



CREATING A SAFER SANTA ROSA

Santa Rosa County



We would like to thank the following people and organizations for their cooperation in making this application the best it can be, and for making Santa Rosa a Safe Community for all of our residents. Listed in alphabetical order:

CDAC
CEO Round Table (and all members)
Chet's Seafood
Community Health Improvement Committee (and all members)
City of Gulf Breeze
City of Milton
Ferris Hill Baptist Church (fiscal support)
Florida Department of Health in Santa Rosa County
Gulf Breeze Area Chamber of Commerce (fiscal support)
Gulf Breeze Optimist Club (fiscal support)
Gulf Power
Healthy Start of Santa Rosa County (fiscal support)
Homewood Suites
Individual fiscal support from: the Fersons, Bryan Boney, Jimmie Melvin
Kelli Selwyn
Lifeguard Ambulance
Matt Dykstra
NAS Whiting Field Fleet and Family Support
National Safety Council
Navarre Area Chamber of Commerce (fiscal support)
Oval Office
Paul Patrick Electric (fiscal support)
SAFER Santa Rosa (Board and committees) Bridges out of Poverty
Santa Rosa County Board of County Commissioners
Santa Rosa County Division of Emergency Management
Santa Rosa County Extension Service
Santa Rosa Chamber of Commerce (fiscal support)
Santa Rosa County Sherriff's Office (fiscal support)
Town of Jay
Trauma Intervention Program
Twelve Oaks Recovery Center
United Way of Santa Rosa (fiscal agent)
Walmart
Williamson Electric

A thank you to all of Santa Rosa for making this community as great as it is. Without the support of those listed above we would not have the data collected, nor the proclamations and resolutions of support. We would not have been able to pay for the application fee, or bring Safety Council evaluators to our community. We would not have the required evaluations for the application, nor would we have the document researched and written, so a special thank you to Kelli and Matt for their dedicated efforts as the Safe Community Program Managers during their tenure with Emergency Management as interns. Dedicated to Sheryl Bracewell: For having the vision and motivation to pursue the Safe Community designation, and the leadership to give the program away so it could truly be a Santa Rosa County community initiative.

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Section 2 Community Description

Santa Rosa County is located along the Gulf of Mexico in the panhandle of Florida. It is bordered on the West by Escambia County, the North by the state of Alabama, on the East by Okaloosa County and the Gulf of Mexico to the South. It covers a total of 1,174 square miles, of which approximately 1,017 square miles are land, and 157 are water.

There are three incorporated municipalities within Santa Rosa County; including the cities of Gulf Breeze, Milton, and the Town of Jay. The City of Milton serves as the county seat. Unincorporated communities within Santa Rosa County include;

Avalon Beach-Mulat, Allentown, Bagdad, Berrydale, Brownsdale, Chumuckla, Dickerson City, Dicksonville, East Milton, Fidelis, Florida Town, Harold, Holley, Midway, Morristown, Mt. Carmel, Munson, Navarre, Navarre Beach, New York, Pace, Pea Ridge, Sellersville, Skyline, Wallace and Ward Basin.

Santa Rosa County was created in 1842, three years before Florida was admitted to the union as a state, and was named for the Roman Catholic Saint, Rosa de Viterbo. The county developed from the middle-out, along "The Old Spanish Trail" that ran from St. Augustine, on the Atlantic Ocean, all the way to New Orleans.

During the Territorial and Early Statehood Periods, the logging industry provided the economic base for Santa Rosa County. After the transfer of Florida to the United States in 1821, a number of sawmills began operating around the bays and streams adjacent to Pensacola, and most of them continued operations until the Civil War. The first years of the Civil war brought prosperity to Bagdad, but after the withdrawal of Confederate troops in March, Bagdad industries were torched to prevent them from falling into Union hands.



Section 2 Community Description (continued)



Production resumed in 1867 with the rising worldwide demand for yellow pine. This gave the county new wealth and the prominent men of Santa Rosa County made their fortunes directly from the lumber industry. For over a hundred years, the industry furnished jobs for thousands of people but by 1939 the area was soon depleted of trees; forcing the mills out of

business.

Recently highlighted by CNN as one of the top ten places to live, this fast-growing region serves primarily as "bedroom communities" for Pensacola to the west and Fort Walton Beach, Hurlburt Field, and Eglin Air Force Base to the east, and the U.S. Navy presence is marked by Whiting Field, and NOLF Spencer Field. The southern region of the county is known for its untarnished natural beauty, boutique shopping, swimming in the emerald colored water, and provides well for the tourism industry. Much of the film, "Jaws 2" was filmed on Navarre beach.



Our Commitment to Safety

Santa Rosa County is dedicated to the concept of community involvement. Throughout this application, there are countless examples of collaboration between organizations and citizens with the sole intent to strengthen the community as a whole. The Safe Communities of America designation will provide our community a qualitative statement that which brings all of our programs together in a deliverable message. Working with the National Safety Council highlights our goals of reducing injuries and promoting safety in our community by educating and positively influencing our people to prevent accidental injuries or death. Our community knows what a wonderful place Santa Rosa County is; this is our opportunity to show the world!

The Emergency Management Office, for any community, is a focal point for inter-agency communication before, during, and after disasters. Maintaining relationships throughout the spectrum of public safety facilitated Santa Rosa County Emergency Management in undertaking this application process.

Proclamations/resolutions of support from the county, City of Gulf Breeze, Town of Jay, and the City of Milton, are in APPENDIX 1. This shows complete intra jurisdictional buy in at the political level in Santa Rosa County for the pursuit of the Safe Communities America designation.

Section 3 Areas of Competency

Competency 1: Sustained Collaboration

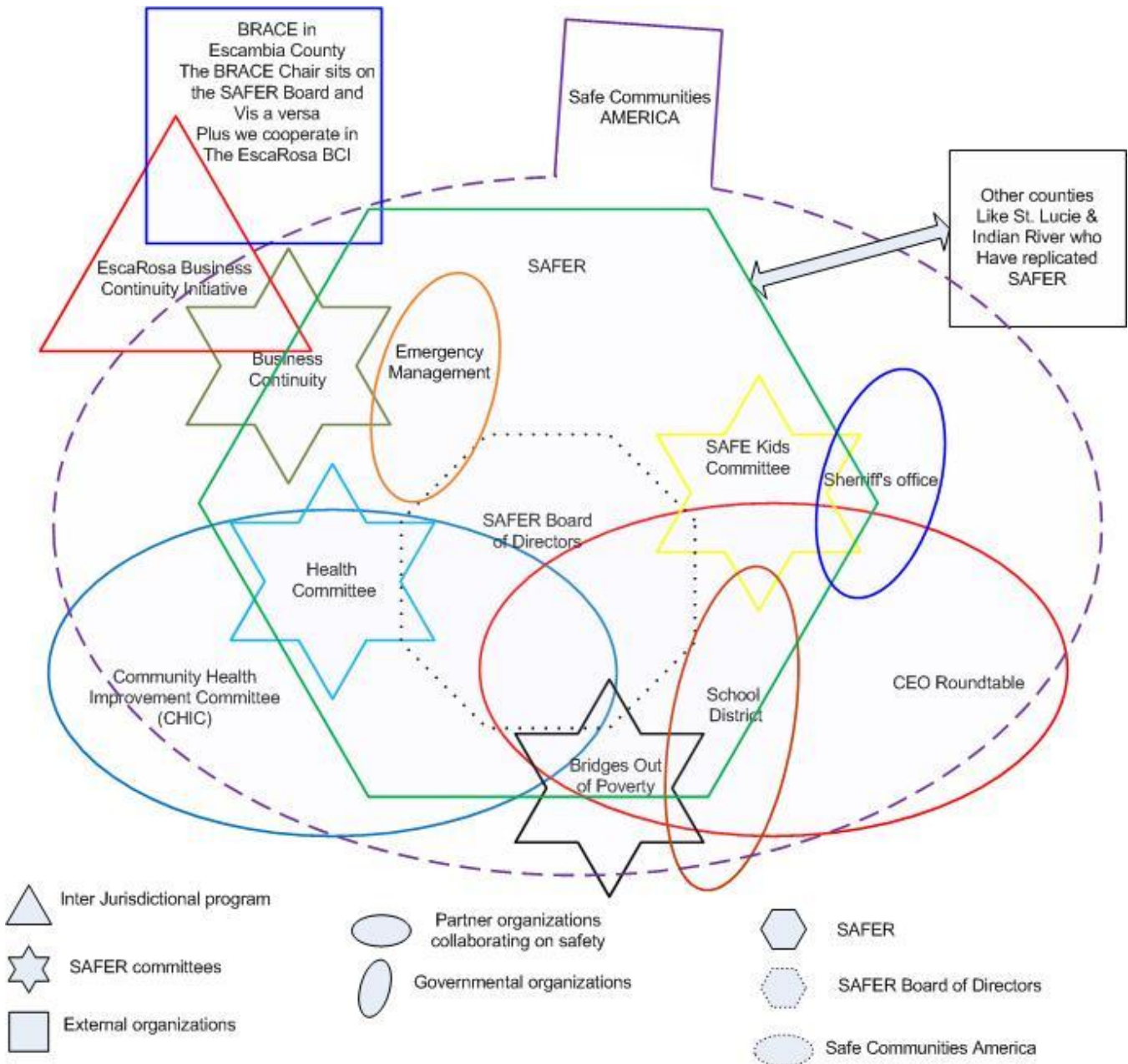
Within Santa Rosa County there are multiple community based coalitions that address the areas of public health, safety, and emergency preparedness. These coalitions coordinate and sustain programs that focus on specific needs/hazards within the community. The three main groups are; Support Alliance For Emergency Readiness (SAFER Santa Rosa), the Community Health Improvement Committee (CHIC), and the Chief Executive Officer (CEO) Roundtable. SAFER is truly the overarching and all encompassing organization sustaining collaboration with and through its partners in Santa Rosa County. These three groups overlap and work together, as CHIC is also the Health Committee for SAFER, and Bridges Out of Poverty (CEO Roundtable program), is a SAFER committee.

Below is a graphic representation of the three key organizations and their relationships with each other and the interaction of some key SAFER committees as well as extra-jurisdictional links.

The point of the diagram is not to be precise or to show every available connection in Santa Rosa, but rather to give a visual representation of the inter-connectiveness of the community as a whole, give an idea of how the major contributors to this application interrelate and work together, and show the solidarity of the community. It also shows our out of jurisdiction connections related to this application, and is not inclusive in this area either.

To simplify the diagram, only pertinent actors are included.

Competency 1: Sustained Collaboration (continued)



Only four SAFER committees are listed, as are outside jurisdictional connections with BRACE the COAD in Escambia County, and the central Florida Counties of St. Lucie and Indian River. Additionally you can get a feel for the overarching presence of SAFER and the inter-connectiveness with the CHIC and CEO Roundtable. You also see how some of the key government agencies are involved. While annotated by shapes, many of these actors are more amorphous in their relationships with each other than shown here.

Competency 1: Sustained Collaboration (continued)

SAFER Santa Rosa

SAFER Santa Rosa (Support Alliance For Emergency Readiness) is a humanitarian association of independent organizations who may be active in all phases of disaster. The program is the successor of the Santa Rosa Long Term Recovery Organization that was developed in 1998, after Hurricanes Ivan and Dennis, to create the most resilient community possible. While it initially addressed Emergencies, it has grown to become an all-encompassing association involved in the well-being of the community.



SAFER Santa Rosa is not a competing or exclusionary organization, but a network of organizations active in the health and welfare of the community that also closely collaborate as a COAD (Community Organizations Active in Disasters).

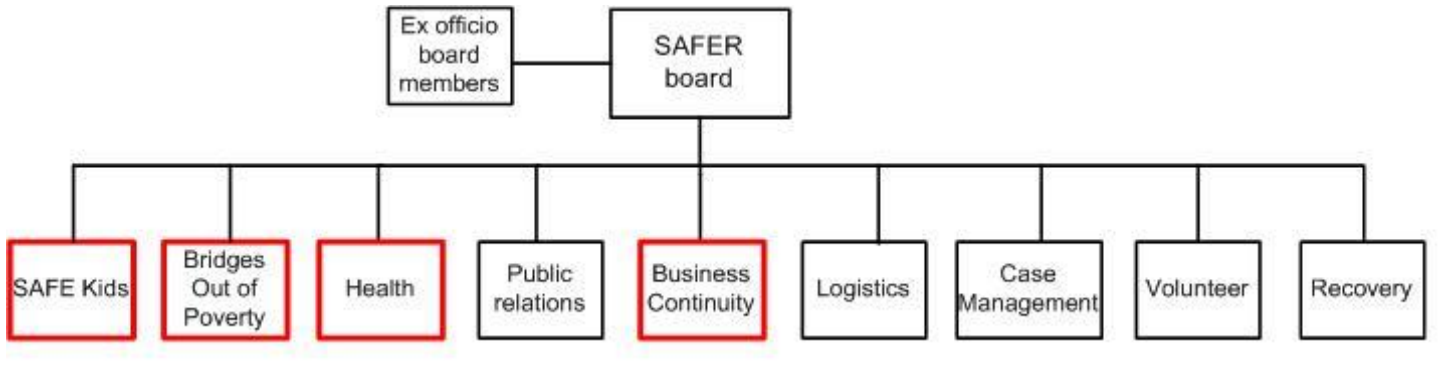
Its mission is to safeguard our way of life by fostering the delivery of efficient, streamlined service to people affected by disasters, while eliminating unnecessary duplication of effort, through cooperation in the four phases of disaster: preparation, response, recovery, and mitigation. During periods when there are no disasters, SAFER attempts to meet the needs of the less fortunate in the community and address issues in public health and safety.

SAFERs vision is to create the most resilient community possible to safeguard our way of life.

SAFERs goal is to achieve its vision through the accomplishment of its mission. The goal is to be the most resilient community on the Gulf Coast. This goal is carried out through the committees, and their individual goals also become goals for SAFER. SAFER will continue to network and coalition build in order to grow participation in the community. Where there is cooperation and participation, there will be more resources and volunteers when needed. SAFER will continue to seek out needs and fill them to make Santa Rosa a safer place to live, work and play.

Competency 1: Sustained Collaboration (continued)

The following page contains a representation of the SAFER organizational structure and a list of the Board of Directors; followed by detailed descriptions of each committee relevant to this application. Committees in red are those that are represented on the Venn diagram on page 8.



SAFER Board of Directors (with affiliation)

Chairman	Chip Fox	Baptist Association	Faith Based
Vice Chairman	Brian Boney	Wal-Mart	Business
Treasurer	Tracie McMahan	Coastal Bank and Trust	Business
Secretary	Jimmie Melvin	Sandy Ridge	Business
Board Member	Elizabeth Foster	Covenant Hospice	Non-Profit
Board Member	Guy Thompson	United Way	Non-Profit
Board Member	Shirley Cornett	Interfaith Ministries	Non-Profit
Board Member	Brenda Roland	Retired Senior Volunteer Program	Non-Profit
Board Member	Becca Rutherford	Navarre UMC	Faith Based
Board Member	Claudie Franklin	Fellowship of Churches	Faith Based
Board Member	Brian Nall	Ferris Hill Baptist Church	Faith Based
Board Member	Robin Punyko	Gulf Power	Business
Board Member	Stephen Furman	Public Works	Government
Board Member	Cindy Sarver	Sheriff's Office	Government
Board Member	Sandra Park O'Hara	County Health Department	Government

Competency 1: Sustained Collaboration (continued)

Ex officio board members include a Community Emergency Response Team (CERT) representative, and the chair of Escambia County's COAD called BRACE. As you can see, the board is varied and representative of all sectors of the community.

Relevant SAFER Committees

Business Continuity: Larry Strain, lstrain@uwf.edu

The purpose of the Business Continuity committee is to serve as the business operations support for preparedness efforts such as resources, continuation of business operations, logistical support, etc. and to assist in recovery phases of operations. Business Continuity may work with preparedness, recovery and logistics committees to support other areas of SAFER Santa Rosa response and recovery efforts.

Goal: to ensure every business is operated safely, and has the capacity to recover from any disaster.

SAFER is working with the newly established EscaRosa Business Continuity Initiative (BCI), a two county initiative to bring innovative ideas to local businesses to help



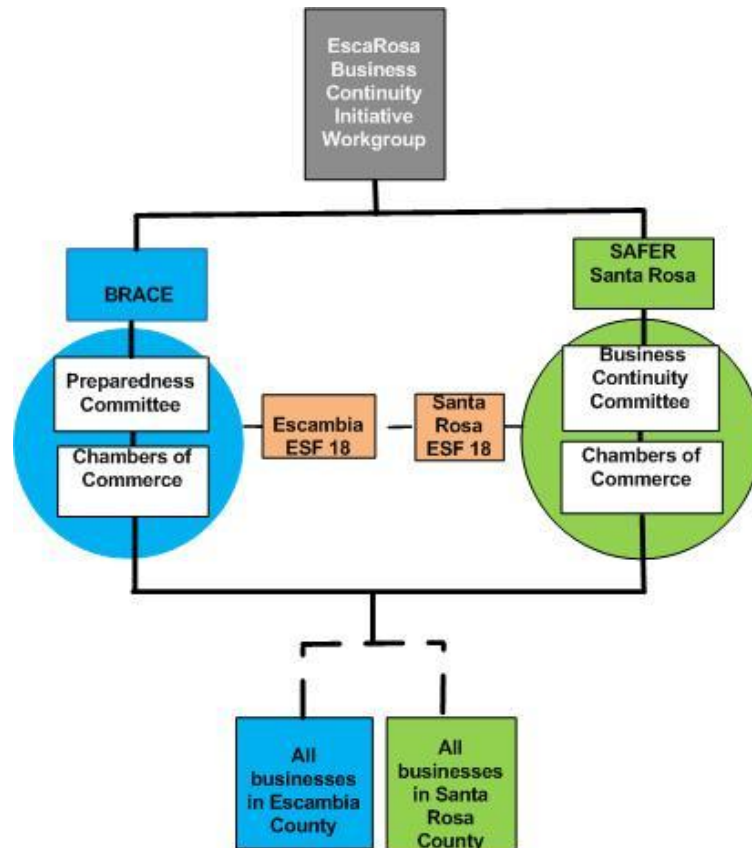
them be more resilient. This organization includes all the Chambers of Commerce, and emergency management from Escambia and Santa Rosa Counties, the COADs in each county (BRACE and SAFER Santa Rosa), as well as some key businesses and organizations, including; the UWF Small Business Development Center, the Better Business Bureau, and Gulf Power, in the workgroup.

One of the EscaRosa BCI initiatives is the re-launch of the highly successful Business Emergency Response Toolkit (BERT) bag (see following page). In 2008 Santa Rosa County emergency management and a group of sponsors developed and distributed over 2000 BERT bags throughout Santa Rosa County. These bags carried Business Continuity information from FEMA and DHS, as well as some locally developed material. BERT bags were distributed free of charge through the chambers to any business that wanted one, regardless of membership status. Those who received a BERT bag were asked to register their bag through the emergency management webpage and answer a few questions. In return, they received an email with the telephone numbers to the ESF 18 desk.

Competency 1: Sustained Collaboration (continued)

The BCI was highlighted in a FEMA Strategic Foresight Initiative webinar on best practices, as well as articles in Continuity Insights online Magazine and the IAEM Bulletin.

The organizational structure of the EscaRosa BCI is such that it allows a free exchange of ideas, centralized planning, and cooperation before, during, and after disasters.



Above: Business Emergency Response Toolkits (BERT Bags)

Competency 1: Sustained Collaboration (continued)

Safe Kids: Jaqui Thomas, Relatetoday@yahoo.com & Peggy Armstrong (Co-Chair), Peggy_Armstrong@doh.state.fl.us

In general, SAFER is a forum to facilitate continuity and sustainability of current community programs. However, it also helps in development and creation of new programs as well.



Goal: to provide safe communities for our children through community outreach, school programs, and training.

SAFER has also taken charge of the SAFER Kids Barricade Project. These barricades are used to line parade routes and for other for special events held in the county. They can also be used to cordon off specified areas in times of disaster. The SAFER kids committee has expanded to doing bicycle and pedestrian safety initiatives for kids in elementary schools around Milton. The barricades are in constant demand and are used almost on a monthly basis. Here is a list of the barricades use last year:

- BonFire Jam Beach Concerts
- Santa Rosa County Fair
- Navarre Funfest
- Navarre 5k
- Sand Castle event
- Gulf Breeze Kiwanis
- Navarre United Methodist Church Fall Festival
- Family Promise Attic Sale
- BonFire Jam (Chumuckla)
- Fraternal Order of Police for Santa Fly in



Competency 1: Sustained Collaboration (continued)

Health Committee: Sandra Park (Co-Chair), Sandra_Park@doh.state.fl.us & Angela Hahn (Co-Chair), ahahn@uwf.edu

Working to create a county-wide and community-wide movement with a shared vision for health. Working to develop a team approach to solving the health problems in the community. Our vision is to ensure health and wellness for the citizens and visitors to our community by leading the way in efforts of wellness, exercise, nutrition, and overall health. This committee is staffed by members of the CHIC, and speaks directly of the inter-agency cooperation. A more in depth description will be found in the CHIC section. Goals are listed in CHIC section below.

Bridges Out of Poverty: Karen Barber, BarberK@mail.santarosa.k12.fl.us

This committee addresses all aspects of individual disasters like homelessness, cold weather shelters, and any issue that is beyond the scope of another committee. Bridges Out of Poverty identifies and assesses individual and family disaster related unmet needs and apply the resources of SAFER Santa Rosa partners to meet those needs. Much like the Health Committee is a connection to the CHIC, this committee is staffed by members of the CEO Roundtable (through Bridges out of Poverty). A more in-depth view of this committee is found later in the document. Goals are listed in Bridges Out of Poverty section below.

OTHER SAFER INITIATIVES



Another SAFER initiative launched after Deepwater Horizon was the Shoreline Users Resource Force (S.U.R.F.) of Navarre Beach. S.U.R.F. volunteers will be stationed on Navarre Beach to provide information on beach and water safety, coastal habitats, wildlife, clean-up response, beach conditions, hurricanes, heat safety, seafood safety, and the Navarre Beach "leave no trace" ordinance wildlife to beach visitors. Teams of volunteers will work 3-hour shifts (9 am - 12 am, 12 am - 3 pm, and 3 pm - 6 pm) on the beach answering questions from tourists and locals. Teams will be stationed at county access points, including the park and near the pier. This program was developed as SAFER became a participant in the Healthy Gulf/Health Communities study (a federal grant funded program ran out of

Competency 1: Sustained Collaboration (continued)

UF in cooperation with many universities along the Gulf Coast) after Deepwater Horizon (DWH) so adversely affected the region.

The Healthy Gulf Healthy Communities project is described later in the application.

SAFER also has an oil recovery workgroup, and other committees not listed above;

Administration

The Administration committee assists in the daily functioning of SAFER Santa Rosa.

Case Management

The Case Management committee's purpose is to network organizations including government, non-profit and faith-based entities that provide case management services to the public as part of their organizational mission or disaster response.

Logistics

The Logistics committee will assist members with the management and distribution of donations given to SAFER.

Public Relations/Marketing

The Public Relations/ Marketing committee's responsibilities include marketing and promotion of the SAFER Santa Rosa

Recovery

This committee is activated when a need arises. The Recovery committee can work on short term or long term issues associated with a disaster.

Volunteers

This committee is responsible for soliciting the community for volunteers to partner with a non profit and to become active with a church or otherwise volunteer to help the needy in our community.

Notes from the last two meetings of SAFER Santa Rosa can be found in APPENDIX 2, as well as a list of all active members (not including the over 30 individuals)

Competency 1: Sustained Collaboration (continued)

Community Health Improvement Committee (CHIC)



Public Health
Prevent. Promote. Protect.

The Community Health Improvement Committee (CHIC) is a group of local professionals that address the general public health of Santa Rosa County's community. While in existence for several years, in 2012, they became the SAFER health committee and expanded participation to outside organizations. Members come from various areas of healthcare, including private industry, schools (both local and post-secondary), government agencies, and non-profit organizations. The CHIC's goal is to recognize community needs, in relation to public health, and develop programs to mitigate those areas.

The main accomplishment of the committee is the creation of the Santa Rosa Community Health Assessment Report. This extensive document covers all aspects of public health within the county and gives specifics for different areas of health concerns. Some of the areas covered are; health resource availability, chronic diseases, communicable diseases, maternal and child health, domestic violence, and environmental health. The report also discusses strategic priorities and goals based off of the community needs assessment.



CHIC goals are included below:

1. Protect and Strengthen Families

- a. Goal: Santa Rosa County will decrease incidences of domestic violence, other crime and need for foster care.
 - i. Objective 1: Decrease the percent of children ages 5-17 entering foster care by 1% per 1,000 populations by December 31, 2016 from 5.5% to 4.5% (ages 5-11) and 6.9% to 5.9% (ages 12-17).

Competency 1: Sustained Collaboration (continued)

- ii. Objective 2: Hold crime rate to (+/-) 2% of current levels through December 31, 2016.
- iii. Objective 3: Decrease the number of domestic violence cases by 10% from 695 cases in 2011 to 625 cases by December 31, 2016.

2. Access to Healthcare

- a. Goal: Santa Rosa County will improve access to Health Care for residents.
 - i. Objective 1: Establish a centralized repository of Health Care information for Santa Rosa County by December 31, 2016.
 - 1. Strategy 1: Identify all healthcare service sources in Santa Rosa County by June 30, 2014.
 - 2. Strategy 2: Establish online healthcare service sources system architecture by December 30, 2015.
 - 3. Strategy 3: Achieve awareness of online healthcare service sources repository of Health Care information by 25% of Santa Rosa County residents and 50% underserved population by December 31, 2016.
 - ii. Objective 2: Increase the percentage of volunteer dental providers by 10% in WeCare program for underserved adult patients by August 15, 2016.
Objective 3: Increase alternate resources for non-emergency healthcare needs for underserved clients by 1 site by December 30, 2016.

3. Sexually Transmitted Diseases

- a. Goal: Reduce the incidence of STDs in Santa Rosa County.
 - i. Objective: Reduce the rate of STDs among Santa Rosa residents by 10% by December 30, 2016 from 58 to 52.
 - 1. Strategy 1: Reduce the number of STD cases among 15-19 year olds by 10% from 121 to 109. Strategy 2: Deliver elementary school parental STD training education to 80% of students in Title 1 elementary schools by August 30, 2016.
 - 2. Strategy 3: Increase awareness of available community resources for diagnosis and treatment of STDs to 15-34 years old by August 30, 2016.

4. Obesity

- a. Goal: Reduce the incidence of obesity in Santa Rosa County.
 - i. Objective: Decrease percent of middle and high school age youth who report being overweight in Santa Rosa County by

Competency 1: Sustained Collaboration (continued)

10% by November 30, 2016 from 15.5% (middle school) to 13.95% and from 15.4% (high school) to 13.85%.

1. Strategy 1: Increase availability of Healthy food for middle and high school age youth.

5. Tobacco

- a. Goal: Santa Rosa County has higher incidences of tobacco use compared to the state averages; adult use 22%, youth use 18.4%.
 - i. Objective 1: Reduce the incidence of tobacco use by youths by 2% (840 middle/high school students).
 - ii. Objective 2: Reduce the incidence of tobacco use by adults by 2% (3,080 adults).

A copy of some of the Santa Rosa Community Health Assessment Report 2013 can be found in APPENDIX 3. Notes from the last two meetings are also provided in APPENDIX 4. Participating partners are listed in the APPENDIX 4 also.

Competency 1: Sustained Collaboration (continued)

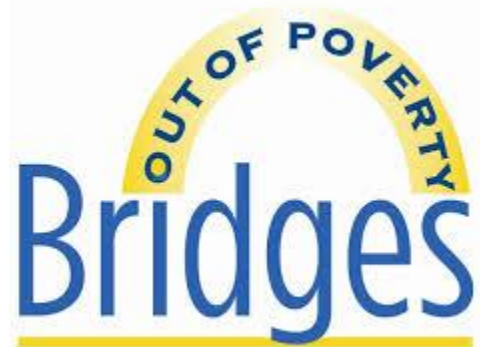
Chief Executive Officer Roundtable

The Chief Executive Officer (CEO) Roundtable was formed in 1998 and is a committee comprised of CEO's from local businesses, government agencies, military organizations, and non-profits. Co-chaired by the Sheriff, and the Superintendent of Schools, the CEO Roundtable's main concern is the well being, safety, and future, of the county's 30,000 youth, and the general welfare of its citizens. The committee looks at various statistics regarding topics such as; bullying, drug/alcohol abuse with teens, school violence, expulsions etc.

Goal of the CEO Roundtable are:

- Provide a safe environment for students throughout the school district. This goal is met through a series of initiatives including school anti bullying, drug programs, resource officer involvement, behavioral intervention, and poverty reduction among youth. These goals are driven by annual statistics provided by the school district. Comparative analysis is conducted between school years to monitor successes and allows for adjustments in programs as needed.

One program that CEO Roundtable supports is Bridges out of Poverty. As mentioned, this program is a committee for SAFER. Bridges out of Poverty is named after, and based off of, a book that provides an approach to help employers, community organizations, social-service agencies, and individuals address and reduce poverty in a comprehensive way. People from all economic classes come together to improve job retention rates, build resources, improve outcomes, and support those who are moving out of poverty. Bridges started in Santa Rosa in 2012.



“The way children experience life is determined by the families and communities in which they are raised; it falls to families and communities to create way of life that is healthy, prosperous, and sustainable.”—Phil DeVol

Competency 1: Sustained Collaboration (continued)

Bridges Out Of Poverty just graduated its first “Getting Ahead” class. Getting Ahead” is a nationwide program meant to coach and mentor individuals in poverty to a point that they can move themselves up the economic ladder.

“*Getting Ahead* is both a workbook and an experience. It's based on Philip DeVol's *Getting Ahead in a Just-Gettin'-by-World: Building Your Resources for a Better Life*. Participants, called Investigators, work in groups to examine the impact of poverty on themselves and their communities and to explore the world through the lens of economic class. The **Getting Ahead Network** website shares the inspiration and the tools needed to prepare ourselves for ending poverty and building communities where everyone can do well.” <http://www.gettingaheadnetwork.com/>

Goals for Bridges Out of Poverty are:

- To conduct a minimum of 2 Getting Ahead Courses for 24 participants by June 2014.

Mission accomplished! First class complete and second class under way!

- Assign an ally (mentor) to each Getting Ahead participant

Need 20 mentors! Currently have 7.

- Graduate a minimum of 20 (83%) participants from Getting Ahead
Eleven (100%) graduated in August ! Fifteen to graduate January 2014!
 - A minimum of 19 Getting Ahead Graduates will enroll in an educational program (GED, college, university or technical training) and/or become employed

2 working on GED, 3 became employed, 1 obtained services, 1 applied for promotions, 2 beginning programs through Locklin and PSC.

Moving people out of poverty allows for an improved lifestyle which includes the ability to better comply with safety issues, such as affording car seats. Additionally the improved self esteem associated with leaving poverty may decrease drug use.

Notes from the last two meetings are provided in APPENDIX 5. Membership is listed in APPENDIX 5 also.

Competency 1: Sustained Collaboration (continued)

While not a part of the requirement for the application, it should be noted that a lot takes place that is not officially covered in this application, here are some of the activities taking place in one three month period in 2013.

Community examples Safety outreach

Here are some examples of what has taken place in the recent past. These types of activities make Santa Rosa a safe community.

From The Sheriff's Office:

April through June 2013

April

4/3 Senior Safety Presentation: St. Rosa Lima	30 people
4/4 Citizens Law Enforcement Academy: Comm. Safety	30 people
4/9 Sexual Assault Presentation: GB Rotary	70 people
4/9 Youth Success Event: DJJ Sponsored Awards	20 people
4/11 Citizens Law Enforcement Academy: Comm. Safety	30 people
4/18 Lighthouse Christian Academy: Child survival program	47 people
4/18 Citizens Law Enforcement Academy: Comm. Safety	30 people
4/20 Self Defense for Teens: GBHS	27 people
4/25 Citizens Law Enforcement Academy: Comm. Safety	30 people
4/25 SAFER Annual Meeting: Safety in Disasters	80 people

May

5/6 Drug Presentation: Families First Network Conf.	100 people
5/7 Drug Presentation: " " " 2 nd Session Conf.	100 people
5/1 Senior Safety: St. Rosa Lima	30 people
5/8 General Personal Safety: St. Rosa Lima	30 people
5/14 Personal Safety: ECOH Meeting	50 people
5/16 Residential Security Survey	1 person
5/28 Residential Security Survey	1 person

June

6/1 Crime Prev. Informational Table: Disaster Expo:	150 people
6/20 Child Safety Talks: Faith Baptist VBS Kids	20 people
6/24 Human Trafficking Talk: Immanuel Baptist	16 people
6/25 Child Survival Program: For Cub Scouts	60 people

Competency 1: Sustained Collaboration (continued)

In partnership with the SW Panhandle Search and Rescue Team, over 3,100 elementary school children have been trained in “Watch, Whistle and Wait” child

survival program. This program fits into the amount of recreational areas that we have, and aids our county search team when called upon by local, state, and federal law enforcement agencies. The team received the 2012 FBI Director’s Award for Community Leadership and has an MOU with Santa Rosa County Sheriff, Walton County Sheriff, and the US Coast Guard.

In the last full fiscal year CPR and first aid classes were given to almost 2000 people free of charge.

Year	Month	CPR Pro number of classes	CPR Pro number of students	CPR Community number of classes	CPR Community number of students	1st AID number of classes	1st AID number of students	1st Responders number of classes	1st Responders number of students	Classes per quarter	Students per quarter
2011	Oct	1	10	11	150	5	95	1	10	18	265
2011	Nov	4	28	9	193	1	2	0	0	14	223
2011	Dec	3	23	0	0	0	0	1	6	4	24
Quarter		8	61	20	343	6	97	2	16	36	512
2012	Jan	1	4	1	23	0	0	1	9	3	36
2012	Feb	7	30	2	18	0	0	0	0	9	48
2012	Mar	1	8	10	199	2	35	0	0	13	242
Quarter		9	42	13	240	2	35	1	9	25	326
2012	Apr	2	2	21	365	3	37	1	3	28	409
2012	May	4	22	10	216	1	22	0	0	15	260
2012	Jun	1	2	5	39	5	43	0	0	11	84
Quarter		7	26	36	620	9	102	1	3	54	753
2012	Jul	4	37	0	0	1	17	2	27	7	81
2012	Aug	2	4	3	33	1	18	2	11	8	66
2012	Sep	4	24	4	68	0	0	0	0	8	92
Quarter		10	65	7	101	2	35	4	38	23	239
2011/2012 Budget Year Totals		34	194	76	1304	19	269	8	66	138	1830

The SAFER preparedness Expo is the only general preparedness expo in the Panhandle of Florida. There were 25 vendors supplying safety information to the general public. This is a once a year activity. Here is a picture of the SAFER booth.



Preparedness and safety information and equipment were distributed for all ages, and all sectors of the community including the elderly and disabled. Kids materials are on the left. Flashlights in small white boxes.

GOALS

The mission of the leadership coalitions are to make Santa Rosa the most safe and resilient community on the Gulf Coast. This will be done by meeting individual goals set by each of the above-mentioned organizations. Our intent is to take the best of the CEO roundtable, CHIC, and SAFER, and tie them together to meet the goals of each specific organization. These goals include health and safety of citizens.

SAFER will continue to network and coalition build in order to grow participation in the community. Where there is cooperation and participation, there will be more resources and volunteers when needed. SAFER will continue to seek out needs and fill them to make Santa Rosa a safer place to live, work and play.

SAFER's goal is to achieve its vision of being the most resilient community on the Gulf Coast. This goal is carried out through the committees, and their individual goals also become goals for SAFER. An additional goal is to continue to be the conduit for information sharing throughout the county to the continued benefit of enhancing safety programs.

Business Continuity Goal: to ensure every business is operated safely, and has the capacity to recover from any disaster.

Safe Kids Goal: to provide safe communities for our children through community outreach, school programs, and training.

Health committee and Bridges Out of Poverty goals are listed below.

CHIC's goal is to recognize community needs, in relation to public health, and develop programs to mitigate those areas. Goals relevant to the SAFE Communities application are;

1. Protect and Strengthen Families

- a. Goal: Santa Rosa County will decrease incidences of domestic violence, other crime and need for foster care.
 - i. Objective 1: Decrease the percent of children ages 5-17 entering foster care by 1% per 1,000 populations by December 31, 2016 from 5.5% to 4.5% (ages 5-11) and 6.9% to 5.9% (ages 12-17).
 - ii. Objective 2: Hold crime rate to (+/-) 2% of current levels through December 31, 2016.
 - iii. Objective 3: Decrease the number of domestic violence cases by 10% from 695 cases in 2011 to 625 cases by December 31, 2016.

2. Obesity (decreases bullying which decreases violence and substance abuse)

- a. Goal: Reduce the incidence of obesity in Santa Rosa County.

- i. Objective: Decrease percent of middle and high school age youth who report being overweight in Santa Rosa County by 10% by November 30, 2016 from 15.5% (middle school) to 13.95% and from 15.4% (high school) to 13.85%.
 - 1. Strategy 1: Increase availability of Healthy food for middle and high school age youth.

3. Tobacco (potential gateway to drugs)

- a. Goal: Santa Rosa County has higher incidences of tobacco use compared to the state averages; adult use 22%, youth use 18.4%.
 - i. Objective 1: Reduce the incidence of tobacco use by youths by 2% (840 middle/high school students).
 - ii. Objective 2: Reduce the incidence of tobacco use by adults by 2% (3,080 adults).

Goal of the CEO Roundtable is:

- Provide a safe environment for students throughout the school district.
This goal is met through a series of initiatives including school anti bullying, drug programs, resource officer involvement, behavioral intervention, and poverty reduction among youth. These goals are driven by annual statistics provided by the school district. Comparative analysis is conducted between school years to monitor successes and allows for adjustments in programs as needed.
Participating organizational missions and goals achieve aspects of this overarching goal. Bridges Out of Poverty for example has goals of;
- To conduct a minimum of 2 Getting Ahead Courses for 24 participants by June 2014.
Mission accomplished! First class complete and second class under way!
- Assign an ally (mentor) to each Getting Ahead participant
Need 20 mentors! Currently have 7.
- Graduate a minimum of 20 (83%) participants from Getting Ahead
Eleven (100%) graduated in August ! Fifteen to graduate January 2014!
- A minimum of 19 Getting Ahead Graduates will enroll in an educational program (GED, college, university or technical training) and/or become employed
2 working on GED, 3 became employed, 1 obtained services, 1 applied for promotions, 2 beginning programs through Locklin Center and PSC.

TASK GROUPS

- Older adult falls is a task group with components described in Section 3 III. This is a new group which involves Lifeguard ambulance, emergency management, and the United Way of Santa Rosa. Lifeguard attempts to fix problems on scene. If there is a structural issue then they contact EM and the United Way, seek permission from the elder who fell to contact others, and the United Way seeks qualified volunteers to mitigate the issue.
- Violence and Suicide Prevention is a task group with components described in Section 3 III. This task group is more preventative and not as collaborative as needed due to military involvement. More development needed. CHIC has taken on domestic violence as one of its focus areas.
- Poisoning by prescription drugs is a task group with components described in Section 3 III. The CEO roundtable does a good job of integrating the civilian and military drug programs into the school system so as to decrease the use of illegal medication use in school age kids. The Sheriff's Office has a prescription drug turn in program with drop boxes (amnesty boxes) in all Sheriff Office sub-stations. Other aspects of prescription drug and overdose programs are more stand alone due to their nature, CHIC has taken on drugs as a focus area and participates with the CEO Roundtable.

These programs for the most part have been going on for some time so continuation is not an issue. In fact gaining the Safe Communities Designation will be a catalyst for exponential growth above and beyond what has been accomplished without the designation. The SAFER board will continue to meet 3-4 times a year, have an annual meeting of all members, and review goals and objectives. SAFER fills gaps and will continue to support member organizations and partner organizations if there are no gaps. The CEO roundtable will continue to meet bi annually to discuss past successes and needed changes in direction (for example an improved school safety committee implemented after the Sandy Hook incident). The CHIC is evaluated every 4 years and adjustments are made based upon community needs. All SAFER assets will support any modifications to CHIC goals made in the future.

SHARING INFORMATION

Outside collaboration and information sharing has already been described in the above sections with the EscaRosa BCI, Bridges Out of Poverty conference participation, and the SAFER outreach and conference participation.

SAFER has also mentored and supported the development of two other SAFERs in the state (see diagram on page 8) with the creation SAFER St. Lucie and SAFER Indian River.

Also SAFER shares its success at conferences, where the development of our COAD is presented. Here is a list of these information sharing venues:

SAFER Has Been Mentioned at Following Events:

- Kansas Emergency Management Association Sep 2013
- World Conference on Disaster Management, Toronto Jun 2013
- "Principles of Emergency Management" EMMP Webinar, May 2013
- National Hurricane Conference, New Orleans Mar 2013
- "Planning 101" EMMP Webinar, Jan 2013
- International Disaster Conference & Expo New Orleans Jan 2013
- International Association of Emergency Managers (IAEM) Orlando FL, Oct 2012
- Florida Public Private Partnership Summit Daytona Beach FL Apr 2012
- FEMA Youth Preparedness Summit, Orlando FL Jan 2012
- NOAA Well-being Indicator Workshop South Carolina Mar 2011
- Continuity Insights Atlanta/ New Orleans 2010 & 2011
- Governors Hurricane Conference Fort Lauderdale FL 2010 & 2011
- Honorable Mention, 2012 & 2013 FEMA Individual and Community Preparedness Awards

This inter-jurisdictional sharing goes beyond county and even state borders. Our work with BRACE from Escambia County on the EscaRosa BCI is a great example of our collaborative nature.

INTEGRATED COMMUNICATION PLAN

SAFER not only communicates via a dynamic and up to date web page, Facebook and Twitter, but we have a weekly newsletter. The newsletter is broken into 4 sections. Past newsletters are archived on the SAFER webpage at www.safersantarosa.org in the “documents” tab at the top.

All the organizations mention in this document use the same platforms listed here to communicate. CHIC also has the health department webpage.

The webpage is our comprehensive data sharing and storage platform with every pertinent committee having its own section on the left. There are special sections as well for seniors, kids, faith based partners, tourism, and those with special needs (in the “links” tab).

Facebook grow exponentially as we have disasters in the county. We have over 680 ‘likes’. There are about 10 administrators from multiple organizations that maintain the facebook page. Facebook seems to be popular during disasters.

Twitter does not have the following of facebook, but the 50 followers get sent relevant safety tweets when available. Both of our social media platforms are for two way communications.

Our primary method of communication is the weekly newsletter. It is broken into four sections. The first section is Needs, Requests, Donations. In this section we put community needs that are forwarded to the administrator via email, such as a need for cloths for a family burned out in a fire, or if someone has stuff to give to those in need.

Here are a few success stories;

In 2009 downtown Milton caught on fire and a block of historic buildings were destroyed. Two of the organizations that lost everything were Tri County and Family Resources. One had a clothes closet and the other a food pantry. Both supported the neediest among us. Word was received that these two organizations needed to be restocked and re-housed. This information went out in the SAFER newsletter and within a week both organizations were back up and running.

An anecdotal story told recently was how a chamber director was contacted by a member who needed mattresses to properly board a couple of homeless youths. The previous newsletter had described how Naval Air Station Pensacola was trying to get rid of mattresses, so the director linked the two together and the youths got beds.

INTEGRATED COMMUNICATION PLAN (continued)

Here is an example from a recent newsletter:

BAY AREA BACKPACK FUND RAISER @ RUBY TUESDAY

Bay Area Food Bank provides food insecure children with weekend meals through our Backpack Program. For a school to participate in the program it must have 50% or more of its students on free or reduced lunch. Each bag contains a variety of easy to prepare kid friendly items like: cereal, oatmeal, macaroni and cheese, granola bars, animal crackers, etc. Each bag contains 6 meals (2 breakfast, 2 lunches, 2 dinners and 2 snacks) the cost of each bag is \$3.50. To feed a child for the school year (36 weeks) the cost is \$126. Teachers identify students with chronic signs of hunger at the beginning of the year. These children receive the prepackaged bags in their own backpacks every Friday. The program is anonymous only the teachers know who is participating. (edited for brevity)

The next section is "information" and is where all information not related to a need or donation is shared. Here are examples of what was in this section recently:

SANTA ROSA COUNTY DOMESTIC VIOLENCE COUNCIL

SANTA ROSA COUNTY DOMESTIC VIOLENCE COUNCIL ANNUAL LAW
ENFORCEMENT AWARDS LUNCHEON

"Forging Partnerships in our Community" **Santa Rosa County Domestic Violence Council**

Friday, OCTOBER 25, 2013 11:30 AM – 1:00 PM
MILTON COMMUNITY CENTER 5629 Byrom St.

October is domestic violence awareness month. The council has chosen October 25, 2013 to honor law enforcement officers, who have exemplified the goals of the council in their professional response to domestic violence crime in Santa Rosa County.

sponsorship \$250.00

Individual tickets \$20.00

Free for law Enforcement Officers

To Sponsor or purchase a ticket – Make checks payable to FavorHouse of Northwest Florida

Mail payment to FavorHouse of Northwest Florida, Attn: Santa Rosa Law Enforcement Lunch, 2001 W. Blount St., Pensacola. FL 32501

NATIONAL PRESCRIPTION DRUG TAKE BACK DAY

Dispose of your expired or unused Prescription drugs safely

Saturday, October 26, 2013

At the following locations: Santa Rosa Sheriff's Offices

These sites are permanent drop off sites all year long with hours from 8am to 5pm.

Mon-Fri

5755 East Milton Road, Milton

1322 College Parkway, Gulf Breeze

INTEGRATED COMMUNICATION PLAN (continued)

8597 High School Blvd., Navarre
4775 Pace Patriot Blvd., Pace
3695 Highway 4, Jay

The last two sections are “Opportunities” and “News”. Opportunities is where free training is listed for those looking to gain new skills or bring another challenge to their workplace, and news is a list of relevant URLs from around the nation.

The Department of Health Administrator was told once that “eventually everything relates back to health”, a guiding principle she lives by to this day. This principle allows her to think outside the box and play a large role in community safety initiatives, preparedness programs, and social issues.

Lastly and most important for our community is the informal networking that allows us to stay in constant communication. As an example the administrator of SAFER was invited to talk about the Safe Communities America designation at the Milton Rotary, the next morning he spoke to the Sunrise Kiwanis, and the next day he spoke to the Santa Rosa Economic Development Organization. This informal communication not only got the word out about what SAFER is doing but it garnered donations as well from community partners.

The informal communication goes farther in that many of us serve on several boards and committees. The SAFER administrator is on the Healthy Start board of directors with the Department of Health administrator. They also are both on the CHIC committee, they both participate with the CEO Roundtable, and the Department of Health Administrator is a SAFER board member. This is only one example of the vast informal networking that allows us to know who has interests in certain areas, who has authority and pull in other areas, and who is connected to whom in the community. Our greatest strength is our relationship to one another.

This communication goes farther, in that we communicate with our neighbors in Escambia as well. The Chairs of SAFER and BRACE both serve as ex-officio’s on the others board.

Section 3
Competency II- Understanding Community Data



Total Population **151,372**

Group	Percentage of Population
Children - Ages 0 -5	6%
Youth - Ages under 18	24%
Adults - Ages 18 - 64	58%
Older Adults - Over Age 65	12%
Males	50.30%
Females	49.70%
Asian	1.80%
Black	5.40%
Native American/Alaska Native	0.90%
Native Hawaiian/Pacific Islander	0.10%
White	87.80%
Hispanic	4.30%
Persons with Disabilities	16.70%

Section 3
Competency II- Understanding Community Data (continued)

Injuries/Deaths 2012

Type	Injuries	Deaths
Struck By/Against Object	2776	1
Falls	168	11
Poisoning	285	22
Motor Vehicle		
Traffic	122	28
Non-Traffic	6	0
Suicide	0	23
Fire/Flames/Smoke	8	1
Violence	0	7
Overexertion	7	0
Cut or Pierced	4	0
Choking	0	0

Our data was collected from Lifeguard Ambulance Services. Lifeguard is the EMS provider for our county and is charged with the responsibility of recording all injury/death related data. We feel this data is the most accurate for our needs because, unlike local hospital data, we know that the event is connected with a member of our community. For all other purposes, we have extensive information collected and analyzed in the Community Health Assessment Report (CHAR) 2013 (previously described). CHAR data is used to achieve CHIC goals and as a guide for developing new safety and health initiatives.

SAFER supports all programs developed by members that address safety issues. It is easy to see that the most significant origins of injury in our county are; poisoning, motor-vehicle accidents, being struck by/against an object, violence/suicide, and adult falls. In regards to poisoning, it is important to realize that many of these injuries and deaths are due to the abuse of drugs and other substances. We have many programs listed that address this concern.

In regards to motor-vehicle accidents, while the overwhelming majority of accidents relate to 18-64 year olds, we believe that addressing teen drivers is our main concern. First, the 18-64 age group represents almost all of the drivers on the road, and it is expected that they will contribute to most of this data. Second, establishing sound driving techniques with beginner drivers addresses their lack of experience and instills good habits for years to come. Because of this, most of our county's driving programs are aimed at our adolescent age group.

As a comparison, here is state of Florida statistics for Santa Rosa County.

Profile of Non-Fatal Injury Hospitalizations, Santa Rosa County Residents, 2011

Table 1. Total Non-Fatal Injury Hospitalizations, By Intent and Age Group

Intent	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Unk	Total Count	County Age Adj Rate	Florida Age Adj Rate
Assault	1	1	0	4	6	4	3	0	0	0	0	0	19	0.40	0.77
Not E Coded	0	0	2	1	1	3	5	3	4	5	2	0	26	0.60	0.35
Other	0	0	0	0	0	0	1	0	0	0	0	0	1	0.02	0.01
Self-Inflicted	0	0	1	18	19	25	28	11	4	0	0	0	106	2.19	1.56
Undetermined	0	0	0	2	1	7	2	3	2	0	0	0	17	0.35	0.45
Unintentional	6	20	19	57	57	65	82	110	129	136	110	0	791	18.69	13.62
Total	7	21	22	82	84	104	121	127	139	141	112	0	960	22.25	16.76

Table 2. Total Non-Fatal Injury Hospitalizations, By Mechanism and Age Group

Mechanism	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+		Total Count	County Age Adj Rate	Florida Age Adj Rate
Bite, Sting	0	2	0	1	1	2	2	3	0	0	1	0	12	0.26	0.16
Cut, Pierce	0	0	1	4	7	4	2	1	0	1	0	0	20	0.42	0.40
Drowning, Submersion	1	0	0	0	0	1	0	0	0	0	0	0	2	0.04	0.05
Fall	3	6	6	5	7	21	28	60	98	110	100	0	444	11.30	7.45
Fire, Flame	0	0	1	0	0	0	0	0	0	0	0	0	1	0.02	0.09
Firearm	0	0	1	1	2	1	0	0	0	0	0	0	5	0.10	0.26
Hot Object, Substance	0	3	0	1	0	0	0	0	1	0	0	0	5	0.10	0.13
MV Traffic - Motorcyclist	0	0	0	5	4	3	11	7	3	0	0	0	33	0.66	0.46
MV Traffic - Occupant	0	0	3	21	12	9	10	8	4	6	1	0	74	1.57	1.12
MV Traffic - Oth, Unspec	1	0	0	2	1	0	1	1	0	0	0	0	6	0.12	0.14
MV Traffic - Pedalcyclist	0	0	0	0	0	1	0	0	0	0	0	0	1	0.02	0.09
MV Traffic - Pedestrian	0	0	0	0	1	1	1	1	2	0	0	0	6	0.12	0.24
Machinery	0	0	0	0	0	0	0	0	1	0	0	0	1	0.02	0.08
Natural, Environmental	0	0	0	5	2	2	1	1	2	1	0	0	14	0.29	0.08
Not E-Coded	0	0	2	1	1	3	5	3	4	5	2	0	26	0.60	0.35
Other Spec & Classifiable	1	2	2	1	1	3	0	3	1	1	0	0	15	0.31	0.37
Other Spec & NEC	0	0	0	0	2	1	0	0	0	0	0	0	3	0.06	0.20
Overexertion	0	0	0	0	2	0	0	5	1	3	1	0	12	0.27	0.19
Pedalcyclist, Other	0	0	0	2	0	1	4	2	0	0	0	0	9	0.18	0.21
Pedestrian, Other	0	0	0	0	0	0	1	0	0	0	0	0	1	0.02	0.02
Poisoning	0	7	4	22	27	40	46	28	17	10	0	0	201	4.20	3.10
Struck By, Against	0	0	1	4	4	5	2	0	1	1	3	0	21	0.49	0.64
Suffocation	0	0	0	1	1	0	0	0	0	1	1	0	4	0.10	0.05
Transport, Other	0	0	1	4	6	2	4	3	2	0	0	0	22	0.44	0.28
Unspecified	1	1	0	2	3	4	3	1	2	2	3	0	22	0.52	0.58
Total	7	21	22	82	84	104	121	127	139	141	112	0	960	22.25	16.76

Section 3

Competency II- Understanding Community Data (continued)

Addressing the data relating to being struck by/against an object is much different. Because this area is so broad, the information has to be further broken down to understand the root cause. Specifically geared and general safety programs can help mitigate these types of events. Upon reviewing the data from other Safe Communities, we have found that this is not data specific to our population. While we feel that we have ample programs to address general injuries, we are driven to ensure that striking injuries are specifically addressed in our various resources.

Most of our violence/suicide prevention is addressed in programs lead by local law enforcement. Suicide prevention is held by our Trauma Intervention Program (TIP) and is described below.

Researching our community data has been extremely beneficial. This is most evident in our need to develop a new program in regards to adult falls. We worked together with Lifeguard Ambulance Service in addressing this need, and the program is in a developmental stage, with a promising future.

Involving all community groups will ensure that this data will be collected continually, and that any information will be addressed in the future.

We would like to see a further amplification of poisoning, motor vehicle accident, and suicide programs due to the relatively high number of fatalities associated with these three areas.

Section 3

Competency III- Programs Addressing Injury Patterns

Within Santa Rosa County we have a variety of programs available to address intentional and unintentional injuries and deaths. A comprehensive list of all programs, their target group, and type of hazard addressed, can be found in APPENDIX 6 of the application. Below we will discuss six focus areas and describe a few programs in detail that are utilized to counter specific injury patterns, evaluations for these can be found as part of the description rather than in the appendix.

Motor Vehicle Accidents

Motor vehicle accidents are one of the highest causes of injury in Santa Rosa County. According to the state of Florida Department of Health County health rankings Santa Rosa is the 10th healthiest county in the state. One of our top 3 weaknesses is alcohol consumption. Alcohol consumption can lead to death by over consumption (poisoning) and through traffic accidents. We have had high profile deaths caused by drunken teens driving vehicles.

Several mitigating steps are to ensure that teens get adequate driver training, and that potential innocent passengers are adequately and safely restrained.

Some programs addressing motor vehicle accident injuries in Santa Rosa are the Sheriff's Office summer Teen Driving Challenge program, School district drivers education programs in high schools, child passenger restraint training through the county extension office, Beyond Just Buckled (another child passenger restraint organization), are the main programs. Additionally, since many motor vehicle accidents are caused by driver impairment, we have programs in place for that as well through CDAC.

The Florida Sheriffs Association Teen Driver Challenge (TDC) program



The Florida Sheriffs Association Teen Driver Challenge (TDC) program was developed at the request of the Florida Sheriffs to combat the high crash and fatality rate of Teen Drivers on Florida highways. After a pilot program was successfully conducted in 2006 by the Leon County Sheriff's Office at the request of the Florida Sheriffs Association (FSA), the FSA Board of

Directors adopted the concept in 2007. FSA then organized a team of Law Enforcement driving subject matter experts who were certified as Instructors by the Florida Department of Law Enforcement in emergency vehicle operation. Today, there are more than 35 counties with an active Teen Driver Challenge Program, including Santa Rosa.

The FSA Teen Driver program is a 12-hour course, including 4 hours of classroom (including a pre- and post-test) and 8 hours of hands-on instruction on a driving course. The program is presented to 15-19 year old students over a two-day period, ideally with a 5-to-1 student-to-instructor ratio. The classroom portion of the TDC covers the workbook and deals with crash-related issues, such as vehicle dynamics, braking, steering and traffic laws. Specific chapters of the workbook deal with aggressive driving, distracted driving (texting, cell phone use, etc.), DUI and seatbelt issues. Student participation and discussion are highly encouraged.

The hands-on driving portion of the program is held at the Santa Rosa County Sheriff's Office, where exercises such as Figure "8", threshold braking, forward serpentine cornering, backing, evasive, off road recovery and optional skid pad are taught.



Upon completion of the program, students can present their certificate to their insurance company for consideration of a reduced rate. In addition, the eight hours of behind-the-wheel driving spent participating in the Teen Driver Challenge

can be used toward fulfilling the 50 hours required set forth in Florida's Graduated Driver's License program. This is a summer program.

Latest Updates

- Teenagers beware: It is now against the law to text and drive in Florida!
- Did you know...a recent AAA study found that the likelihood that a 16- or 17-year-old driver would be killed in a crash increased with each additional young passenger in the vehicle. Per mile driven, the risk of death for a 16- or 17-year-old driver increased 44% when carrying *one* passenger younger than 21, it doubled when carrying *two* passengers younger than 21 and quadrupled when carrying *three or more* passengers younger than 21 relative to when no older passengers were present. [See full study \(pdf\)](#)
- State Farm has signed on as the Teen Driver Challenge's major corporate sponsor for 2012-2013. Their gift will help keep the classes FREE to teen drivers. Thank you, State Farm!

Child Passenger Restraint Training



Motor vehicle crashes remain a leading cause of death and injury from birth to 34 years of age. According to Florida Charts, Santa Rosa County is in the fourth quartile (significantly worse than the state average) for injuries and deaths to child passengers age 1-5. For passengers younger than 1 year or older than 5 years, the county's injury/death rate also ranks as significantly higher than that of the state.

Approximately 90% of child safety seats are incorrectly installed, with an average of 2-3 errors per seat. Florida's child passenger safety laws are also the least restrictive in the United States. Both of these facts prove a great need exists to educate parents on how to travel safely with children. Child Passenger Restraint Training both certifies technicians to install child seats, and allows them to train others to do so as well. The course involves the installation of 5 different types of seats and requires hands-on practical training. Technicians are required to maintain continuous education units, and the information is well documented. There have been over 190 people trained through this program.

Results

Since the CPS certification program began in 1998, more than 119,000 people have successfully completed the course, including more than 35,000 currently certified CPS technicians. These dedicated technicians offer education, support and guidance in all 50 states, the District of Columbia and U.S. territories. –

See more at: <http://www.safekids.org/national-child-passenger-certification-training-program#sthash.vyB3qey4.dpuf>

We have several partners doing car seat safety, an evaluation was received by the extension service and is seen below.

Summative Program Evaluation Tool

Name of Program: **Child Passenger Safety**

Program Sponsor: **University of Florida/IFAS Santa Rosa County Extension Service**

Program Coordinator: **Ginny Hinton**

Program Start Date: **5/2010** Program Type: **Safety Education**

Evaluation Type: **Behavioral Observation (Did parent correct mistakes?), Survey (self-reported knowledge & behavior change), Certification course completion (knowledge change – for technicians), Recertification completion – for technicians (continuing education units, skill observation, documented event activity)**

Evaluator: **Ginny Hinton** (or other Child Passenger Safety Technician/Instructor)

.....

Describe the baseline data used to form the program. **Motor vehicle crashes remain a leading cause of death and injury from birth to 34 years of age. According to Florida Charts, Santa Rosa County is in the fourth quartile, significantly worse than the state average, for injuries and deaths to child passengers age 1-5. For passengers younger than 1 year or older than 5 years, the county's injury/death rate also ranks as significantly more dangerous than that of the state. Approximately 90% of child safety seats are incorrectly installed, with an average of 2-3 errors per seat. A great need exists to educate parents on how to travel safely with children. Due to Florida's lax child passenger safety law, which is the least restrictive in**

the United States, caregivers of older children also need education regarding safer travel and the correct use of booster seats.

How was the baseline data collected? **data from Florida Charts and Florida Department of Transportation**

Was a community needs assessment conducted prior to planning and implementing this program? **No formal needs assessment – only secondary research**

If so, how was the assessment used in the planning process?

If not, how was the purpose of the program and its target population decided? **Use of data from Florida Charts and FDOT. Perceived community needs per Family & Consumer Sciences Advisory Committee, comprised of a variety of professional and client contacts. Referral requests from community agencies.**

What is the program mission? **To prevent motor-vehicle related injuries and fatalities for children**

What is the goal of the program? **To reduce the number of child passenger injuries and fatalities by educating and assisting parents and caregivers in using “best practice” procedures when traveling with children**

What are the program objectives?

- 1) Annually, 60 caregivers of children ages birth to 8 years will show mastery of correct child passenger safety installation procedures as evidenced by observation before leaving the inspection site. A post**

survey will be administered to determine longer-term behavior change.

- 2) Annually, 8 people will become nationally certified child passenger safety technicians (CPST), as measured by successful completion of a 3-day course and child passenger safety check-up event, thereby increasing the number of trained local professionals/volunteers to whom caregivers can turn for assistance.
- 3) Annually, 6 people will successfully complete child passenger safety technician (CPST) recertification as documented by Safe Kids, the national certifying body.

Who is the target population? **Caregivers with children ages birth – 8 years**

How are the target population made aware of the program?

Word of mouth, educational exhibits, community referrals

The program is in which stage of development? **Maintenance**

What has been the documented response to the program?

What criteria have been used to determine effectiveness of the program?

For parents:

- 1) Documented errors and corrections made
- 2) Expressed knowledge gain and behavior change

For professionals:

- 1) Successful completion of certification course
- 2) Retention of certification after initial 2 years
- 3) Reported assistance to parents & caregivers

When was this information collected?

For parents:

- 1) At initial child safety checkpoint
- 2) Survey administered during month following checkpoint

For professionals:

- 1) Annual survey
- 2) Documentation of certification/recertification

How many individuals have participated in the program?

192 caregivers between May 2010 and May 2013 (individual checks at UF/IFAS and related community events) Additional caregivers have been served by certified technicians at a variety of agencies in Santa Rosa, Escambia and Okaloosa Counties.

What is the documented satisfaction rate for program participants? **per post checkpoint survey responses:**

- **100% (49/49) agree or strongly agree they can better *select* an appropriate safety restraint for their child.**
- **92% (45/49) rated the service they received as *very* or *extremely* useful.**

How is program adjustment determined and implemented? **All comments and suggestions from parents and individuals who attend certification course or updates are taken into consideration.**

How is program accountability ensured?

- 1) **Monthly reports to Florida Occupant Protection Resource Center (OPRC) (<http://floridaoprc.ce.ufl.edu>)**
re: # seats checked, # errors found, # seats distributed
- 2) **Annual report to UF/IFAS Extension re: program implementation and objectives, knowledge gain and behavior change**

- 3) Registration with SafeKids International and documentation of compliance with standardized teaching and reporting procedures associated with certification/recertification (<http://cert.safekids.org>)**

Other Comments: More research and statistical information is available at the SafeKids and Florida OPRC websites (see links above). The Florida OPRC is the statewide clearinghouse that provides car seats, promotional and educational supplies to certified technicians and instructors. They also collect data on misuse rates. A current list of certified technicians (by location) may be obtained at the Safe Kids website.

CHILD PASSENGER SAFETY CHECKLIST

Driver's First Name _____ Driver's Last Name _____
 Street Address _____ City _____ State _____ ZIP _____
 Telephone Number _____ Email Address _____
 Vehicle Make/Manufacturer _____ Vehicle Model _____ Vehicle Year _____

understand and agree that the sole purpose of this program is to reduce the incidence of improper child safety seat installation; that this inspection is provided as a free educational service to me; that this program cannot fully evaluate the quality, safety or condition of the child safety seat, any child safety seat provided or any component of my vehicle, including the seats and safety belts; and that this program cannot guarantee my child's safety in a vehicle collision. I understand that it is important to read and follow the manuals of both my vehicle and the car seat. For these reasons I hereby hold myself, my family, my insurance carrier, my employer, my community, my state and any program participants from any present or future liability from any injuries or damages that may result from a vehicle collision or otherwise.

X _____ Date _____
 Parent/Caregiver Signature

Child Name	Age	(Years)	(Months)	(MM/DD/YYYY)							
About the child and CSS/restraint 1. Wt: _____ Ht: _____ Please circle best answer 2. Child present? Y N NA 3. Expectant mom? Y N NA 4. Seat history known Y N NA 5. CSS involved in crash? Y N NA 6. CSS checked before? Y N NA 7. If yes, how many times? _____ 8. Child location in vehicle: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> Front Row Back Row Optional Rear Row X to indicate arrival location. M for new location. 9. Driver wears safety belt? Y N If seat arrives uninstalled go to question #20 Check CSS/Restraint as it arrives	D									Please circle best answer 10. CSS/restraint type (see key) a. IO f. Lap Belt b. IO Base g. US Belt c. RF CONV h. Vest/car bed d. FF/Harness i. Other e. BPB j. NONE Please circle best answer 11. Child safely near airbag? Y N NA 12. CSS correct direction? Y N NA 13. Harness correct? Y N NA 14. Seat belt locked/tight/correct? Y N NA 15. Lower Anchors correct? Y N NA 16. Tether correct? Y N NA 17. _____ CSS Mfg. 18. _____ CSS Model Number 19. _____ CSS Mfg Date (MM/DD/YYYY) 20. Labels missing? Y N 21. Seat recalled? Y N Installation 22. Replace CSS at event? Y N	Uninstalled or New CSS 23. Provided by: Parent Community Agency 24. _____ CSS Mfg. 25. _____ CSS Model Number 26. _____ CSS Mfg. Date (MM/DD/YYYY) 27. CSS type (see key) a. IO c. FF/Harness b. RF CONV d. BPB Please circle best answer 28. Parent installed CSS? Y N 29. Parent adjusted? Y N 30. All corrections made? Y N I acknowledge that I, as the parent/caregiver, was the last person to touch or handle the CSS. _____ Parent/Caregiver Signature
D											
Please Print Clearly Tech Name Tech cert #	Please Circle CSS arrived Uninstalled Education Materials Given Recall Information Given Child arrived Unrestrained	No Misuse Voucher Given	Comments:								

2nd Child Name _____		Age _____ (Years)	(Months)	(MM/DD/YYYY)										
<p>About the child and CSS/restraint</p> <p>1. Wt: _____ Ht: _____</p> <p>Please circle best answer</p> <p>2. Child present? Y N NA</p> <p>3. Expectant mom? Y N NA</p> <p>4. Seat history known Y N NA</p> <p>5. CSS involved in crash? Y N NA</p> <p>6. CSS checked before? Y N NA</p> <p>7. If yes, how many times? _____</p> <p>8. Child location in vehicle:</p> <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 10px;">Front Row</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 10px;">Back Row</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 10px;">Optional Rear Row</td> </tr> </table> <p>X to indicate arrival location. M for new location.</p> <p>9. Driver wears safety belt? Y N</p> <p>If seat arrives uninstalled go to question #20</p> <p>Check CSS/Restraint as it arrives</p>	D			Front Row				Back Row				Optional Rear Row	<p>Please circle best answer</p> <p>10. CSS/restraint type (see key)</p> <p>a. IO f. Lap Belt</p> <p>b. IO Base g. L/S Belt</p> <p>c. RF CONV h. Vest/car bed</p> <p>d. FF/Harness i. Other</p> <p>e. BPB j. NONE</p> <p>Please circle best answer</p> <p>11. Child safely near airbag? Y N NA</p> <p>12. CSS correct direction? Y N NA</p> <p>13. Harness correct? Y N NA</p> <p>14. Seat belt locked/tight/correct? Y N NA</p> <p>15. Lower Anchors correct? Y N NA</p> <p>16. Tether correct? Y N NA</p> <p>17. _____</p> <p>CSS Mfg. _____</p> <p>18. _____</p> <p>CSS Model Number _____</p> <p>19. _____</p> <p>CSS Mfg Date (MM/DD/YYYY) _____</p> <p>20. Labels missing? Y N</p> <p>21. Seat recalled? Y N</p> <p>Installation</p> <p>22. Replace CSS at event? Y N</p>	<p>Uninstalled or New CSS</p> <p>23. Provided by:</p> <p style="padding-left: 20px;">Parent</p> <p style="padding-left: 20px;">Community Agency</p> <p>24. _____</p> <p>CSS Mfg. _____</p> <p>25. _____</p> <p>CSS Model Number _____</p> <p>26. _____</p> <p>CSS Mfg. Date (MM/DD/YYYY) _____</p> <p>27. CSS type (see key)</p> <p>a. IO c. FF/Harness</p> <p>b. RF CONV d. BPB</p> <p>Please circle best answer</p> <p>28. Parent installed CSS? Y N</p> <p>29. Parent adjusted? Y N</p> <p>30. All corrections made? Y N</p> <p>I acknowledge that I, as the parent/caregiver, was the last person to touch or handle the CSS.</p> <p>_____</p> <p>Parent/Caregiver Signature</p>
D			Front Row											
			Back Row											
			Optional Rear Row											
<p>Please Print Clearly</p> <p>Tech Name _____</p> <p>Tech cert # _____</p>	<p>Please Circle</p> <p>CSS arrived Uninstalled No Misuse</p> <p>Education Materials Given Voucher Given</p> <p>Recall Information Given</p> <p>Child arrived Unrestrained</p>	<p>Comments:</p>												

*****Tech Use Only*****

<p>How many seats did you check upon arrival? _____</p> <p>How many were correct? _____</p> <p># of Selection errors? _____</p> <p># of child placement errors _____</p> <p># of installation errors _____</p>	<p>Total Donation Amount: \$ _____</p> <p>How many new installs? _____</p> <p># OPRC seats distributed? _____</p> <p># Other seats distributed? _____</p>
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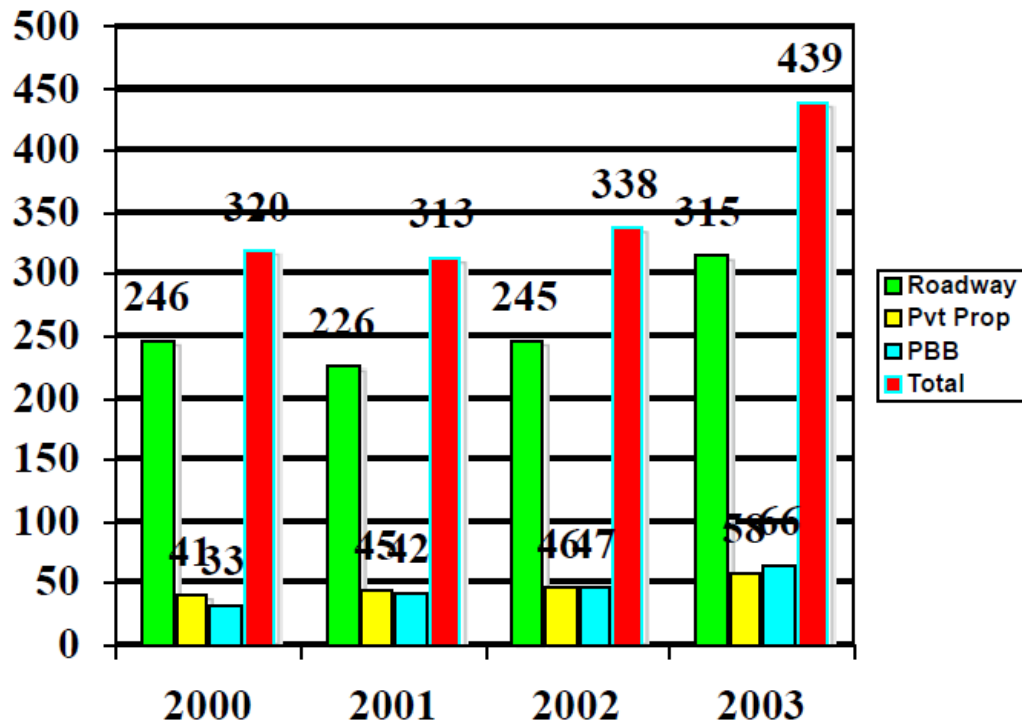
City of Gulf Breeze Accident Reduction Plan

Red Light Camera Enforcement

Safer enforcement for the public and for law enforcement personnel

The City of Gulf Breeze collected data from 2000-2003 to determine traffic accident patterns. A Citizen Traffic Safety Task Force was created in 2004 to determine what changes could be made along the hwy 98 corridor to decrease traffic accidents. Research from Texas, Maryland, and other areas of the nation were utilized in the decision making process.

Gulf Breeze Crash Data 2000-2003



The following considerations were taken into account during the decision making process.

- Citizens Traffic Safety Task Force 2004
- Look for technologies
- Re-configuration of Daniel Drive intersection at the school complex
- Traffic volume increase on Highway 98 to 57,000 cars per Day
- Thousands of vehicle trips per day in and out of school complex
- Hundreds of walking students daily

Historical Data

Traffic crashes spiked 29% in 2003 in spite of the following activities:

- Aircraft
- Unmarked cars
- Radar
- Laser
- Strike Force 98
- DUI Task Force- SRSO initiative
- Buckle-Up initiatives
- Traffic safety designated personnel
- Undedicated patrol time
- Traffic reader boards- NPS initiative

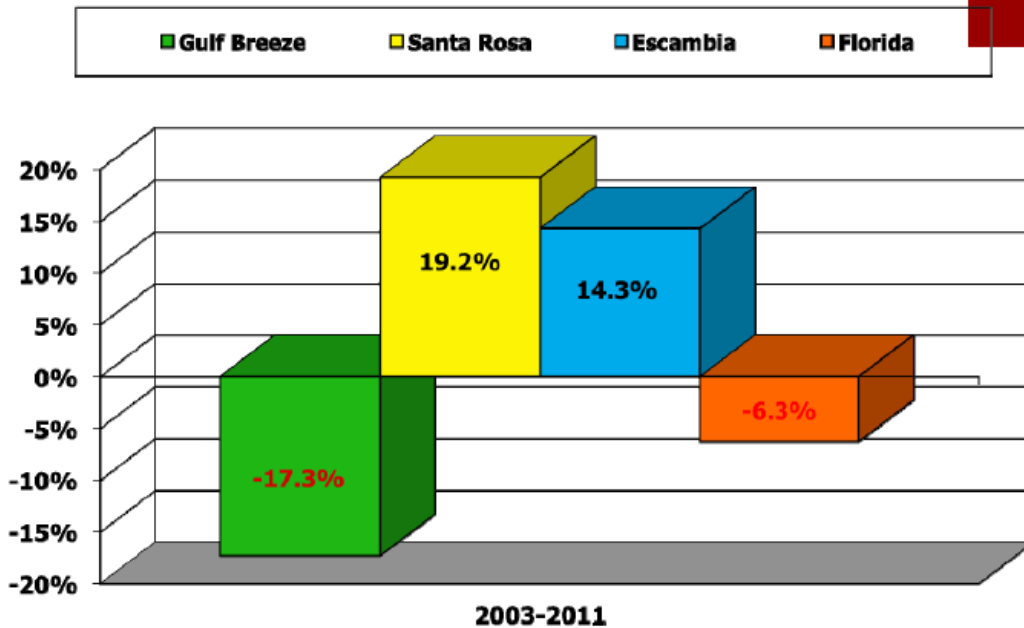
Traffic Safety Task Force proposed and convened. Developed 28 recommendations, majority of them implemented. One of the recommendations was technology to address traffic safety. Red light cameras proposed and adopted by City Council in 2006.

- High Volume Enforcement Strategies
- Develop Mass Transit
- FM Radio Station
- Technology
- Closure of Medians (Following MPO Priority in Order of Crash Data)
- Obstacle Protection
- Study Results Drivers Ed
- Rumble Strips
- 35 Means 35 Education
- Info Blitz
- Pace Setting Cruiser
- Enforcement Letter
- Junior Driver Permit Restriction for First Year
- "I Saw You" Permit
- Publish Names in Newspaper of Repeat Offenders
- Service Road
- Merging Lanes
- Directional Openings
- Alter Turn Movements/Prohibit U Turns/Alter at Gulf Islands National Seashore
- Zero Tolerance Sign
- Signs at Top Three Crash Locations
- Bike Lane on Shoreline and Fairpoint
- Install Missing Curbing
- Mirror at McDonalds
- School Traffic (Encourage Elementary and Middle School Students to Ride Buses)
- Realign Median at Bay Beach Inn
- Officer Exchange with Other Agencies
- Develop Visitor Brochure

The City of Gulf Breeze developed an Ordinance which was subsequently changed by Florida Legislature when Mark Wandall Traffic Safety Act adopted in 2010 that says: “316.0083 Mark Wandall Traffic Safety Program; administration; report.— (1)(a) For purposes of administering this section, the department, a county, or a municipality may authorize a traffic infraction enforcement officer under s. 316.640 to issue a traffic citation for a violation of s. 316.074(1) or s. 316.075(1)(c)1. A notice of violation and a traffic citation may not be issued for failure to stop at a red light if the driver is making a right-hand turn in a careful and prudent manner at an intersection where right-hand turns are permissible...”

Results:

Crashes Reduced 17.3%



That means **882** crashes averted; which equals:

- Lives Saved
- As many as **189** Injuries Prevented
- At least **\$4,410,000** Property Damage Saved
- Over 2 years** of crashes avoided

Other Public Safety Endeavors VIPS

- Close medians
- Educate students
- Covert enforcement vehicles
- 5 Time Award-winning traffic safety

Older Adult Falls

Another of our high injury rates is caused by falls. While ordinances have curbed the typical youth injuries at parks, through the required use of helmets at the Milton skate park, the local EMS provider identified another large population whose falls cannot be regulated out of existence.

Other than the ordinance mentioned above, falls are only addressed by Lifeguard Ambulances Falls program. Having said that, there are many church based programs that put ramps in for seniors that probably mitigate falls as well, but they are not captured here due to their lack of dedicated funding and resources. They are usually more of an ad hoc program.

Lifeguard Ambulance Adult Falls Program



Lifeguard Ambulance Service's Adult Falls Program was created due to Santa Rosa County's application for the Safe Communities designation. As Lifeguard is our primary source for injury data within our community, they have been extremely involved in our application process. The company proactive in recognizing the need for a fall program in our community and

aggressively established it.

The program targets the county's population over 65 and aims to not only prevent falls, but to lessen the impact in the event of an occurrence. Lifeguard believes that they can accomplish this by developing a multi-faceted intervention program. This involves; fall prevention education, in-home risk assessments, vision assessments, and medication review.



Although the program is still in the developmental phase, many events have already been planned. Lifeguard plans to host a health expo later this year, and a fall prevention day in late summer of 2013. They will also be attending the Senior Expo and will be providing information.

Lifeguard ambulance teamed up with Emergency Management and the United Way in order to find ways to mitigate repeat falls. When an elderly person is identified as a fall victim, Lifeguard contacts the individual and asks if they can conduct a safety assessment. If the client says yes, then Lifeguard will send a crew out to evaluate the home. If there are simple fixes that can be conducted to mitigate falls, such as moving wires out of walkways, shifting furniture so sharper edges are less prone to be hit, and moving low lying materials like stacks of books from pathways, then they do so. If the problem is more complicated, then Lifeguard gets the clients permission to bring in outside assistance. Lifeguard then contacts emergency management and the United Way who will attempt to get resources (manpower, materials) required to mitigate the situation that is causing this particular individuals falls. The program has been in existence for just under a year and has thus far

proven successful with just the slight modifications to transit pathways in the clients home solving many problems, however, emergency management and the United Way are prepared for the day a more intricate solution is required. We have connections with faith based who can build ramps and do minor construction.

In addition to the Lifeguard Ambulance Service falls program, there are initiatives in adult living facilities and senior centers to provide falls information through seminars to clients and staff.

Additionally the Retired Senior Volunteer Center hosts a Senior Expo every year with vendors providing health information, and other valuable information for seniors, some of which is related to home safety and falls.

Summative Program Evaluation Tool

Name of Program: SRC Fall Prevention Program

Program Sponsor: Lifeguard Ambulance Service Santa Rosa County

Program Coordinator: Tyler Bennett

Program Start Date: 3/1/13

Evaluation Type: Quarterly

Evaluator: Tyler Bennett

.....

Describe the baseline data used to form the program.

Statistics generated by the CDC as well as number of falls per year in Santa Rosa County.

How was the baseline data collected?

Online research in conjunction with data pulled from Patient Care Reports using Health EMS.

Was a community needs assessment conducted prior to planning and implementing this program?

Yes.

If so, how was the assessment used in the planning process?

The number of falls per year was generated, using data we developed are target population, the type of falls and ways to reduce the risk of falls among the target population.

If not, how was the purpose of the program and its target population decided?

N/A.

What is the program mission?

The program mission is to decrease the number of falls to the elderly community caused by preventable circumstances.

What is the goal of the program?

Our main goal is to prevent falls in the listed target population. We plan to accomplish this goal by developing a multifaceted intervention program. This program will include multiple interventions to reduce fall risk factors such as, fall prevention education, in-home risk assessments, vision assessments, and medication review.

Who is the target population?

Adults age 65 and older.

How are the target population made aware of the program?

Patients are contacting within 72 hours of suffering a fall, this data is collected daily using patient care Reports generated by EMS providers. Public events such as the Senior Expo are used as a way to target this population. Lifeguard will be putting on al Falls Prevention Day and Health expo spring/summer 2013.

The program is in which stage of development?

Beginning stage.

What has been the documented response to the program?

Overall the response from the public has been very good. We are still in the early stages of the program and collecting data.

What criteria have been used to determine effectiveness of the program?

It is currently too early in the program to determine success rate. The program will be reevaluated at the six month mark, this reevaluation will include patient follow ups.

When was this information collected?

N/A.

How many individuals have participated in the program?

3

What is the documented satisfaction rate for program participants?

N/A

How is program adjustment determined and implemented?

Reevaluation after six months.

How is program accountability ensured?

Direct oversight from the coordinator.

Poisoning

Poisoning is another of our larger numbers of injuries. We have come at this by a number of means, and have included alcohol as a 'poison' that is abused as much as or more than prescription medications and illegal substances. Additionally we have offered an example of the proactive measures taken by our health department (and in fact the State of Florida Department of Health) during the fungal meningitis outbreak caused by injected of a prescription pain medication last year. We have a write up on a recovery center, discuss the Sheriff's Office drug boxes, talk about the Health Department success, and the Community Drug and Alcohol Council (CDAC).

Formal anti poisoning programs in Santa Rosa include CDAC, who has six different programs aimed at curbing the use of drugs in the community, passive measures like the Sheriff's Office drug boxes, one time incident responses like those conducted by the Health Department, and substance abuse programs through Twelve Oaks and other mental Health related establishments.

Twelve Oaks Recovery Center



Santa Rosa County recognizes that much of the poisoning in the community relates to the misuse of prescription and non-prescription drugs. Twelve Oaks Recovery Center addresses this, and many other areas, directly. The center has 16 dedicated detox beds, 6 adolescent beds and 80 adult beds, and a typical length of stay is 21-28 days. All major insurances are accepted including Tri-care. Twelve Oaks is licensed by the Florida Department of Children and Families and is fully accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Twelve Oaks' recovery goal is to help patients restore their lives to become healthier, happier, more productive and free of the destructive behaviors and dependence on addictive chemical, through recovery, renewal and rebuilding of life.

Santa Rosa County is home to many military members (active, reserve, and retired). Twelve Oaks works with various military programs dealing with drug, alcohol, and substance abuse (i.e. ADAPT, ASAP, SARP, etc). In 2012, the program serviced over 1400 patients, and has already helped 585 patients between January and May of 2013.

Summative Program Evaluation Tool

Name of Program: ___Twelve Oaks Recovery Center___

Program Sponsor: ___Paul Reed, Executive Director___

Program Coordinator: ___Dayle vanderWerff, Director of Business Development

Program Start Date: ___1983___ Program Type: _Substance Abuse
Treatment (Recovery) Center

Evaluation Type: _____

Evaluator: _____

.....

Describe the baseline data used to form the program. ___23 million people are in
need of substance abuse/mental health care in the U.S. ___

How was the baseline data collected? ___National Organization
(SAMSHA)_____

Was a community needs assessment conducted prior to planning and
implementing this program? _____Not sure_____

If so, how was the assessment used in the planning process?

If not, how was the purpose of the program and its target population decided?

What is the program mission?

It is the Mission of Twelve Oaks to provide quality chemical dependency treatment to individuals served. Twelve Oaks provides treatment to adults, adolescents, and their family members. We are committed to rendering this treatment in an atmosphere of trust, honesty and responsibility through supportive confrontation, sharing of feelings, reality orientation and medical management

What is the goal of the program?

It is the vision of Twelve Oaks to be the provider of choice for patients, family members, referral sources, and payors. We shall strive to exceed the expectations of our customers in the provision of high quality, cost effective services.

What are the program objectives?

Twelve Oaks Recovery goal is to help patients restore their lives to become healthier, happier, more productive and free of the destructive behaviors and dependence on addictive chemicals. The primary goal at Twelve Oaks Recovery is recovery, renewal and rebuilding of life.

Twelve Oak's recovery center is a private, free-standing, 102 bed, alcohol/drug recovery center located in the Florida Panhandle. 16 dedicated detox beds, 6 adolescent beds and 80 adult beds. A typical length of stay is 21-28 days. All major insurances are accepted including Tricare. Twelve Oaks is licensed by the Florida Department of Children and Families and is fully accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Who is the target population?

TARGET AUDIENCE

- General
 - Military Drug, Alcohol, and substance abuse programs (i.e. ADAPT, ASAP, SARP, etc)
 - Physicians offices
 - Hospitals and health clinics
 - ER and acute care

- Community
 - Community social agencies
 - Physicians offices (case managers and referral counselors)
 - Hospitals and ER care (case managers, ER directors, referral coordinators)
 - Walk-in clinics and acute care clinics
 - Therapeutic community (psychologists, LMHC, LCSW)
 - Legal community (judges, drug court, criminal defense attorneys, DUI evaluators)
 - School system (universities, public middle & high schools, private schools) counselors, principals, & assistant principals, school psychologists
 - Other CD/SA programs (IOPs, OP programs)
 - Community social agencies
- Age Groups
 - 13-17
 - 18-24
 - 25-39
 - 40-64
 - 64 and older
- Special Categories
 - Veteran Hospitals and clinics
 - Schools and colleges
 - Community and Military Pharmacies
 - Faith Base organizations
 - Warriors in Transition
 - Wounded Warriors
 - Substance abuse prevention organizations (NEFCADA, EAPA)
 - Faith Base organizations
 - Private agencies
 - Alumni Association Twelve Oaks

How are the target population made aware of the program?

The mission of the Marketing & Sales teams is to enhance the mission of Twelve Oaks Recovery Center with the collaborative efforts of Public Relations, Creative Development, Content Development, Social Media, Search Engine Marketing and Project Management and Analytics departments focused to increase people served, strengthen branding and increase market awareness; while developing all-team, integrated marketing strategies utilizing research and feedback to establish goals and objectives.

The program is in which stage of development?

_____complete_____

What has been the documented response to the program?

Referral source Survey Results November 2012 (not received June 2013 yet):

Date: November 2012

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

Description of Survey Item	Results					N/A	Avg
	Scale:	1	2	3	4		
1. Your Overall impression of Twelve Oaks?		1		17	22		4.5
2. Your interaction with the Intake Department?	1	1	5	17	15	1	4.13
3. Your interaction with the Clinical Outreach Coordinator or Marketing Representative in your area?			1	10	27	2	4.68
4. If a release was signed, your overall interaction/communication with the treatment team?	5	2	1	10	6	16	3.42
5. Timeliness of response to your needs?		2	2	11	22	3	4.43
6. Effectiveness of treatment in meeting your objectives for your patient?	2		6	15	12	5	4.0
7. Satisfied with your patient's treatment experience?	1		6	11	16	6	4.21
8. How is your patient doing currently?	1	1	6	9	5	18	3.73
9. What is the likelihood that you will refer another patient to Twelve Oaks, If appropriate?			4	7	28	1	4.62

Total Surveys Sent: 155

Total Surveys Returned: 40

Percent Returned: 26%

What criteria have been used to determine effectiveness of the program?

_____30 and 90 day follow up calls to determine status of (alumni) former patients (recidivism rates)

When was this information collected? _____30 and 90 days following discharge from program _____

How many individuals have participated in the program?

____ We have been around 30 years, there is no accurate record of the number of patients but it is estimated to be hundreds of thousands. In 2012, we served 1400 patients and Jan-May 2013 we have served 585. ____

What is the documented satisfaction rate for program participants?

April 2013 Patient Survey Results:

Total Completed Surveys: 98

Percentage completion: 85%

Overall Scores: Excellent: 34%

 Very Good: 32%

 Good: 25%

 Fair: 6%

 Poor: 1%

 N/A: 2%

Would recommend to family: 87 Yes

 8 No

 3 No answer

How is program adjustment determined and implemented? ____

Determined by leadership in facility and implemented with consensus and authorization

How is program accountability ensured? _____

Patient and referral source satisfaction/feedback surveys are done a regular and consistent basis. Twice a year for referral sources and upon discharge for every patient.

Other

Comments: _____

Sheriff “Take-Back” Program and Drop Box

Each Sheriff’s Office substation has a drop box in it for dropping of used/expired/no longer needed medications. The intent is to have thing medications/drugs taken out of the house and away from easy access to children or others who may decide to experiment with them.

Permanent Drop Off Sites for Prescription Drug Take Back

SRSO to Participate in National Prescription Drug Take Back Day: Launches Permanent Drop-Off Sites

The Santa Rosa County Sheriff’s Office will participate in the National Prescription Drug Take Back Program on April 28, 2012 from 10:00 am to 2:00 pm at the main Sheriff’s Office located at 5755 E. Milton Rd., Milton, FL. 32583 **and** the Gulf Breeze District Office located at 1322 College Parkway, Gulf Breeze, FL, 32563.

Sheriff Wendell Hall has endorsed this program which is spearheaded by the Drug Enforcement Agency to provide a venue for persons who want to dispose of unwanted and unused prescription drugs.

National Prescription Drug Take Back Day addresses a vital public safety and public health issue. More than seven million Americans currently abuse prescription drugs, according to the 2009 Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health. Every day, approximately 2,500 teens use prescription drugs to get high for the first time, according to the Partnership for a Drug Free America. The majority of these drugs are obtained from family and friends, including the home medicine cabinet.

DEA (Drug Enforcement Agency) in conjunction with state and local law enforcement agencies, throughout the United States, have conducted these drug take back events. Nearly 4,000 state and local law enforcement agencies have participated in these events, collecting more than 309 tons of pills. The DEA continues to hold these events every six months.

Anyone who wants to dispose of unwanted, expired, or unused prescription medications can drop them off on April 28, 2012 at the two above mentioned locations, where they will be properly disposed of by law enforcement and DEA personnel.

Sheriff Hall is also launching a new permanent program at the Santa Rosa County Sheriff’s Office that will allow the public to come to any SRSO District Office and drop off prescription drugs, any day of the year during normal business hours. This will make it more convenient for our citizens to dispose of the drugs properly and safely at no charge. Drop boxes will be available at every district office (locations

below) beginning Monday, April 30, 2012. Syringes and liquids will not be accepted at the SRSO drop boxes. Anyone can anonymously enter a district office and place prescription, and over the counter drugs, into the secure drop boxes at the following locations:

District One – Gulf Breeze Area

1322 College Parkway Gulf Breeze, FL 32563 (850) 981-2270 Hours: 8:00 a.m. – 5:00 p.m. Monday – Friday

District Two -NavarreArea

8597 High School Blvd. Navarre, FL 32566 (850) 981-2250 Hours: 8:00 a.m. – 5:00 p.m. Monday – Friday

District Three – Pace Area

4775 Pace Patriot Boulevard
Pace, FL 32571 (850) 981-2230 Hours: 8:00 a.m. – 5:00 p.m. Monday – Friday

District Four -East MiltonArea

5755 East Milton Road Milton, FL 32583 (850) 983-1229 Hours: 8:00 a.m. – 5:00 p.m. Monday – Friday

District Five – Jay Area

3695 Highway 4 Jay, FL 32565 (850) 675-4335 Hours: 8:00 a.m. – 5:00 p.m.
Monday – Friday

Poisoning from Prescription Drugs

Evaluated by the State Surgeon General, this program started in October of 2012 as an epidemiological investigation. In the past there was a Florida-wide recall on a pain medication containing a fungal infection. A batch of this particular drug was discovered in Florida Panhandle pain clinics. A collaborative effort between the Escambia and Santa Rosa health departments allowed for notification of patients in the area to the threat, home visits to those not reached by phone, and epidemiological data collection via local hospitals (lumbar puncture to test for fungal meningitis). Santa Rosa has a large number of participants in the program, which resulted in participation from 181 patients and 15 employees. This program was a one-time program administered under the guidance of the CDC and Florida Department of Health.

While not necessarily meeting the intent of the poisoning program, this onetime incident and response is a point of pride with the community and the health department. During the fungal meningitis infected pain medication issue in 2012, many of the infected batch ended up here in the panhandle where our health department had to respond to an unintentional poisoning from prescription medications in order to save lives.

This example is included as a point of pride and to show that we can react to unanticipated issues as well as manage well developed and thought out programs.

Summative Program Evaluation Tool

Name of Program: Poisoning from Prescription Drugs

Program Sponsor: FDOH - FL Dept. of Health in Santa Rosa County

Program Coordinator: Mary Beverly / Sandra Parke Ohara

Program Start Date: 10-5-12 Program Type: Epidemiology Investigation

Evaluation Type: Notification & Education

Evaluator: Dr. John Armstrong, State Surgeon General

.....

Describe the baseline data used to form the program.

The FDOH released a list of Pain Clinics that received & issued pain injections containing a recalled product: methylprednisolone acetate. This steroid was recalled from the New England Compounding Center because fungus was isolated in several vials sold.

How was the baseline data collected?

FDA + CDC collected baseline data and forwarded information to FDOH who then notified affected counties. Escambia County Health Department lead the investigation and notified Santa Rosa CHD of 181

Was a community needs assessment conducted prior to planning and implementing this program?

No

If so, how was the assessment used in the planning process?

If not, how was the purpose of the program and its target population decided?

FDOH notified each county in Florida + other states
of recall at specific facilities. The target population was
any individuals who received recalled product on or after
May 21, 2012.

What is the program mission?

To notify and advise patients who may have received a
steroid injection from facilities affected by recall to see their
(or methy) prednisolone acetate) primary doctor or go to ER
if symptomatic

What is the goal of the program?

To prevent patients who received
recalled product from developing fungal meningitis or joint infections

What are the program objectives?

1. Obtain list of patients from ECHD
2. Call patient to inform on risk and advise to see physician or go to ER.
3. Conduct home visit for all individuals who could not be reached by phone
4. Obtain information from ER on those patients who had
lumbar puncture to test for fungal meningitis
5. Assure that specimen is sent to state lab/CDC for analysis

Who is the target population?

Any individual who received an epidural or joint injection^{at}
affected facility on or after May 21, 2012.
recalled or methy prednisolone acetate

How are the target population made aware of the program?

Phone calls, letter and home visits

The program is in which stage of development?

Investigation is complete

What has been the documented response to the program?

Most patients responded well to the phone calls
+ home visits and were thankful to be notified.

What criteria have been used to determine effectiveness of the program?

Patients were contacted a total of 3 times. The first contact was made to notify patient of risk. The second contact was made to check on patient or make contact if individual was not reached on first attempt. A third and final contact was made to determine if patients had recovered and whether procedures were performed (LP, MRI etc). Because of multiple contact attempts all patients were reached and notified of risk.

When was this information collected?

October 5, 2012 - November 9, 2012

How many individuals have participated in the program?

For Santa Rosa CHD - 181 patients & 15 employees

What is the documented satisfaction rate for program participants?

A satisfaction rate has not been obtained, but we have met the goals of FDOH in investigation and many patients were thankful for notification.

How is program adjustment determined and implemented?

The CDC in cooperation with FDA provided guidance to FDOH on program adjustment and implementation, which was then communicated to FDOH in Santa Rosa through Escomba County.

How is program accountability ensured?

We were tasked with reaching every patient potentially exposed by actually speaking with each patient and assuring that patient understood risk and were educated to see physician if symptomatic.

Other We reported all information on FDOH conference calls weekly. We were required to contact all individuals exposed

Comments: & speak to them personally until we reached every resident affected.

CDAC

Community Drug & Alcohol Council is the primary substance-abuse and violence-prevention community resource for Escambia and Santa Rosa counties. We offer programs, community support and collaboration to address drug and alcohol abuse, tobacco, mental health issues and violence both in the home and on our streets. With a holistic approach, we combat problems by engaging the entire community including schools, law enforcement, parents, counselors, students and case managers.

The Community Drug & Alcohol Council is sponsored by Big Bend Community Based Care / Florida Department of Children and Families and is a United Way Partner Agency. We are the **key resource** for violence prevention, drug abuse prevention, and training for parents and teachers through our Savvy Parent Series. That's why we partner with individuals and other organizations in the schools and in the community, because eradicating drug abuse and violence requires total community participation.

CDAC goes beyond the surface, addressing emotional and social skills in children by providing outreach aimed at high-crime and poverty-stricken areas; hosting community awareness events; offering parenting programs; and providing technical assistance to community groups like Project Graduation and Northwest Florida Prevention Coalitions. We are the source for speakers or fair displays for civic and volunteer agencies as well as church groups, providing drug abuse prevention, parenting skills and other related information.

Some of CDACs programs include:

RISE

The Resiliency Increasing Skills and Education (RISE) program provides individual, group, and family support as well as academic assistance. The RISE program **enhances resiliency** and protective factors using a team approach which combines social support, academic instruction, behavior modification, and educational incentive activities while working with students, their families, their teachers and the community. The program assists students with **achieving increased literacy** and math skills and increased organizational and study skills. The program also focuses on teaching increased **personal development** and **life skills**, in order to help the youth make **positive choices** and lead healthy and productive lives.

This program is currently in practice in S.S. Dixon Intermediate School in Santa Rosa County.

WFIS

The **bond between mother and child is a powerful relationship**. The dreams people have for their families represent a life-long commitment that requires parents to lead healthy lifestyles.

It is easy to let alcohol and other drugs stop parents from being the **best that they can be** for their children.

We provide several services for current and expectant mothers and their families to ensure the safety of the children and make sure the **family remains unified**.

- **Women and Family Intervention Services** (WFIS) uses intense case management to support life changes and recovery. Case managers help clients remove the barriers to a drug-free life and assist families to remain intact, productive and healthy.
- **Women's Intervention Services & Education** (WISE) targets pregnant women to ensure babies are born healthy and drug-free. Services include:
 - Intervention and referral to treatment
 - Referral and coordination of prenatal care
 - Relapse prevention skill-building and support
- **Family Intervention Services** (FIS) provides the tools for parents to develop substance-free lifestyles and strong family relationships.

ECHO

Education and Counseling for High School Opportunities, or ECHO, is designed to **help high school students** who have issues with adjustment, peer relationships, family stress, grief, low self-esteem, emotional engagement and anger control.

Students are referred by parents, teachers, guidance counselors, deans, peers, or by self-referral. After assessment, students can receive **individual or group counseling** or may be referred to a community resource. Information revealed to the counselors is **strictly confidential** and is provided on two levels:

- **Level 1**: Assessment of problems through individual sessions for skill building and education
- **Level 2**: Strive to decrease experimental drug and alcohol use through positive coping skills and by increasing positive peer and social relationships and negative peer relationships.

THE ECHO TEAM is currently in the following Santa Rosa High Schools:

Pace High School, Gulf Breeze High School, Milton High School, Navarre High School, Jay High School, Central School, and the Locklin Learning Center.

CDAC is a CEO Roundtable member and contributor, and sits on the CHIC committee.

Project Graduation

Project Graduation is a **drug and alcohol free celebration** designed to give graduating high school students a **safe alternative** way to celebrating their graduation night. Celebrations are held on the night of each graduation at different venue sites around the community. Along with celebrating, the project aims to **teach graduates a lifelong lesson**—parties can still be fun, even when drugs and alcohol are not involved.

Participating schools include:

- Gulf Breeze High School
- Jay High School
- Milton High School
- Navarre High School
- Pace High School

Project Boost

Through Project Boost, mothers living in low income housing communities learn how to help their children succeed thus helping stop the cycle of poverty for families.

Programs include:

- Supporting School Success- Help assist parents of youth in K-3rd grade to help their child succeed and bond with school
- Mom's Morning Out- Educational outreach to young mothers in low-income households. Allows mothers to interact with each other and develop parenting techniques.
- Early Risers- Serves the youth and their families through after-school and summer programs, home visits and school collaborations. Program focuses on social and reading skills as well as readiness in school.

Education/Awareness/Parenting

CDAC's **Parenting for Prevention Program** offers free parenting programs for parents of young children and teens. Parenting classes are offered on an individual or group format. Parents may self-refer or classes may be hosted through community agencies or groups.

The **Incredible Years** program is an evidence-based program that targets parents of children 2-8 years of age. Combining information with hands-on experiences, parents learn how child-led play, specific praise, setting appropriate limits with rules and routines, and appropriate discipline strategies can provide a strong foundation in a young child's life. Behavior patterns are established early in a child's life. Parents learn what works best for their child.

Active Parenting of Teens is an evidence-based program that targets parents of pre-teens and youth 9-17 years of age. Parents learn about issues facing today's youth and best ways to approach teens about these challenges. Topics include: *Being an Active Parent*, *Winning Cooperation Through Active Listening Skills*, *Teaching Responsibility and Discipline*, and *Building Courage and Redirecting Misbehavior*. In addition, parents explore problem-prevention strategies related to issues surrounding alcohol, tobacco and other drugs.

The **Presentations / Education / Awareness** program provides free presentations to raise community awareness and knowledge regarding wellness, nutrition, alcohol, tobacco and other drugs. We deliver current and accurate information about wellness, nutrition, drug trends, drug use, drug effects, and related issues. We provide education, technical assistance and community support with an information resource center, educational opportunities, and community health fair participation to assist individuals, neighborhoods and all community members in Escambia, Santa Rosa, Okaloosa, and Walton Counties. We believe that it is very important for the community to stay informed on the latest information and trends. Presentation topics include information on drug trends, marijuana, and prescription drugs, the dangers of underage alcohol use, bullying, and internet safety.

Latest Drug Trends

Informs community members about the latest drug trends that have developed in our area such as synthetic marijuana (spice, K2, incense), bath salts, new marijuana, and heroin.

Underage Alcohol Use Dangers

Youth who drink are more likely to develop alcohol dependency than adults, become victims of violent crimes, become sexually involved at an early age, and use illegal drugs. 58.6% of high school students in Escambia County and 61.1% in Santa Rosa County reported using alcohol in their lifetime.

Internet Safety and Bullying

71% of teens report receiving messages from someone online that they didn't know, and 45% have been asked personal information from someone that they didn't know.

Bullying is not solicited by the victim and creates an imbalance in power between the bully and the victim.

Prescription Drugs

The misuse and abuse of prescription drugs has become a growing problem in our local area. Prescription drugs are the number one reason people in Florida enter treatment facilities and they are the number one drug related to deaths in Florida.

Marijuana

32.2% of high school students in Escambia County and 33.1% in Santa Rosa County reported using marijuana or hashish in their lifetime. The marijuana of today is much stronger than ever before and can lead to dangerous behavior.

CDAC is a partner in many areas of Santa Rosa. Every CEO Roundtable has a CDAC presentation on some of the above programs and outcomes. CDAC is a recent addition to the CHIC, since a couple of the CHIC goals are aligned with CDAC programs.

The SRC Sheriff's Office crime prevention specialist partners with the Community Drug and Alcohol Council in dealing with and educating the constituents of the county on the dangers of people abusing prescription drugs and literally poisoning their bodies. They have brought in speakers from pharmaceutical companies, narcotics, and pain management groups to educate medical staff, school leaders, and the general public on the pitfalls of prescription drug abuse. Special trainings were done for the emergency room nurses at a local hospital. Pain management physicians learned what is going on locally out on the street, in terms of prescription drug abuse, a topic they are very removed from. Local people are known to "doctor shop" for these types of drugs and even drive from northwest Florida all the way to south Florida to get their drugs. Information gleaned by the crime prevention specialist is always passed on to school personnel and the general public. News articles on this problem have circulated numerous times. Even the local print and televised media are on board with publicizing this problem and finding a solution.

Workplace Safety

Workplace safety is of utmost importance in Santa Rosa County. Not only does the County under the Board of County Commissioners recognize and reward employees annually for remaining accident free, but several of our large employers have programs in place as well that are highlighted here. Gulf Power has a unique initiative that is popular in the community and is shown at many expos and fairs. Walmart is the largest employer in the county and has a dynamic safety program as well. As noted, we are a military community, and while we did not get military participation in the application, we know that the Navy has safety stand down days annually where groups like emergency management and the Coast Guard, are brought in to discuss safety issues associated with our community.

Every business should have a worker safety program so they cannot all be listed here, but all military services take workplace safety seriously, as do other forms of government, federal, state and local, and government plays a large role in Santa Rosa County. Additionally major employers have programs in place like the below mentioned WalMart and Gulf Power programs, but we also have LOWES, Home Depot, K-Mart, Publix, Winn Dixie, and a plethora of other businesses to include the 3 hospitals that all have programs in place.

Gulf Power Safety City



Gulf Power’s electrical safety program, Safety City, is a series of videos, and handouts that concludes with a 20 minute demonstration utilizing a “live-wire” neighborhood model. The model enables the safe demonstration of what happens to a person, vehicle, tree, or other item comes in contact with a power line. The demonstrations are offered to fourth grade students in all counties serviced by Gulf Power. However, tailored presentations can also be given to emergency responders, civic organizations,

professional contractors, or other public groups that have exposure potential to electrical lines and equipment.

There are four main presentations. “The Shocking Truth” is a one hour class given to 4th grade students (suitable for most school children). Also available is “Contractor Beware” for contractors, “Electrical Safety at Home and Work” for civic and community organizations, and “Recognizing and Avoiding the Hazard” for first responders.

Gulf Power Company’s Electrical Safety Awareness Programs started in 1987 and are known by its customers as Safety City. Presentations include videos, handouts and conclude with a demonstration using a ‘live-wire’ model of a neighborhood. The model enables them to safely demonstrate to the audience what happens when a person, vehicle, tree, or other item comes in contact with a power line. They offer tailored presentations to civic organizations, emergency first responders, professional contractors and other public groups, who by the nature of their work may have potentially close exposure to the company’s power lines or other electrical equipment.



The following was provided by Gregory Jackson of Gulf Power as a self-evaluation:

- **The Shocking Truth/Electrical Safety World** – 1 hour, provided for area 4th graders and suitable for most school children
- **Contractor/Worker Beware** – 1.25 hours, provided for professional contractors, Public Works, and Water & Sewer
- **Electrical Safety at Home and Work** – 1.25 hours, provided for civic and community organizations
- **Recognizing and Avoiding the Hazard** – 2 hours, provided for First Responders
- **Power Line Safety for ENG Trucks** – 1.5 hours, provided for TV and Radio stations
- **Storm Safety Overview** – 15 minutes can be added to all programs above.

The following equipment must be provided by the receiving organization:

- Controlled Environment (Indoor facility, classroom or auditorium setting)
- Television and a DVD player (or a laptop computer with a DVD drive and a projector with suitably-sized speakers). The presenter will bring this equipment for high risk groups if it's not available at the presentation facility.
- Power supply [110 grounded (3-prong type) electrical outlet]

A typical agenda for Contractor/Worker Beware is the following:

Agenda			
#	Outline Order	Key Points/Topic	Time
1	Introduction	Presenter and Agenda	5 min.
2	Video	Basic Electricity, Underground & Overhead Electrical Safety	15 min.
3	Electrical System Overview	Generation, Transmission, Substation & Distribution	15 min
4	Live Demonstration	Back Feed From Another Power Sources, Minimum Approach Distance & Step Potential	35 min.
5	Questions and Answers	Additional Q & A and Closing	10 min.

In 2012, Gulf Power's Safety City program titled, "Electrical Safety World," approximately 70 Company volunteers (Safety City Soldiers) went into 119 to do presentations. Completing this project totaled 216 presentations to 506 fourth grade classes. This program reached approximately 12,650 students.

That same year in their adult and professional high risk programs (Contractor Beware, Electrical Safety At Home & At Work, ENG Van Electrical Safety, Storm

Safety, First Responders-Fire Fighters), they gave 84 presentations for 78 various organizations that reached approximately 1705 students.

The approximate number of people reached for all electrical safety awareness programs in 2012 is 14,355 people.

So far into 2013, as of 7/17/2013, Electrical Safety World was presented in 116 schools by their Safety City Soldiers. Completing this project totaled 197 presentations to 492 fourth grade classes. This program reached approximately 12,300 students.

In their adult and professional high risk programs, they've completed 46 presentations for 29 various organizations that reached approximately 1362 students.

The approximate number of people reached for all electrical safety awareness programs so far for 2013 is 13,662 people.

They will never know the number of people that their audience will share their message with nor the number of lives that will be saved.

What they do know, especially from the hundreds of survey cards that were submitted this year, is that they've made a positive stride in minimizing the probability of electrical accidents in our community.

Gulf Power's website also offers various information regarding general electrical safety, as well as an interactive web-based program that teaches children electrical safety in their community

Walmart Employee Safety

Another program for workplace safety is provided by Wal Mart; the largest employer in the county as indicated by the chart below.

“We’re committed to the health and safety of our customers, members, and associates, because we care for one



another. Conducting our business in compliance with all health and safety laws is crucial to protecting each other from harm. As an associate of Walmart, always comply with all relevant health and safety laws and policies. By following these, we can create and maintain a safe shopping and working environment for our customers, members, and associates.”

Walmart is committed to a safe and healthy workplace for everyone. The company recognizes that the use of alcohol and illegal drugs can create serious safety risks in their workplace. The possession, solicitation, or use of illegal drugs, or being under the influence of such drugs on company time, while on company property, or at any Walmart-sponsored event, is prohibited and will not be tolerated.

They believe in maintaining a working environment free of violence, and threats of violence. This means inappropriate language, gestures, threats of violence, and physical violence will not be tolerated. This kind of behavior creates hostile working conditions, and violates the first of the 3 Basic Beliefs: respect for the individual. Training is provided to all employees and is taken very seriously.

Within Wal-mart there is a store level Safety team comprised of hourly associates from key areas, Asset protection and management sponsorship. This team conducts safety tours, completes audits and pro-active reviews of safety policies, procedures and store execution.

The Safety team covers relative topics on trends and pro-active measures to ensure a safe shopping and work experience.

All stores are required to complete safety plans for each QTR, this is based on last year and current trends, in order to mitigate future occurrences and react to any patterns that might be emerging as it relates to accidents or other general liability claims. A review of claims is conducted in order to seek root cause and make correction of errors, where appropriate. These reviews are monitored for completion and review findings may result in actionable items to prevent future occurrences.

All new associates during orientation are engaged in computer based learning as well as personal training around topics from proper lifting techniques through proper cleanup of spills. This helps to instill a culture of Safety from the onset of their entry into Wal-mart and a significant number of associates may be entering the workforce for the 1st time. Focusing on orientation and sponsorship assists us in leading with

our best foot forward.

Creating a Culture of Safety is imperative to Wal-mart and this is accomplished from your 1st day on-boarding with the company through our reaction to developing trends and feedback from our own associate body.

Major Employers: (September 2012)

Private Organizations:	Industry	# Employed
Wal-Mart Stores (3)	Department Stores	1,282
Baptist Healthcare Systems	Hospital - General & Surgical	626
Santa Rosa Medical Center	Hospital - General & Surgical	498
Publix	Grocery	359
Mediacom	Internet & Cable Service Provider	300
Lowe's (2)	Home Center	280
The Studer Group	Healthcare Management Consulting	166

Chart does not reflect fourth store in Gulf Breeze making them an even larger employer than listed here.

Summative Program Evaluation Tool

Name of Program: **Walmart Employee Safety**

Program Sponsor: **Wal-mart Stores,Inc.**



Describe the baseline data used to form the program.

SOPs

What is the program mission? **To allow our customers to “Save Money, Live Better”**

We're committed to the health and safety of our customers, members, and associates, because we care for one another. Conducting our business in compliance with all health and safety laws is crucial to protecting each other from harm. As an associate of Walmart, always comply with all relevant health and safety laws and policies. By following these, we can create and maintain a safe shopping and working environment for our customers, members, and associates.

What is the goal of the program?

We're committed to the health and safety of our customers, members, and associates, because we care for one another. Conducting our business in compliance with all health and safety laws is crucial to protecting each other from harm. As an associate of Walmart, always comply with all relevant health and safety laws and policies. By following these, we can create and maintain a safe shopping and working environment for our customers, members, and associates.

What are the program objectives?

Walmart is committed to a safe and healthy workplace for everyone. The use of alcohol and illegal drugs can create serious safety risks in our workplace. The possession, solicitation, or use of illegal drugs, or being under the influence of such drugs on company time, while on company property, or at any Walmart-sponsored event, is prohibited and will not be tolerated.

We believe in maintaining a working environment free of violence or threats of violence. This means inappropriate language, gestures, threats of violence, and physical violence will not be tolerated. This kind of behavior creates

hostile working conditions, and violates the first of the 3 Basic Beliefs: respect for the individual.

Who is the target population? **Both the associate and customer base of our Santa Rosa county stores.**

How are the target population made aware of the program?
Associate base takes onboarding and orientation training which is a continual and ongoing process.

The program is in which stage of development? **Well established with a company history of 50 years, but always striving for excellence and looking for improved processes that benefit our associates and customers.**

What has been the documented response to the program? **One of the largest retail sectors and most successful within the county and country, speaks to the success of the programs in place.**

What criteria have been used to determine effectiveness of the program?
Series of reporting data on performance of claims and comparisons to volume data to create baselines and performance objectives.

When was this information collected?

How many individuals have participated in the program?
Associate/Management base is in excess of 1,300, depending on seasons

What is the documented satisfaction rate for program participants?

How is program adjustment determined and implemented? **Measurements are reviewed weekly, monthly and quarterly and business strategies are set forth based on data and trends.**

How is program accountability ensured? **Corporately we measure success in a variety of ways from store level to sister store performance and company metrics.**

Other

Comments: _____

Violence/Suicide Prevention

Another area of concern in Santa Rosa is violence and suicide. This is an area that is tough to mitigate, so we have a series of interconnected initiatives that we think may be at the core of the problem, but it will take some time to evaluate. One area we have no control over is the large number of veteran related suicides, and in fact have their own programs in place to work on this growing problem. We have several ancillary programs to deal with emotional stress that may be a cause of some suicides and violence, anti bullying programs, and self defense are other avenues. Additionally, although not highlighted in this section, the CHIC has decreasing domestic violence as one of its goals as noted here;

1. Protect and Strengthen Families

- a. Goal: Santa Rosa County will decrease incidences of domestic violence, other crime and need for foster care.
 - i. Objective 1: Decrease the percent of children ages 5-17 entering foster care by 1% per 1,000 populations by December 31, 2016 from 5.5% to 4.5% (ages 5-11) and 6.9% to 5.9% (ages 12-17).
 - ii. Objective 2: Hold crime rate to (+/-) 2% of current levels through December 31, 2016.
 - iii. Objective 3: Decrease the number of domestic violence cases by 10% from 695 cases in 2011 to 625 cases by December 31, 2016.

We should also note that CDAC has initiatives that address drug abuse which is often a catalyst for violence.

Trauma Intervention Program (TIP)



Trauma Intervention Programs, Inc. (TIP, Inc.) is a national non-profit organization founded in 1985. TIP establishes and operates Chapters across the nation. In each Chapter, specially trained TIP volunteers provide emotional aid and practical support to victims of traumatic events and their families in the first few hours following a tragedy.

The Tip volunteers have been instrumental in assisting our first responders during emergency situations. First responders are well versed in dealing with the trauma of the incident itself; however, they are not well prepared to assist victims or their families in dealing with the emotional trauma created by the incident. Tip volunteers provide that bridge and shoulder to lean on. They work as advocates of the victims and their families ensuring that the personal needs of individuals are not overlooked during an emergency situation.

TIP Volunteers are available 24 hours a day, 365 days a year. They are called by police officers, firefighters, paramedics, and hospital personnel to assist family members and friends following a natural or unexpected death; victims of violent crime including rape, assault, robbery, or burglary; victims of fire; disoriented or lonely elderly persons; people involved in motor vehicle accidents; people who are distraught and seeking immediate support; and survivors of suicide. Santa Rosa County and its first responders are extremely grateful for the service that the Trauma Intervention Program volunteers provide.



It is understood that this program isn't solely preventative in nature, but it lessens the likelihood of repeat incidents or other situations related to a traumatic event.

Anti-Bullying (Santa Rosa School District)

Bullying is paramount in the minds of parents, kids, and school personnel more than ever before. Too many statistics will show young people taking their lives, due to bullying. A few years ago, the SRC School District embarked on a mission to bring awareness to the bullying problem as well as a remedy. Strict policies were put in place. Fliers on the subject were created and sent home to parents of middle and high school students. Teachers began to educate their students on the pitfalls of bullying and the role they might play. A curriculum called “Aggressors, Victims and Bystanders” was put in place. The crime prevention unit of the SRC Sheriff’s Office put out a large amount of awareness information to the public via forums, meetings, community events and informational table displays.

Social media plays a large part in bullying. When a person can bully someone else by texting, instagrams, emails, etc. they maintain a certain amount anonymity which lessens their fear of physical confrontation. The bully appeals to the psychological side of an individual. But, bullying is not only found in the youth it is also prevalent amongst people in the work place. The crime prevention unit of the sheriff’s office has been and currently is addressing workplace violence with local businesses. This includes information on workplace bullying. This also encompasses what employees should do in an active shooter situation that may take place. This information is provided through the “Refuse to Be a Victim” presentation done by the crime prevention specialist. The message echoes in the halls of both schools and businesses in Santa Rosa County.

Local middle schools have adopted their own version of the national program, Students Against Violence Everywhere (SAVE). The program facilitates students in anonymously reporting suspicious, dangerous, or inappropriate behavior occurring on school campus. By clicking on a SAVE “Life Preserver” on the school website, students can give specific information about problems including; what is occurring, who is engaging in the behavior, who is the victim, when is it occurring, where is it occurring, and are there witnesses.

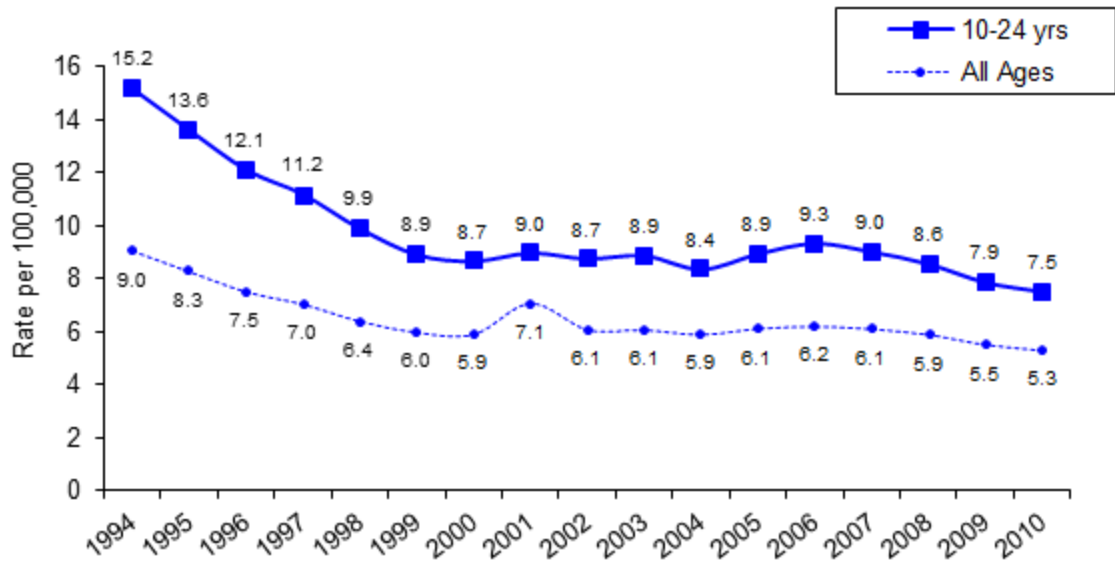


Along with this program, all Santa Rosa County School District employees view a PowerPoint presentation on bullying and harassment and are briefed about school standards. Training advises members how to handle these incidents and the channels for corrective measures.

Graph below taken from

http://www.cdc.gov/ViolencePrevention/youthviolence/stats_at-a_glance/index.html

shows decreases in youth violence.



* Rates for All Ages are age-adjusted to the standard 2000 population; rates for the 10-24 yrs age group is age-specific.

United States Air Force Suicide Prevention Program

The United States Air Force Suicide Prevention Program (AFSPP) was commissioned in 1996 to develop suicide prevention strategies for all branches of the Air Force. The task force concluded that a community-based program was the most effective way to conduct suicide prevention for Air Force members and that prevention and intervention needed to happen before a person actually became suicidal.

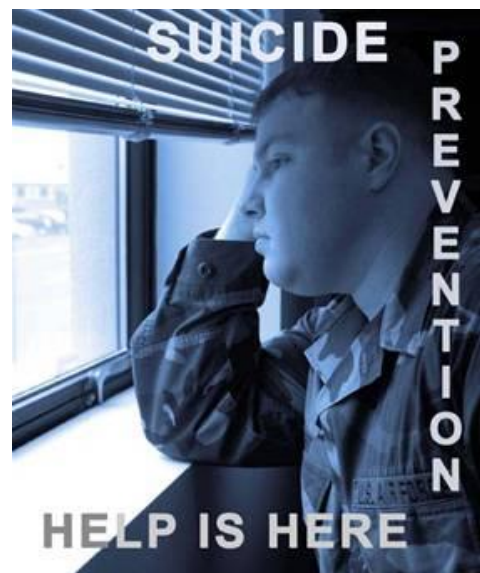
The AFSPP is comprised of 11 initiatives identified by a task force. In essence, the 11 initiatives provide suicide awareness training at all levels of the Air Force chain of command. This empowers and requires the leadership at all levels to be alert for, and react appropriately to, signs of suicide and other critical stress. It also extends the availability and use of mental health services to suicidal service men and women, and establishes a trauma and policy monitoring mechanism spanning from individual squads to the Air Force as a whole.

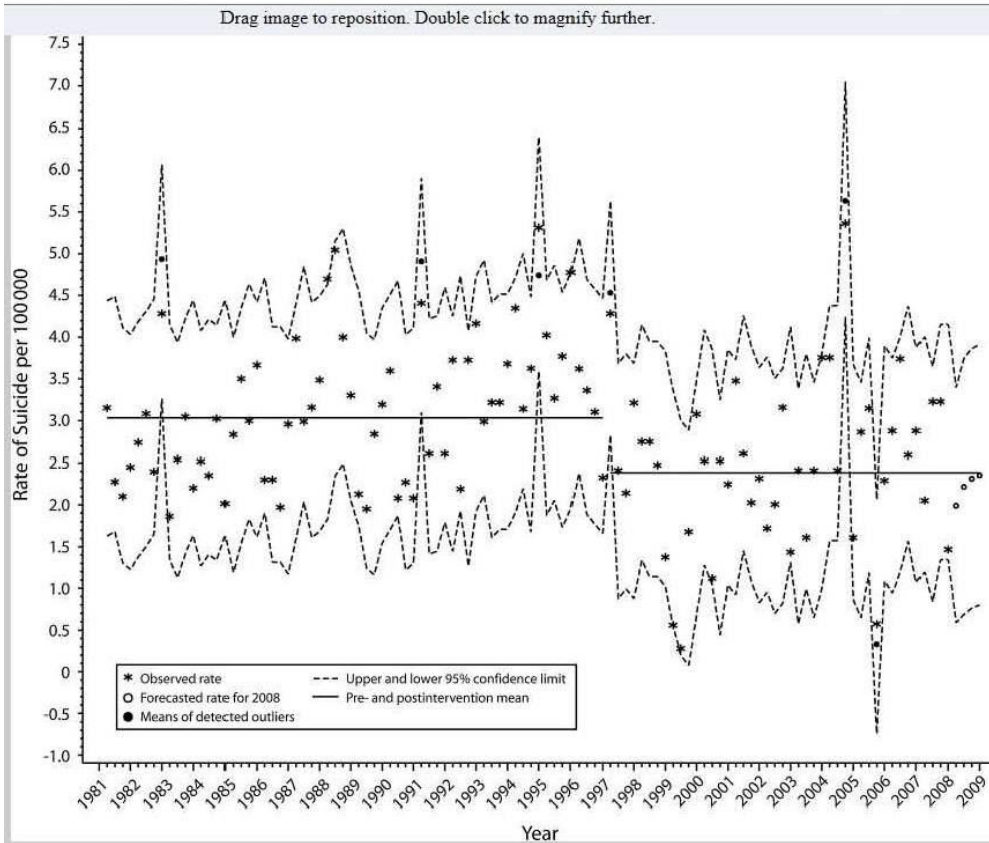
Part of the program is providing awareness training to all Air Force employees (including civilian) via computer-based training. The program has been extremely effective and has produced the following reductions; 33% suicide, 41% severe family violence, and 51% reduction of risk for homicide.

Graph below taken from

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2978162/figure/fig1/> shows the Air Force has dramatically reduced suicides since this program has taken affect.

The map shows the influence and scope of Air Force involvement in Santa Rosa County.





This same program with variations, is used by all DoD to include the Navy Fleet and Family Support at NAS Whiting Field. There are approximately 100,000 ID card holders (active duty, retired, civilian employees) in the region that benefit from these programs.

NRA's Refuse to Be a Victim

The National Rifle Association promotes the Refuse To Be A Victim® Program as a tool to improve your personal safety strategies. Experts agree that the single most important step toward ensuring your personal safety is making the decision to refuse to be a victim. That means that you must have an overall personal safety strategy in place before you need it.

The program is a four-hour seminar (shorter presentations are available) which teaches personal safety tips and techniques needed to avoid dangerous situations and becoming a victim. This course focuses on proactive courses of action, rather than reactive. Criminals prefer easy targets. By making yourself more difficult to prey upon, you lessen your risk of criminal attack.



Hundreds of federal, state, and local law enforcement officials across the country have implemented Refuse To Be A Victim® into their crime prevention and community policing initiatives. The Santa Rosa County Sheriff's Office is pleased to offer this crime prevention seminar to the citizens of Santa Rosa County. The Crime Prevention Specialists of the sheriff's office conduct the training, "Free of charge", and it can be presented to clubs or groups.

Summative Program Evaluation Tool

Name of Program: Refuse To Be A Victim (NRA Crime Prevention Course)

Program Sponsor: Santa Rosa County Sheriff's Office Crime Prevention Unit

Program Coordinator: Crime Prevention Specialist Cindy Sarver

Program Start Date: 8/2004 Program Type: Crime Prevention

Evaluation Type: Written: evaluating each topic addressed to prevent persons from being a crime victim

Evaluator: NRA (National Rifle Association)

.....

Describe the baseline data used to form the program. 1993 group of women requested the NRA to create a personal safety program including personal protection devices. Started out as women only in attendance and was later changed to a co-ed course. The NRA determined personal safety topics to be taught: psychology of criminals; mental preparedness, home security, physical security, automobile security, travel security, technological security; self defense training; personal protection devices. They added modules onto this for workplace security, parent/child security, and senior citizen and persons with physical disabilities

security.

How was the baseline data collected?

NRA

Was a community needs assessment conducted prior to planning and implementing this program?

NO

If so, how was the assessment used in the planning process?

If not, how was the purpose of the program and its target population decided?

Based upon a community need to be educated on how not to be a crime victim. Also based on crime statistics,

locally.

What is the program mission? To educate the public on crime prevention and
and personal
safety.

What is the goal of the program? promoting both public safety and law and order and reinforcing the NRA's commitment to safety education.

What are the program objectives? Teach crime prevention strategies to all age groups in order to prevent them from becoming a victim of crime.

Who is the target population? All age groups

How are the target population made aware of the program?
Sheriff's Office website, public presentations done by crime prevention specialist, newspaper ads/publicity about the program, NRA website

The program is in which stage of development? Already developed (1993) and running in Santa Rosa County/Escambia County since 2004

What has been the documented response to the program? Written evaluations are used and completed by all attendees to this program. The response has been wonderful both locally and across the country.

—

What criteria have been used to determine effectiveness of the program?

Responses back from the attendees; the number of persons/groups requesting the program; the increase in the number of programs being provided to the public across the country

—

When was this information collected? On
going

—

How many individuals have participated in the program?

Thousands across the USA. Locally: 750

What is the documented satisfaction rate for program participants?

Attendees love this program and state they have learned a lot. This program was also requested and put on for the FBI's Annual Conference in 2005 for their agents and family members who gave it great reviews. It has also been put on for the Council on Aging's Annual Conference event and was taught to numerous employees of the two Baptist Hospitals in Santa Rosa County in view of a rape that occurred at the Baptist Hospital in Pensacola, FL. These were all taught by

crime prevention specialist Cindy Sarver.

How is program adjustment determined and implemented? NRA does this.
They do any updates to the presentation and forward them on to the certified
instructors.

How is program accountability ensured? Instructors for the program recertify
in this field
annually

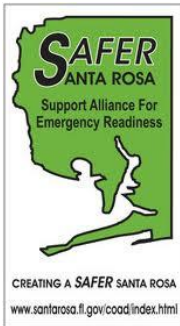
Other Comments:Recently, in March 2013, the NRA offered to have Cindy
Sarver become a Regional Counselor for this program and become a trainer for
other instructors who would go out and present the program to the public. The
course is extremely valuable to anyone who takes it and has become even more
valuable for those who work in a social industry and need staff development not
only in terms of their own personal safety, but also when they are required to go
into homes of literal strangers and may encounter safety issues. This course was
recently presented to the staff at Community Drug and Alcohol Council in
Pensacola, FL.

Emergency Preparedness

Emergency preparedness is an activity taken on by too many organizations to count; the Red Cross, Salvation Army, church groups like the Catholic Charities and UMCOR, the United Way, Retired Senior Volunteer Program, Citizen Corps, the Health Department, and fire departments and municipal police, the Sheriff's Office, and many more all participate in emergency preparedness initiatives which in the long run is about keeping people safe during disasters. These lessons can carry over to daily life as well. We are highlighting just a few here as examples.

Preparedness is the function of every individual, business, level of government and faith based organization. CERT and Citizen Corps with the Citizen Corps programs; Neighborhood Watch, Medical Reserve Corps, and Volunteers in Police Service, all play a role. As does SAFER as the Community Organizations Active in Disaster (COAD) representing the county. Then there are governmental programs through emergency management, EMS, fire departments, public health, and law enforcement agencies that support preparedness.

SAFER Santa Rosa



As previously stated, SAFER Santa Rosa (Support Alliance For Emergency Readiness) is a humanitarian association of independent organizations who may be active in all phases of disaster. SAFER facilitates the collaborative efforts of our county's Community Organizations Active in Disaster (COAD) and helps sustain their efforts.

There is not a great need to re-describe all the preparedness and safety related work covered elsewhere in this application with the EscaRosa BCI, the barricades through the Safe Kids committee, the health committee, and some of the ancillary activities like S.U.R.F.

SAFER participates in the Healthy Gulf Healthy Communities program which I will describe here.

<http://healthygulfcoast.org/>

We are biologists, psychologists, social scientists and members of your community working together on an interdisciplinary project that addresses the environmental, economic and emotional health concerns in Gulf communities arising from the 2010 Deepwater Horizon oil spill. The work of our scientific team, in close association with our community partners, is designed to help Gulf Coast residents recover and strengthen resiliency in the face of this and future disasters. This initiative includes the University of Florida, the University of Maryland, the University of New Orleans, the University of West Florida, and the University of South Alabama and is being supported by the National Institute of Environmental Health Sciences (NIEHS), a sub-agency of the National Institutes of Health (NIH).

This group has three sub components

Community Outreach:

Often communities struck with disasters have a high level of uncertainty, loss of trust, concern and community disarray. This lack of unity and uncertainty can lead to a misunderstanding how to access needed services, seek out and evaluate credible information and learn coping skills designed to mitigate losses. The goal of our research is to identify resources and then match those critical resources with needs of individuals, families, communities, and small businesses along the western Florida Panhandle and the Alabama coastline areas.

In addition, we plan to synthesize the research findings of the other research projects in the consortium. With these findings, we hope to develop an outreach model that allows us to distribute the key findings through open public channels of communication that foster two-way dialogue and consensus building. Lastly, we hope to use the outreach framework model as a social learning platform designed to mitigate losses and increase resiliency to other disasters, both natural and human initiated.

Resiliency;

Our research work centers around certain key **Public Health** themes. The idea that the primary impact in technological disasters is often event related, independent of specific direct toxic exposures (in this case, oil; the need to understand drivers for individual and community recovery/resiliency, to guide responses in future disaster situations; and the need to address community concerns as a basis for speeding recovery.

The last is seafood safety.

SAFER is on the Community Advisory Committee for this initiative.

<http://healthygulfcoast.org/hghc-steering-committee/>

Community Emergency Response Team (CERT)

The best source of help in an emergency or disaster is the paid or volunteer professional. But, if they are not available due to high demand, the Community Emergency Response Team (CERT) can help. CERT's are not intended to replace a community's response capability, but rather, to service as an important supplement to it. CERT is an official emergency preparedness program of the Federal Emergency Management Agency (FEMA), and is formed by members of a neighborhood or workplace who want to be better prepared for the hazards that threaten their communities. The course benefits anyone who takes it by being better prepared to respond to and cope with the aftermath of natural or manmade disasters.



Since its introduction in 2007, over 250 individuals have completed the CERT Basic Training Course. This basic course is offered, on average, 4 times a year. The program educates people about disaster preparedness for hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations. CERT members can use their training to assist others in their neighborhood or workplace following an event when professional responders are not immediately available to help. By sponsoring CERT, Santa Rosa County is creating a volunteer resource that is part of the community's operational capability following a disaster.

CERT is taught in three of our six high schools, and part of the curriculum is fire safety, and first aid.

Summative Program Evaluation Tool

Name of Program: SAFER Kids program

Program Sponsor: SAFER Santa Rosa

Program Coordinator: Daniel Hahn

Program Start Date: 2009 Program Type: injury prevention

Evaluation Type: internal/self evaluation

Evaluator: Daniel Hahn



Describe the baseline data used to form the program.

Number of barricades and barricade use per year

How was the baseline data collected? Tracking use of barricades.

Was a community needs assessment conducted prior to planning and implementing this program?

If so it was not shared. This program started with a group of concerned citizens who decided they wanted to protect children from injury at parades around the county, when the program became to large they asked SAFER to assume management and it became the SAFER kids program

If so, how was the assessment used in the planning process?

If not, how was the purpose of the program and its target population decided?
___The purpose was to decrease the number of kids injured at parades.

What is the program mission? _____The intent is to raise money through fund raisers and sponsorships of fabric advertisements that would attach to the barricades. The issues of cost, storage, rental, and transportation are being finalized. The signage (3.x.5) advertisement will be at the discretion of those who sponsor a barricade, but all will have the SAFER logo in one of the top corners to designate affiliation to the **SAFER Santa Rosa** Program._____

What is the goal of the program? _____To have enough barricades and a sustainable program to maintain the barricades, to protect children from injury at every outdoor community activity in the county._____

What are the program objectives? _____ To have enough barricades and a sustainable program to maintain the barricades, to protect children from injury at every outdoor community activity in the county

Who is the target population? _____Children and those who manage community activities_____

How are the target population made aware of the program?
_____Through the SAFER webpage, newsletter and word of mouth._____

The program is in which stage of development? _____growth and maintenance_____

What has been the documented response to the program? _____We have 100 barricades and several dozen banners from about 10 sponsors.____

What criteria have been used to determine effectiveness of the program?

_____Barricades being used and no children being injured. So far it is a very successful program. _____

When was this information collected? _____continuously _____

How many individuals have participated in the program?

__Here is a list of 2012 participants:

- BonFire Jam Beach Concerts
- Santa Rosa County Fair
- Navarre Funfest
- Navarre 5k
- Sand Castle event
- Gulf Breeze Kiwanis
- Navarre United Methodist Church Fall Festival
- Family Promise Attic Sale
- BonFire Jam (Chumuckla)
- Fraternal Order of Police for Santa Fly in

What is the documented satisfaction rate for program participants? _While not documented, continual and repetitive use is a form of satisfaction _____

How is program adjustment determined and implemented? _____By barricade numbers. When a second set of 100 barricades is purchased we would like to spread them out around the county for better ease of use. _____

How is program accountability ensured? _____SAFER treasurer maintains funds. Marketing committee orders the banners. _____

Other

Comments: _____

Project Public Health Ready.



Project Public Health Ready (PPHR) is a public health preparedness program, under the National Association of County & City Health Officials (NACCHO), that assesses local health department capacity and capability to plan for, respond to, and recover from public health emergencies. Santa Rosa is one of the counties recognized by NACCHO under this designation. PPHR aims to protect the public's health and increase the public health infrastructure by equipping local health departments with sustainable tools to plan, train, and exercise using a continuous improvement model.

Using federal guidelines, this program promotes a variety of disease prevention, injury, tobacco, mental health, and other issues. The target is everyone in Santa Rosa County. This program is reviewed annually and has three parts, with each part having a large number of steps which must be accomplished to maintain program recognition. The program is collaborative with outside organizations and volunteers.

Name of Program: Project Public Health Ready
Program Sponsor: Santa Rosa County Health Department
Program Coordinator:
Program start date: _____ Program Type: National recognition
Evaluation type: In-depth review
Evaluator: National Association of County and City Health Officials (NACCHO)

1. Describe the baseline data used to form the program
 - a. Baseline data were established by using State and Federal plan, guidance and requirements.
2. How was the baseline data collected
 - a. Current State of Florida plans and Technical Assistance Guides (TAGs), county/state exercises and statewide statistics
3. Was a community needs assessment conducted prior to planning and implementing this program
 - a. No, PPHR required an assessment of our CHD. County assessment was gathered by way of other state organizations.
4. if so, how was the assessment used in the planning process
 - a. it set a baseline for training and community projects
5. if not
 - a. N/A
6. What is the program mission
 - a. To promote a wide variety of health promotion and disease prevention issues, including chronic disease, HIV/STI, other infectious diseases, injury, adolescent health, reproductive health, immunization, tobacco, primary care, and mental health.
 - b. NACCHO's mission is to be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.
7. What is the goal of the program
 - a. To raise the level of the CHD in providing services and education to the public through development of the CHD practices and training.
8. What are the program objectives
 - a. PPHR's objectives are to help establish and develop a better health, equity, and security for all people in their communities through public health policies and services. These services

include: Community Health, Environmental Health, Public Health Infrastructure and Systems and Public Health Preparedness.

9. What is the target population
 - a. PPHR any Santa Rosa resident or visitor
10. How are the target population made aware of the program
 - a. Santa Rosa CHD uses education, media and outreach programs to establish contact to the target populations
11. The program is in which stage of development
 - a. Santa Rosa CHD national recognition is due to be reviewed in 2015. Currently, Santa Rosa CHD is maintaining a diligent program of plans review, public awareness and prevention. Annual or as required edit to the program are preformed to comply with new standards and practices.
12. What has been the documented response to the program
 - a. Federal recognition
13. What criteria have be used to determine effectives of the program
 - a. PPHR is divided into three goals and subsections. Each goal has about 75 action steps that must be maintained by the CHD to be recognized. Steps range from policies and plans, to formal performance standards and actions of CHD staff
14. When was the information collected
 - a. Information for PPHR was collected for approximately one year in 2011.
15. How many individuals have participated in the program
 - a. The core planning team was 6 members, but each CHD division contributed staff to the PPHR recognition. Additionally several outside agencies help with application, to name a few MRC, CERT, EOC, and SAFER
16. What is the documented satisfaction rate for the program
 - a. 100% compliance to all standards
17. How is the program adjustment determined and implemented
 - a. Annual program review
18. How is the program accountability ensured
 - a. Local, state and federal review
19. Comments

SECTION 4

Evaluations

The evaluation forms utilized throughout this application were developed internally. An intern developed them based upon information derived from a class on monitoring and evaluations taken through UWF. She sent the evaluation form to her professor to make sure it was appropriate. This evaluation allowed each end user the opportunity to provide the same information as all others. It was strictly voluntary.

Some of the programs mentioned (regardless of whether there is an evaluation or not) are evidenced based programs. Those that are evidenced based are:

- Child Passenger Restraints
- Lifeguard Ambulance Adult Falls Program
- Twelve Oaks Program
- CDAC
- Gulf Power Safety City
- Walmart Workplace Safety
- United States Air Force Suicide Prevention Program

I cannot say if the other programs are evidenced based so I am putting them in the 'not' category:

- Teen Driver Challenge Program
- Sheriff "Take-Back" Program and Drop Box
- Poisoning from Prescription Drugs
- Trauma Intervention Program
- Anti-Bullying (Santa Rosa School District)
- Refuse to Be a Victim
- SAFER Santa Rosa
- Community Emergency Response Team
- Project Public Health Ready

The information from the evaluations will be our baseline to determine if programs are working. Those that are working we will try to emulate. We will also attempt to get others to evaluate their own programs. Having an evaluation, even internally, is a good measure for future direction.

Appendix 1



City of Gulf Breeze

PROCLAMATION

WHEREAS, the Safe Communities America program is a designation of the National Safety Council; and

WHEREAS, community partners are pursuing the Safe Communities America designation with the intent of making all of Santa Rosa County a safer place to live, work, recreate, worship and be educated through collaborative activities, networking, and sharing of resources; and

WHEREAS, the Safe Communities America program designation would be beneficial to the military organizations interested in economic development, schools, law enforcement, health agencies, all facets of tourism and municipalities; and

WHEREAS, there are only three counties in these United States of America with the Safe Communities America program designation. Santa Rosa can be the first Gulf Coast community to earn a safe community designation for the benefit of our residents, and visitors to our community.

NOW, THEREFORE, that the City Council of the City of Gulf Breeze, Florida fully supports the concept, function and pursuit of the Safe Communities America designation for Santa Rosa County and all its municipalities.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Seal of the City of Gulf Breeze, Santa Rosa County, Florida, to be affixed this 18th day of March, 2013.

Marita Rhodes
Marita Rhodes, City Clerk

Beverly H. Zimmerman
Beverly H. Zimmerman, Mayor



RESOLUTION

For the Safe Communities America Program

WHEREAS, the Safe Communities America program is a designation of the National Safety Council, and

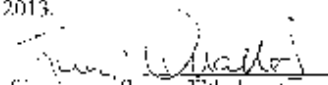
WHEREAS, community partners are pursuing the Safe Communities America designation with the intent of making all of Santa Rosa County a safer place to live, work, recreate, worship and be educated through collaborative activities, networking, and sharing of resources, and

WHEREAS, the Safe Communities America program designation would be beneficial to military posts, organizations interested in economic development, and all facets of tourism, municipalities, and

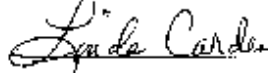
WHEREAS, there are only three counties in these United States of America with the Safe Communities America program designation Santa Rosa is dedicated to be a safe community for our residents, and visitors to our community.

NOW, THEREFORE, BE IT RESOLVED THAT THE Town Council
OF Jay, FL full, supports the concept, function and pursuit of the
Safe Communities America designation for Santa Rosa County and all its
municipalities. Be it further resolved that the Town Council of
Jay, FL encourages its employees and associates to give their time
and expertise to supporting the development of a Safe Community in the service of
Santa Rosa County.

So resolved this 18th day of March, 2013.


Signature: (Insert Title here)

Attest:



RESOLUTION NO. 1260-13

**A Resolution of the City Council of the City
of Milton, Florida, to fully support the concept,
function and pursuit of the Safe Communities America Program**

WHEREAS, the Safe Communities America program is a designation of the National Safety Council, and

WHEREAS, community partners are pursuing the Safe Communities America designation with the intent of making all of Santa Rosa County, including the City of Milton, a safer place to live, work, recreate, worship and be educated through collaborative activities, networking, and sharing of resources, and

WHEREAS, the Safe Communities America program designation would be beneficial to military posts, organizations interested in economic development, and all facets of tourism, municipalities, and

WHEREAS, there are only three counties in these United States of America with the Safe Communities America program designation. Santa Rosa County and the City of Milton, Florida are dedicated to be a safe community for our residents, and visitors to our community.

NOW, THEREFORE, BE IT RESOLVED THAT THE CITY COUNCIL OF THE CITY OF MILTON, FLORIDA fully supports the concept, function and pursuit of the Safe Communities America designation for Santa Rosa County and all its municipalities. Be it further resolved that the City Council of the City of Milton, Florida encourages its employees and associates to give their time and expertise to supporting the development of a Safe Community in the service of Santa Rosa County and the City of Milton, Florida.

So resolved this 12th day of April, 2013.


Guy Thompson, Mayor

Attest:

Dewitt Nobles, City Clerk

County of Santa Rosa

PROCLAMATION

WHEREAS, the Safe Communities America program is a designation of the National Safety Council; and

WHEREAS, community partners are pursuing the Safe Communities America designation with the intent of making all of Santa Rosa County a safer place to live, work, recreate, worship and be educated through collaborative activities, networking, and sharing of resources; and

WHEREAS, the Safe Communities America program designation would be beneficial to the military organizations interested in economic development, schools, law enforcement, health agencies, all facets of tourism and municipalities; and

WHEREAS, there are only three counties in these United States of America with the Safe Communities America program designation. Santa Rosa can be the first Gulf Coast community to earn a safe community designation for the benefit of our residents, and visitors to our community.

NOW, THEREFORE, BE IT RESOLVED that the Board of County Commissioners of Santa Rosa County, Florida, fully supports the concept, function and pursuit of the Safe Communities America designation for Santa Rosa County and all its municipalities. Be it further resolved that the Board of County Commissioners encourages its employees and associates to give their time and expertise to supporting the development of a Safe Community in the service of Santa Rosa County.

PASSED AND ADOPTED by the Board of County Commissioners of Santa Rosa County, Florida, this 28th day of March, 2013.



BOARD OF COUNTY COMMISSIONERS
SANTA ROSA COUNTY, FLORIDA

Robert A. Cofe, Chairman

Appendix 2

SAFER MINUTES AUGUST 22, 2012

In Attendance:

Chip Fox, Cindy Sarver, Robin Punyko, Bryan Boney, Daniel Hahn, Elizabeth Foster, Shirley Cornett, Jimmie Melvin, Stephen Furman & Skip Housh. Greg Strader guest speaker

The Primary purpose of this meeting was to get a briefing on a community database system & the Citizen Corps Council.

Greg & Skip from BRACE discussed a partnership with them on the Community Database System. After much discussion on the differences between Visionlink & Service Point. This would reduce duplication of efforts by providing a single point of entry for Client intake. A motion was made by Jimmie to split the \$180 cost with BRACE on the system & Cindy seconded. All in favor.

There was then discussion on SAFER becoming a Citizen Corps Council and an Ex Officio position.

We then talked about our involvement with the Business Continuity Initiative & how to share the information & our involvement. Very limited funds would be needed if we took this on (for stickers, etc.). Jimmie made a motion to accept & Stephen made a second. All in favor.

We then moved on to discuss our potential for applying for RESTORE funds & how to approach the BOCC. There must be a requirement in place & have a need in the City already. There was discussion about storage & possibly purchasing a spot with the County. Bryan Boney said he would speak to the SRC Commissioners with Chip as back up. * There is no time limit on when the funds must be spent!!

We then talked about Bob Ferson as Citizen Corps (CERT) advisor being an Ex Officio position. Shirley made a motion to accept & Cindy made a second. All in favor.

Daniel updated everyone about the forum coming up in November in Tallahassee in order to go ahead & get members to start getting their applications in.

The Meeting was adjourned.

SAFER MINUTES

January 16, 2013

In Attendance:

Robin Punkyo, Shirley Cornett, Cindy Sarver, Stephen Furman, Elizabeth Foster, Jimmie Melvin, Briar Nall, Bryan Boney, Skip Housh, Chip Fox, Daniel Hahn, Sandra Park-O'Hara, Barbara Wells, Dr. Karen Barber, Kyle Holley & Kristen Loera.

Bryan Boney opened the meeting @ 11am & welcomed the board members.

August 13, 2012 meeting minutes approved – motion Brian/Cindy.

Daniel presented financials in Tracey's' absence.

Dr. Karen Barber presented information on the Bridges out of Poverty concept that is a National Initiative with public schools in our community to meet the needs of families in order to be a self-sustaining community. The initiative focuses not only on money, but social resources as well, providing contacts, encouragement & skills as well. There is even an 8 week course if interested. The next meeting is Friday (1/19) at East Milton Elementary.

Sandra O'hara let us know that the next meeting for the Health committee is 1/30 @ SRC Health Dept. Everyone was invited to attend.

Daniel discussed the business continuity, telling us the committee stems from the Escarosa Business Continuity group including both Escambia & Santa Rosa Chambers of Commerce, both County's EOC's, BRACE & SAFER. They are working on getting more of the orange bags. It has also been recommended to add ATM's at POD's. The next meeting is 1/30. It was asked if the sector maps could be shared on the website & Daniel said he would add them to the Business Continuity page. They have also discussed assisting businesses with creating plans to help employees and vendors.

Cindy Sarver said she is working with a new group called Relate Ministries. They have stockpiled children's materials on disasters & safety to be handed out in East Milton Schools & are also doing a poster contest on Safety with prizes. East Milton is sort of the pilot program & if it is successful may expand into all SRC Schools. She & Daniel also spoke on the Barrier Project & it was discussed that in an effort to find funding for a storage facility they had approached the keepers of the BP Restore monies but were told it was an improper use of the funds. Since that time they have been made aware of some of the uses Escambia County has put the funds toward, & are intending on revisiting the committee in charge. They indicated if anyone had the ear of the County Commissioner, they should explain the need & encourage their help. It was suggested that a letter be drafted from the SAFER Board to the County Commission – but no decision was made. It was also suggested that the storage building could be proposed to the promoter of the new Arena Agroplex Project as a side building which would also help SAFER Kids as the barriers could also be used at the arena.

Other uses for the BP Restore funds were more barriers & for an aprox. 3000 sq. ft. Store front building in the North end of the County for the Interfaith Ministries as over 65% of their funds gained from the South End of the County are used to help Families in the North End. Interfaith Ministries is proud that 98% of funds received actually go to program services.

Daniel stated that he has spoken at several Disaster Preparedness Conferences beginning in Orlando then Kansas, New Orleans & in June will speak at the World Conference. He stated that Santa Rosa and Escambia were far ahead of most of the country & that he has invited one of the other participants to speak at the SAFER Annual Meeting.

Unite Way has a new intern, Kristen Loera who will work with SAFER Communities & is Director of Coastal Development in the South end of the County. Daniel is hoping she can help with the Disaster EXPO.

Daniel said that the speaker he was inviting to speak at the Annual Meeting on April 25th would be speaking on food, safety, mental & financial health of individuals. The actual venue for the meeting will be revealed soon.

The Disaster EXPO will be held on June 1st in the South end. Brenda is finalizing the site & already has a good start on vendors.

Everyone was invited to the luncheon to benefit Interfaith Ministries on April 24th at Pace Community Center.

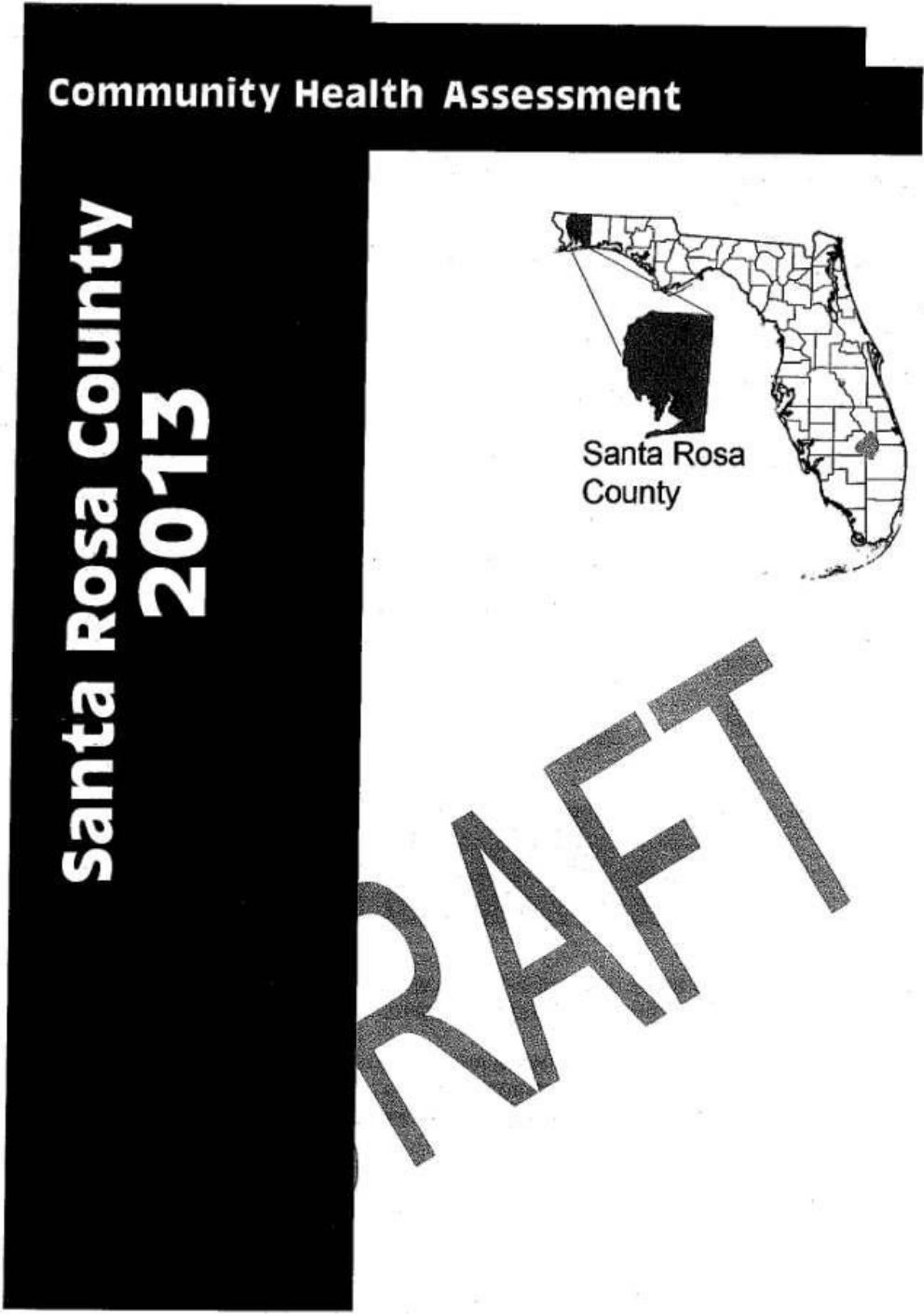
Jimmie asked everyone to mark their calendar for March 14th for the 13th Annual Senior EXPO. It will be held from 8 – 1 at The Milton Community Center. Disaster preparedness will be a part of this EXPO.

Cindy was asked if the Sheriffs office had any preparedness training scheduled for the schools in light of the Newtown, CT incident. She stated that meetings are ongoing & that no decisions had been made as yet.

Meeting adjourned at 12:20pm.

SAFER members		
Navarre United Methodist Church	Navarre CERT, Inc.	Santa Rosa Health and Rehabilitation Center
Woodbine United Methodist Church	Santa Rosa Women's Club	Sandy Ridge Care Center
Chumuckla United Methodist Church	Milton Rotary	Coastal Bank and Trust
Gulf Breeze United Methodist Church	SW Panhandle Search and Rescue	Santa Rosa Medical Center
1st Assembly of God	American Legion Post 78	Lowes
Pace Presbyterian Church	Rebuild Northwest Florida	Covenant Hospice
St. Ann Catholic Church	Salvation Army	WEBY
1st Apostolic Church	Retired Senior Volunteer Program	BBB serving northwest Florida
Baptist Association	Navarre Area Chamber of Commerce	AppRiver
Liberty Church	Early Learning Coalition	Publix
Mae Edwards Memorial UMC	West Florida Regional Planning Council	Escambia River Electric Cooperative
Good Shepherd Lutheran Church	Legal Services of Northwest Florida	FDLE
Fellowship of Churches	GFWC Milton Women's Club	Citizen Corps
South Santa Rosa Interfaith Ministries	Amateur Communications Service	Civil Air Patrol
Ferris Hill Baptist Church	Waterfront Mission	Health Department
Church of Christ of Latter Day Saints	United Peninsula Association	Council on Ageing
Christ United Methodist Church	Santa Rosa Volunteer Center	Fleet and Family Support
United Way of Santa Rosa County Inc.	Breeze Promotion	Town of Jay
Santa Rosa County Extension 4H	LifeGuard Ambulance	Florida Department of Juvenile Justice
Bay Area Food Bank	United Bank	Santa Rosa County Sheriff's Office
UWF SBDC	Clearwire	Santa Rosa School District
Santa Rosa County Chamber of Commerce	Tom Thumb	Medical Reserve Corps
EscaRosa Coalition on the Homeless	Boise Cascade	University of West Florida
Pace Rotary	Gulf Power Company	City of Milton
Knights of Columbus	Studer Group LLC	Department of Children and

		Families
Gulf Breeze Area Chamber of Commerce	Lakeview Center Inc.	FBI
American Red Cross of Northwest Florida	WalMart Stores Inc.	Tata Business Support Services, LTD
	Uni-health Post Acute Care Santa Rosa	



METHODS

The Community Health Assessment followed the MAPP process to examine the community health status of Santa Rosa County. Factors at multiple levels were analyzed – from lifestyle behaviors (e.g., diet and exercise) to clinical care (e.g., access to health care services) to social and economic factors (e.g., employment opportunities) to the physical environment (e.g., rural community aspects). Each factor in conjunction with all the others impacts the health of Santa Rosa County residents. A social determinant of health perspective was adopted to guide the CHA process.

Social Determinants of Health Framework

It is recognized that health is influenced by a number of factors in the dynamic



relationship between people and their environments. The social determinant of health framework addresses the distribution of wellness and illness within a population. The communities in Santa Rosa County, represented by the data within this report, live and work within an economic, social, and political context that is

enabled and constrained by the rich network constructed by its multitude of relationships. Individual lifestyle factors are influenced by and influence health outcomes throughout the Santa Rosa County community. The social determinant of health framework focuses attention on the factors which most impact health within the larger social and economic context.

Quantitative Data

Data for this report was drawn from county, state, and national sources in order to develop a social, economic and health snapshot in time of Santa Rosa County. Sources of data included, but were not limited to, the U.S. Census, County Health Rankings, and Florida Department of Health. Types of data included self-report of health behaviors using the Behavioral Risk Factor Surveillance System (BRFSS),

DATA SOURCES

Behavioral Risk Factor Surveillance System (BRFSS)

<http://www.floridacharts.com/charts/brfss.aspx>

This state-based telephone surveillance system is designed to collect data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality.

County Health Rankings <http://www.countyhealthrankings.org/#app/florida/2012>

The County Health Rankings rate the health of nearly every county in the nation. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to provide this database.

Florida Cancer Registry

http://www.doh.state.fl.us/disease_ctrl/epl/cancer/Background.htm

The Florida Cancer Data System (FCDS) is Florida's legislatively mandated, population-based, statewide cancer registry. The FCDS is a joint project of the Florida Department of Health and the University of Miami Miller School of Medicine.

Florida CHARTS <http://www.floridacharts.com>

The Florida Department of Health, Office of Statistics and Assessment maintains the Community Health Assessment Resource Tool Set (CHARTS) is commonly used to conduct community health assessments, prioritize health issues at the state and local level, and monitor changes in health indicators over time.

Florida HealthFinder, Florida Agency for Health Care Administration (AHCA)

<http://www.floridahealthfinder.gov/QueryTool/Results.aspx>

The Inpatient Data Query provides performance and outcome data and information on selected medical conditions and procedures in Florida health care facilities.

Florida Youth Tobacco Survey (FYTS)

http://www.doh.state.fl.us/disease_ctrl/epl/Chronic_Disease/FYTS/Intro.htm

The FYTS tracks indicators of tobacco use and exposure to second-hand smoke among Florida public middle and high school students, and provides data for monitoring and evaluating tobacco use among youth in the Florida Tobacco Prevention and Control Program.

United States Census Bureau <http://quickfacts.census.gov/qfd/states/12000.html>

The U.S. Census Bureau collects detailed information on population demographics including age, sex, race, education, employment, income, and poverty.

public health surveillance data from Florida Department of Health's Community Health Assessment Resource Tool Set (CHARTS), as well as vital statistics based on birth and death records.

Qualitative Data

During 2011 to 2013, meetings and workshops were conducted with Santa Rosa County residents and members of the health community to assess their perceptions of the community, their health concerns, and the programs, services, and/or initiatives which would best address those concerns.

Limitations

Several limitations related to this assessment's research methods should be acknowledged. As a snapshot in time, the data may not represent the "current" population within Santa Rosa County and should not be interpreted as definitive. While the most current BRFSS and CHARTS data was used, this data is at least one year old due to the nature of the reporting systems used. In some cases, data from CHARTS is aggregated across multiple years to increase sample size (e.g., rolling three-year rates). In other cases, CHARTS and BRFSS data could not provide information stratified by race/ethnicity, gender, or age due to small sample sizes. Self-report data, such as BRFSS, should be interpreted with caution. While the Florida Department of Health, who conducts the telephone interviews for BRFSS, strives to eliminate sampling bias, respondents may not accurately report behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. Recall bias may also limit the risk factor or health outcome data.

Finally, the results of the forums and workshops should not be generalized as being representative of the larger Santa Rosa County community due to the non-random recruiting techniques and small sample size. Recruitment for these events was conducted with community health partners, and participants may have already been involved and/or interested in community health issues.

Four broad focus areas were used in the CHA process:

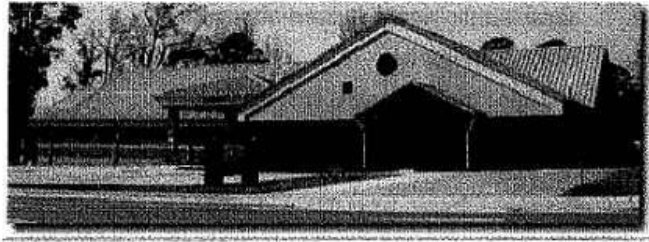
1. Community Health Status Profile
2. Local Public Health System Assessment
3. Forces of Change
4. Community Strengths and Themes

Distribution

The Santa Rosa Community Health Status Profile was distributed to the Community Health Improvement Team for review and comment in 2012. In addition, the partnership with the Santa Rosa County Health Department, Santa Rosa County Emergency Management, the Support Alliance for Emergency Readiness (SAFER), and the Santa Rosa Healthy Start Coalition reviewed the data and have been on small working groups throughout the MAPP process.

The Community Health Assessment (CHA) findings will be distributed and population at large, community health partners, stakeholders, other agencies will have opportunity to review and provide input. In addition, the CHA will be distributed to the Santa Rosa Community Health Improvement Team, as well as, posted to the Santa Rosa County Health Department (CHD) website (<http://www.healthysantarosa.com>). This report will also be printed and distributed at the Santa Rosa County Health Department and community Health Improvement Team partner sites.

INTRODUCTION



This Community Health Assessment (CHA) provides a snapshot in time of the community strengths, needs, and priorities. Guided by the Mobilization for Action through Planning and Partnerships (MAPP) process, this report is the result of a collaborative and participatory approach to community health planning and improvement.

A Community Health Assessment is a collaborative process involving community partners to identify strengths, capacity, and opportunity to better address the many determinants of health. Improving the health of the community is critical to enhancing Santa Rosa County residents' quality of life and supporting its future prosperity and well-being.

The Santa Rosa County Community Health Assessment serves to inform the community decision making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans. The overarching goals of this report include:

- Examination of the current health status across Santa Rosa County as compared to Florida.
- Identification of the current health concerns among Santa Rosa County residents within the social and economic context of their community.
- Documentation of community strengths, resources, forces of change, and opportunities for health service provision to inform funding and programming priorities of Santa Rosa County.

STRATEGIC ISSUE 4: Dental care - Santa Rosa County has poor access to dental care for uninsured and low income residents.

Goal	Strategies
1. Decrease number of STD cases through increased community education and awareness.	<ol style="list-style-type: none"> 1. Reintroduce STD prevention in the schools. 2. Provide peer counseling for students.
2. Early detection and treatment.	<ol style="list-style-type: none"> 1. Educate medical providers to current trends and numbers. 2. Provide easy access to treatment.

STRATEGIC ISSUE 5: Obesity - The obesity rate for Santa Rosa County is 33% or 1/3 of the population.

Goal	Strategies
1. Reduce the obesity rate in the school age population.	<ol style="list-style-type: none"> 1. Ensure proper nutrition. 2. After school activities.
2. Decrease the obesity rate in the adult population.	<ol style="list-style-type: none"> 1. Encourage adults to engage in recreational activities. 2. Increase healthy lifestyle to mobile adult populations.

STRATEGIC ISSUE 6: Foster care - The number of 5-17 year old children entering the foster care system in Santa Rosa County exceeds the state average.

Goal	Strategies
<p>1. Decrease the number of 5-11 year old children entering foster care.</p>	<ol style="list-style-type: none"> 1. Media campaign to build awareness of the increased number of children entering foster care within Santa Rosa County. 2. Create educational programs aimed at drug and alcohol abuse. 3. Initiate new programs and funding to transition children from foster care into traditional families (e.g. adoption). 4. Identify other issues that put children at risk for foster care placement.
<p>2. Decrease the number of 12-17 year old children entering foster care.</p>	<ol style="list-style-type: none"> 1. Media campaign to build awareness of the increased number of children entering foster care within Santa Rosa County. 2. Create educational programs aimed at drug and alcohol abuse. 3. Initiate new programs and funding to transition children from foster care into traditional families (e.g. adoption). 4. Identify other issues that put children at risk for foster care placement.

STRATEGIC ISSUE 7: Domestic violence and crime - The rate of domestic violence and crime in Santa Rosa County exceeds the state average.

Goal	Strategies
1. Decrease the rate of domestic violence in the county.	<ol style="list-style-type: none"> 1. Identify underlying causes of domestic violence (i.e. drugs, alcohol, economic). 2. Media and educational campaign to inform victims of the available resources.
2. Decrease the rate of crime in the county.	<ol style="list-style-type: none"> 1. Identify underlying causes of crime (i.e. drugs, alcohol, economic). 2. Media and educational campaign to educate community on gangs and signs/signals and importance of informing law enforcement when seen.

STRATEGIC ISSUE 8: Unintentional Injuries - Motor vehicle accidents are the number one cause of fatalities and injuries for those under the age of 21 in Santa Rosa County.

Goal	Strategies
1. Reduce motor vehicle traffic related deaths by 15%.	<ol style="list-style-type: none"> 1. Educate and condition drivers in the use of safety devices and safety related issues. 2. Increase public awareness and law enforcement awareness of potentially impaired or problematic drivers.
2. Increase the use of safety belts, car seats and helmets.	<ol style="list-style-type: none"> 1. Media campaign to identify and educate the public in the proper uses of safety equipment. 2. Conduct random and planned surveillance and check points to promote the use of safety devices and practices.

Contributors

The following organizations participated in the Community Health Improvement project:

Children's Medical Services	Health Alliance Institute	Santa Rosa Emergency Management
Community Drug & Alcohol Council, Inc.	Lifeguard Ambulance Services	Santa Rosa Health Start Coalition
Covenant Hospice	MANNA Food Bank	Santa Rosa Medical Center
Department of Children & Families	Milton High School	The Awareness Academy
Early Learning Coalition of Santa Rosa	Northwest Florida Rural Health Network	United Way of Santa Rosa County
Escambia Community Clinic	Pensacola State College	University of West Florida
Familles Count	Sandy Ridge Health & Rehabilitation	UWF Allied Health & Life Sciences
Favor House	Santa Rosa Chamber of Commerce	West Florida Community Care Center
Florida Black Chamber	Santa Rosa County Extension Service	Workforce Escarosa
Good Samaritan Clinic	Santa Rosa County School District	YMCA
Gulf Breeze Hospital	Santa Rosa County Sheriff's Office	



Santa Rosa County Health Department

We would also like to thank Leah Roberts who wrote the original grant and the Senior Leadership Team of the Florida Department of Health in Santa Rosa County:

Sandra L. Park-O'Hara, Administrator, FDOH-SRC
Del Lewis, Administrative Services Director
Barbara McMillon, RN, Health Services Director
Dianne Pickens, WIC Director
Dr. Thomas Pyritz, Dental Director
Bill Sirmans, Environmental Manager

Complete hard-copy of document available upon request.

APPENDIX 4

Facilitated
by J.V.

CHIC 1/30 9:00 am Development
of 3 year
plan.

Overview of goals -
Group w/ look @ issues in co.
Public Health not only health dept. it
is "public" health - hosp., prison, schools,
etc.

Explanation of MAPP
Review Common Health Issues
Identify SLD issues

What is CHIP - Designed to use
effective resources wisely.

Overview of SLD demographics
Higher than average HS grads
dropped
High infant mortality

Handed out copy of assessment
summary

Overview of sources used to
compile statistics:
County health rankings
Comm. assessment
Law enforcement
etc.

Explanation of state plan visit
Contributing factors were taken into
consideration in some line domains.

Additional pages can be provided as PDF only pasted first page.

Florida Department of Health in Santa Rosa County
Community Health Improvement Committee

Sign In Sheet
January 30, 2013

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Florida Department of Health in Santa Rosa County
Community Health Improvement Committee

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June 5, 2013

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Forces of Change - Threats and Opportunities Worksheet

FORCES: What has occurred recently that may affect our community? What may occur in the future? Are there any trends occurring that will have an impact? What forces are occurring locally? Regionally? Nationally? Globally? What Characteristics of our community may pose an opportunity or threat? Then, for each category, identify the threats and opportunities for the public health system or community created by each. Continue onto another page if needed.

SANTA ROSA COUNTY social	
Forces (Trends, Events, Factors)	Threats/Opportunities
Residents perceive a high quality of life	Continue bringing services to those in need
High rates of marijuana use in middle school students. Increased risky behavior in youth. (YRBS)	DARE program funding could be reinstated or provided in an alternate method (volunteers). Expand volunteer-based programs to address risky behaviors, expand Awareness Academy.
High rates of high school graduation	Continued support of parents and school systems. Mentoring programs for students at risk of dropping out. Increase access to trade schools, universities, online education and career planning.
High rates of children in foster care	DV linked to drug/alcohol abuse. DV leads to children in foster care. Difficulty in finding foster homes for placement. Work with churches to increase foster parent participation. Foster care children likely to have children who will enter foster care.
High rates of domestic violence	Empower women and children. Talk about DV. Help bring services to those in need. Teen dating violence education could be increased.
Increasing population within county	Inadequate number of primary care physicians available. Higher enrollment in school system could strain budget, space. May increase education and skill level of workforce. Increase in tax base. Overburden law

	enforcement. Stressing current budgets on all fronts.
Largest population between ages 45-64	Largest population on the cusp of retirement. Limited specialty medical services available.
Large Military population	Population needs continued growth and support.
Percentage of adults with Bachelors degree about 25%	Large number of skilled workforce. Limited skilled jobs available. Unemployment rate above 8%.
Families living together to avoid homelessness	Additional support and resources necessary.

Economy.

SANTA ROSA COUNTY economy	
Forces (Trends, Events, Factors)	Threats/Opportunities
Household income	Median household income \$55,129
Unemployment	>8% Unemployment
Povarty	11.3% families below poverty level
Business closures, relocations, downsizing	Contributing to increase in under or unemployment. Less sales tax generated. Vacant buildings. Community blight.
Budget cuts to police, schools and prevention programs, county personnel, health departments	Less workforce, decreased or compromised services, increase in risky behaviors among students, stressed local public health system. Less police/law enforcement presence.
Healthcare delivery changing rapidly	Increased government control of healthcare on the horizon. Potentially more underinsured or uninsured will be able to purchase healthcare. Potential for decreased effectiveness, number of providers unable to deliver care to eligible.
State budget	Continued decreases in funding/budgetary

	allowance predicted

Geography.

SANTA ROSA COUNTY geography	
Forces (Trends, Events, Factors)	Threats/Opportunities
Rural county	Food deserts, poverty pockets within county
Limited public transportation	Difficulty in getting to medical appointments, jobs, universities or job interviews for lower income individuals. Sidewalks and bike lanes could become mandatory for communities developed in the future.
Population centers split north and south	Poor walkability of cities, rural areas disconnected with poor access
Uneven distribution of assets	Allocation of resources difficult due to various population centers mixed with rural communities. Unincorporated population areas.
Poor walkability, lack of mixed-use lands	Grants available through FLDOT to fund expansion of sidewalks around elementary schools
Wetlands to woodlands	Diverse county; integration of cultures can be difficult.
Transportation plans	Develop and seek funding for transportation

	plans

Health.

SANTA ROSA COUNTY health	
Forces (Trends, Events, Factors)	Threats/Opportunities
High rates of insured residents	Continue to support, push prevention strategies
Decreased funding to CHDs	Educate legislature regarding public health funding. Sole Medicaid provider for dental care in children, surveillance of disease unable to delegate to other agencies.
Increasing rates of STIs, marijuana use, risky behaviors among youth	School administration and parental support varies within county for sex education and YRBS surveillance in schools.
Low rates of dental coverage	Adults unable to access affordable dental care. Youth eligible for Medicaid not utilizing services.
Decreased Medicaid payments	Secure alternate funding sources to support services
Inadequate number of primary care providers	Work with economic development to recruit primary care providers
Increased rates for obesity and chronic diseases	Increase physical activity in the school systems. Increase prevention efforts.
Decreasing rates of death from cardiac events	Continue to fund prevention efforts, handouts for heart attack, stroke, htn at health fairs
High adult smoking rates	Increase awareness of local adult smoking cessation classes by focusing on PCP office referrals

Appendix 5

Santa Rosa CEO Roundtable February 19, 2013 Berryhill Administrative Complex Conference Room A MINUTES

CTO 9:02 am Sheriff Hall.

9:00 – 9:15 Introductions, Announcements & Opening Comments

Superintendent Tim Wyrosdick, Co-Chair
Sheriff Wendell Hall, Co-Chair

9:15 – 9:30 SAFE Communities Program - Daniel Hahn, Santa Rosa County Plans Chief
Intern Kelli Selwyn gave PPP on Safe Communities America. Goal is to reduce injuries, prevent fatalities, improve lives and conserve community resources. There are 12 safe communities across the US and only 3 counties. Santa Rosa would be the 1st in Florida, 4th in US if designation is received. SR is in the process of applying for the national designation as a Safe Community. \$1200 application fee must be sent in with the letter of application; site visit expenses, ceremony expenses and annual reports will be needed. Benefits to SR are BRAC; economic development, grant procurement and tourism. Driven by Emergency Management, but will be a community program, not a government program. Daniel hopes that everyone can see the benefit of obtaining this designation for SRC.

9:30 – 9:45 CDAC PowerPoint Presentation -Denise Manassa, CDAC

A PPP was shown – copy will be emailed with minutes to Roundtable members. Florida Youth Substance Abuse Survey – conducted every 2 years – anonymous survey. Alcohol is the #1 drug of choice abused by our youth. SR High school rates are lower than in 2010, however still above the state average. Middle school rates are lower compared to stats both locally and state wide. 24.7% surveyed say they drink in their own home. 53.6% said they drink in someone else's home. 16.5% of high school students surveyed admit to being drunk or high while at school. 8.6% admit selling drugs; 8.1% admit attacking someone with the intent to harm and 9.7% admit to getting suspended. Marijuana use trends both for HS & MS are lower both locally and compared to state average. Use of synthetic marijuana/spice/incense is at 19.4% locally ad 7.3% statewide but this is the 1st year this substance has been on the survey. Controlled substance abuse - depressants (like Xanax); pain relievers; amphetamines are lower locally than figures in 2010, but generally higher than state average. Inhalant abuse - lower locally; slightly higher than state average. OTC drug use - locally lower; higher than state average. Terminology is changing - bath salts is being called MOLLY; paraphernalia can be in form of jewelry; harmful drugs are being disguised as brownies and candies.

Thanks was given to the Superintendent and school system for their support of programs bringing awareness and prevention to the youth of SRC. Sheriff Hall commented on bath salts & spice in SRC and how the Sheriff dept. worked with the state attorney general's office to make more stringent laws regarding ingredients used in spice and making them outlawed. Arrests are being made of vendors selling these items that have any of the outlawed ingredients. Daniel Hahn asked what individuals can do to help in the efforts to stop stores from selling these items. Sheriff Hall said to tell the store manager that you won't use them until they stop selling these items - don't support businesses that sell these items. Phillip Wright commented on the irony of SRC striving to be recognized as a Safe

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Amos, Anthea	Pensacola State College
Armstrong, Peggy	SRC Health Department
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Barber, Karen	SRSD (Director of Federal Programs)
Bell, Leslie	Sodexo
Brock, Darren	SRSD (Assistant Principal, King Middle)
Brown, Deborah B.	Circuit Administrator (Felony Probation)
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Cannon, Lindsey	Catholic charities of Northwest Florida
Christopher, Donna	Santa Rosa Adult, Principal Santa Rosa Adult
Collins, Marlene	Heart of God Church Ministries, Inc.
Confer, Anita	SRSD, TR Jackson
Danielson, Micah	Family Promise
Dean, Sherrie	Santa Rosa CI Classification Sr. Officer/Re-entry
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Johnson, Mary	Santa Rosa County Fellowship of Churches
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Knight, M. Kathryn	First United Methodist Church of Milton
Knights, Clive G.	Bagdad United Methodist Church
Lee, Desi L.	Isaiah Chapel A.M.E. Zion Church, Milton
Makar, Amanda	SRSD (Assistant Principal, Hobbs Middle)

Malone, Kathy	First United Methodist Church of Milton
Marcombe, Wanda & Jim	Kiwanis
Massingale, Shannon	Lakeview Center
Mayo, Marcia	SRSD (Teacher, T. R. Jackson)
McMillion, Barb	Santa Rosa County Health Department
Nall, Brian	Ferris Hill Baptist Church
Onkka, Jack	Santa Rosa Sherriff's Office
Park-Ohara, Sandra	Santa Rosa County Health Department
Parrish, Anne	Community Member
Paschall, Terry	SRSD (Assistant Principal, East Milton Elementary)
Pickens, Diane	Santa Rosa County Health Department
Plowman, Laura	Healthy Families/CHS
Punyko, Robin	Gulf Power
Nichols, Stan	SRC Tax Collector
Raught, Jo Anne	SRSD Communities of Learning
Reese, Lisa	Department of Children & Families
Rohrer, Glenn E.	UWF/School of Justice Studies and Social Work
Ryan, Chandra	Santa Rosa Community Clinic
Schneider, Shanna	SRSD Communities of Learning
Scott, Diane Dr.	University of West Florida/Santa Rosa School Board
Sellers, Phyllis	Milton Housing Authority
Sigurnjak, David	SRSD (Principal, Avalon Middle)
Smith, Dana	Santa Rosa Community Clinic, Site Director
Stone, Dawn	SRSD (Federal Programs)
Stallworth, Irvin	Habitat for Humanity
Stuckey, Melissa	Executive Directory Early Learning Coalition
Sullivan, Norman	Living Truth Church
Sullivan, Raymond	Lakeview Center
Thorpe, Michael	SRSD (Principal, Milton High)
Tolbert, Kelly	ELC Santa Rosa
Turner, Lisa	SRSD (Teacher, Santa Rosa Adult)
Wallis, Paul	Department of Juvenile Justice
Watkins, Brian	City of Milton
Williams, Ashley	FamiliesFirst Network
Williams Stephen J.	Walmart, Pace
Wright, Phillip L.	Santa Rosa Medical Center
Wyrosdick, Tim	SRSD (Superintendent)
Zimmerman, Martha	Healthy Start Santa Rosa County

APPENDIX 6

Target Population	Community Demographics	Falls				Poisoning				Motor Vehicle							
		Injuries	Rate	Deaths	Rate	Injuries	Rate	Deaths	Rate	Traffic				Injuries	Rate	Deaths	Rate
										Injuries	Rate	Deaths	Rate				
Total Population	151,372	168	111	11	7.267	285	188	22	14.5	122	80.6	28	18.5	6	3.96		
<u>Gender</u>																	
Males	76,140	85	111.6	N1	-	154	202	N1	-	65	85.4	N1	-	2	2.63		
Females	75232	83	110.3	N1	-	131	174	N1	-	57	75.8	N1	-	4	5.32		
<u>Age</u>																	
Children - Ages 0 -5	9234	8	86.64	0	0	3	32.5	1	10.8	6	65	0	0	0	0		
Youth - Ages under 18	35724	2	5.598	0	0	22	61.6	2	5.6	11	30.8	2	5.598	0	0		
Adults - Ages 18 - 64	87,493	37	42.29	1	1.143	240	274	17	19.4	94	107	22	25.14	6	6.86		
Older Adults - Over Age 65	18921	121	639.5	10	52.85	20	106	2	10.6	11	58.1	4	21.14	0	0		
<u>Special Needs</u>																	
Persons with Disabilities	25226	N1	-	N1	-	N1	-	N1	-	N1	-	N1	-	N1	-		
Does not include vision, hearing or dialysis																	
<u>Race/Ethnicity</u>																	

Asian	2725	2	73.39	N1	-	4	-	N1	-	1	-	N1	-	0	-	N
Black	8174	9	110.1	N1	-	13	-	N1	-	8	-	N1	-	0	-	N
Native American/Alaska Native	1362	0	0	N1	-	0	-	N1	-	0	-	N1	-	0	-	N
Native Hawaiian/Pacific Islander	151	0	0	N1	-	0	-	N1	-	0	-	N1	-	0	-	N
White	132,905	133	100.1	N1	-	191	-	N1	-	92	-	N1	-	6	-	N
Persons of Hispanic/Latino	6509	0	0	N1	-	-	-	N1	-	2	-	N1	-	0	-	N

Full data is in attachment since spread sheet is too long to fit into a word document.

Program Name	Target Population				Type of Environment								Intentional Injury		H-R Group
	0-14	15-24	25-64	65& up	Home	Traffic	Work	School	Sports	Leisure	Disaster	Other	Violence	Suicide	
Falls Prevention Program				x	x										Yes
Victim Assistance Program	x	x	x	x	x								x		Yes
Drive thru Rabies Vaccination Clinic		x	x	x	x					x	x	x			
Bike Month	x	x	x	x		x			x	x					Yes
VOCA Program	x	x	x	x	x			x				x	x		Yes
TEAM Training	x	x	x	x			x	x					x		Yes
Teen Traffic Safety Outreach		x				x									
"Teen Driving Challenge" Course		x				x									
Child Safety Program	x				x	x		x		x			x		Yes
SPARC Program				x	x						x				Yes
"Click-it or Ticket"	x	x	x	x		x									
Citizens Firearm Safety Course		x	x	x	x				x	x			x		Yes
Pet-Friendly Emergency Shelters		x	x	x							x				
Free Car Seat Safety Check Events	x					x									Yes
Sports Injury Prevention Seminars	x	x							x						Yes
STOP Sports Injuries	x	x							x						Yes
Beach Flag Warning System	x	x	x	x					x	x	x	x			
Project Lifesaver	x	x	x	x	x			x		x	x	x			Yes
Cribs for Kids	x				x										Yes
Free Gun Locks Program		x	x	x	x							x	x	x	Yes
Motorcycle Safety Classes		x	x	x		x									Yes
Help Line/ Teen Line	x	x	x	x	x		x	x	x	x		x		x	Yes
Crisis Intervention Training for LEO		x	x	x	x	x		x		x	x	x	x	x	Yes
Beach Lifeguards	x	x	x	x					x	x					
School Health Program	x	x						x							Yes
Public Health Preparedness Program		x	x	x	x	x	x	x	x	x	x				
Favor House of NW Florida	x	x	x	x	x							x	x		Yes
AARP Driver Safety Class				x		x									Yes
Rape Crisis Hotline	x	x	x	x	x		x	x	x	x		x	x	x	Yes
CEO Roundtable for Violence Prevention	x	x	x	x			x	x					x		Yes
SRC Comprehensive E.M. Plan	x	x	x	x							x				

Safety Incentive Program		x	x	x			x	x							
Santa Rosa Kid's House	x	x	x	x	x			x	x	x		x	x	Yes	
Group Home Licensure/ Inspections	x	x	x	x	x		x							Yes	
Food Safety Presentations	x	x	x	x	x		x	x		x	x				
Fire/ Life Safety Division	x	x	x	x	x		x	x			x	x			
Child Death Review Team	x	x			x			x	x	x		x	x	Yes	
Child Abduction Response Team	x	x			x	x		x	x	x	x	x	x	Yes	
Public Swimming Pool Inspections	x	x	x	x			x	x	x	x					
Child ID Kits	x				x	x		x	x	x	x	x	x	Yes	
Domestic Violence Counseling		x	x	x	x								x	Yes	
HAZMAT Awareness Week	x	x	x	x	x	x	x	x	x	x	x	x			
Advanced Life Support Services	x	x	x	x	x	x	x	x	x	x	x	x		Yes	
Injury Prevention Community Presentations	x	x	x	x	x	x	x	x	x	x					
Daily Living Skills Training	x	x	x	x	x		x	x		x		x		Yes	
Special Needs Shelter	x	x	x	x							x			Yes	
D.A.R.E. Program	x							x						Yes	
LGBT Support Groups	x	x	x	x	x			x	x	x			x	x	Yes
Elder Abuse Counseling			x	x	x		x			x		x	x	Yes	
Injury Prevention Presentations	x	x	x	x	x	x		x	x	x				Yes	
Youth Health and Character Development	x	x			x			x	x	x				Yes	
Parent Your Parents			x	x	x							x			
Head Start Program	x				x			x						Yes	
Health Fairs	x	x						x	x	x				Yes	
Diabetes Education Program		x	x	x	x		x	x	x	x		x			
Dinner w/ The Doc, Lunch & Learn Educational Programs		x	x	x								x			
Employee Wellness Programs			x	x			x								
Sports Medicine Outreach	x	x						x	x					Yes	
Student-Athlete Injury Clinic	x	x						x	x					Yes	
Mentor Santa Rosa	x	x			x			x	x	x		x	x	Yes	
Teen Outreach Program (TOP)	x	x			x			x	x	x		x	x	Yes	
Homeless Education Program	x	x						x						Yes	
Character Counts	x	x			x			x	x	x					
Second Step: Violence	x				x			x	x	x			x		

Prevention Curriculum															
Life Skills Training (L.S.T.)	x	x			x			x	x	x				x	
Aggressors, Victims, & Bystanders	x							x	x	x			x		
School District Violence Prevention Lesson Plans	x	x						x					x		
Project Search		x					x								Yes
Summer Youth Camp	x	x							x	x		x			Yes
SRC High School/High Tech		x					x	x							Yes