Community Health Improvement Plan
2016-2019

Florida Department of Health
In Escambia County
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Introduction

The role of public health is to protect and improve the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention, and detection and control of infectious diseases. Public health looks at issues affecting an entire population and focuses on prevention of disease, whereas traditional healthcare is focused on the treatment of disease.

Today, the Florida Department of Health in Escambia County operates as part of a statewide, integrated department. The mission of the Florida Department of Health is to protect, promote, and improve the health of all Floridians through integrated state, county, and community efforts. A cornerstone of these efforts is a thorough assessment of community needs, challenges, and resources. The most recent Community Health Assessment (CHA) was completed in 2015 under the leadership of the Live Well Partnership of Northwest Florida. This Community Health Improvement Plan (CHIP) is derived from that assessment and outlines action steps to address the priorities selected by community members.

Improving health must be everyone’s business. The CHIP is the result of the time and efforts of over one hundred individuals representing forty organizations. The action steps outlined in this plan will be implemented in the period from 2016 to 2019, however, the CHIP is a “living document” and can be modified to meet the changing needs of the community.

County Profile

Escambia County is located in the Florida Panhandle and is the western gateway to the state. It is surrounded by Alabama to the north and west, the Gulf of Mexico to the south, and Santa Rosa County to the east. The county has two cities, Century in the far north, and Pensacola in the south, where most of the population is centered. An estimated 311,000 people live within its borders, making Escambia County the twentieth most populated county in Florida. A diverse community, the African American community represents 23% of Escambia County’s population, which is higher than most counties in Florida, whereas, there are fewer residents who identify as Hispanic or Latino.
Social, environmental and economic factors play an important role in the overall wellbeing of a community. About 17% of Escambia County residents live in poverty. Households with children are disproportionately affected, with 26.4% of children living in poverty. The median household income in Escambia County is $45,000 per year, about $2,500 less than the Florida average. Approximately 37% of Escambia County residents are classified as a “cost burdened household,” which means that 30% or more of a household’s income is spent on rent or mortgage. The military and tourism anchor the local economy. The military and federal presence in Escambia County accounts for more than 20,000 jobs. In addition to the strong military presence in the area, healthcare accounts for a large segment of the local workforce. Other major employers in Escambia County include Navy Federal Credit Union, Gulf Power, and GE Wind Energy. Lastly, education is vital to individual health, and currently in Escambia County, approximately three out of four high school students achieve graduation.

**What is Community Health?**

What is health? Ask members of the community and you will likely get many different answers. Some say it’s the ability to run a marathon, some say it’s not being sick, while others describe health as simply feeling well. The World Health Organization defines health as “a state of complete physical, mental, and social wellbeing.”

A healthy community reflects a sense of mental and physical wellbeing among its individual members, and is the foundation for achieving all other goals. Good health is essential for a productive society. Every community needs a healthy workforce upon which to build its economy and equip its students to learn and succeed academically. A community perceived as healthy and vital 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.

The improvement of a community’s health relies on no one person, government entity or private organization. The community is by very definition the shared, common interest among individuals and it requires the participation of all its members to succeed. A key part of the community health assessment is identifying resources in the community to actively participate in the improvement plan.
## Escambia County Community Resources

### Education
- Public university
- State college
- Private colleges
- Public schools/school boards
- Vocational training schools
- Private/faith-based schools
- Head Start program
- Early Learning Coalition
- Childcare centers
- Public library system
- After-school programs

### Family & Social Services
- Churches
- Faith-based organizations
- Maternal-child health coalitions
- State & federal programs
- Mental health counselors
- Crisis intervention facilities
- Social work students
- UF Extension Service
- Military family services
- Homeless shelters
- Safe houses
- Housing authority

### Employment
- Healthcare system
- Military
- Small businesses
- Corporations
- Chamber of Commerce
- Hotel and restaurant industry
- Tourism industry
- Job placement services
- Bus services

### Nutrition
- Large chain grocery stores
- Local farmers
- Farmer's markets
- Community gardens
- Food banks
- School breakfast & lunch
- WIC Program
- Restaurants
- Meals on Wheels
- Extension Service
- Senior centers
- Summer food programs
- Backpack meal programs

### Healthcare
- Large hospital systems
- Military health system
- Federally Qualified Health Centers
- Florida Department of Health
- Walk-in clinics
- Degree programs in health
- Diabetes educators
- Disease support groups (cancer, lung, etc.)
- Mental health facilities
- Tobacco cessation programs
- Community school clinics

### Physical Activity
- City Parks and Recreation
- Community centers
- Public sports fields
- YMCA
- Cycling groups
- Running associations
- Walking and biking paths
- Professional sports teams
- Recreational sports associations
- Worksite wellness programs
- School wellness coordinators
- After-school programs
- Weather, beaches

### Civic Involvement
- Parent-Teacher Associations
- School wellness committees
- Hospital engagement
- Corporate and business leaders
- Government officials
- Faith-based groups
- Military volunteers/retirees
- Other volunteers/retirees
- Existing health work groups
- Media outlets

### Culture
- Vital downtown development
- Beaches
- Maritime Park
- Museums
- Festivals and art shows
- Historical sites
- Airport, travel destination
- Retirees
- Urban and rural areas
- Agriculture
Social Determinants of Health

The term “social determinants of health” is used to describe the effect social issues play on health. Education, income, and access to medical care and healthy foods are all part of the social determinants of health. If a person never learns how to read, it may be more difficult for that individual to choose nutritious food, to understand warning labels on cigarette packs, or other health messages. The ability to pay for insurance, to see a doctor, or to buy nutritious food has a strong impact on health. Residents must have access to stores that stock reasonably priced, nutritious foods in order to meet recommendations for a healthy diet. The physical environment also plays a role. If individuals do not feel safe in their community, and do not have places to walk or bike and be part of a social groups, their ability to reach optimal health is limited.

If we recognize that social issues are important to overall health, we must also recognize that these social issues impact different groups more negatively than others, leading to some groups being less healthy than others. We use the term “health disparity” to describe these differences among groups of people. For example, in Escambia County, African American women are three times more likely to experience the death of an infant than their white counterparts. There is a myriad of different factors that play into infant health, but it is widely noted, African American families are more burdened by the negative aspects of those factors.

Health Disparity

“A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion based on race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, or geographic location.” - CDC

Health equity is achieved when health disparities are overcome. By identifying and addressing barriers to individual health for all citizens, we are able to empower our community to achieve a balanced state of wellbeing for all citizens.

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 our community faces are the result of unhealthy behaviors such as not exercising, eating unhealthy food, and smoking, vaping or using smokeless tobacco. Of all poorly performing health outcomes in Escambia County, those affected by the identified priorities in the CHIP – unhealthy weight, tobacco/nicotine use and access to care-have higher health-related expenses.
Building Capacity through Collaboration

Escambia County shares its eastern border with Santa Rosa County. Members of Escambia and Santa Rosa counties share social groups across county boundaries. Residents routinely work, play, shop, and obtain medical care in both counties, as the counties share natural assets and infrastructure. While each county retains a unique social and demographic identity, there is significant commonality in health challenges, available assets, and community leadership. Escambia and Santa Rosa counties adopted a unique approach to community health assessment by combining resources to collect, assess, and address problems in both counties.

The process was directed by the Live Well Partnership of Northwest Florida, a nonprofit organization composed of a diverse group of community partners from both counties. Led by representatives from the Sacred Heart and Baptist Health Systems, and with technical assistance from the Florida Department of Health in both counties, the Partnership held three community forums with broad representation from both counties, and follow-up meetings to review the results of the community health assessment. The community forums resulted in the identification of three health priorities common to both counties, as well as issues unique to each county. Escambia and Santa Rosa counties have elected to pool their resources to address the common priorities of healthy weight, tobacco use, and access to care, and to work separately on the health priorities unique to each county.

Selected Health Priorities

Healthy Weight
Tobacco Use
Access to Care
Infant Mortality

The Health Assessment Journey

Healthy Community, Healthy Economy!
Community Health Assessment Results

Methodology

The Florida Department of Health in Escambia County utilizes the Mobilizing for Action through Planning & Partnerships (MAPP) process to conduct Community Health Assessments. The MAPP process is a community-driven strategic planning process for improving community health. The process helps communities apply strategic thinking to identify and prioritize health issues and identify resources to address them. The MAPP tool was developed by the National Association for County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office and the Centers for Disease Control and Prevention (CDC).

1) The Community Themes and Strengths Assessment identifies themes that interest and engage the community, perceptions about quality of life, and community assets.

2) The Local Public Health System Assessment measures the capacity of the local public health system to conduct essential public health services.

3) The Forces of Change Assessment identifies forces that are occurring or will occur that will affect the community or the local public health system.

4) The Community Health Status Assessment analyzes data about health status, quality of life, and risk factors in the community.
Summary of Findings

**Community Themes and Strengths**

A Community Health Survey was conducted with a total of 1,621 respondents from Escambia and Santa Rosa Counties.

**Results**

Obesity, Poor Eating Habits, Affordability of Healthy Foods, Access to Dental Care, Mental Health & Substance Abuse Behaviors, and Access to Mental Health Services

**Local Public Health System Assessment (LPSHA)**

Local public health partners convened in September 2015 and discussed Model Standard Activities that serve as quality indicators aligned with 10 Essential Public Health Service areas.

**Results**

- **Escambia County**
  - 39% of Model Standard Activities functioned within the Optimal Activity* category

- **Santa Rosa County**
  - 62% of Model Standard Activities functioned within the Optimal Activity* category

  *Optimal Activity - Greater than 75% of the activity described within the question is met.

**Forces of Change Assessment (FOCA)**

Twenty-two diverse stakeholders convened to answer the following question: "What is occurring or might occur that affects the health of our community or local public health system?"

**Results**

**Top 5 Themes:**
- Education: Health Literacy, Funding, Partnerships, Chronic disease, Healthy Weight/Obesity

**Community Health Status Assessment**

County level data for 167 health status indicators and 27 demographic indicators were collected and compared to the state of Florida as a whole, using the Robert Wood Johnson County Health Rankings model.

**Results**

For both counties, worsening trends in the following areas occurred:
- Healthy Weight/Obesity, Tobacco Use, and Access to Care.
Identifying Strategic Issues

Framework for Analysis

The results of the four MAPP assessments and the community profile were reviewed within the framework of the County Health Rankings Model created by the University of Wisconsin Population Health and The Robert Wood Johnson Foundation. In order to quantify a comparative scale among counties in the US, the County Health Rankings Model categorizes health data in three primary categories. The first, health outcomes, identifies health data that illustrate length and quality of life in a specific community. Secondly, the model recognizes the important health factors that contribute to these health outcomes. Data representing health behaviors, clinical care, social and economic factors, and the physical environment are weighted to describe the impact of these health factors in a comparable framework. Finally, the degree to which the policies and programs are able to affect health outcomes within a community is investigated.

Prioritizing Strategic Issues

A subcommittee of the Live Well Partnership of Northwest Florida was formed to conduct an extensive review and analysis of the data. The Community Assessment & Planning (CAP) committee included representation from the Florida Department of Health, hospitals, a federally qualified health center and a university representing both Escambia and Santa Rosa Counties. This group met regularly for several months to analyze the data and identify relationships between health factors and poor health outcomes in both counties. The committee considered each counties' ranking in health factors and outcomes compared to the average for the state. The committee also looked at trends for each indicator, whether our community was improving or growing worse compared to the rest of the state. Multiple opportunities for improvement were refined by assessing feasibility and potential impact using the following questions:

1. Are resources to address this issue available within the community?
2. Are there opportunities to achieve collective impact through partnerships?
Community Perspective

Community input was achieved in several steps throughout the process. The Live Well Partnership of Northwest Florida produced a summary of the health indicators and outcomes along with the recommended priorities. This summary was distributed to the public through emails, a community partner newsletter, posting on the Live Well and Florida Department of Health websites and presentations at community meetings. The Live Well Partnership hosted three community “roundtable” meetings to review the summary and give residents the opportunity to make recommendations. The committee identified three health priorities that were associated with multiple poor health outcomes in Escambia and Santa Rosa Counties. These are: Healthy Weight, Tobacco Use, and Access to Care. In addition, one county specific priority, Infant Mortality, was identified in Escambia County.

Healthy 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 2013, almost 60% of the population was at an unhealthy weight.

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. In 2013, 22.5% of adults in Escambia County were smokers, a rate approximately 5% higher than the Florida average. In the years 2013-2015, 1,004 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.

Access to Care
Access to comprehensive, quality healthcare services is a fundamental aspect of maintaining health. For the individual, the cost of not having access to healthcare can result in loss of income, lowered quality of life, disability, and preventable death. The community suffers by bearing the burden of increased healthcare costs, depleted workforce, and greater demand of social services. Health insurance coverage is a major protective factor to access to healthcare, as uninsured people are more likely have poor health status and die prematurely. In Escambia County in 2013, almost 45,000 people did not have insurance, which is about 1/5 of the population.
Infant Mortality

Infant mortality is a key indicator of a community’s overall health status. Leading causes of infant mortality include low birth weight (LBW) and preterm births. Low birth weight is classified as live birth of an infant weighing less than 2,500 grams, while preterm birth is a live birth occurring prior to 37 weeks gestation. Smoking during pregnancy has been linked to poor birth outcomes, including low birth weight and preterm deliveries. From 2012-2014, the prevalence of women who smoked during pregnancy in Florida was 6.5%, while in Escambia County, the percentage was higher at 10.3%. Additionally, 11.7% of these women were white and 7.8% were African American.

Formulating the Implementation Plan

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

Common Language

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

<table>
<thead>
<tr>
<th>Goal</th>
<th>What we hope to achieve, the desired result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy</td>
<td>The approach we will take to achieve goals</td>
</tr>
<tr>
<td>Objective</td>
<td>A specific, measurable result</td>
</tr>
<tr>
<td>Tactic</td>
<td>Actions or steps taken to achieve the objective</td>
</tr>
</tbody>
</table>

Each Objective is S.M.A.R.T.

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

Evaluation

Evaluation is an important component of the Community Health Improvement Process. Stakeholders are constantly evaluating their efforts by asking questions such as: Did the objective have an impact? Are measurable outcomes observed? Are community members engaged in the process? Throughout the CHIP, specific objectives are written with specific outcome measures and time constraints. These S.M.A.R.T. objectives will be used to measure progress and document success. Leaders from each of the work groups will report quarterly on objectives. These reports are shared with other work groups and members of the Live Well Partnership of Northwest Florida. The CAP committee will publicize an annual report detailing progress in all priority areas, success stories and barriers encountered. The Community Health Improvement Plan is a “living” document and may be modified to reflect changing conditions and priorities within the community. Modifications are reviewed and approved by the Live Well Partnership of Northwest Florida Board.
Priority Area: Healthy 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

<table>
<thead>
<tr>
<th>Lead Agency:</th>
<th>Key Partners:</th>
<th>Assets:</th>
<th>Policy needed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDOH Escambia</td>
<td>Feeding the Gulf Coast Manza Food Pantries UWF</td>
<td>Food Banks Faith-based community Non-profit organizations</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tactics</th>
<th>Measure</th>
<th>Due Date</th>
<th>Baseline</th>
<th>Year 1 Target</th>
<th>Year 2 Target</th>
<th>Year 3 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey existing food distribution sites in Escambia on current policies and practices</td>
<td>Surveys completed</td>
<td>12/31/2016</td>
<td>0</td>
<td>100%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Develop nutritional guidelines for food pantries and train</td>
<td>Percent of large food pantries trained</td>
<td>12/31/2017</td>
<td>Establish January 2017</td>
<td>NA</td>
<td>25%</td>
<td>NA</td>
</tr>
<tr>
<td>Monitor food pantries on implementation of nutritional density standards policies</td>
<td>Percent of trained food pantries that adopt nutritional standards</td>
<td>06/30/2019</td>
<td>Number of food pantries trained</td>
<td>NA</td>
<td>15%</td>
<td>25%</td>
</tr>
<tr>
<td>Provide technical assistance to food pantries who have not yet adopted a nutritional standard policy</td>
<td># of food pantries that have received TA from FDOH</td>
<td>06/30/2019</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>9</td>
</tr>
</tbody>
</table>
Priority Area: Healthy Weight

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 3rd grade or 6th grade students with high BMIs.

<table>
<thead>
<tr>
<th>Lead Agencies:</th>
<th>Key Partners:</th>
<th>Assets:</th>
<th>Policy needed: Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Department of Health</td>
<td>School District School Dietitians/Nurses UF Extension Service</td>
<td>Chamber of Commerce membership Childcare center relationships</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tactics</th>
<th>Measures</th>
<th>Due Date</th>
<th>Baseline</th>
<th>Year 1 Target</th>
<th>Year 2 Target</th>
<th>Year 3 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and map elementary schools with high BMI rates for each year of the CHIP</td>
<td>1st and 3rd grade BMI</td>
<td>12/31/2016</td>
<td>0</td>
<td>100% identified</td>
<td>Compare to year 1</td>
<td>Compare to year 2</td>
</tr>
<tr>
<td>Provide technical assistance on policies and messaging for zero sugar-sweetened beverages to elementary school and childcare center classroom (CCC)</td>
<td># of schools &amp; CCC assisted</td>
<td>06/30/2019</td>
<td>0</td>
<td>1 class 5 CCC</td>
<td>3 classes 8 CCC</td>
<td>5 classes 10 CCC</td>
</tr>
<tr>
<td>Survey the community on awareness of the 5210 campaign</td>
<td># of surveys at community events</td>
<td>06/30/2018</td>
<td>0</td>
<td>300</td>
<td>600</td>
<td>NA</td>
</tr>
<tr>
<td>Use 5210 message to promote zero sugar-sweetened beverages in WIC and parent education</td>
<td>WIC risk score</td>
<td>12/31/2018</td>
<td>27.6%</td>
<td>26.6%</td>
<td>26%</td>
<td>25.6%</td>
</tr>
<tr>
<td>Provide tech. assistance to businesses on developing zero sugar-sweetened beverage policies</td>
<td># of businesses assisted</td>
<td>06/30/2019</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Priority Area: 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

**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

<table>
<thead>
<tr>
<th>Lead Agency: Florida Department of Health</th>
<th>Key Partners: Early Learning Coalition, University of West Florida</th>
<th>Assets: Childcare centers relationships, UWF student volunteers, Parks and Recreation facilities</th>
<th>Policy needed: Yes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Tactics</th>
<th>Measures</th>
<th>Due Date</th>
<th>Baseline</th>
<th>Year 1 Target</th>
<th>Year 2 Target</th>
<th>Year 3 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide training to childcare center providers on incorporating physical activity in daily non-recess activities</td>
<td>Training attendance log</td>
<td>12/30/2017</td>
<td>119</td>
<td>160</td>
<td>190</td>
<td>NA</td>
</tr>
<tr>
<td>Monitor implementation of policies incorporating physical activity into daily non-recess activities</td>
<td>Monitoring log</td>
<td>06/30/2019</td>
<td>FY 2015-16 baseline</td>
<td>NA</td>
<td>15%</td>
<td>NA</td>
</tr>
<tr>
<td>Provide training and information to parents of preschool children on increasing physical activity throughout the day</td>
<td># of presentations at community events</td>
<td>06/30/2019</td>
<td>0</td>
<td>4</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Increase use of the 5210 Let’s Wiggle website among parents and childcare providers</td>
<td>Increase in website hits per month</td>
<td>06/30/2019</td>
<td>01/30/2017 baseline</td>
<td>NA</td>
<td>30%</td>
<td>75%</td>
</tr>
<tr>
<td>Increase the distribution of Walker finds his wiggle book among teacher and parents of preschoolers</td>
<td># of books distributed</td>
<td>06/30/2019</td>
<td>6500</td>
<td>NA</td>
<td>NA</td>
<td>10,000</td>
</tr>
</tbody>
</table>
**Priority Area: Healthy Weight**

**Strategy 2.3** Increase diabetes education, including nutrition and physical activity education to 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

<table>
<thead>
<tr>
<th>Lead Agency:</th>
<th>Key Partners:</th>
<th>Assets:</th>
<th>Policy needed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Department of Health</td>
<td>Diabetes Association YMCA Sacred Heart Health System</td>
<td>Faith-based Organizations Community Centers</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tactics</th>
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<th>Due Date</th>
<th>Baseline</th>
<th>Year 1 Target</th>
<th>Year 2 Target</th>
<th>Year 3 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner with healthcare providers, faith-based and community groups to conduct behavioral risk factor screenings for Type 2 diabetes in vulnerable populations</td>
<td># of screening events offered to vulnerable populations</td>
<td>12/30/2018</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Establish and maintain referral mechanisms among healthcare providers and health educators for NDPP programs</td>
<td>Referral mechanism in place</td>
<td>12/31/2017</td>
<td>0</td>
<td>1</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Increase the # of referrals from participating healthcare providers and HEs to the NDPP programs</td>
<td># of referrals</td>
<td>06/30/2019</td>
<td>13</td>
<td>NA</td>
<td>NA</td>
<td>20</td>
</tr>
<tr>
<td>Monitor number of National Diabetes Prevention Programs (NDPP) classes offered in the community</td>
<td># of NDPP classes offered in the community</td>
<td>12/31/2018</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>
Priority Area: Tobacco Use

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

<table>
<thead>
<tr>
<th>Lead Agency:</th>
<th>Key Partners:</th>
<th>Assets:</th>
<th>Policy needed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAT Coalition</td>
<td>SWAT Youth Group Area Health Education Coalition Florida Department of Health School District School Health Advisory Council</td>
<td>Established relationships with businesses and schools</td>
<td>Yes</td>
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</table>

<table>
<thead>
<tr>
<th>Tactics</th>
<th>Measures</th>
<th>Due Date</th>
<th>Baseline Year 1 Target</th>
<th>Year 2 Target</th>
<th>Year 3 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage community partners and SWAT in distributing ENDS fact sheets at retail pharmacies, community enters, medical groups and schools</td>
<td># of sites receiving information</td>
<td>12/31/2018</td>
<td>0</td>
<td>20</td>
<td>30</td>
</tr>
<tr>
<td>Integrate ENDS education into tobacco related classes or presentation to middle and high school students</td>
<td>% of middle and high school tobacco related classes that include ENDS</td>
<td>06/30/2018</td>
<td>0</td>
<td>25%</td>
<td>100%</td>
</tr>
<tr>
<td>Provide technical assistance to organizations to include ENDS language in tobacco use policy</td>
<td>Policies that include ENDS</td>
<td>06/30/2019</td>
<td>16%</td>
<td>19%</td>
<td>21%</td>
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</tbody>
</table>
Priority Area: Infant Mortality

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

Strategy 4.1 Increase tobacco prevention and cessation education among women who are pregnant or may become pregnant

Objective 4.1.1 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

<table>
<thead>
<tr>
<th>Lead Agency:</th>
<th>Key Partners:</th>
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<th>Policy needed: No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Department</td>
<td>WIC</td>
<td>AHEC Classes</td>
<td>Not at this time</td>
</tr>
<tr>
<td>of Health</td>
<td></td>
<td>WIC Electronic Record</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Tactics</th>
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<th>Year 1 Target</th>
<th>Year 2 Target</th>
<th>Year 3 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct training for WIC staff on impacts of smoking during pregnancy on</td>
<td># of Staff Trained</td>
<td>12/30/2016</td>
<td>0</td>
<td>18</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>low birth weight and preterm delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform quarterly audits on WIC prenatal charts with code for maternal</td>
<td>% of charts audited with a documented tobacco related goal</td>
<td>06/30/2018</td>
<td>70%</td>
<td>95%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>smoking risks</td>
<td></td>
<td>12/30/2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide training for WIC staff on asking clients with a prenatal</td>
<td># of Staff Trained</td>
<td>06/30/2019</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>18</td>
</tr>
<tr>
<td>smoking goal on their status during first postpartum visit.</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Priority Area: Infant Mortality

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

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

**Objective 5.2.2** By June 30, 2019, utilize at least 9 opportunities to deliver education on perinatal risk factors for premature and low birth weight to community and/or organizational policy makers

<table>
<thead>
<tr>
<th>Lead Agency:</th>
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<th>Policy needed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Start</td>
<td>Florida Department of Health Faith-based organizations</td>
<td>Fetal &amp; Infant Mortality Review Board Civic Organizations</td>
<td>Not at this time</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Tactics</th>
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<th>Due Date</th>
<th>Baseline</th>
<th>Year 1 Target</th>
<th>Year 2 Target</th>
<th>Year 3 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver presentations on perinatal risk factors for premature and LBW births at community meetings or events</td>
<td># of presentations given</td>
<td>06/30/2019</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Deliver culturally appropriate handouts on perinatal risk factors for high risk populations</td>
<td># of events</td>
<td>06/30/2019</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Identify opportunities to provide information on perinatal risk factors in a variety of media outlets</td>
<td># Media event used for perinatal risk education</td>
<td>06/30/2019</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>
How to use the 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
- 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 elected 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.

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 community grants.

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 discuss personal behaviors and other factors that impact health.
- Identify opportunities for groups in your organization to support the health initiatives.
- Lead by example. Encourage water, healthier meal and snack options, and physical activity breaks.
- Use the data for background and statement of need components when writing community grants.

Government Officials
- Understand the priority health issues within the community.
- Identify barriers to good health among constituents. Encourage community leaders to invest in programs and policy changes that give residents the tools and opportunities to achieve optimal health.
- Use the data for background and statement of need components when writing community grants.
### CHIP Contributors

#### Community Assessment and Planning Committee (CAP)

**Project Staff**

<table>
<thead>
<tr>
<th>Nora Bailey</th>
<th>Becky Washler</th>
<th>Krystle Galace</th>
<th>Sandra Parks-O’Hara</th>
</tr>
</thead>
<tbody>
<tr>
<td>Versilla Turner</td>
<td>Carla Chromik</td>
<td>Chandra Smiley</td>
<td>JoAnn Vanfleteren</td>
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</tbody>
</table>

### Live Well Partnership NWFL

#### Steering Committee

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

- Florida Department of Health
- Sacred Heart Health System
- Women, Infants, and Children (WIC)
- Escambia and Santa Rosa County School Districts

- University of West Florida
- Escambia Community Clinics
- Healthy Start
- Manna Food Pantries

- Baptist Health Care
- YMCA of Northwest Florida
- Early Learning Coalition
- Faith-based organizations

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*Escambia County Community Health Improvement Plan, 22*