COMMUNITY HEALTH IMPROVEMENT PLAN
Santa Rosa County

January 1, 2023 - December 31, 2025

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Executive Summary

After the completion of the 2022 Community Health Needs Assessment (CHNA), Achieve Healthy EscaRosa (AHER) partners began the community health planning cycle with an action planning workshop to discuss the communities work and resources in response to the six significant identified needs in the 2022 CHNA.

- Child Abuse
- Food Insecurity
- Healthcare Access
- Overweight & Obesity
- Mental Health
- Substance Use

Santa Rosa and Escambia counties share many assets, both natural and infrastructure, and residents move routinely across county borders to live, work, play, shop, and obtain medical care. Although different in many social and demographic factors, there is significant commonality in health challenges, available assets, and community leadership.

According to the 2022 County Health Rankings published by the University of Wisconsin Robert Wood Johnson Foundation, of Florida's 67 counties, Santa Rosa ranked 15 in Health Outcomes and 5 in Health Factors, making it one of the healthiest places to live in the State of Florida.

Throughout the community health improvement planning cycle, careful consideration was given to State Health Improvement Plan objectives and Healthy People 2030 objectives. Alignment table provided in appendix 1. By working with key community partners in both the public and private sector, we will continue to spearhead efforts to keep our county one of the healthiest in Florida and the nation.

Looking ahead, to best meet the needs of our communities and governing entity, we must acknowledge and address the social, environmental, and economic determinants of health, including issues such as poverty and community planning. Special consideration for potential policy and environmental resiliency will also be discussed in this document. The Florida Dept of Health 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 of all residents resulting from decision making that can impact the health of the community.

We are not alone in working to ensure the health of the public. In addition, to our dedicated and highly trained workforce, public health depends on partnerships. As a community, Santa Rosa County has demonstrated a commitment to building and maintaining a strong public health network. We have several examples of community coalitions working together to improve health, health equity, and quality of life for our residents. As a health department, we are indebted to the organizations and individuals that join us in working to achieve public health's vital mission.

This plan provides a practical, descriptive document to be used by our community in the coming years to make decisions about resources and prioritization for action. This is a "living document" that may expand in scope to reflect changes in the community, as well as changes in systems and support that address the well-being of the community we serve. The collaborative efforts we have forged with our neighboring county, Escambia, will help improve our impact as we feel we will be stronger together.

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 physical activity account for approximately 30% of individual health. Most importantly, social and economic factors contribute 40% to individual health. These factors include quality education, fair employment, livable income, healthy 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 indicators in Santa Rosa County are those affected by the health priorities in the Community Health Improvement Plan. Unhealthy weight, substance use, and healthcare access 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, identifying priorities and actions 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 year long process that began by engaging residents and members of many agencies, businesses, and organizations.
These individuals reviewed data from the community resident survey, data indicators for chronic diseases, health behaviors, social, economic, and environmental factors, health care system capacity and functions of the public health system. In the end, over 80 community members representing 30 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 policy makers, community members and partner organizations. Leaders for each of the goals will be identified and will report quarterly on progress toward goals. The CHIP is a "living document" that is reviewed annually 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 (Figure 1) by combining resources to collect, assess and address problems in both counties. The process was directed by the Achieve Healthy EscaRosa collective impact organization. This organization relies on a diverse group of community partners from both counties. Led by representatives from our community's non-profit hospitals and University, with technical assistance from the Florida Department of Health in both counties, Achieve Healthy EscaRosa partners worked together to identify the resources and capacity of the community for impacting the identified significant needs from the 2022 Community Health Needs Assessment.

The community health needs assessment and health improvement planning process combines the mobilizing action through planning and partnerships (MAPP), engaging patients and communities is health assessments, and community health improvement navigator frameworks to ensure it meets the required needs of all partner organizations involved.

Figure 1: AHER CHNA combined process

MAPP is a community-driven strategic planning process for improving community health and is comprised of four individual assessments. Achieve Healthy EscaRosa utilizes these four assessments along with the other health assessment framework for development of our community health assessment and subsequent improvement plan
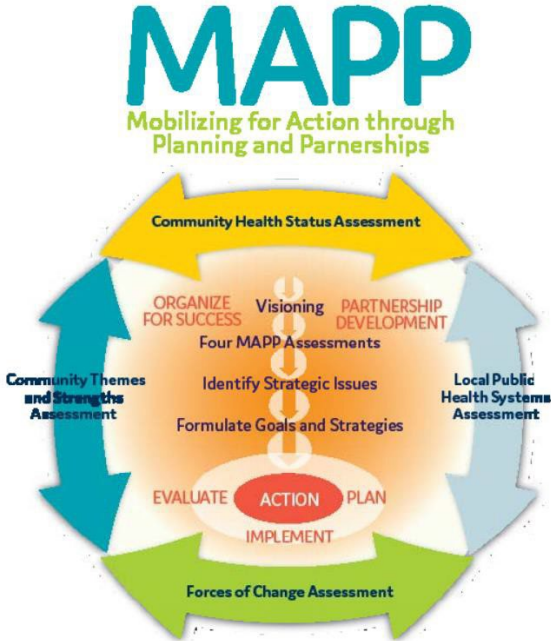

Figure 2, to the left, shows the MAPP process that includes the Community health status assessment, local public health system assessment, forces of change assessment, and community themes and strengths assessment.

Figure 2 MAPP process

Health Assessment and Improvement Planning Timeline

Community Health Needs Assessment – 2021

Step 1 Jan, Feb – Organize & plan.

Step 2 March – Engage partners, form steering committee. Added new members to the CHNA committee.

Step 3 April – June – Collect and analyze data. Follow the same methodology as the last CHNA, define and describe counties, examine areas of improvement (CHIP), survey instrument, Roll out after the Health Equity Dashboard (mid-April).

Step 4 July - Sep – Prioritize issues, input from the community leaders, forces of change workshop. Align resources to action.

Step 5 Oct – Dec. – Finalize.
- October & November communicate results with community.
- December
  - Prioritize areas
  - Finalize CHNA report – digital, hard copy
  - Discuss priorities with community members and leaders
  - Haas Center proposal
  - Prepare for CHNA Report Role out January 2022 via Zoom and Facebook live

Community Health Improvement Plan - 2022

February 2022- action planning workshop with partner agencies

April & May- identify lead agencies for priority areas and survey them about their programs.

June- analyze data and understand resource gaps, survey lead organizations on capacity and service areas

July- analyze lead organization survey and identify opportunities for improving collaboration across the 5 significant

August – December – work in subcommittees to develop goals and objectives for the community health improvement plan

January 2023 – begin plan implementation strategies and subcommittee work

Community Health Needs Assessment

Community Resident Survey

Achieve Healthy EscaRosa worked with the University of West Florida's Haas Center to distribute the surveys and conduct the data analysis for the CHNA Community Resident survey. The Haas Center provides workforce and survey research, economic impact modeling, and industrial innovation for the region and state. The data analysis from the Haas Center included weighting methodology for underrepresented voices.

The CHNA Community Resident Survey was available in a digital format and in hard copy. The link to the survey was promoted in the media and was shared internally through many agencies and organizations throughout Escambia and Santa Rosa Counties. Hard copies of the survey were also provided at COVID vaccination sites and various health clinics and civic meetings throughout both counties. In total, 3,051 community members participated in the Community Resident Survey, resulting in 2,937 viable surveys in the summer of 2021. The approximately 3,000 surveys was an increase from previous CHNA cycles.

AHER included more diverse respondents to the CHNA Community Resident Survey by partnering with organizations like the NAACP and the Gulf Coast Minority Chamber of Commerce to help get the word out about the survey. AHER also began encouraging responses at COVID-19 vaccine clinics while patients were under their 15-minute observation period. The intent was to ensure that opportunities were provided for the voice of communities that are disproportionately impacted by circumstances such as the pandemic and other challenges in our community. These impacted residents are groups of people who have been historically marginalized through systemic and social factors. These groups are often noted in research to have higher sickness and death rates than other groups, for this document we will be referring to them as "groups placed at increased risk". Outreach efforts were made to obtain the perceptions of groups placed at increased risk, such as low income, minority, and health care insecure residents (shown in the table below). Significant findings for these groups are noted in the summary of the survey items.

Groups Placed at Increased Risk	ESCAMBIA	SANTA ROSA	FLORIDA
Less than High School Education	2.8%	2.4%	5.3%
At or Below Poverty Level	15.5%	9.8%	12.7%
Uninsured	14.0%	12.0%	16.3%
Black	23.3%	6.5%	16.9%
Hispanic	5.9%	5.9%	26.4%
Disabled	11.5%	10.9%	8.6%
Not currently employed	4.8%	4.5%	5.1%

Source:
https://www.census.gov/quickfacts/fact/table/FL,santarosacountyflorida,escambiacountyflorida/IPE120220#IPE120220

Community Health Improvement Priorities

Significant Identified Needs

The community resident survey provided a lot of the identification of needs for our community. Two survey questions were asked: "What do you think is the most important health issues in your community?" and "Which of the following behaviors in the community concern you the most?" AHER's community health assessment team looked at the results of these perceptions and identified health outcomes that related to the answers. This allowed us to identify needs in our community based on public perception and data analysis.

Survey Results

1. Public perception on the most important health issues:
   - Overweight and Obesity
   - Mental Health issues
   - Substance abuse (drugs or alcohol)

Groups Placed at Increased Risk: The factors significantly more important to black respondents were diabetes, early childhood development, sexually transmitted diseases, teen pregnancy, infectious diseases (Hepatitis, TB, etc.), and HIV/AIDS.

The factors significantly more important to respondents with high school or less education were cancer, breathing or lung problems (asthma, COPD, etc.), dental problems, teen pregnancy, and infant death or premature birth.

Responses for 'Most important health issues in your community'		
	ESCAMBIA	**SANTA ROSA**
Overweight or obesity	63.7% (1)	54.3% (1)
Mental health issues	50.6% (2)	41.6% (2)
Substance abuse	42.5% (3)	39.3% (3)
Heart disease or stroke	31.1% (4)	28.9% (5)
Diabetes	30.7% (5)	27.8% (6)
Cancer	24.0% (6)	29.8% (4)

HEALTH OUTCOMES RELATED TO THE TOP 3 MOST IMPORTANT HEALTH ISSUES			
	ESCAMBIA	**SANTA ROSA**	**FLORIDA**
Overweight (% population)	**36.2%** (2019)	**38.4%** (2019)	**37.0%** (updated for 2021)
Obese (% population)	**28.0%** (2019)	**31.6%** (2019)	**30.0%** (updated for 2021)
Adult Hospitalizations from Mental Disorders	**1,338.6** per 100,0000 (updated for 2022)	**798.2** per 100,000 (updated for 2022)	**977.7** per 100,0000 (updated for 2022)
Adolescent Hospitalizations from Mental Disorders	**984.1** per 100,0000 (updated for 2022)	**942.0** per 100,0000 (updated for 2022)	**689.4** per 100,0000 (updated for 2022)
Fatal Overdose (all drugs)	==**31.3** per 100,000 (2019)==	**25.1** per 100,000 (updated for 2021)	**38.5** per 100,000 (updated for 2021)
Drug related Non-Fatal Overdose ER Visits (Substance Abuse)	**971** count (updated for 2022)	**420** count (updated for 2022)	**45,897** count (updated for 2022)

2. Public perception on the most concerning unhealthy behaviors:
- Poor Eating Habits
- Drug Abuse
- Child abuse

Groups Placed at Increased Risk: For this population, the behaviors significantly more concerning to black respondents were child abuse, not seeing a doctor or dentist, and unprotected or unsafe sex. The behaviors significantly concerning to respondents with high school or less education were drug abuse, child abuse, and domestic violence.

Responses for 'Most concerning behaviors'		
BEHAVIOR	**ESCAMBIA**	**SANTA ROSA**
Drug abuse	45.8% (1)	44.4% (1)
Poor eating habits	37.8% (2)	32.3% (2)
Child abuse	32.2% (3)	32.4% (3)

HEALTH OUTCOMES RELATED TO THE TOP 3 MOST CONCERNING BEHAVIORS			
	ESCAMBIA	**SANTA ROSA**	**FLORIDA**
Unintentional Injury by Drug Poisoning (Drug abuse)	**42.2** per 100,000 population (2020)	**29.59** per 100,000 population (2020)	**32.9** per 100,000 population (2020)
Food Insecurity Rate (Poor eating habits)	**13.6%** (2019)	**11.6%** (2019)	**13.0%** (2019)
Children experiencing abuse ages 5-11(Child Abuse)	**14.89** per 1,000 population (2019)	**10.29** per 1,000 population (2019)	**6.62** per 1,000 population (2019)

Priority Selection Process

Utilizing the results of the Community resident survey (themes and strengths), data analysis of the health indicators, forces of change workshop the community health assessment team identified six areas of significant needs. To prioritize these needs for action, AHER invited community organizations to participate in an action planning workshop. During this workshop stakeholders met in groups focused on each need and discussed existing programs and resources and the need for developing action/programs to impact this area. The discussions led to AHER as an organization prioritizing healthcare access as an action role and the five other needs as a supporting role. The health improvement committee met to discuss how AHER can support each identified significant need.

The Implementation Plan

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

Common Language

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

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

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

S= Specific **M**= Measurable **A**= Achievable **R**= Realistic **T**= Time-bound **I**= Inclusive **E**= Equitable

Monitoring Progress

This plan requires the efforts and resources of many individuals and organizations. It is important to document the impact of those efforts. S.M.A.R.T.I.E 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 subcommittees will report quarterly on objectives at the Health Improvement Committee Meeting. These reports will be shared with the members of Achieve Healthy EscaRosa at the following monthly membership meeting. The CHA/CHIP Coordinators from both Santa Rosa and Escambia CHDs will upload an annual report detailing progress in all priority areas, success stories and barriers encountered. The Community Health Improvement Plan is a "living" document and may be modified to reflect changing conditions and priorities within the community. Modifications will be reviewed at least annually in December and approved by the Performance Management Councils of the Both CHDs and members of the Achieve Healthy EscaRosa Health Improvement Committee.

Community Health Improvement Priority Strategy Map

Healthcare Access

Goal	HA 1	Improve access to high quality health care services for all across the lifespan through implementation of a geographical pilot project in both Escambia and Santa Rosa counties.
OBJECTIVES	HA 1.1	By January 3, 2023, identify a grassroots community leader to engage in the healthcare access subcommittee to ensure inclusion of residents' voices during the planning process.
	HA 1.2	~~By August 31, 2023 identify gaps in data, resources, and services for the north end of Escambia and Santa Rosa counties to help develop focus group questions.~~
	HA 1.3	~~By September 30, 2023, develop north-end services resource guide/brochure for both Escambia and Santa Rosa Counties.~~
	HA 1.4	~~By October 30, 2023, have conducted at least two, one in each county, listening sessions for residents in the North end of the counties to provide comments/feedback regarding healthcare access.~~
	HA 1.5	~~By December 1, 2023, analyze data from the listening sessions and begin planning for implementation to address identified needs for target population.~~
	HA 1.6	~~By Feb 2024, begin implementation of the pilot project to address healthcare access based on results from data analysis and listening sessions.~~
	HA 2	By December 31, 2024, improve the underserved representation among those surveyed during the CHNA process.

Mental Health

Goal	MH 1	Improve collaboration and coordination of community efforts, such as the Northwest Florida Mental Health Taskforce, addressing mental health access, treatment, and prevention.
OBJECTIVES	MH 1.1	By March 31, 2023, AHER mental health subcommittee will identify all entities who focus efforts on mental well-being for a process map to be included on the website and the Achieve Dashboard.
	MH 1.2	By December 31, 2023, to develop an interactive process map for mental health access, prevention, treatment to be available to the public via Achieve Dashboard and AHER website
OBJECTIVES	MH 1.2.1	By December 31, 2024, establish a quarterly updating schedule for the map on the website to ensure accuracy of information provided.

Substance Use

Goal	SU 1	Decrease Opioid overdose deaths by increasing awareness around substance use and prevention resources and efforts.
OBJECTIVES	SU 1.1	By June 30, 2023, create a social media toolkit for faith based and community organizations to share evidence-based substance use awareness and prevention information with the larger public and other entities in the faith-based community.
	SU1.2	By December 31, 2025, Increase the number of faith-based organizations from 0 (2022) to 93 that are sharing substance use awareness and prevention messaging with their congregations.
	SU 1.3	By December 31, 2025, Increase the # of community stakeholders (businesses and organizations) from 25 (2022) to 75 engaged in AHER to improve substance use awareness and prevention efforts.
	SU 1.4	By December 31, 2025, increase community awareness of substance abuse prevention efforts in Escambia and Santa Rosa counties through increasing the # of engagements on posts for the AHER social media and website.

Food Insecurity

Goal	FI 1	Improve collaboration and coordination of food programs and organizations who are addressing the food insecurity issues in Escambia and Santa Rosa Counties.
OBJECTIVES	FI 1.1	By December 31, 2023, engage # of additional organizations and task forces working on food insecurity and invite them to join the AHER Health Improvement Food Insecurity Subcommittee to have a collaborative discussion of the overall work being done in our community.

Healthy Community (overweight/obesity)

Goal	HC 1	Improve the health of Escambia and Santa Rosa residents through collaboration with the Department of Health on the implementation of a healthy lifestyle messaging campaign
OBJECTIVES	HC 1.1	By December 31, 2025, improve the awareness of the physical activity guidelines for preventing chronic disease among healthcare providers through a provider specific messaging campaign.
	HC 1.2	By December 31, 2025, improve the awareness of healthy lifestyle resources and guidelines among residents of Escambia and Santa Rosa Counties through a social media and digital messaging campaign.

Child Well-being

Goal	CW 1	Increase participation in child abuse prevention programs by communities in Escambia and Santa Rosa counties. (Know Child Abuse [training for adults] & Child Safety Matters [training for K-5])
OBJECTIVES	CW 1.1	By ~~Dec 31, 2023~~ June 30, 2024, participation in child abuse prevention programs for adults will increase by 10% in Escambia and Santa Rosa counties.
	CW 1.2	By ~~Dec 31, 2023~~ June 30, 2024, participation in child abuse prevention programs by students in K-5 will increase by 10% in Escambia and Santa Rosa counties.
	CW 1.3	By ~~Dec 31, 2023~~ June 30, 2024, participation in child abuse prevention programs by students in 6-12 will increase by 3% in Escambia and Santa Rosa counties.

Strategies and Actions to Achieve Objectives

Measurable outcomes of objectives are created through the execution of specific data-driven initiatives. The table below lists objectives, responsible entities, and strategic initiatives that will be implemented to achieve them.

Strategies/Actions to Achieve Objectives	
Objective HA1.1 Completed By January 3, 2023, identify a grassroots community leader to engage in the healthcare access subcommittee to ensure inclusion of residents' voices during the planning process.	

Strategies/Actions:
 	
 • Identify and reach out to grassroot leaders and healthcare providers in the north end of the counties to engage in the planning process.
     o Previous mayors
     o Healthcare providers in community
     o Current organizations already working within community
	Entities Responsible:
	
	 Achieve Healthy EscaRosa Healthcare Access Subcommittee members

Objective HA1.2	
Objective HA1.2 ~~By August 31, 2023, identify gaps in data, resources, and services for the north end of Escambia and Santa Rosa counties to help develop focus group questions.~~	
Strategies/Actions: • Identify current programs, services, organizations, etc. being offered for the priority area. o Utilize a spreadsheet or survey to collect consistent data across the different organizations. • Strategy 2: Engage the organizations already providing services in this area to promote collaboration and engagement.	**Entities Responsible:** Achieve Healthy EscaRosa Healthcare Access Subcommittee members

Objective HA1.3: ~~By September 30, 2023, develop north-end services resource guide/brochure for both Escambia and Santa Rosa Counties.~~	
Strategies/Actions: • Identify the key community groups/stakeholders to engage in development of the town hall meetings. • Include data gaps identified from objective HA1 and include health literacy and equity needs in production of discussion questions.	**Entities Responsible:** Achieve Healthy EscaRosa Healthcare Access Subcommittee members

Objective HA 1.4: ~~By October 30, 2023, have conducted at least two, one in each county, listening sessions for residents in the North end of the counties to provide comments/feedback regarding healthcare access.~~	
Strategies/Actions: • Identify the key community groups/stakeholders to engage in development of the town hall meetings. • Include data gaps identified from objective HA1 and include health literacy and equity needs in production of discussion questions.	**Entities Responsible:** Achieve Healthy EscaRosa Healthcare Access Subcommittee members

Objective HA 1.5: ~~By December 1, 2023, analyze data from the listening sessions and begin planning for implementation to address identified needs for target population.~~	
Strategies/Actions: • Identify the key community groups/stakeholders to engage in development of the town hall meetings. • Include data gaps identified from objective HA1 and include health literacy and equity needs in production of discussion questions.	**Entities Responsible:** Achieve Healthy EscaRosa Healthcare Access Subcommittee members

Objective HA 1.6 - ~~By Feb 2024, begin implementation of the pilot project to address healthcare access based on results from data analysis and listening sessions~~.	
Strategies/Actions: • Identify key community groups/stakeholders to engage in development of the town hall meetings. • Include data gaps identified from objective HA1 and include health literacy and equity needs in production of discussion questions. • Include policy recommendations to hospital and county stakeholders on how to improve healthcare access.	**Entities Responsible:** Achieve Healthy EscaRosa Healthcare Access Subcommittee members

Objective HA 2 - By December 31, 2024, improve the underserved representation among those surveyed during the CHNA process.	

Strategies/Actions:
 	
• Volume of surveys—given the population number, more surveys should be collected.
• Survey length—if the focus is access and equity, feedback can be obtained without requiring so many questions. Low health literacy and long surveys with too many questions may impact results.
• Representation—efforts should be concentrated on ensuring that all voices/members of all walks of life are surveyed. Options for achieving this were considered:
    • Use of iPads
    • Paper assessments
    • QR codes
    • Incentivizing survey completion
	Entities Responsible:
	
	Achieve Healthy EscaRosa Healthcare Access Subcommittee members

Objective MH 1: By March 31, 2023, AHER mental health subcommittee will identify all entities that focus efforts on mental well-being for a process map to be included on the website and the Achieve Dashboard.	

Strategies/Actions:
• Gather information available from all current task forces, subcommittees, public and private organizations
    o Identify organizations (state-funded, private, federally funded), community coalitions, populations served, and services available
    o Identify gaps in populations served and types of services available
• Engage with the Northwest Florida Mental Health Taskforce in January to identify organizations that can help with this
• Engage with Janice George, NWFL Health Network, state-funded managing entity coalitions/groups
• Engage with 2-1-1 concerning their resources
• Create a template for information to be gathered from the entities identified.
	Entities Responsible:
	
	Achieve Healthy EscaRosa Mental Health Subcommittee members

Objective MH 2: By December 31, 2023, to develop an interactive process map for mental health access, prevention, treatment to be available to the public via Achieve Dashboard and AHER website. *Organic and able to be updated*	
Strategies/Actions: • *Develop process map template.* o *Hyperlink to the organizations* • *Include a feedback form on website that asks visitors to let us know what is missing from our map*	**Entities Responsible:** Achieve Healthy EscaRosa Mental Health Subcommittee members
Objective MH 2.1: By December 31, 2024, establish a quarterly updating schedule for the map on the website to ensure accuracy of the information provided.	
Strategies/Actions: • MH subcommittee identifies the person(s) to review and update information available.	**Entities Responsible:** Achieve Healthy EscaRosa Mental Health Subcommittee members

Objective SU 1: By June 30, 2023, create a social media toolkit for faith based and community organizations to share evidence-based substance use awareness and prevention information with the larger public.	

Strategies/Actions:
• Identify information to share and begin creating sample social media posts.
 	
• Create informational PowerPoints and handouts for participating organizations.
 	
• Additional Partners to reach out to:
    ○ Santa Rosa Central Ministerial Fellowship
    ○ North Santa Rosa Ministerial Association
    ○ Santa Rosa Baptist Association
	Entities Responsible:
	
	Achieve Healthy EscaRosa Substance Use Subcommittee members

Objective SU 2: By December 31, 2025, Increase the number of faith-based organizations from (*add baseline)* to (*add target value)* that are sharing substance use awareness and prevention messaging with their congregations.	
Strategies/Actions: • Assess how many faith-based partners we have. • Assess how many faith-based partners have and use social media. • Engage businesses and faith-based organizations to commit as partners.\	**Entities Responsible:** Achieve Healthy EscaRosa Substance Use Subcommittee members
Objective SU 2.1: By December 31, 2025, Increase the # of community stakeholders (businesses and organizations) from (*add baseline)* to (*add target value)* engaged in AHER to improve substance use awareness and prevention efforts.	
Strategies/Actions: • Assess how many business partners we have. • Engage businesses and faith-based organizations to commit as partners.	**Entities Responsible:** Achieve Healthy EscaRosa Substance Use Subcommittee members
Objective SU 3: By December 31, 2025, increase community awareness of substance abuse prevention efforts in Escambia and Santa Rosa counties through increasing the # of engagement on posts for the AHER social media and website.	
Strategies/Actions: • AHER members repost/share, utilize hashtags.	**Entities Responsible:** Achieve Healthy EscaRosa Substance Use Subcommittee members

Objective FI 1: By December 31, 2023, engage # of additional organizations and task forces working on food insecurity and invite them to join AHER Health Improvement Food Insecurity Subcommittee to have a collaborative discussion of the overall work being done in our community.	
Strategies/Actions: • Engage opening doors NWFL, pathways for change, homeless reduction taskforce.	**Entities Responsible:** Achieve Healthy EscaRosa Food Insecurity Subcommittee members

Objective CW 1.1- By ~~Dec 31, 2023~~ June 30, 2024, participation in child abuse prevention programs for adults will increase by 10% in Escambia and Santa Rosa counties.	

Strategies/Actions:
• AHER promote program:
   ○ UWF students - nursing, health promotion, public health (Angie will contact undergraduate nursing).
   ○ Parent University - guest speaker (Melissa has calendar).
   ○ National Night Out.
   ○ Community Alliance group - (Melissa - Nov 4 next meeting).
   ○ Day of Play & other community events.
 	
• Include gulf coast kids house, SR Kid's House, FIMR, CADR, and SART in sharing this information.
	Entities Responsible:
	
	Achieve Healthy EscaRosa Child Well-being Subcommittee members

Objective CW 1.2- By ~~Dec 31, 2023~~ June 30, 2024, participation in child abuse prevention programs by students in K-5 will increase by 10% in Escambia and Santa Rosa counties.

Strategies/Actions:	Entities Responsible:
○ Engage school board on importance of these programs to encourage classroom participation • Include gulf coast kids house, SR Kid's House, FIMR, CADR, and SART in sharing this information.	Achieve Healthy EscaRosa Child Well-being Subcommittee members

Objective CW 1.3- By ~~Dec 31, 2023~~ June 30, 2024, participation in child abuse prevention programs by students in 6-12 will increase by 3% in Escambia and Santa Rosa counties.

Strategies/Actions:	Entities Responsible:
○ Engage school board on importance of these programs to encourage classroom participation • Include gulf coast kids house, SR Kid's House, FIMR, CADR, and SART in sharing this information.	Achieve Healthy EscaRosa Child Well-being Subcommittee members

Objective HC 1- By December 31, 2025, improve the awareness of the physical activity guidelines for preventing chronic disease among priority populations of Escambia and Santa Rosa counties through a provider specific messaging campaign.

Strategies/Actions:	Entities Responsible:
• Provide information on AHER website about the guidelines for physical activity for healthcare providers. • Provide policy recommendations for Hospital leaders and Healthcare providers concerning evidenced-based treatment for patients with chronic disease conditions • Collaborate with DOH to provide hands-on or digital education to healthcare providers. Seek lower socioeconomic/free clinics. Health and hope clinic, St. Joseph, CHNWFL, & Pediatricians (how to target pediatricians talking to parents about their kid's diet/exercise). • Track analytics by sending links back to the AHER website • Make a "Healthy Community" page with links to resources (review WIC's site)	Achieve Healthy EscaRosa Healthy Communities Subcommittee members

Objective HC 2- By December 31, 2025, improve the awareness of healthy lifestyle resources and guidelines among residents of Escambia and Santa Rosa Counties through a social media and digital messaging campaign.	

Strategies/Actions:
▪ UWF pre-canvas mini course to track # of completions & change in knowledge (links will be published).
▪ Include information into the lunch & Learn series (in collaboration w/DPP team efforts).
    • Pre and post assessments will be the same for both initiatives
    • Utilize the UWF Conference Center to increase awareness.
 	
    • Ensure "in-person" informational sessions will include virtual platforms.
	Entities Responsible:
	
	Achieve Healthy EscaRosa Healthy Communities Subcommittee members

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 data for developing or revising public policy to include impact on health considerations and during grant writing.

Health Improvement Committee Members

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

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

Appendix 1

Healthy People 2030 and State Health Improvement Plan Alignment

Healthcare Access

Goal	**HA 1**	Improve access to high quality health care services for all across the lifespan through implementation of a geographical pilot project in both Escambia and Santa Rosa counties.	**Healthy People 2030 & State Health Improvement Alignment** HP30- AHS-07 SHIP – SEC 2

Mental Health

Goal	**MH 1**	Improve collaboration and coordination of community efforts, such as the Northwest Florida Mental Health Taskforce, addressing mental health access, treatment, and prevention.	**Healthy People 2030 & State Health Improvement Alignment** HP30- NA SHIP – SEC 4.1

Substance Use

Goal	**SU 1**	Decrease Opioid overdose deaths by increasing awareness around substance use and prevention resources and efforts.	**Healthy People 2030 & State Health Improvement Alignment** HP30- SU-12 SHIP – MW 3.4

Food Insecurity

Goal	**FI 1**	Improve collaboration and coordination of food programs and organizations who are addressing the food insecurity issues in Escambia and Santa Rosa Counties.	**Healthy People 2030 & State Health Improvement Alignment** HP30 – NWS-01 SHIP – SEC 3.3

Healthy Community (overweight/obesity)

Goal	**HC 1**	Improve the health of Escambia and Santa Rosa residents through collaboration with the Department of Health concerning the implementation of a healthy lifestyle messaging campaign to reduce the impact of chronic disease on our community.	**Healthy People 2030 & State Health Improvement Alignment** HP30 – NWS-03 SHIP – CD 6.2

Child Abuse

Goal	**CW 1**	Increase participation in child abuse prevention programs by communities in Escambia and Santa Rosa counties. (Know Child Abuse [training for adults] & Child Safety Matters [training for K-5])	**Healthy People 2030 & State Health Improvement Alignment** HP30 – IVP-15 SHIP – ISV 3.5

Appendix 2

CHIP Revisions Table

Date	Description of Change	Pages Affected
June 2023	Updated healthcare access objective due dates	p.12, 15
June 2023	Updated child wellbeing objectives	p. 14, 18-19
January 2024	Abandoned objectives for healthcare access	p. 12, 14-16
January 2024	Updated due date for child well being	p. 14, 19-20