



# Community Health Improvement Plan Annual Report, 2018

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*Florida Department of Health in Escambia  
County*

*August 2018*

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# Introduction

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This is the second annual review report for the 2016 – 2019 Florida Department of Health in Escambia County Community Health Improvement Plan. The activities and collaborative efforts of the Florida Department of Health in Escambia County and community partners will be reflected within the report. This document will serve as a progress review of the strategies that were developed and the activities that have been implemented. While the CHIP is a community driven and collectively owned health improvement plan, the Florida Department of Health in Escambia County is charged with providing administrative support, tracking and collecting data, and preparing the annual review report.

The 2016 – 2019 Florida Department of Health in Escambia County Community Health Improvement Plan was developed by the direction of the 2016 Community Health Needs Assessment. The Live Well Partnership for a Healthy Community utilized its Board of Directors, consisting of representatives from multiple community organizations, to oversee the CHA/CHIP process. The 2016 CHNA was developed in conjunction with the Partnership, FDOH-Escambia and FDOH-Santa Rosa. Community health priorities were investigated through the CHNA process, and the CHIP was developed to address these priorities through actionable and trackable plans. Year two for the 2016-2019 CHIP was presented to and all changes were approved by the Partnership Board of Directors in August 2018. The Partnership Board consists of representation from the following organizations:

FDOH-Escambia	Live Well Partnership	Community Drug and Alcohol Council, Inc.
FDOH-Santa Rosa	Santa Rosa County	Community Clinics of NWFL
United Way	Santa Rosa County School District	Health and hope Clinic
Sacred Health Foundation	Escambia County School District	Emerald Coast Utility Authority
Baptist Health Care	Department of Children and Families	University of West Florida
Council on Aging West Florida	YMCA	Ever'man Cooperative Grocery & Café
Gulf Coast African American Chamber		

FDOH-Escambia works together with various community partners to accomplish the goals outlined in the CHIP, through the utilization of workgroups. FDOH-Escambia representatives provide technical support to and participate in the following community partner led workgroups.

Partnership Operations Council	Infant Mortality Workgroup	EscaRosa Tobacco Free Planning Committee
Food Insecurity Workgroup	Healthiest Weight Workgroup	

## **Overview of the Community Health Improvement Plan (CHIP)**

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In January of 2015, the Department of Health in Escambia County worked with the Partnership to convene the CHIP Planning Team. The Planning Team facilitated the CHIP process through using the National Association of City and County Health Official’s Mobilizing for Action through Planning and Partnership (MAPP) strategic planning model. Subject matter experts from across a diverse group of partners conducted the four assessments suggested by the MAPP process. Individually, the assessment yielded in-depth analyses of factors and forces that impact population health. Taken together, the assessment findings contribute to a comprehensive view of health and quality of life in Escambia County.

The Planning Team developed findings and presented these findings to the Steering Committee. The Steering Committee comprised a diverse leadership group representing 14 agencies and organizations in Escambia County. The Steering Committee set priorities through a facilitated consensus process by looking for cross-cutting strategic issues that emerged from the four assessments. The Steering Committee reached consensus on four strategic issue areas: Healthy Weight, Tobacco Use, Access to Care, and Infant Mortality. See Table below for Strategic Issue Areas with their goals, developed by a workgroup of subject matter experts.

<b>Strategic Issue Area</b>	<b>Goal</b>
<b>Healthy Weight:</b>	Goal 1.0 Increase access to healthy foods among vulnerable populations
	Goal 2.0 Increase the number of adults and children adopting behaviors associated with a healthy weight
<b>Tobacco Use:</b>	Goal 3.0 Reduce the number of youth using electronic nicotine delivery systems (ENDS)
<b>Infant Mortality:</b>	Goal 4.0 Reduce the rates of low birth weight and preterm births in Escambia County

## Summary of CHIP Annual Review Meeting

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The CHIP Annual Review meeting was held at the August 21, 2018 Community Health Needs Assessment Steering committee meeting. During the meeting, board members and meeting attendees were presented with the 2017/2018 CHIP Annual Report and the proposed revisions for the CHIP 2016-2019 Version 3.0 were presented to the Board of Directors for discussion and approval. The Florida Department of Health in Escambia County and Santa Rosa County presented the recommended revisions developed by the Healthiest Weight and Infant Mortality workgroups. There were no revisions from the Tobacco Workgroup. The Board of Directors voted unanimously to approve the CHIP Annual Report and proposed revisions.

\* Status indicators are as follows:

-  = Little to no movement towards objective target
-  = some progress towards meeting the objective target
-  = reached or surpassed objective target

## **Strategic Issue Area #1: Healthiest Weight**

The Florida Department of Health has identified unhealthy weight as the number one public health threat to Florida's future. Obesity contributes to millions of cases of preventable chronic diseases across the US each year. Heart disease, Type 2 diabetes, some cancers, and other debilitating conditions that contribute to lowered quality of life and premature death are associated with obesity and unhealthy weight. In Escambia County, in 2016, 64.3% of the population was at an unhealthy weight.

**Goal 1.0:** Increase access to healthy foods among vulnerable populations

**Strategy 1.1:** Improve nutritional value of foods provided by food pantries

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

**Objective 1.1.2:** By June 30, 2019, at least 25% of food pantries in Escambia County that received training will adopt nutritional density standards

Key Partners: Feeding the Gulf Coast, Manna Food Pantries, Florida Department of Health

Tactics	Measure	Due Date	Baseline	Year 2 Target	Status	Explanation
Survey existing food distribution sites in Escambia on current policies and practices	Surveys completed	12/31/2016	0	NA		Surveys showed there is no current nutritional standard policy in place for food distribution
Develop nutritional guidelines for food pantries and train	Percent of large food pantries trained	12/31/2017	Establish January 2017	25%		Training given Oct. 2017. At least 5 of the FP were 'large'
Monitor food pantries on implementation of nutritional density standards policies	Percent of trained food pantries that adopt nutritional standards	12/31/2019	Number of food pantries trained	15%		Monitoring stalled

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

**Strategy 2.1:** Decrease the consumption of sugar-sweetened beverages among children and their families

**Objective 2.1.1:** By June 30, 2019, at least 20 businesses or organizations in Escambia County will adopt zero sugar-sweetened beverage policies

**Objective 2.1.2:** By December 31, 2018 there will be a 2% decrease in Escambia County among the percentage of children enrolled in WIC with an assigned nutritional risk for consumption of sugar-sweetened beverages

**Objective 2.1.3:** By June 30, 2019, there will be no increase over 2016 baseline data in the number of 3<sup>rd</sup> grade or 6<sup>th</sup> grade students with high BMIs

Key Partners: Baptist Hospital, Escambia County School District, UF Extension Service,

Tactics	Measures	Due Date	Baseline	Year 2 Target	Status	Explanation
Identify and map elementary schools with high BMI rates and associated childcare centers	3 <sup>rd</sup> and 6 <sup>th</sup> grade BMI data, maps	12/31/2016	0	NA		BMI Data has been identified and mapped
Provide technical assistance on policies and messaging for zero sugar-sweetened beverages to elementary school and childcare center classroom	Number of school classrooms and childcare centers (CCC) assisted	06/30/2019	0	3 classes 8 CCC		Targets met. Over 25 classes and 8 CCC were given information
Survey the community to determine changes in awareness of the 5210 Let's Go campaign	# of surveys at community events	06/30/2018	0			Target met. Over 300 surveyed at community events
Educate parents by incorporating zero sugar-sweetened messages into WIC counseling and other parent presentations	WIC risk for sugar – sweetened beverages (425.02)	12/31/2018	27.6%	26%		30.9%
Provide technical assistance to small and medium-size businesses on developing zero sugar-sweetened beverage policies	# of businesses assisted	12/31/2019	0	4		Target met.

**Strategy 2.2:** Increase physical activity among preschool age children

**Objective 2.2.1:** By December 30, 2017, 70 childcare providers will receive training on incorporating physical activity in daily non-recess activities

**Objective 2.2.2:** By June 30, 2019, 25% of the childcare centers that received training in FY 2016-2017 will implemented healthy physical activity policies

Key partners: UWF Dr. Usha Kundu’s School of Medicine, Early Learning Coalition

Tactics	Measures	Due Date	Baseline	Year 2 Target	Status	Explanation
Provide training to childcare center providers on incorporating physical activity in daily non-recess activities	Training attendance log	12/30/2017	119	190		Target met
Monitor implementation of policies incorporating physical activity into daily non-recess activities	Monitoring log	12/31/2019	FY 2015-16 baseline	15%		Monitoring completed. Will be discontinued for year 3
Provide training and information to parents of preschool children on increasing physical activity throughout the day	# of presentations at community events	12/31/2019	0	7		Target met.
Increase use of the 5210 Let’s Wiggle website among parents and childcare providers	Increase in website hits per month	12/31/2019	01/30/2017 baseline	30%		Tracking will occur in Year 2
Increase use of Let’s Wiggle web app among teachers, parents and children	Increase in downloads per month	06/30/2018	01/30/2017 baseline	30%		This target was replaced for year 3

**Strategy 2.3:** Increase Diabetes Education among vulnerable adult populations

**Objective 2.3.1:** By December 31, 2018, there will be at least 8 community events in which behavioral risk factor screening for Type 2 Diabetes will be offered to vulnerable populations.

**Objective 2.3.2:** By June 30, 2019, there will be at least 7 NDPP classes offered in the community

Key Partners: Diabetes Association, YMCA, Sacred Heart Health System

Tactics	Measures	Due Date	Baseline	Year 2 Target	Status	Explanation
Partner with healthcare providers, faith-based and community groups to conduct behavioral risk factor screenings for Type 2 diabetes in vulnerable populations	# of screening events offered to vulnerable populations	12/30/2018	0	5		35 community screenings done for year 2
Establish and maintain a referral mechanism among healthcare providers and health educators for NDPP programs	Referral mechanism in place	12/31/2017	0	NA		Referral Mechanism has been established, NDPP handout with class and contact information
Monitor number of National Diabetes Prevention Programs (NDPP) classes offered in the community	# of NDPP classes offered in the community	12/31/2018	1	5		Target met

## **Strategic Issue #2: Tobacco Use**

Tobacco use is the predominate cause of preventable death and disease in the United States. Smoking causes cancer, heart disease, stroke, diabetes, and lung disease. Secondhand smoke is also dangerous and can lead to cancer, heart disease and other chronic diseases. The percentage of adult smokers has decreased from 22.5% in 2013 to 17.2% in 2016, this is only 2% higher than the state. In the years 2014-2016, 1,009 Escambia County residents died from cancers related to tobacco use. The rate of residents dying from these diseases was higher than the overall Florida rate. The 2016 Florida Youth Substance Abuse Survey indicated that 9.2% of Escambia county middle and high schoolers have used an electronic cigarette.

**Goal 3.0:** Reduce the number of youth using electronic nicotine delivery systems (ENDS)

**Strategy 3.1:** Increase risk awareness of electronic nicotine delivery systems

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

**Objective 3.1.2:** By June 30, 2019, at least 25% of organizations with tobacco free policies will include electronic nicotine delivery systems language to their tobacco use policy

**Objective 3.1.3:** By June 30, 2019, there will be no increase over 2013 baseline data in the number of youth age 11-17 reporting electronic nicotine delivery system use

Key Partners: SWAY Youth Group, Area Health Education Coalition, FDOH, Escambia County School District, School Health Advisory Board.

<b>Tactics</b>	<b>Measures</b>	<b>Due Date</b>	<b>Baseline</b>	<b>Year 2 Target</b>	<b>Status</b>	<b>Explanation</b>
Engage community partners and SWAT in distributing ENDS fact sheets at retail pharmacies, community centers, medical groups and schools	# of sites receiving information	12/31/2018	0	30		Target met
Integrate ENDS education into tobacco related classes or presentation to middle and high school students	% of middle and high school tobacco related classes that include ENDS	06/30/2018	0	100%		Target met
Provide technical assistance to organizations to include ENDS language in tobacco use policy	Policies that include ENDS	12/31/2019	16%	21%		44% of orgs use ENDS language

### **Strategic Issue #3: Infant Mortality**

Health of a mother before, during and after pregnancy does a lot to determine the health of a baby at birth and in their future years. We know that perinatal smoking is a major risk factor for low birth weight (LBW) births. For 2016, Escambia county ranks in the fourth quartile in low birth weight and preterm births, 7.5 County rate vs 6.0 State rate. Escambia county experienced 33 infant deaths in 2016, the highest it has been since 2010 (40).

**Goal 5.0:** Reduce the rates of low birth weight and preterm births in Escambia County

**Strategy 5.1:** Increase tobacco prevention and cessation education among women who are pregnant or may become pregnant

**Objective 5.1.1:** By June 30, 2018, 95% of WIC charts (of prenatal women with a smoking risk code in WIC program) audited will have documentation that a goal has been set to address smoking

Key Partners: WIC, AHEC

<b>Tactics</b>	<b>Measures</b>	<b>Due Date</b>	<b>Baseline</b>	<b>Year 2 Target</b>	<b>Status</b>	<b>Explanation</b>
Conduct training for WIC staff on impacts of smoking during pregnancy on low birth weight and preterm delivery	# of Staff Trained	12/30/2016	0	NA		Completed Training occurred 1/27/17
Perform quarterly audits on WIC prenatal charts with code for maternal smoking risks	% of charts audited with a documented tobacco related goal	06/30/2018	12/30/2016	95%		Target met

**Strategy 5.2:** Provide community education on risk factors for preterm and low birth weight births

**Objective 5.2.1:** By June 30, 2019, identify and utilize at least 18 opportunities to deliver community education on perinatal risk factors for premature and low birth weight births to vulnerable populations

Key Partners: Faith-based organizations, Healthy Start, March of Dimes

Tactics	Measures	Due Date	Baseline	Year 2 Target	Status	Explanation
Develop 20 and 45-minute presentation on prenatal risks factors based on the AIM curriculum	Completed and approved presentations	12/30/2017	0	100%		This was a grant to UWF that is no longer active. No presentations were given during this time
Deliver presentations on perinatal risk factors for premature and LBW births at community meetings or events	# of presentations given	06/30/2019	0	3		Target met; 4 CRIB presentations were given by Healthy Start Coalition
Develop and deliver a culturally appropriate handout on perinatal risk factors for high risk populations	# of events	12/31/2019	0	6		Did not develop any new handouts; provided handouts that were already developed and culturally appropriate
Identify opportunities to provide information on perinatal risk factors in a variety of media outlets	# Media event used for perinatal risk education	12/31/2019	0	3		Target met. Healthy Start does a radio talk show twice a month about perinatal risk factors

## Revisions

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Revisions to the CHIP were made after careful review of the goals, objectives, strategies and measures of the 2016 – 2019 CHIP. Recommended changes were made based on the following parameters:

- Availability of data to monitor progress – performance measures that had county-level data available were preferred, etc.
- Availability of resources
- Community readiness
- Evident progress
- Alignment of goals

Overview:

The priority areas, goals and objectives have stayed the same, there were a few revisions recommended to and approved by the Board. We have added additional tactics to our Healthy Weight Priority Area to increase process and outcome monitoring. We have also changed our Infant Mortality tactics to focus on what the community and our partners are doing. No revisions were made to the tobacco priority area.

### Strategic Issue # 1: Healthiest Weight

Revision: We have added an additional tactic to strategy 1 so we could better track our progress with the food banks. A team of nutrition educators will be making face to face contact to provide technical assistance to food pantries who are interested in adopting practices or policies regarding nutrition standards.

Revision: For strategy 2.2 the workgroup has decided to not move forward with the let's wiggle web app and instead use a book that promotes being active. The workgroup felt it was counter-intuitive to promote a web app while also promoting a reduction in screen time use. We will track the book distribution to the community for this tactic in year three.

Revision: The NDPP in Escambia county has had enormous success so far, we are going to continue moving this progress forward by tracking the number of referrals received from physicians to the NDP program class offerings.

### Strategic Issue # 3: Infant Mortality

Goal 4.0 Reduce the rates of low birth weight and preterm births in Escambia County

Revision: Strategy 5.2 will be revised by deleting our AIM curriculum tactic; this was a grant received by the University and it was unsuccessful in creating a lasting impact among the workgroup. The workgroup has decided to instead promote the community partners March of Dimes and Healthy Start Coalition and their educational presentations instead.

## Accomplishments

Goal	Strategy	Objective	Accomplishment
Goal 2.0 Increase the number of adults and children adopting behaviors associated with a healthy weight	Strategy 2.2 Increase physical activity among preschool age children	Objective 2.2.1 By December 30, 2017, 70 childcare providers will receive training on incorporating physical activity in daily non-recess activities	As of August 2017, over 170 childcare providers have participated in the Let's Wiggle training on incorporating physical activity in daily non-recess activities
Why it's important for our community: By working with childcare providers, we have a valuable partnership in which to address physical activity in preschool age children. Improving the policies and methods by which childcare providers allow and encourage physical activity throughout the day results in a healthier environment and teaches healthy habits. We continue to promote 5210 and let's wiggle to these providers in the county.			
Goal 3.0 Reduce the number of youth using electronic nicotine delivery systems (ENDS)	Strategy 3.1 Increase risk awareness of electronic nicotine delivery systems	Objective 3.1.1 By June 30, 2019, at least 25% of organizations with tobacco free policies will include electronic nicotine delivery systems	TFF-Escambia has been working with Pensacola's Area Housing Commission to make its more than 750 units tobacco free before January 2018. The Area Housing Commission has also enacted tobacco-free policies for all staff.
Why it's important for our community: This helps reduce environmental tobacco smoke exposure to families who do not smoke but live near those who do. Area housing has taken ETS out of 750 units and has increased the environment surrounding these homes by going tobacco free. The inclusion of the ENDS language will further prevent young adults and teens from becoming addicted to nicotine.			

## Conclusion

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The CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive and static document. We will evaluate progress on an ongoing basis through quarterly CHIP implementation reports and quarterly discussion by community partners. We will conduct annual reviews and revisions based on input from partners and create CHIP annual reports each year by June 30<sup>th</sup>. The CHIP will continue to change and evolve over time as additional information and insight emerge at the local, state and national levels.

By working together, we can have a significant impact on the community's health, improving where we live, work and play and realize the vision of a healthier Escambia County.

## **Appendices**

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- A. Annual CHIP Review Community Meeting Agenda**
- B. Annual CHIP Review Community Meeting Minutes**
- C. Annual CHIP Review Community Meeting sign in sheet**
- D. Comprehensive list of partners responsible for the CHIP**

Appendix A



# CHNA Steering Committee Agenda

August 21, 2018 – 8:00 AM to 9:30 AM  
Azalea Room, Baptist Medical Park (Pensacola)

8:00	<b>Welcome &amp; Introductions</b> .....	Sandra Park-O’Hara
8:05	<b>Minutes</b> .....	Sandra Park-O’Hara
8:10	<b>Community Demographics</b> .....	Nora Bailey
	• Community Demographics	
	• Community Perceptions	
	• Health Status	
8:45	<b>Narrowing Our Focus</b> .....	Brainstorming
9:10	<b>Community Health Improvement Plan Updates</b> .....	Kimberly Pace & Matt Dobson
9:25	<b>Next Steps</b> .....	Sandra Park-O’Hara
9:30	<b>Adjournment</b> .....	Sandra Park-O’Hara

*Live Well Partnership Board Meeting convenes immediately following  
adjournment of Steering Committee*

Appendix B



## CHNA Steering Committee Meeting Minutes

August 21, 2018 – 8:00 am – 9:30 am  
Azalea Room, Baptist Medical Park (Pensacola)

PRESENT	<i>See Attachment A</i>
ABSENT	

AGENDA TOPIC	NOTES	DECISIONS / ACTION STEPS
Welcome	Sandra Park-O'Hara welcomed everyone and thanked them for attending the meeting. She then had everyone introduce themselves and the organization they represented.	
Minutes	Minutes from the June 2018 were included in the agenda packet. John Clark made the motion to approve, Brian Wyer seconded the motion. The motion passes unanimously.	Motion to accept June minutes was approved unanimously
Community Demographics	Nora Bailey described the work that had been accomplished since the June meeting has included analyzing secondary data and conducting community and leader surveys. The meeting will go over the key findings made over the past few months.  For the sake of time, all slides have been included in the handouts. Nora skipped most of the Community Demographic slides and focused on the Key Points regarding the composition of our two-county community.	Information Only
Community Perceptions	Two on-line/paper surveys were conducted: one of the public and the other was of key leaders. Nora Bailey presented an overview of respondents who took the surveys. Next, she described how the public, vulnerable populations and leaders perceived important health issues, unhealthy behaviors, and access to health services. This section concluded with the key conclusions from the surveys.	Information Only
Health Status	Nora Bailey described the process that was used to analyze 400 health and socio-economic indicators and how that data was converted into knowledge about the health of our community. She also explained how the County Health Ranking model was used to focus their analysis on Health Outcomes. That is, what is causing premature death and poor health in Escambia and Santa Rosa. Once data was collected and analyzed, the Planning Team applied the Healthy Communities Composite Score, magnitude of problem (number of deaths, number of case, hospital use rates), severity of the problem (years potential life lost), health disparities, and the perceptions of the community and key leaders to come up with the Health Outcomes of greatest concern in the community. Nora then presented data on each of the most concerning health conditions:	Information Only

AGENDA TOPIC	NOTES	DECISIONS / ACTION STEPS												
	<p>Coronary Heart Disease      Child Health (Escambia only)</p> <p>Diabetes                              STDs (Escambia only)</p> <p>Heart Attack                        Injuries (Escambia only)</p> <p>Infant Health                        Drug-Related Conditions (Santa Rosa only)</p> <p>Lung Cancer                         Alcohol-Related Conditions (Santa Rosa only)</p> <p>Mental Health                       Prostate Cancer (Santa Rosa only)</p> <p>Stroke</p>													
<b>Narrowing Our Focus</b>	<p>The Steering Committee was charged with narrowing the focus from the 13 health problems to the priority health concerns. They voted on the top three issues impacting both Escambia and Santa Rosa plus one issue that is most important in each County. The Committee votes were as follows:</p> <p><u>Escambia and Santa Rosa:</u></p> <table border="0"> <tr> <td>Diabetes – 20</td> <td>Coronary Heart Disease -4</td> <td>Lung Cancer – 1</td> </tr> <tr> <td>Mental Health – 20</td> <td>Stroke – 1</td> <td>Heart Attack - 0</td> </tr> </table> <p><u>Escambia:</u></p> <table border="0"> <tr> <td>Child Health – 12</td> <td>Drug-Related Conditions – 13</td> </tr> <tr> <td>STDs – 9</td> <td>Alcohol-Related Conditions – 7</td> </tr> <tr> <td>Injuries - 0</td> <td>Prostate Cancer - 0</td> </tr> </table>	Diabetes – 20	Coronary Heart Disease -4	Lung Cancer – 1	Mental Health – 20	Stroke – 1	Heart Attack - 0	Child Health – 12	Drug-Related Conditions – 13	STDs – 9	Alcohol-Related Conditions – 7	Injuries - 0	Prostate Cancer - 0	<p>The final priorities selected by the Steering Committee are:</p> <ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Mental Health</li> <li>• Infant Health</li> <li>• Child Health – Escambia only</li> <li>• Drug-Related Conditions – Santa Rosa only</li> </ul>
Diabetes – 20	Coronary Heart Disease -4	Lung Cancer – 1												
Mental Health – 20	Stroke – 1	Heart Attack - 0												
Child Health – 12	Drug-Related Conditions – 13													
STDs – 9	Alcohol-Related Conditions – 7													
Injuries - 0	Prostate Cancer - 0													
<b>Community Health Improvement Plan Year 2 Updates</b>	<p>Kimberly Pace, Florida Department of Health in Escambia County, and Matt Dobson, Florida Department of Health in Santa Rosa County, presented progress made on the Community Health Improvement Plan (CHIP) over the past year by County. They also presented 5 modifications to the CHIP objectives and measures for the next year. Jim Roberts asked why emphasis was placed on marketing through traditional media and not through social media. It was explained that the Health Departments are highly restricted on use of social media. It was discussed how partner organizations such as the organizations on the Steering Committee could help the Health Departments by distributing CHIP information through their social media accounts.</p> <p>John Clark moved approval of the plan with recommended modifications. Enid Sisskin seconded the motion. The motion passed unanimously.</p>	<p>Motion to approve Year 2 CHIP and updates approved unanimously</p>												
<b>Next Steps</b>	<p>Sandra Park-O’Hara explained that the next couple of months. During September we will begin to map the assets available in the community to address the health priorities. Feedback from the Committee on the assets will be sought either through a meeting or electronically. The Steering Committee will need to review and approve the final Community Health Needs Assessment report in December.</p>	<p>Steering Committee to be requested to provide feedback on Asset Mapping</p>												
<b>Next Meeting</b>	<p>The next meeting will be determined, and the Steering Committee will be contacted regarding the best date to meet.</p>													
<b>Adjournment</b>	<p>Sandra Park-O’Hara adjourned the meeting at 9:35.</p>													

Next CHNA Steering Committee Meeting: TBD

Appendix C



Sign-In Sheet

CHNA Steering Committee – August 21, 2108

8:00 am – 9:30 am, Azalea Room, Baptist Medical Park (Pensacola)

Initials	NAME	TITLE	ORGANIZATION	EMAIL	PHONE
	Aldridge, Brett	Executive Director, Business Development, Strategic Planning & Partnerships	Baptist Health Care	brett.aldridge@bhcpns.org	850-469-7413
	Anz, Candace	Medical Director	Good Samaritan Clinic	candaceanz@gmail.com	850-934-0064
	Arrington, Myesha	Community Clinics of NW FL	Community Clinics of NW FL	marrington@ecc-clinic.org	
zab	Bailey, Nora	Executive Director	Live Well Partnership for a Healthy Community	norab@livewellnwfl.org	850-291-6410
	Bides, Paula	Director, Community Benefit	Ascension Florida	paula.bides@ascension.org	904.296.4673
mf	Bodenhausen, Michael	CEO	YMCA	mbodenhausen@ymcanwfl.org	850-432-8327
	Cannon, Lindsey	Executive Director	Children's Home Society of Florida	lindsey.cannon@chsfl.org	
	Carlson, Laura	Agency Relations Manager	Feeding the Gulf Coast	lcarlson@feedingthegulfcoast.org	
SR	Clark, John	President/CEO	Council on Aging of NW FL	jclark@coawfla.org	850-432-1475
DC	Cook, DeVann	Risk Manager	Santa Rosa County	devannc@santarosa.fl.gov	850-983-1863
	Curtis, Denice	Assistant Professor, Public Health	University of West Florida	dcurtis@uwf.edu	
MD	Dobson, Matt	Public Health Services Manager, Community Health	FL Dept of Health - Santa Rosa	roger.dobson@flhealth.gov	850-983-5200
	Drummond, Cynthia	Physician Liaison	Santa Rosa Medical Center	cynthia.drummond@srmcf.com	850-626-5106
KEG	Fernandez, Krystle	Planning Analytics & Logistics Manager	Baptist Health Care	krystle.fernandez@bhcpns.org	850-434-4085

Initials	NAME	TITLE	ORGANIZATION	EMAIL	PHONE
	Fisher, Todd	Chief Transformation Officer	Covenant Care	todd.fisher@choosecovenant.org	850-324-4837
	Flounacker, DeDe	Executive Director	Manna Food Pantries	dede@mannahelps.org	850-432-2053
LF	Gilliam, Laura	Executive Director	United Way	lgilliam@unitedwayescambia.org	850-444-7110
CF	Gonzalez, Phyllis	Administrator, Circuit 1 Community Development	Department of Children & Families	phyllis.gonzalez@dcf.state.fl.us	850-232-9272
	Goodspeed, Dennis	Vice President, Behavioral Health	Lakeview Center	dennis.goodspeed@bhcpns.org	850-469-3831
MAA	Hanna, Martha	Coordinator of Health Services	Escambia County School District	mhanna@escambia.k12.fl.us	850-469-5456
JRZ	Harrell, Joseph "Joey"	Assistant Superintendent	Santa Rosa County School District	harrelj@mail.santarosa.k12.fl.us	850-983-5123
	Hartman, John	Assistant Professor, Health Sciences & Administration	University of West Florida	jhartman@uwf.edu	
	Hawkins, Henry	Mayor	Town of Century	hhawkins@centuryflorida.us	850-256-3208
	Ishee, Angie	Sr. Vice President, Public Relations & Development	Waterfront Mission	aishee@waterfrontmission.org	
	Johnson, John	Executive Director	Open Doors NW FL	john.johnson@ecoh.org	850-439-3009
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Initials	NAME	TITLE	ORGANIZATION	EMAIL	PHONE
AP	Papadelias, Ann	Chief Community Engagement Officer	Community Clinics of NW FL	apapadelias@ecc-clinic.org	850-912-8880
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NP	Partridge, Nicole	Executive Director	Health & Hope Clinic	nicole@healthandhopeclinic.org	850-530-8529
	Phillips, Vanessa	Health Education Program Manager / Tobacco Prevention Coordinator	Faith-Based	vanessa.phillips@flhealth.gov	850-595-6500, ext. 1830
JR	Roberts, Jim	Public Information Officer	Emerald Coast Utility Authority	james.roberts.jr@ecua.fl.gov	850-969-3348
	Robinson, Kevin	Reporter	Pensacola News Journal	Krobinson4@pnj.com	
	Scrivner, Leashia	Executive Director	Community Drug & Alcohol Council, Inc.	lscrivner@cdac.info	850-434-2724
	Sherman, John	Community School Partnership Director	Children's Home Society CA Weis Community School	john.sherman@chsfl.org	850-417-1680
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CHNA Steering Committee – August 21, 2018

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Initials	NAME	TITLE	ORGANIZATION	EMAIL	PHONE
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B&W	Wyer, Brian	Executive Director	Gulf Coast African American Chamber	bwyer@gcaacc.info	850-438-3993
	Cooper, Colleen				

CHNA Steering Committee – August 21, 2018

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## Appendix D

# CHIP Contributors

## Community Assessment and Planning Committee (CAP)

### Project Staff

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Nora Bailey	Carla Chromik	Krystle Galace	Sandra Parks-O'Hara
Versilla Turner	Chandra Smiley	Becky Washler	JoAnn Vanfleteren

## Live Well Partnership NWFL

### Steering Committee

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Doug Brown Community Action Program Committee	Carol Carlan Sacred Heart Health System	Pam Chesser Santa Rosa Medical Center	John Clark Council on Aging
Shirley Cornett Good Samaritan Clinic	DeDe Flounaker Manna Food Pantries	Dennis Goodspeed Lakeview Center	Andrea Krieger United Way
John Lanza FDOH-Escambia	Meghan McCarthy Baptist Health Care	Sandra Park-O'Hara FDOH-Santa Rosa	Tim Putman Children's Home Society
Chandra Smiley Escambia Community Clinics	Debra Vinci University of West Florida	Tim Wyrosdick Santa Rosa County School District	

## Implementation Partners

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Florida Department of Health	University of West Florida	Baptist Health Care
Sacred Heart Health System	Escambia Community Clinics	YMCA of Northwest Florida
Women, Infants, and Children (WIC)	Healthy Start	Early Learning Coalition
Escambia and Santa Rosa County School Districts	Manna Food Pantries	Faith-based organizations