team were formed consisting of stakeholders from both Santa Rosa and Escambia Counties. These teams will be responsible for implementing additional tasks that the planning team designate as important to meeting our established goals and objectives

- **Establish a collective impact model with governance structure, data and communication teams.**
- **Identify interested community partners for each priority.**
- **Hold focus groups.**
- **Establish Work Groups for each priority.**
- **Explore Health Factors** *(behaviors, access, socioeconomic and environment)* **and root causes related to each priority.**
- **Set goal(s) and strategies for each priority.**
- **Identify champion organization(s) responsible for guiding strategy implementation and evaluate progress quarterly.**

Community Health Collaborative Work

As we worked to create these goals and objectives the planning committee kept in mind the national and state health priorities. The current bulk of the work for this CHIP is establishing the governance and infrastructure of the collaborative that is consistent with the collective impact model. The Achieve Healthy EscaRosa planning team is meeting regularly to implement the strategies and objectives outlined below; once the governance and infrastructure become established the priority work can begin.

Health Equity Goal 1.0

Develop a successful collective impact effort that creates a common agenda, establishes shared measurements, fosters mutually reinforcing activities, encourages continuous communication, and has a strong back bone. *Aligns with SHIP goal HE2*

Strategy 1.1 Broad cross-sector collaboration that works toward the collective impact model implementation. *Jen Grove, Adrienne Maygarden, Patsy Barrington, Claire Kirchharr, Matt Dobson, Kimberly Pace, Tori Woods will lead this initiative*

2020/2021 Performance							
Objective Number	**Objective**	**Baseline**	**Performance**	**Target Value**	**Target Date**	**Trend[1]**	**Status[1]**
1.1.1	By June 30, 2020, move to phase 3 for governance and infrastructure Achieve Healthy EscaRosa.	2019 Phase 2	During 2020 we worked towards establishing further governance through strategic planning and in Feb 2021 elected the first set of officers and committee chairs	Phase 3 of governance	June 30, 2020	▲	***Completed***
2022 Revisions							
1.1.1R	By December 31, 2022, complete self-assessment for phase 3 adoption on the collective impact planning tool	2019 phase 2: initiate action		Phase 3: organize for impact	December 31, 2022		
Rationale							
We will assess movement from phase 2 into phase 3 as we move towards completing our first CHNA as Achieve Healthy EscaRosa and develop our implementation plans.							

2020/2021 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend[1]	Status[1]
1.1.2	*By December 31, 2020, have an established strategic plan.*	No strategic plan	Strategic plan was developed December 2020 and has guided our work through the 2021 pandemic	Established strategic plan	12/31/20	▲	*Completed*
2022 Revisions							
1.1.2R	AHER officer committee will review strategic plan annually and revise objectives as needed.	12/31/20		Reviewed and updated strategic plan	12/31/22		
Rationale							
Continue to move through our phases of collective impact planning to ensure a sustainable collective impact organization.							

Strategy 1.2 An established data team will oversee the responsibilities of data management/updates for the participating organization's required documentation. *Claire Kirchharr, Data Committee Chair will lead this strategy*

2020/2021 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend[1]	Status[1]
1.2.1	*By January 31, 2020, the data team will determine priority indicators and their baselines for further assessment of the implementation of the CHIP strategies and objectives action plans, data walk events.*	CHA data indicators used	2/20/2020 AHER held a community data walk that hosted 200+ community partners to discuss SDOH and health outcomes.,	Data walk event held	1/31/20	▲	*Completed*
Rationale							
The established data team will work with the CHA and Dashboard team to discuss important indicators to add to the dashboard or the CHA as reviewed annually.							

2020/2021 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend	Status
1.2.2	By April 30, 2020, the data team will determine priority indicators, to be brought to the steering committee for approval, that will be housed on a website as part of a data dashboard for Santa Rosa and Escambia Counties.	FLhealthcharts and SCI dashboards available	During 2021 the data team assisted in developing a community dashboard with our identified SDOH indicators for quarterly tracking	Community Achieve dashboard	04/30/20	▲	*Completed*
Rationale							
The data team has worked with UWF Haas Center and Achieve Escambia to produce. Haas Center is maintaining the dashboard and will update the data points when new data becomes available on a quarterly basis. Our organizations are promoting the use of the dashboard among all sectors of the community.							

Health Equity Goal 2.0 The Community Health Improvement Plan (CHIP) process will be owned by the community. *Aligns with SHIP goal HE2*

Strategy 2.1 Achieve Healthy EscaRosa will use marketing tools and civic events to engage the community in the collective impact community health improvement planning process. *Kimberly Pace, AHER Communications Chair will lead this strategy*

2020/2021 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend[1]	Status[1]
2.1.1	By March 31, 2020, a Communications Team will be established and meet on a regular basis.	No communi-cations team	During 2020 & 2021 the communications team developed a website, FB page and multiple communications for the events held virtually by AHER	Form and meet regularly	03/31/20	▲	*On Track*
Rationale							
The communications team will continue to develop marketing and awareness materials as necessary for the events and reports pertinent to the AHER mission. Regular meetings are not required unless we are working on something.							

2020/2021 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend[1]	Status[1]
2.1.2	By February 29, 2020, conduct a community engagement event that is open and inviting to both Escambia and Santa Rosa County residents, leaders, organizations, and businesses.	No event like this for health has been done	February 20, 2020, AHER held a community data walk that brought in 200+ partners to discuss SDOH and health outcomes for Escambia and Santa Rosa. We participated in News articles, podcasts, interviews to get the word out	Conduct event	2/29/20	▲	*Completed*
Rationale							
AHER will continue to work to bring community partners from all sectors into the discussion around health outcomes for residents. Our work moving forward is to engage the civic leaders and work for more system changes that impact the SDOH.							

Health Equity Goal 3.0

Identified priority health areas will be addressed by broad, cross-sector collective action networks (CANS). *Aligns with SHIP goal HE3*

Strategy 3.1 Create CANS to plan, implement, and evaluate programs and activities that affect the identified health priority areas. *Matt Dobson and Kimberly Pace will lead this strategy*

2020/2021 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend	Status
3.1.1	By March 31, 2020, establish three collective action networks to address the priority health areas of behavioral health, maternal and child health, and diabetes.	Workgroups for healthiest weight, healthy babies, tobacco	We did not get much work done on this during 2020. With the pandemic focus and not having virtual options things were put on hold until about fall 2020	Established CANs	03/31/20	-	*Not Completed*
2022 Revisions							
3.1.1R	By December 31, 2022, identify key persons willing to lead the implementation of the identified significant need action teams	Matt & Kim leading		Multiple people leading different teams	12/31/22		
Rationale							
During 2020 and 2021 Matt Dobson and Kimberly Pace oversaw all of the action teams. Engaging multiple people from the particular focus areas will increase the sustainability and improve action and follow up.							

2020/2021 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend[1]	Status[1]
3.1.2	By March 31, 2020, identify community champion and formalize the process for meeting in each of the three priority areas of behavioral health, maternal and child health, and diabetes.	No current identified champion	Community champions were identified from the already existing coalitions and meetings happening around these topics	Identify at least 3 champions	03/31/20	▲	***Completed***
2022 Revisions							
3.1.2R	By December 31, 2022, identify champions for each of the identified needs from the CHA	3 champions currently identified		At least 6 champions	12/31/22		
Rationale							
We are in the process of developing a new CHA and will be updating the identified significant needs for our community. Will work to identify a champion (lead) for each area.							

2020/2021 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend	Status
3.1.3	By June 30, 2020, establish goals and strategic, actionable projects for each CAN for implementation in 2020-2021.	Previous chip objectives and activities	We were unsuccessful in creating specific implementation plans. Although we did identify some objectives to keep moving the work forward.		06/30/20	-	**Not Completed**
2022 Revisions							
3.1.3R	By December 31, 2022, have an implementation plan with smart goals, objectives and or action steps identified			Smart goals, objective, and/or action steps	12/31/22		
Rationale							
We are beginning our in person and action planning focus with new and updated census and health data.							

Coordinated community effort across all sectors (education, health care, business, government, etc.) to improve the health of Escambia County. Success depends on the ability to rally the community to address the selected priority.

Priority Area 1: Diabetes

Goal: Improve nutrition habits of youth and adults to decrease percent of youth and adults who are overweight by December 31, 2023.

Strategy: Educate youth and adults on healthy living habits including nutrition and physical activity
Skye Owens, Public Health Nutrition Supervisor, Escambia County Health Department will lead this strategy

2020/2021 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend	Status
1.1	Offer nutrition education to 10 early learning education centers by the end of the 2021 SNAP-ED funding reporting year.	5, 2019	During the pandemic it was difficult to get into early learning centers to provide education face to face. Six centers received education	10	12/31/2021	-	Not Completed
2022 Revisions							
1.1R	By December 31, 2023, offer nutrition education to 10 early learning centers in the county	6, 2021		10	12/31/23		
Rationale							
Aiming to reach 10 centers with considerations around covid restrictions and staffing shortages							

2020/2021 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend	Status
2.1	Implement the Diabetes Program using a telehealth platform to engage residents during the coronavirus restrictions.	0	During 2020 CDC released grant funding to include an online platform for administering the NDPP. This HALT platform was adopted in early 2021. Utilized other virtual formats for NDPP classes as well	1	NA	▲	Completed
2022 Revisions							
2.1R	By December 31, 2022, utilize the virtual platforms to increase reach to	3		1	12/31/23		

	participants by offering at least 1 virtual class during the year 2022 & 2023.					
Rationale						
Continuing to provide at least 1 virtual DPP cohort will increase reach to those who may be interested but are restricted by the in-person availability.						

Priority Area 2: Behavioral Health

Goal: Decrease hospitalizations and deaths associated with suicide and drug overdose by December 31, 2023

Strategy: Work with the community action networks to implement strategic interventions to raise awareness on suicide and drug overdose. *Rachelle Burns, Exec. Director, EscaRosa Suicide Prevention Coalition and Denise Manassa with CDAC behavioral health will lead this Strategy*

2020/2021 Performance							
Objective Number	**Objective**	**Baseline**	**Performance**	**Target Value**	**Target Date**	**Trend**	**Status**
2.1	Hold at least 3 (1 per year) community discussion to raise awareness on drug overdose issues and highlight resources available in Escambia County by December 31, 2023	1, 2019	No discussion was held during 2020. 1 discussion was held in the spring of 2021 using Zoom and FB live and was well attended	1 per year	12/31/23	▲	*On Track*

2020/2021 Performance							
Objective Number	**Objective**	**Baseline**	**Performance**	**Target Value**	**Target Date**	**Trend**	**Status**
2.2	Establish a 501 c3 that is aiming to prevent suicide through raising awareness, increasing knowledge and skills, and implementing strategic interventions by December 31, 2023.	1 501 cs for suicide survivors in Pensacola	During 2021 EscaRosa Suicide Prevention Coalition established a board, by laws and submitted IRS paperwork for the 501 c(3) standing. Waiting on the determination	1	12/31/23	▲	*On Track*

Priority Area 3: Maternal and Child Health

Goal: Decrease infant deaths related to unsafe sleep environments and SUIDS

Strategy: Use data from the Escambia County Healthy Start Coalition's work to improve maternal and child health. *Claire Kirchharr, Assistant Director, Healthy Start Coalition will lead this Strategy*

2020/2021 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend	Status
3.1	Implement a safe sleep campaign aimed to decrease SUIDs and unsafe sleep environment related deaths by 25% among infants in Escambia County by December 31, 2023.	Safe sleep campaign in 2015	During 2021, the marketing task force for Healthy Start Coalition met to discuss the needs for a safe sleep campaign. Our first task is raising awareness using social media	Safe sleep awareness campaign	12/31/23	▲	*On Track*

The Implementation Plan

Data from the community meetings was incorporated into the final priority recommendations and presented to Achieve Healthy EscaRosa review and approval. With priorities, goals, and objectives established, the next step is to identify specific tactics and actions for implementation. This will be accomplished within the CANS or work groups assigned to each priority. The groups will meet regularly to identify specific projects needed to improve the status of these health concerns in both Santa Rosa and Escambia County.

Common Language

To ensure a common language across all community work groups and partners, the following definitions have been adopted and will be included when establishing the CAN projects:

Goal	**What we hope to achieve, the desired result**
Strategy	**The approach we will take to achieve goals**
Objective	**A specific, measurable result**
Tactic	**Actions or steps taken to achieve the objective**

The **S.M.A.R.T**. framework was adopted when creating objectives. Each objective is:

S = Specific **M** = Measurable **A** = Achievable **R** = Realistic **T** = Time-bound

Evaluation

This plan requires the efforts and resources of many individuals and organizations. It is important to document the impact of those efforts. S.M.A.R.T. objectives will be used to measure progress and document success. Did we achieve what we said we would? Did we do it in the timeframe proposed? Leaders from each of the CANS and/or work groups will report quarterly on objectives. These reports will be shared with other work groups and members of Achieve Healthy EscaRosa. The CHA/CHIP Coordinators from both Santa Rosa and Escambia CHDs will upload an annual report detailing progress in all priority areas, success stories and barriers encountered. The Community Health Improvement Plan is a “living” document and may be modified to reflect changing conditions and priorities within the community. Modifications are reviewed and approved by the Performance Management Councils of the Escambia CHD and members of the Achieve Healthy EscaRosa planning group.

How Do You Use a Community Health Improvement Plan?

Employers

- Understand priority health issues in this community and use the plan to connect with resources that will make your business a healthier place to work.
- Educate your team leaders about the connection between health and productivity.
- Complete the CDC Worksite Assessment survey to score the health of your worksite and learn what you can do to improve. Website: www.cdc.gov
- Advocate for city and county planning that incorporates health infrastructure such as increased walking and biking accessibility and community recreational spaces.

Residents

- Understand priority health issues in this community. Use the plan to start a conversation with family, friends, co-workers and officials about what makes a community healthy.
- Pay attention to factors in schools, your workplace, church, and community that impact health. What could be done to make the healthy choice the easy choice?
- Get involved. Volunteer your time or expertise in one of the activities related to a health issue that's important to you.
- Lead by example. Encourage healthier meal and snack options, physical activity, and coping with stress.

Health Care Professionals

- Use this plan to identify resources and gaps in services that might impact your patients.
- Share information about the community health assessment and improvement plan with your colleagues, staff and patients.
- Offer your time and expertise to local improvement efforts.

Educators

- Advocate for a healthy school environment (promote availability of water, healthier food options and routine physical activity or "brain breaks").
- Incorporate the science of healthy communities into math, science, social studies and history lesson plans. Educate students on how health behaviors, social, economic factors and environmental factors impact individual and community health.
- Use the data for background and statement of need components when writing grants.
- Lead by example. Encourage healthier meal and snack options, physical activity, and coping with stress.

Non-Profit and Faith-based Organizations

- Understand priority health issues in this community and the impact for the most vulnerable populations.
- Lead discussions about the importance of overall wellness – mind, body and spirit – and the behaviors and other factors that impact personal health.
- Identify opportunities for groups in your organization to support the health initiatives.
- Use the data for background and statement of need components when writing grants.

Government Officials

- Understand the priority health issues within the community.
- Identify barriers to good health among constituents. Encourage community leaders to invest in programs and policy changes that give residents the tools and opportunities to achieve optimal health.

Planning Team Members

Alicia Skolrood
Allyson Anderson
Amy Branstetter
Ann Papadelias
Brett Aldridge
Briana Wigley
Candice Carroll
Carol Carlan
Cat Outzen
Chandra Smiley
Claire Kirchharr
Denise Manassa
Denise Seabert
Jan Mullins
Jennifer Grove
John Lanza, M.D.
Jules Kariher
Kim Krupa
Kimberly Pace
Krista Guy
Krystle Fernandez
Laura Gilliam
Lynn Brannon
Marie Mott
R. Matthew Dobson
Melissa Lewis
Patricia Barrington
Rachel Lewis
Rachelle Burns
Sandra Park O'Hara
Shawn Salamida

Achieve Healthy EscaRosa is composed of staff and representatives from the following organizations in Santa Rosa and Escambia Counties:

Ascension Sacred Heart, Florida Department of Health in Santa Rosa County, Florida Department of Health in Escambia County, Baptist Health Care, Lakeview Center, CDAC Prevention, Lighthouse Health, Community Health of Northwest Florida, United Way of West Florida, Escambia County Healthy Start Coalition, Pensacola State College, University of West Florida, and West Florida Hospital.

Community Health Assessment Update

Public health accreditation requires consistent monitoring and analysis of the data presented in the Community Health Needs Assessment (CHNA). The goal of this requirement is to encourage continual monitoring of the factors that influence and drive the health inequities in our community. This community's effort to address the social determinants of health through 'upstream' change began in April 2019. *Achieve Healthy EscaRosa*, a broad sector collaboration, provides Escambia and Santa Rosa's public health system a unique opportunity to create a collective impact effort the looks at identifying and strategically impacting the factors that influence health. These factors go beyond basic healthcare access and behavior change to look at policies and societal systems that are required for everyone in our community to have the opportunity to live well and thrive.

This upstream approach begins with data and on February 20, 2020 a community-wide data walk was hosted at the University of West Florida's Conference Center by the Usha Kundu College of Health. This event brought in more than 200 community members and partners and promoted discussion and input around the well-being of the community of 'EscaRosa'.

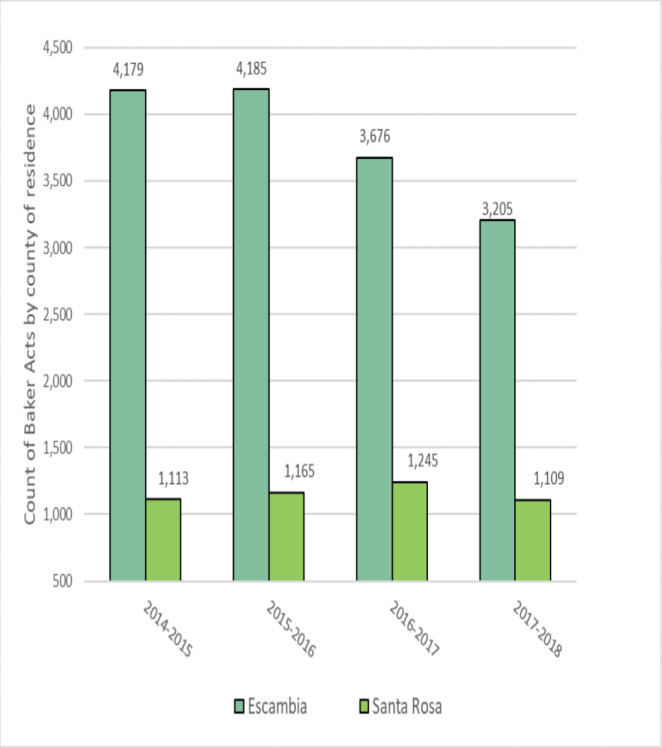
During this data walk, facilitators and subject matter experts spoke to the importance of coming together as a community and discussing the importance of addressing health inequities, looking at the data indicators that tell the story, beginning to create a narrative about what is the biggest area of need, and what are some of the ways our community may begin to address these issues.

The data presented in this addendum was curated by *Achieve Healthy EscaRosa*'s data team, who curated 43 additional indicators that furthered the story of both Escambia and Santa Rosa that was presented in the original print of the *2019 CHNA.* Following the priority health outcomes – mental health, drug use, infant health, child health, diabetes; additional data was provided using social determinants buckets of 'food environment'; 'education'; 'economics'; 'community'; 'healthcare access'. Those additional 43 Indicators included information on life expectancy, transportation resources, child care availability, grade level achievement in reading and math.

The data team plans to reassess the indicators that align with the activities and goals that are created through the improvement planning process, currently still in the community input phase.

Baker Act Admissions

The Florida Mental Health Act of 1971, commonly known as the "Baker Act," allows the involuntary institutionalization and examination of an individual who has a substantial likelihood that without treatment will cause serious bodily harm in the near future.



Data Source: https://www.usf.edu/cbcs/baker-act/

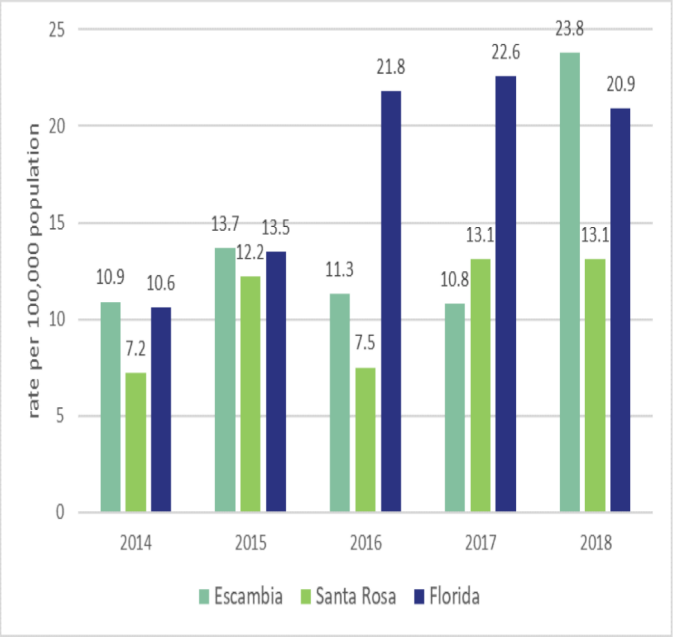
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

Adults Ever Told They Had Diabetes

Average healthcare costs for people with diabetes are about 2.3 times higher than those without diabetes. Unmanaged diabetes can lead to increased hospitalizations and premature death.



Self reported: Type I, Type II, Gestational

Source: Florida Health Charts– Adults who have ever been told they had diabetes

https://www.diabetes.org/resources/statistics/cost-diabetes

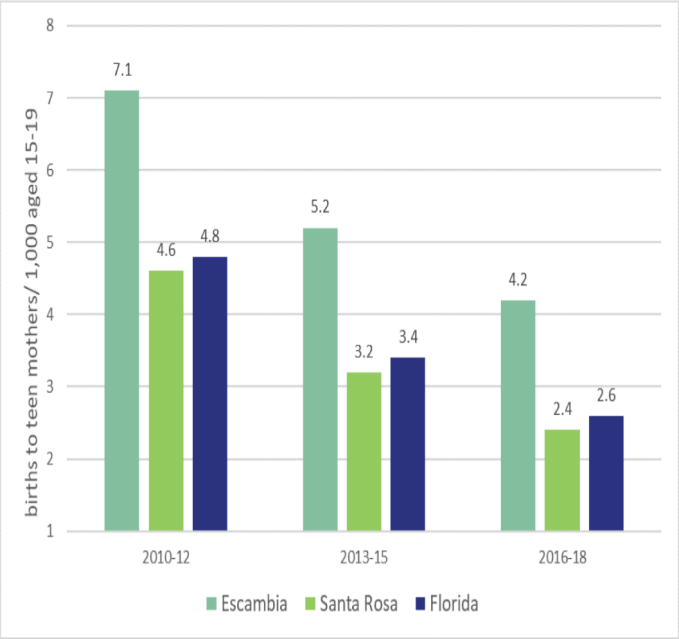
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

Teen Birth Rate

Teen pregnancies have significant consequences for mother and child with serious social and economic impacts like living in poverty.



Births to mothers under 18 years of age divided by females in the same age group expressed per 1,000 population

Source: Florida Health Charts-Birth by Mothers' Age

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

Suicide Death Rate

Suicide is the 10th leading cause of death in America and the 8th leading cause of death in the State. It is #10 for Santa Rosa County and #12 for Escambia County.

Data Source: Florida Health Charts; flhealthcharts.com

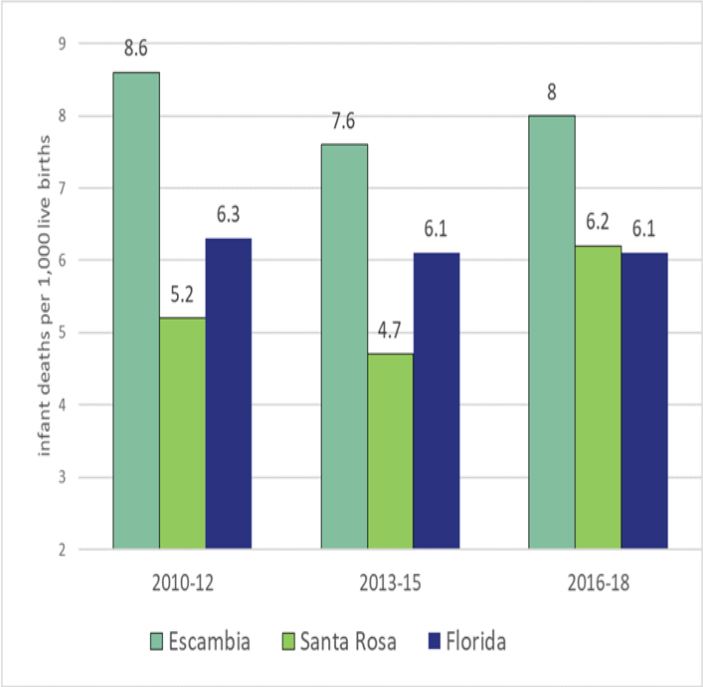
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

Infant Mortality

Considered to be the most indicative of overall population health. Infant mortality is caused by numerous lifestyle, social, structural, and environmental factors in the community.



Data Source: Florida Health Charts; flhealthcharts.com

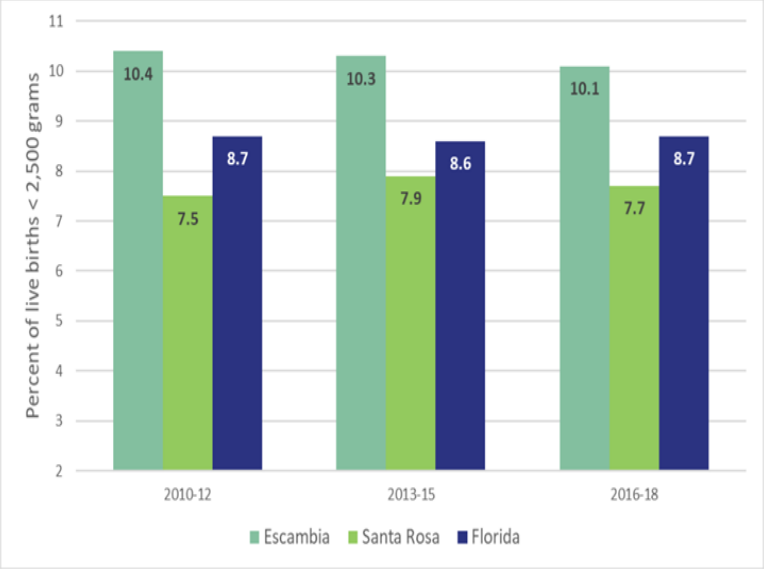
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

Low Birthweight Live Births

Low birth weight is a leading cause of neonatal mortality (death before 28 days of age). Low birth weight infants are more likely to experience physical and developmental health problems or die during the first year of life than are infants of normal weight.



Source: Florida Health Charts-Live Births Under 2500 Grams; https://mchb.hrsa.gov/chusa11/hstat/hsi/pages/201lbw.html

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

Child Well-Being Index Ranking

Child well-being index looks at factors that affect the likelihood that a child will grow to be a well-educated, economically stable, productive, healthy adult. Ranking is comparing the 65 other Florida counties to Santa Rosa and Escambia

The lower the number the better the overall well-being of children in that county. Florida is not ranked as this was only for the state

Data Sources: 2019 Florida Kids Count. *University of South Florida. Tampa.*

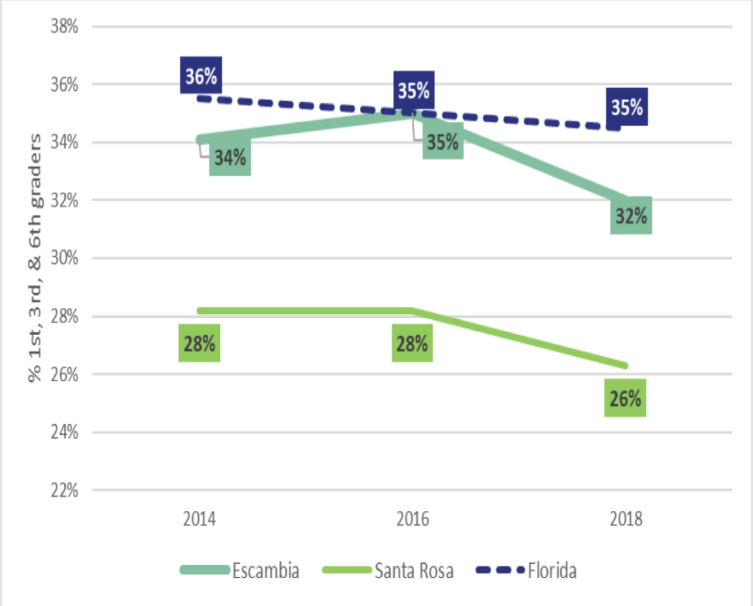
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

Overweight & Obese 1st, 3rd & 6th Graders

Students with a body mass index greater than or equal to the 85th percentile puts children at risk of obesity, which may lead to other health problems



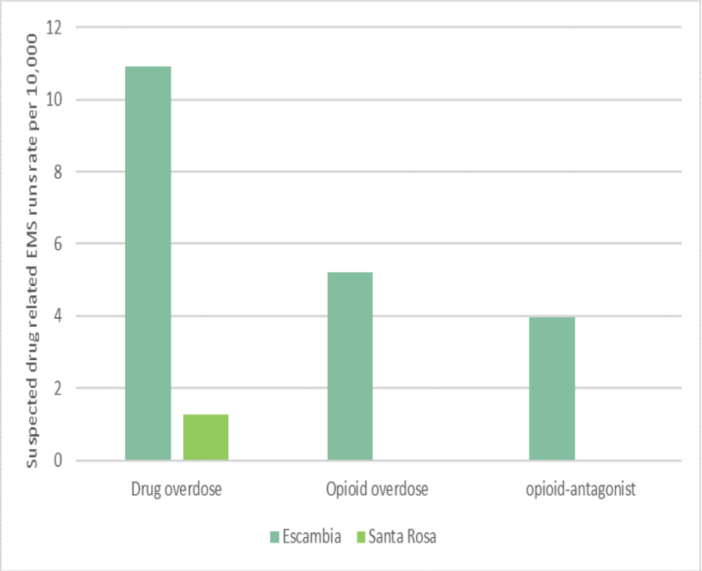
Data Sources: 2018 BMI screening results from the Division of Community Health Promotion. *Florida Department of Health. Tallahassee.*

Who is already working to impact this issue?

Live Well and Thrive

Suspected Drug-related EMS Runs

Opioid overdose has been an increasing trend across the Nation, this has profound effects on the local and state economy (healthcare spending) and health outcomes.



*Santa Rosa did not have enough data for a rate
Quarter 1 (Jan-March 2019) Emergency Medical Services Controlled Substances Overdose Report produced by the Florida Department of Health

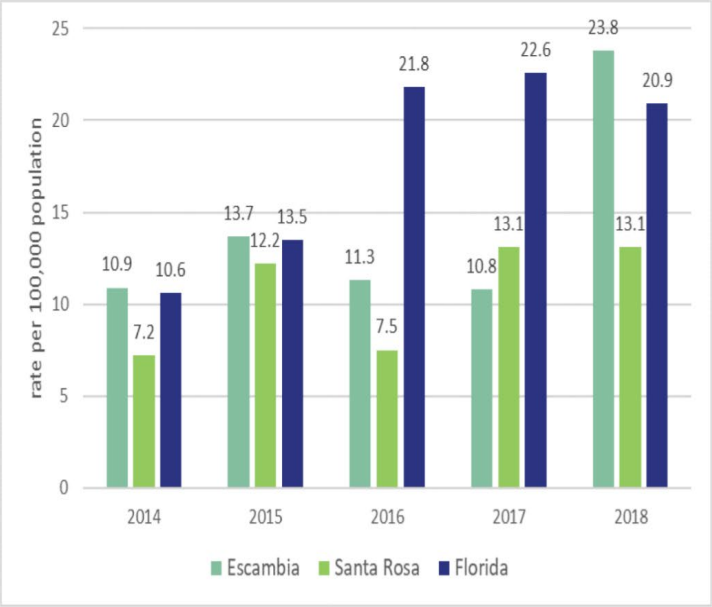
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

Unintentional Injury Deaths by Drug Poisoning

Unintentional drug poisoning includes drug overdoses resulting from drug misuse, drug abuse, and taking too much of a drug for medical reasons. Also referred to as 'Accidental' drug overdose deaths.



Unintentional is concluded when no harm is intended.

Source: Florida Health Charts-Unintentional Injury Deaths by Drug Poisoning; https://www.cdc.gov/medicationsafety/pdfs/cdc_5538_ds1.pdf

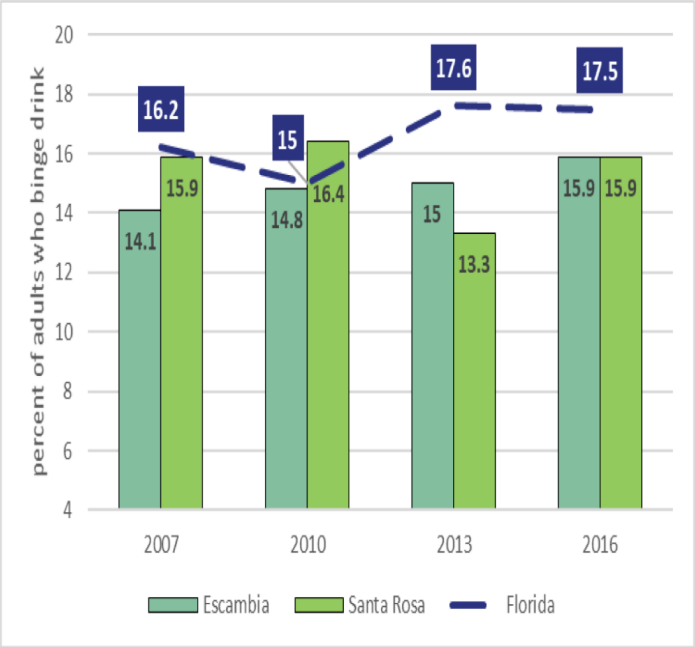
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

Adult Binge Drinking

Binge drinking is associated with many health problems such as accidents, fetal alcohol syndrome, cancers, and substance use disorders. Binge drinking also impacts the economy in loss of workplace productivity, health care expenditures, and criminal justice costs.



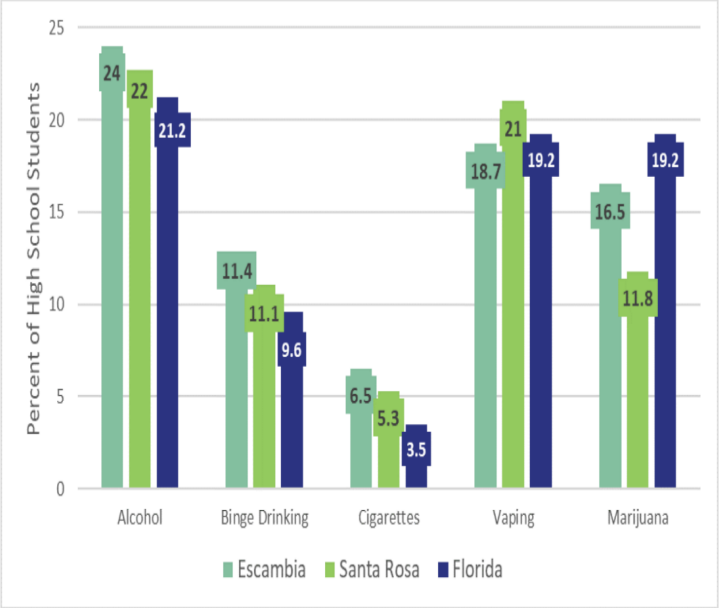
Binge drinking is 5+ drinks for men and 4+ drinks for women within 2 hours.

Source: Florida Department of Health; Florida Behavioral Risk Factor Surveillance System; https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm

Who is already working to impact this issue?

Substance Use Among High Schoolers

Early experimentation with drugs and alcohol can permanently damage teenagers' brains. Teens who use drugs and alcohol are also more likely struggle with addiction later in life.



Percentage of High School youths who reported having used various drugs in the past 30 days

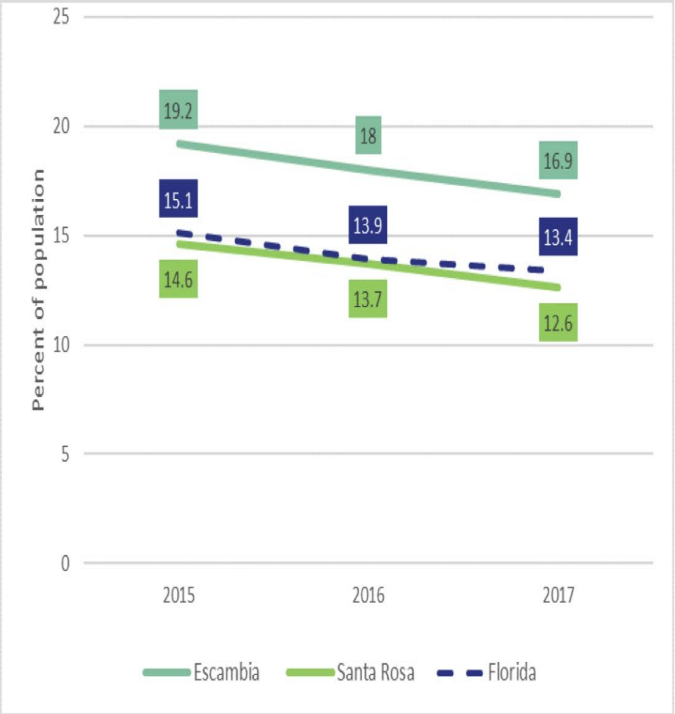
Source: 2018 Florida Youth Substance Abuse Survey

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa Live Well and Thrive

Food Insecurity Rate

Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.



Source: Feeding America, Map the Meal Gap.

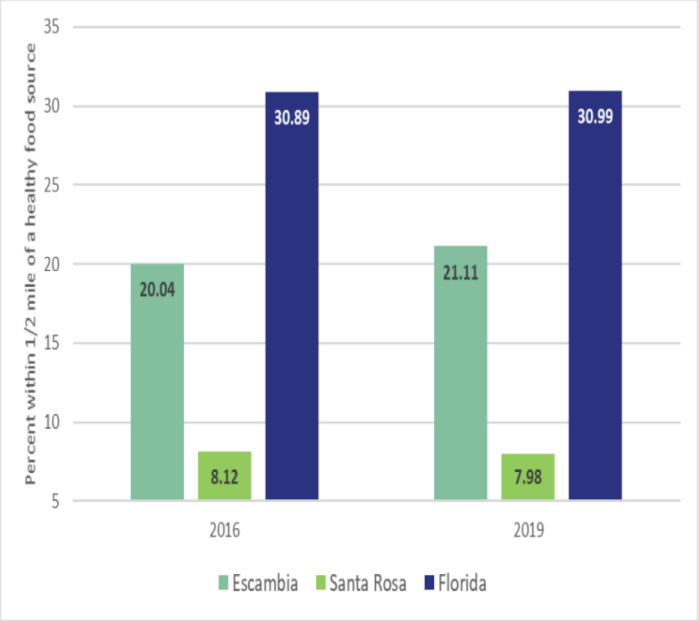
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

Food Access

There is strong evidence that residing in a food desert is correlated with a high prevalence of overweight, obesity, and premature death. Supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores.



Data Source: Florida Environmental Public Health Tracking

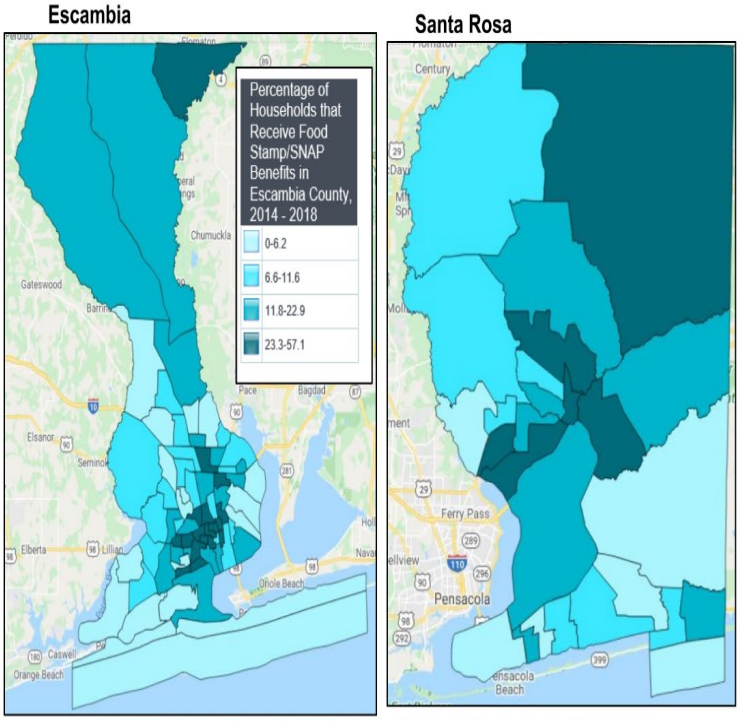
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

Supplemental Nutrition Assistance Program Beneficiaries

SNAP provides nutrition benefits to supplement the food budget of struggling families and those in need; the darker the color the higher the need.

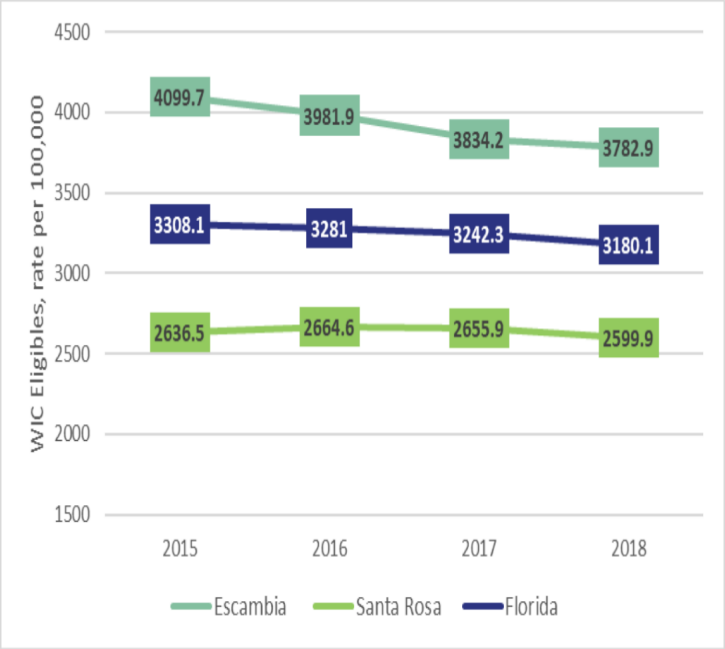


Data source: FLHealthCHARTS Community Map data is provided by the Florida Department of Health Bureau of Vital Statistics and the 2015 American Community Survey 5-year estimates

Who is already working to impact this issue?

Women, Infant, & Children (WIC) Eligibility

WIC services provide additional nutrition and breastfeeding education and assistance to eligible pregnant women and families with children under 5



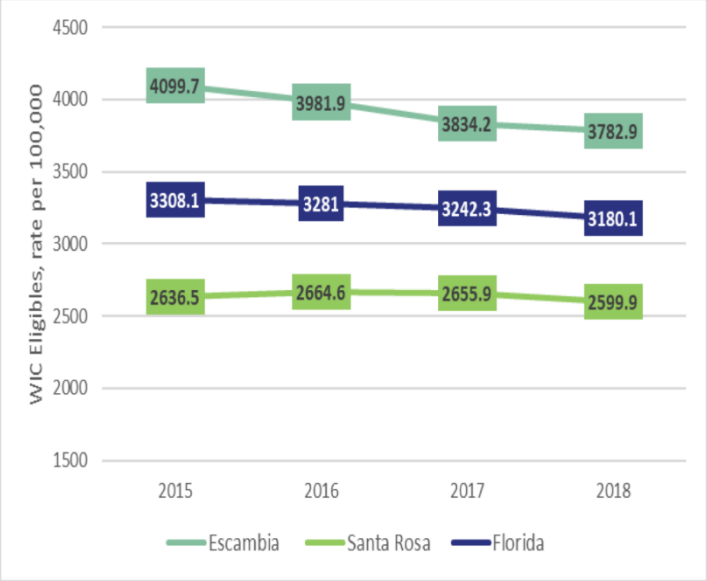
Data source: Florida Department of Health, WIC & Nutrition Services

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa Live Well and Thrive

Women, Infant, & Children (WIC) Eligibility

WIC services provide additional nutrition and breastfeeding education and assistance to eligible pregnant women and families with children under 5



Data source: Florida Department of Health, WIC & Nutrition Services

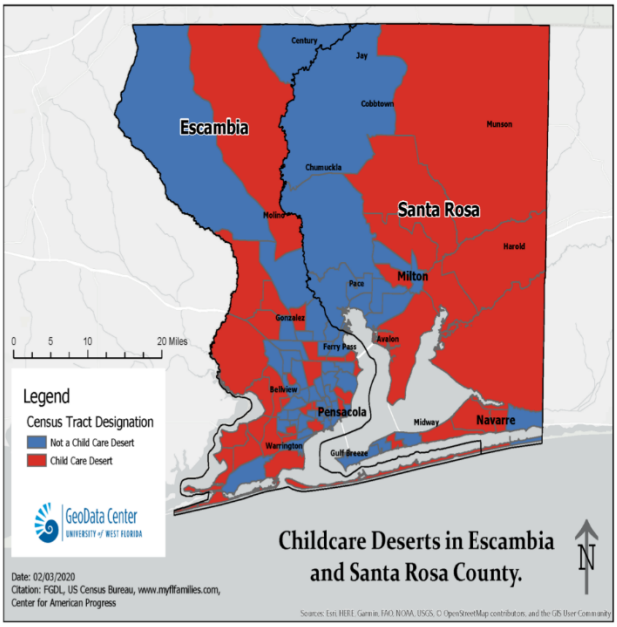
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

Childcare Deserts

Limited or no access to high quality child care affects the child's readiness for Kindergarten and subsequently makes them less likely to achieve success throughout their educational careers



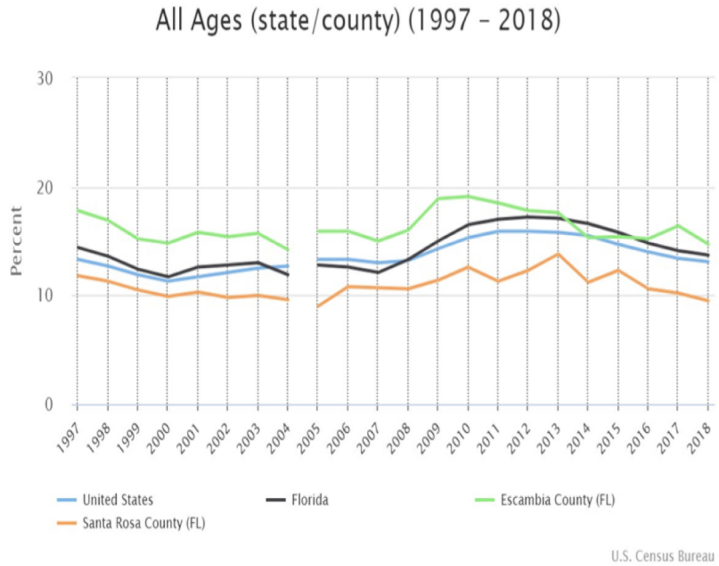
A child care desert is any census tract with more than 50 children under age 5 that contains either no child care providers or so few options that there are more than three times as many children as licensed child care slots

Source: Ben Martin and Mike Fazio. GeoData Center. *University of West Florida*

Who is already working to impact this issue?

Total Population Living in Poverty

Poverty has long been recognized as a contributor to death and disease, but several recent trends have generated an increased focus on the link between income and health. Income inequality has increased dramatically in recent decades, while health indicators have plateaued, and life expectancy differences by income have grown.



*The gap regarding 2005 represents a switch between surveys that meant this question was not answered that year

**Poverty status is determined by comparing total annual pre-tax family income to a table of federally determined thresholds that vary by family size, age of members, and number of children

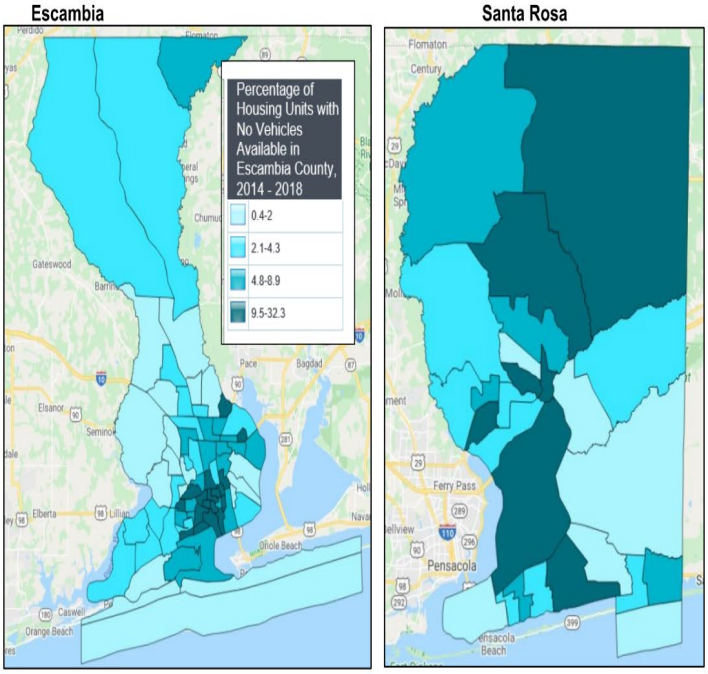
U.S. Census Bureau, Small Area Income and Poverty Estimates for 2018. https://www.census.gov/programs-surveys/saipe.html

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa Live Well and Thrive

No Vehicle Access

Vehicle access is an important social determinant that can be a contributing factor impacting health and behavior outcomes like eating healthy and attending doctor's appointments

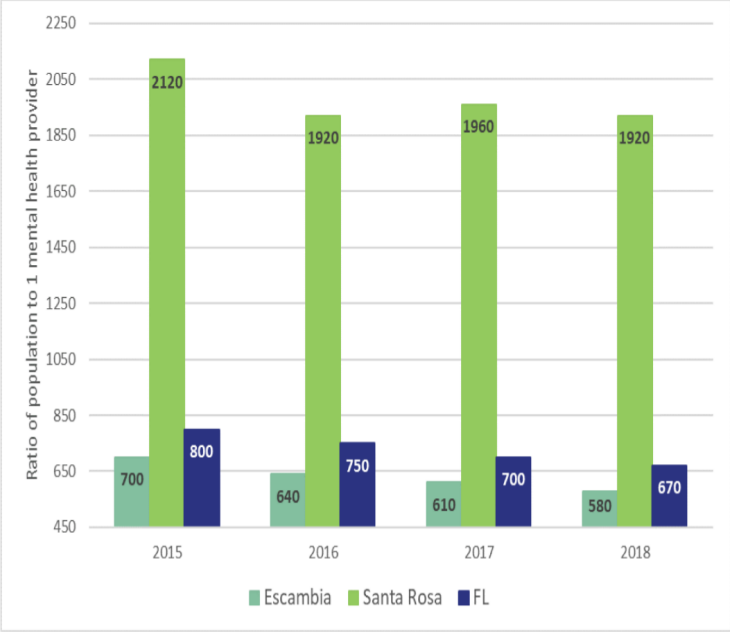


Data source: Florida Department of Health Bureau of Vital Statistics; 2015 American Community Survey 5-year estimates

Who is already working to impact this issue?

Mental Health Providers Ratio

Access to quality mental health care is necessary for a healthy population; reducing these numbers will ensure better access to behavioral health care and treatment for our community.



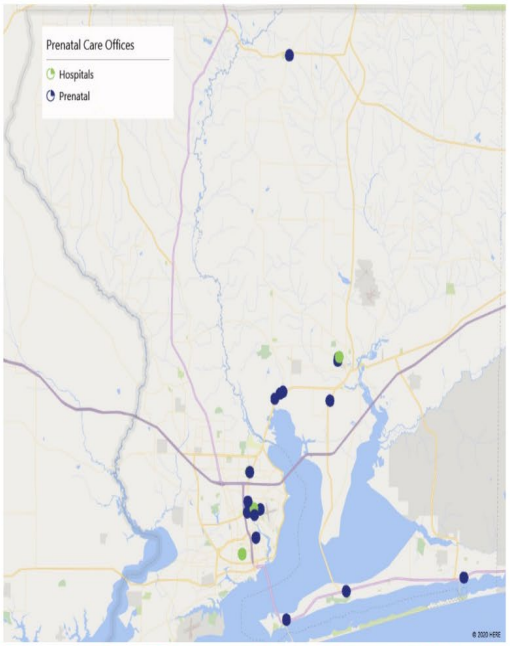
This looks at all actively registered mental health providers,regardless insurance
Data Source:
https://www.countyhealthrankings.org/app/florida/2019/measure/factors/62/data

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa Live Well and Thrive

Prenatal Care Offices

The accessibility of Obstetric/Gynecology offices directly impacts how many women are seeking care during their pregnancies.



There are 19 Obstetric/Gynecology offices in Escambia, Santa Rosa County and 4 birthing hospitals. Many of these OB/GYN offices exist in clusters that make care difficult to access for some populations

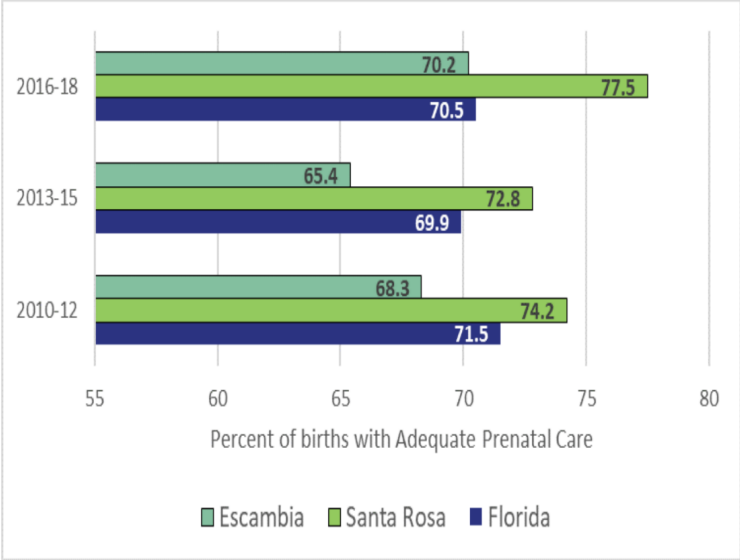
All offices accept at least one form of Medicaid.

Source: Escambia County Healthy Start Coalition

Who is already working to impact this issue?

Births with Adequate Prenatal Care

Having adequate prenatal care during pregnancy is linked to having a more positive birth outcome such as a full-term birth and normal birth weight.



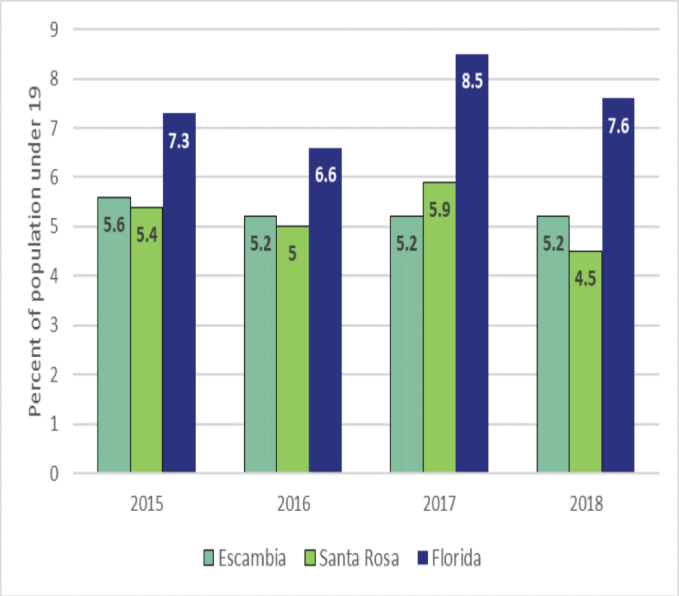
Adequate care is defined as care that has begun by the fourth month of pregnancy and where at least 80% of the visits were made.
Data Source: Florida Health Charts; flhealthcharts.com

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa Live Well and Thrive

Uninsured Children

Uninsured children receive less medical care and less timely care. They tend to have worse health outcomes. When the uninsured seek medical treatment, often costs are borne by hospitals providing free care and eventually by consumers, resulting in higher health costs for everyone.



Children under 19* with no health insurance.

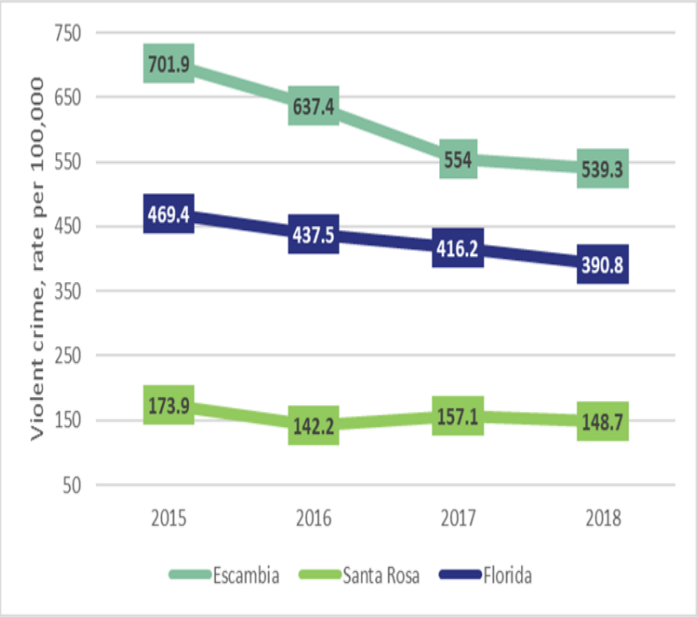
*19 was designated by US Census

2018 U.S. Census Bureau, Small Area Health Insurance Estimates, Washington, DC

Who is already working to impact this issue?

Violent Crime Rate

High levels of violent crime compromise physical safety and psychological well-being, deter people from pursuing healthy behaviors, such as exercising outdoors, and increase stress, which may exacerbate hypertension and contribute to obesity.



Number of reported violent crime offenses per 100,000 population. 2019 Robert Wood Johnson County Health Rankings.SRC's rate are below the state and national trends.

Who is already working to impact this issue?

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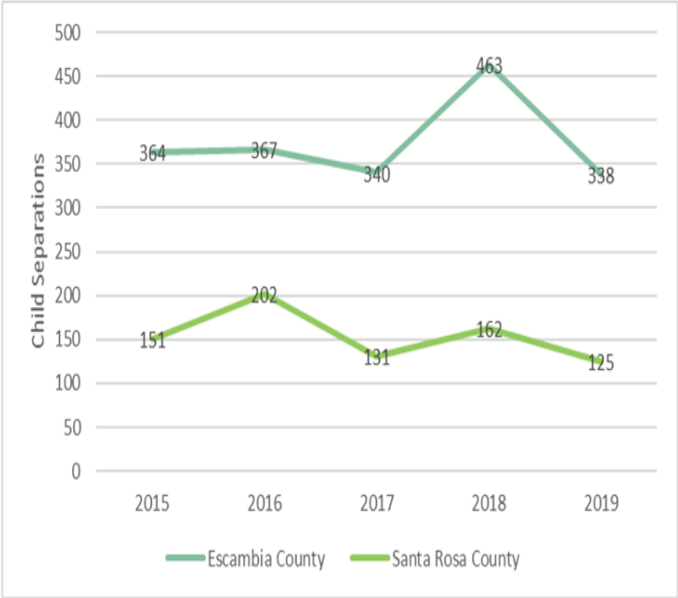
Child Separation

Separating children from their parents has been included in the adverse childhood experiences study and is proven to have an adverse effect on childhood development and later life health and wellbeing.



Florida is not included in this graph as the data provided is in count not percent and therefore a state benchmark not comparable.
Reasons behind separations include domestic violence, drug abuse, inadequate housing, and inadequate supervision.
Data Source: https://www.myflfamilies.com

Who is already working to impact this issue?

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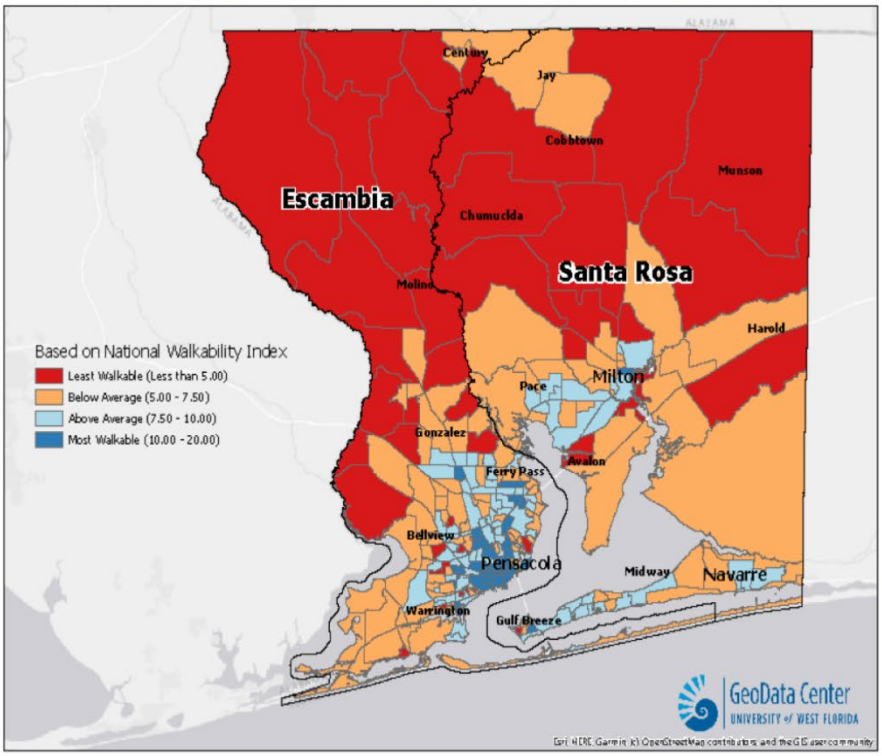
Walkability Index

Walkability depends upon characteristics of the built environment that influence the likelihood of walking being used as a mode of travel.



Source: Erin Tooher and Mike Fazio. GeoData Center. *University of West Florida*

Who is already working to impact this issue?