

Community Health Improvement Plan CHIP

Santa Rosa County

August 2014



Florida Department of Health in Santa Rosa County

Letter from the Administrator



In this document, the 2014 Community Health Improvement Plan for Santa Rosa County, researched and prepared by the Florida Department of Health in Santa Rosa County, is presented.

Considerable time and effort was invested in evaluating the health status of residents of Santa Rosa County, identifying priority health needs, and developing goals, objectives and strategies to address those priority needs. Care was also taken to ensure that the Santa Rosa County Community Health Improvement Plan is aligned with Florida's State Health Improvement Plan.

Florida Department of Health in Santa Rosa County appreciates the support of many individuals and partner organizations that assisted in the development of this Plan. The Louisiana Public Health Institute funded Community Health Improvement Committee workshops. The Partnership for a Healthy Community provided information and worked collaboratively to assist in the preparation of this document. Thanks are extended to many residents who served on committees to help develop this Community Health Improvement Plan, and organizations who served as community partners, all acknowledged in the document.

The staff of the Florida Department of Health in Santa Rosa County supports efforts and initiatives to improve the health and well-being of County residents. Florida Surgeon General John H. Armstrong, M.D., has noted that comprehensive community health assessment and health improvement planning are the foundations for improving and promoting healthier Florida communities. The independent Santa Rosa County Steering Committee was formed to assist with efforts to implement health improvement strategies contained in this Community Health Improvement Plan.

The key to a brighter future for Santa Rosa County is for many partners to work collaboratively to address our health priorities.

Sincerely,

A handwritten signature in blue ink that reads "Sandra L. Park-O'Hara". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Sandra L. Park-O'Hara, ARNP
Administrator
Florida Department of Health in Santa Rosa County

Santa Rosa County Health Improvement Steering Committee

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Santa Rosa County School System

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Brunie Emmanuel, President, The UniVision Group

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Dr. Enid Sisskin, Professor Allied Sciences, University West Florida

Tobacco Free Santa Rosa, Committee Chair

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Community Partners

AmeriCorps Coalition of Escambia and Santa Rosa County (ACES)

Baptist Health Care

Bethany's Christian Services

Bridges Out of Poverty

Children's Medical Services

City of Milton

Community Drug & Alcohol Council, Inc.

Department of Children & Families

Early Learning Coalition

Escambia Community Clinics

Families Count

Favor House

Florida Black Chamber of Commerce

Florida Department of Health in Santa Rosa County

Florida Institute of Health Innovations (FIHI)

Health Alliance Institute

Healthy Start Coalition

Humana

Interfaith Ministries/Good Samaritan Clinic

Lifeguard Ambulance Services

Live Well Northwest Florida

Louisiana Public Health Institute (LPHI)

Northwest Florida Rural Health Network

Partnership for a Healthy Community

Pensacola State College

Sacred Heart Healthcare System

Sandy Ridge Health & Rehabilitation

Santa Rosa Chamber of Commerce

Santa Rosa Community Clinics

Santa Rosa Healthy Start Coalition

Santa Rosa Medical Center

Santa Rosa County Chamber of Commerce

Santa Rosa County School District

Santa Rosa County Sherriff's Office

Santa Rosa Emergency Management

Sodexo Food Services

Students Working Against Tobacco (SWAT)

University of West Florida

WALA/Fox 10 Television

West Florida Area Health Education Center (AHEC)

West Florida Community Care Center

Workforce EscaRosa

The Awareness Academy

The UniVision Group

United Way of Santa Rosa

YMCA Navarre

90 Work

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I. Community Health Improvement in Santa Rosa County

Introduction & Mobilizing for Action through Planning and Partnerships

Santa Rosa County, Florida is one of the healthiest places to live, work and play, according to the most recent National *County Health Rankings and Roadmaps* report released in 2014. In this report, the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation ranked Santa Rosa County sixth out of the 67 counties in Florida for Health Outcomes. The findings in the report were exciting news for Santa Rosa County, especially for those in the community who strive to improve the health of local residents. In spite of this good news, the rankings also identify key Health Factor problems in the County such as poor health behaviors (increased tobacco rates and adult obesity) and insufficient clinical care (access to care) which may lead to poor health outcomes in the years to come.

Since 2012, members of the Santa Rosa County community have worked together to better understand current and future health needs in the County. Championed by the Florida Department of Health in Santa Rosa County, the process of assessing, prioritizing, and addressing health needs in the community has been completed using a nationally recognized approach, called Mobilizing for Action through Planning and Partnerships (MAPP).

Communities come in many different sizes, shapes and colors. They vary widely in their assets and needs priorities they select to address, and the policies and programs they implement to improve the health of local populations. As a result, community health improvement efforts also vary. In the midst of all this variety is one constant: people working together.

Source: Take action: www.CountyHealthRankings.com

This Community Health Improvement Plan 2014 was developed as a result of the community's collaboration and evaluation by health leaders, experts, public health professionals, social services, faith-based organizations and other vested members of the Santa Rosa County community. As part of the process the partners formally organized the Santa Rosa County Health Improvement Steering Committee to work together to better understand current and future health care needs in Santa Rosa County.

The purpose of this Plan is to describe the short and long-term strategies and activities for each community health priority and objective over the next three years. A brief description of why these priorities and objectives are important for the Santa Rosa County community is provided. Community Health Priorities and Strategic Objectives of Santa Rosa County’s Community Health Improvement Plan are outlined in the table below:

| SANTA ROSA COUNTY | |
|-------------------------------------|---|
| COMMUNITY HEALTH PRIORITIES | STRATEGIC GOALS |
| Improve Access to Care | <ul style="list-style-type: none"> a. Improve access to health care for residents. |
| Healthiest Weight Santa Rosa | <ul style="list-style-type: none"> a. Increase delivery of 5-2-1-0 educational materials to 75% of target school age population. b. Provide 5-2-1-0 educational campaign materials to 50% of community outreach populations. c. Increase the adoption of a Wellness Policy in the County VPK centers by 60%. d. Decrease the Diabetes Type 2 rates. |
| Tobacco Free Santa Rosa | <ul style="list-style-type: none"> a. Increase the tobacco cessation rates. b. Reduce the incidences of tobacco use. |

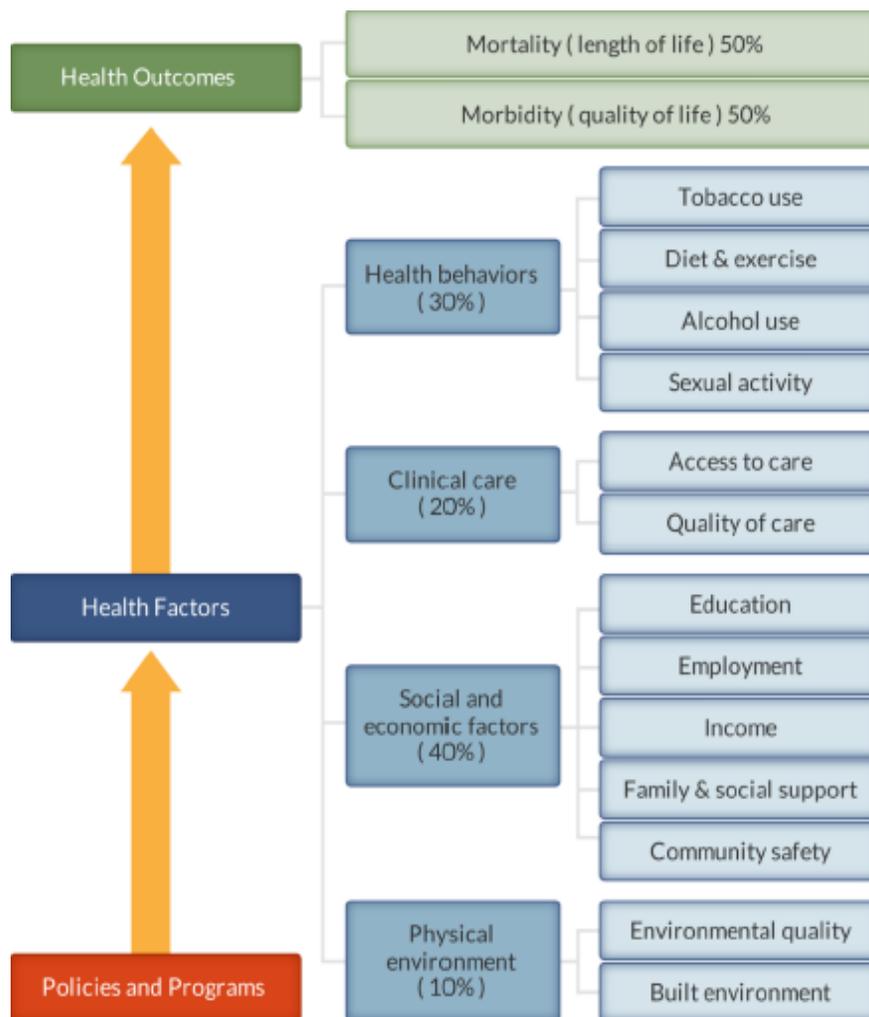
II. Santa Rosa Community Health Profile

Introduction to Roadmap to Health

The University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation collaboratively developed the *County Health Rankings and Roadmaps*. The *County Health Rankings and Roadmaps* is a model for population health that emphasizes the factors that, if improved, can lead to healthier communities. Health improvement is no longer viewed as solely the responsibility of healthcare providers.

Instead, health improvement belongs in our homes, schools, workplaces, neighborhoods, and throughout our entire communities. We know that taking care of ourselves by eating well and staying active, eliminating tobacco, obtaining recommended immunizations and screening tests,

and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our



County Health Rankings model ©2012 UWPHI

workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships.

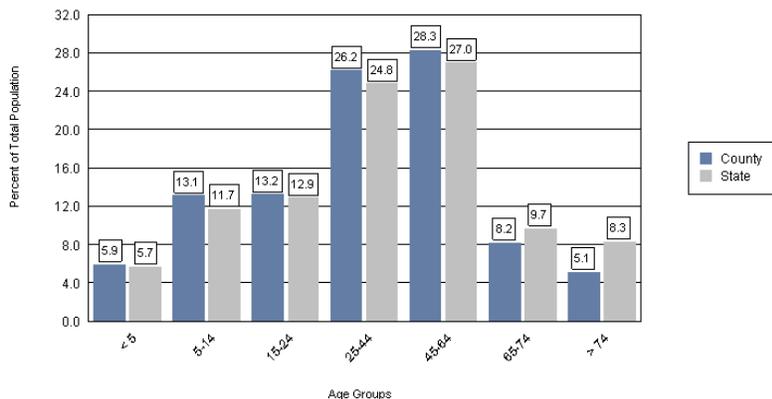
Health Factors identified in the *County Health Rankings* influence the health of a County. We measure four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors.

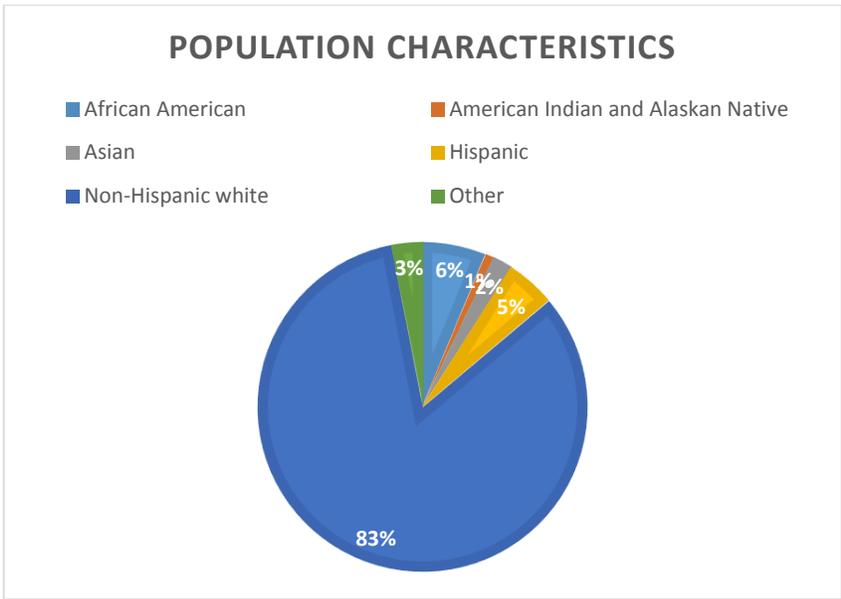


Community Health Indicators

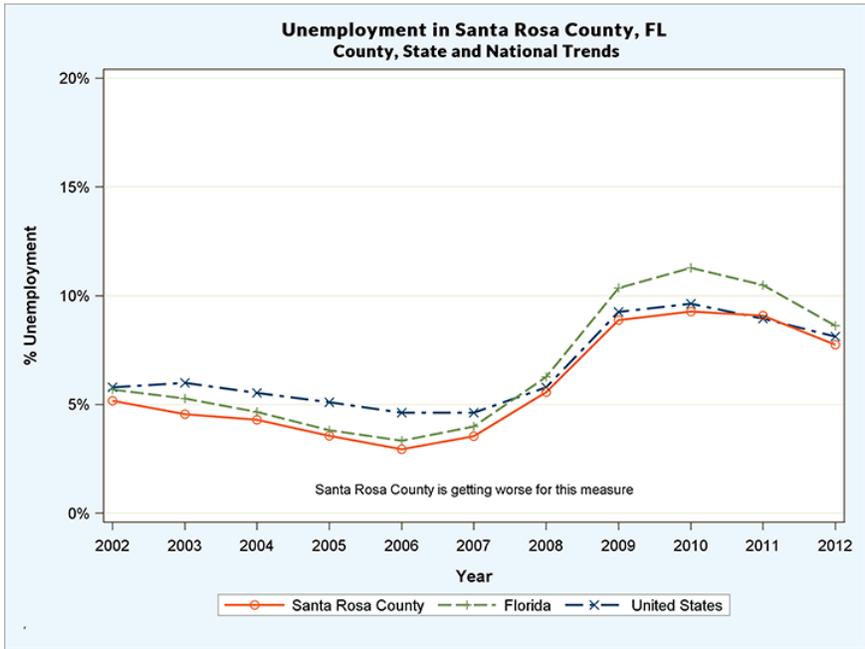
Santa Rosa County encompasses approximately 1,011 square miles of land in Northwest Florida and stretches on the south end from the white sandy beaches of Navarre to the rural farmlands bordering Alabama on its north. Home to more than 158,235 people, the majority of Santa Rosa residents are between the ages of 25-64.ⁱ Similar to the demographics in the 2012 Community Health Assessment, below you will see quick facts for the Santa Rosa County community.

DEMOGRAPHICS ⁱⁱ

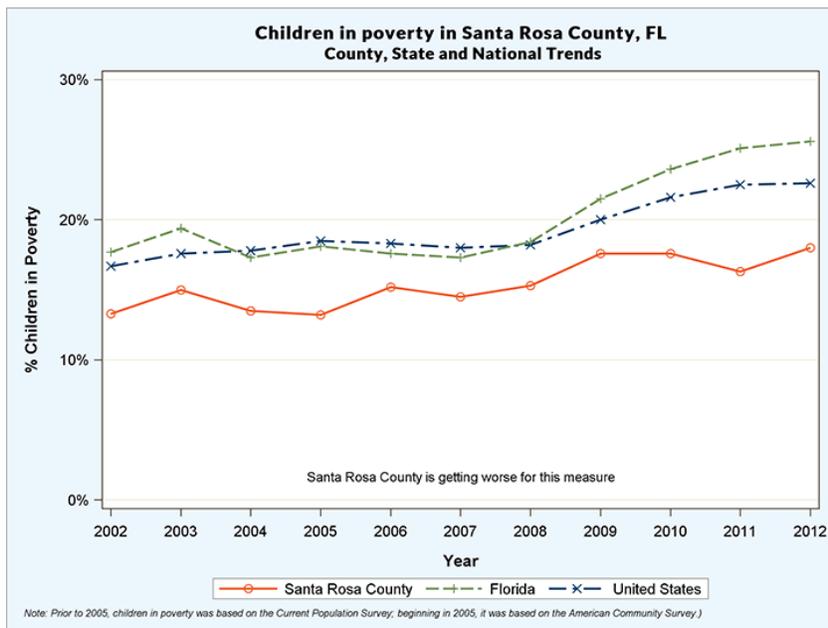




The median household income in Santa Rosa County in 2012 was \$55,193, making it one of the most affluent counties in Northwest Florida. Santa Rosa County’s unemployment rate in 2014 was 7.7%, slightly above the State average of 7.2%. Unemployment rates, a primary indicator of economic health, are displayed in the table below.



Poverty rates are a reflection of a community’s ability to meet basic needs necessary to maintain health and well-being and a high rate of poverty is both a cause and a consequence of poor economic conditions. It is also an indication of the availability of employment opportunities in a community. In Santa Rosa County, 10.8% of the total population lives below poverty level, which is substantially better than the State and nation. However, 18% of Santa Rosa children live in poverty and 34% of school-age children are eligible for the free lunch program.



Resources that enhance quality of life can have a significant influence on population health outcomes. Understanding the relationship between how population groups experience and are impacted on health is fundamental to the social determinants of health. These components of the determinants reflect a number of critical issues that make up the underlying factors. As noted in the National County Health Rankings reports, there is a positive relationship between health outcomes and advanced education levels.

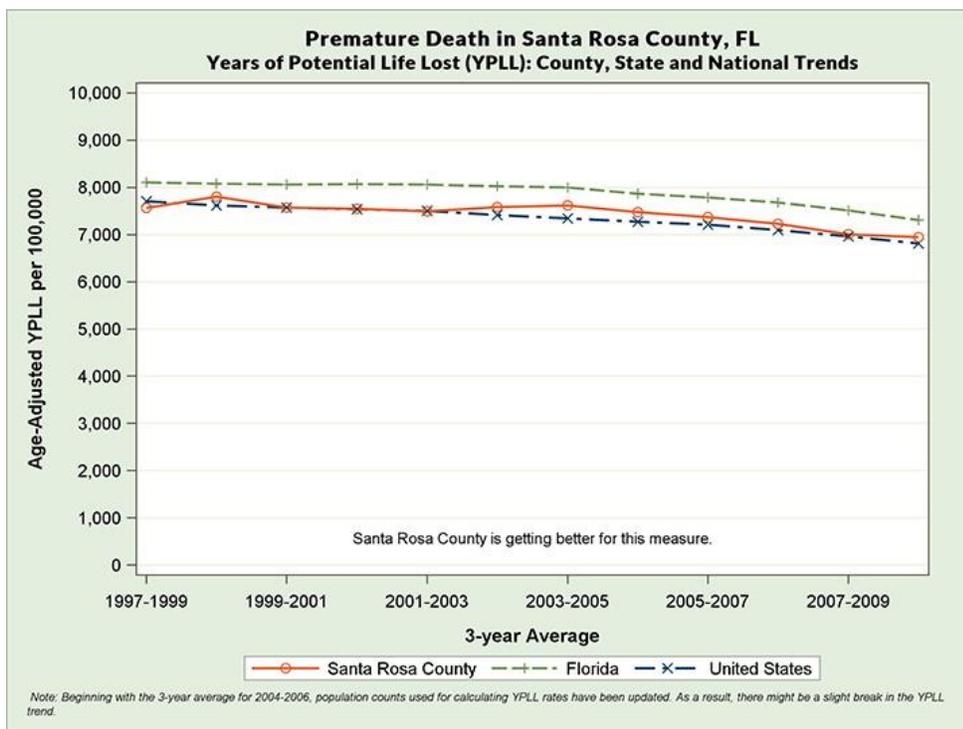
The education attainment in Santa Rosa County indicates that educational attainment is healthy:

- High school graduation rate = 88.4% (higher than the State average 70%)
- Residents with a Bachelor’s degree or higher = 24.7% (lower than the State average of 25.9%)

Health Outcomes

As mentioned previously, Santa Rosa County ranks sixth out of the 67 counties in the State of Florida in terms of Health Outcomes, making it one of the healthiest in the State. Health Outcomes measures both mortality (rate of death) and morbidity (incidence of illness/disease). In essence, mortality is a measures for how long we live while morbidity measures how well we live.

Mortality in Santa Rosa County is lower than the State average and ranks the County as 12 out of the 67 counties. Mortality calculates premature death as it correlates to the number of years of life lost by the age of 75 per 100,000 population. The mortality rate under age one is not included in the calculation.



The leading cause of death in Santa Rosa County is cancer, whereas the leading cause of death in Florida and the United States is heart disease. Chronic diseases such as heart disease, cancer and diabetes are among the most prevalent and most costly of health problems in the County. In 2010, there were 1,149 deaths in Santa Rosa County. The top 10 major causes of death in rank order:

- | | |
|---|----------------------------|
| 1. Cancer, 32% | 6. Alzheimer's disease, 5% |
| 2. Heart disease, 28% | 7. Diabetes Mellitus, 3 % |
| 3. Chronic lower respiratory disease, 10% | 8. Pneumonia/influenza, 3% |
| 4. Unintentional injuries, 7% | 9. Suicide, 3% |
| 5. Stroke, 7 % | 10. Kidney disease, 2% |

Santa Rosa County ranks ninth in the State in *quality of life* (page 23), which measures self-reported poor health days (14%), poor physical days (4.6 for the County and 3.6 for the State), poor mental health days (3.4) and low birth weight (7.5).

Health Outcomes measures today's health in our community.

Health Factors

Santa Rosa County ranks 14 in Health Factors in the State of Florida, according to the *County Health Rankings and Roadmaps*. Health Factors represent what influences the health of a County. The four types of health factors that are measured are: health behaviors, clinical care, social and economic, and physical environment factors.

Health Factors determine tomorrow's health.

1. Health Behaviors

Santa Rosa County ranks 39 out of the 67 counties in the State of Florida for Healthy Behaviors. Healthy Behaviors reflects a person's health beliefs. Good health behaviors include exercising regularly, eating a balanced diet, and up to date immunizations. A few of the poor healthy behaviors in Santa Rosa County are the use of tobacco products, elevated obesity and a high rate of Sexually Transmitted Diseases.

Alcohol

Excessive alcohol consumption considers both the amount of alcohol consumed and the frequency of drinking. Drinking moderately is associated with health benefits such as reduced risk of heart disease and diabetesⁱⁱⁱ. On the other hand, excessive alcohol use is the third leading cause of preventable death in the U.S.^{iv}. The National average is 10%, Florida 16% and Santa Rosa County 17% for excessive drinking. Corresponding data for alcohol-impaired driving deaths for Florida is 29% while Santa Rosa County is at 37%.

Diet & Exercise

Good nutrition and exercise are essential for good health. Yet, half of adults and nearly 72% of high school students in the U.S. do not meet the Centers for Disease Control and Prevention's (CDC) recommended physical activity levels, and American adults walk less than adults in any other industrialized country. As of 2013, 29 million Americans lived in a "food desert", without access to affordable, healthy food. Those with lower education levels, already at-risk for poor health outcomes, frequently live in food deserts^v.

Obesity is one of the biggest drivers of preventable chronic diseases in the U.S. Being overweight or obese increases the risk for many health conditions, including Type 2 diabetes, heart disease, stroke, hypertension and cancer.

According to 2012 Florida Census Update, Santa Rosa County's adult obesity rate has increased in the past four years. In Santa Rosa County there are 52,692 people who are overweight and 47,104 are obese. The two together equate to almost two-thirds of the total County population. The average person who is overweight costs employers approximately \$75 more annually than persons of normal weight, which equates to \$3,951,900.

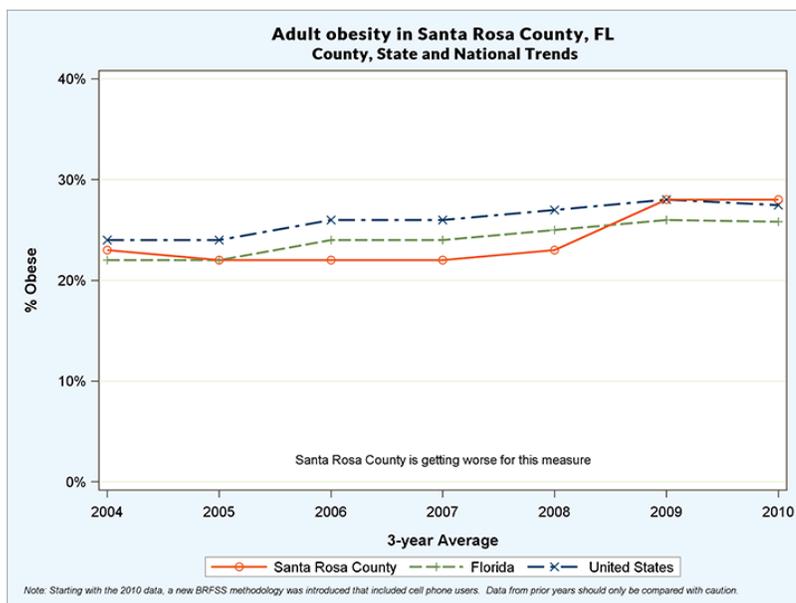
The combined cost to employers in Santa Rosa County for persons overweight and obese would exceed \$99 million each year.^{vi}

The average person in the lowest obesity range (Grade 1) costs employers approximately \$2,030 more annually than a person of normal weight. In 2014, if all 47,104 of Santa Rosa County residents that are obese were in Grade 1 (Body Mass Index, BMI, a number calculated from a person’s weight and height is a reliable indicator of body fat used to screen for weight categories that may lead to poor health outcomes) the cost to employers would be \$95,621,120¹.

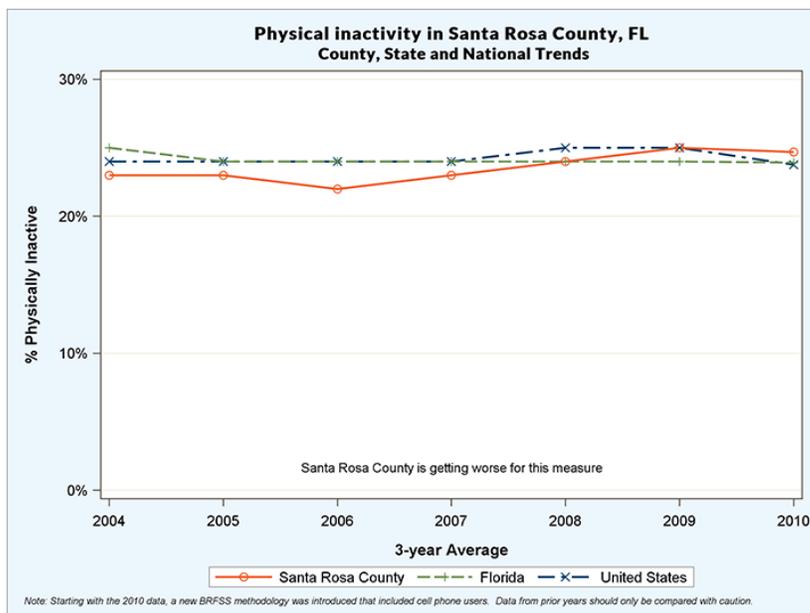
| BODY MASS INDEX | |
|----------------------------------|-------------|
| Level | Range |
| Grade 1 <i>Overweight</i> | BMI 25-29.9 |
| Grade 2 <i>Obesity</i> | BMI 30-39 |
| Grade 3 <i>Morbid Obesity</i> | BMI>40 |

Source: emedicine.com

The link with obesity and physical activity in Santa Rosa County is mirrored in the following graphs, showing an increase in physical inactivity.



¹ The actual cost would be higher, because about a third of obese residents would likely be in higher BMI categories (Grade II or III), with higher associated costs.



Florida Administrative Code mandates growth and development screening be provided for grades one, three and six (page 25-26). The BMI categories are; underweight less than fifth percentile, normal 5 - 84th percentile, overweight 85 - 94th percentile and obese greater than 95th percentile. The table below illustrates the trends for first, third and sixth graders in Santa Rosa County.^{vii}

| 2014 BODY MASS INDEX SCREENING RESULTS | |
|---|------------------------|
| First, Third and Sixth Grade Students by BMI percentile | |
| Healthy Weight (5 th to <85 th) | 3,829 students, 68.31% |
| Underweight (<5 th percentile) | 198 students, 3.53% |
| Overweight (85 th to <95 th) | 841 students, 15.01% |
| Obese (>= 95 th) | 737 students, 13.15% |

Tobacco Use

Tobacco use is identified as a cause of various cancers and cardiovascular disease as well as low birth weight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential avoidable health problems and the need for cessation programs or the effectiveness of existing programs. The percentage of adults that are currently smoking “most days” or “everyday” in Santa Rosa County is 24%, which ranks among the highest usage rates in the State.

According to the 2012 Florida Charts update, there are 34,812 tobacco users in Santa Rosa County. The average smoker costs employers at least \$5,800 more annually than employees who do not smoke. Costs to employers include increased expenses for employee health plans, absenteeism and loss of productivity. Individual costs to an average smoker living in Santa Rosa County are approximately \$1,965 a year on cigarettes, and approximately \$3,340 more a year on health care costs than non-smokers. Combined, these amounts represent nearly 15% of annual personal income per person in Santa Rosa County.

**Smokers cost Santa Rosa County employers
\$201,901,600 each year.^{viii}**

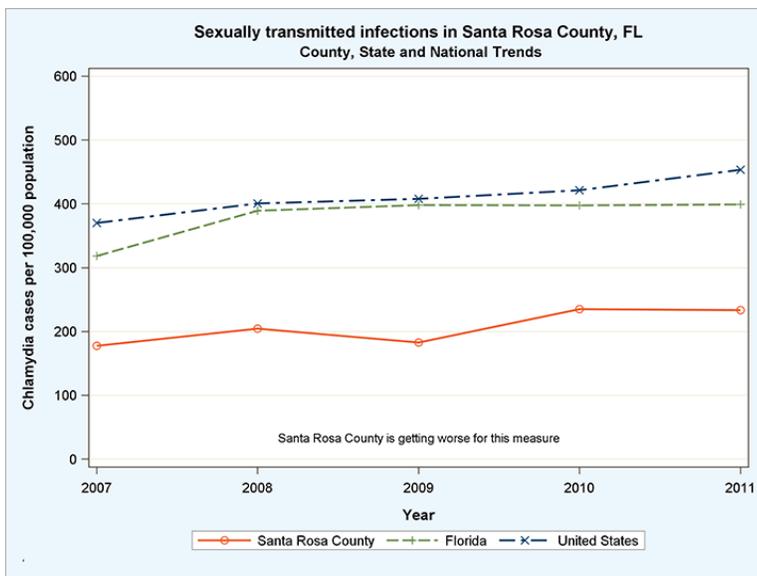
The percentage of Santa Rosa County youths who have used cigarettes in the last 30 days is 9.1%, with the State at 6.1%. The percentage of youths who use smokeless tobacco products in Santa Rosa County is 6.0%, with the State rate being 3.5%^{ix}

Sexually Transmitted Diseases

Sexually Transmitted Diseases (STDs) in Santa Rosa County are below the Florida and National averages. However, over the last four years there has been a steady increase in the rate of STDs, with a 2.5% increase in just one year from 2012 to 2013.

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

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



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

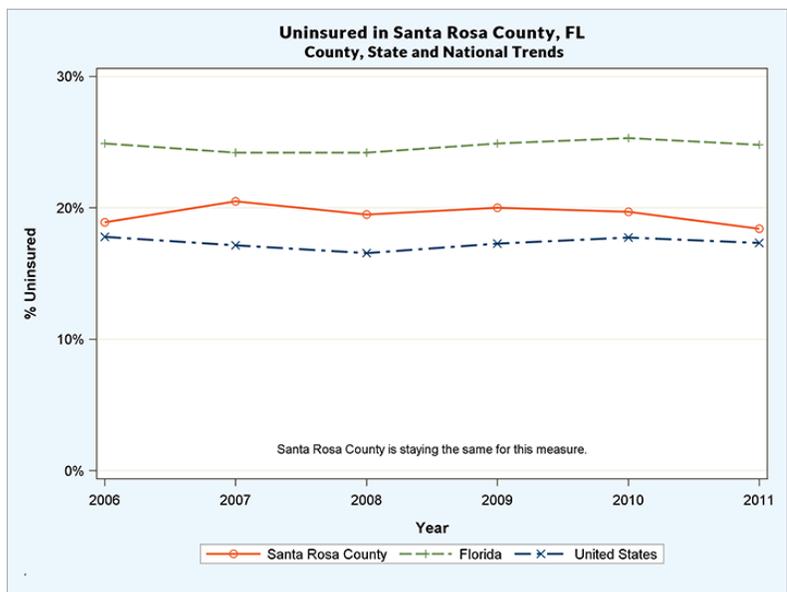
2. Clinical Care

Clinical Care looks at “quality of care” and “access to care.” Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Santa Rosa ranks 31 in Clinical Care out of the 67 counties. Access to health services means the timely use of personal health services to achieve the best Health Outcomes (physical, social, and mental health status, prevention of disease and disability, detection and treatment of health conditions, quality of life, preventable death and life expectancy). Disparities in access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Barriers to access include:

- Lack of availability of health services
- High cost of services
- Lack of insurance coverage

Inappropriate use for non-emergent and preventive treatment of the Emergency Department is 14% higher than the State average, resulting in avoidable costs in excess of \$10 million^x. Many people who use the hospital Emergency Departments do not have a Primary Care Physician (PCP), and of those who have a PCP, many do not see the physician on a regular basis. Hospital Emergency Departments are the most expensive setting for obtaining health care on an outpatient basis, especially when care can be more appropriately addressed in a non-emergent setting. Since Florida has declined to participate in the Medicaid expansion program under the Affordable Care Act, inappropriate use of Emergency Departments is likely to worsen.

In Santa Rosa County, 18% of the population lacks health insurance, which is below the State uninsured level of 25%. Of the residents in Santa Rosa County, 15% reported that they did not see a doctor due to costs. Medicare costs per client in the County is \$10,650 which is lower than the State rate of \$11,097.



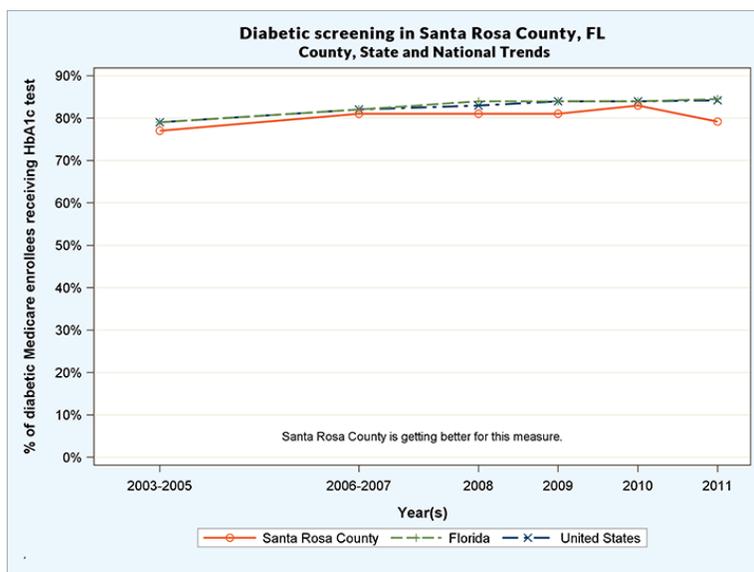
In Santa Rosa County there are 100 Primary Care Physicians (includes family and general practitioners, internists, and pediatricians) with the population-to-physician ratio of 1,541:1 which is lower than the State at 1438:1. Analyses at the County level show lower mortality rates where there are more primary care physicians. According to *Income, Primary Care and Health Indicators*, when State-level economic and demographic characteristics were controlled for, an increase of one primary care physician per 10,000 population (about a 20 percent increase) was associated with a 6% decrease in all-cause mortality and about a 3% decrease in infant, low-birth weight, and stroke mortality. For total mortality, an increase of one primary care physician per 10,000 population was associated with a reduction of 34.6 deaths per 100,000 population at the State level.

The number of dentist in the County is 38, with the population-to-dentist ratio of 4,334:1, among the worst in the State. The chart on page 24 referencing the County’s Ambulatory Care Sensitive oral health conditions (ACS), which are conditions which are largely avoidable with adequate prevention and primary care. The use of hospital Emergency Departments, among the most expensive form of medical care, for the treatment of these ambulatory sensitive conditions may indicate lack of access to primary dental care. The reasons Floridians do not receive regular preventive care include lack of dental coverage for adult Medicaid patients, lack of private-practice dentists willing to accept Medicaid’s low payment rates, lack of

County health department resources, lack of affordable dental insurance or inability to meet high co-pays, and lack of awareness of the importance of dental health to overall health.

The number of mental health providers in Santa Rosa County also ranks low at 71, or a population-to-provider ratio of 2,319:1. This mental health provider ratio is among the bottom half in the State.

The diabetic screenings are improving for Santa Rosa County; however, the County is 7% below the State average for this measure.



Building Community Capacity through Collaboration

One important role of public health is the assessment of the capacity of a community to meet the healthcare needs of citizens and to work to provide the access needed to meet those needs by working together to make well-considered and collaborative decisions, develop a clear vision of the future while creating local solutions for local problems and acting judiciously to make these real.

Santa Rosa County’s Health Improvement Steering Committee goal is to successfully leverage resources and address broad community health concerns that have the greatest impact on improving health outcomes. For this, community capacity must exist.

Santa Rosa County's capacity was assessed through the four MAPP assessments to create this Plan.

The four MAPP Assessments

1. **Community Themes and Strengths Assessment** provides an understanding of the issues the residents and community feel are important: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve our quality of health?" (**March 2012**)
2. The **Local Public Health System Assessment** (LPHSA) focuses on all of the organizations and entities that contribute to the public's health. The LPHSA 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?" (**August 2012**)
3. The **Community Health Status Assessment** identifies priority community health and quality of life issues: "How healthy are our residents?" and "What does the health status of our community look like?" (**June 2010**)
4. The **Forces of Change Assessment** focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment answers the questions: "What is occurring, or might occur, that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" (**October 2012**).

These collaborative activities allowed the Santa Rosa County Community Partners to identify strategic issues during Phase 4 of the MAPP process which resulted in the development of a Community Balanced Scorecard. As the basis for this Plan, the Community Balanced Scorecard is used to link the identified strategic issues during MAPP Phase 5, Formulate Goals and Strategies.

Upon completion and review of data collected through the above four assessments, the Health Priority Committees, in collaboration with the Steering Committee, will continue to develop action plans for improving the health of the Santa Rosa County community. This Community Health Improvement Plan takes that data and information to provide clear direction on how our community will move forward in addressing the health issues identified.

Summary of Community Assessment Results

As previously mentioned, a component of the MAPP Community Themes and Strengths Assessment included a survey intended to gather residents' thoughts, opinions and concerns about their health, and the quality of healthcare services available in Santa Rosa County. This survey was conducted County wide over a two-month period (March - May 2010) to ascertain the perceived health issues that our residents felt were most important, including quality of life. For more information on the MAPP Assessment results, please see the Santa Rosa County 2013 Community Health Assessment online at flhealth.gov/chdsantarosa.

The majority of the respondents were in the following age groups:

- 14% were under 25 years
- 23% were 26-34 years
- 23% were 35-44 years
- 20% were 45-54 years
- 14% were 55-64 years
- 5% were 65 or older
- 1% did not complete the survey

Survey respondents were asked to identify their home Zip code. Thirty-six percent of all respondents were from the 32570 Zip code in Milton. Twenty-one percent were from Milton Zip code 35283. In the south end of Santa Rosa County, sixteen percent of respondents claimed 32566 (Gulf Breeze and Navarre) as home. The 32571 Zip code for Pace and Milton areas represented over fifteen percent of respondents. Gulf Breeze Zip codes 32561 and 32563 were reported by less than 1 percent and 5 percent of residents, respectively. Jay Zip code 32565 had over 4 percent of the respondents. There were zero responses for Milton 32572 and Gulf Breeze 32562, as they are Zip codes for post office boxes and not household locations.

A total of 990 surveys were collected to complete this assessment. The sample size in relation to the Santa Rosa County 2010 U.S. Census population estimate of 154,104 reflects a 95% confidence interval with +/-3% accuracy. The demographics surveyed closely mirrored the race and ethnic origin of the County's population as a whole.

“A healthy community is one that continuously creates and improves both its physical and social environments, helping people to support one another in aspects of daily life and to develop to their fullest potential.” Source: Healthy Community defined by the CDC's Healthy

Places: www.cdc.gov/healthyplaces

The survey questions included, but were not limited to, the following:

- What problems have stopped you from getting the healthcare you need?
- What would be an incentive for you to quit smoking?
- Do you have medical insurance?

For the complete listings along with responses, reference the 2013 Community Health Assessment beginning on page 101 online at flhealth.gov/chdsantarosa

The Steering Committee will be delivering a new community survey that will address the following questions, but not limited to:

- What do you feel are the barriers for getting the healthcare you need?
- What are unhealthy behaviors you are most concerned about in Santa Rosa County?
- What are the most important features of a healthy community?
- What are the top health problems that are most important to Santa Rosa County?
- What are the top health services that are difficult to obtain in the community?
- What social services do you or have you used?
- Do you have a primary care provider?
- What health care services do you need?
- How do you get to appointments for health care or social services?
- Do you get an annual check-up?
- Do you take prescriptions you are prescribed?
- Do you use tobacco products?
- Do you have chronic health issues? Did smoking or tobacco products contribute to the health issues?
- Do you eat three meals a day?
- Do you have access to healthy food?

Following the collection of the survey data, focus groups will be conducted on the common themes and reported in the 2014-2015 Annual Report of the Santa Rosa County Community Health Improvement Plan.

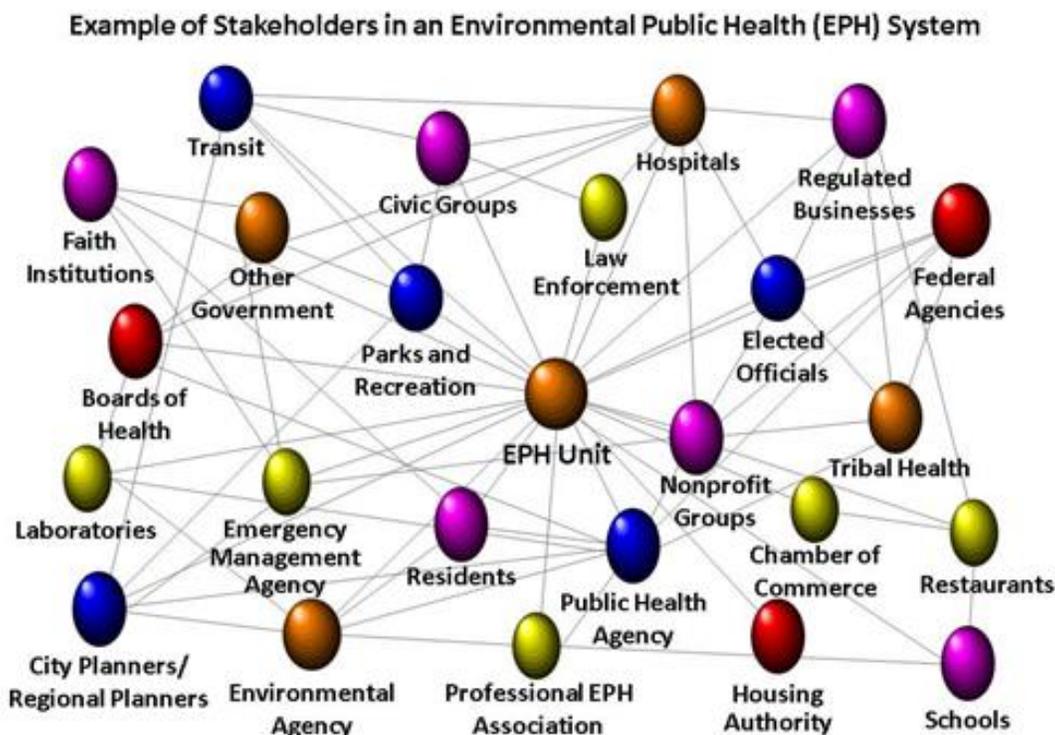
Community Input

Assets & Barriers to Community Health

This section explores the many factors and barriers to health and improved quality of life for residents in Santa Rosa County, and illustrates how community strengths and assets make Santa Rosa County a viable place for community health improvement efforts.

Local Public Health System

Stakeholders, organizations and agencies comprise the Local Public Health System in Santa Rosa County. To address all factors that contribute to individual and community health, it takes more than involvement from traditional healthcare and public health entities interfacing with individuals in the community. It takes an intricate network of community agencies with different roles and relationships to support the services the community need.



Source: Mobilizing for Action through Planning and Partnerships

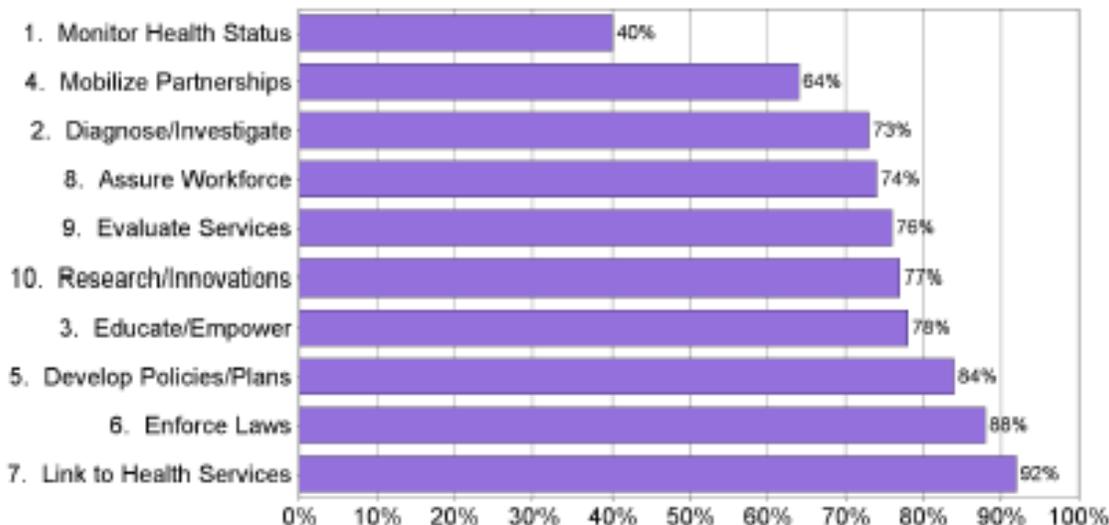
To better understand the role of the Santa Rosa County LPHS in the community, we conducted a system-wide performance assessment using the National Public Health Performance Standards Program (NPHPSP) Local Public Health Performance Assessment Instrument.

The following 10 Essential Public Health Services were used to assess system performance:

- | | |
|--|--|
| 1. Monitor health status | 5. Develop policies and plans |
| 2. Diagnose and investigate health problems | 6. Enforce laws and regulations |
| 3. Inform, educate and empower people | 7. Link people to needed health services |
| 4. Mobilize communities to address health problems | 8. Ensure a competent workforce |
| | 9. Evaluate health services |
| | 10. Conduct research for innovations |

Santa Rosa County’s ranking for this assessment of the 10 Essential Public Health Services ranked “Link People to Needed Personal Health Services” highest, followed by “Enforce Laws” and “Develop Policies and Plans.” Lowest ranked was “Monitor Health Statues.”

RANK ORDERED PERFORMANCE SCORES FOR EACH ESSENTIAL SERVICE



Community Strengths & Assets

Santa Rosa County’s population has grown by 30.01% since 2000. The median cost of a home is \$149,700.^{xi} Home appreciation the last year has been 1.60%. Compared to the rest of the country, Santa Rosa County's cost of living is 2.30% lower than the U.S. average. Residents of Santa Rosa County perceive that they have a higher quality of life, which is linked to higher income and education, than the State average. The assets listed are those of the community as a whole. The table below illustrates the myriad community offerings and activities in the County:

| NEIGHBORHOODS |
|--|
| <ul style="list-style-type: none"> • Churches & Faith-based Organizations • Recreation Centers • Military • Resident Engagement • Small Businesses • Community Gardens • Neighborhood Organizations |

| FAMILY & SOCIAL SERVICES |
|---|
| <ul style="list-style-type: none"> • Community Coalitions • Charitable Organizations • Crisis Intervention Services • Formal & Informal Support Groups • Shelters & Drop-in Centers • Volunteer & Service Organizations • Churches & Faith-based Organizations |

| PUBLIC SAFETY |
|--|
| <ul style="list-style-type: none"> • Community Advocacy Groups • Crisis Response Units • Emergency Preparedness • Local & State Government • Police & Fire • Waste & Debris Removal • Neighborhood Watch • Non-profit Organizations • Long Term Community Recovery Planning • Safe Communities Designation |

| HEALTHCARE |
|--|
| <ul style="list-style-type: none"> • County Health Department • Federally Qualified Health Center (FQHC) • Hospital(s) • Managed Healthcare Organizations • Pharmacies • Urgent Care Centers • Post-acute Care • Mental Health • Hospice Care |



County Health Rankings & Roadmaps

A Healthier Nation, County by County

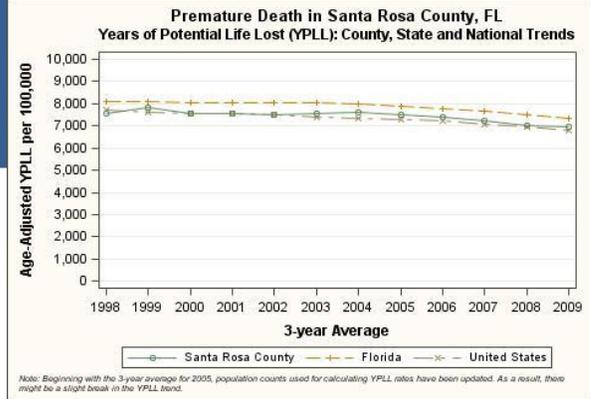
FLORIDA

Santa Rosa County

2012 **2013 (2010 Census update)**

| | | |
|------------------------------------|----------|----------|
| Population: | 151,759 | 154,104 |
| Median household income: | \$51,208 | \$53,155 |
| Could not see a doctor due to cost | 14% | 15% |
| Health care costs (Medicare) | \$10,114 | \$10,650 |

www.countyhealthrankings.org



| | Santa Rosa County | | | | County Trendline | Florida | | | | Nat'l Benchmark* | Rank (of 67) | | | |
|---|---|--------|--------|--------|------------------|---------|-------|-------|--------|------------------|--------------|-----------|-----------|-----------|
| | 2010 | 2011 | 2012 | 2013 | | 2010 | 2011 | 2012 | 2013 | | 2010 | 2011 | 2012 | 2013 |
| Health Outcomes | <i>Highlighted cells indicate areas in need of particular or continued attention.</i> | | | | | | | | | | 10 | 12 | 10 | 10 |
| Mortality (50%) | | | | | | | | | | | 12 | 8 | 9 | 12 |
| Premature death | 7,367 | 7,247 | 7,100 | 6,943 | | 7,933 | 7,896 | 7,781 | 7,310 | 5,317 | | | | |
| Morbidity (50%) | | | | | | | | | | | 12 | 18 | 13 | 9 |
| Poor or fair health (10%) | 15% | 15% | 14% | 14% | | 16% | 16% | 15% | 16% | 10% | | | | |
| Poor physical health days (10%) | 4.2 | 4.6 | 4.6 | 4.6 | | 3.5 | 2.6 | 3.5 | 3.6 | 2.6 | | | | |
| Poor mental health days (10%) | 3 | 3.5 | 3.5 | 3.4 | | 3.5 | 3.5 | 3.6 | 3.7 | 2.3 | | | | |
| Low birthweight (20%) | 7.6% | 7.7% | 7.5% | 7.5% | | 8.4% | 8.5% | 6.0% | 8.7% | 6.0% | | | | |
| Health Factors | | | | | | | | | | | 10 | 13 | 16 | 12 |
| Health Behaviors (30%) | | | | | | | | | | | 27 | 29 | 36 | 26 |
| Adult smoking (10%) | 28% | 29% | 28% | 24% | | 21% | 20% | 19% | 19% | 13% | | | | |
| Adult obesity (7.5%) | 22% | 23% | 28% | 28% | | 24% | 25% | 26% | 26% | 25% | | | | |
| Physical inactivity (2.5%) | | | 25% | 25% | | | | 24% | 24% | 21% | | | | |
| Excessive drinking (2.5%) | 14% | 15% | 15% | 16% | | 14% | 16% | 16% | 16% | 7% | | | | |
| Motor vehicle death rate (2.5%) | 20 | 19 | 19 | 17 | | 19 | 19 | 19 | 16 | 10 | | | | |
| Sexually transmitted infections (2.5%) | 178 | 205 | 183 | 235 | | 318 | 389 | 398 | 398 | 92 | | | | |
| Teen birth rate (2.5%) | 40 | 39 | 38 | 34 | | 46 | 45 | 44 | 40 | 21 | | | | |
| Clinical Care (20%) | | | | | | | | | | | 15 | 25 | 29 | 30 |
| Uninsured (5%) | 19% | 22% | 20% | 20% | | 24% | 27% | 25% | 25% | 11% | | | | |
| Primary care physicians ratio (3%) | 108 | 1474:1 | 1474:1 | 1600:1 | | 100 | 983:1 | 983:1 | 1438:1 | 1067:1 | | | | |
| Dentists (2%) | | | | 4596:1 | | | | | 2094:1 | 1516:1 | | | | |
| Preventable hospital stays (5%) | 87 | 84 | 86 | 78 | | 69 | 65 | 64 | 65 | 47 | | | | |
| Diabetic screening (2.5%) | 78% | 81% | 80% | 83% | | 80% | 82% | 84% | 84% | 90% | | | | |
| Mammography screening (2.5%) | | 65% | 68% | 68% | | | 64% | 71% | 70% | 73% | | | | |
| Social & Economic Factors (30%) | | | | | | | | | | | 3 | 3 | 3 | 2 |
| High school graduation (5%) | 76% | 80% | 88% | 78% | | 64% | 65% | 79% | 71% | 82% (Nat'l Avg) | | | | |
| Some college (5%) | | 60% | 62% | 64% | | | 58% | 58% | 59.1% | 70% | | | | |
| Unemployment (10%) | 6.0% | 9.1% | 9.8% | 9.1% | | 6.0% | 10.5% | 11.5% | 10.5% | 5.0% | | | | |
| Children in poverty (10%) | 15% | 15% | 18% | 16% | | 17% | 18% | 24% | 25% | 14% | | | | |
| Inadequate social support (2.5%) | 13% | 14% | 14% | 14% | | 21% | 21% | 21% | 22% | 14% | | | | |
| Single-parent households (2.5%) | 8% | 28% | 29% | 27% | | 9% | 35% | 36% | 37% | 20% | | | | |
| Violent crime rate (5%) | 240 | 230 | 198 | 172 | | 714 | 706 | 674 | 614 | 66 | | | | |
| Physical Environment (10%) | <i>(Variation due to changes to the source of the measures since 2010)</i> | | | | | | | | | | 48 | 58 | 64 | 56 |
| Air pollution-ozone days | 9 | 15 | 15 | | | 2 | 5 | 5 | | | | | | |
| Air pollution-particulate matter days | 4 | 1 | 1 | | | 4 | 0 | 0 | | | | | | |
| Daily Fine Particulate Matter (2%) | | | | 11.5 | | | | | 8 | 8.8 | | | | |
| Drinking Water Safety (2%) | | | | 10% | | | | | 3% | 0 | | | | |
| Access to recreational facilities (2%)* | | 11 | 10 | 9 | | | 9 | 9 | 9 | 16 | | | | |
| Limited healthy food (2%) | 50% | 86% | 21% | 10% | | 50% | 82% | 9% | 7% | 27% | | | | |
| Fast food restaurants (2%) | | | 53% | 52% | | | | 45% | 44% | 27% | | | | |
| New Additional Measures - Not factored into Rankings | | | | | | | | | | | | | | |
| Mental health provider ratio | | | | | 8942:1 | | | | | 3371:1 | | | | |
| Crude mortality rate under age 1 | | | | | 617 | | | | | 734.4 | | | | |
| Children eligible for free lunch | | | | | 34% | | | | | 49% | | | | |
| Children under 18 without health insurance | | | | | 11% | | | | | 13% | | | | |
| Uninsured adults | | | | | 23% | | | | | 30% | | | | |
| Population living within half a mile of a park | | | | | 5% | | | | | 31% | | | | |

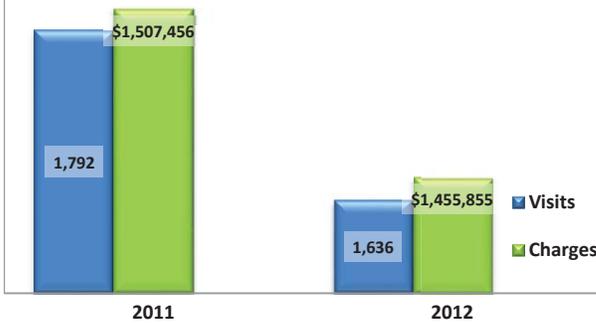


*Reverse-coded measures, the national benchmark is the 90th percentile. For all other measures, the national benchmark is the 10th percentile.

SANTA ROSA COUNTY ORAL HEALTH FACT SHEET¹

EMERGENCY DEPARTMENT USE BY RESIDENTS FOR PREVENTABLE CONDITIONS:² 2011 & 2012

Emergency Department Dental Visits & Charges

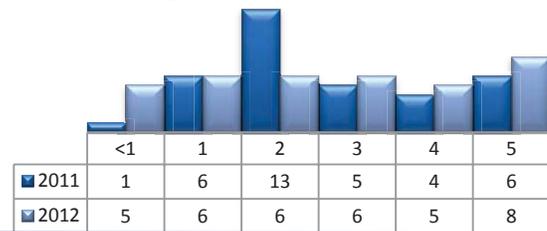


Ambulatory Care Sensitive oral health conditions (ACS) are those considered largely avoidable with adequate prevention and primary care. The use of hospital emergency departments – among the most expensive form of medical care – for the treatment of ACS conditions may indicate lack of access to primary dental care. Among the reasons Floridians do not receive regular preventive care include lack of dental coverage for adult Medicaid patients, lack of private-practice dentists willing to accept Medicaid’s low payment rates, lack of county health department resources, lack of affordable dental insurance or inability to meet high co-pays, and lack of awareness of the importance of dental health to overall health.

Floridians absorb the cost of Medicaid and uninsured ER dental visits in several ways including higher health insurance premiums and healthcare costs, increased tax dollars needed to fund the state Medicaid program, increased local tax dollars to support local public hospitals, and lost productivity.

| Visits by Payor & Age | | | | | | Charges by Payor & Age | | | | | |
|-----------------------|------------|------------|------------|------------|-----------|------------------------|----------------|----------------|----------------|----------------|---------------|
| | 0-19 | 19-34 | 35-49 | 50-64 | 65+ | | 0-19 | 20-34 | 35-49 | 50-64 | 65+ |
| 2011 | 196 | 954 | 464 | 153 | 25 | 2011 | 140,297 | 768,104 | 422,256 | 142,813 | 33,986 |
| Medicaid/Managed | 107 | 377 | 166 | 33 | 0 | Medicaid/Managed | 78,788 | 309,151 | 148,472 | 29,424 | - |
| Commercial | 30 | 92 | 62 | 36 | 4 | Commercial | 21,198 | 68,322 | 61,899 | 39,999 | 8,962 |
| Self-Pay/Uninsured | 43 | 431 | 190 | 49 | 0 | Self-Pay/Uninsured | 28,013 | 335,753 | 169,596 | 42,527 | - |
| Medicare/Managed | 2 | 19 | 34 | 29 | 19 | Medicare/Managed | 2,251 | 23,461 | 30,951 | 26,123 | 19,919 |
| All Other | 14 | 35 | 12 | 6 | 2 | All Other | 10,047 | 31,417 | 11,338 | 4,740 | 5,105 |
| 2012 | 155 | 874 | 423 | 151 | 33 | 2012 | 132,765 | 692,037 | 427,144 | 166,192 | 37,717 |
| Medicaid/Managed | 80 | 379 | 160 | 31 | 0 | Medicaid/Managed | 57,076 | 282,187 | 162,066 | 22,237 | - |
| Commercial | 29 | 87 | 47 | 32 | 3 | Commercial | 34,492 | 71,014 | 48,599 | 41,716 | 7,892 |
| Self-Pay/Uninsured | 31 | 375 | 170 | 38 | 1 | Self-Pay/Uninsured | 22,631 | 312,101 | 177,269 | 38,021 | 217 |
| Medicare/Managed | 1 | 13 | 36 | 41 | 29 | Medicare/Managed | 1,267 | 8,468 | 30,667 | 55,306 | 29,608 |
| All Other | 14 | 20 | 10 | 9 | 0 | All Other | 17,299 | 18,267 | 8,543 | 8,912 | - |

Visits for Young Children for Preventable Conditions



Charges for Young Children for Preventable Conditions



Highest ED Dental ACS Visits by Zip Code

| Zip Code | 2011 | | 2012 | |
|----------|--------|---------|--------|---------|
| | Visits | Charges | Visits | Charges |
| 32570 | 563 | 467,260 | 492 | 368,444 |
| 32583 | 306 | 254,490 | 296 | 234,095 |
| 32566 | 271 | 245,929 | 206 | 256,915 |
| 32571 | 252 | 192,841 | 288 | 275,445 |
| 32563 | 220 | 184,453 | 195 | 202,984 |
| 32565 | 139 | 130,747 | 115 | 84,528 |
| 32561 | 20 | 12,760 | 28 | 18,973 |
| 32530 | 13 | 14,433 | 5 | 3,110 |
| 32572 | 5 | 2,678 | 7 | 9,106 |

Policy Indicators

Indicators to consider in shaping policies to increase the overall health of Floridians while decreasing costs to the state’s healthcare system:

- High numbers of Medicaid patients visiting the ER for ACS dental problems suggest a lack of access to dentists or oral healthcare clinics accepting Medicaid for both preventative care and for treatment.
- ER visits during the regular work day and traditional business hours, combined with ACS diagnoses, suggest visits being made to the ER in lieu of a clinic or dental office.
- Rates of adult tooth decay are higher in older adults yet patients aged 20 to 34 years comprise the largest segment of ER visits, suggesting that lack of dental insurance or an inability to meet high co-pays is driving such visits.

¹ Source: Emergency Room Database, Florida Agency on Health Care Administration

² Ambulatory care sensitive dental conditions, i.e. "preventable condition," are based on the ICD-9 (International Classification of Diseases, 9th Edition) codes from the published work of Dr. John Billings http://wagner.nyu.edu/files/admissions/acs_codes.pdf.

Santa Rosa 2013-2014 Summary of School Health Services



Legislative Authority for School Health Services provided by Florida Statute Sections 381.0056, 381.0057, 402.3026.

Note: The data contained in this report is a combination of data from local county Annual School Health Service Reports, service data entered into the Department of Health - Health Management System, Vital Statistics, Schedule C Funding Allocation Reports, and the Department of Education (DOE). Annual school health service reports submitted by Florida counties contain information on school health services provided by county health departments, school districts and community partners.

| Estimated Health Room Visits and Medication Doses Administered | | | Schools with Comprehensive School Health Services | |
|---|----------------------------|---------------------------|---|----------|
| | Daily | Annual | | |
| Average Student Health Room Visits | 885 | 159,336 | Note: Comprehensive school health services include basic school health services and additional prevention services and care management to promote retention in school. | |
| Average Medication Doses Administered | 386 | 69,516 | Number of Comprehensive Schools | 31 |
| Annual Medical Procedures and Medication Doses by Type | | | Number of Comprehensive Students | 25652 |
| Based on a 36 Week School Year | | | Dental Health Education | 67 |
| | FTE Week Services Reported | Estimated Annual Services | Nutrition and Physical Activity Classes | 878 |
| Procedures and Medication Doses | | | Alcohol, Tobacco and Other Drug Abuse Prevention Classes | 3 |
| Carbohydrate Counting | 243 | 8,748 | Pregnancy Prevention Classes | 42 |
| Catheterization | 274 | 9,864 | Sexually Transmitted Disease (including HIV) Prevention | 158 |
| Colostomy, Ileostomy, Jejunostomy | 0 | 0 | Violence Prevention/Conflict Resolution Classes | 531 |
| Electronic Monitoring | 0 | 0 | Suicide Prevention Classes | 21 |
| Tube Feeding (e.g., G, J, PEG, NG) | 45 | 1,620 | Comprehensive Birth Rate Per 1,000: 6th-12th Grade Females | 8.24 |
| Glucose Monitoring | 0 | 0 | Countywide Birth Rate Per 1,000: All 11-18 Year-Old Females | 6.55 |
| Insulin Administration | 186 | 6,696 | Low Weight Births (% of births less than 2,500 grams) | 6.67% |
| Medications (Inhaled) | 194 | 6,984 | Percent of Students Returning to School After Giving Birth | 93.33% |
| Medications (Injection) | 2 | 72 | Full Service Schools | |
| Medications (Nasal) | 6 | 216 | Note: Full Service Schools provide basic school health services and coordinate the provision of donated (in-kind) health and social services on school campuses. | |
| Medications (Oral) | 1,518 | 54,648 | Number of Full Service Schools | 0 |
| Medications (Other Routes) | 25 | 900 | Number of Full Service Students | 0 |
| Oxygen Continuous or Intermittent | 0 | 0 | Number of In-Kind Hours from Health/Social Service Agencies | 1,438 |
| Specimen Collection or Testing | 17 | 612 | Dollar Value of In-Kind Hours Donated by Local Agencies | \$59,640 |
| Tracheostomy Care | 0 | 0 | | |
| Ventilator Dependant Care | 0 | 0 | | |
| Other Procedures | 162 | 5,832 | | |
| Totals | 2,672 | 96,192 | | |
| Note: Estimates based on services provided during February Full Time Equivalent (FTE) Week | | | | |

| School Health Screening of Students in Grade Levels Mandated by Chapter 64F-6.003, Florida Administrative Code | | | | | | | | |
|--|-------------------------------|--------------|-------------------------------|--------|----------------------------|---------------|---|--|
| Screenings, Referrals and Follow-up Target Populations (Mandated grade levels for each screening) | Vision | | Hearing | | Scoliosis | | Growth and Development with Body Mass Index | |
| | KG, 1st, 3rd, 6th | KG, 1st, 6th | KG, 1st, 6th | 6th | 1st, 3rd, 6th | 1st, 3rd, 6th | 1st, 3rd, 6th | |
| Number of students in mandated grades (minus opt-outs) | 7,699 | 5,815 | 5,815 | 2,005 | 5,825 | 5,825 | 5,825 | |
| Number (#) of students screened in mandated grades | 7,661 | 5,812 | 5,812 | 1,915 | 5,604 | 5,604 | 5,604 | |
| Percent (%) of students screened in mandated grades | 99.51% | 99.95% | 99.95% | 95.51% | 96.21% | 96.21% | 96.21% | |
| Number (#) of students referred for Abnormal results | 499 | 81 | 81 | 122 | 800 | 800 | 800 | |
| Body Mass Index Screening Results | Healthy Weight (5th to <85th) | | Underweight (<5th percentile) | | Overweight (85th to <95th) | | Obese (>= 95th) | |
| Number of 1st, 3rd, AND 6th grade students by BMI Percentile | 3,828 | | 198 | | 841 | | 737 | |
| Percent of 1st, 3rd, AND 6th grade students by BMI Percentile | 68.31% | | 3.53% | | 15.01% | | 13.15% | |

III. Santa Rosa County Community Health Improvement Plan

Executive Summary

We know that taking care of ourselves by eating well and staying active, not using tobacco products, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships.

The mission of the Santa Rosa County Health Improvement Steering Committee is to periodically assess the health status of residents of Santa Rosa County, Florida, and to develop plans and support initiatives to address the priority health needs of the County.

Targets and measures outlined in this Plan are aligned with National Healthy People 2020 goals and objectives. This National initiative, produced by the U.S. Department of Health & Human Services, provides science-based benchmarks for our community to track and monitor, as well as evidence-based interventions and information to guide health promotion and disease prevention efforts to improve the community.



Source: take Action: www.CountyHealthRankings.com

Developing the New Santa Rosa County Community Health Improvement Plan

The first Community Health Improvement Plan for the Santa Rosa County community was developed in 2013. In the first year of the Plan, the committees realized that some strategies could not be delivered. At the annual Santa Rosa County Community Health Improvement Plan meeting in July 2013, the revised health priorities, goals and strategic objectives were approved by the stakeholders and partners. Chairs, vice-chairs and secretaries were elected and approved to lead the three new health priorities committees. The forming of an independent steering committee for Santa Rosa County was approved along with the initial members. It was agreed that the 2013 Community Health Improvement Plan would be revised.

During the next two years, the members of the Santa Rosa County Health Improvement Steering Committee and community partners (stakeholders) will continue to work collaboratively to address health priorities and strategic objectives. Improving the health of a community is a shared responsibility, not only of health care providers and public health officials, but the variety of other members that contribute to the well-being of its residents and visitors.

It's important to recognize that no single organization has the depth or resources needed to raise community health to a level of sustained excellence without strong partnerships such as the Santa Rosa County Health Improvement Steering Committee. We are grateful to the many residents who completed health surveys, the staff who provided statistics, the collaboration with the Partnership for a Healthy Community, Ascendant Healthcare Partners and all other partner organizations that have been active in the development and delivery of this Plan.

The Steering Committee's vision is for Santa Rosa County to be a healthy community, serving the people where they are with a strong collaborative network of partners.

Through our collective work to achieve a shared vision for community health improvement, we are committed to addressing all inequities that contribute negatively to the health and quality of life for all in Santa Rosa County.

Policy Changes to Move Forward

Recognizing the vision for community health improvement in Santa Rosa County and the need to implement the strategies in the Plan, we will need to collaboratively develop and promote policies that reinforce this effort. In this Plan we will need to incorporate the development of policies that reinforce this effort to address our collective concerns, guide the implementation of the strategies proposed in the Plan and promote a “Health in All Things” legislative approach.

| COMMUNITY HEALTH PRIORITY | POLICY RECOMMENDATION |
|------------------------------|---|
| Improve Access to Care | <ul style="list-style-type: none"> ○ Support policies and programs that reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines. |
| Healthiest Weight Santa Rosa | <ul style="list-style-type: none"> ○ Develop or support programs or initiatives that provide training and educational materials for primary care providers on healthy eating and physical activity. ○ Promote healthy eating and physical activity as part of daily life through education, programs, and initiatives in a variety of settings including schools, workplaces, and public spaces. ○ Support local, State, and federal campaigns to encourage healthy eating and physical activity (for example, Let’s Move!). |
| Tobacco Free Santa Rosa | <ul style="list-style-type: none"> ○ Promote private sector rules and public sector regulations that restrict or prohibit tobacco use. ○ Actively support the enforcement of laws prohibiting sales of tobacco to youth. |

The Santa Rosa County Community Health Improvement Plan (CHIP) was developed through collaboration with community stakeholders and partners who are putting this Plan into action. There are specific goals with each of the identified community health priorities. Although this Plan does not address every strength and weakness identified in the Community Health Assessment, it does provide clear direction for this Plan’s cycle.

MAPP Phase Four:

The identification of Strategic Issues was developed in MAPP Phase 4. After analysis and consideration of community feedback and statistical health data, the Santa Rosa Community Health Improvement Partners developed a list of community health priorities that would have the greatest impact in the community.

Questions asked during the selection process:

1. Statistical Information:
 - a. Is the measure/problem trending upwards or downwards?
 - b. Is Santa Rosa County significantly trending better or worse than the State and/or peer counties?
2. Community Perception:
 - a. Does the community believe this issue is a main health concern?
3. Opportunity for the greatest possible impact in the community:
 - a. When considering the resources and capacity of the Santa Rosa community and health system, what initiatives created the greatest impact in the past three years?
 - b. What is the risk of not addressing an issue?

The answers to the following statements with the feasibility criteria above were used in the determination to identify the strategic objectives:

1. Movement toward addressing a strategic issue.
2. Must be realistic.
3. Should be attainable in 1-3 years (MAPP action cycle is 3 years)
4. Must be measurable.

MAPP Phase Five: Formulating Goals & Strategies

Where applicable, targets and measures outlined in this Plan are aligned with the science-based measurable objectives and goals identified in Healthy People 2020 at all levels; National, State and local. These objectives and goals allow communities to engage multiple areas, to take actions to strengthen policies and improve practices that are driven by the best available knowledge and evidence. In parallel with Healthy People 2020, the overarching goal of utilizing evidence based goals and strategies is to ensure that Santa Rosa County builds a sustainable system for promoting quality of life, healthy development, and health behaviors across all life stages.



Source: Mobilizing for Action through Planning and Partnerships

MAPP Phase Six: Take Action! Evaluate and Measure

The implementation phase of the MAPP process is a three year cycle. It began in July 2013 and will end with the completion of the next Community Health Assessment in 2015. During this phase, the efforts of the previous phases begin to produce results, as the Santa Rosa Community Health Improvement Plan Steering Committee, partners, and community members develop and implement the action plans correlating to the Health Priorities of the community.

The success of each goal is based on outcome measurements that track the progress and impact of the project. Each goal has an assigned owner, and in some cases, a task force and/or additional work group who are (or will be) working together to develop coordinated Action and Evaluation plans. Progress will be monitored by each owner as well as the Steering Committee.

Evaluation will remain important throughout the remainder of the three-year cycle so measurable progress of the Plan is meaningful. Continual Plan updates will be provided by the Steering Committee. Lessons learned from actions are taken will help guide key decision makers to ensure the right strategies are implemented the desired outcomes achieved.

With the publishing and deployment of this document, the Santa Rosa Community Health Improvement Plan is now “in action”. However, it is important to note that, like all things in life; this document is flexible and can accommodate potential actions resulting from “Forces of Change.”

Health Priority: Improve Access to Care

Statement of Need

Access to comprehensive, quality health care services is important for the achievement of health equity across all populations and for increasing the quality of a healthy life for everyone. Access to health services encompasses four components: coverage, services, timeliness, and workforce. Its service is wide and includes overall physical, social, and mental health status, prevention of disease and disability, detection and treatment of health conditions, quality of life, preventable death and life expectancy. Disparities in access to health services affect individuals and the community. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Barriers to services include lack of availability, high cost and lack of insurance coverage. In Santa Rosa County, more than **11% of residents live below the poverty line, 13% are elderly and 14% disabled**.^{xii} The unemployment rate sits just above 9%, with a median household income of \$55,129. Only 18% of Santa Rosa residents have health insurance, below the State uninsured level of 25%. Of the residents in Santa Rosa County, **15% could not see a doctor due to costs**. Medicare costs per client in the County is \$10,650. The Medicaid and Transportation Plan Disadvantage (TDSP) in Santa Rosa County serves .79% (402 people) of the potential population, **ranking the lowest in the State, leaving over 50,000 people without the necessary transportation**. There is currently no fixed-route transportation service available in the County.

Background

In Santa Rosa County the use of hospital Emergency Departments, among the most expensive form of medical care, for treatment that should be provided by a primary care physician may indicate lack of access. Inappropriate use of the **Emergency Department is 14% higher** than the State average, **the cost of which exceeds \$10 million**. In the County there are 100 Primary Care Physicians with the **population-to-physician ratio 1,541:1**. The number of dentists in the Santa Rosa County community is 38, with **the population-to-dentist ratio of 4,334:1**, among the worst in the State. The reasons Floridians do not receive regular dental preventive care include lack of dental coverage for adult Medicaid patients, lack of private-practice dentists willing to accept Medicaid's low reimbursement rates, lack of County Health Department resources, lack of affordable dental insurance or inability to meet high co-pays, and lack of awareness of the importance of dental health to overall health. The low ratio of **mental health providers** in Santa Rosa County to the population is **2,319:1**. Mental health provider ratio is among the bottom half in the State.

Health Priority Access to Care: Goals, Strategies and Objectives

| Goal 1: Santa Rosa County will improve access to health care for residents. | | | |
|---|--|-----------------------------------|--|
| <i>Healthy People 2020: AHS-6 Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.</i> | | | |
| Data Source | Current Status | Short Term Target (2014) | Long Term Target (2016) |
| Expert & resident feedback | To be developed | Data and resource input completed | Shared directory to resources and partners with increased awareness for residents. |
| Objective 1: Establish, maintain and distribute a centralized directory of healthcare services for Santa Rosa County. | | | |
| Activities | Performance Measure | Target Date | Lead Partner(s) |
| Identify all healthcare service sources in Santa Rosa County. | Baseline | Dec. 31, 2016 | Kyle Holley, SRC-United Way Barbara McMillion, DOH-SR |
| Increase health directory distribution to partners, community and the underserved population. Ensuring healthcare service date is maintained and accurate. | Baseline | Dec. 31, 2016 | Kyle Holley, SRC-United Way Barbara McMillion, DOH-SR |
| Encourage exchange of key client information to improve access and coordination of services. | Baseline | Dec. 31, 2016 | Brunie Emmanuel, The UniVision Group |
| Objective 2: Develop and implement a volunteer dental provider pool in the WECARE program for underserved adult patients. | | | |
| Activities | Performance Measure | Target Date | Lead Partner(s) |
| Initiate a dental recruitment program. | <i>Health Rankings:</i> 4,334:1 | Dec. 31, 2014. | Barbara McMillion, DOH-SR |
| Initiate charitable (in-kind) dental services reporting | Baseline | August 15, 2016 | Barbara McMillion, DOH-SR |
| Objective 3: Increase access to (+3) resources for non-emergency healthcare for underserved clients. | | | |
| Activities | Performance Measure | Target Date | Lead Partner(s) |
| Increase the awareness of non-emergent clinics and the services offered in Santa Rosa County. | Baseline | Dec. 31, 2016 | Kyle Holley, SRC-United Way |
| Increase data collection and analysis of inappropriate Emergency Department healthcare usage. | <i>Partnership for a Healthy Community:</i> 14% higher than the State average | Dec. 31, 2016 | Brunie Emmanuel, The UniVision Group |

| | | | |
|--|---|---------------|--|
| Review transportation as a significant barrier to underserved residents. | Serves <i>less than 1% (402) of the population, ranking lowest in the State</i> | Dec. 31, 2016 | Dr. Karen Barber Bridges Out of Poverty |
| Objective 4: Establish the base level of behavioral and mental health services in Santa Rosa County for underserved population. | | | |
| Establish data collection and analysis of behavioral and mental health services. | Baseline | Dec. 31, 2016 | Phyllis Gonzalez, DCF |
| Increase the awareness of behavioral and mental health, including the services offered in Santa Rosa County. | Baseline | Dec. 31, 2016 | Phyllis Gonzalez, DCF |
| Objective 5: Increase access to information, resources, and services for STDs in Santa Rosa County. | | | |
| Increase awareness of available community resources for prevention, diagnosis and treatment of Sexually Transmitted Diseases. | <i>Health Rankings: 234</i> Reduction of STDs by 1% (16 individuals). | Dec. 31, 2016 | Ashley Turner, DOH-SR TBD |

Healthiest Weight Santa Rosa

Statement of Need

According to 2012 Florida Census Update, Santa Rosa County's adult obesity rate increased over a four year period. In Santa Rosa County, 52,692 people are overweight and 47,104 are obese. The two together equate to almost two thirds of the total County population. The average person who is overweight costs employers approximately \$75 more annually than persons of normal weight which equates to \$3,951,900. The average person in the lowest obesity range (Grade 1) costs employers approximately \$2,030 more annually than a person of normal weight. In 2014, if all 47,104 of Santa Rosa County resident that are obese were in Grade 1, the cost to employers would be \$95,621,120. Therefore, the combined cost to employers in Santa Rosa County for all persons overweight and obese would exceed \$99 million each year annually. At the end of the 2013-2014 school year, over 28% of students in first, third and sixth grade were overweight or obese. In 2014, sixth graders that were considered at risk for being overweight or obese were 35%.

The risk of developing type 2 diabetes increases with age, obesity, and lack of physical activity. Diabetic screenings are improving in Santa Rosa, however, the County is 7% below the State average.

Background

Census data shows that, between 2010 and 2012, the rate of overweight and obese adults increased by 3.3%, or 3,158 individuals. Adolescents (ages 10 to 19) and young adults (ages 20 to 24) make up 21% of the population of the United States. The behavioral patterns established during these developmental periods help determine young people's current health status and their risk for developing chronic diseases in adulthood. The financial burdens of preventable health problems in adolescence are large and include the long-term costs of chronic diseases that are a result of behaviors begun during adolescence. This is important for the Santa Rosa County community because overweight adolescents have a 70% chance of becoming overweight or obese adults.

Santa Rosa County Community Health Initiative decided to focus on adolescent obesity to reduce the rates of adult obesity and improve health outcomes. Healthy students make a healthy community. The Community Health Improvement Plan will integrate the Let's Go! 5-2-1-0 campaign to work in the multi-sector, community and schools to change the behaviors of students.

Health Priority Healthiest Weight Santa Rosa: Goals, Strategies and Objectives

Goal 1: Increase the delivery of 5-2-1-0 educational materials to 75% of target school age population.

Healthy People 2020: NWS-10 Reduce the proportion of children and adolescents who are considered obese.

| Data Source | Current Status | Short Term Target (2014) | Long Term Target (2016) |
|--|--|--------------------------|--|
| SRC School District BMI Annual Report | Baseline | 75% | 100% |
| Objective 1: Implement a healthy weight promotional campaign. | | | |
| Activities | Performance Measure | Target Date | Lead Partner(s) |
| Implement evidence-based healthy weight promotional campaigns for public-health education. | 75% (+4,500) of target school age population | June 30, 2016 | Debbie Price, DOH-SR SRC School Board |
| Develop evaluation methods for community outreach tools. | <i>SRC School System Annual Report 2014: 28%</i> | August 2014 | Debbie Price, DOH-SR Dr. Sisskin, UWF |

Goal 2: Provide 5-2-1-0 educational campaign materials to 50% of community outreach populations.

Healthy People 2020: NWS-11.4 (Developmental) prevent inappropriate weight gain in children and adolescents aged 2-19

| Data Source | Current Status | Short Term Target (2014) | Long Term Target (2016) |
|---|-------------------------------|--------------------------|-------------------------|
| Let's Go! 5-2-1-0 | Baseline | 50% | 100% |
| Objective 1: Increase community engagement (+3 community partners) of the 5-2-1-0 health promotion campaign | | | |
| Activities | Performance Measure | Target Date | Lead Partner(s) |
| Adopt 5-2-1-0 promotional campaign in the Santa Rosa Community. | Community Engagement Baseline | June 30, 2016 | TBD |
| Promote the health and cost-saving benefits of evidence-based employee wellness programs. | Community Engagement Baseline | December 31, 2016 | TBD |
| Collaborate and jointly sponsor 5-2-1-0 to promote healthy behaviors with community partners | Community Engagement Baseline | June 30, 2016 | TBD |
| Objective 2: Increase (+1 member of the Healthy Weight Santa Rosa Committee) the participation and collaboration with Live Well Northwest Florida. | | | |
| Activities | Performance Measure | Target Date | Lead Partner(s) |
| Increase (+1 member of the Healthy Weight Santa Rosa Committee) the participation and collaboration with Live Well Northwest Florida. | Community Engagement Baseline | June 30, 2016 | TBD |

| Goal 3: Increase the adoption of a Wellness Policy in the Santa Rosa County VPK centers by 60%. | | | |
|--|--|--------------------------|-------------------------|
| <i>Healthy People 2020: NWS-11.1 (Developmental) Prevent in appropriate weight gain in children aged 2 to 5 years.</i> | | | |
| Data Source | Current Status | Short Term Target (2014) | Long Term Target (2016) |
| VPK Wellness Policies | Baseline | 60% | 100% |
| Objective 1: Implement and incorporate a wellness policy to 60% (17) of the Early Learning Center (ELC) program | | | |
| Activities | Performance Measure | Target Date | Lead Partner(s) |
| Integrate the 5-2-1-0 message into the Early Learning Center (ELC) health education programs. | 60% of VPK centers have a wellness policy by 6/2016. | June 30, 2016 | TBD |

| Goal 4: Decrease the Diabetes Type 2 rates in Santa Rosa County. | | | |
|--|---|--------------------------|--------------------------|
| <i>Healthy People 2020: d-1 Reduce the annual number of new cases of diagnosed diabetes in the population.</i> | | | |
| Data Source | Current Status | Short Term Target (2014) | Long Term Target (2016) |
| Health Rankings | Medicare enrollees that receive HbA1c monitoring: 78% | 1% | 2% |
| Objective 1: Implement the Diabetes prevention classes for community members at risk for developing Type 2 diabetes. | | | |
| Activities | Performance Measure | Target Date | Lead Partner(s) |
| Implement 16 week courses by the National Diabetes Prevention Program (NDPP) to a minimum of 20 community members at risk for developing Type 2 diabetes | Increase screenings by 1%. | June 30, 2016 | Barbara McMillion DOH-SR |

Tobacco Free Santa Rosa

Statement of Need

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least 1 serious tobacco-related illness. In addition, tobacco use costs the U.S. \$193 billion annually in direct medical expenses and lost productivity.^{xiii} According to the 2012 Florida Charts update, there are 34,812 tobacco users in Santa Rosa County. The average smoker costs employers at least \$5,800 more annually than employees who don't smoke. Costs to employers include increased expenses for employee health plans, absenteeism and loss of productivity in the workplace. **Smokers cost Santa Rosa County employers \$201,909,600 annually.**

Individual costs to an average smoker living in Santa Rosa County are approximately \$1,965 a year on cigarettes, and approximately \$3,340 more a year on health care costs than non-smokers. Combined, these amounts represent nearly **15% of annual personal income per person in Santa Rosa County.**

Background

According to Healthy People 2020, in 2008, 48.3% of adult smokers aged 18 years and older reported an attempt to stop smoking in the past 12 months. Tobacco use is identified as a cause of various cancers and cardiovascular disease as well as low birth weight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential avoidable health problems and the need for cessation programs or the effectiveness of existing programs. The percentage of adults that are currently smoking "most days" or "everyday" in Santa Rosa County is 24%, which ranks it among the highest usage rates in the State.

Santa Rosa County youths who have used cigarettes in the last 30 days are 9.1%, with the State at 6.1%. Youths who use smokeless tobacco products in Santa Rosa County is 6.0%, with the State rate being 3.5%

Health Priority Tobacco: Goals, Strategies and Objectives

| Goal 1: Increase the tobacco cessation rates for residents in Santa Rosa County. | | | |
|--|-------------------------------------|---------------------------------|--------------------------------|
| <i>Healthy People 2020: TU-4.1 Increase smoking cessation attempts by adult smokers.</i> | | | |
| Data Source | Current Status | Short Term Target (2014) | Long Term Target (2016) |
| AHEC | 1 | 2 | 3 |
| Objective 1: Increase the number of employers by a third (+2) with tobacco-free campuses and/or worksites by June 30, 2016. | | | |
| Activities | Performance Measure | Target Date | Lead Partner(s) |
| Provide area employers with information and tools to develop and implement tobacco-free policies. | Santa Rosa Tobacco Survey | June 30, 2016 | TBD |
| Objective 2: Increase by 100% (+3) the number of tobacco-free business policies by June 30, 2016. | | | |
| Activities | Performance Measure | Target Date | Lead Partner(s) |
| Provide evidence based information on benefits of tobacco cessation programs. | Florida BTFF data | June 30, 2016 | TBD |
| Objective 3: Increase by 16% (21 classes per annum) the free tobacco cessation classes by June 30, 2016. | | | |
| Activities | Performance Measure | Target Date | Lead Partner(s) |
| Provide free cessation classes by Area Health Education Center (AHEC) to the general public. | AHEC | June 30, 2016 | TBD |
| Objective 4: Increase the number of smoke-free rental/leasing properties by 100% (+4) by June 30, 2016. | | | |
| Activities | Performance Measure | Target Date | Lead Partner(s) |
| Establish data collection and analysis of surveys for smoke-free rental/leasing. | DOH-Santa Rosa County Database | June 30, 2016 | TBD |
| Increase awareness of smoke-free rental/leasing policies | Baseline | June 30, 2016 | TBD |
| Goal 2: Reduce the incidences of Youth tobacco use in Santa Rosa County. | | | |
| <i>Healthy People 2020: TU-2Reduce tobacco use by adolescents.</i> | | | |
| Data Source | Current Status | Short Term Target (2014) | Long Term Target (2016) |
| Florida Youth Tobacco Survey (2012) | 9.1% | 9.0% | 8.9% |
| Objective 1: Reduce the incidence of youth tobacco use by 2% (840 students) by June 30, 2016. | | | |
| Activities | Performance Measure | Target Date | Lead Partner(s) |
| Increase awareness of "Students Working Against Tobacco" (SWAT) to diverse youth populations. | Florida Youth Tobacco Survey (2012) | June 30, 2016 | SWAT Committee |

IV. How You Can Improve Community Health In Santa Rosa County

Community health improvement is a moving and living process. Santa Rosa County promotes a “Health in All Things” approach to community health planning and is, therefore, looking for partners in a variety of sectors. If you, or your organization, are the missing partner in the Santa Rosa County Community Health Improvement Plan (CHIP) and would like to partner across the local health system in Santa Rosa County to develop recommendations, implement programs and evaluate our efforts, please join us! Contact the Florida Department of Health in Santa Rosa County to get more information about how you can help support our efforts to improve community health in Santa Rosa County. We look forward to working with you!

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V. References

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ⁱⁱ Source: University of Wisconsin Population Health Institute. 2014 County Health Rankings and Roadmaps. All graph/charts in *Santa Rosa Community Health Profile*. www.Countyhealthrankings.org

ⁱⁱⁱ Source: Mayo Clinic. Alcohol use: If you drink, keep it moderate. Last reviewed February 11, 2014. Accessed March 5, 2014.

^{iv} Source: National Center for Chronic Disease Prevention and Health Promotion. Excessive alcohol use: addressing a leading risk for death, chronic disease, and injury. Atlanta: Centers for Disease Control and Prevention (CDC); 2011

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^{vii} Source: Santa Rosa 2013-2014 Summary of School Health Services. School Health Screenings of Students in Grade Levels Mandated by Chapter 64F-6.003, Florida Administrative Code.

^{viii} Sources: Partnership for a Healthy Community. Assessment 2012. Ohio State University College of Public Health. Ohio State University Moritz College of Law. New England Journal of Medicine. U.S. Department of Health and Human Services, Florida Office of Economic and Demographic Research, Investopedia.com

^{ix} Source: 2013 Florida Youth Tobacco Survey Reports.

^x Sources: Partnership for a Healthy Community. Assessment 2012. Florida Agency for Health Care Administration, ESRI Demographics, National Association of Community Health Centers.

^{xi} Source: Best Places to Live, Santa Rosa County, Florida.

^{xii} Source: Florida Office of the Governor, Rick Scott, May 2014.

^{xiii} Source: Healthy People 2020, 2014.