COMMUNITY HEALTH IMPROVEMENT PLAN

Santa Rosa County Health Department

Jan 2020 – December 2022

Table of Contents

Executive Summary

After the completion of the 2019 Community Health Needs Assessment, we began the community health planning cycle with a holistic review of the data gathered in each of the five health priority areas to identify overarching themes and health issues. The issues were discussed by the newly formed Achieve Healthy EscaRosa planning group who represent a diverse group of community partners from both Santa Rosa and Escambia counties. The discussion affirmed that health issues identified in 2018-2019 continue to be primary community health concerns. As such, the members of the Achieve Healthy EscaRosa planning group adopted as the 2019 Community Health Priorities for Escambia and Santa Rosa Counties, the following health priorities:

- 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, Santa Rosa ranked 13 in Health Outcomes and 13 in Health Factors, making it one of the healthiest places to live in the State of Florida.

Throughout the community health improvement planning cycle, careful consideration was 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 county one of 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, Santa Rosa 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, health equity, and quality of life for our residents. As a health department, we are indebted to the organizations and individuals that join us in working to achieve public health's vital mission.

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, Escambia, will help improve our impact as we feel we will be stronger together.

County Profile

Santa Rosa County borders Escambia County to the east and has a total population of 179,325. Its county seat is the City of Milton. Santa Rosa County is not only less populated than Escambia County, it also has a lower population density reflecting a more rural landscape. The southern portion of Santa Rosa County is geographically separated from the north by Pensacola Bay. Located within the county is Whiting Field, one of the Navy's primary pilot training bases.

Where we live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. Key characteristics that sets Santa Rosa County apart are its unprecedented growth in population. The county is quickly growing into a tourist destination because of its access to beaches and protected wilderness areas for kayaking, hiking, running, and camping. Please see the data below.

Population by Age Santa Rosa County

Category	Number	Percentage
Female	86,043	49.01%
Male	89,509	50.98%
White	144,912	82.5%
Black	10,708	6.1%
Hispanic	9,729	5.5%
Other	10,203	5.8%
< 20 years old	42,627	24.28%
20-24	9,801	5.58%
25-34	24,364	13.87%
35-44	22,433	12.77%
45-54	24,840	14.14%
55-64	24,033	13.68%
65 and over	27,454	15.63%

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 the Florida Department of Health in Santa Rosa 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, the DOH-Santa Rosa 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, 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 and 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. Many of the health problems a community faces are the result of poor health habits and unhealthy behavior - like unhealthy food, not exercising, and tobacco use. The poorest performing health outcomes in Santa Rosa County are those affected by the health priorities in the CHIP. Unhealthy weight, tobacco/nicotine use, and healthcare access and management have higher health-related expenses.

What is a Community Health Improvement Plan?

The Community Health Improvement Plan (CHIP) is a comprehensive approach to assessing the multiple factors that contribute to individual and community health and identifying priorities and plans that capitalize on the strengths in our community as well as addressing gaps in services and barriers to 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 chronic diseases, health behaviors, social, economic and environmental factors, health care system capacity and functions of the public health system. In the end, over 100 community members representing 40 organizations assisted in the development of our community health priorities and action plans.

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 progress made on outcomes, challenges, barriers and new opportunities. The CHIP is a "living document" and may be modified to meet the changing needs of the community.

Building Capacity through Collaboration

Escambia and Santa Rosa Counties adopted a unique approach to the community health assessment by combining resources to collect, assess and address problems in both counties. The process was directed by the Live Well Northwest Florida Partnership, a non-profit organization composed of a diverse group of community partners from both counties. Led by representatives from the Sacred Heart Health System, Baptist Health Care, and with technical assistance from the Florida Department of Health in both counties, the Partnership held community forums and meetings that resulted in the identification of three health priorities common to both counties as well as issues unique to each county. Escambia and Santa Rosa Counties have elected to pool their resources to address the common priorities and work separately on the health priorities unique to each county.

The National Association of City and County Health Officers (NACCHO) recognized this practice and invited the Live Well Northwest Florida Partnership and representatives from both counties to participate in a project where both counties share best practices and serve as demonstration sites for other counties utilizing the MAPP framework. The MAPP process is comprised of four individual assessments:

Community Themes & Strengths Assessment (CTSA)

The CTSA Assessment answers questions such as: "What is important to our community?" and "How is quality of life perceived in our community?" 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 (FOCA)

During the FOC assessment, participants engage in a brainstorming activity to identify forces—such as trends, factors, or events—that are, or will be, influencing the health and quality of life of the community and the local public health system.

Local Public Health System Assessment (LPHSA)

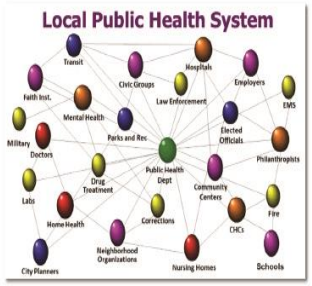
The LPHSA involves a broad range of organizations and entities that contribute to public health in the community and answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

Community Health Status Assessment (CHSA)

The CHSA is a process assessing the current health status of a community through the selection and collection of relevant data elements (indicators) and the analysis of trends and comparisons to benchmarks.

Forces of Change Assessment

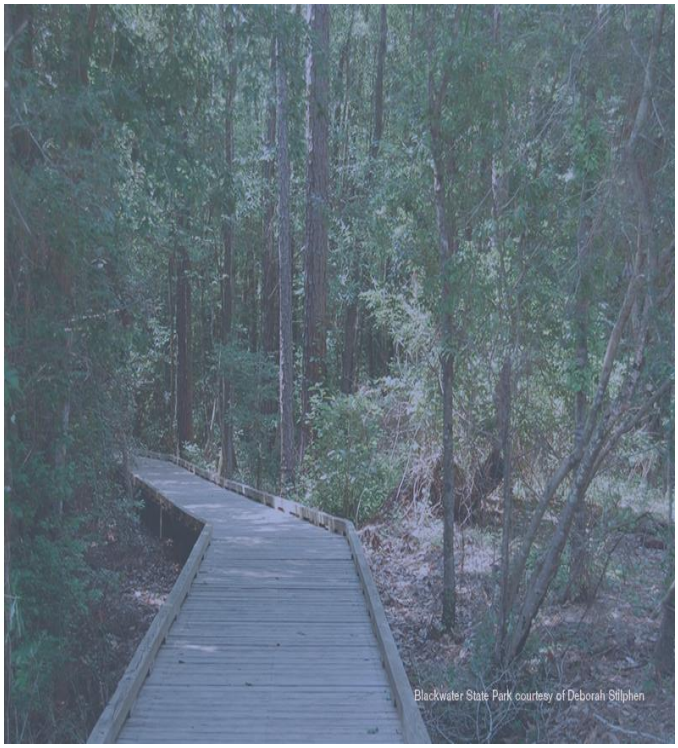
The Local Public Health System (LPHS) includes all entities that contribute to the delivery of public or personal health. Public health departments are typically at the center of this system as seen in the graphic at right. This system includes but is not limited to: county Departments of Health, hospitals, community clinics, federally qualified health centers, elected officials, schools, non-profit organizations, faith institutions, public transit, civic and neighborhood groups, and the military.



10 Essential Health Services

To assess our local public health system, the Florida Department of Health in each county uses the 10 Essential Public Health Services framework developed by the National Association of County and City Health Officials. This framework includes a self-assessment rating scale: No Activity, Moderate Activity, Significant Activity, and Optimal Activity. Scores on the self-assessment are used to implement continuous quality improvement activities by identifying strengths, weaknesses, opportunities, and threats within each of the 10 essential health services.

For this process, the Departments of Health in Escambia County and in Santa Rosa County asked partner entities to score at least one of the ten essential services using the rating scale above. In addition, partners were asked to give examples of strengths, weaknesses and opportunities for improvement. A panel of our partners and subject matter experts then met to discuss and vote on the current capabilities of the local public health system (LPHS). This process was conducted separately in Escambia County and Santa Rosa County and scores cannot be compared across the two counties.


Blackwater State Park courtesy of Deborah Stilphen

Forces of Change

Community School

Health-related services for students, their families and surrounding neighborhoods are made available within a school. CA Weis Elementary in Escambia is a local example.

Health Literacy

Health literacy is the ability to understand basic health information and services needed to make appropriate health decisions, such as following doctor's orders, taking medicine as prescribed or knowing how to access services.

Drug Abuse

Drug abuse is the overindulgence in or dependence on drugs or alcohol. It does not necessarily mean addiction to the substance.

Access to Appropriate Level of Care

The ability to obtain health care in a timely manner at the lowest appropriate level. Access may be limited due to no or inadequate insurance, poor geographic distribution of providers, transportation difficulties, or high out-of-pocket deductibles.

Faith Community

Many faith-based organizations actively engage their members on health issues or health screening and are an asset in improving community health.

Community Health Needs Assessment Results

Framework: Mobilizing for Action through Planning & Partnerships

The Florida Department of Health in Escambia and Santa Rosa Counties used 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.

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 for the 2019 CHNA melds components from leading health industry experts into a cohesive process that participating organizations could embrace. 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)

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 on next page, 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. This included 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 between all respondents. This 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. 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 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.

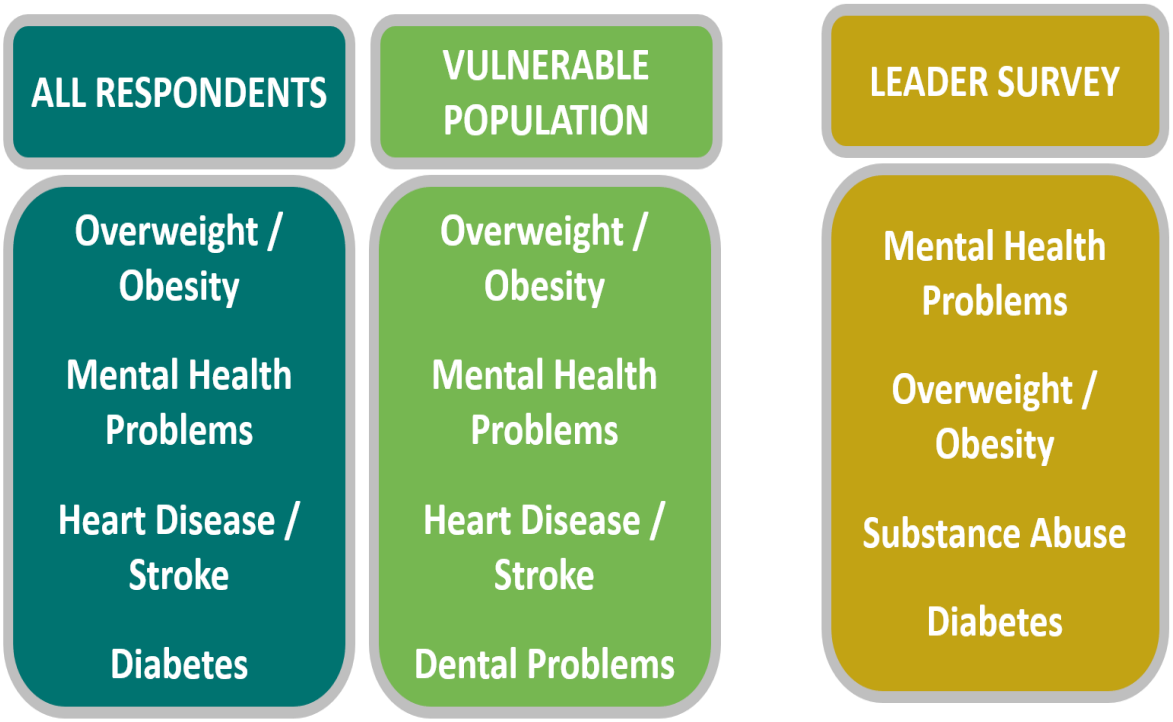
33 Community Leaders Surveyed

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

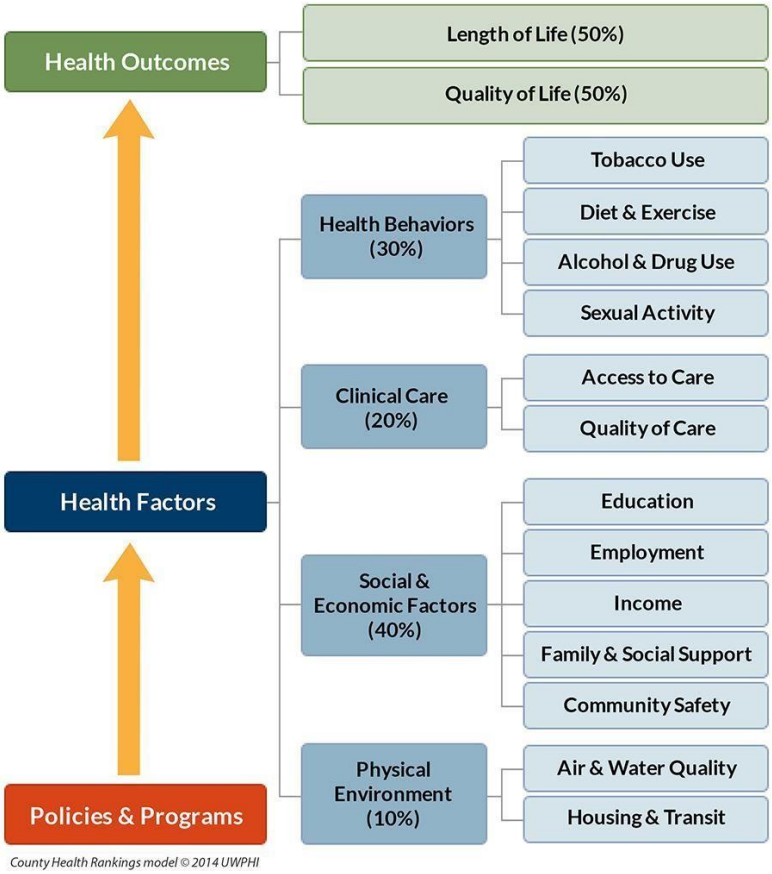


HEALTH OUTCOMES
24 Leading Causes of Death, Illness & Disability

Chronic Disease	Behavioral Health	Maternal / Child Health
4 Heart Diseases	Mental Disorders	Maternal Care
6 Types of Cancer	Drug Abuse	Infant Care
2 Lung Diseases	Alcohol Abuse	Child Health (1-5)
Diabetes	Alzheimer's Disease	
Stroke	**Injury**	**Infectious Disease**
Oral Health	Suicide	Sexually Transmitted
	Motor Vehicle	Disease including
	Accident	HIV/AIDS
	Unintentional Injury	

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:



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

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. These include both individual health choices and behaviors and the access to healthy choices in a community. 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.

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.

As a result of the community health needs assessment, we have encouraged our city governments, municipalities, and county officials to complete an individual assessment of their "Health in All Policies" and through the Florida Department of Health and the Healthiest Weight Florida Program, apply to be recognized as a Healthy Communities Champion. This designation recognizes and assists communities in making Health in All Policies an integral part of their comprehensive planning. Health in All Policies, as defined by the Centers for Disease Control and Prevention, "is a collaborative approach that integrates and articulates health considerations into policy decisions across sectors to improve the health of all communities and people". Local governments can play a pivotal role in improving public health by implementing policies and practices that have been shown to increase physical activity and improve nutrition. These "best practice" policies developed by local governing entities are reflected in the submission form and also align with the 2017-2021 State Health Improvement Plan (SHIP).

As a highlight, one of our county's municipalities were recognized for their Health in All Polices. The Town of Jay promotes a healthy and active lifestyle in its projects and sponsored events. The town promotes health through athletics and youth activities with family-oriented outdoor exercise at Bray-Hendricks Park. This 40-acre park is the hub of many family-oriented athletic leagues, and as a result, increased emphasis has been placed on creating a master plan for the park. The Bray-Hendricks Park Master Plan will upgrade all existing fields, courts, and playgrounds. Obesity rates in the U.S. have increased dramatically over the last 30 years, reaching epidemic proportions. Obesity increases the risk for many serious health conditions, including heart disease, stroke, high blood pressure, type 2 diabetes, and cancer. Obesity and associated chronic diseases have a considerable economic impact on communities and

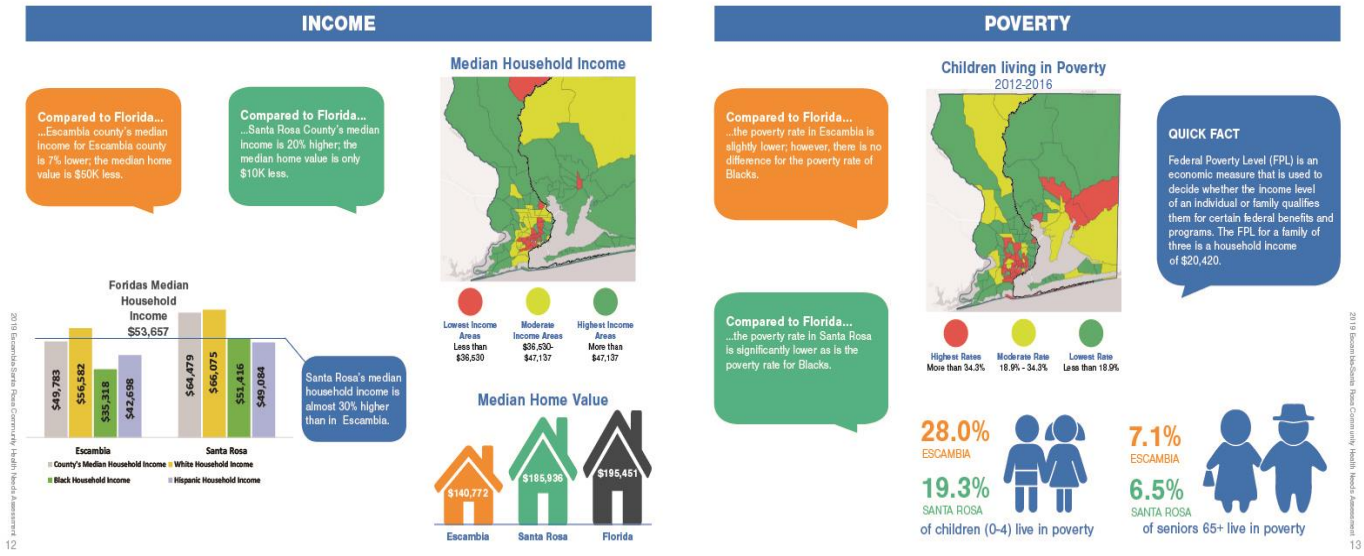
individuals, especially where availability and access to healthy foods and healthy spaces for physical activity are limited. The town is also in the process of renovating the abandoned livestock market into a Farmers Market for local farmers to sell their produce and other locally made food products. The Jay High School Students Working Against Tobacco (SWAT) organization has requested that all town-sponsored events be tobacco-free. With a unified ban of tobacco at public events, both at Jay High School and the Town of Jay, the town will increase the overall health of young adults and reduce future medical costs. Access to quality healthcare is one key in reducing inequities and disparities, but health is more than just the absence of disease or illness. We feel this is a classic example of how policies will impact health outcomes in our communities. Health Equity will be achieved when everyone is given the opportunity to reach their full health potential.

County Health Rankings produces a similar report ranking the counties in each state. In a state that does poorly, Santa Rosa County performs better with a rank of 13 out of the 67 counties in Health Outcomes and 13 in Health Factors. The slight concern for Santa Rosa County, however, is that although the ranking for Health Factors improved from 15 (2019) to 13 (2020), the Health Outcomes dropped from 7 (2019) to 13 (2020). The continuation of this trend will lead to poorer performance in overall physical health and mental health. Current, Health Outcomes and Health Factors rankings are displayed below.

County Health Ranking	Rank
Dimension	Santa Rosa
Health Outcomes	**13**
Length of Life (mortality)	15
Quality of Life (morbidity)	15
Health Factors	**13**
Health Behaviors	30
Clinical Care	25
Social & Economic Factors	2
Physical Environment	47

Results

Overall, Santa Rosa County, performed much better than most counties, including Escambia (ranked 47th in Health Outcomes and 29th in Health Factors). Santa Rosa County finished very high, 2nd in the state for social and economic factors, but only 47th in physical environment. This was due in part to driving alone to work and long commutes.



Santa Rosa and Escambia Health Care Facilities

Mental Health
(Escambia & Santa Rosa)

- Mental Health Counseling: 21
- Outpatient/ Residential Mental Health Treatment: 11
- Inpatient Mental Health Facilities: 3
- Alzheimer's Support: 4
- Psychiatrists & PhD Psychologists: 53
- LCSWs & Counselors: 22

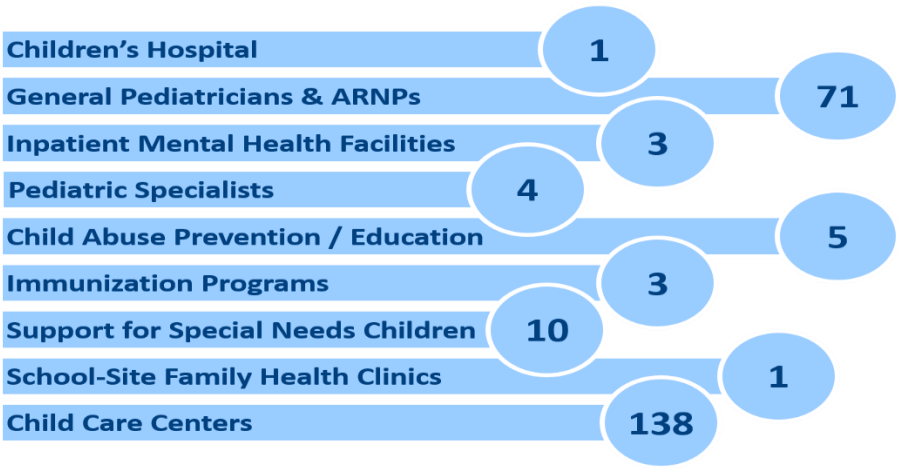
Infant Health
(Escambia & Santa Rosa)

- Breastfeeding Support: 10
- Women, Infant & Children (WIC) Nutrition Sites: 7
- Pregnancy Counseling: 6
- High Risk Pregnancy Care & NICU: 1
- Obstetricians: 43

Diabetes
(Escambia & Santa Rosa)

- Diabetes Prevention Programs: 3
- Diabetes Self-Management Education: 6
- Diabetes Medication Assistance: 14

Child Health
(Escambia only)



Drug Abuse
(Santa Rosa only)

Community Health Priorities

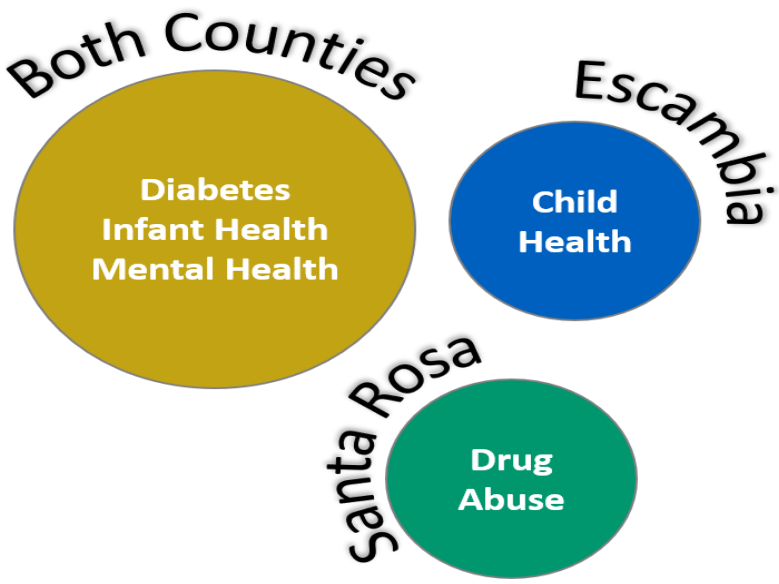
Selection Process

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.

This group met regularly for several months to analyze the data and identify relationships between health factors and poor health outcomes in both counties. When the Live Well Northwest Florida Partnership disbanded in late 2018, the Achieve Healthy EscaRosa planning group formed in 2019.

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**

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 was formed consisting of stakeholders from both Santa Rosa and Escambia Counties.

Health Improvement Planning Steps

- **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 Development

Health Equity Goal 1.0 Develop a successful collective impact model that creates a common agenda, establishes shared measurements, fosters mutually reinforcing activities, encourages continuous communication, and has a strong back bone.

Strategy 1.1 Broad cross-sector collaboration that works toward the collective impact model implementation.

Objective 1.1.1 By June 30, 2020, move to phase 3 for governance and infrastructure Achieve Healthy EscaRosa.

Objective 1.1.2 By December 31, 2020, have an established strategic plan.

Strategy 1.2 An established data team will oversee the responsibilities of data management/updates for the participating organization's required documentation.

Objective 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.

Objective 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.

Health Equity Goal 2.0 The Community Health Improvement Plan (CHIP) process will be owned by the community.

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.

Objective 2.1.1 By March 31, 2020, a Communications Team will be established and meet on a regular basis.

Objective 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.

Health Equity Goal 3.0 Identified priority health areas will be addressed by broad, cross-sector collective action networks (CANS).

Strategy 3.1 Create CANS to plan, implement, and evaluate programs and activities that affect the identified health priority areas.

Objective 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.

Objective 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.

Objective 3.1.3 By June 30, 2020, establish goals and strategic, actionable projects for each CAN for implementation in 2020-2021.

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 Santa Rosa CHD and members of the Achieve Healthy EscaRosa planning group.

Health Equity

Goal 1.0 Develop a successful collective impact model that creates a common agenda, establishes shared measurements, fosters mutually reinforcing activities, encourages continuous communication, and has a strong back bone.

Strategy	Objective	Due Date	Status	Explanation
1.1 Broad cross-sector collaboration that works toward the collective impact model implementation.	**1.1.1** Move to phase 3 for governance and infrastructure for Achieve Healthy EscaRosa	6/30/20		**Completed**
	1.1.2 Have an established strategic plan.	12/31/20		**Completed**
1.2 An established data team will oversee the responsibilities of data management/updates for the participating organization's required documentation.	**1.2.1** 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.	1/31/20		**Completed**

	1.2.2 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.	4/30/20		**Completed**

Goal 2.0 The Community Health Improvement Plan (CHIP) process will be owned by the community.

Strategy	Objectives	Due Date	Status	Explanation
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.	**2.1.1** Communications Team will be established and meet on a regular basis.	3/31/20		**Completed**
	2.1.2 Conduct a community engagement event that is open and inviting to both Escambia and Santa Rosa County residents, leaders, organizations, and businesses	2/29/20		**Completed**

Goal 3.0 Identified priority health areas will be addressed by broad, cross-sector collective action networks (CANS).

Strategy	Objectives	Due Date	Status	Explanation
3.1 Create CANS to plan, implement, and evaluate programs and activities that affect the identified health priority areas.	**3.1.1** Establish three collective action networks to address the priority health areas of behavioral health, maternal and child health, and diabetes.	3/31/20		**Completed**
	3.1.2 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.	3/31/20		**Completed**
	3.1.3 Establish goals and strategic, actionable projects for each CAN for implementation in 2020-2021.	6/30/20		**Completed**

Collective Action Networks (CANs) and CHIP Health Priorities

Priority Area: Diabetes

Goal NWP1 Improve the nutrition habits of youth and adults to increase healthy weight.

Strategy NWP1.1 Encourage good nutrition habits through policy, promotion, and community education.
Objective 1.1.1 By December 31, 2020, provide three (3) local food pantries with healthy food choice brochures that promote healthy eating and active lifestyles.
Objective 1.1.2 By June 30, 2021, Develop a marketing campaign to provide nutrition education surrounding healthy food selection.
Objective 1.1.3 By December 31, 2022, increase the percentage of middle and high school students who eat 2 or more vegetables a day.
Objective 1.1.4 By December 31, 2022, increase the percentage of adults at a healthy weight.
Strategy NWP1.2 Offer National Diabetes Prevention Program (NDPP) classes to adults for individuals, businesses, faith-based organizations, assisted living and residential facilities, and civic groups.
Objective 1.2.1 By December 31, 2021, train three (3) lifestyle coaches on the adaptation of DPP curriculum.
Objective 1.2.2 By December 31, 2022, offer three (3) DPP classes in the community.
Strategy NWP1.3 Increase awareness of pre-diabetes and DPP enrollment through community outreaches, social marketing, and promotional messaging.
Objective 1.3.1 By December 31, 2020, Promote the pre-diabetes risk test at five (5) community outreaches.

Goal NWP2 Improve participation in physical activities for all ages to increase healthy weight.

Strategy NWP2.1 Promote policy implementation and community events through coordination with local civic organizations, partners, and local governments.
Objective 2.1.1 By December 31, 2020, collaborate with the school district to promote the Florida Healthy District Award and provide diabetes prevention education through the school-based clinics in at least 50% of schools.
Objective 2.1.2 By June 2021 promote and participate in three (3) community events that involve physical activity participation and provide participants with nutrition education.

Strategy	Objective	Due Date	Baseline	Target	Status	Explanation
NWP1.1 Encourage good nutrition habits through policy, promotion, and community education.	**Objective 1.1.1** Provide three (3) local food pantries with healthy food choice brochures that promote healthy eating and active lifestyles.	12/31/20	0	3		**COMPLETED**
	1.1.2 Develop a marketing campaign to provide nutrition education surrounding healthy food selection.	06/30/21	0	1		The marketing plan will utilize billboards, press releases, community presentations, fliers, brochures, and mailouts. **COMPLETED (previous year, but on-going work)**
	1.1.3 Increase the percentage of middle and high school students who eat 2 or more vegetables a day.	12/31/22	0			**Q1:** In-progress. **Q2:** Discussion of the current Wellness Policy for the Santa Rosa School District has been discussed in SHAC meetings. Youth surveys will be sent to all schools during this school year.
	1.1.4 Increase the percentage of adults at a healthy weight.	12/31/22	27.1	28.0		**Q1:** In-progress. **Q2:** We are still tracking this percentage and will do so through the calendar year before gaining the most current info.

NWP1.2 Offer Diabetes Prevention Program (DPP) classes to adults for individuals, businesses, faith-based organizations, assisted living and residential facilities, and civic groups	**1.2.1** Train three (3) lifestyle coaches on the adaptation of DPP curriculum	12/31/21	14	17		**COMPLETED** **Q1:** Two Santa Rosa CHD staff completed the lifestyle coaches adaptation of the DPP program on 8/23-8/24 and 8/30-8/31. And eight more members from partnering agencies were trained in the same class. The Santa Rosa CHD NDPP Program received **CDC Full Recognition** effective 8/1/21 through 9/30/26.
	1.2.2 Offer three (3) DPP classes in the community.	12/31/22	1	3		**COMPLETED (previous year, but on-going work)** **Q1:** Two NDPP classes are in session and meeting as scheduled with plans to start another class in 1/2022. **Q2:** A new class started 1/24/22.
NWP1.3 Increase awareness of pre-diabetes and DPP enrollment through community outreaches, social marketing, and promotional messaging.	**1.3.1** Promote the pre-diabetes risk test at five (5) community outreaches.	12/31/20	0	5		**COMPLETED (previous year, but on-going work)** **Q1:** Jay Celebrate Freedom 5K, 7/1/21; National Night Out, 8/3/21; Jolly Jays Senior Meeting, 8/12/21, Pensacola Bay Area Senior Games, 9/24/21. **Q2:** The prediabetes risk test are used at all community health outreaches.
NWP2.1 Promote policy implementation and community events through coordination with local civic organizations, partners, and local governments.	**2.1.1** Collaborate with the school district to promote the Florida Healthy District Award and provide diabetes prevention education through the school-based clinics in at least 50% of schools.	12/31/20	1	1		**COMPLETED**
	2.1.2 Promote and participate in three (3) community events that involve physical activity participation and provide participants with nutrition education.	6/30/21	0	3		**COMPLETED (previous year, but on-going work)** **Q1:** Jay Celebrate Freedom 5K, 7/1/21; Pensacola Bay Area Senior Games, 9/24/21.

Priority Area: Behavioral Health

GOAL BH1 Reduce the number of drug overdose deaths and ED admissions.

Strategy BH1.1 Grow a strong coalition to address drug use in Santa Rosa and Escambia Counties.
Objective 1.1.1 By June 30, 2021, hold at least 10 drug use coalition meetings.
Strategy BH1.2 Educate youth in schools and faith-based communities on recognizing the dangers and signs of use.
Objective 1.2.1 By June 30, 2022, engage youth to promote two (2) drug prevention campaigns.
Strategy BH1.3 Coordinate community discussions at town hall meetings and faith-based organizations concerning drug education, awareness, and available resources.
Objective 1.3.1 By June 30, 2021, implement a communications campaign to build awareness around the risks of substance misuse through evidence-based and community-focused messaging.
Objective 1.3.2 By December 31, 2022, conduct five (5) overdose preventions trainings to educate community-based organizations, government officials, physicians, child welfare staff, faith-based organizations, and schoolteachers and administrators.

GOAL BH2 Provide drug treatment education and resources to Santa Rosa and Escambia residents.

Strategy BH2.1 Develop a drug treatment resource guide and make it available to all residents.
Objective 2.1.1 By June 30, 2021, distribute resource guides at five (5) community outreaches.
Objective 2.1.2 By June 30, 2022, distribute resource guides to 50% of the schools in Santa Rosa and Escambia Counties.
Objective 2.1.3 By December 31, 2022, distribute resource guides to 90-100% of the schools in Santa Rosa and Escambia Counties.

Goal BH3 Reduce mental, emotional, and behavioral infirmities in youth and adults through identification, education, and treatment resources.

Strategy BH3.1 Provide training on the prevention of suicide and related behaviors to community organizations, schools, and clinical providers.
Objectives 3.1.1 By December 31, 2020, create, develop, or find a brochure for basic suicide prevention and treatment information for individuals who may have a mental illness and may be at risk for suicide and distribute to schools, faith-based organizations, and community outreaches and health fairs.
Objective 3.1.2 By December 31, 2022, conduct at least three (3) community discussions concerning suicide prevention and substance use education with parents, guardians, community leaders, and people with lived experience to reduce stigma.
Objective 3.1.3 By December 31, 2022, conduct five (5) mental health first aid training classes.
Strategy BH3.2 Partner with local information and resource providers to provide suicide prevention and mental health assistance.
Objective 3.2.1 By December 31, 2021, Collaborate with United Way of West Florida to promote and continuously update the 2-1-1 resource directory.
Objective 3.2.2 By December 31, 2022, Promote the 24/7 Confidential Crisis TEXT Line at ten (10) community health outreaches.

Strategy	Objective	Due Date	Baseline	Target	Status	Explanation
BH1.1 Grow a strong coalition to address drug use in Santa Rosa and Escambia Counties	**1.1.1** Hold at least 10 drug use coalition meetings	6/30/21	0	10		**COMPLETED (previous year, but on-going work)**
BH1.2 Educate youth in schools and faith-based communities on recognizing the dangers and signs of use.	**1.2.1** Engage youth to promote two (2) drug prevention campaigns.	6/30/22	0	2		**COMPLETED (previous year, but on-going work)**
BH1.3 Coordinate community discussions at town hall meetings and faith-based organizations concerning drug education, awareness, and available resources.	**1.3.1** Implement a communications campaign to build awareness around the risks of substance misuse through evidence-based and community-focused messaging.	6/30/21	1	1		**COMPLETED (previous year, but on-going work)**

	1.3.2 Conduct five (5) overdose preventions trainings to educate community-based organizations, government officials, physicians, child welfare staff, faith-based organizations, and schoolteachers and administrators.	12/31/22	0	5		**Q1:** In progress. (need 2 more) **Q2:** Partner, CDAC Behavioral Healthcare, performed one training at Pace High School for school administrators and parents on 12/8/2021. More trainings are scheduled for Q3. (need 1 more)
BH2.1 Develop a drug treatment resource guide and make it available to all residents.	**2.1.1** Distribute resource guides at five (5) community outreaches.	6/30/21	0	5		**COMPLETED**
	2.1.2 Distribute resource guides to 50% of the schools in Santa Rosa and Escambia Counties.	6/30/22	0	50%		**COMPLETED**
	2.1.3 Distribute resource guides to 90-100% of the schools in Santa Rosa and Escambia Counties.	12/31/22	50%	90-100%		**COMPLETED**
BH3.1 Provide training on the prevention of suicide and related behaviors to community organizations, schools, and clinical providers.	**3.1.1** Create, develop, or find a brochure for basic suicide prevention and treatment information for individuals who may have a mental illness and may be at risk for suicide and distribute to schools, faith-based organizations, and community outreaches and health fairs.	12/31/20	0	1		**COMPLETED (previous year, but on-going work)**

	3.1.2 Conduct at least three (3) community discussions concerning suicide prevention and substance use education with parents, guardians, community leaders, and people with lived experience to reduce stigma.	12/31/22	0	3		**Q1:** In progress. (need 2 more) **Q2:** The EscaRosa Suicide Prevention Coalition and the NWF Prevention Coalition continued monthly meetings through Q2. Promoted by the EscaRosa Suicide Prevention Coalition, a new Suicide Loss Survivors Support Group met on 10/6/21 at the Gulf Breeze Presbyterian Church. (need 1 more)
	3.1.3 Conduct five (5) mental health first aid training classes.	12/31/22	0	5		**COMPLETED (previous year, but on-going work)**
BH3.2 Partner with local information and resource providers to provide suicide prevention and mental health assistance	**3.2.1** Collaborate with United Way of West Florida to promote and continuously update the 2-1-1 resource directory.	12/31/21	1	1		**COMPLETED (previous year, but on-going work)**
	3.2.2 Promote the 24/7 Confidential Crisis TEXT Line at ten (10) community health outreaches	12/31/22	0	10		**COMPLETED (previous year, but on-going work)**

Priority Area: Maternal and Child Health

Goal MCH1 Reduce infant mortality and related disparities.

Strategy MCH 1.1 Build a team to create and disseminate an educational campaign about safe sleep and target families and infant caregivers to promote safe sleep in practice and capitalize on their influence for parents and caretakers.
Objective 1.1.1 By March 31, 2021, collect educational information and data from at least (5) sources to present to doctor's offices and daycares.
Objective 1.1.2 By June 30, 2022, begin educational campaign with at least (3) infant caregiving providers and NICU staff.

Objective 1.1.3 By December 30, 2021, promote awareness and education concerning safe sleep messaging to community through presentations, materials, press releases, and the media.
Strategy MCH 1.2 Promote preterm birth prevention strategies for women of child-bearing age with an emphasis on disparate populations.
Objective 1.2.1 By June 30, 2022, reduce the percent of births in Santa Rosa County of mothers who smoked during pregnancy from 8.4% (2019) to 8.0%.
Strategy MCH 1.3 Create an awareness and education campaign for the community regarding safe practices while swimming.
Objective 1.3.1 By June 30, 2022, create a plan to reduce the amount of infant and child mortality due to drowning by 1%.
Goal MCH2 Prevent maternal morbidity, pregnancy-related mortality, and reduce racial disparities.
Strategy MCH 2.1 Promote quality of care and preventive health care utilization for women.
Objective 2.1.1 By December 30, 2022, integrate health equity into the public health system and communities by incorporating elements of health equity into existing and future policies and programs that impact maternal and child health populations.
Goal MCH3 Reduce teen pregnancy through a prevention and education campaign.
Strategy MCH 3.1 Develop a viable prevention program for Santa Rosa County based on local needs utilizing youth within the campaign.
Objective 3.1.1 By June 30, 2022, create a recruitment tool designed to engage students in issues concerning infant health.
Objective 3.1.2 By December 31, 2022, build a coalition of high school students to participate in a student lead awareness campaign regarding infant health with guidance from the Healthy Babies Coalition and its partners.
Objective 3.1.3 By June 30, 2022, identify a school champion in at least (1) private school and at least (1) public school and engage them in the Healthy Babies Coalition and other community organizations.

Objective 3.1.4 By June 30, 2022, engage school champions and other students in developing an awareness and education campaign for boys and girls focused on discouraging teen pregnancy.

Strategy	Objective	Due Date	Baseline	Target	Status	Explanation
MCH 1.1 Build a team to create and disseminate an educational campaign about safe sleep and target families and infant caregivers to promote safe sleep in practice and capitalize on their influence for parents and caretakers.	**1.1.1** Collect educational information and data from at least (5) sources to present to doctor's offices and daycares.	3/31/21	0	5		**COMPLETED (previous year, but on-going work)**
	1.1.2 Begin educational campaign with at least (3) infant caregiving providers and NICU staff.	6/30/22	0	3		**Q1:** In progress. (need 2 more) **Q2:** In progress.
	1.1.3 Promote awareness and education concerning safe sleep messaging to community through presentations, materials, press releases, and the media.	12/31/21	1	1		**COMPLETED (previous year, but on-going work)**
MCH 1.2 Promote preterm birth prevention strategies for women of child-bearing age with an emphasis on disparate populations.	**1.2.1** Reduce the percent of births in Santa Rosa County of mothers who smoked during pregnancy from 8.4% (2019) to 8.0%.	6/30/22	8.4%	8.0%		**Q1:** This is an on-going strategy. Updates were given and received from the partners of the SR Healthy Babies Coalition during meetings on 8/5/21 and 9/9/21. **Q2:** This percentage will be tracked through Q4 and reported through the SR Healthy Babies Coalition.
MCH 1.3 Create an awareness and education campaign for the community regarding safe practices while swimming.	**1.3.1** Create a plan to reduce the amount of infant and child mortality due to drowning by 1%.	6/30/22	0			**Q1:** The Santa Rosa CHD Community Health Staff have been developing a comprehensive workplan for this initiative. A "Drowning Prevention" PowerPoint presentation for parents will be completed tentatively in the 2nd Quarter. Santa Rosa CHD Community Health Educators delivered Water Safety (Water Smart FL Posters, Water Safety Tip Fliers, and smaller pamphlets) to **12**

						Pediatrician offices: Milton-Santa Rosa Pediatrics, Pensacola Pediatrics; Pace-Pediatric Associates, P.A., Ascension Medical Group Sacred Heart Pediatrics, Pace Pediatrics, Pensacola Pediatrics, Santa Rosa Medical Group-Family Practice; Navarre-White Wilson Pediatric Clinic, Navarre Pediatrics, Baptist Medical Group Pediatrics-Navarre; Gulf Breeze-Pensacola Pediatricians, Ascension Sacred Heart Pediatric Care Center. And in **Day Care Centers (90 bags):** Deliverance Tabernacle Child Development Center, Berryhill Childcare Center, and Creative Genes Academy. **Q2:** This percentage will be tracked through Q4 and reported through the SR Healthy Babies Coalition.
MCH 2.1 Promote quality of care and preventive health care utilization for women	**2.1.1** Integrate health equity into the public health system and communities by incorporating elements of health equity into existing and future policies and programs that impact maternal and child health populations.	12/31/22	1	1		**COMPLETED (previous year, but on-going work)**
MCH 3.1 Develop a viable prevention program for Santa Rosa County based on local needs utilizing youth within the campaign.	**3.1.1** Create a recruitment tool designed to engage students in issues concerning infant health.	6/30/22	1	1		**Q1:** In progress. **Q2:** In progress.
	3.1.2 Build a coalition of high school students to participate in a student lead awareness campaign regarding infant health with guidance from the Healthy Babies Coalition and its partners.	12/31/22	1	1		**Q1:** In progress. **Q2:** In progress.
	3.1.3 Identify a school champion in at least (1) private school and at least (1) public school and engage them in the Healthy Babies Coalition and other community organizations.	6/30/22	0	2		**Q1:** In progress. **Q2:** In progress.

	3.1.4 Engage school champions and other students in developing an awareness and education campaign for boys and girls focused on discouraging teen pregnancy.	6/30/22				**Q1:** In progress. **Q2:** A Family Life Planning work group, born out of the SR Healthy Babies Coalition, plans to meet in Q3.

Status indicators are as follows:

 = Little to no movement towards objective target

 = some progress towards meeting the objective target

 = reached or surpassed objective target

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 and physical activity.

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 and physical activity.

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.
- Use the data for background and statement of need components when writing grants.

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.

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'.

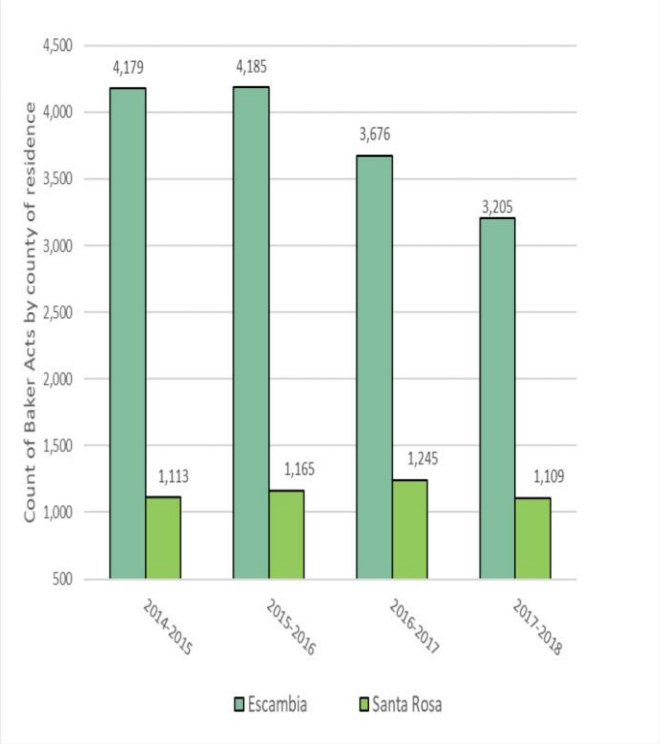
During this data walk, facilitators and subject matter experts spoke to the importance of coming together as a community and discussing the importance of addressing health inequities, looking at the data indicators that tell the story, beginning to create a narrative about what is the biggest area of 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 accesses. Those additional 43 Indicators included information on life expectancy, transportation resources, childcare 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/

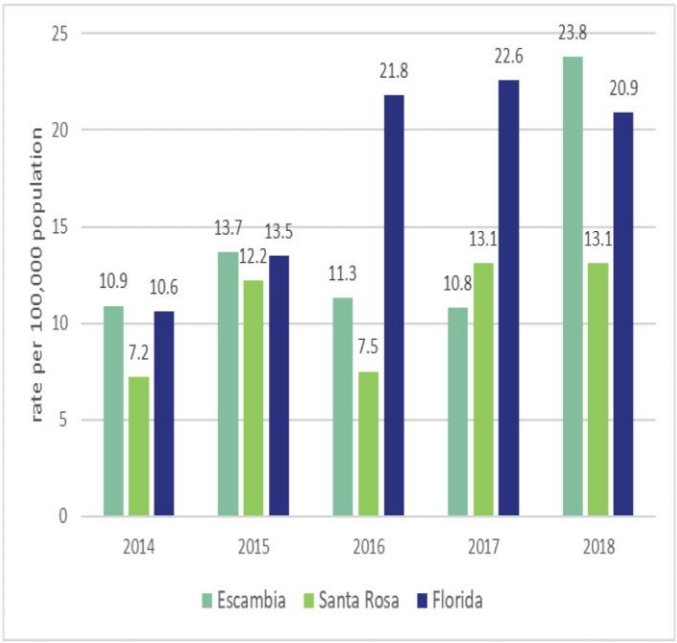
Who is already working to impact this issue?

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

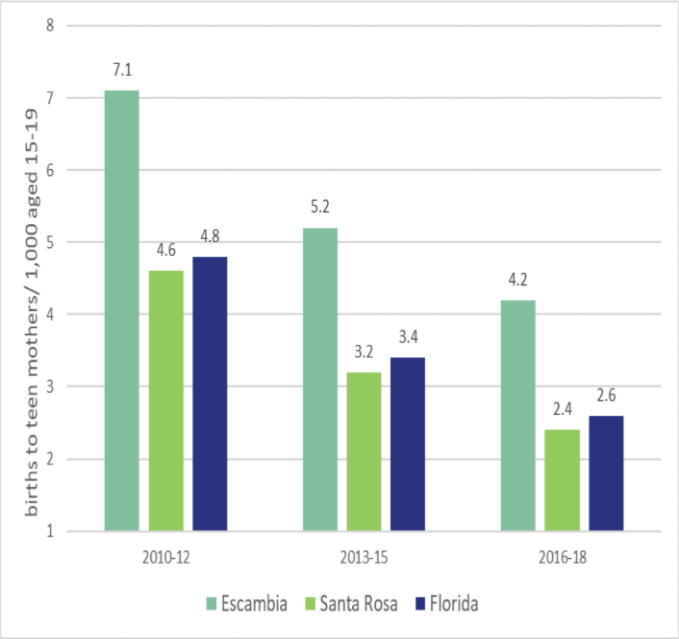
Who is already working to impact this issue?

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

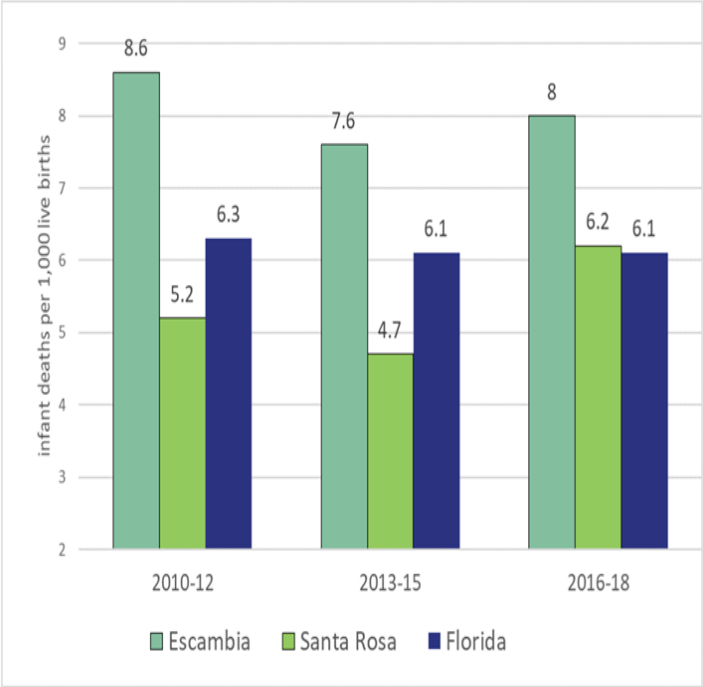
Who is already working to impact this issue?

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

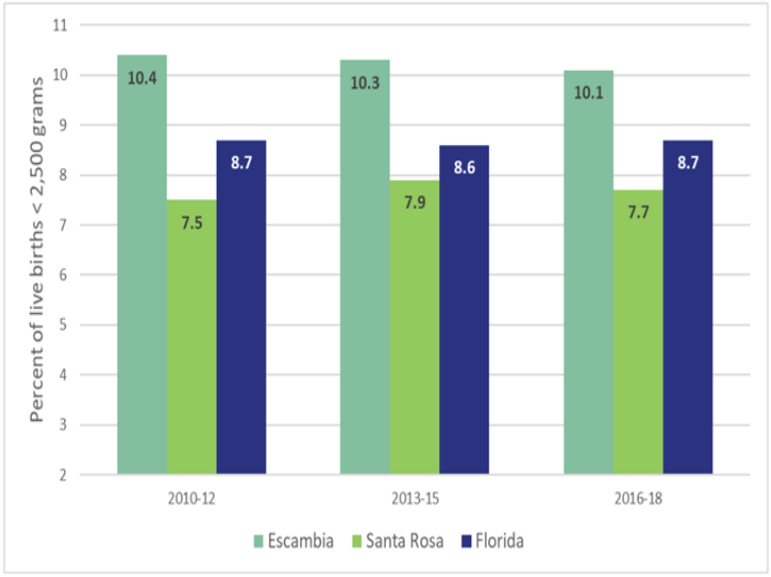
Who is already working to impact this issue?

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.*

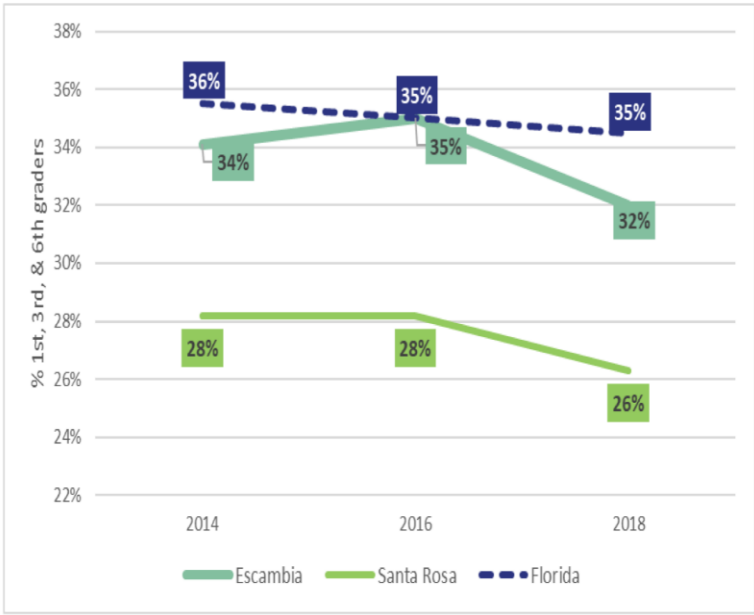
Who is already working to impact this issue?

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.*

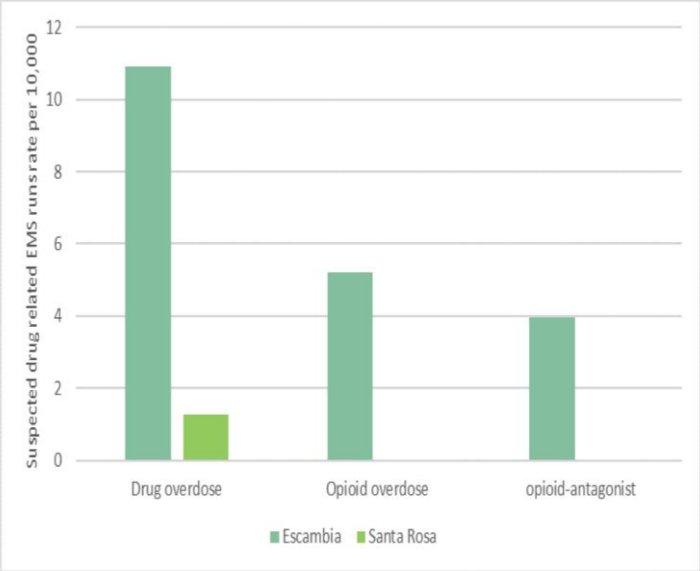
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

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

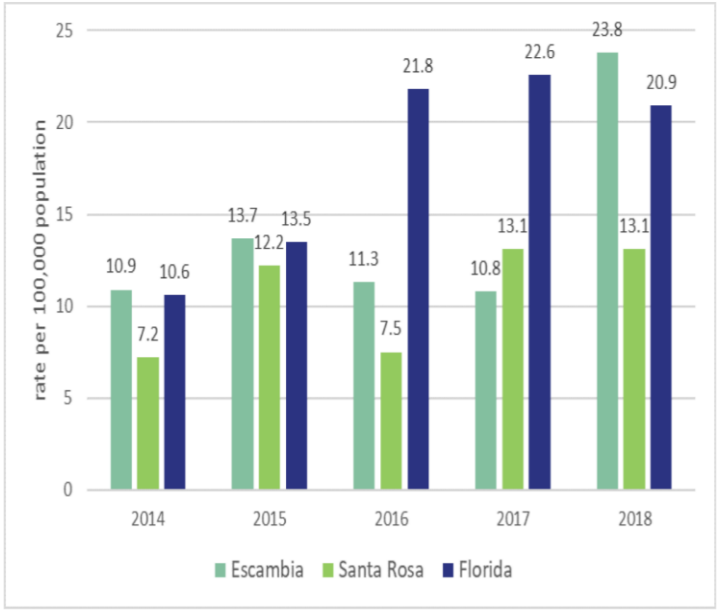
Who is already working to impact this issue?

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

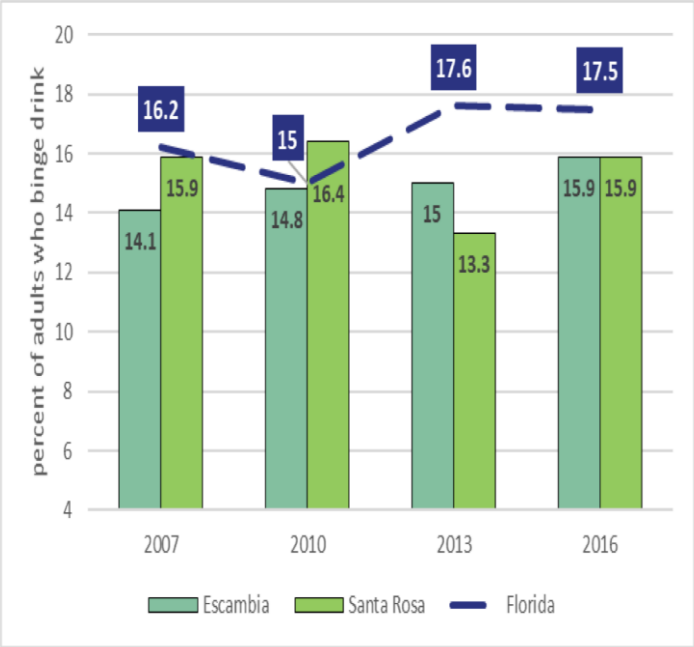
Who is already working to impact this issue?

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

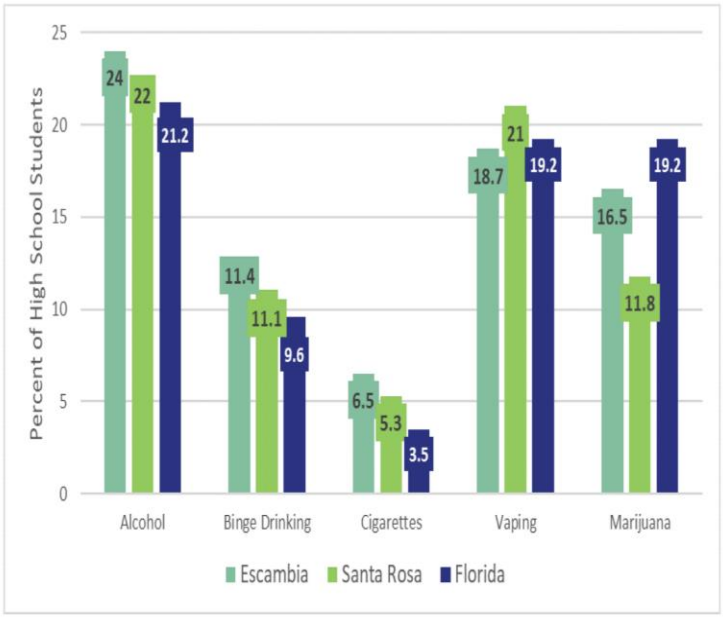
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

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

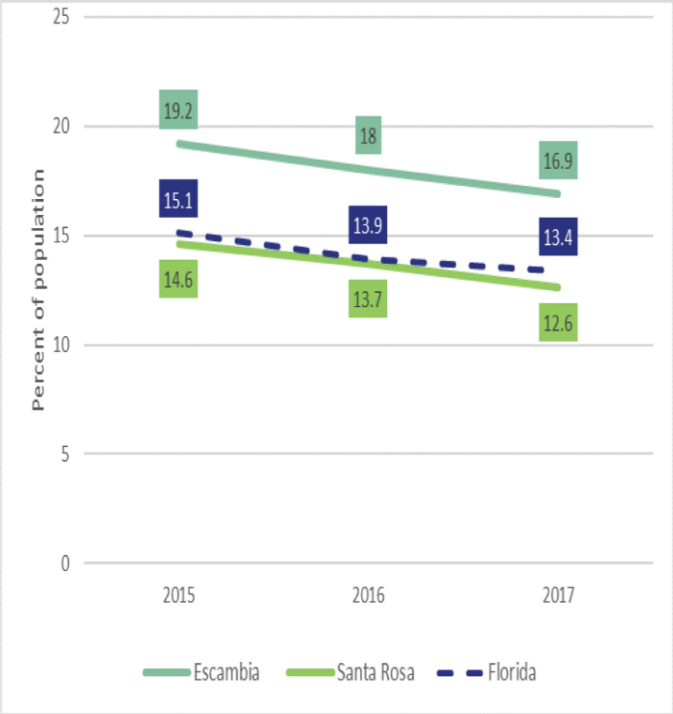
Who is already working to impact this issue?

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.

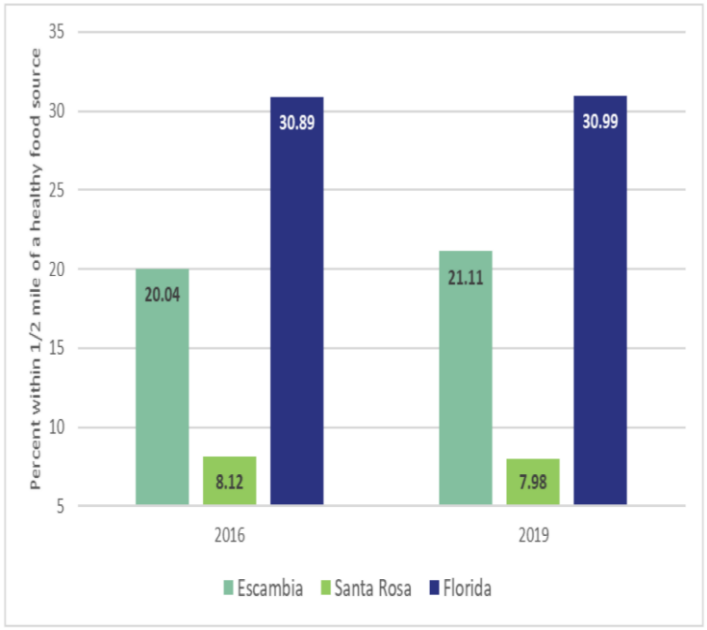
Who is already working to impact this issue?

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

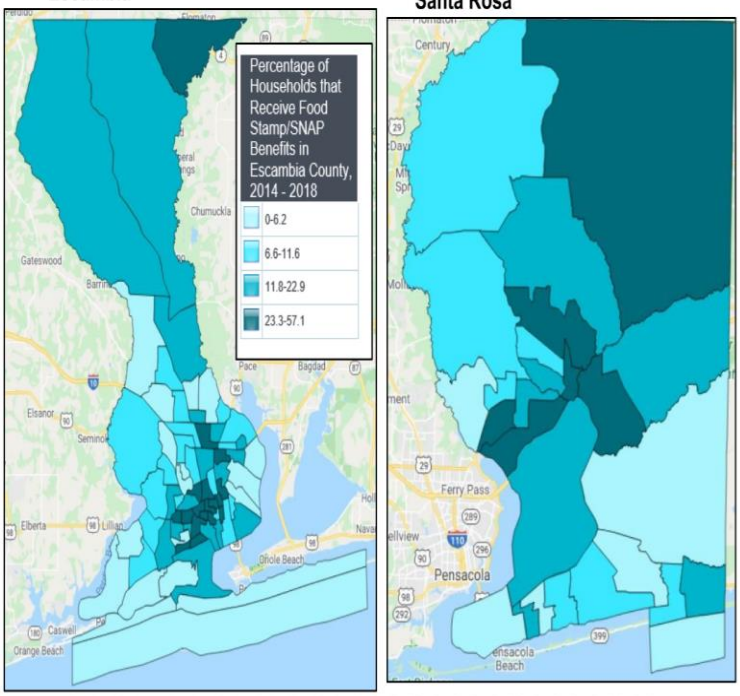
Live Well and Thrive

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.

Escambia

Santa Rosa



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

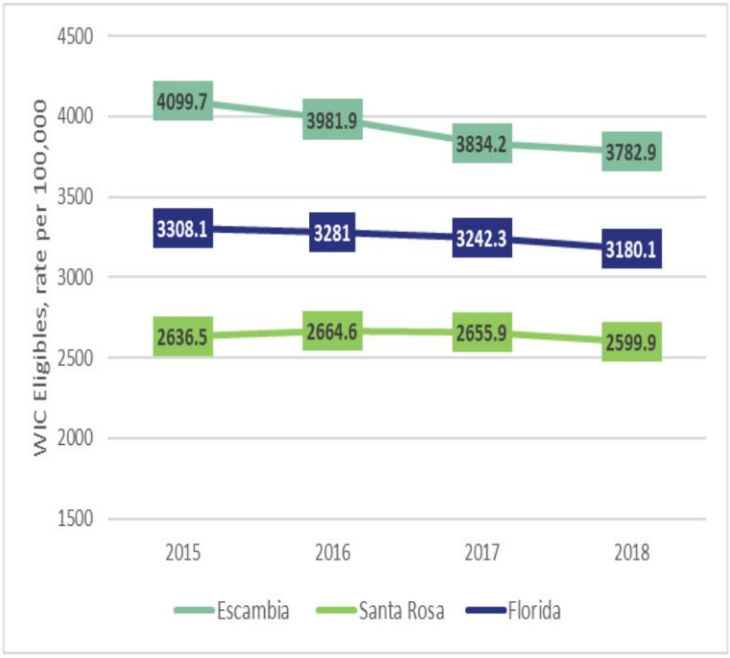
Who is already working to impact this issue?

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

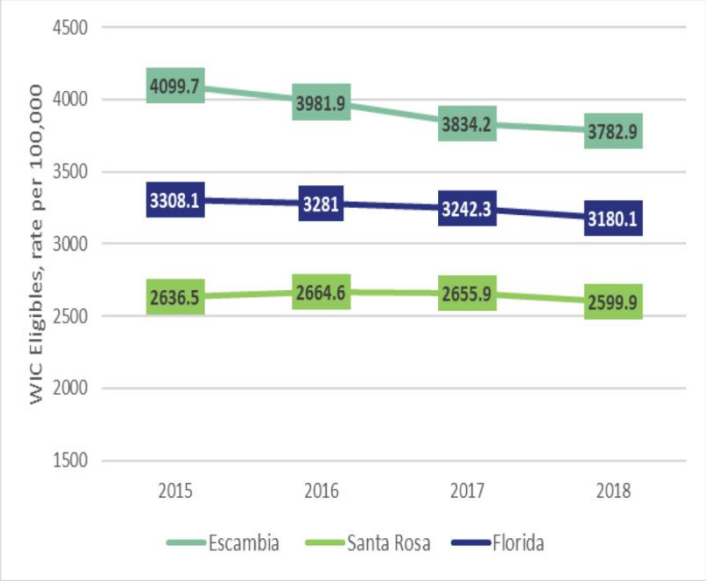
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

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

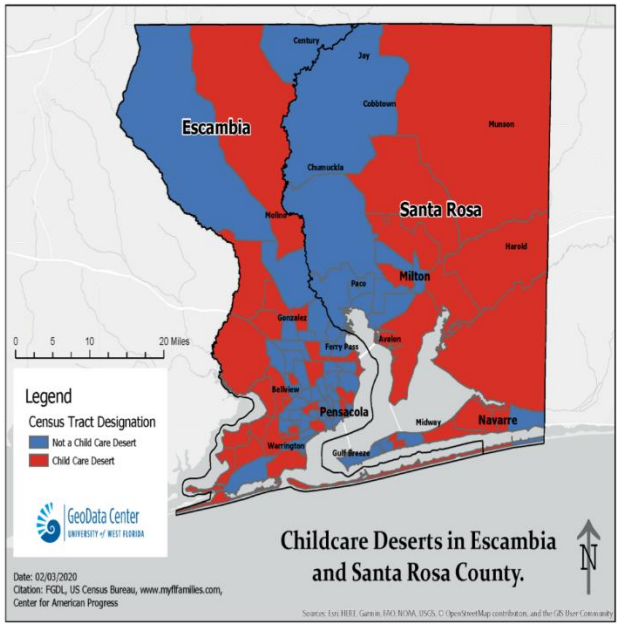
Who is already working to impact this issue?

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*

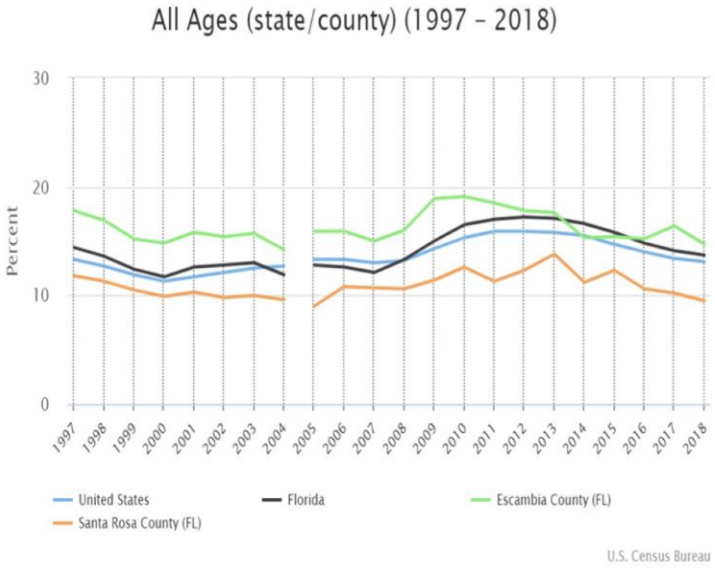
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

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

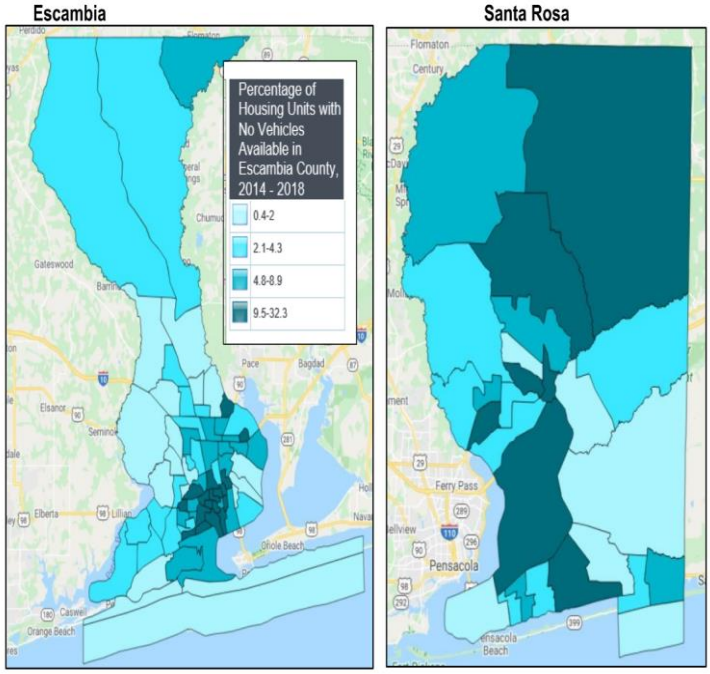
Who is already working to impact this issue?

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

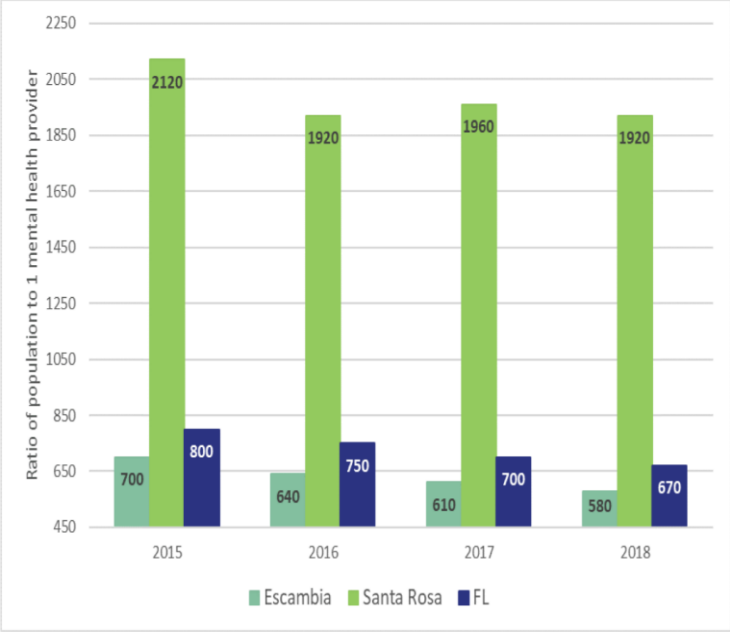
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

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

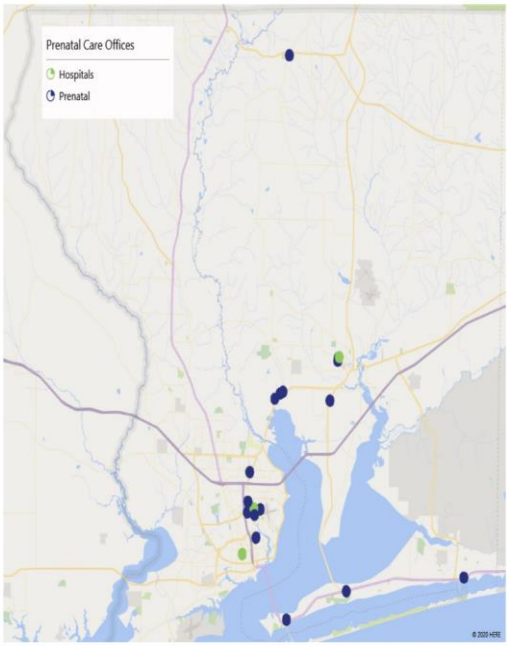
Who is already working to impact this issue?

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

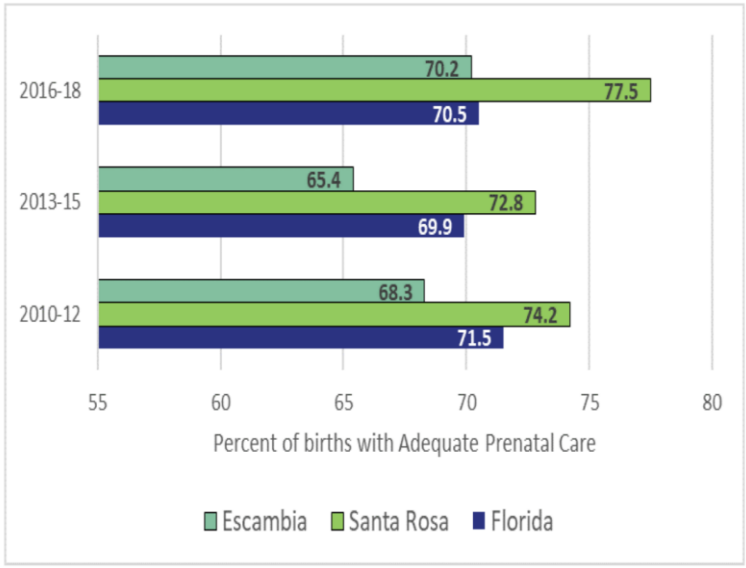
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

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

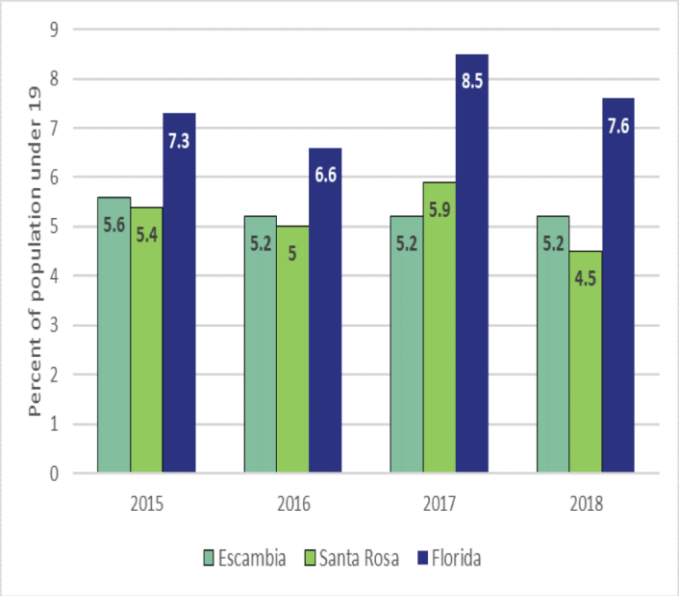
Who is already working to impact this issue?

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

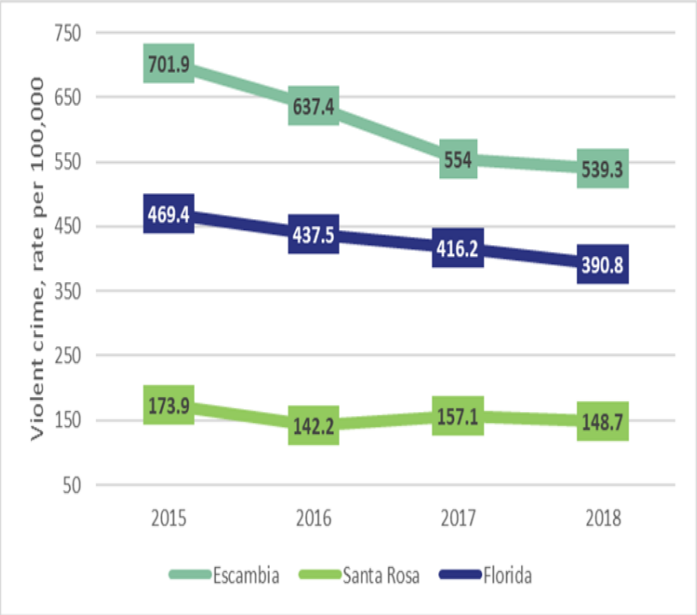
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

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.

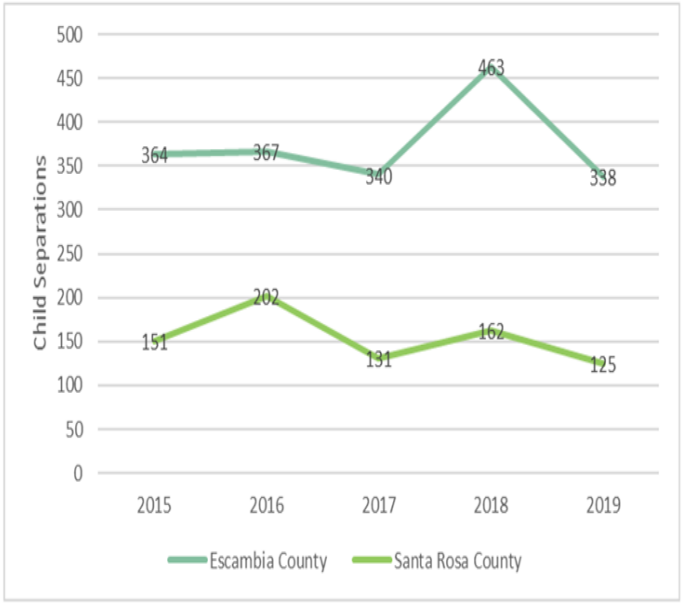
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

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

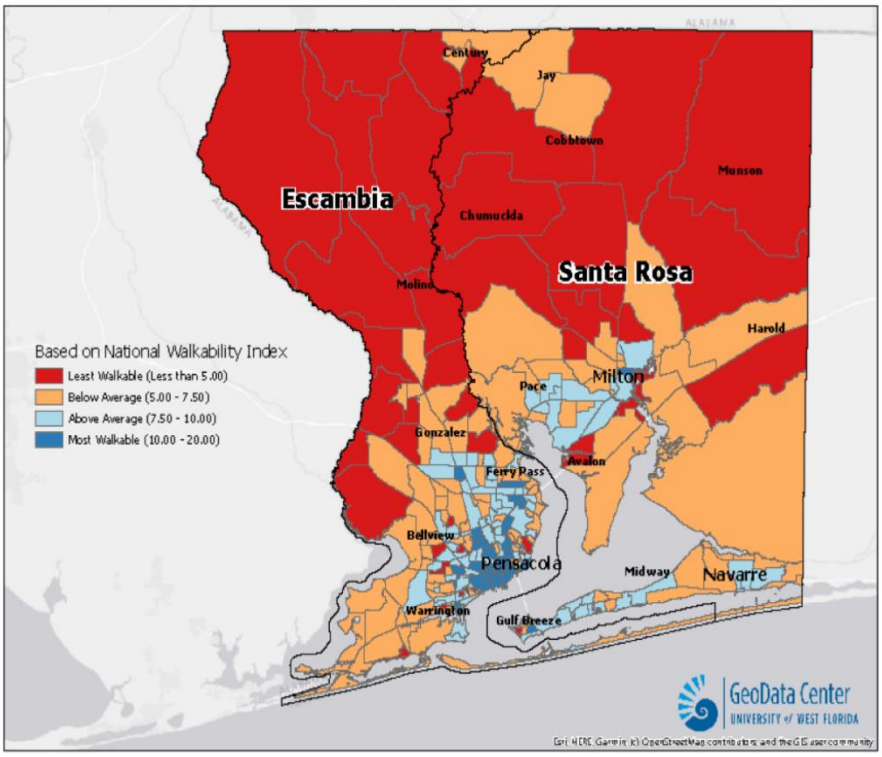
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

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?

ACHIEVE Healthy EscaRosa

Live Well and Thrive