Sarasota County

Community Health Improvement Plan

October 2020 - September 2025

Revised February 2022

Contents

Introduction

Background

The Florida Department of Health in Sarasota County (DOH-Sarasota) completed a Community Health Assessment (CHA) in 2019 to better understand and analyze the health of the county and its residents. The CHA is a compilation of community input and survey data designed to measure the health of residents, while identifying key needs and disparities through comprehensive systematic data collection and analysis. Three core functions define the purpose of public health: assessment, policy development and assurance. CHAs provide information for problem and asset identification and policy formulation, implementation, and evaluation while also helping to measure how well a public health system is fulfilling its assurances.

Utilizing this community-wide approach to identify health priorities and actions allows for process transparency as well as the inclusion of data based on individual and collective perceptions from those in the community, giving everybody a voice in the decision-making process. This approach is the hallmark for the Community Health Improvement Plan (CHIP) and Community Health Assessment (CHA), leading to richer insights that can be used to inform more effective public health initiatives.

Building off the results from previous years, the 2019 CHA was developed through use of secondary data and primary data collected from around 700 Sarasota residents. During this process, DOH-Sarasota and community partners representing more multiple sectors of the local public health system came together to discuss the county's definition a healthy community, while identifying priority health areas to address. These organizations were able to assess the 10 Essential Public Health services including themes, strengths, and forces of change that affect Sarasota and the local public health system. Through these meetings a consensus was reached that the main health priorities for Sarasota County should focus on access to care, behavioral health and the built environment, while considering health equity and leveraging partnerships. This sets the framework that will guide the strategies of the CHIP and aid in the continual process of achieving a healthier status for the community.

Moving from Assessment to Planning: What is the CHIP?

A community health improvement process uses the CHA data to identify priority health issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are then outlined in the form of a community health improvement plan (CHIP). The CHIP is a systemic plan connecting assessment and action, defining how DOH-Sarasota and partnering community organizations will address the public health problems and health inequities within Sarasota County.

The goals, objectives, and strategies within the CHIP are determined by the Community Health Improvement Plan Leadership Council and through discussion with the four Community Health Action Teams (CHAT) along with assigning organizational accountability to ensure progress towards the objectives and goals. Although a variety of tools and processes may be used to implement the CHIP, the fundamental pieces are community engagement and collaborative participation.

How to Use the Community Health Improvement Plan

Public health is based on a preventative approach instead of starting when treatment is needed. The CHIP is meant to be used as a tool that works towards collaboration of partners in reaching a common vision of health improvement through promoting awareness and engagement for organizations. By engaging partners we can react through preventative activities, providing education, and offering services that influence healthier behaviors while connecting residents to the resources across the community in an unified message.

We all play an important role in community health improvement. Below are some simple ways that each of us can use this plan to improve health across Sarasota County:

<u>Community Residents</u>

• Understand priority health issues within the community & use this plan to improve the health of your community.

• Start a conversation with community leaders about health issues important to you using information from this plan.

• Get involved! Volunteer your time or expertise for an event or activity, or financially help support initiatives related to health topics discussed in this plan.

<u>Faith-based Organizations</u>

• Understand priority health issues within the community & talk with members about the importance of overall wellness (mind, body & spirit) & local community health improvement initiatives that support wellness.

• Identify opportunities that your organization or individual members may be able to support & encourage participation (i.e. food pantry initiatives, community gardens, youth groups geared around health priorities, etc.)

<u>Health Care Professionals</u>

• Understand priority health issues within the community & use this plan to remove barriers and create solutions for identified health priorities.

• Share information from this plan with your colleagues, staff & patients.

• Offer your time & expertise to local improvement efforts (committee member, content resource, etc.)

• Offer your patients relevant counseling, education and other preventive services in alignment with identified health needs of the community.

Educators

• Understand priority health issues within the community. Use this plan and recommend resources to integrate topics of health and health factors (i.e. access to health food, physical activity, risk-behaviors, use of the health care system, etc.) into lesson plans across all subject areas such as math, science, social studies & history.

• Create a healthier school environment by aligning this plan with school wellness plans/policies.

• Engage the support of leadership, teachers, parents & students.

Government Officials

• Understand priority health issues within the community.

• Identify the barriers to good health in your communities and mobilize community leaders to act by investing in programs and policy changes that help members of our community lead healthier lives.

Employers

• Understand priority health issues within the community. Use this plan and recommend resources to help make your business a healthy place to work!

• Educate your team about the link between employee health & productivity.

State and Local Public Health Professionals

• Understand priority health issues within the community & use this plan to improve the health of this community.

• Understand how the Sarasota County community, & populations within the county, compare with peer counties, Florida & the U.S. population.

CHIP Revisions 2021

The CHIP Leadership Council meets every three months to discuss objectives and related activities that are being conducted throughout the community. The purpose of the Annual CHIP Review Meeting is to monitor implementation of the CHIP, review and assign action items, and recognize practices with improved performance. This time is also used to identify potential activities that could be done to address a strategy and meet the related objective. During the annual meeting in October 2021, some revisions were made as well as suggestions for addressing substance related objectives. There was additional discussion around several objectives that the group thought may be difficult to enact any change on, particularly on topics of income spent on housing, health impact assessments, and dental visits. Education was provided on how this is a community plan and worked on identifying sectors that were not represented in the meetings to address objectives of concern and actions that are occurring or could occur to spotlight these.

Revisions made based on discussion:

- Strategies better defined for objectives
- Objective MH 1.5 was reworded, and baseline updated due to change in survey
- Objective MH 2.2 was removed as it was decided this was an action to accomplish the objectives and goal
- Objectives AC 1.1 and AC 2.2 were reworded to better identify actions to take

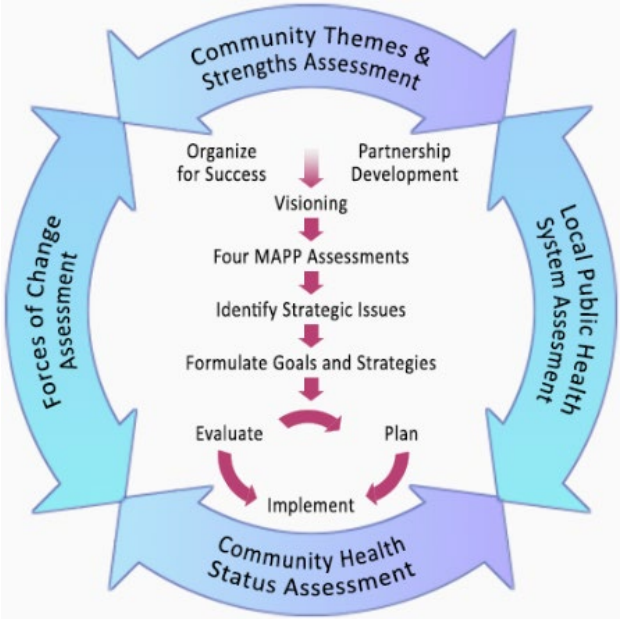
In Appendix A on pages 19-27 performance and actions for each objective and the above-mentioned changes can be found.

Mobilizing for Action through Planning and Partnerships (MAPP)

Phases 1 – 6

The Florida Department of Health in Sarasota County (DOH-Sarasota) completed the 2019 Sarasota County Community Health Assessment to better understand the health of the county and its residents. DOH-Sarasota utilized the MAPP to guide the community health assessment. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The MAPP process consists of six phases: organize for success/partnership development, visioning, assessments, identify strategic issues, formulate goals and strategies, and action. Information gathered during the MAPP process will be used to update the Community Health Improvement Plan (CHIP).

- ✓ Phases one and two are comprised of visioning, organizing, and partner development.
- ✓ Phase three is the assessment phase, encompassing four distinct assessments (Community Themes & Strengths, Local Public Health System, Community Health Status, and Forces of Change).
- ✓ Phase four identifies strategic issues by converging the results of the assessments in phase three.
- ✓ Phase five is for formulating goals and strategies to address the issues and achieving goals of the community's vision.
- ✓ Phase six is the action cycle and links planning, implementation and evaluation by building upon each activity in a continuous and interactive manner.



Even though the MAPP process is iterative, the framework is flexible and can be tailored to fit the needs of the community.

Summary of Community Health Assessment

Sarasota County used primary and secondary data as part of the CHA. The assessment took into account health factors such as the environment, social and economic status, disease incidence, disability, behavioral health, healthy weight, and access to care. The findings from this assessment were used to identify the priority areas of the CHIP. The most recent CHA and CHIP build upon priorities identified in previous versions. Additionally, the 2019 CHA was developed to supplement data collected in 2016 CHNAs from local non-profit hospitals. These data, conducted as a requirement by the Internal Revenue Service in response to the Patient Protection and Affordable Care Act enacted in 2010, integrates the work of public health and health care agencies to work towards a common goal.

The National Associations of County and City Health Official's (NACCHO) Mobilizing for Action through Planning and Partnership (MAPP) helped to guide the CHA planning and implementation process. The four key MAPP assessments used throughout this process include:

1. Community Health Status Assessment
2. Community Themes and Strength Assessments
3. Forces of Change Assessment
4. Local Public Health System Assessment

Primary Data

In Sarasota County there were three different community surveys to gain a wide range of input from community members.

The CASPER Survey is a statistically significant methodology with thirty randomly selected census tracts for completion of resident surveys electronically, by mail, or in person. Four sections including demographics, general health, quality of life, and health care access made up the survey also including National Council on Aging (NCOA) questions as well as community interests and perceptions for a health community were included. In total 168 responses were received through mail and in person interviews, which makes the sample statistically valid according to methodology.

An Age Friendly Survey was designed through partnerships with The Patterson Foundation and NCOA, using AARP and NCOA questions. The Patterson Foundation shared the survey electronically with Age Friendly Advocates and surveyed residents at various locations. There were 437 responses collected of which 319 responses were completed by those aged 50 and older.

A Maternal Child Health (MCH) Survey containing Pregnancy Risk Assessment Monitoring (PRAM) questions including demographics, risk factors, experiences and behaviors during and shortly after pregnancy was used to allow for state and national comparison. In April and May of 2019 there was 100 surveys completed during Community Baby Showers organized by Healthy Start Coalition and its partners.

Focus Groups and community Dialogue were facilitated in January and February 2019. In total, nine meetings at seven locations took place at demographically diverse locations throughout Sarasota County. There were 54 participants engaged in discussions on topics including aging, environmental health, health equity, and LBGT+ issues.

Secondary Data

Existing, or secondary, data was extracted primarily from Florida CHARTS with more than ten categories reviewed including demographics, socioeconomics, health resources, health behaviors, environmental health, social and mental health, injuries, maternal and child health, infectious disease, and death.

Forces of Change (FoC)

This assessment is intended to identify trends (patterns over time); factors (discrete elements specific to a community); or events (one-time occurrences) that are or will be influencing the health and quality of life of the community, and the work of the local public health system. It is designed to create a comprehensive but focused list that identifies the key forces and describes their impacts. The assessment answers the following:

What trends, factors and/or events affect the health of the people in the United States, in the State of Florida, and in Sarasota County?

During April and May of 2019, the FoC Assessment was completed by the CHIP Leadership Council and staff of Sarasota County Health and Human Services, with 46 responses received. For each one of the questions there was space to describe separate trends, factors and events, with a brief definition of each one.

Community Health Assessment Highlights

Mental Health: The suicide rate in Sarasota is higher than the state, with 71% of suicides in Sarasota County being in adults more than 50 years old. More than 49% of CASPER respondents think depression is somewhat a problem or a large problem.

Substance Use and Abuse: The rate of drug related deaths for Sarasota County residents aged 25-64 continued to be worse than the state in 2018. Binge drinking among older residents in Sarasota County is higher than the state at 12.9% vs 8.7%.

Chronic Disease: Sarasota County has a higher percentage of adults that are overweight at 38% versus the state at 36%.

Communicable Disease: Sarasota is doing better than the state in rates of chlamydia, gonorrhea, syphilis, and HIV, but the county continues to see an increase in the rate of chlamydia, gonorrhea, and syphilis.

Injury and Violence: Sarasota has higher rates of non-fatal emergency department

visits and hospitalizations due to falls than the state at 2410.45 per 100,000 versus 2404.63 per 100,000.

Access to Care: A significant relationship was found between income and insurance, with those who make less than $25,000 a year being less likely to have seen a doctor in the past year due to cost.

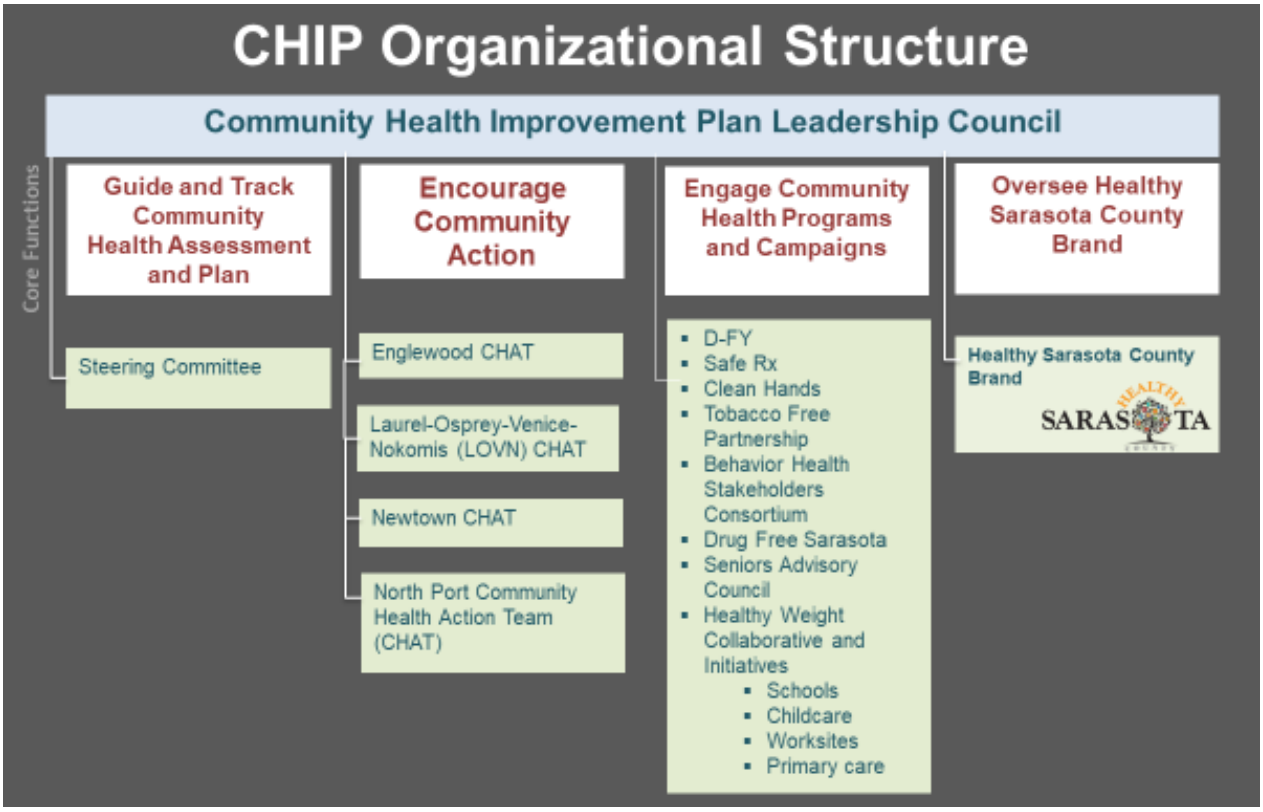
Built Environment: The rate for emergency room visits due to asthma in Sarasota County is over 5 times higher for black residents at 1229.8 per 100,000 versus white residents at 241.4 per 100,000.

CHIP Methods

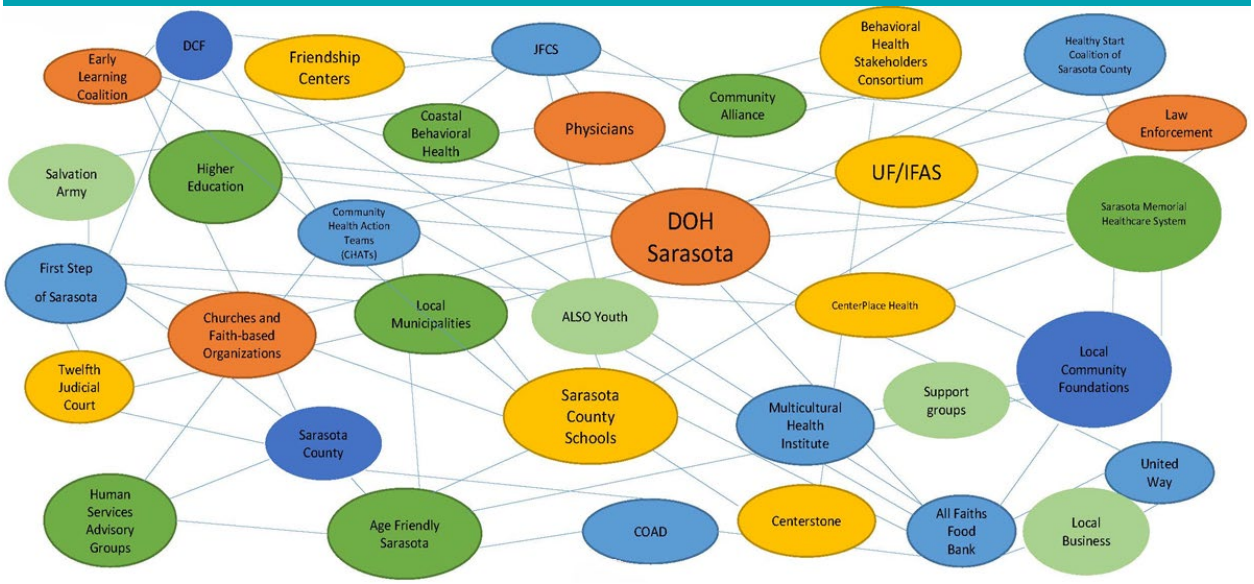
Community Engagement

Community engagement is essential to creating a Community Health Improvement Plan (CHIP) that ensures continuous, effective solutions. In 2019, community partners and members convened to identify health issues to be prioritized for the 2020 CHIP. During this time, participants listed existing collaboratives and resources to be considered and leveraged in implementing the CHIP and addressing health in the community.

Using existing public and private partnerships, a diverse group of community partners collaborated and gathered for the CHIP Leadership Council and Community Health Action Teams (CHATs). Sectors represented in these groups include local hospitals and health care organizations, local government, community-based organizations, social service organizations, and schools, all working to develop and implement the 2020 CHIP.



OH-Sarasota County Partners



Visioning

The purpose of the vision statement is to provide focus and direction for community health improvement planning while also encouraging participation to collectively achieve a shared image of the future. Community partners and community members representing every zip code responded to a survey about the vision for a healthy community. Below is the vision developed based on that feedback.

The community members and partners of Sarasota County envision a healthy community as a responsive, equitable, sustainable society, promoting access to healthcare, social inclusion, intergenerational respect, and environmental awareness through cooperative efforts that respond to current and future public health challenges to protect the well-being of all residents and visitors.

Setting Health Priority Areas

The public health system must first help identify the most relevant, critical, and emerging needs, and then prioritize actions for implementation to be effective and direct the work that needs done in communities. Prioritization uses an objective rational approach to identify those problems that a community can address, based on an assessment of health status and the forces of change surrounding those indicators.

Through facilitated conversation, communities should use the Objective, Reflective, Interpretive, Decisional (ORID) method. In October 2019, the CHIP Leadership Council convened to accomplish this. The group was provided an overview of the Community Health Assessment to date and participated in a process to understand strategic issues

and begin the discussion to formulate strategies and goals around each. Through facilitated discussion, various strategies to address the identified strategic issues were compiled by the CHIP Leadership Council.

The group concluded that mental health, access to care, and the built environment should be recognized as the main health priorities, and that a health improvement plan should consider health equity and leverage partnerships to achieve results. Based on these recommendations, the CHIP moved forward with three health priority issues.

Health disparities were also identified to play a significant role in health outcomes. Work across the priorities will include health equity measures aimed at addressing social determinants of health (SDOH) that drive health inequities. Health equity is when everyone has a fair and just opportunity to be healthy and reach their full potential. Social determinants of health are the conditions under which people are born, grow, live, work, and age and are shaped by social, built, and economic environments. You will find health equity intertwined within the three priority areas as a means of addressing the root causes of health outcomes. Finally, partnerships are leveraged for implementation of the CHIP through the CHATs and the CHIP Leadership Council.

Development and Tracking of Goals, Strategies, and Objectives

Once the CHA was completed and priority health areas were identified, work teams were convened for each of the three health priority areas. Community members and stakeholders were invited to participate in the meeting and select work teams based on their expertise. The CHIP Leadership Council and CHAT members met and communicated to develop Goals, Strategies, Objectives and an Action Plan for implementation of the CHIP. Work team members at DOH-Sarasota used feedback and available data to identify potential goals and objectives for each priority health area, aligning with national, state and local plans. These potential goals and objectives were presented to the CHIP Leadership Council, where they were asked for any revisions and to identify strategies that their organizations are utilizing that would help meet goals and objectives.

Members indicated available resources and discussed how these resources may be used to achieve CHIP goals and objectives. Finally, members worked on action planning for each health priority area, including development of activities and selection of timeframes, coordinating agency, partner agencies and process measures for monitoring and evaluation. The coordinating and partner agencies will be responsible for keeping the CHIP Leadership Council updated of progress and any needs when implementing the action plans to meet objectives.

Qualitative and quantitative data from the CHA informed members of the CHIP Leadership Council of key strategic health issues which guided the formation of the CHIP goals and strategies toward improved community health. Each year the CHIP Leadership Council reviews the CHIP, progress in each area, and revises objectives and indicators as necessary to reflect the community needs.

Over the next five years, DOH-Sarasota and the CHIP Leadership Council will lead Sarasota County in implementation of the Community Health Improvement Plan. These efforts will be evaluated annually and updated as necessary to align with community resources, activities and partnership.

Alignment

Findings from the four MAPP assessments that make up the Community Health Assessment (CHA) led to the identification 3 priority health issues that form the Sarasota County Community Health Improvement Plan (CHIP). By addressing these public health concerns, we hope to improve the overall health outcomes for the residents of Sarasota County.

The goals and objectives of the Sarasota County CHIP have been aligned with the Florida State Health Improvement Plan (SHIP) 2017-2021 and Healthy People 2020. Below is an overview of how Sarasota CHIP priorities align with state and national health improvement priorities:

Priority and Sub Area	Goals
MENTAL HEALTH Alcohol Use and Abuse Suicide Drug & Substance Use and Abuse	*1) Decrease substance abuse rates for adults and youth* *2) Increase community capacity to address mental health issues in adults and youth*
Access to Care Prevention Intervention Navigation	*1) Promote awareness of social determinates of health and health equity to improve physical and social environments resulting in good health for all* *2) Increase access to and utilization of quality healthcare* *3) Increase percentage of residents who are at a healthy weight*
Environmental Health Water Quality Air Quality Built Environment	*1) Increase quality of natural and built environments to promote health outcomes*

Mental Health

Mental health has a powerful effect on the health of individuals, families and communities. The misuse of alcohol, prescribed and illicit drugs, and tobacco also affects the health and well-being of millions of Americans. Promoting and implementing prevention and early intervention strategies to reduce the impact of mental health disorders is important for quality and length of life.

MH Goal 1: ***Decrease substance abuse rates for adults and youth***	**MH Objective 1.1: Older adults that drink:** Decrease the percent of adults aged 65 and over that engage in heavy or binge drinking from 12.9% (2016) to 9.9% by September 2025 **MH Objective 1.2: Youth that drink alcohol:** Decrease the percent of youth in middle and high school who report using alcohol in the past 30 days from 19.3% (2018) to 16.3% by September 2025 **MH Objective 1.3: Drug abuse rates and/or overdose:** Decrease the number of overdose deaths related to opioids and other drug abuse from 97 (2018) to 87 by September 2025 **MH Objective 1.4: Neonatal Abstinence Syndrome:** Decrease the number of infants less than 28 days old who were exposed to opioid prescription or illicit drugs during the mother's pregnancy from 43 (2018) to 37 by September 2025 **MH Objective 1.5: Teen vape/tobacco:** Decrease the percent of youth who currently electronic vaping with nicotine from 14% (2018) to 10% by September 2025 (REWORDED)
Alignment: FL SHIP Goals BH1 & BH2; Healthy People 2020 SA2, SA14, IVP9, MICH11, TU2, TU3	

MH Goal 2: ***Increase community capacity to address mental health issues in adults and youth***	**MH Objective 2.1: Suicide rates for older adults:** Reduce the number of suicides in adults 50 and over from 74 (2018) to 70 by September 2025 ~~**MH Objective 2.2: Mental health screening:** Increase the number of providers offering universal mental health screening by 10% by September 2025, from baseline established by September 2021.~~ (REMOVED, DEFINED AS AN ACTION TO SUPPORT REACHING OBJECTIVES AND GOALS)
Alignment: FL SHIP Goals BH4; Health People 2020 IVP9, MHMD1, MHMD11, MHMD6	

Access to Care

Access to care impacts the overall physical, social, and mental health status and quality of life. Disparities in access are often directly linked to disparities in health outcomes between race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, and neighborhood. Barriers to care prevent problems that could have been caught early and can result in life-threatening situations that require immediate attention.

AC Goal 1: Promote awareness of social determinates of health and health equity to improve physical and social environments resulting in good health for all	**AC Objective 1.1:** By September 2025 provide 4 training opportunities to community organizations and agencies on social determinants of health (REWORDED) **AC Objective 1.2:** By September 2025, increase the number of agencies that agree to consider health equity in policies through formalized processes by 3 from baseline to be established by September 2021 **AC Objective 1.3:** Increase the number of agencies that serve as Department of Family and Children community partners by 15 by September 2025
Alignment: FL SHIP HE1, HE2; Healthy People 2020 MHMD9	

AC Goal 2: ***Increase access to and utilization of quality healthcare***	**AC Objective 2.1: Childhood immunization rates:** Increase the immunization levels in kindergarten students from 89.9% (2019) to 92% by September 2025 **AC Objective 2.2: Navigation – Information and referral:** By September 2025, increase the percent of women who receive prenatal care starting in the first trimester from 73.3% to 80% by September 2025 (REWORDED) **AC Objective 2.3: Falls prevention:** Decrease the number of emergency department visits due to falls in adults 65 and over by 5% from 6,645 in 2018 to 6,313 by September 2025 **AC Objective 2.4: Dental cleanings:** Increase the percent of adults ages 18-44 who visited a dentist or dental clinic in the past year from 45.7% (2016) to 47% by September 2025 **AC Objective 2.5: Assist with access barriers:** Decrease the percent of employed adults ages 19-64 who have no health insurance from 19.5% (2018) to 17.7% by September 2025
Alignment: FL SHIP MCH2, ISV1, HE3, IM2; Healthy People 2020 IID8, IVP23, OH11, AHS 3	

AC Goal 3: ***Increase percentage of residents who are at a healthy weight***	**AC Objective 3.1: Healthy nutrition and physical activity:** Decrease the percentage of adults who are overweight or obese from 58.5% (2016) to 55% by September 2025 **AC Objective 3.2: Healthy nutrition and physical activity:** Increase the percentage of children at a healthy weight from 62% (2018) to 65% by September 2025
Alignment: FL SHIP HW1, HW2; Healthy People 2020 NWS8, NWS9, NWS10, NWS11	

Environmental Health

We interact with the environment constantly affecting quality and length of life and health disparities. Environmental health must address social and built environmental factors to maintain a healthy environment

EH Goal 1: ***Increase quality of natural and built environments to promote health outcomes***	**EH Objective 1.1: Health Impact Assessment:** Community planning and land use design; walking, biking, public transportation will incorporate a Health Impact Assessment on at least 3 plans, policies, programs, projects, or proposals by June 2025 **EH Objective 1.2: Safe, quality, affordable housing (costs 30%+ of income & homelessness):** Decrease the percentage of households that are paying 30% or more of income on housing from 31% (2019 ACS) to 28% by September 2025 **EH Objective 1.3: Transportation:** By June 2025, decrease the percent of residents who identify transportation as a barrier in Sarasota County by 5% from baseline to be established by September 2021. **EH Objective 1.4: Asthma:** Decrease the number of emergency room visits due to asthma for Black residents in Sarasota County by 5% going from 238 (2018) to 226 by September 2025
Alignment: FL SHIP CD1, HE3; Healthy People 2020 SDOH4, RD3	

As we move forward, plans to address COVID-19 are addressed through our actions completed in reaching our objectives. New objectives may be identified specifically related to COVID-19 as we move forward with implementing the Community Health Improvement Plan, as we know it has a role in impacting the health of the community.

CONTRIBUTING PARTNERS

All Faiths Food Bank, Inc.

CenterPlace Health, Inc.

Centerstone, Inc.

Charles and Margery Barancik Foundation

City of North Port, Florida

Coastal Behavioral Healthcare, Inc.

Community Assisted & Supported Living Inc.

Community Foundation of Sarasota County, Inc.

Community Health Action Teams

Early Learning Coalition of Sarasota County

First Step of Sarasota, Inc.

Florida Department of Children and Families

Florida Department of Health in Sarasota County

Florida State University—College of Medicine

Gulf Coast Community Foundation, Inc.

GulfCoast South Area Health Education Center (AHEC)

Healthy Start Coalition of Sarasota County, Inc.

Jewish Family and Children Service of the Suncoast, Inc.

Multicultural Health Institute, Inc.

The Patterson Foundation

The Salvation Army—Sarasota Area Command

Sarasota County Government

Sarasota County Schools

Sarasota Memorial Health Care System

Senior Friendship Centers

Town of Longboat Key, Florida

University of Florida, IFAS Extension

University of South Florida

Appendix A: Action Plans

Priority Health Issue: Mental Health **Goal 1:** Decrease substance abuse rates for adults and youth		
Strategy 1.1: Provide education on available resources in the community for the aging population and caregivers to increase utilization of existing programs.		
MH Objective 1.1: Decrease the percent of adults aged 65 and over that engage in heavy or binge drinking from 12.9% (2016) to 9.9% by September 2025		
Baseline	**Target**	**Performance**
12.9% (2016)	9.9%	15% (2019)
Partner Agencies: Senior Friendship Centers, Alcoholics Anonymous, Area Agency on Aging, First Step of Sarasota		
Data Source: http://www.flhealthcharts.com/charts/Brfss/DataViewer.aspx?bid=10&cid=2		
Activity	**Measure**	**Coordinating Agency**
Alcoholics Anonymous presentation to community partners on available outreach and education	1 presentation	DOH Sarasota
Educational events held for target population		Senior Friendship Center

Priority Health Issue: Mental Health **Goal 1:** Decrease substance abuse rates for adults and youth		
Strategy 1.2: Engage youth to become advocates among peers for positive decisions and prevention efforts		
MH Objective 1.2: Decrease the percent of youth in middle and high school who report using alcohol in the past 30 days from 19.3% (2018) to 16.3% by September 2025		
Baseline	**Target**	**Performance**
19.3% (2018)	16.3%	18.5% (2020)
Partner Agencies: Drug Free Sarasota, Englewood Community Coalition, North Port Drug Free Youth, Sarasota County Schools, Area Law Enforcement		
Data Source: https://www.myflfamilies.com/service-programs/samh/prevention/fysas/2020/docs/county-tables/Sarasota.pdf		
Activity	**Measure**	**Coordinating Agency**
Youth enrollments in Drug Free Youth for the 2020-2021 school year	288 (new) & 300 (renewing)	Drug Free Sarasota

Priority Health Issue: Mental Health **Goal 1:** Decrease substance abuse rates for adults and youth		
Strategy 1.3: Educate providers and community members on substance use and mental health to increase access to resources such as naloxone and existing programs.		
MH Objective 1.3: Decrease the number of overdose deaths related to opioids and other drug abuse from 97 (2018) to 87 by September 2025		
Baseline	**Target**	**Performance**
97 (2018)	87	94 (2019)
Partner Agencies: Drug Free Sarasota, First Step of Sarasota, Area Law Enforcement, North Port Drug Free Youth, JFCS, Salvation Army, Sarasota Memorial Healthcare System, Behavioral Health Stakeholders Consortium		
Data Source: https://flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=SubstanceUseDashboard.Dashboard & https://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=NonVitalInd.Dataviewer		
Activity	**Measure**	**Coordinating Agency**
Being Planned – Narcan distribution in community		CHIP LC
Updated information brochure for law enforcement to distribute	Completed brochure and how many provided	Drug Free Sarasota

Priority Health Issue: Mental Health **Goal 1:** Decrease substance abuse rates for adults and youth		
Strategy 1.3: Educate providers and community members on substance use and mental health to increase access to resources such as naloxone and existing programs.		
MH Objective 1.4: Decrease the number of infants less than 28 days old who were exposed to opioid prescription or illicit drugs during the mother's pregnancy from 43 (2018) to 37 by September 2025		
Baseline	**Target**	**Performance**
43 (2018)	37	39 (2019)
Partner Agencies: First Step of Sarasota, Healthy Start Coalition, Sarasota Memorial Hospital, Ob/Gyns, ASAP		
Data Source: https://flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=SubstanceUseDashboard.Dashboard		
Activity	**Measure**	**Coordinating Agency**
Plan of Safe Care put in place	#	
Pregnant women connecting to care		First 1000 Days

Priority Health Issue: Mental Health **Goal 1:** Decrease substance abuse rates for adults and youth		
Strategy 1.2: Engage youth to become advocates among peers for positive decisions and prevention efforts		
MH Objective 1.5: Decrease the percent of youth who currently use electronic vaping with nicotine from 14% (2018) to 19% by September 2025		
Baseline	**Target**	**Performance**
14% (2020)	10%	
Partner Agencies: Englewood Community Coalition, Tobacco Free Partnership of Sarasota County, Sarasota County Schools, Drug Free Sarasota, North Port Drug Free Youth, GulfCoast South AHEC		
Data Source: https://www.myflfamilies.com/service-programs/samh/prevention/fysas/2020/docs/county-tables/Sarasota.pdf		
Activity	**Measure**	**Coordinating Agency**
Increase number or SWAT clubs and number of engaged students	7 clubs & 63 members 2021 school yr. start	DOH - Sarasota
Educational events in the		

Priority Health Issue: Mental Health **Goal 2:** Increase community capacity to address mental health issues in adults and youth		
Strategy 1.1: Provide education on available resources in the community for the aging population and caregivers to increase utilization of existing programs.		
MH Objective 2.1: Reduce the number of suicides that occur in adults aged 50 and over from 74 (2018) to 70 by September 2025		
Baseline	**Target**	**Performance**
74 (2018)	70	56 (2019)
Partner Agencies: Friendship Centers, Centerstone, JFCS, Area Agency on Aging		
Data Source: https://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=Death.DataViewer&cid=0116&drpCounty=58		
Activity	**Measure**	**Coordinating Agency**
Education events for family and caregivers		
Support groups for loss		

Priority Health Issue: Mental Health		
MH Goal 2: Increase community capacity to address mental health issues in adults and youth		
MH Objective 2.2: Increase the number of providers offering universal mental health screening by 10% by September 2025 from baseline to be established by September 2021.		
Partner Agencies: Centerstone, JFCS, Sarasota Memorial Healthcare System		
Data Source:		
Activity	**Measure**	**Coordinating Agency**

OBJECTIVE REMOVED

Priority Health Issue: Access to Care **AC Goal 1:** Promote awareness of social determinates of health and health equity to improve physical and social environments resulting in good health for all		
Strategy 2.1a: Assess, educate, engage, and empower community organizations and stakeholders to increase understanding of social determinants **Strategy 2.1b:** Catalyze community action to impact health inequities		
AC Objective 1.1: By September 2025 provide 4 training opportunities to community organizations and agencies on social determinants of health		
Baseline	**Target**	**Performance**
0 (2020)	4	0
Partner Agencies: Sarasota County Government, Multicultural Health Institute		
Data Source: Local Event Data		
Activity	**Measure**	**Coordinating Agency**
Identify and schedule training		Health Equity Coalition

Priority Health Issue: Access to Care **AC Goal 1:** Promote awareness of social determinates of health and health equity to improve physical and social environments resulting in good health for all		
Strategy 2.1a: Assess, educate, engage, and empower community organizations and stakeholders to increase understanding of social determinants **Strategy 2.1b:** Catalyze community action to impact health inequities		
AC Objective 1.2: By September 2025, increase the number of agencies that agree to consider health equity in policies through formalized processes by 3 from baseline to be established by September 2021		
Baseline	**Target**	**Performance**
0	3	
Partner Agencies: CenterPlace Health, FDOH Sarasota, Sarasota County Government, Area Chambers of Commerce, Multicultural Health Institute		
Data Source: Local Event Data		
Activity	**Measure**	**Coordinating Agency**

Priority Health Issue: Access to Care **AC Goal 1:** Promote awareness of social determinates of health and health equity to improve physical and social environments resulting in good health for all		
Strategy 2.2: Partner with community organization, health care providers, and state and county agencies to target education and outreach efforts regarding access to care and eligibility for coverage programs		
AC Objective 1.3: Increase the number of agencies that serve as Department of Family and Children community partners by 15 by September 2025		
Baseline	**Target**	**Performance**
23 (2021)	38	
Partner Agencies: Sarasota County Libraries, Area Faith Based Organizations, Department of Children and Families		
Data Source: https://access-web.dcf.state.fl.us/CPSLookup/search.aspx		

Activity	Measure	Coordinating Agency
Library system to become partner		Sarasota County Libraries
Identify gaps in accessible locations in Sarasota County		

Priority Health Issue: Access to Care **AC Goal 2:** Increase access to and utilization of quality healthcare		
Strategy 2.3: Promote awareness and support community partnerships to increase immunization education to community members to decrease vaccine-preventable diseases through educational outreach events and cohesive messaging across partners		
AC Objective 2.1: Increase the immunization levels in kindergarten students from 89.9% (2019) to 92% by September 2025		
Baseline	**Target**	**Performance**
89.9% (2019)	92%	89.7% (2020)
Partner Agencies: Early Learning Coalition, CenterPlace Health, Sarasota County Schools, Healthy Sarasota County Childcare, Healthy Start Coalition, First 1000 Days, Sarasota Memorial Hospital		
Data Source: https://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=0075&drpCounty=58		
Activity	**Measure**	**Coordinating Agency**

Priority Health Issue: Access to Care **AC Goal 2:** Increase access to and utilization of quality healthcare		
Strategy 2.2: Partner with community organization, health care providers, and state and county agencies to target education and outreach efforts regarding access to care and eligibility for coverage programs		
AC Objective 2.2: By September 2025, increase the percent of women who receive prenatal care starting in the first trimester from 73.3% to 80% by September 2025		
Baseline	**Target**	**Performance**
73.3% (2020)	80%	
Partner Agencies: First 1000 Days, Healthy Start Coalition, Sarasota Memorial Hospital, CenterPlace Health		
Data Source: **https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=Birth.DataViewer&cid=0018**		
Activity	**Measure**	**Coordinating Agency**
Pregnant women connecting to care		First 1000 Days

Priority Health Issue: Access to Care **AC Goal 2:** Increase access to and utilization of quality healthcare		
Strategy 2.4: Promote and provide evidence-based falls prevention programs in the community		
AC Objective 2.3: Decrease the number of emergency department visits due to falls in adults 65 and over by 5% from 6,645 in 2018 to 6,313 by September 2025		
Baseline	**Target**	**Performance**
6,645 (2018)	6,313	6,875 (2019)
Partner Agencies: Age Friendly Sarasota, Friendship Centers, Sarasota County		
Data Source: https://flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.NonFatalEDVisitsProfileDASHBOARD		
Activity	**Measure**	**Coordinating Agency**
Evidenced programs to be held in community		
Number of residents reached		

Priority Health Issue: Access to Care **AC Goal 2:** Increase access to and utilization of quality healthcare		
Strategy 2.2: Partner with community organization, health care providers, and state and county agencies to target education and outreach efforts regarding access to care and eligibility for coverage programs **Strategy 2.1a:** Assess, educate, engage, and empower community organizations and stakeholders to increase understanding of social determinants		
AC Objective 2.4: Increase the percent of adults ages 18-44 who visited a dentist or dental clinic in the past year from 45.7% (2016) to 47% by September 2025		
Baseline	**Target**	**Performance**
45.7% (2016)	47%	
Partner Agencies: CenterPlace Health		
Data Source: http://www.flhealthcharts.com/charts/Brfss/DataViewer.aspx?bid=0097		
Activity	**Measure**	**Coordinating Agency**
Current availability of free and low-cost dental services	List of identified	
Funding opportunities for adult dental	Needs and list	

Priority Health Issue: Access to Care **AC Goal 2:** Increase access to and utilization of quality healthcare		
Strategy 2.2: Partner with community organization, health care providers, and state and county agencies to target education and outreach efforts regarding access to care and eligibility for coverage programs **Strategy 2.1a:** Assess, educate, engage, and empower community organizations and stakeholders to increase understanding of social determinants		
AC Objective 2.5: Decrease the percent of employed adults ages 19-64 who have no health insurance from 19.5% (2018) to 17.7% by September 2025		
Baseline	**Target**	**Performance**
19.5% (2018)	17.7%	18.9% (2019)

Partner Agencies: Sarasota County Libraries, Area Faith Based Organizations		
Data Source: https://flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.CommunityCensusProfile&pcid=115		
Activity	**Measure**	**Coordinating Agency**

Priority Health Issue: Access to Care **AC Goal 3:** Increase percentage of residents who are at a healthy weight		
Strategy 2.5: Promote policy, systems, and environmental changes to increase education on and access to healthy foods and physical activity **Strategy 2.1a:** Assess, educate, engage, and empower community organizations and stakeholders to increase understanding of social determinants		
AC Objective 3.1: Decrease the percentage of adults who are overweight or obese from 58.5% (2016) to 55% by September 2025		
Baseline	**Target**	**Performance**
58.5% (2016)	55%	61.9% (2019)
Partner Agencies: Healthy Weight Collaborative, Sarasota County Parks & Recreation, UF/IFAS Extension Sarasota, Sarasota Memorial Hospital, Healthy Sarasota County Work Sites, Area Chambers of Commerce		
Data Source: https://flhealthcharts.com/charts/Brfss/DataViewer.aspx?bid=0077		

Activity	**Measure**	**Coordinating Agency**
Physical activity promotion program		
Healthy cooking utilizing fresh foods		

Priority Health Issue: Access to Care **AC Goal 3:** Increase percentage of residents who are at a healthy weight		
Strategy 2.5: Promote policy, systems, and environmental changes to increase education on and access to healthy foods and physical activity **Strategy 2.1a:** Assess, educate, engage, and empower community organizations and stakeholders to increase understanding of social determinants		
AC Objective 3.2: Increase the percentage of children at a healthy weight from 62% (2018) to 65% by September 2025		
Baseline	**Target**	**Performance**
62.3% (2018)	65%	62.2% (2019)
Partner Agencies: Healthy Sarasota, Sarasota County Schools, UF/IFAS Extension Sarasota, First 1000 Days, Sarasota Memorial Hospital, Healthy Start Coalition		
Data Source: School Health BMI Program at DOH-Sarasota		

Activity	**Measure**	**Coordinating Agency**
Physical activity promotion program		

Priority Health Issue: Environmental Health **EH Goal 1:** Increase quality of natural and built environments to promote health outcomes		
Strategy 3.1: Promote fiscal, environmental and policy approaches that create sustainable structures and mechanisms that integrate health and equity considerations across local government processes, community design, and programs. **Strategy 2.1b:** Catalyze community action to impact health inequities		
EH Objective 1.1: Community planning and land use design; walking, biking, public transportation will incorporate a Health Impact Assessment on at least 3 plans, policies, programs, projects, or proposals by June 2025		
Baseline	**Target**	**Performance**
0	3	
Partner Agencies: Sarasota County Government, Keep Sarasota Beautiful, FDOH Sarasota Environmental Health, City of Venice, City of North Port, City of Sarasota		
Data Source: Local data will be used		
Activity	**Measure**	**Coordinating Agency**

Priority Health Issue: Environmental Health **EH Goal 1:** Increase quality of natural and built environments to promote health outcomes		
Strategy 3.1: Promote fiscal, environmental and policy approaches that create sustainable structures and mechanisms that integrate health and equity considerations across local government processes, community design, and programs. **Strategy 2.1b:** Catalyze community action to impact health inequities		
EH Objective 1.2: Decrease the percentage of households that are paying 30% or more of income on housing from 31% (2019 ACS) to 28% by September 2025		
Baseline	**Target**	**Performance**
31% (2019)	28%	
Partner Agencies: Suncoast Partnership, Sarasota County Housing Authority, Sarasota County Human Services, Barancik Foundation, Gulf Coast Community Foundation		
Data Source: https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=NonVitalIndRateOnly.Dataviewer		
Activity	**Measure**	**Coordinating Agency**

Priority Health Issue: Environmental Health **EH Goal 1:** Increase quality of natural and built environments to promote health outcomes		
Strategy 3.1: Promote fiscal, environmental and policy approaches that create sustainable structures and mechanisms that integrate health and equity considerations across local government processes, community design, and programs.		
EH Objective 1.3: By June 2025, decrease the percent of residents who identify transportation as a barrier in Sarasota County by 5% from baseline established by September 2021.		
Baseline	**Target**	**Performance**
Partner Agencies: Sarasota County Area Transit		
Data Source: Local data will be used		
Activity	**Measure**	**Coordinating Agency**

Priority Health Issue: Environmental Health **EH Goal 1:** Increase quality of natural and built environments to promote health outcomes		
Strategy 3.1: Promote fiscal, environmental and policy approaches that create sustainable structures and mechanisms that integrate health and equity considerations across local government processes, community design, and programs. **Strategy 2.1b:** Catalyze community action to impact health inequities		
EH Objective 1.4: Decrease the number of emergency room visits due to asthma for Black residents in Sarasota County by 5% going from 238 (2018) to 226 by September 2025		
Baseline	**Target**	**Performance**
238 (2018)	216	131 (2020)
Partner Agencies: Multicultural Health Institute, Sarasota Memorial Hospital, American Heart Association, Housing Authority, Gulf Coast Community Foundation, Barancik Foundation		
Data Source: https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=NonVitalInd.Dataviewer		
Activity	**Measure**	**Coordinating Agency**
Presentations to community groups on factors affecting air quality	3 (UF/IFAS Energy; Roskamp Institute; Rebuild Together Tampa Bay)	Newtown CHAT
Outdoor air quality monitor in Newtown	When it is placed	DOH Sarasota

Appendix B: CHIP 2020-2021 Accomplishments

Sarasota County Government heard from concerned citizens and in discussion with Sarasota County Health and Human Services the Sarasota County Commission established aMental Health Dependent Special District in2021. The establishment of a Mental Health Dependent Special District will help provide a dedicated local funding stream for mental health and substance use services addressing CHIP goals in the Mental Health Priority area. This effort was due to the realization that existing resources are inadequate to promote the mental health of county residents. A Mental Health Needs Assessment Task Force of subject matter experts has been selected to complete a needs assessment for Sarasota County and identify priorities for potential funding. The assessment includes gathering key stakeholder input on the current system of care and how these funds could best be used tomeet the needs of our community.

Unite Us Platform was implemented for use with the First 1000 Days Program at SarasotaMemorial Health Care System. Since initial use the organizations and the programs available have joined in use of the platform to better link health and human services to residents who need them. Unite Us Platform implementation allows for organizations providing services to community members to use an electronic platform for immediate referrals. The system allows tracking of referrals based on social determinant needs and provides real time data on what needs are occurring in the community that impact health. By better connecting residents to services needed, Goals one and two within the CHIP Priority Area of Access are better addressed.

Sarasota County Community Health Improvement Plan (CHIP) Leadership Council

Thursday, October 21st from 2:00 to 3:30 p.m.
Virtual and Teleconference via Microsoft Teams

Agenda

2:00 p.m. – Welcome & Introductions – Chuck Henry

Attendees: Charles Henry – HHS Sarasota; Lou Galterio – North Port CHAT chair; Joseph Mack – Newtown CHAT chair; Carolyn Brown – Longboat Key; Lynette Herbert – HHS Sarasota Cynthia Samra – FSU College of Medicine; Kay Tvaroch & Pastor Brian Armen – Englewood Community Coalition; Kameroon Boykins – Drug Free Sarasota; Gene Marie Kennedy – MHI; Linda Snyder – MCR Health; PJ Brooks – CASL; Jennifer Johnston – Gulf Coast Community Foundation; Patricia Egan – CenterPlace Health; Janet Kahn – Early Learning Coalition; Kirsten Russell – Community Foundation of Sarasota; Mike Ziebell & MJ Horen – All Faiths Food Bank; Sue Berger – HHS Sarasota; Dr. Washington Hill – SMH; Ashley Spangler and Beth Kregenow – DOH Sarasota

2:10 p.m. – CHIP Progress: Annual Report – Ashley Spangler

- **Draft Report:**
  - Thoughts on progress and work being done
    - Health Inequities Survey Results – Results were shared, can be found on attached document. No questions.
  - Changes:
    - MH 1.5 – No questions or objections to this change. Change was needed due to a change in how data is collected, makes it more specific to nicotine.
  - Questions?

- **Objectives Needing Action – Potential Activities –** It was decided that all items discussed with have an update discussion at the February meeting based on work actions discussed below. Each objective will have specific actions to implement shared or created at the February meeting.
  - **Mental Health -**
    - Substance Misuse – COVID slowed many programs due to not being able to into hospitals and other areas; we know there was an increase in overdoses during COVID as well.
      - There are multiple ways to address this issue; Prevention, Education & Awareness, Narcan Distribution, Syringe Exchange.

        - Drug Free Sarasota is active in addressing this issue and D-Fy is making progress with number of students engaged.
        - Suggested to have a workgroup to look at more data from other programs. Will use this information to formulate activities and action plan at February meeting. PJ, Kay, Cynthia, and Kameroon volunteered for the workgroup.
    - Older Adult Binge Drinking – COVID affected this area, as we know there was an increase in alcohol sales nationwide during the pandemic.
        - Use media and education to destigmatize this subject.
        - Friendship Centers is looking at having a speaker that will talk at both sites with the focus on drinking. There would need to be a referral system in place, especially for emotional drinking. With Centerplace Health onsite, this would be a good partnership as they are then able to set up referral for mental health.
        - Where are we seeing more drinking, social or emotional basis. Beth will connect with AA about their outreach and share information with Terry.

- **Access to Care -**
    - Prenatal Care Navigation Survey – The survey is open for responses; we will need to edit this objective as there is no baseline yet. Please share the survey with those that are currently pregnant or have been in the past 2 years: https://www.surveymonkey.com/r/navigatingprenatalcareSRQ
    - Older Adult Falls – Friendship Centers offers Balance Movement classes in Sarasota and Venice.
        - Case management works with families to evaluate homes for safety
        - Area Agency on Aging offers evidence based programs including Matter of Balance
        - Pre-pandemic zip code was identified where higher number of falls occurs, so that free Matter of Balance classes could be offered. This is important as classes could be brought to this area to decrease falls.
    - Obese & Overweight Adults – Awareness of available resources because there are so many that exist.
        - Group stated that this is multi-faceted issue as a result of many other issues.
        - All Faiths is at the Sarasota Friendship Center site to help older adults apply for SNAP benefits. They are distributing food at multiple Friendship Center sites.
        - Gene Marie shared link to results of community voices survey that was done in Newtown, food insecurity and access to nutrition food was highlighted; https://resiliencesystem.org/dashboards/newtown-food-story/

- **Environmental Health Objectives –**
  - Residents paying 30% or more of income on housing – PJ shared the message, “Permanent Stable Housing is Healthy Housing”
    - Connect with affordable housing task force.
    - Bring back best practices from across the nation at February meeting.
    - Educate elected officials. Keep affordable housing present in the county commissioners’ minds.
  - Asthma ER visits in Black residents
    - Working with Newtown CHAT and community partners is ongoing.
    - Exploring causes related to air quality, housing (indoor air), and access to primary care.
  - Transportation as a barrier
    - Educate community members about available transportation.
    - Ride Share programs and SCAT
    - Connect with SCAT and other programs to gather more information about the community needs.

3:20 p.m. – Adjournment

<u>Next Meeting February 17, 2022 from 2 p.m. – 3:30 p.m.</u>