



# Community Health Implementation Strategy

## 2026-2028

BAPTIST HOSPITAL  
GULF BREEZE HOSPITAL  
JAY HOSPITAL

To ensure Baptist Health Care's efforts meet the needs of the community and have a lasting and meaningful impact, the 2026 Community Health Implementation Strategy was presented and adopted by the Baptist Board of Directors on January 26, 2026.

# Executive Summary

Achieve Healthy EscaRosa (AHER), launched in 2019 as a continuation of the LiveWell Partnership, works to unite resources and improve health and well-being in Escambia and Santa Rosa counties. This collaborative engages hundreds of stakeholders and applies collective impact principles by:

- Establishing a common agenda and shared measurements
- Fostering mutually reinforcing activities and ongoing communication
- Building broad community support across health, business, military, education, faith, nonprofit, government, and civic sectors

Every three years, local organizations conduct a two-step process:

1. Community Health Needs Assessment (CHNA) - Identifies health issues, behaviors, and resources through surveys, public input, and guidance from a Steering Committee.
2. Community Health Improvement Plan (CHIP) - Launching in early 2026, outlines actions to improve residents' health.

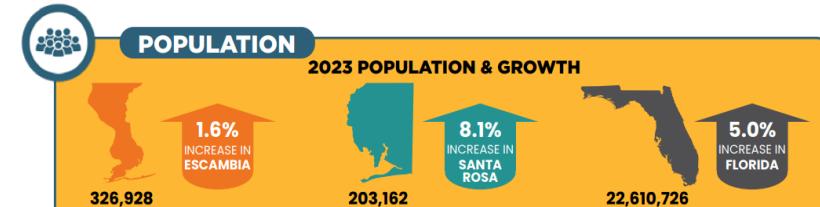
The Community Health Needs Assessment (CHNA) addresses critical questions such as the leading causes of death, priority health concerns, and available community resources. This comprehensive, year-long process culminates in the release of the 2025 CHNA report. Following its completion, Baptist Health Care develops an Implementation Strategy - a set of goals and strategic actions that reflect our commitment to improving quality of life in the communities we serve. These initiatives are outlined in this report.

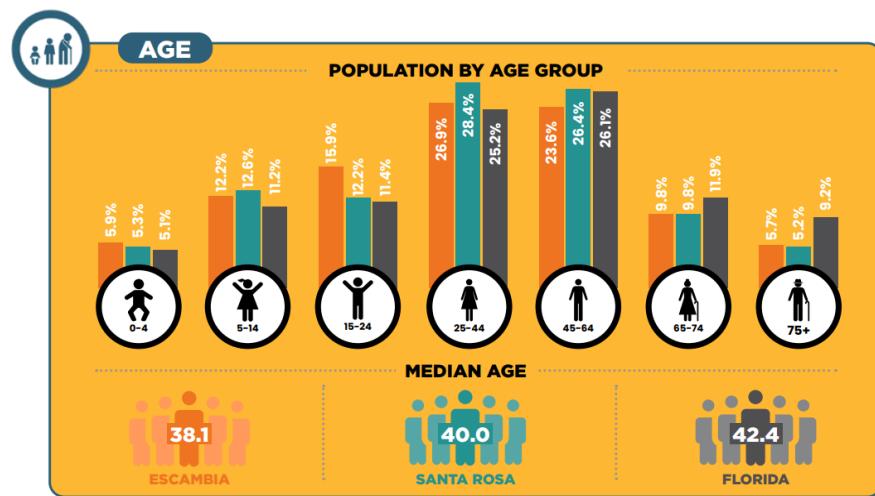
## Introduction

The 2025 Community Health Needs Assessment (CHNA) for Escambia and Santa Rosa counties aims to identify health needs, issues, and contributing factors to quality of life. Led by Baptist Health Care, Ascension Sacred Heart, and the Florida Department of Health, with support from the University of West Florida and numerous community partners, this collaborative effort gathers and analyzes health data to guide improvement strategies. Facilitated by Achieve Healthy EscaRosa, the CHNA is an ongoing process that compiles demographic, socioeconomic, and health indicators, along with community input, to set priorities and mobilize resources. The resulting report provides insights into health status, gaps, and assets, encouraging organizations and residents to work together to reduce illness and improve overall well-being.

## Community Demographics

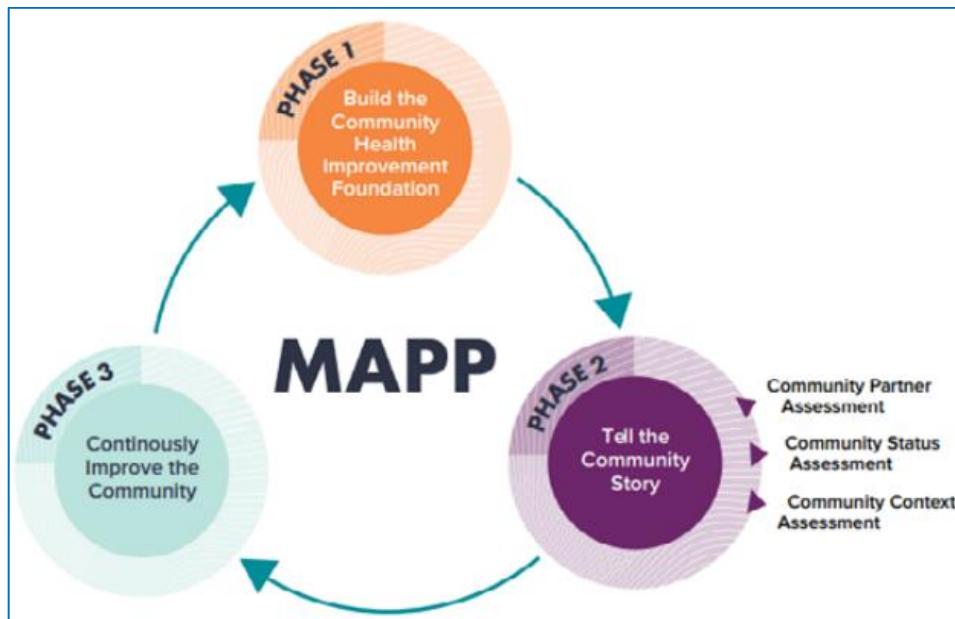
The population of Northwest Florida is distinctive from the rest of Florida. Our racial and ethnic composition, age, demographics, income, educational attainment, military presence, and occupations distinguish our community from typical Florida communities. All these factors collectively impact the health of community residents. This CHNA report is intended to present who we are as a community, including the influence of socioeconomic and demographic variables on our health. Throughout this report, Escambia data will be depicted in orange and Santa Rosa in teal.





## CHNA Methodology

Community Health Needs Assessments (CHNAs) are mandated by regulatory agencies, including the Florida Department of Health (every 3–5 years) and the IRS for nonprofit hospitals (every three years). In 2015, the CDC introduced a unified framework for community health improvement, promoting collaboration among hospitals, public health departments, and community organizations. Achieve Healthy EscaRosa adopted this approach for the 2022 CHNA and continues with the 2025 process using MAPP 2.0, a nationally aligned framework endorsed by NACCHO, CDC, and HRSA. MAPP 2.0 integrates health equity principles, national public health standards, and collaborative strategies to meet accreditation requirements and guide comprehensive community health improvement.



## Data Framework

### Phase I: Build the Community Health Improvement Foundation

*This phase unites many partner organizations and people to plan for MAPP.*

- ✓ Do a Stakeholder and Power Analysis
- ✓ Establish or Revisit CHI Leadership Structures
- ✓ Engage and Orient the Steering Committee
- ✓ Establish Administrative Structures for MAPP
- ✓ Develop the Community Vision
- ✓ Do the Starting Point Assessment
- ✓ Identify CHI Infrastructure Priorities and Develop Workgroups
- ✓ Develop the Workplan and Budget

### Phase II: Tell the Community Story.

*This phase includes preparation, application, and analysis of the three assessments (Community Partner Assessment, Community Status Assessment, Community Context Assessment).*

- ✓ Form the Assessment Design Team
- ✓ Design the Assessment Process
- ✓ Do the Three Assessments
- ✓ Triangulate Data, Identify Themes, and Develop Issue Statements
- ✓ Develop Issue Profiles through Root Cause Analysis
- ✓ Share CHNA Findings

### Phase III: Continuously Improve the Community.

*This phase centers on developing the CHIP by prioritizing issues and applying and evaluating strategies by community partners.*

- ✓ Prioritize Issues for the CHIP
- ✓ Do a Power Analysis of Each Issue
- ✓ Set Up Priority Issue Subcommittees
- ✓ Create Community Partner Profiles
- ✓ Develop Shared Goals and Long-Term Measures
- ✓ Select CHIP Strategies
- ✓ Develop Continuous Quality Improvement Action Planning Cycles

✓ **Monitor and Evaluate the CHIP**

## Forces of Change Assessment

A Forces of Change (FOC) workshop was held on July 25, 2024. AHER partner organizations and community members convened to discuss the results of the 2024 Community Resident Survey, health data outcomes, and identify forces of change – trends, factors, and events impacting the overall health of the community. There were 50 participants in the FOC workshop, with representatives from local organizations. The results of the 2025 CHNA led to the identification of six priority areas for our community to work together for improvement.

### **Force 1 – Overweight/Obesity (Healthy Community)**

### **Force 2 – Substance Use**

### **Force 3 – Mental Health**

### **Force 4 – Eating Habits (Food as Medicine)**

### **Force 5 – Child Safety**

### **Force 6 – Access to Healthcare**

The intent of the 2025 FOC workshop was to take a broader approach by identifying trends, factors, and events that impact the six areas of focus. The goal of the FOC was to identify forces of change including trends, factors, and events currently or historically at play in your community that impact community health and well-being. The types of Forces were discussed as broad all-encompassing categories that may include:

- Trends – Patterns over time including unemployment, aging population, migration in/out of community, population growth, technological improvements
- Factors – Distinct features or elements including large military population or location on Gulf
- Events – Hurricanes; elections

The participants were provided instructions on the FOC discussion process. The participants were self-divided into six groups based on broader health priorities. To diversify the group discussions, the only request was to join a group of people who they did not work with or know very well. Each of the groups spent a total of 30 minutes brainstorming and discussing trends, factors, and events from 2021 through 2024 that have or could impact the health of the community. One person from each group reported major findings. The ideas were written on a flip chart. Following the brainstorm session, each participant voted for their top five forces of change that they believed are impacting or going to impact the health of the community.

The results of the FOC discussion were as follows, with highest priority areas listed first:

### **TRENDS**

- Affordability
- Inflation
- Resources - Unfamiliarity with local resources
- Civil discourse - Decline of civil discourse
- Overdose deaths, fentanyl
- Providers - Fewer health care providers
- Nonprofit working in silos
- Substance abuse - intervention, increase of self-medicating

### **FACTORS**

- Transportation - Poor public transportation
- Climate - Changes in climate
- Government - City/county government dynamics

- Tourism
- Misinformation - access to the right information
- Drugs/substance abuse
- Misinformation - conspiracy theories
- Diversity
- Economic - Increase economic disparities
- Trust - Lack of trust in systems
- Underinsured

## EVENTS

- Cyber-attack (Ascension, DOH)
- Election year
- Elections/legislation
- COVID, post COVID era, remote learning
- Political landscape, volatile political environment
- Health care landscape, change in provider #s, doctor shortage
- Trafficking
- Children's Trust
- Cyber events
- Economy changing, Inflation

## Conclusions

The County Health Rankings and Mobilizing Action Through Partnership and Planning Frameworks, which depict how health factors within a community determine the quality and length of life of residents, guided this CHNA process and helped to organize our findings. Through analysis of statistical data and the collection of primary data, the CHNA:

- Identified the top 10 causes of disease, disability and death within Escambia and Santa Rosa counties
- Identified health outcomes and factors that disproportionately impact one race group over another
- Identified priority areas for focused, strategic action
- Ascertained that mental health, specialty care, elderly services and drug abuse treatment are difficult to obtain due primarily to poor geographic distribution of services and affordability
- Confirmed that are more likely to report poorer health overall and in their community
- Identified local health resources related to health priority areas
- Confirmed that groups placed at increased risk have difficulty finding care due to health insurance issues i.e. no insurance, doctor not accepting insurance, cannot afford deductible
- Discovered that a lack of adequate transportation is a barrier to health care throughout the two-county area

These conclusions and other information confirmed the continuation of the focus on top health priorities, which are:

- Healthy Community
- Substance Use
- Mental Health
- Food as Medicine
- Child Safety
- Access to Healthcare

The Forces of Change discussion identified trends, factors, and events that could influence the direction of AHER's work on the top health priority areas. The forces include the impact of affordability, inflation, transportation, misinformation, and the political landscape.

## Community Health Implementation Strategy

The Community Health Implementation Strategy (CHIS) is a three-year plan that sets goals for improvement in the health and wellbeing of residents. The CHIS is developed and revised through a collaborative process that includes a wide range of stakeholders including local government agencies, health care providers, employers, community groups, schools, nonprofit organizations, and advocacy groups. This collaborative planning process fosters shared ownership and responsibility for the plan's implementation and promotes efficient and targeted collective action to improve the health of all county residents. The CHIS contains community priorities for action that are outlined throughout the plan. Each priority contains a goal(s) to provide a desired measurable outcome with a specific indicator. Considerations of social determinants of health, causes of higher health risks, poorer health outcomes, and health inequities are featured in the plan. The CHIS broadly, but sometimes specifically, plans for policy and system level changes for the alleviation of identified causes of health inequity.

Priority areas addressed in the CHIS seek to reduce causes of health inequities through goals, strategies, and objectives. The CHNA helps identify priority areas where health equity is being addressed. The CHIS spotlights the designation of individuals and organizations that have accepted responsibility for implementing strategies. The CHIS is intended to be a practical, descriptive document designed to be used by our community in the coming years to make decisions about resources and prioritization. The Community Health Implementation Strategy 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 are complemented by individual partnering organization efforts.

## Action Plan for Each Priority Focus Area

After the Community Health Needs Assessment (CHNA) has been completed Baptist Health Care creates an internal Community Health Implementation Strategy (CHIS) - a three-year collaborative plan addressing how the organization plans to improve the quality of life through the public health priorities identified in the CHNA. Developed with input from health departments, local governments, healthcare providers, schools, nonprofits, and community groups, Baptist's Community Implementation Strategy sets measurable goals, strategies, and objectives to improve health outcomes and reduce inequities. It emphasizes social determinants of health, policy and system-level changes, and shared accountability among stakeholders. As a living document, the Implementation Strategy guides resource allocation and collective action to make Escambia and Santa Rosa counties healthier places to live, work, and play.

PRIORITY NEED:	RATIONALE:
HEALTHY COMMUNITY	<p>The 2025 Community Health Needs Assessment for Escambia and Santa Rosa counties identifies overweight and obesity as one of the most pressing health issues in the region. Both community leaders and residents ranked excess weight among the top concerns impacting overall health. Contributing factors include:</p> <ul style="list-style-type: none"> <li>• Poor eating habits</li> <li>• Limited access to healthy foods</li> <li>• Socioeconomic barriers make it harder for individuals to maintain a healthy lifestyle</li> </ul> <p>These conditions increase the risk for chronic diseases such as diabetes, heart disease, and certain cancers, placing a significant burden on local healthcare systems. Addressing overweight and obesity will require a multi-faceted approach, including education, improved access to nutritious foods, and community-based initiatives that promote a healthy, thriving community.</p>
SUBSTANCE USE	<p>The 2025 Community Health Needs Assessment highlights substance abuse (drugs and alcohol) as a major health concern for Escambia and Santa Rosa counties. Both community leaders and residents identified it among the most critical issues impacting local health. Substance abuse contributes to a range of problems, including:</p> <ul style="list-style-type: none"> <li>• Increased rates of mental health disorders</li> <li>• Family instability</li> <li>• Economic hardship.</li> </ul> <p>Factors such as limited access to treatment services, stigma surrounding addiction, and socioeconomic challenges exacerbate the issue. Addressing substance use will require a comprehensive approach that includes prevention programs, expanded access to behavioral health services, and community education to reduce stigma and promote recovery.</p>
CHILD SAFETY	<p>The 2025 Community Health Needs Assessment lists child abuse as a significant concern for Escambia and Santa Rosa counties. Community leaders and residents identified it among the most troubling unhealthy behaviors and critical needs in the region. Child abuse not only affects the immediate safety and well-being of children but also has long-term impacts on mental health, educational outcomes, and community stability. Contributing factors include:</p> <ul style="list-style-type: none"> <li>• Socioeconomic stressors</li> <li>• Lack of awareness</li> <li>• Limited access to supportive services for families</li> </ul> <p>Addressing child abuse requires a coordinated approach that includes prevention programs, education for caregivers, and improved access to intervention and support resources for victims and families.</p>

<b>MENTAL HEALTH</b>	<p>The 2025 Community Health Needs Assessment identifies mental health as one of the most significant health challenges in Escambia and Santa Rosa counties. Both community leaders and residents ranked mental health issues among the top concerns, citing rising rates of anxiety, depression, and stress-related disorders. Contributing factors include:</p> <ul style="list-style-type: none"> <li>• Limited access to mental health services</li> <li>• Provider shortages</li> <li>• Financial barriers such as high copays and lack of insurance</li> <li>• Stigma surrounding mental health care</li> </ul> <p>These challenges are compounded by socioeconomic disparities and transportation issues, which make it harder for individuals to seek timely support. Addressing mental health needs will require expanding access to affordable care, increasing the availability of providers, and implementing community-based programs that promote awareness and reduce stigma.</p>
<b>FOOD AS MEDICINE</b>	<p>The 2025 Community Health Needs Assessment identifies food security as a critical issue affecting residents of Escambia and Santa Rosa counties. Many households experience challenges in accessing affordable, nutritious food, which is closely linked to other health concerns such as obesity and chronic disease. Contributing factors include:</p> <ul style="list-style-type: none"> <li>• Economic disparities</li> <li>• Limited transportation options</li> <li>• Geographic barriers that create “food deserts” in certain areas</li> </ul> <p>These conditions disproportionately impact low-income families and vulnerable populations, increasing the risk of poor health outcomes. Improving food security will require strategies such as expanding access to healthy foods, supporting local food programs, and addressing transportation and affordability barriers.</p>
<b>ACCESS TO HEALTHCARE</b>	<p>The 2025 Community Health Needs Assessment identifies access to health care as a major challenge in Escambia and Santa Rosa counties. Residents and community leaders reported barriers such as cost of care, lack of insurance coverage, provider shortages, and transportation difficulties. These obstacles often lead to delayed treatment, unmanaged chronic conditions, and poorer health outcomes overall. Limited availability of specialists and mental health providers further compounds the issue. Improving access will require strategies like expanding affordable care options, increasing the number of healthcare providers, and addressing transportation and financial barriers to ensure timely and equitable care for all residents.</p>

PRIORITIZED NEED: HEALTHY COMMUNITY		
ADOPTED: Baptist Hospital, Gulf Breeze Hospital and Jay Hospital		
BHC STRATEGIC HEALTHY COMMUNITY GOAL: Increase community awareness about healthy living and eating habits and provide local assistance and service referrals.		
BHC ACTIONS:	BHC ANTICIPATED IMPACT:	COLLABORATORS/ RESOURCES:
<p><b>Action HC 1.1.</b> BHC will conduct outreach and provide diabetes education and awareness to the community at multiple Baptist Health Care locations including Baptist Medical Park – Nine Mile, Baptist Towers, Andrews Institute and at locations throughout the community.</p> <p><b>Action HC 1.2.</b> BHC will host a weight loss surgery support group for residents in our service area.</p>	<p><b>Anticipated Impact HC 1.1.1</b> BHC will provide 36 diabetes education and awareness classes between January 2026 and December 2028 serving over 180 patients (5 per class average).</p> <p><b>Anticipated Impact HC 1.2.1.</b> Baptist will host 36 weight-loss surgery support groups between January 2026 and December 2028, providing support to at least 72 individuals per year.</p>	<p>Baptist Health Care</p> <ul style="list-style-type: none"> <li>- Sports Medicine Outreach</li> <li>- Community Advertising</li> <li>- Educational Materials</li> <li>- Meeting and Event Space</li> <li>- Grant Funding (supplies for community wellness events)</li> </ul> <p>Escambia County Department of Health</p> <p>Santa Rosa County Department of Health</p> <p>Achieve Healthy EscaRosa</p>
AHER GOALS (COMMUNITY)		
<p><b>Goal HC 1.</b> Increase awareness of healthy behaviors that prevent chronic disease in Escambia and Santa Rosa Counties.</p> <p><b>Goal HC 2.</b> Improve awareness of local physical activity resources in Escambia and Santa Rosa Counties.</p>		

<p><b>Action HC 1.1.</b> Partner with local organizations to expand communication on health behaviors through the development of messaging content.</p> <p><b>Action HC 2.1.</b> Partner with local county agencies to expand knowledge of physical activity resources available to the community.</p> <p><b>Action HC 2.2.</b> Create a “home playbook” to promote ways families can be physically active at home.</p>	<p><b>Anticipated Impact HC 1.1.1.</b> By June 30, 2026, develop a pool of approved and evidence-based healthy behavior messaging that can be utilized on multiple messaging platforms.</p> <p><b>Anticipated Impact HC 1.1.2.</b> By December 31, 2027, expand communication of healthy behaviors in Escambia and Santa Rosa Counties through implementation of PatientPoint and on-hold messaging.</p> <p><b>Anticipated Impact HC 1.1.3.</b> By December 31, 2028, increase the number of partner organizations posting healthy behavior messaging once a month from 0 organizations in 2025 to 5 organizations.</p> <p><b>Anticipated Impact HC 2.1.1.</b> By December 31, 2026, invite representatives from Escambia and Santa Rosa Counties Parks and Rec to engage in AHER Healthy Community Subcommittee activities.</p> <p><b>Anticipated Impact HC 2.2.1.</b> By December 31, 2026, create the “Home Playbook” to promote ways residents in Escambia and Santa Rosa Counties can be physically active at home.</p> <p><b>Anticipated Impact HC 2.2.2.</b> By December 31, 2028, increase distribution of the Home Playbook in Escambia and Santa Rosa Counties from 0 in 2026 to 200.</p>
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## PRIORITIZED NEED: SUBSTANCE USE

**ADOPTED:** Baptist Hospital, Gulf Breeze Hospital and Jay Hospital

**BHC STRATEGIC SUBSTANCE USE GOAL:** Provide the community with health education and awareness to encourage healthy eating habits and lifestyles.

BHC ACTIONS:	BHC ANTICIPATED IMPACT:	COLLABORATORS/RESOURCES
<p><b>Action 1.1.</b> Baptist works with community partners to create and support an updated database of programs and support groups for addiction recovery or intervention in Escambia or Santa Rosa Counties to supply a trusted continuum of care.</p>	<p><b>Anticipated Impact SU 1.1.1.</b> Complete update of database by December 2028.</p>	<p>Baptist Health Care</p> <ul style="list-style-type: none"> <li>- Community Advertising</li> <li>- Educational Materials</li> <li>- Meeting and Event Space</li> <li>- Community health program staff time</li> <li>- Grant funding (supplies for community events)</li> <li>- Financial support of AHER</li> </ul> <p>Achieve Healthy EscaRosa Baptist Behavioral Health Twelve Oaks CDAC Health Department Faith Health Network (BHC) Northwest Florida Mental Health Task Force Homeless Reduction Taskforce Opening Doors</p>

## AHER GOALS

**Goal MH 1:** Decrease Opioid overdose deaths by increasing awareness around substance use and prevention resources and efforts.

<p><b>Action SU 1.1.</b> Increase community awareness of substance abuse prevention efforts in Escambia and Santa Rosa counties.</p>	<p><b>Anticipated Impact SU 1.1.1.</b> Provide AHER social media and website as awareness platform and increase the number of engagements on posts.</p>	
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PRIORITY NEED: CHILD SAFETY		
ADOPTED: Baptist Hospital, Gulf Breeze Hospital and Jay Hospital		
<b>BHC STRATEGIC CHILD SAFETY GOAL:</b> Establish an internal system-wide response to suspected or verified child abuse to support a community-wide “no tolerance” environment for child physical, sexual, emotional, or verbal abuse.		
BHC ACTIONS:	BHC ANTICIPATED IMPACT:	COLLABORATORS/RESOURCES
<b>Action CS 5.1.</b> Baptist team members in frontline departments (specifically ED, Labor and Delivery, Behavioral Medicine, and Primary Care) complete the Know Child Abuse Training by December 2028.	<b>Anticipated Impact CS 5.1.1.</b> 10% of frontline workers at Baptist are equipped to respond to suspected or verified cases of child abuse through the Know Child Abuse between January of 2026 and December of 2028.	Baptist Health Care <ul style="list-style-type: none"> <li>- Community Advertising Educational Materials</li> <li>- Meeting and Event Space</li> <li>- Community health program staff time</li> <li>- Grant funding (supplies for community events)</li> <li>- Financial support of AHER</li> </ul>
<b>Action CS 5.2.</b> Baptist will provide anti-trafficking and sexual exploitation training to clinical staff and personnel to meet state requirements.	<b>Anticipated Impact CS 5.2.1.</b> Baptist will provide one community led, anti-trafficking training per year for team members to engage in between January 2026 and December 2028.	Achieve Healthy EscalaRosa <ul style="list-style-type: none"> <li>- Convener</li> <li>- CHIP</li> </ul> Gulf Coast Kids House <ul style="list-style-type: none"> <li>- KNOW Child Abuse Trainings and Trainers</li> </ul> Santa Rosa County Kid's House <ul style="list-style-type: none"> <li>- Children's Home Society</li> <li>- Department of Children and Family Services</li> <li>- Circuit One Trafficking Task Force</li> </ul>
AHER GOALS:		
<b>Goal CS 1:</b> Increase participation in child abuse prevention programs in Escambia and Santa Rosa counties.		
<b>Action CS 1.1.</b> Promote availability of local training opportunities on child abuse prevention.	<b>Anticipated Impact CS 1.1.1.</b> By December 31, 2028, increase participation in the Know Child Abuse program for Escambia County by 3%.	

	<p><b>Anticipated Impact CS 1.1.2A</b> By December 31, 2028, increase participation in the Child Safety Matters program in Escambia County by 3%.</p> <p><b>Anticipated Impact CS 1.1.2B</b> By December 31, 2028, increase participation in the Child Safety Matters program in Santa Rosa County by 3%.</p>
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PRIORITY NEED: MENTAL HEALTH		
ADOPTED: Baptist Hospital, Gulf Breeze Hospital and Jay Hospital		
BHC STRATEGIC MENTAL HEALTH GOAL: Provide the communities we serve with mental health education and awareness to foster an environment of prevention and intervention.		
BHC ACTIONS:	BHC ANTICIPATED IMPACT:	COLLABORATORS/RESOURCES
<p><b>Action MH 1.1.</b> Provide monthly Behavioral Health outreach and education to the communities we serve from January 2026 – December 2028.</p> <p><b>Action MH 1.2.</b> Complete BHC's goal to have 25% of team members trained on trauma informed best practices.</p> <p><b>Action MH 1.3.1.</b> Provide support services and spiritual care to patients, family members, team members and community through support services and Baptist Health Care's RISE Program.</p>	<p><b>Anticipated Impact MH 1.1.1.</b> At least two dozen professional training certificates awarded each month between January 2026 and December 2028.</p> <p><b>Anticipated Impact MH 1.2.1.</b> 25% of leaders (management level and above) complete the Resilience Advance training through Organizational Development</p> <p><b>Anticipated Impact MH 1.2.2.</b> 25% Baptist team members will receive trauma informed care training between January 2026 and December 2028.</p> <p><b>Anticipated Impact MH 1.2.3.</b> 25% of team members will receive ACEs (Adverse Childhood Experiences) training between January of 2026 and December 2028.</p> <p><b>Anticipated Impact MH 3.3.1.</b> Baptist provides 100 support group sessions services (patient and family cancer, prostate cancer, stroke, and weight loss sessions provided monthly) for patients between January of 2026 and December of 2028.</p>	<p>Baptist Behavioral Health Hospital</p> <ul style="list-style-type: none"> <li>- Child/Adolescent receiving facility</li> </ul> <p>Baptist Health Care</p> <ul style="list-style-type: none"> <li>- Community Advertising Educational Materials</li> <li>- Meeting and Event Space</li> <li>- Community health program staff time</li> <li>- Grant funding (supplies for community events)</li> <li>- Financial support of AHER Achieve Healthy EscaRosa Lakeview</li> <li>- Adult receiving facility</li> <li>- Inpatient detox</li> </ul> <p>Escambia and Santa Rosa County Sheriff Offices</p> <p>Pensacola Police Department</p> <p>Department of Children and Families (DCF)</p> <p>Escambia and Santa Rosa County EMS</p> <p>Northwest Florida Health (managing entity)</p>

	<p><b>Anticipated Impact MH 3.3.2.</b>  Baptist Chaplains will provide at least 3,000 patient visits per year between January 2026 and December 2028.</p>	
<b>AHER GOALS</b>		
<p><b>Goal MH 1.</b> Improve community awareness of how to access mental health services in Escambia and Santa Rosa Counties. *To reduce the number of residents reporting, Mental Health services were difficult to obtain from 18% to 15% in the next 2 CHNA Cycles.</p> <p><b>Action MH 1.1</b>  Create an online resource to assist people with accessing mental health services.</p>	<p><b>Anticipated Impact MH 1.1.1.</b>  By December 31, 2026, engage at least 10 faith and community-based organizations in the development of the online resource for assisting the community with accessing mental health services.</p> <p><b>Anticipated Impact MH 1.1.2.</b>  By December 31, 2027, create an easy-to-use online resource for accessing mental health services.</p> <p><b>Anticipated Impact MH 1.1.3.</b>  By December 31, 2028, create and distribute/promote a printed version or printed access point to the online resource.</p>	

## PRIORITIZED NEED: FOOD IS MEDICINE

**ADOPTED:** Baptist Hospital, Gulf Breeze Hospital and Jay Hospital

**BHC STRATEGIC FOOD IS MEDICINE GOAL:** Through screening patients and accessing team members for food insecurities, BHC (Baptist Health Care) will partner with community organizations to offer programs and resources that increase access to healthy foods and raise awareness of the issue in the community.

BHC ACTIONS:	BHC ANTICIPATED IMPACT:	COLLABORATORS/RESOURCES
<p><b>Action FIM 4.1.</b></p> <p>Baptist awards Baptist Food Assistance Program and Helping Hands scholarship funds for Baptist team members to use during times of need.</p>	<p><b>Anticipated Impact FIM 4.1. 1.</b> 30% of team members food insecurity needs to be met each year between January of 2026 and December 2028.</p> <p><b>Anticipated Impact FIM 4.1.2.</b> 25% team members qualified for Helping Hands Scholarships per year between January 2026 and December 2028.</p> <p><b>Anticipated Impact FIM 4.1.3.</b> 25% families enrolled in the food prescriptions per year from January 2026-December 2028</p>	<p>Baptist Health Care</p> <ul style="list-style-type: none"> <li>- Community Advertising</li> <li>- Educational Materials</li> <li>- Meeting and Event Space</li> <li>- Clinical nutrition, endocrinology, corporate marketing, and community health programs during staff time.</li> <li>- Grant funding for supplies for community wellness events</li> </ul> <p>Achieve Healthy EscaRosa Escambia and Santa Rosa County School Districts Feeding the Gulf Coast Manna Food Raising Friends Church 2 Church Food Pantry American Heart Association</p>
<p><b>Action FIM 4.2.</b></p> <p>Baptist supports target patient populations through community Food Prescription Program for those experiencing food insecurities.</p>	<p><b>Anticipated Impact FIM 4.2.1.</b> 1,000 households served per year between January of 2026 and December 2028</p> <p><b>Anticipated Impact FIM 4.2.2.</b> 20 churches take part in the Church 2 Church Program each year between January of 2026 and December 2028.</p> <p><b>Anticipated Impact FIM 4.2.3.</b> Distribute 1 million pounds of food to those in need through Baptist Faith Health Network partnerships with the Church 2 Church program between January 2026 and 2028.</p>	

## AHER GOALS:

**Goal FIM 1.** Strengthen regional collaboration between organizations targeting food insecurity in Escambia and Santa Rosa Counties.

**Goal FIM 2.** Improve nutrition literacy and healthy eating behaviors in Escambia and Santa Rosa Counties.

**Goal FIM 3.** Expand access to healthy and nutritious food through policy, systems and environment (PSE) changes in Escambia and Santa Rosa counties.

### **Anticipated Impact FIM 1.1.1.**

By December 31, 2026, established a multi-sector Food is Medicine workgroup with at least 10 organizations from Escambia and Santa Rosa Counties.

### **Anticipated Impact FIM 1.1.2.**

By December 31, 2027, host 6 cross-sector learning sessions of food insecurity, nutrition and Food is Medicine best practices.

### **Anticipated Impact FIM 1.1.3.**

By December 31, 2028, integrate AHER food access resources into routine workflows at three healthcare systems in Escambia and Santa Rosa Counties.

### **Anticipated Impact FIM 2.1.1.**

By December 31, 2028, develop a regional “Healthy Eating Resource Hub” accessible to Escambia and Santa Rosa County community members.

### **Anticipated Impact FIM 2.1.2.**

By December 31, 2028, integrate short nutrition education “micro-interventions into 5 healthcare or social services sites serving at-risk residents in Escambia and Santa Rosa counties.

### **Anticipated Impact FIM 3.1.1.**

By December 31, 2027, support 5 organizations in adopting nutrition-supportive PSE changes (healthy pantry nudges, referral pathways, healthier meetings, etc.)

PRIORITIZED NEED: Healthcare Access		
ADOPTED: Baptist Hospital, Gulf Breeze Hospital and Jay Hospital		
BHC STRATEGIC HEALTHCARE ACCESS GOAL: Provide the community with healthcare services education and various avenues and opportunities to access appropriate, quality healthcare services.		
BHC ACTIONS:	BHC ANTICIPATED IMPACT:	COLLABORATORS/RESOURCES
<b>Action HA 6.1.</b> Continue providing support for our local FQHC, Community Health Northwest Florida, to ensure access for uninsured and underinsured.	<b>Anticipated Impact HA 6.1.</b> Continued annual financial support to our local FQHC to continue to support access to resources for underserved populations in our community between January 2026 and December 2028.	Baptist Health Care <ul style="list-style-type: none"> <li>- Community Advertising</li> <li>- Educational Materials</li> <li>- Meeting and Event Space</li> <li>- Community health program staff time</li> <li>- Grant funding (supplies for community events)</li> <li>- Financial support of AHER</li> </ul> Achieve Healthy EscaRosa
<b>Action HA 6.2.</b> Continue provision of financial assistance for patients who meet requirements of policy.	<b>Anticipated Impact HA 6.2.</b> Uninsured and underinsured patients are provided financial assistance based on BHC's financial policies between January 2026 and December 2028.	Community Health Northwest Florida <ul style="list-style-type: none"> <li>- Assistance for underinsured Health and Hope Clinic</li> <li>- Assistance for uninsured</li> </ul>
AHER GOALS:		
<b>Goal HA 1.</b> Educate Escambia and Santa Rosa County residents on the importance of Primary Care (community clinics and mobile units).		
<b>Goal HA 2.</b> Increase health literacy among residents in Escambia and Santa Rosa Counties.		
<b>Goal HA 3.</b> Strengthen patient-led coordination in Escambia and Santa Rosa counties		

<p><b>Action HA 1.1.</b></p> <p>Implement a primary care awareness campaign utilizing social media and the dissemination of printed materials at local outreaches and events.</p> <p><b>Action HA 1.2.</b></p> <p>Host community workshops and health fairs that provide organizational education and opportunities for residents to engage with health care service providers in the community.</p> <p><b>Action HA 1.3.</b></p> <p>Create a Primary Care Local Directory to improve awareness of and utilization of local healthcare providers.</p> <p><b>Action HA 2.1.</b></p> <p>Host community health literacy workshops on insurance navigation and preventative care.</p>	<p><b>Anticipated Impact HA 1.1.1.</b> By December 31, 2026, develop physical and digital content tailored to Escambia and Santa Rosa County demographics on the importance of accessing primary care.</p> <p><b>Anticipated Impact HA 1.1.2.</b> By December 31, 2027, launch a social media awareness campaign utilizing targeted messaging on platforms including Facebook and Instagram to reach residents with primary care benefits.</p> <p><b>Anticipated Impact HA 1.2.1.</b> By December 31, 2028, organize and host 8 quarterly events in partnership with local churches, schools, and community centers.</p> <p><b>Anticipated Impact HA 1.3.1.</b> By June 30, 2026, engage the Escambia County Medical Society in the AHER Healthcare Access Subcommittee to promote awareness and utilization of primary care locations.</p> <p><b>Anticipated Impact HA 1.3.2.</b> By December 31, 2027, develop and distribute a comprehensive list of primary care sites for physicians to share with patients.</p> <p><b>Anticipated Impact HA 2.1.1.</b> By June 30, 2026, conduct a needs assessment to identify priority topics that will be presented to residents (examples include insurance basics, preventative screenings, chronic disease prevention).</p> <p><b>Anticipated Impact HA 2.1.2.</b> By December 31, 2026, develop a culturally and linguistically appropriate curriculum that include printed materials and an interactive component.</p> <p><b>Anticipated Impact HA 2.1.3.</b> By June 30, 2027 partner with local business, faith-based organizations and healthcare clinics to secure venues for the health literacy workshops.</p> <p><b>Anticipated Impact HA 2.1.4.</b> By December 31, 2028, hold # of health literacy workshops at varied times, targeting high-need zip codes and underserved populations.</p>
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<p><b>Action HA 2.2.</b></p> <p>Train medical and non-medical service providers on the importance of health literacy training frameworks.</p> <p><b>Strategic Action HA 3.1.</b></p> <p>Build and maintain a</p>	<p><b>Anticipated Impact HA 2.2.1.</b> By December 31, 2026, develop modules on plain language communication, teach-back metho, and cultural competency for service providers to offer asynchronous.</p> <p><b>Anticipated Impact HA 2.2.2.</b> By December 31, 2027, integrate the health literacy modules into existing service provider staff development programs and training.</p> <p><b>Anticipated Impact HA 3.1.1.</b> By June 30, 2026, define key resource categories and develop a standardized data template for listing resources.</p> <p><b>Anticipated Impact HA 3.1.2.</b> By December 31, 2026, collect data from community partners (name, contact information, hours, eligibility criteria) to compile the list of key category resources.</p> <p><b>Anticipated Impact HA 3.1.3.</b> By December 31, 2027, build a user-friendly digital version and printable PDF of the Community Resource Directory for distribution at clinics and community events.</p> <p><b>Anticipated Impact HA 3.1.4.</b> By December 31, 2027, establish a quarterly review cycle and assign responsibility for verifying and updating resource information.</p> <p><b>Anticipated Impact HA 3.1.5.</b> By December 31, 2028, increase utilization of the Community Resource Dashboard by 10% from 2027 through sharing on social media platforms, community newsletters and partner organizations.</p>
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Community Resource Directory that can be utilized as a resource linkage for Escambia and Santa Rosa County residents.	
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## Evaluation

Baptist Health Care will implement our robust measurement and evaluation framework to monitor progress on the actions outlined in this Implementation Strategy. This process will include defining clear performance indicators, setting measurable targets, and conducting regular reviews to assess effectiveness and impact. Results will be reported to senior leadership and governance through the Mission & Community Impact Committee of the Board of Directors, ensuring accountability and alignment with organizational priorities. Additionally, outcomes and key achievements will be communicated internally and shared broadly with the community through our annual Baptist Health Care Community Impact Report, reinforcing transparency and demonstrating our commitment to improving community health.