

Community Health Improvement Plan 2016-2019



**Florida Department of Health
in Santa Rosa County**

July 1, 2016

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Introduction

Message from the Administrator

On behalf of the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa), we are pleased to present the 2016-2019 Community Health Improvement Plan (CHIP).

This document outlines our mission, vision, purpose, and community priorities for the coming years and how we will collaborate with our partners to ensure measurable health improvement for the benefit of the public. The Plan was developed in collaboration with community partners and in coordination with the Live Well Northwest Florida Partnership using a standardized, systematic process, Mobilizing for Action through Planning and Partnerships (MAPP).



As we began the community health planning cycle earlier this year, we conducted a holistic review of the data gathered in each of the four MAPP assessments to identify overarching themes and health issues. The issues were discussed by the Live Well Partnership Board of Directors who represent a diverse group of community partners from each county. The discussion affirmed that health issues identified in 2012 continue to be primary community health concerns. Escambia and Santa Rosa are the westernmost counties in the Florida Panhandle. As such, the Board adopted as the 2016 Community Health Priorities for Escambia and Santa Rosa Counties, the following health priorities:

- Tobacco Use
- Healthiest Weight
- Access to Care

In addition, the following have been identified as health concerns specific to Santa Rosa County:

- Deaths from Injury
- Infant Mortality

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.

The health of a community is a key factor when a business is considering where to locate its expansion efforts. According to the County Health Rankings published by the University of Wisconsin Robert Wood Johnson Foundation, of Florida's 67 counties, Santa Rosa ranked 8 in Health Outcomes and 14 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 national health objectives, health promotion and disease prevention, and community priorities identified in the 2016 Community Health Assessment for Santa Rosa County. By working with key community partners in both the public and private sector, we will continue to spearhead efforts to keep our community one of the healthiest in Florida and the nation.

Looking ahead, we recognize that, 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 which, at first glance, may not appear to directly 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.

Sincerely,



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

County Profile

Santa Rosa County borders Escambia County to the east, and has a total population of 160,506. Its county seat is the City of Milton. According to the 2014 estimates by the Department of Health, Office of Health Statistics, the racial distribution in Santa Rosa County is 87.7% white, 12.3% black or other and 5.6% Hispanic. Only 6.5% of residents speak a language other than English, compared to 27.4% for the State of Florida (2013 estimates). 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.

Demographics	Florida State	Santa Rosa County
Population		
Total	19,548,031	160,506
Female	9,992,462	79,021
Male	9,555,569	81,485
Median Age	41.8	40.9
Socioeconomic		
Poverty	16.3%	12.3%
% children living below poverty level	23.6%	17.3%
Median household income	\$47,212	\$57,583

US Census Bureau (2010).

City	Zip Code	Population	Median Age	Median Income
Milton	32570	28,817	39.3	\$47,198
	32571	28,881	38.2	\$65,621
	32583	25,586	39.1	\$50,867
Gulf Breeze	32561	7,899	44.5	\$86,659
	32563	22,406	42.9	\$65,295
Jay	32565	5,719	46.5	\$47,127
Navarre	32566	33,671	36.2	\$66,790

Reference: US Census Bureau, American Fact Finder, 2010-2014 5 year estimates

The industry sector statistics reflect the importance of the military, service industry and construction in the local economy. Within the service industry, education, healthcare and tourism comprise the largest components.



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.



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.

Community Themes & Strengths Assessment (CTSA)
Description: CTSA utilizes methods to solicit public input and results in a strong understanding of community issues and concerns, perceptions about quality of life, and a map of community assets. The Partnership conducted a Community Health Survey with a total of 1,621 respondents from Escambia and Santa Rosa Counties.
Results
Themes and Community Concerns:
<ul style="list-style-type: none"> • Obesity, Poor Eating Habits, Affordability of Healthy Foods, • Access to Dental Care • Mental Health & Substance Abuse Behaviors & Access to Mental Health Services.

Forces of Change Assessment (FOCA)
Description: The FOCA analyzes the external forces, positive or negative, that impact the promotion and protection of the public's health. Twenty-two diverse stakeholders, representing the Florida Department of Health in Escambia and Santa Rosa Counties, The Live Well Northwest Florida Partnership, nonprofit organizations and others, convened to generate answers to the following question: "What is occurring or might occur that affects the health of our community or local public health system?" Participants brainstormed trends, factors, and events, organizing them into common themes and providing an overarching 'force' as they related to the <i>10 Essential Public Health Services</i> for each of the category columns.
Results
Top 5 Themes
<ul style="list-style-type: none"> • Education: Health Literacy • Funding • Partnerships • Chronic Disease • Healthy Weight/Obesity

The 10 Essential Public Health Services
<ol style="list-style-type: none"> 1. Monitor health status to identify community health problems. 2. Diagnose and investigate health problems and health hazards in the community. 3. Inform, educate and empower people about health issues. 4. Mobilize community partnerships to identify and solve health problems. 5. Develop policies and plans that support individual and community health efforts. 6. Enforce laws and regulations that protect health and ensure safety. 7. Link people to needed personal health care services and assure the provision of health care when otherwise available. 8. Assure a competent public health and personal health care workforce. 9. Evaluate the effectiveness, accessibility, and quality of personal and population-based health services. 10. Research for new insights and innovative solutions to health problems.

Local Public Health System Assessment (LPHSA)
Description: Partners from each county's local public health system convened and discussed the Model Standard Activities which serve as quality indicators that are aligned with the 10 essential public health service areas. See inset.
Results
62% of Model Standard Activities functioned within the Optimal Activity* category.
<small>*Optimal Activity - Greater than 75% of the activity described within the question is met.</small>

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. The Live Well Northwest Florida Partnership collected county-level data for 167 health status indicators and 27 demographic indicators. As a benchmark, individual performance for Escambia and Santa Rosa Counties was compared to that of Florida as a whole. To identify overall themes, results were analyzed using the County Health Rankings model for population health that emphasized the impact of health factors, such as behavior, clinical care, social & economic factors, and physical environment, on the health outcomes of mortality (length of life) and morbidity (quality of life).

Results

For the two communities 51 indicators performed worse than the state.* The major themes revealed included:

Tobacco Use

- 30 related indicators
- 15 indicators perform worse than the state for the two-county community
- 3 indicators with a worsening trend:
 - 1) Live Births where mother smoked during pregnancy,
 - 2) adults who never smoked,
 - and 3) heart disease deaths.

Healthy Weight/Obesity

- 44 related indicators
- 4 indicators perform worse than the state for the two-county community
- 6 indicators with a worsening trend, including: births to overweight mothers, sedentary adults and adults eating the recommended five servings of fruits and vegetables daily.

Access to Care

- 86 related indicators
- 28 indicators perform worse than the state for the two-county community
- 9 indicators with a worsening trend, including: dental care access by low income persons, and outpatient ED visits for diabetes and hypoglycemia.

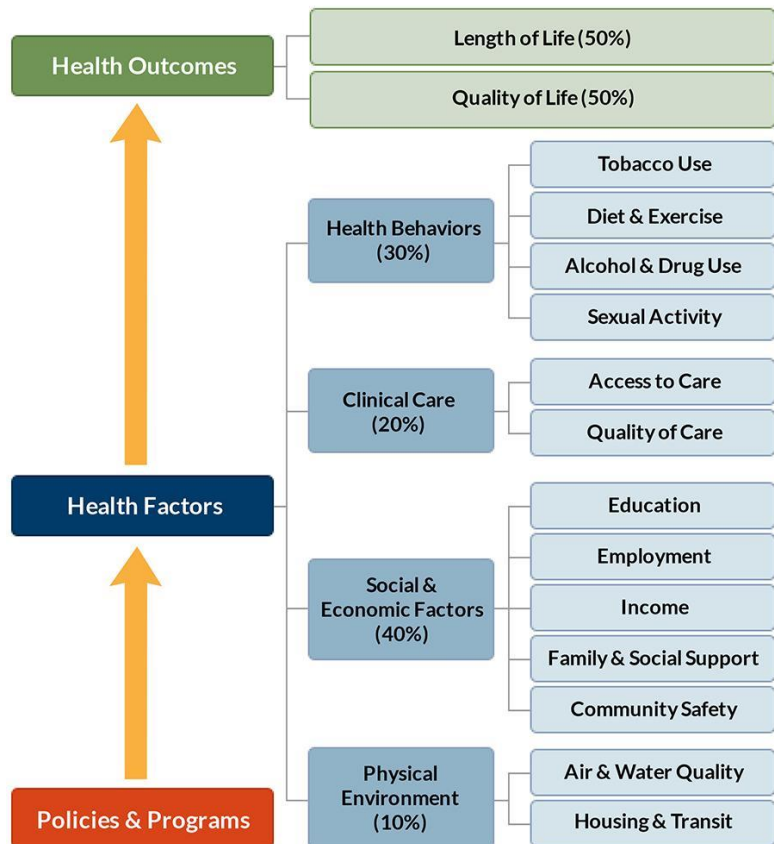
*For complete indicator results, see *Community Health Needs Assessment 2016 Escambia County & Santa Rosa County*.

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).



County Health Rankings model © 2014 UWPHI

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. Access to quality healthcare is one key in reducing inequities and disparities, but health is more than just the absence of disease or illness. 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 8 out of the 67 counties in Health Outcomes and 17 in Health Factors. The concern for Santa Rosa County, however, is that the ranking for Health Factors has dropped from 12 (2013) to 14 (2014) and now 17. The continuation of this trend will lead to poorer performance in overall Health Outcomes. Current, Health Outcomes and Health Factors rankings are displayed below.

County Health Ranking	Rank
Dimension	Santa Rosa
Health Outcomes	8
<i>Length of Life (mortality)</i>	17
<i>Quality of Life (morbidity)</i>	8
Health Factors	17
<i>Health Behaviors</i>	40
<i>Clinical Care</i>	29
<i>Social & Economic Factors</i>	5
<i>Physical Environment</i>	59

Results

Looking at Santa Rosa County, out of the 167 indicators, Santa Rosa County performed worse than the state in 73 of them. Similarly, about half of them, 38 indicators, showed a worsening trend. For the Santa Rosa County community, there are 50 indicators that perform worse than the state.

12% of all individuals live in poverty.

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.

Health issue prioritization was a three-step process:

Step 1: Identify potential health issues
<p>The Live Well Northwest Florida Partnership reviewed data collected in the CHSA to identify issues in which both counties perform worse than the state of Florida. Consideration was given to issues that had a worsening trend, even if performance was better than the state. The Live Well Northwest Florida Partnership reviewed data related to the 2012 Community Health Priorities of Tobacco Use, Healthy Weight and Health Management to determine whether any improvements have occurred.</p> <p>Looking at the list of indicators, the Live Well Northwest Florida Partnership developed a list of health issues for each county individually and the two-counties combined.</p>
Step 2: Use results from other assessments to validate health issues revealed.
<p>The team used the LPHSA, FOCA and CTSA to determine: 1) common issues across multiple assessments and 2) community attitudes towards the health issues. This helped determine whether the community saw the issue as important.</p>
Step 3: Narrow priorities by considering the following guiding questions:
<ul style="list-style-type: none">• Are resources currently available within the community to address the issue?• Are there opportunities to achieve collective impact through partnerships?
<p>The responsibility to improve the health of the community does not, and should not, fall to 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.</p> <p>The team met regularly to discuss the remaining health issues and available resources to impact change. With public health officials, representatives from non-profits, and health service providers as subject matter experts for the remaining health issues, the team formed a consensus around three priority areas.</p>

Once the assessments were complete, the summary of findings were 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. Public input collected can be found in Appendix V, 2016 Community Health Needs Assessment.

The Live Well Northwest Florida Partnership hosted three community “roundtable” meetings to review the summary and give residents the opportunity to make recommendations.

2016 Health Priorities

The Partnership completed a holistic review of the data gathered in each of the assessments to identify overarching themes and health issues.

In tandem with the community-wide effort for the selection of the CHIP Health Priorities, the Florida Department of Health conducted a statewide initiative on Florida Healthy Babies. The infant mortality rate is considered an indicator of poverty and socioeconomic problems, access to quality medical services, and the overall health status of a community.

The issues were discussed by the Partnership Board of Directors who represent a diverse group of community partners from each county. The Board adopted as the 2016 Community Health Priorities for Santa Rosa County the following:

- Healthiest Weight
- Tobacco Use
- Access to Care

In addition to these, the following have been identified as a health concern in Santa Rosa County:

- Deaths from Injury
- Infant Mortality

While these concerns are not one of the major priorities for the county, it is important to understand how these issues can affect the community and give opportunity for organizations and community groups to address them.

The Implementation Plan

Data from the community meetings was incorporated into the final priority recommendations and presented to the Partnership Board for review and approval. With priorities established, the next step was to identify specific goals within each priority and the approach the community would take to meet those goals. This was accomplished within the work groups assigned to each priority. The groups met over several months to identify specific goals, strategies and objectives.

Common Language

To ensure a common language across all community work groups and partners, the following definitions were adopted:

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:

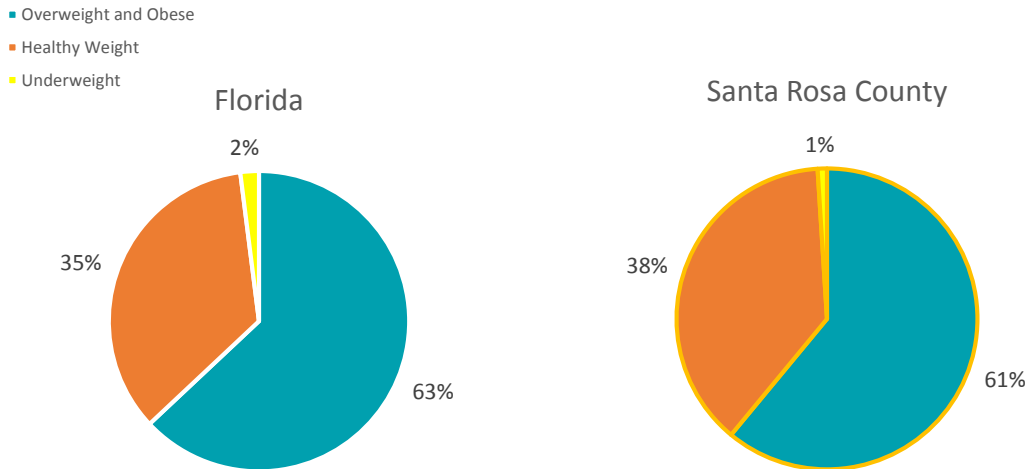
S = Specific **M** = Measurable **A** = Achievable **R** = Realistic **T** = Time-bound

Evaluation

This plan requires the efforts and resources of many individuals and organizations. It is important to document the impact of those efforts. Throughout this Plan you will find objectives written with specific outcome measures and time constraints. These 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 work groups will report quarterly on objectives. These reports are shared with other work groups and members of the Partnership. The CAP committee will publicize 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 Partnership Board.

Community Healthy Priority: Healthiest Weight

Obesity is prevalent, serious and costly. According to the Florida Department of Health, the Healthiest Weight website, the number one public health threat to Florida's future is unhealthy weight. The Centers for Disease Control (CDC) estimates the annual medical cost for people who are obese is \$1,429 higher than those of normal weight. Currently, 36% of adults in Florida are at healthy weight. By 2030, if the current national trend continues, six out of ten children born today will be obese by the time they graduate high school.



As shown above, in Santa Rosa County, about 60% of the total adult population is overweight or obese. Looking at overweight and obese populations separately, the percent of population overweight for Santa Rosa is below the state of Florida.

Overweight and obesity are measured by Body Mass Index (BMI), an estimate of body fat. See inset to right. Survey data collected in 2013* suggests that weight status of Santa Rosa County adults may show slight improvement; however, with most residents either overweight or obese and the slow progress of improvement, poor health outcomes from unhealthy weight in individuals and the community remain a significant concern.

Category	BMI
Adults	
Overweight	25.0-29.9
Obesity	30.0 or higher
Youth - Children and Adolescents age 2-19 years	
Obesity	BMI at or above the 95 th percentile of the sex-specific CDC BMI-for-age growth charts

*Survey collection methods were modified in 2013 therefore caution is suggested in comparing to the last data collection in 2010.

Over the next 20 years in Florida, obesity is expected to contribute to millions of cases of preventable chronic diseases and other poor outcomes costing an estimated \$34 billion annually such as:

- Premature death
- Heart disease
- High blood pressure (hypertension)
- High cholesterol
- Osteoarthritis
- Complications during pregnancy
- Some cancers
- Type 2 diabetes (non-insulin dependent diabetes)

Influences on Weight

To ensure the effectiveness of interventions, it is important to understand the personal, social, economic, and environmental barriers to facilitating changes in diet or physical activity, including:

Diet	Physical Activity
<ul style="list-style-type: none">• Knowledge and attitudes• Skills• Social support• Societal and cultural norms• Food and agricultural policies• Food assistance programs• Economic price systems• Marketing (influences people's—particularly children's—food choices)• Access to and availability of healthier foods• “Eating out”	<ul style="list-style-type: none">• Low income• Lack of time and/or motivation• Rural residency• Lack of social support from peers, family, or spouse• Overweight or obesity• Age and/or Disabilities (inaccessibility)• Physical environment; availability of sidewalks, public transportation, play areas and/or recreational equipment• Lack of transportation to facilities.• Fear of injury

Resources Potentially Available to Address Priority

Organizations and programs serving Santa Rosa and Escambia Counties which have been identified as community assets for the Tobacco Use community health priority include:

- American Heart Association
- Institute of Food & Agriculture Sciences (IFAS) Extension University of Florida
- Escambia County School District
- Florida Department of Health in Escambia County
- Florida Department of Health in Santa Rosa County
- Healthy Start Coalition of Escambia County
- Healthy Start Coalition of Santa Rosa County
- MANNA Food Pantries
- Santa Rosa County School District
- Women, Infants and Children (WIC) Program

Goal 1: Healthy Weight

Goal 1.0 Increase access to healthy foods among vulnerable populations.

Strategy 1.1 Improve the nutritional value of foods provided by food pantries.

Objective 1.1.1 By December 31, 2017, at least 25% of the large food pantries in Santa Rosa County will receive training in nutritional density standards.

Objective 1.1.2 By June 30, 2019, 25% of food pantries in Santa Rosa County that received training will adopt nutritional density standards.

Lead Agency:	Key Partners:	Assets:	Policy needed: Yes
University of West Florida	Feeding the Gulf Coast Manna Food Pantries Florida Department of Health Institute of Food & Agriculture Sciences (IFAS) Extension University of Florida	Food Banks Faith-based community Non-profit organizations	Local food pantry policy

Tactics	Measure	Due Date	Baseline	Year 1 Target	Year 2 Target	Year 3 Target
Survey existing food distribution sites in Santa Rosa County on current policies and practices	Surveys completed	12/30/2016	0	80%	N/A	N/A
Develop and train nutritional guidelines for food pantries	Percent of large food pantries trained	12/31/2017	Establish baseline 1/30/2017	0	25%	N/A
Provide technical assistance to food pantries on implementation of quality standards	Record of guidance provided	06/30/2019	Establish baseline on the baseline of pantries	NA	15%	25%

Goal 2: Healthy Weight

Goal 2.0 Increase the number of adults and children adopting behaviors associated with a healthy weight.

Strategy HW 2.1 Decrease the consumption of sugar-sweetened beverages among children and their families.

- Objective 2.1.1** By June 30, 2019, at least 8 businesses or organizations in Santa Rosa County will adopt zero sugar-sweetened beverage policies.
- Objective 2.1.2** By December 30, 2018, there will be a 9% decrease in Santa Rosa County among the percentage of children enrolled in WIC with an assigned nutritional risk for consumption of sugar-sweetened beverages.
- Objective 2.1.3** By June 30, 2019, there will be no increase over 2016 baseline data in the number of third grade or sixth grade students with high BMIs.

Lead Agencies:	Key Partners:	Assets:	Policy needed: Yes
Baptist Hospital Florida Department of Health	School District School Dietitians/Nurses Extension Service	Chamber of Commerce membership Childcare center relationships	Local business or organizational policies

Tactics	Measures	Due Date	Baseline	Year 1 Target	Year 2 Target	Year 3 Target
Identify and map elementary schools with high BMI rates and associated childcare centers	3 rd and 6 th grade BMI data, maps	12/30/2016	0	100% identified	N/A	N/A
Provide technical assistance on policies and messaging for zero sugar-sweetened beverages to elementary schools and childcare centers	Number of schools and childcare centers (CCC) assisted	06/30/2019	0	School District	2 CCC	4 CCC
Survey the community to determine changes in awareness of the 5210 Let's Go campaign	# of surveys at community events	12/30/2018	0	50	50	N/A
Educate parents by incorporating zero sugar-sweetened messages into WIC counseling and other parent presentations	WIC risk for sugar – sweetened beverages (425.02)	12/30/2018	15.5%	3% decrease	6% decrease	9% decrease
Provide technical assistance to organizations on developing zero sugar-sweetened beverage policies	# of organizations assisted	06/30/2019	0	1	2	3

Community Health Priority: Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. It affects not only those who choose to use tobacco, but also people who live and work around tobacco. Each year, approximately 443,000 Americans die from tobacco-related illnesses and an additional 41,000 from exposure to secondhand smoke. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco related illness. In addition, tobacco use costs the U.S. \$193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964. Smoking causes cancer, heart disease, stroke, diabetes, and lung diseases such as emphysema, bronchitis, and chronic airway obstruction, and can lead to lung cancer and heart disease in those exposed to secondhand smoke. Tobacco use is linked to premature birth, low birth weight, stillbirth, and infant death. On average, smokers die 10 years earlier than nonsmokers.

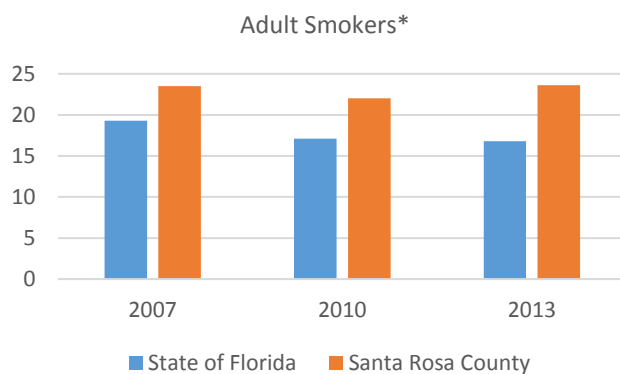


Figure 1. Although smoking rates have generally declined in the two-county area over the last eight years. The counties' rates are significantly higher than the state, and Santa Rosa County rates may actually be increasing. *Survey collection methods were modified in 2013 therefore caution is suggested in comparing to the last data collection in 2010.

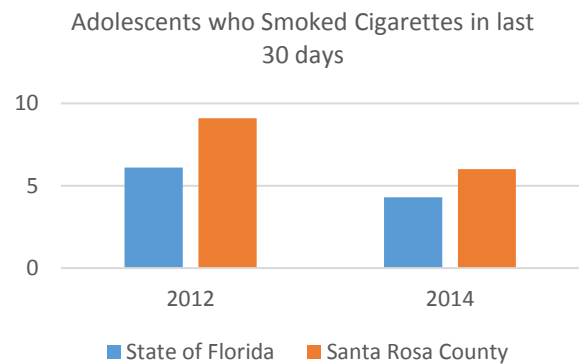


Figure 2. Adolescent smoking rates in both counties exceed the state average. Counties have seen improvement with the most significant improvement in Santa Rosa County.

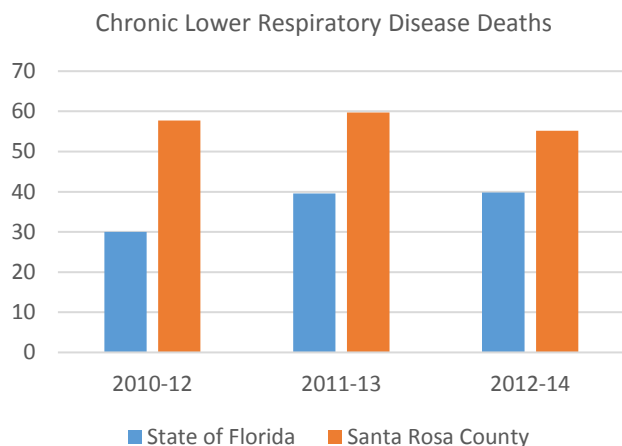
Tobacco is not only smoked. Smokeless tobacco (chew, spit, dip, snuff, snus and a host of new dissolvable products), while less lethal than smoked tobacco, causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Almost 6% of young adults use smokeless tobacco and half of new users are younger than 18.

Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks, respiratory infections, ear infections, and Sudden Infant Death Syndrome (SIDS).

Smoking is estimated to increase the risk of:

- Coronary heart disease by 2 to 4 times
- Stroke by 2 to 4 times
- Men developing lung cancer by 23 times
- Women developing lung cancer by 13 times
- Dying from chronic obstructive lung diseases by 12 to 13 times (such as chronic bronchitis and emphysema)

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.



Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically. Such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

Resources Potentially Available to Address Priority:

Organizations and programs serving Santa Rosa and Escambia Counties which have been identified as community assets for the Tobacco Use community health priority include:

- Blue Cross/Blue Shield of Florida
- American Lung Association
- Florida Tobacco Cessation Alliance
- Tobacco Free Santa Rosa Coalition
- Tobacco Free Escambia
- West Florida Area Health Education Center
- Healthy Start Coalition of Escambia County
- Healthy Start Coalition of Santa Rosa County

Smokeless tobacco users have:

- 80% higher risk of oral cancer
- 60 % higher risk of pancreatic and esophageal cancer

E-cigarettes

The emergence of e-cigarettes (also known as vapors, vaporizers, vape pens, hookah pens, electronic hookahs, e-hookahs, vape pipes, and electronic cigars) has triggered a flood of questions and considerable discussion regarding the risks they pose. The Bureau of Tobacco Free Florida advises consumers not to use e-cigarettes until they are deemed safe and of an acceptable quality by a competent national regulatory body.

Even then, youth should never use these products as nicotine in any form, including e-cigarettes, is unsafe for anyone under age 18. In addition to their potentially harmful effects, Tobacco Free Florida is concerned that e-cigarettes may become a tool to hook youth and young adults on nicotine, a highly addictive chemical.

Adolescents are more sensitive to nicotine and more easily addicted than adults. Because the adolescent brain is still developing, nicotine use during adolescence can disrupt the formation of brain circuits that control attention, learning and susceptibility to addiction. While it is illegal to sell e-cigarettes to Florida minors (under age 18), yet many of these products are available online, at mall kiosks or at local retailers, making them easily accessible to youth.

Source: Tobacco Free Florida

Goal 3: Tobacco Use

Goal 3.0 Reduce the number of youth using electronic nicotine delivery devices (ENDS).

Strategy 3.1 Increase risk awareness of electronic nicotine delivery devices.

Objective 3.1.1 By June 30, 2018, education on electronic nicotine delivery devices will be integrated into 100% of tobacco related classes or presented to middle and high school students.

Objective 3.1.2 By June 30, 2019, at least 25% of businesses with tobacco policies will add e-cigarette and other nicotine delivery device language to their worksite policy.

Objective 3.1.3 By June 30, 2019, there will be no increase over 2013 baseline data in the number of youth 11-17 reporting e-cigarette use

Lead Agency:	Key Partners:	Assets:	Policy needed: Yes
HEAT Coalition Tobacco Free Santa Rosa Coalition	SWAT Youth Group AHEC Florida Department of Health Santa Rosa School District SHAC	Established relationships with businesses and schools	Amended tobacco policies to include ENDS

Tactics	Measures	Due Date	Baseline	Year 1 Target	Year 2 Target	Year 3 Target
Engage community partners and SWAT in distributing ENDS fact sheets at retail pharmacies, community centers, medical groups and schools	# of sites receiving information	01/30/2018	0	10	15	20
Integrate ENDS education into tobacco related classes or presentation to middle and high school students	# of students	12/31/2018	0	100	150	200
Provide technical assistance to smoke-free multi housing, worksites, and schools with tobacco free policies to amend language to include ENDS	Policies amended	06/30/2019	1	4	8	12

Community Health Priority: Access to Care

Access to comprehensive, quality health care services is important for the achievement of health equity and for improving the quality of a healthy life for everyone. Access to health care impacts:

- Overall physical, social, and mental health status
- Prevention of disease and disability
- Preventable hospitalization
- Detection and treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy



Access to health services is a broad and complex issue that encompasses four main components: coverage, services, timeliness, and workforce.

Coverage

Uninsured people are less likely to receive medical care, more likely to die early and are more likely to have poor health status. The underinsured face a similar dilemma, despite having insurance. High out-of-pocket costs or deductibles create financial barriers to receiving care.

Services

People with a usual source of care have better health outcomes and fewer disparities and costs. Health Resources and Services Administration (HRSA) defines areas and populations as Medically Underserved based on four weighted variables - ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.

Timeliness

Timeliness issues include the time between identifying a need for specific tests and treatments and actually receiving those services. Actual and perceived difficulties or delays in getting care when patients are ill or injured likely reflect significant barriers to care.

Workforce

There has been a decrease in the number of medical students interested in working in primary care. Primary care physicians (PCPs) as the usual source of care allow physicians to develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Shortages exist in other key specialties such as dental and mental health professionals. HRSA may designate some geographic areas as a Health Professional Shortage Area based on the rate of full-time equivalent professionals per resident.

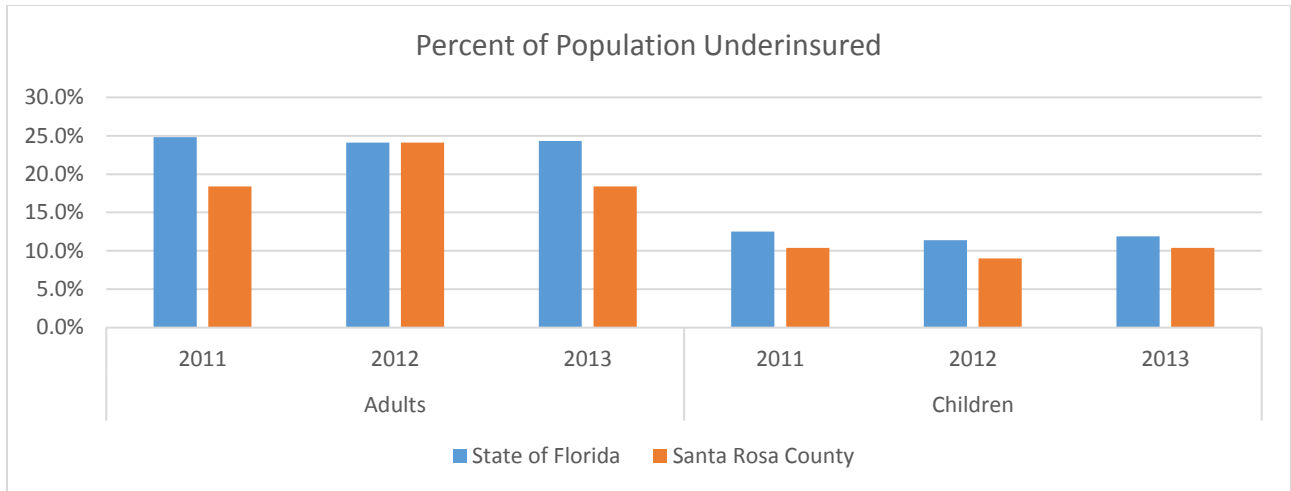


Figure 3 – In Santa Rosa County, the trend in the percent of population uninsured has fluctuated.

As health care reform seeks to expand access to health care by improving affordability, significant nonfinancial barriers also prevent many adults from seeking or delaying the care they need. National research has suggested that four nonfinancial barriers were more frequent reasons for unmet need or delayed care (21%) compared to affordability, the only cost-related dimension (18.5%).

The top nonfinancial barriers include:

- Accommodation (17.5%) —busy with work or other commitments
- Availability (8.4%)—couldn't get appointment soon enough
- Accessibility (4.4%)—took too long to get to the doctor's office or clinic
- Acceptability (4.0%) —doctor or hospital wouldn't accept health insurance

Resources Potentially Available to Address Priority

Organizations and programs serving Santa Rosa and Escambia Counties which have been identified as community assets for the Acces to Care community health priority include:

- Baptist Health Care
 - Baptist Hospital
 - Gulf Breeze Hospital
 - Jay Hospital
 - Lakeview Center, Inc.
- Escambia Community Clinics (Federally Qualified Health Center)
- Faith Based Clinics:
 - Health & Hope Clinic
 - Good Samaritan Clinic
 - St. Joseph's Medical Screening Clinic
- Florida Department of Health in Escambia and Santa Rosa Counties
- Naval Hospital
- Sacred Heart Hospital in Pensacola
- Faith Community Nursing Program
- Santa Rosa Medical Center
- West Florida Hospital

Goal 4: Access to Care

Goal 4.0 Decrease Emergency Department visits associated with ambulatory sensitive conditions and chronic disease

Strategy 4.1 Increase Diabetes Education among vulnerable adult populations

Objective 4.1.1 By June 30, 2019, there will be a 10% increase in participation in National Diabetes Prevention Program (NDPP) among vulnerable populations in Santa Rosa County.

Lead Agency:	Key Partners:	Assets:	Policy needed: No
Florida Department of Health	American Diabetes Association YMCA Santa Rosa Medical Center Sacred Heart Hospital	Faith-based Organizations Community Centers	Not at this time

Tactics	Measures	Due Date	Baseline	Year 1 Target	Year 2 Target	Year 3 Target
Partner with healthcare providers, faith-based and community groups to conduct American Diabetes' Risk Tests for Type 2 diabetes in vulnerable populations	# of screening events offered to vulnerable populations	12/31/2018	0	2	5	8
Establish and maintain providers and health educators for National Diabetes Prevention Program	Enrollment in NDPP programs	06/30/2019	16	5%	5%	5%

Community Health Priority: Injury Prevention

According to the Centers for Disease Control and Prevention (CDC) the total lifetime medical and lost work cost of injuries and violence in the United States was \$671 billion in 2013. The costs associated with fatal injuries were \$214 billion, while nonfatal injuries accounted for over \$457 billion.

Injuries, including all causes of unintentional and violence related injuries combined, account for 59% of all deaths among people 1-44 years of age in the U.S.—that is more deaths than non-communicable diseases and infectious diseases combined. Injuries killed more than 192,000 in 2013—one person every three minutes.

Each year, millions of people are injured and survive. In fact, more than 3 million people are hospitalized; 27 million people are treated in emergency departments and released each year. These people are often faced with life-long mental, physical, and financial problems. The top five causes of death in Florida include: drowning, falls, suicide, poisoning, and motor vehicle injury (child passenger).

Cost of Injuries and Violence in the United States



Nearly \$130 billion of the fatal injury costs were attributable to unintentional injuries, followed by suicide (\$50.8 billion) and homicide (\$26.4 billion).



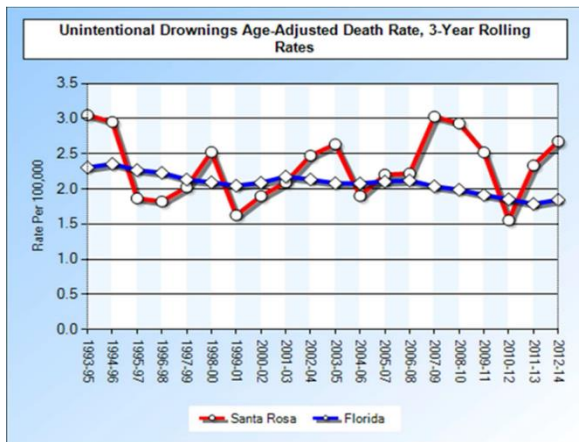
Drug poisonings, including prescription drug overdoses, accounted for 27% of fatal injury costs.



Falls (37%) and transportation-related injuries (21%) accounted for the majority of costs treated in emergency departments.



Males account for the majority (78%) of fatal injury costs (\$166.7 billion) and nonfatal injury costs (63%; \$287.5 billion).

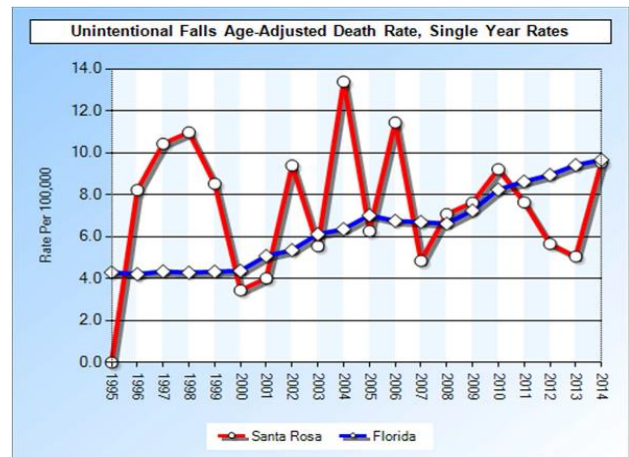


1. Drowning

Every day, about ten people die from unintentional drowning. Of these, two are children aged 14 or younger. Drowning ranks fifth among the leading causes of unintentional injury deaths in the United States. In Florida, the unintentional drowning 3-year rolling rate is 2.0, while Santa Rosa County's rate is 2.9.

2. Falls

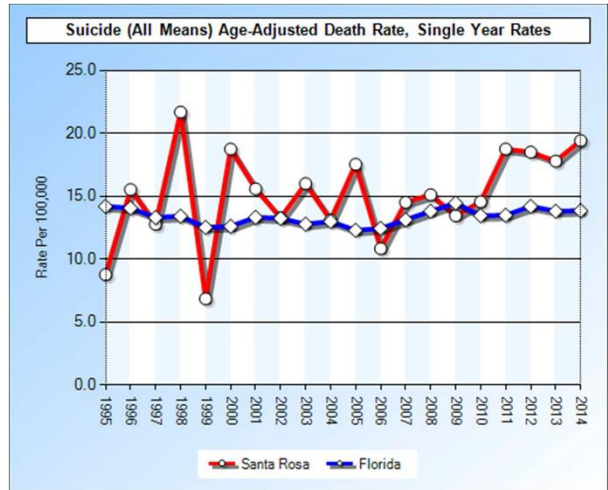
Falls are the leading cause of death from injuries in Floridians 65 and older, and the fourth leading cause of death from injuries overall. As with drowning, Florida Charts tracks deaths as opposed to all falls. From this data, deaths caused by unintentional falls, Santa Rosa County is below the State rate, if we look at the single year rate. The current state rate is 9.7 from 2014 and Santa Rosa's rate is 9.6 for the same year.



3. **Suicide**

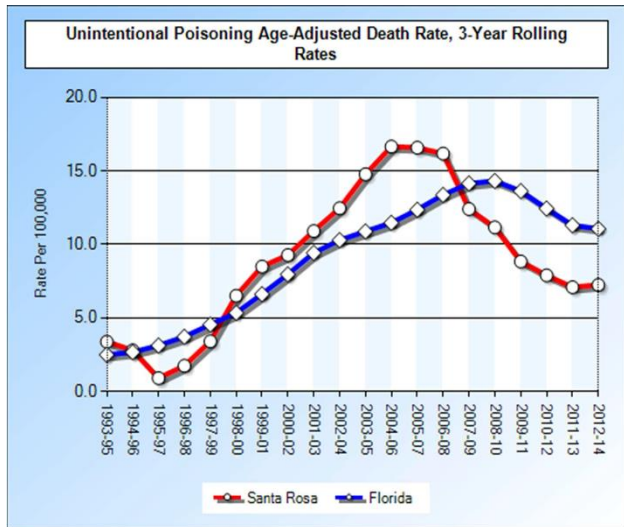
Suicide was the tenth leading cause of death for all ages in 2013. Suicide results in an estimated \$51 billion in combined medical and lost work costs.

From 2009-2011, Santa Rosa County's suicide rate exceeded the State average. The table illustrates a pattern of exceeding the State average with an upward trend.

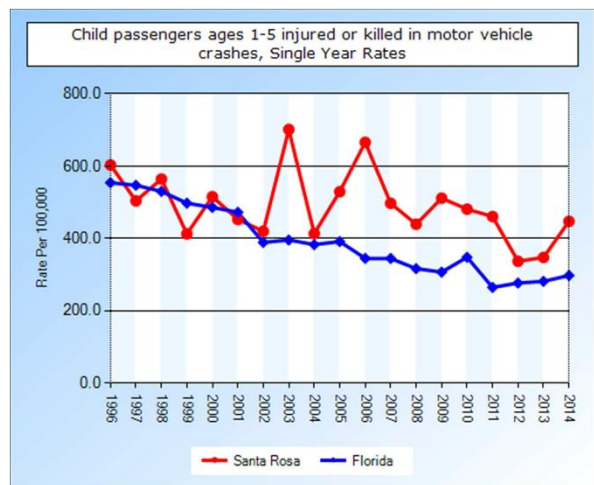


4. **Poisonings**

A poison is any substance, including medication, that is harmful to your body if too much is eaten, inhaled, injected, or absorbed through the skin. An unintentional poisoning occurs when a person taking or giving too much of a substance did not mean to cause harm. In 2014, the Poison Control Centers in Florida handled 143,798 incoming calls.



5. **Motor Vehicle Injury: Child Passenger** Motor vehicle injuries are a leading cause of death among children in the United States. But many of these deaths can be prevented. Buckling children in age- and size-appropriate car seats, booster seats and seat belts reduces serious and fatal injuries by more than half. In 2014, more than 400 children between the ages of 1-5 were killed or injured in motor vehicle accidents in Santa Rosa County.



Goal 5: Injury Prevention

Goal 5.0 Improve Child Passenger Safety

Strategy 5.1 Increase the number of child passenger seats

Objective 5.1.1 By June 30, 2019, will increase the money collected for the \$2 difference tag renewal program to increase the number of child passenger seats by 10%.

Lead Agency:	Key Partners:	Assets:	Policy needed: No
Institute of Food & Agriculture Sciences (IFAS) Extension University of Florida	Florida Department of Health Lifeguard Ambulance Service Santa Rosa Healthy Start Coaliton	Car Safety Program Injury Prevention Program	Not at this time

Tactics	Measures	Due Date	Baseline	Year 1 Target	Year 2 Target	Year 3 Target
Access data and climate of car seat safety program	Presentation to Santa Rosa Tax Collector	6/30/2017	0	Complete	N/A	N/A
Reinstate the \$2 tag renewal program for county car seats.	Renewal program reinstated	09/30/2017	0	N/A	Complete	N/A
Marketing program for tag renewal	Money collected	06/30/2019	Establish baseline on 12/31/2017	N/A	5%	10%

Goal 6: Injury Prevention

Goal 6.0 Improve education of fall prevention

Strategy 6.1 Increase education on fall prevention and utilize community resources effectively

Objective 6.1.1 By June 30, 2019, develop collaboration/continuity between agencies that educate on fall prevention to better use resources by 6%.

Lead Agency:	Key Partners:	Assets:	Policy needed: No
Florida Department of Health	Emergency Management System Lifeguard Ambulance Service Retired Senior Volunteers Sandy Ridge Care Center City of Milton	AHEC Emergency Management System Gulf Coast Falls Coalition	Not at this time

Tactics	Measures	Due Date	Baseline	Year 1 Target	Year 2 Target	Year 3 Target
Survey community interest in training for community health education classes for elderly falls	Survey results	12/30/2016	0	100% Complete	N/A	N/A
Presentation classes to community partners and organizations on injury prevention	Attendance	06/30/2019	Establish baseline on 12/31/16	2%	4%	6%
Increase attendance to National Falls Prevention Awareness Day	Attendance	06/30/2019	0	30	40	50

Community Health Priority: Infant Mortality

Infant mortality refers to the death of an infant before his or her first birthday. Internationally, infant mortality rate is considered an indicator of poverty and socioeconomic problems, access to quality medical services, and the overall health status of a community. Birth defects, Sudden Infant Death Syndrome, maternal complications during pregnancy, and preterm delivery are contributing factors. Poverty is also highly correlated with high infant mortality rates.

Maternal health factors and behaviors that impact birth outcome include mother's age and weight, chronic illnesses such as diabetes and high blood pressure, poor nutrition, substance abuse, smoking, and depression.

Santa Rosa County infant mortality rates are low at 5.1 per thousand compared to the state at 6.1 per thousand for 2012-2014. In Santa Rosa, 87.1% residents identify as white race alone, 6.6% identify, as black race alone and 5.2% identify as Hispanic. Currently the black infant mortality rate is 4.1 as compared to the white rate at 5.3. Hispanic rates are the lowest of all at 3.4. Hispanic rates have dropped significantly since 2005 from 10.0 to the current rate of 3.4. However, it is difficult to identify the causes as Santa Rosa County's infant mortality rate is so low.



Risk factors that contribute to infant mortality are consistent with factors that impact many other health problems in the community. Illicit drug use increases the incidence of fetal growth restriction, preterm birth and adverse pregnancy outcome, all of which contribute to infant mortality. But other behaviors associated with drug use, including smoking and alcohol use, also contribute to risk.

Births to women that smoked during pregnancy have remained relatively flat for Santa Rosa County, but the county rate is higher than the state rate (almost double). Santa Rosa County is 11.4 for 2012-2014 while the state rate is 6.5. Tobacco use is very prevalent in Santa Rosa County.

- Smoking during pregnancy can cause problems for your baby, like premature birth.
- There is a direct correlation between tobacco use and low birth weight babies.

Resources Potentially Available to Address Priority

- Department of Health in Santa Rosa County
- Women, Infants and Children (WIC)
- Santa Rosa Healthy Start Coalition
- Pregnancy Resource Center
- Family Resource
- 90 Works
- Department of Children and Families
- Healthy Families
- Santa Rosa Medical Center Hospital
- Area Health Education Center (AHEC)

Goal 7: Infant Mortality

Goal 7.0 Decrease the smoking rates in pregnant women

Strategy 7.1 Increase awareness of cessation classes for pregnant women

Objective 7.1.1 By June 30, 2019, provide tobacco education and cessation classes to pregnant women in Santa Rosa County.

Lead Agency:	Key Partners:	Assets:	Policy needed: Yes
Area Health Education Center (AHEC)	Private OBs Santa Rosa Medical Center Healthy Start March of Dimes Florida Department of Health Women, Infants and Children Program (WIC)	Existing cessation classes Community partnerships	WIC and Healthy Start referral of pregnant clients to cessation program

Tactics	Measures	Due Date	Baseline	Year 1 Target	Year 2 Target	Year 3 Target
Provide referrals to cessation program	# of AHEC referrals	06/30/2019	0	5	5	5
Number of pregnant women who attend cessation program	Program class and sign-in	06/30/2019	0	5	5	5
Number of pregnant women who complete cessation program	# of attendees	06/30/2019	0	2	2	2
Decrease smoking rate of pregnant women by 1% (11.4% to 10.4%)	Florida Charts	06/30/2019	11.4%	11.4%	11.4%	10.4%
Conduct refresher training for WIC staff on impacts of smoking during pregnancy and low birth weight and preterm delivery	Training Documented	06/30/2017	0	Complete	N/A	N/A
Perform quarterly audits on WIC prenatal charts with code for maternal smoking risks	% of charts with a tobacco related goal set	06/30/2019	Establish baseline by 06/30/2017	N/A	5%	7%

Goal 8: Infant Mortality

Goal 8.0 Education on mental health to the community

Strategy 8.1 Decrease infant mortality in Santa Rosa County

Objective 8.1.1 By December 31, 2018, improve the quality of information and education to the community for high risk families.

Lead Agency:	Key Partners:	Assets:	Policy needed: Yes
Department of Children and Families	Florida Department of Health Healthy Families Healthy Start CDAC	Local OBs First Call for Help	Healthcare provider adoption of standardized referral process

Tactics	Measures	Due Date	Baseline	Year 1 Target	Year 2 Target	Year 3 Target
Build a referral network	Network	03/02/2017	0	Complete	Update	Update
Mental Health and Substance Abuse tool kit	Tool kits	06/30/2017	0	Complete	N/A	N/A
First Mental Health Summit/Provider Fair	Summit	10/30/2018	0	N/A	Complete	N/A

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.

Live Well Partnership Board

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Escambia Community Clinic

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Priority Work Groups

Healthy Weight

Debra Vinci
Enid Sisskin
University of West Florida

Ashlee Turner
Barb McMillion
JoAnn Vanfleteren
Sandy Park-O'Hara
DOH- Santa Rosa

Sonya MacGregor
Carla Chromick
Shawn Jennings
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DOH-Escambia

Chris Parker
YMCA

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UF/IFAS Extension

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Escambia County School District

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Live Well Northwest Florida Partnership

Tobacco

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Vince Nguyen
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JoAnn Vanfleteren
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Healthy Start Coalition of Santa Rosa

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Area Health Education Center

Carla Chromick
Versilla Turner
DOH-Escambia

Access to Care

Susan Howell
Barb McMillion
JoAnn Vanfleteren
DOH-Santa Rosa

Carla Chromick
DOH-Escambia

Jennifer Maule

Escambia Community Clinic

Nora Bailey
Kyle Brunen
Live Well Northwest Florida Partnership

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YMCA

Injury Prevention

Livie Geffrard
Healthy Start Santa Rosa
Debb Alonso
Sacred Heart Senior Service

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Area Agency on Aging

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Area Health Education Center

Michelle Hill
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Sherry Worley
Terri Helms
JoAnn Vanfleteren
DOH-Santa Rosa

Ginny Hinton
UF/IFAS Extension

Infant Mortality

Michelle Hill
Terri Helms
Chris Mauldin
Barb McMillian
Sandy Park-O'Hara
JoAnn Vanfleteren
Sherry Worley
DOH-Santa Rosa

Susan King
Phyllis Gonzalez
Department of Children & Families

Martha Zimmerman
Healthy Start Coalition of Santa Rosa

Anna Dyes
Nicole Larson
Area Health Education Center

Jim Marcombe
Community of Christ

Melody Hines
Jimmy Melvin
Sandy Ridge Health & Rehabilitation

Brad Baker
Daniel Hahn
Santa Rosa Division of Emergency Management

Tracy Soak
Sacred Heart Hospital Pediatric Trauma

Lianne Brown
Sacred Heart Hospital

Ginny Hinton
UF/IFAS Extension