2019 Escambia - Santa Rosa Community Health Needs Assessment

2020 Data Update Addendum Now Included

Revised 31 March 2020

live well PARTNERSHIP FOR A HEALTHY COMMUNITY

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Executive Summary

Seagulls at Sanders Beach courtesy of Jenea Wood

Every three years, Escambia County and Santa Rosa County work collaboratively on a two-step process to understand and respond to health problems within our community. The first phase of this process involves identifying local health issues and resources through a Community Health Needs Assessment (CHNA). The second phase, which will launch in early 2019, will outline the actions that the community will take to improve the health status of residents.

A CHNA examines the health of community residents and answers the questions:

- What are the major causes of illness, injury, and death in the community
- What health issues and behaviors are most concerning to local citizens and community leaders
- What barriers and resources exist for residents to achieve better health

The CHNA is a year-long community-wide undertaking. Health, business, social service, education, and faith organizations across Escambia and Santa Rosa provided guidance and input by serving on a CHNA Steering Committee. Community residents participated through online and paper surveys as well as through solicitation of public comments on the CHNA findings posted on the websites of Live Well Partnership and its community partners. The culmination of this first phase is the publication and distribution of this 2019 CHNA report.

This report concludes the following:

1. Public and community leaders agree on the most important health issues:

- Overweight and Obesity
- Mental Health
- Diabetes

2. Public and community leaders agree on the most concerning unhealthy behaviors:

- Poor Eating Habits
- Lack of Exercise
- Drug Abuse

3. Forces in the community that are promising approaches to health improvement:

- Community Schools Providing On-Site Health Services for Neighborhood
- Faith Community Engaging Members on Health Issues

4. Forces in the Community that hinder health Improvement:

- Low Health Literacy
- Drug and Alcohol Abuse
- Poor Access to Health Care at the Lowest Appropriate Level of Care

5. Local public health systems in both counties are best at:

- Diagnosing and Investigating Health Problems and Hazards

6. Local Public Health System in both counties have room to improve:

- Research for Innovative Solutions to Health Problems

7. Top Health Priorities in Escambia and Santa Rosa:

- Diabetes
- Infant Health
- Mental Health

8. County-Specific Health Priority:

- Escambia - Child (age 1 – 5) Health
- Santa Rosa - Drug Abuse

Active Story Time at Spring Street Branch
courtesy of West Florida Public Library

Introduction

Community Health Needs Assessment (CHNA) Defined

If you have ever wondered about the health of people living in our community, then a CHNA has the answers you are looking for. A CHNA examines disease and death statistics for the community and then compares the health of our community to Florida and the nation. The CHNA also explores resources available to residents and perceptions about health and health services. Finally, a CHNA identifies major health problems within the community and, with input from community leaders, narrows those health issues to a manageable set of priorities. The goal of a CHNA is to identify key health problems and community assets.

Many organizations, such as non-profit hospitals and health departments, are required to conduct community health assessments. In most communities, the assessment is conducted with limited involvement from the public or other organizations. Through Live Well Partnership, the health of our community is assessed through a collaborative, community-wide process. A collaborative CHNA with broad community representation not only reduces duplicative efforts, but also ensures the entire community has a voice in identifying and addressing important health issues. This collaborative process is also used to develop community-wide goals and strategies to address the health priorities identified by the CHNA. This CHNA was sponsored by and complies with the regulatory or accreditation requirements for the following organizations: Baptist Hospital, Gulf Breeze Hospital, Jay Hospital, Sacred Heart Hospital, Florida Department of Health in Escambia County, Florida Department of Health in Santa Rosa County, and Community Health Northwest Florida.

The following pages summarize the findings of a year-long process to investigate the health of people residing in Escambia and Santa Rosa counties and the underlying demographic, social, economic and environmental factors that impact health. We encourage individuals and organizations to use this information to work together to reduce premature death and illness and to make our community a healthier place to live, work, and play.

Live Well Partnership

Partnership for a Healthy Community, Inc. (DBA Live Well Partnership for a Healthy Community) was founded in 1994 as a not-for-profit 501(c)3 organization by Baptist Health Care and Sacred Heart Health System. Baptist and Sacred Heart have continued to provide financial and leadership support throughout the organization's 24-year history.

Since its inception, the mission of Partnership for a Healthy Community (hereafter referred to as Live Well Partnership) has been to measure the health of Escambia and Santa Rosa County residents and to identify community health problems. CHNAs were conducted in 1995, 2000, and 2005. Beginning in 2013, Live Well Partnership changed the frequency of needs assessments to every three years with CHNAs completed in 2013 and 2016. The 2019 CHNA marks the sixth health assessment conducted by the organization.

To fulfill its mission, Live Well Partnership works collaboratively with health departments, hospitals, community health organizations, social service agencies, and area businesses. Its 2018 Board of Directors is comprised of the following organizations:

Community

Navarre Beach Bridge courtesy of Kimberly Pace

Community Definition

A Metropolitan Statistical Area (MSA) is defined by the US Census Bureau as a geographical area that has a central urban core with economic ties to the surrounding area. The Pensacola MSA is comprised of Escambia County and Santa Rosa County with Pensacola designated as the urban core. While each county and the cities or towns within each has its own unique characteristics, the two counties are intertwined. It is common for residents from one county to flow to and from the other county for jobs, entertainment, education, and health care. For this reason, the entire Pensacola MSA was selected as the "community" covered by the CHNA.

Although this assessment covers the Pensacola MSA, individual collaborating partners may serve subareas of the MSA as noted in the table:

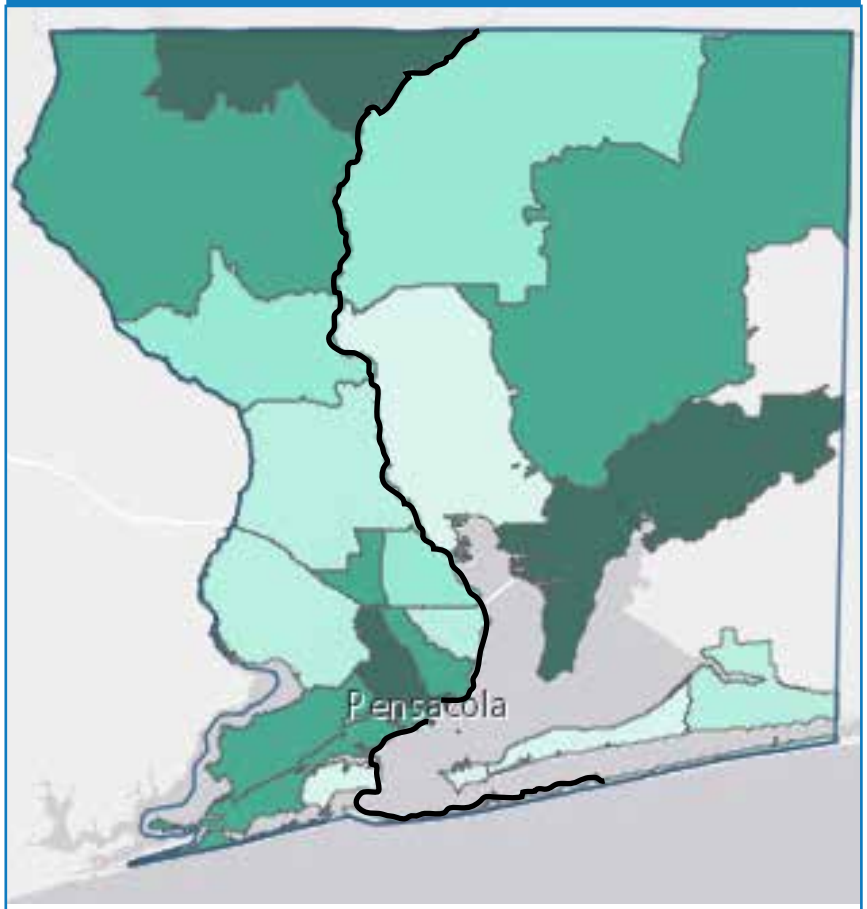
Collaborating Partner	Communities Served
Baptist Health Care	
Baptist Hospital	Escambia County and Santa Rosa County
Gulf Breeze Hospital	Gulf Breeze, Santa Rosa County
Jay Hospital	Jay, Santa Rosa County
Community Health Northwest Florida	Escambia County and Santa Rosa County
Florida Department of Health in Escambia County	Escambia County
Florida Department of Health in Santa Rosa County	Santa Rosa County
Sacred Heart Hospital, Pensacola	Escambia County and Santa Rosa County
University of West Florida	Escambia County and Santa Rosa County

SocioNeeds Index

Although this CHNA covers a two-county area, we understand that counties are not homogeneous. Some neighborhoods are more affluent while others struggle with poverty, have low educational attainment, or have low access to food. As we seek to understand the health of our residents, we must identify areas that are socioeconomically vulnerable.

The **2018 SocioNeeds Index**, created by Conduent Healthy Communities Institute (Conduent HCI), is a measure of socioeconomic need that is correlated with poor health outcomes. Those with the highest values have the highest socioeconomic need, which is correlated with preventable hospitalizations and premature death. To illuminate the areas of highest need in our community, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value.

2018 SocioNeeds Index Map

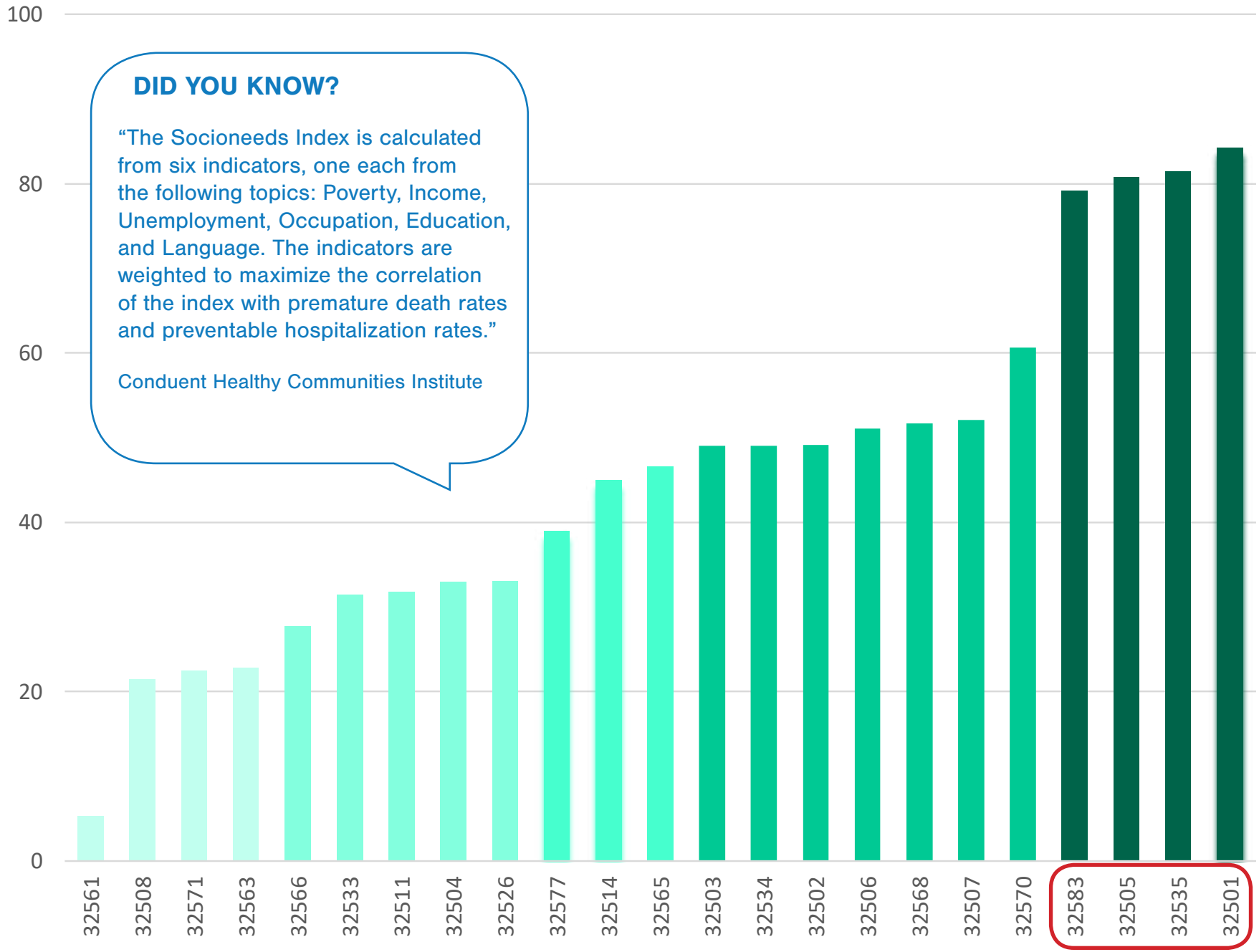


MAP LEGEND

greater need →

1	2	3	4	5

2018 SocioNeeds Index by Zip Code



DID YOU KNOW?

"The Socioneeds Index is calculated from six indicators, one each from the following topics: Poverty, Income, Unemployment, Occupation, Education, and Language. The indicators are weighted to maximize the correlation of the index with premature death rates and preventable hospitalization rates."

Conduent Healthy Communities Institute

The highest need zip codes are 32501, 32505, and 32535 in Escambia and 32583 in Santa Rosa.

Community Profile

Northwest Florida's population is distinctive from the rest of Florida. Our racial and ethnic composition, age, demographics, income, educational attainment, military presence, and occupation stand apart from typical Florida communities. These factors impact the health of community residents. The following pages help us to better understand who we are as a community, and the influence of socioeconomic and demographic variables on our health. Throughout this report, Escambia data will always be depicted in **orange** and Santa Rosa in **green**.

POPULATION

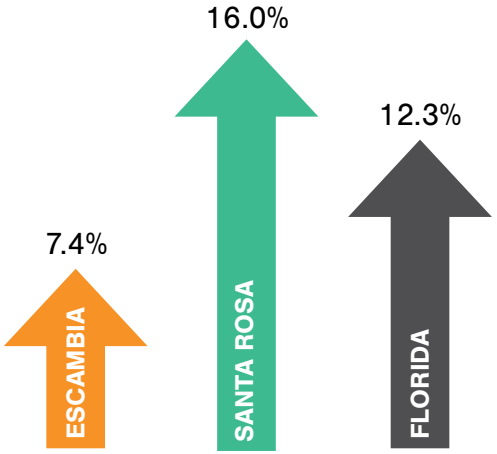
Compared to Florida...

...Escambia County's rate of growth is slower, and the county has fewer Hispanics; however, Escambia's population is more racially diverse with a stronger military presence.

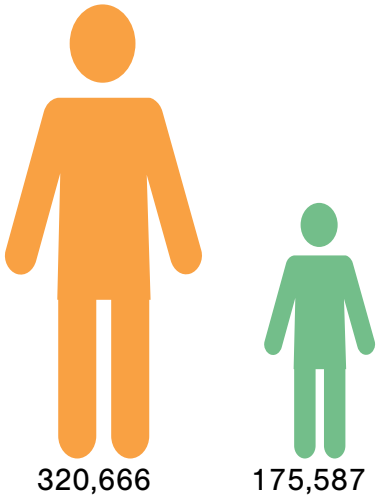
Compared to Florida...

...Santa Rosa County is growing at a much faster rate and is not as racially diverse; the county also has a strong military presence from the surrounding armed forces bases.

2010-2018 Growth



2018 Population

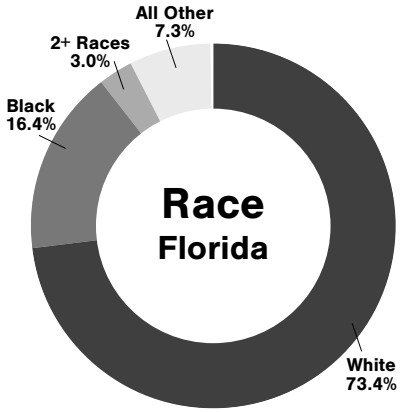


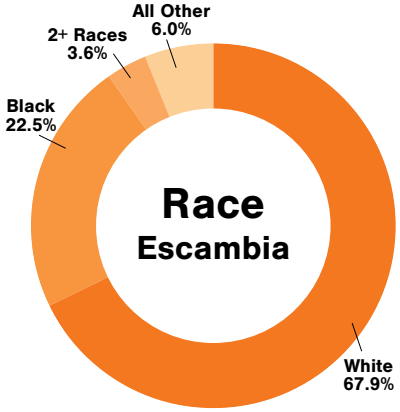
10,138
Members of the Armed Forces live in Escambia

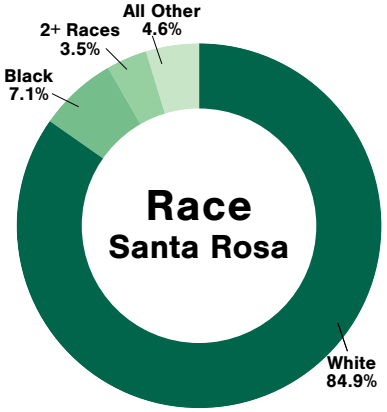
3,102
Members of the Armed Forces live in Santa Rosa

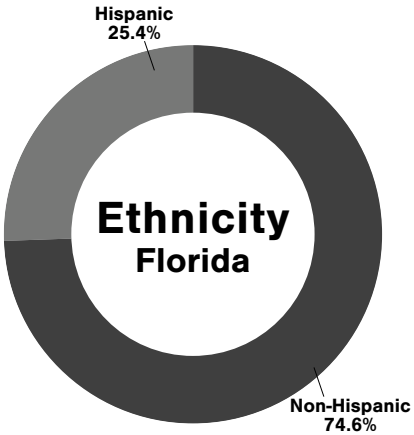
12.6% of Escambia residents are Veterans

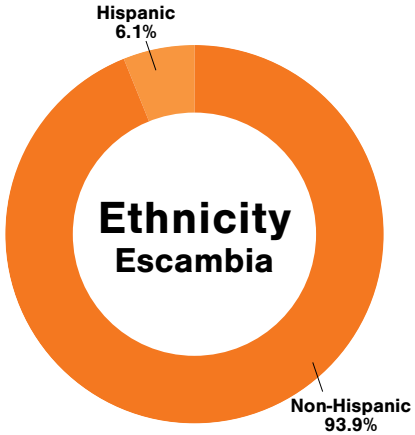
14.2% of Santa Rosa residents are Veterans

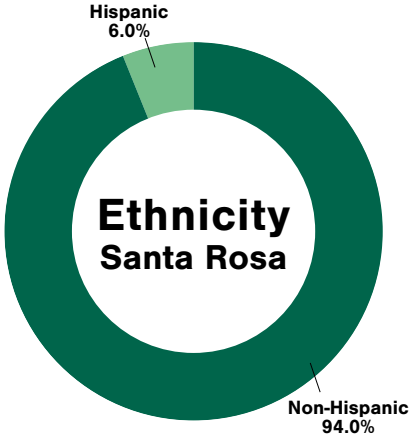








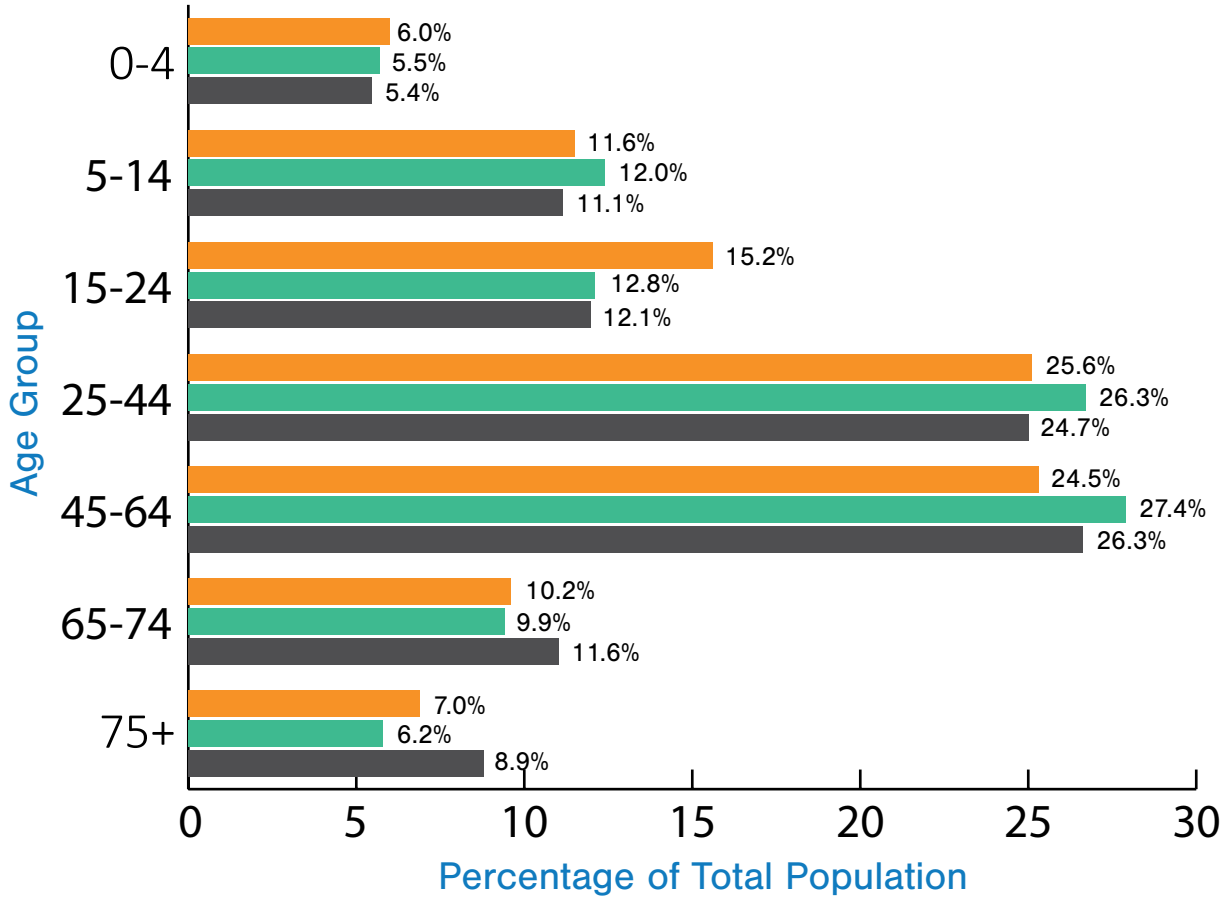




Compared to Florida...
...Escambia County has more children and fewer seniors, smaller households and a lower median age by four years in 2016.

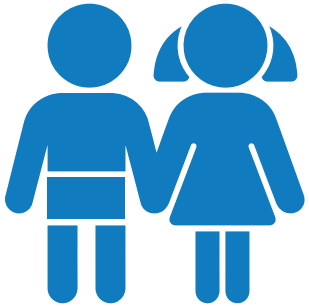
Compared to Florida...
...Santa Rosa County has more children and fewer seniors, slightly larger families, and a lower median age by two years in 2016.

Percentage of Population by Age Group



17.6%
ESCAMBIA

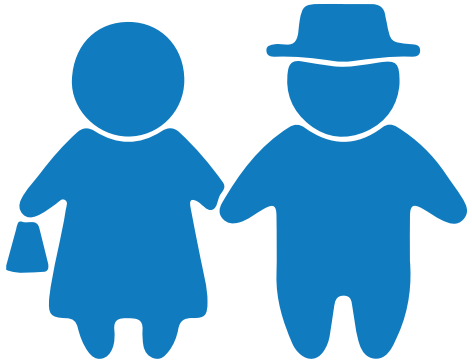
17.5%
SANTA ROSA



of total population are children
(0-14 years)

17.2%
ESCAMBIA

16.0%
SANTA ROSA



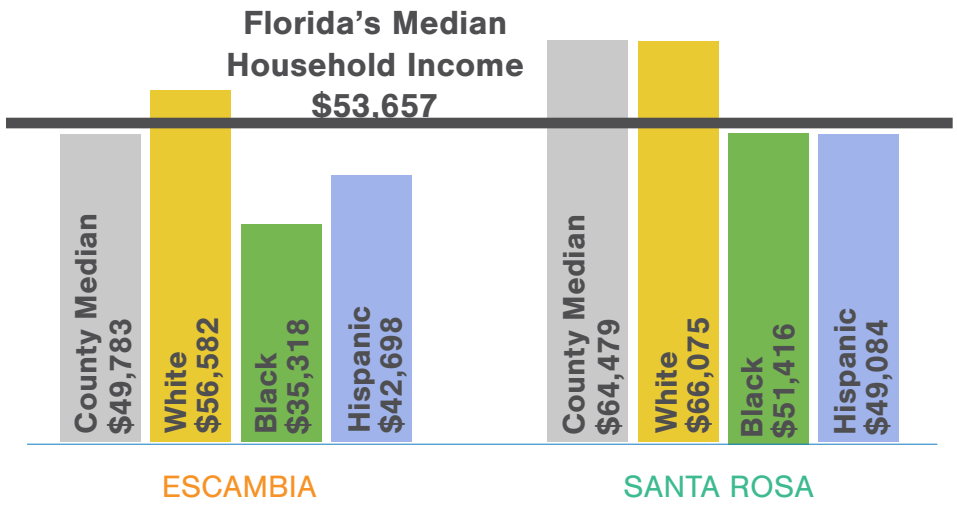
of population are 65+

5-2-1-0 celebrates with young runners at
the Pensacola Seafood Run
courtesy of Marie Mott

INCOME

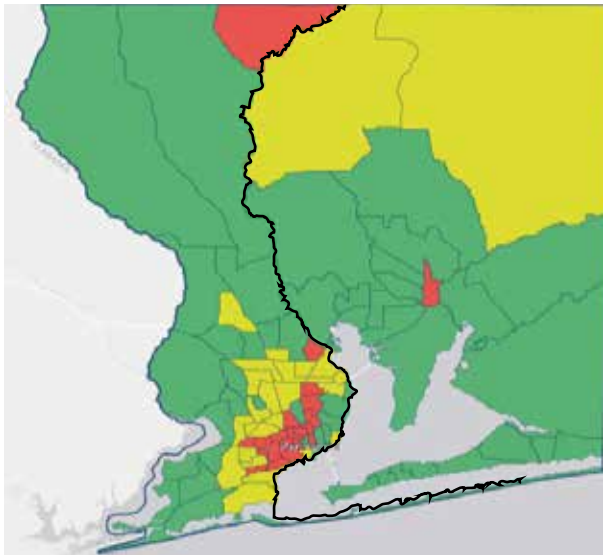
Compared to Florida...
...Escambia County's median household income is 7% less; the median home value is $50K less.

Compared to Florida...
...Santa Rosa County's median household income is 20% greater; the median home value is only $10K less.



Santa Rosa's median household income is almost 30% greater than Escambia's.

Median Household Income

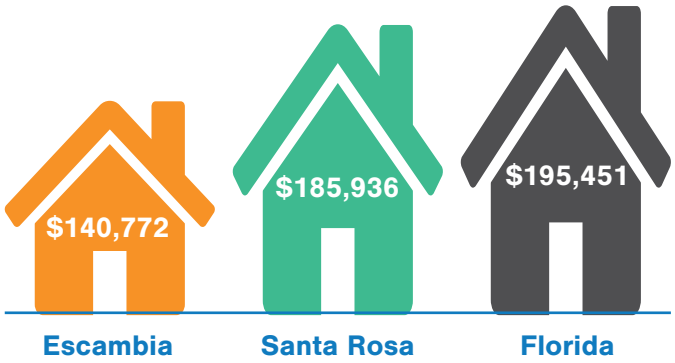


Lowest Income Areas Less than $36,530

Moderate Income Areas $36,530-$47,137

Highest Income Areas More than $47,137

Median Home Value



POVERTY

Compared to Florida...
...the poverty rate in Escambia County is slightly less.

HEALTH DISPARITY

in ESCAMBIA, the black poverty rate is **2.5 times greater** than the white poverty rate.

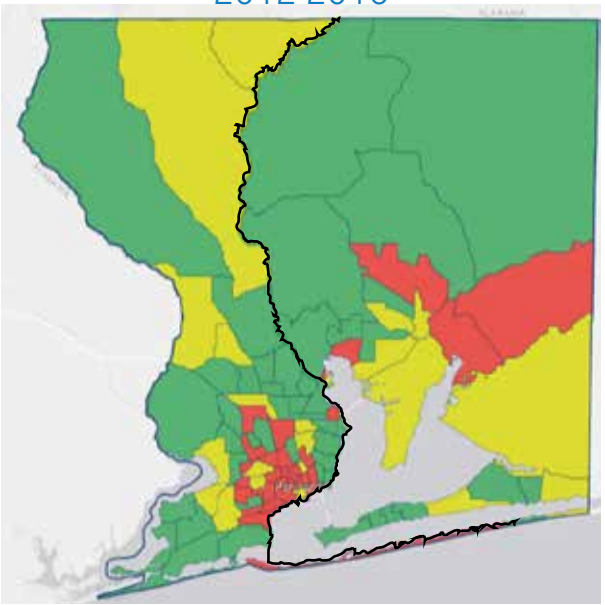
Compared to Florida...
...the poverty rate in Santa Rosa County is significantly less than Escambia's.

HEALTH DISPARITY

in SANTA ROSA, the black poverty rate is **1.7 times greater** than the white poverty rate.

Children Living in Poverty

2012-2016



Highest Rates More than 34.3%

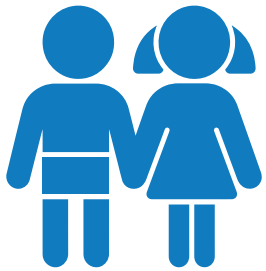
Moderate Rate 18.9% - 34.3%

Lowest Rate Less than 18.9%

28.0% ESCAMBIA

19.3% SANTA ROSA

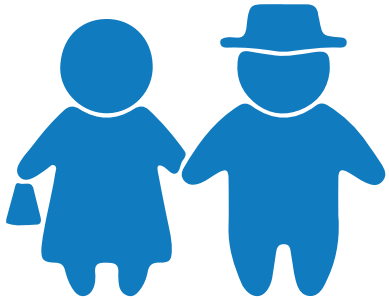
of children (0-4) live in poverty



7.1% ESCAMBIA

6.5% SANTA ROSA

of seniors 65+ live in poverty



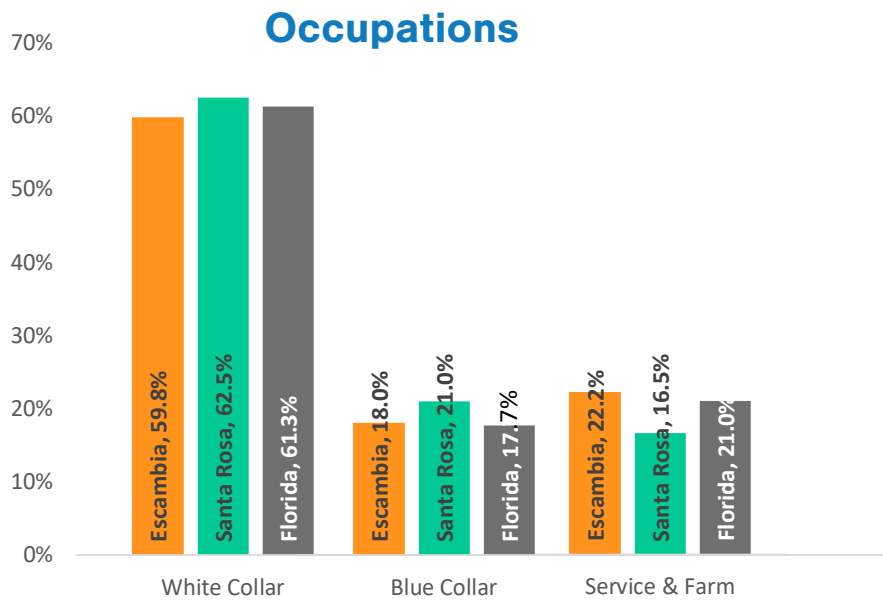
QUICK FACT

Federal Poverty Level (FPL) is an economic measure that is used to decide whether the income level of an individual or family qualifies them for certain federal benefits and programs. The FPL for a family of three is a household income of $20,420.

EMPLOYMENT AND EDUCATION

Compared to Florida...
...the white-collar employment is slightly worse while educational attainment is lower in Escambia County.

Compared to Florida...
...the white-collar employment rate is slightly better while educational attainment is geater in Santa Rosa County.

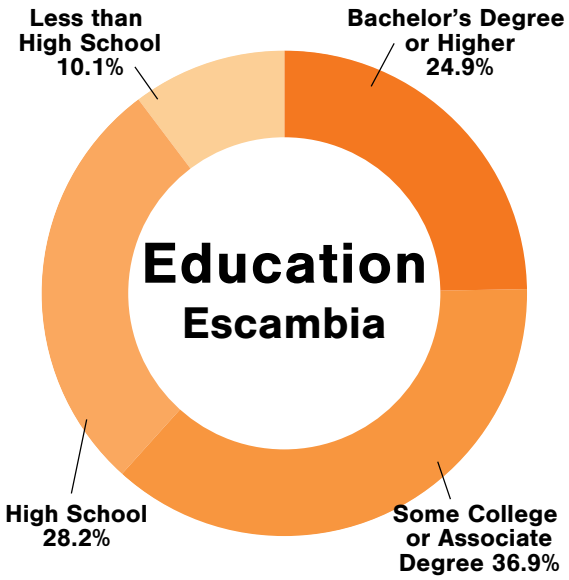


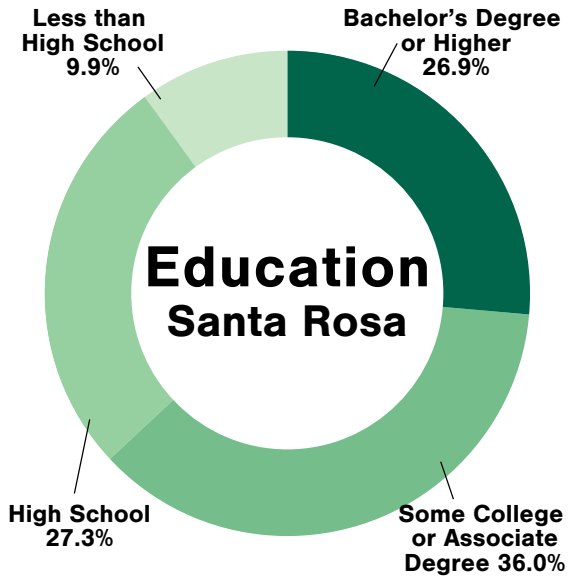
7.5% ESCAMBIA

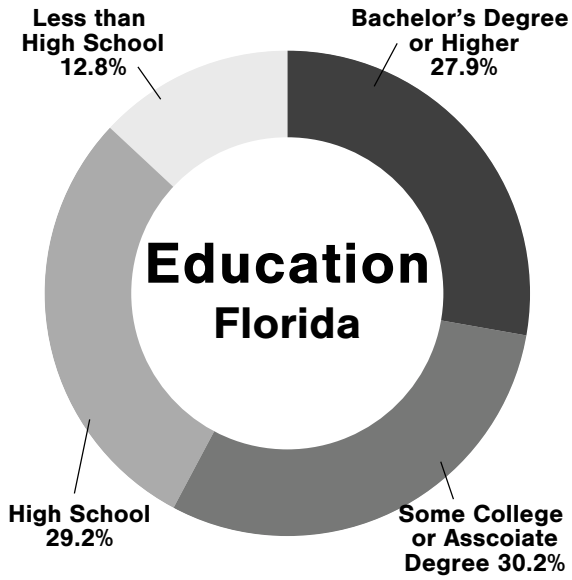
6.9% SANTA ROSA

7.6% FLORIDA

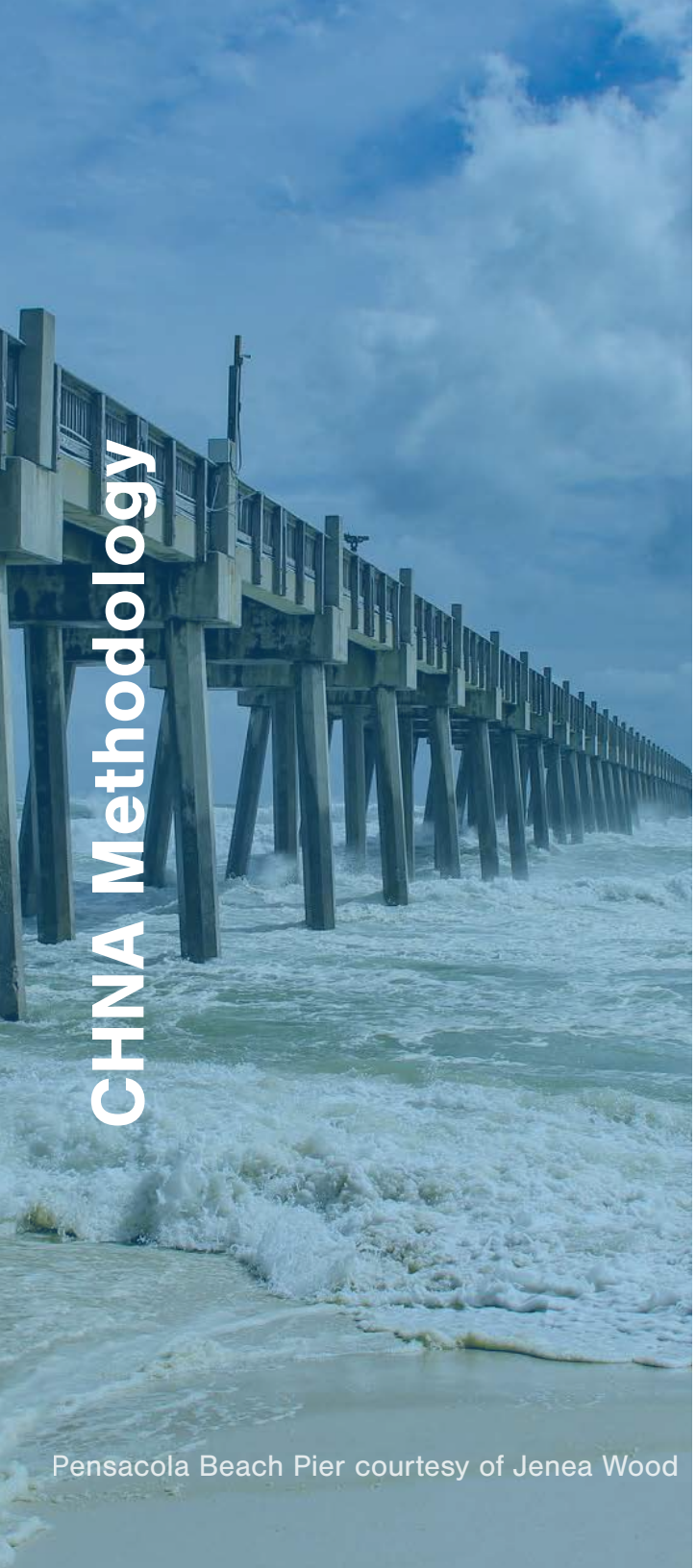
Unemployment Rate January 2018







Public Art Mural in Downtown Milton
courtesy of Jenea Wood



CHNA Methodology

Pensacola Beach Pier courtesy of Jenea Wood

Framework

Many health and community organizations in our area are required by accrediting bodies or regulatory agencies to conduct periodic community health assessments. For example, to retain accreditation, the Florida Department of Health must assess health status within each county every five years, while the Internal Revenue Service requires not-for-profit hospitals to identify and address community health needs every three years. In most communities, these assessments overlap each other in time, people involved, and content. This duplication results in the creation of narrowly-focused assessments and unaligned health improvement efforts.

In 2015, the Centers for Disease Control and Prevention (CDC) recommended communities adopt a "unified community health improvement framework supporting multiple stakeholders." The CDC's approach encourages hospitals, health departments and other community organizations, to work together to identify and address community health needs. This approach was embraced by Live Well Partnership in the current 2019 CHNA as well as all previous assessments.

To achieve a unified community health improvement framework, it was necessary to adopt a methodology that would meet the accrediting and/or regulatory requirements of all participants. The methodology adopted for the 2019 CHNA melds components from leading health industry experts into a cohesive process that participating organizations could embrace. The methodology adopted by Live Well Partnership is based on processes recommended by:

- **Mobilizing for Action through Planning and Partnerships (MAPP)** recommended by the National Association of County and City Health Officials (NACCHO) and used by local health departments
- **Engaging Patients and Communities in Community Health Assessments** from the Association for Community Health Improvement (ACHI) and the American Hospital Association (AHA) followed by many non-profit hospitals such as Baptist Health Care
- **Assessing and Addressing Community Health Needs** (2015 Edition II) from the Catholic Health Association (CHA) adopted by Ascension and Sacred Heart Health System
- **HCI Community Health Needs Assessment Guide** from Conduent/ Healthy Communities Institute (HCI)

- **Community Health Improvement Navigator** from the Centers for Disease Control and Prevention (CDC)

The graphic and steps identified at the right illustrate the methodology adopted for the 2019 Escambia – Santa Rosa Community Health Needs Assessment. Steps 1 through Step 5 are discussed in this report. Step 6 and Step 7 are "Next Steps" which will be undertaken in 2019. Evaluation of progress (Step 8) will occur throughout the next three years and culminate with the development of the next CHNA in 2022.

2019 CHNA Methodology

Step 1: Organize and Plan
- Select Methodology
- Develop time line

Step 2: Identify and Engage Partners and Stakeholders
- Form CHNA Steering Committee

Step 3: Collect and Analyze Data:
- Define and Describe the Community
- Assess Community Themes & Strengths:
  - Community Survey
  - Community Leader Survey & Interviews
  - Resource Mapping
- Assess Forces of Change
- Assess Local Public Health System
- Assess Community Health Status
  - HCI/Conduent Health Data
  - Florida Charts Data

Step 4: Prioritize Issues
- Review leading causes of death and illness
- Review social determinants of health
- Narrow to 3 or 4 priority health issues

Step 5: Communicate Results
- Publicize results of data analysis
- Publicize priority health issues
- Solicit community feedback
- Issue CHNA Report

The Community Health Needs Assessment (CHNA) Steering Committee

Partners and Stakeholders

An effort was made to involve individuals from many different sectors of the local economy in developing this CHNA. The Live Well Partnership Board, which includes health providers, social service organizations and business interests formed the backbone of the CHNA process. A Steering Committee, consisting of the Live Well Board and other community organizations, was established to provide guidance and input throughout data gathering and analysis. The Steering Committee provided input on their perceptions of health and health services, reviewed health outcomes, narrowed the focus to the top four priorities in each county, and approved this report.

Public Communication

Local hospitals and county health departments participating in the CHNA are required to share the results of the assessment with the public and respond to comments. The prior CHNA (2016 – 2019) was placed on the websites of Live Well Partnership, Florida Department of Health in Escambia and Santa Rosa counties, Baptist Health Care, Sacred Heart Hospital, and Community Health Northwest Florida. During the 2016 – 2019 period, no comments or questions were submitted to any of the partners.

The preliminary findings of this CHNA report were communicated in September 2018 through a Pensacola News Journal article and an interview on WUWF radio. Additionally, a document describing the major causes of disease and death, perceptions discovered through surveys, and the selection of the top health priorities were placed on the websites of Live Well Partnership, Community Health Northwest Florida, Florida Department of Health in Escambia, Florida Department of Health in Santa Rosa, Baptist Health Care, and Sacred Heart Hospital. This final CHNA report will also be posted on these websites. The public was invited to provide comments to or ask questions of any of these partners.

Report: Escambia/Santa Rosa residents at high risk of diabetes, mental health and infant health concerns

Kevin Robinson, Pensacola News Journal Published 3:04 p.m. CT Sept. 11, 2018 | Updated 9:38 p.m. CT Sept. 11, 2018

(Photo: Gregg Fachinski/gregg@pnj.com)

Poor infant health, poor mental health, poor child health, diabetes and drug use are the five major health challenges plaguing our area, according to the findings in a recent community survey.

Every three years, Live Well Partnership for a Healthy Community and numerous community partners undertake a yearlong study of the health of Escambia and Santa Rosa residents called the Community Health Needs Assessment. The findings are based on surveys of area residents, talks with community leaders and analysis of the leading causes of death and poor health in our two-county area.

In preliminary findings released this month, Live Well highlighted 13 of the area's biggest health issues, which include a prevalence of poor dental health, heart attacks, strokes and poor dietary and exercise habits among citizens.

The goal of Live Well Partnership's work is not just to identify problems, but also to help address them, so the organization narrowed the list down to five of the most pressing.

"We needed to narrow that down to a manageable group of priorities," Bailey said. "Three across both county areas, and one for each county that is unique to that area."

Diabetes, infant health and mental health are shared issues.

About 12 percent of all Floridians have been diagnosed with diabetes, according to the report. The rates are closer to 14 percent and 16 percent in Santa Rosa and Escambia counties respectively. Between 2015-2017, diabetes has claimed 404 lives in our area and caused more than 1,700 emergency room visits, the report says.

Regarding mental health, there were more than 6,000 hospitalizations related to mental health disorders in 2017 alone. There were approximately 5,900 mental-health related emergency rooms visits in the same time frame.

More: Free workout at Pensacola Fitness Court unveiled at Maritime Park (/picture-gallery/news/2018/04/27/free-workout-at-pensacola-fitness-court-unveiled-at-maritime-park/24332965/)

Concerning infant mortality rates — deaths of children before they reach 12 months — the rate for all Florida children is about six deaths out of every 1,000 live births. That is slightly higher than the total U.S. ratio 5.8, which in turn is among the worst of any major, developed nation.

https://www.pnj.com/story/news/2018/09/11/escambia-santa-rosa-health-concerns-include-diabetes-mental-health/1269951002/ 1/2

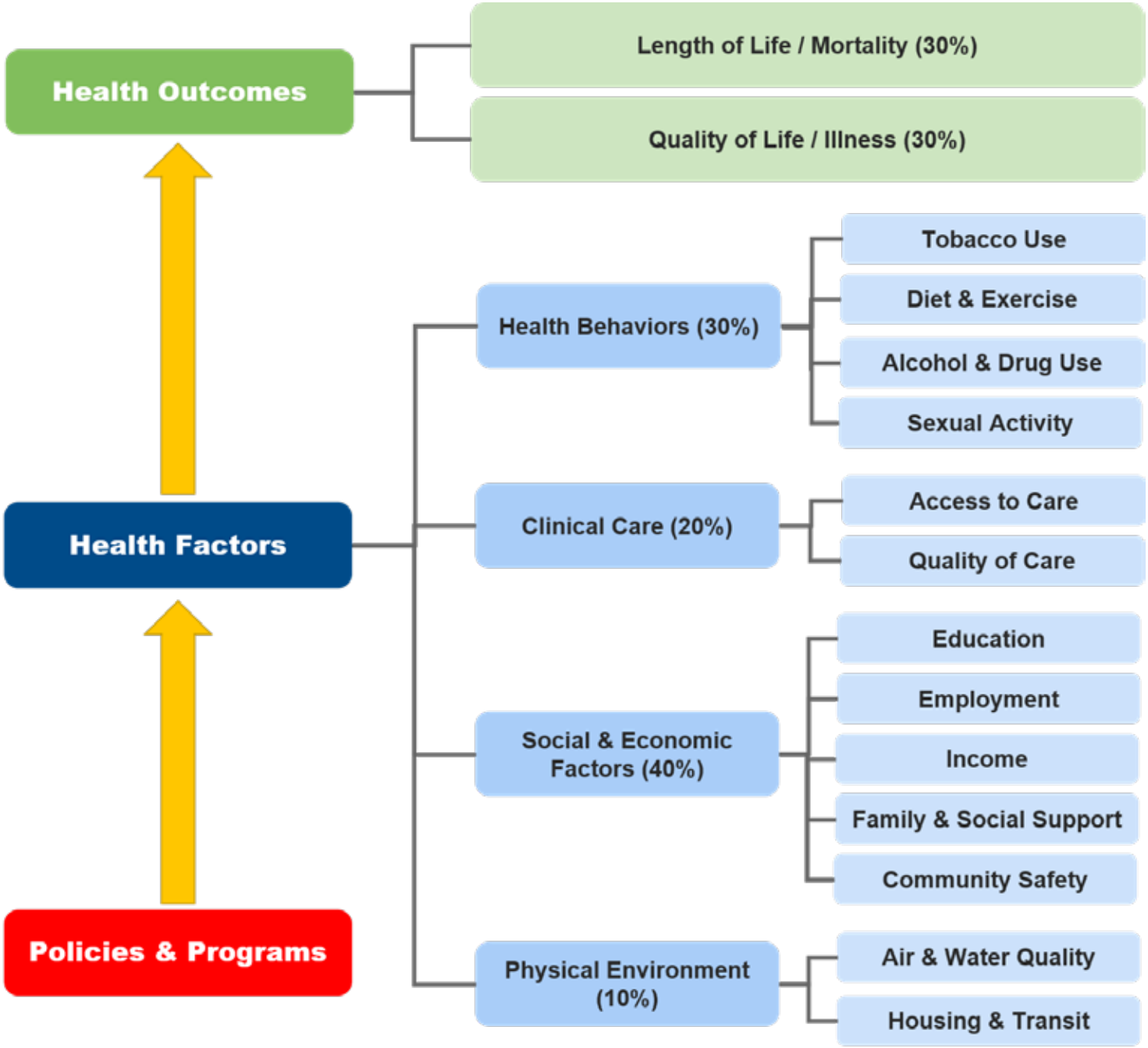
Community Health Status

Veteran's Memorial Park in Milton Florida
courtesy of Jenea Wood

Community Health Framework

Health is more than the care you receive from your doctor, treatment at a hospital, or even the medicines you take. Health is affected not only by healthcare services, but also by the environment we live in, by social and economic factors, and by our own behaviors. Factors such as education level, safety of the neighborhood, quality of the air, housing conditions, poverty and employment all affect our health, for either good or bad. These factors are called ***social determinants of health.*** A collaborative effort between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute (UWPHI) developed County Health Ranking and Roadmaps as a way to measure health within a community by looking at social determinants of health, access to and quality of health care, and personal health behaviors. The framework, shown on next page, illustrates the strong influence that **Health Factors** have on illness and death, otherwise known as **Health Outcomes. Policies and Programs**, such as the federal Clean Air Act, which limits the amount of harmful cancer-causing agents in our air, or a diabetes prevention program hosted by a hospital or health department, can improve **Health Factors,** and thus lead to lower rates of disease and better **Health Outcomes**.

Live Well Partnership has adopted the County Health Rankings framework. This CHNA looks first at **Health Outcomes** within our community to understand the causes of death, disease and disability. The next step after the CHNA will be to examine the **Health Factors** contributing to poor **Health Outcomes** and **Policies and Programs** that could be changed to improve our health. These issues will be addressed in the 2019 Community Health Improvement Plans.



County Health Rankings Model
© 2014 UWPHI

Data Analysis Sources and Methodology

A comprehensive CHNA includes detailed examination of health and socioeconomic data. The primary source of data for this CHNA was Conduent Healthy Communities Institute (Conduent HCI). Conduent HCI provided approximately 200 key health, economic, and quality-of-life indicators for each county. Additionally, many indicators were available at a zip code or census tract level allowing for a more in-depth view. These indicators were continuously updated ensuring access to the most up to date information.

Conduent HCI compares each indicator to other Florida counties, the Florida average, national average, and when available, Healthy People 2020 targets; it also indicates whether the indicator is improving, worsening, or is unchanged.

In addition to Conduent HCI data, data was pulled from other sources, including but not limited to:

- Florida Department of Health, FloridaHealthCHARTS.com
- Agency for Health Care Administration
- Claritas

The challenge in dealing with thousands of points of data is to turn the data into useful information. That is, what does the data tell us about the health of our community? And, what are the most important health problems to address? Conduent HCI's Data Scoring Tool helped Live Well Partnership make sense of the indicators. The Data Scoring Tool assigned a score for each indicator from one to three along six dimensions:

- Value compared to Florida
- Value compared to the United States,
- Distribution within Florida
- Distribution within the United States
- Trend over time

Next, the HCI Scoring Tool generated an overall, or Composite Score, for each indicator. Guided by the Composite Score generated by Conduent HCI's Data Scoring Tool, Live Well Partnership identified 24 leading causes of death and illness/disability in Escambia and Santa Rosa counties. The 24 leading causes of death and illness fell into five major categories: chronic disease, maternal/child health, behavioral health, infectious disease, and unintentional injury.

The 24 leading causes of death, illness, and disability were then further analyzed using a Criteria Weighting Methodology to find the 10 health outcomes of greatest concern within the community. The steps of the Criteria Weighting Methodology were:

- Priority-setting criteria were established (see table on the following page)
- Based on secondary or primary data, each health condition was rated 0 to 4 on each criterion, with 0 indicating the condition performed well on that criterion, while a 4 signaled the health condition performed poorly on that criterion
- Ratings were entered on a matrix
- Each rating was multiplied by the corresponding criterion weight. Secondary data criteria were weighted as a group at 0.75, while primary data criteria were weighted at 0.25
- The final score for each health condition was summed, and the top 10 health needs for each county were identified based on the final score

Health Outcomes - 24 Leading Causes of Death, Illness, & Disability

Chronic Disease
- 4 Heart Diseases
- 6 Types of Cancer
- 2 Lung Diseases
- Diabetes
- Stroke
- Oral Health

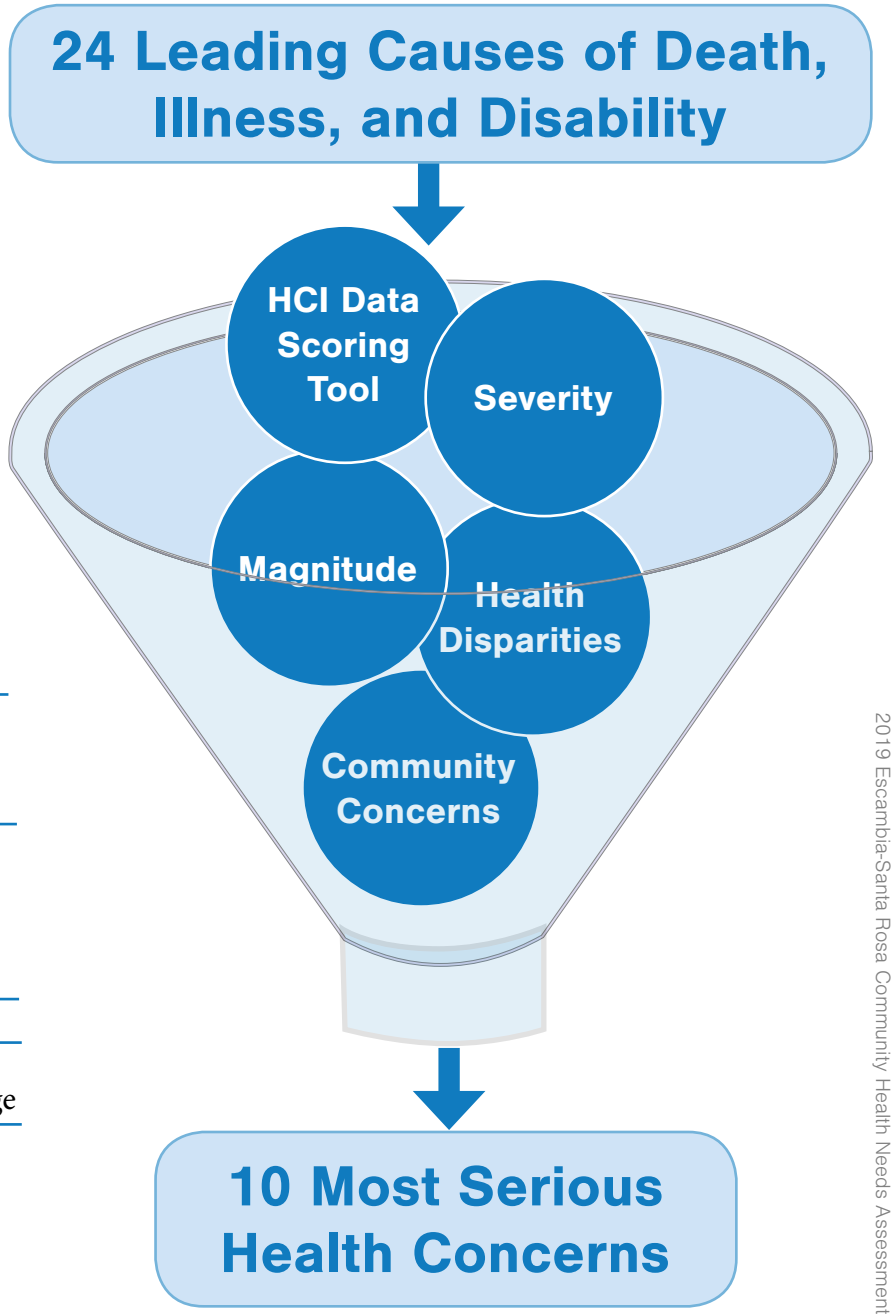
Behavioral Health
- Mental Disorders
- Drug Abuse
- Alcohol Abuse
- Alzheimer's Disease

Maternal/Child Health
- Maternal Care
- Infant Care
- Child Health (1-5)

Injury
- Suicide
- Motor Vehicle Accidents
- Unintentional Injury

Infectious Disease
- Sexually Transmitted Diseases including HIV/AIDS

Priority Setting Criterion	Description
HCI Composite Score	• Trend • Comparison to Florida and US rates • Comparison to Healthy People 2020
Magnitude	• Number of newly diagnosed cases, • Number of deaths • Number of hospital admissions, or • Number of emergency department visits
Severity (death before 75)	• Years of potential life lost (YPLL)
Health disparities	• Incidence rates compared to county and Florida average by race, ethnicity and/or age
Community Concerns	• Perceptions of the most important health issues as revealed through the community survey • Perceptions of most important health issues from the key leader survey



Health Outcomes

By applying the weighted priority selection criteria, the 24 leading causes of death and illness were narrowed to top 10 health outcomes of greatest concern in each community. Seven of these outcomes are the same for Escambia and Santa Rosa. Each county also has three health outcomes that are unique to that community.

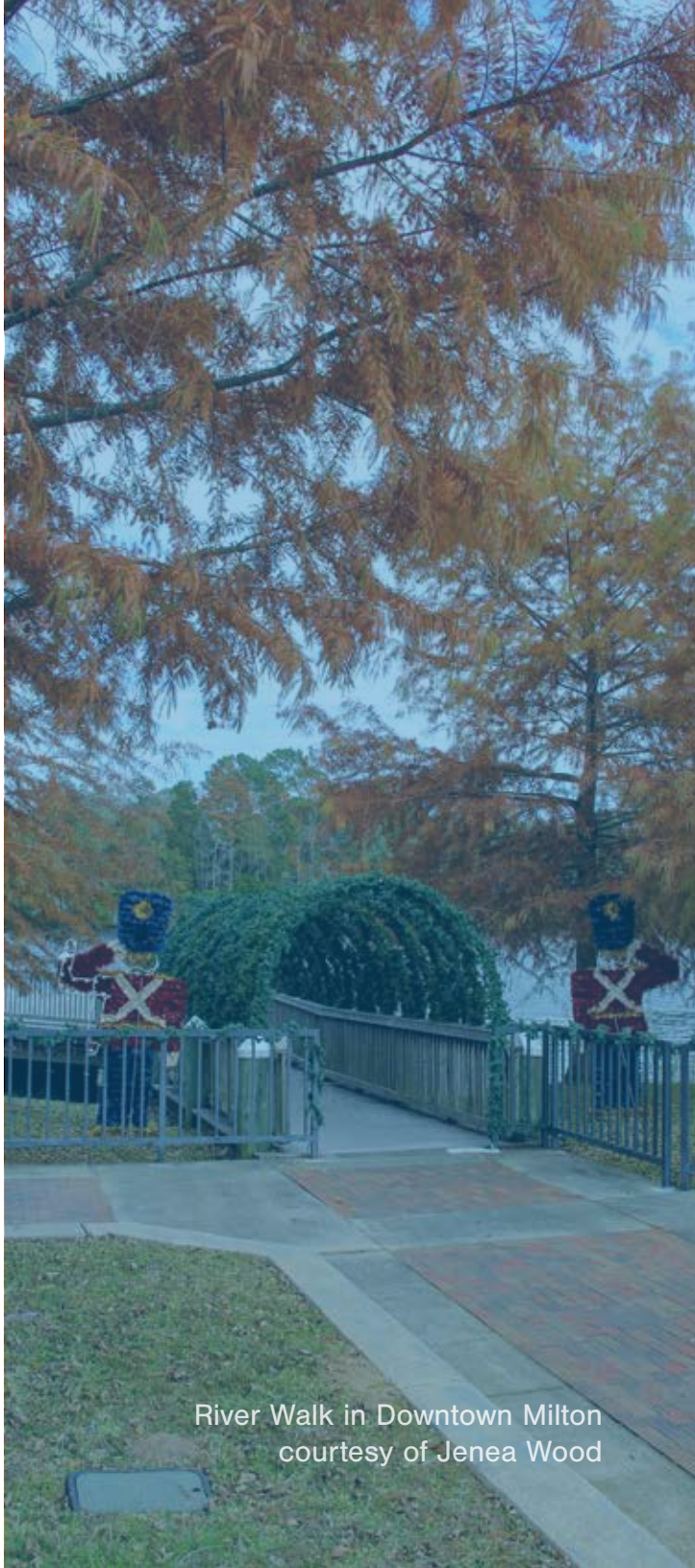
Top 10 Most Serious Health Concerns

Health Concerns in Escambia County	Health Concerns in Santa Rosa County
Heart Disease	Heart Disease
Diabetes	Diabetes
Heart Attack	Heart Attack
Infant Health	Infant Health
Lung Cancer	Lung Cancer
Mental Health	Mental Health
Stroke	Stroke
Child Health	Alcohol Abuse
Sexually-Transmitted Disease	Drug Abuse
Unintentional Injury	Prostate Cancer

Data Analysis Sources

The following pages summarize the results of the data analysis process. Data was collected from the following sources:

- Florida Department of Health, FLHealthCHARTS, flhealthcharts.com/charts/Default.aspx
- Florida Department of Health, FLHealthCHARTS, 2016 Behavioral Risk Factor Surveillance Survey, flhealthcharts.com/charts/Brfss.aspx
- Florida Agency for Health Care Administration, Quarter 4 2016 – Quarter 3, 2017, inpatient and outpatient ED data, Escambia County and Santa Rosa County
- HCI/Conduent Community Dashboard, livewellnwfl.org/the-data?hcn=CommunityDashboard
- Years Productive Life Lost calculated based on an average life span of 74.5 years
- Florida Department of Health, FLHealthCHARTS, Florida Death Query, flhealthcharts.com/FLQUERY/Death/DeathRate.aspx
- Florida Department of Health, FLHealthCHARTS, 2016 Florida Youth Substance Abuse Survey, flhealthcharts.com/charts/Default.aspx



River Walk in Downtown Milton
courtesy of Jenea Wood

Top 10 Health Concerns in both Escambia and Santa Rosa

Heart Disease

a *LEADING CAUSE* of hospitalizations

2015 - 2017
1,539
RESIDENTS
DIED
in our two county area

=

8,571
YEARS
of
POTENTIAL
LIFE
LOST

2016

7.0% SANTA ROSA

3.8% ESCAMBIA

versus

4.7% FLORIDA

Adults have been told they have heart disease

Trend is IMPROVING

**Heart Disease refers to coronary artery disease which occurs when major blood vessels that supply the heart are damaged or diseased.

Heart Attack

2015 - 2017
460
RESIDENTS
DIED
in our two county area

=

3,081
YEARS
of
POTENTIAL
LIFE
LOST

2016

6.6% SANTA ROSA

3.9% ESCAMBIA

versus

5.2% FLORIDA

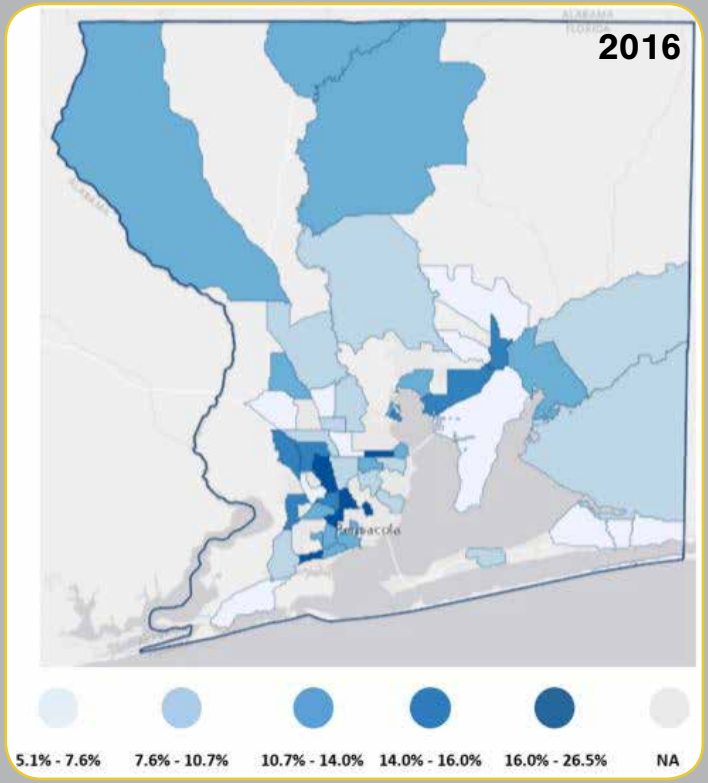
Adults have been told they have had a heart attack

HEALTH DISPARITY

2015-2017
in SANTA ROSA, blacks are
1.5x more likely to die
from a heart attack than whites

Infant Health (0-364 days of life)

Babies with Low Birth Weight



2015 - 2017
1,700
low
BIRTHWEIGHT
BIRTHS
under 5 lbs, 8 oz.

2015 - 2017
2,143
PRETERM
BIRTHS
before 37 weeks

2015 - 2017
119
INFANTS
DIED
in our two county area

=

8,866
YEARS
of
POTENTIAL
LIFE
LOST

2015 - 2017

4.5 SANTA ROSA

7.9 ESCAMBIA

versus

6.1 FLORIDA

Infant deaths per 1,000 births

HEALTH DISPARITY

2015-2017
in ESCAMBIA and SANTA ROSA, black and hispanic infant deaths are **greater** than white infants

Top 10 Health Concerns in both Escambia and Santa Rosa

Diabetes

2015 - 2017

404

RESIDENTS

DIED

in our two county area

=

3,556

YEARS

of

POTENTIAL

LIFE

LOST

2016

13.7%

SANTA ROSA

16.4%

ESCAMBIA

versus

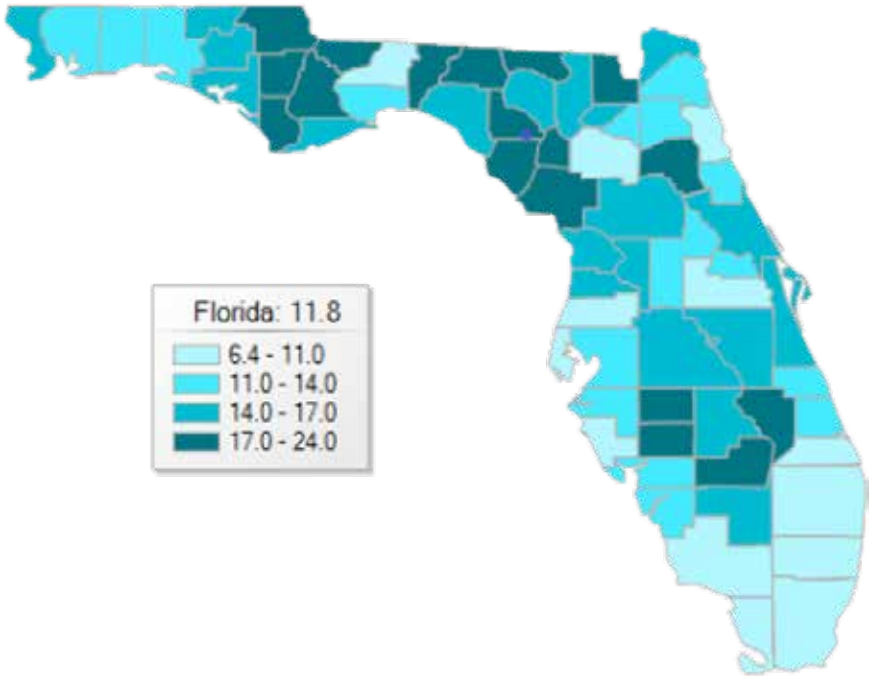
11.8% FLORIDA

Adults who have been told they have diabetes

HEALTH DISPARITY

in Escambia, black deaths from diabetes are **TWICE as high** than white deaths.

2016
Percent of Adult Population Diagnosed with Diabetes



1,700+

ER VISITS

are due to

DIABETES

2017

Trend is WORSE

Lung Cancer

2015 - 2017

893

RESIDENTS

DIED

in our two county area

=

6,646

YEARS

of

POTENTIAL

LIFE

LOST

2015 - 2017

44.9 SANTA ROSA

52.8 ESCAMBIA

versus

38.6 FLORIDA

Lung Cancer rate per 100,000 population

Highest Rates

87.3

WHITE MALES

per 100,000 population in

ESCAMBIA

Trend is IMPROVING

Mental Health

2017

5,900

ER VISITS

for

MENTAL DISORDERS

excluding drug- or alcohol- related

2017

6,630

HOSPITALIZATIONS

for

MENTAL DISORDERS

excluding drug- or alcohol- related

2016

15.3% SANTA ROSA

11.3% ESCAMBIA

versus

9.7 FLORIDA

Adults who had poor mental health 14+ days in a month

2016

20% SANTA ROSA

18.1% ESCAMBIA

Adults have been told they have a depressive disorder

Top 10 Health Concerns in both Escambia and Santa Rosa

FAST

Stroke

2015 - 2017

733

RESIDENTS

DIED

in our two county area

=

3,244

YEARS

of

POTENTIAL

LIFE

LOST

2016

4.6% SANTA ROSA

4.9% ESCAMBIA

versus

3.5% FLORIDA

Adults who have been told they ever had a stroke

Death from stroke

50% GREATER

for blacks in ESCAMBIA

2015-2017

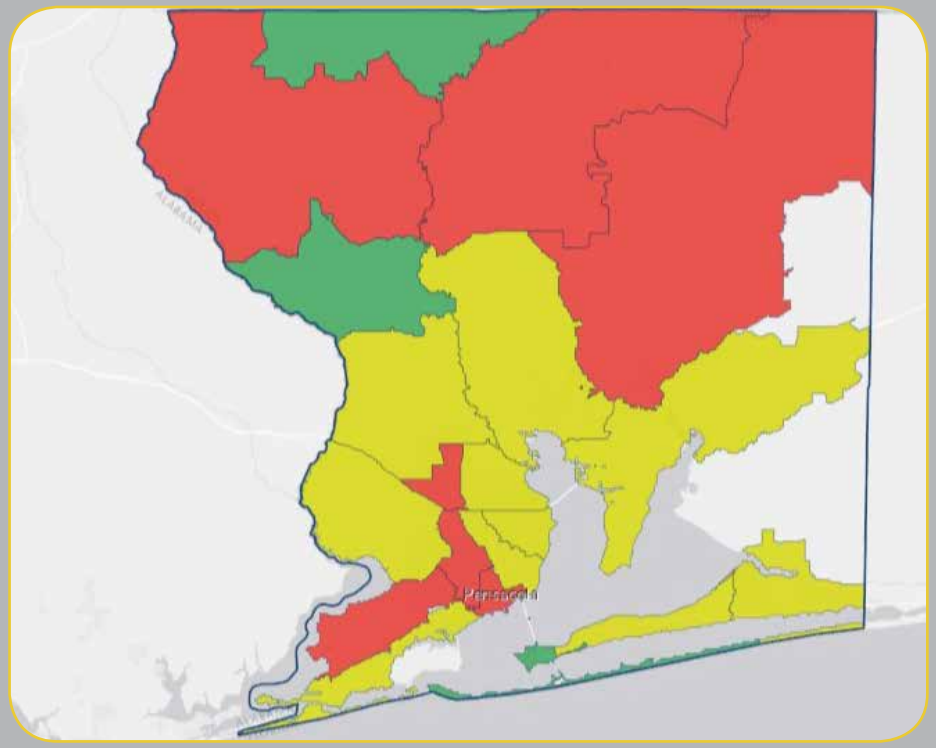
4,922

HOSPITALIZATIONS

due to stroke

in both counties

Age-Adjusted Death Rate Due to Stroke



Worst
More than 50.5 deaths / 100,000

Moderate
39.4 – 50.5 deaths / 100,000

Best
Less than 39.4 deaths / 100,000

Trend is WORSE for Santa Rosa

Trend is IMPROVING for Escambia

Annual Seafood Run courtesy of FDOH-Escambia

Top 10 Health Concerns in Escambia only

STDs

2015 - 2017
43
RESIDENTS
DIED
from HIV

=

979
YEARS
of
POTENTIAL
LIFE
LOST

2017

958 ESCAMBIA **versus** **653** FLORIDA

Chlamydia, gonorrhea, and syphilis infection rate/100,000

HEALTH DISPARITY

2017
Gonorrhea infection rates among blacks are **8 times** that of whites

2015 - 2017

6,139
Chlamydia
cases

2,152
Gonorrhea
cases

165
New HIV
cases

Injury

2015 - 2017
449
RESIDENTS
DIED
from unintentional injuries of all types

=

11,851
YEARS
of
POTENTIAL
LIFE
LOST

2015 - 2017
189
RESIDENTS
DIED
from SUCIDES

=

5,083
YEARS
of
POTENTIAL
LIFE
LOST

2015 - 2017
139
RESIDENTS
DIED
MOTOR VEHICLE ACCIDENTS

=

3,188
YEARS
of
POTENTIAL
LIFE
LOST

Top 10 Health Concerns in Escambia only

Child Health 1 to 5 Years

2015 - 2017
21
CHILDREN
DIED
in Escambia

=

1,521
YEARS
of
POTENTIAL
LIFE
LOST

2014-2016
53,918
ER VISITS
for children
age 0-5

2014-2016
24.3*
for children
age 1-5
receive
mental health
services
**rate per 1000*

2015-2017
37.8 Escambia **versus** **26.6** FLORIDA
Death rate per 100,000 children

2015-2017
48% **of CHILD DEATHS**
are from unintentional injuries

HEALTH DISPARITY

Black child mortality from unintentional injury is **3X GREATER** than for white children

One of the Tall Ships in Escambia Bay
courtesy of Jenea Wood

Historic Pensacola Beach sign in Santa Rosa
courtesy of Jenea Wood

Top 10 Health Concerns in Santa Rosa only

Alcohol-Use-Related Conditions

2015 - 2017

71

RESIDENTS

DIED

due to liver disease/cirrhosis

=

903

YEARS

of

POTENTIAL

LIFE

LOST

2016

35.3% Santa Rosa **versus** **25.5%** FLORIDA

Percent of high school students who have used alcohol in past 30 days

2012 - 2016

36.0% Santa Rosa **versus** **26.4%** FLORIDA

Percent of motor vehicle crash deaths with alcohol involvement

Drug-Related Conditions

Trend is WORSE and ACCELERATING

2015 - 2017

69

RESIDENTS

DIED

due to drug poisoning

=

1,956

YEARS

of

POTENTIAL

LIFE

LOST

2016

1.2% Santa Rosa **versus** **0.8%** FLORIDA

Teens who have used methamphetamines

2017

108.0 Santa Rosa **versus** **92.6** FLORIDA

Emergency room use rate due to substance abuse per 100,000 population

Historic Post Office in Downtown Milton
courtesy of Jenea Wood

Top 10 Health Concerns in Santa Rosa only

Prostate Cancer

2015 - 2017
Prostate
Cancer Claimed
39
LIVES
in Santa Rosa

=

128
YEARS
of
POTENTIAL
LIFE
LOST

HEALTH DISPARITY

2013-2015

Prostate cancer rate for blacks is **2.4 times GREATER** than for whites

2016

51.2% Santa Rosa **versus** **54.9%** FLORIDA

Men who have had a PSA test in past two years

DID YOU KNOW?

A PSA test is a test that measures the levels of the protein in the blood. The results are typically given in nanograms of PSA per milliliter of blood (ng/mL). A measurement of 4 ng/mL is considered to be normal, but this baseline changes with age. As a man ages, his PSA levels naturally rise.

www.cancer.gov/types/prostate/psa-fact-sheet

Public Art by James Priddy across from the Historic Imogene Theater
in Downtown Milton courtesy of Jenea Wood

Community Perceptions and Themes

5210 Day of Play courtesy of Jenea Wood

Community Survey

More than 2,200 residents of Escambia and Santa Rosa counties were surveyed in the spring of 2018 about their perceptions of health and health care services. The survey was conducted online as well as by paper. A concerted effort was made to include individuals from a broad cross-section of the population. This included outreach efforts to obtain the perceptions of vulnerable populations, such as low income, minority, and health care insecure residents (shown in the table below).

Vulnerable Populations	Escambia	Santa Rosa	Total
Less than High School Education	6.3%	9.5%	7.6%
Income less than $15,000	20.8%	22.3%	21.4%
Uninsured	20.5%	36.9%	27.3%
Black or African American	31.5%	4.9%	20.5%
Hispanic	4.8%	6.2%	5.4%
Disabled	5.6%	4.3%	5.1%
Unemployed	5.4%	9.6%	7.2%

Responses were remarkably consistent across the two counties and between all respondents. This was particularly true for the questions regarding important health issues and unhealthy behaviors. Obesity, mental health, and heart disease/stroke were important issues within both counties. Drug abuse, poor eating habits, and not seeing a doctor or dentist were unhealthy habits of high concern for all respondents.

Vulnerable populations differed from other respondents in two ways. First, vulnerable respondents were concerned with dental health, while for all respondents, diabetes fell into the top four most important health issues. This may reflect the difficulty that the uninsured or under-insured have in accessing physician and dental services. Vulnerable respondents ranked child abuse in the top four unhealthy behaviors, while overall responses included lack of exercise among the top four.

Most Important Health Problems

All Respondents	Vulnerable Population
• Overweight/ Obesity • Mental Health Problems • Heart Disease/ Stroke • Diabetes	• Overweight/ Obesity • Mental Health Problems • Heart Disease/ Stroke • Dental Problems

Question: *"What do you think are the most important health issues in your county? (That is, what are the problems that have the greatest impact on overall health?) Select 4."*

Most Concerning Unhealthy Behaviors

All Respondents	Vulnerable Population
• Drug Abuse • Poor Eating Habits • Lack of Exercise • Not seeing a Doctor/Dentist	• Drug Abuse • Poor Eating Habits • Not seeing a Doctor/Dentist • Child Abuse

Question: *"Which of the following unhealthy behavior in the community concern you the most? (That is, which behaviors have the greatest impact on health within the community?) Select 4."*

33 Community Leaders

24% Healthcare
24% Business
21% Social Service or Charitable
15% Government
12% Education
3% Faith-based

65% serve both Escambia and Santa Rosa

21% Escambia only

15% Santa Rosa only

Community Leader Survey

Community leaders were also surveyed using a similar questionnaire to the community survey. A total of 33 leaders participated in the online survey. The leaders shared many of the same concerns as voiced in the community survey. As with the community survey, leaders identified obesity, mental health, and diabetes as the most important health issues. Leaders also shared the community's concern that poor eating habits, lack of exercise, and drug abuse were unhealthy behaviors. Leaders, however, differed from the community in ranking drug abuse in the top four most important health issues facing residents and in ranking tobacco use among the top unhealthy behaviors.

Most Important Health Problems

Leader Survey

- Mental Health Problems
- Overweight/ Obesity
- Drug Abuse
- Diabetes

Most Concerning Unhealthy Behaviors

Leader Survey

- Poor Eating Habits
- Lack of Exercise
- Tobacco Use
- Drug Abuse

City of Milton Downtown Fountain courtesy of Jenea Wood

Forces of Change Assessment

The CHNA Steering Committee participated in a process to identify the forces of change at work within our community. The purpose of this assessment was to answer two questions:

- What is occurring or might occur that affects the health within Escambia and Santa Rosa counties
- What specific threats or opportunities are generated by these occurrences

Through a facilitated consensus building methodology, the Steering Committee identified the five most compelling forces at work in our two-county community. The themes of community schools and the faith community represent promising approaches to health improvement, while the other three forces reflect issues of grave concern that should be addressed.

Community School

Health-related services for students, their families and surrounding neighborhoods are made available within a school. C.A. Weis Elementary in Escambia is a local example.

Health Literacy

Health literacy is the ability to understand basic health information and services needed to make appropriate health decisions, such as following doctor's orders, taking medicine as prescribed, or knowing how to access services.

Drug Abuse

Drug abuse is the overindulgence in or dependence on drugs or alcohol. It does not necessarily mean addiction to the substance.

Access to Appropriate Level of Care

The ability to obtain health care in a timely manner at lowest appropriate level. Access may be limited due to no or inadequate insurance, few close-by providers, transportation difficulties, or high out-of-pocket deductibles.

Faith Community

Many faith-based organizations actively engage their members on health issues or health screening and are an asset in improving community health.

After identifying the five major forces of change, the CHNA Steering Committee explored the threats and opportunities posed by each.

Community School

THREATS

- Building trust within neighborhoods
- Financial sustainability
- Resistance to change from faculty and parents
- Preference for status quo in education and healthcare
- Lack of space
- Not scalable, lack of adequate staff

OPPORTUNITIES

- Pilot provides model to follow
- Better health leads to better educational outcomes
- Access to appropriate level of care for low income, transportation disadvantaged families
- Address behavioral health issues
- Faculty and parental support/engagement

Health Literacy

THREATS

- Health system complexity
- Cultural literacy of providers
- Fear and mistrust
- Use of Internet for self-diagnosis
- Miscommunication between provider and patient
- Generational influence on behavior

OPPORTUNITIES

- Provider training on culture and appropriate communication
- Patient education
- Partnership with faith-based organizations to educate members
- Use of navigators
- Use internet, social media, and mobile devices to educate
- Medical home
- Telemedicine

Substance Abuse

THREATS

- Increasing social acceptance
- Limited treatment options, particularly for low income or under-insured
- Stigma
- Denial or commitment to change
- Mental health co-morbidity
- Peer pressure
- Dysfunctional families

OPPORTUNITIES

- Public awareness of opioid crises
- Improved screening, intervention and treatment (SBIRT)
- Potential for increased funding
- Range of treatment options
- Early education (K-2)
- Better community education

Access to Appropriate Care

THREATS

- Poverty
- Transportation issues
- Poor geographic dispersion of providers
- Transactional care
- Misuse of emergency ER and ambulances
- Low health literacy
- High deductibles
- Medicaid reductions
- Mixed messages from hospitals that advertise short wait times

OPPORTUNITIES

- Medical homes
- Taking services into communities of need
- Dental van
- Better transportation
- Education on resource availability
- Improved health literacy
- Better coordination of care and information sharing
- Telemedicine
- Education and prevention

Faith Community

THREATS

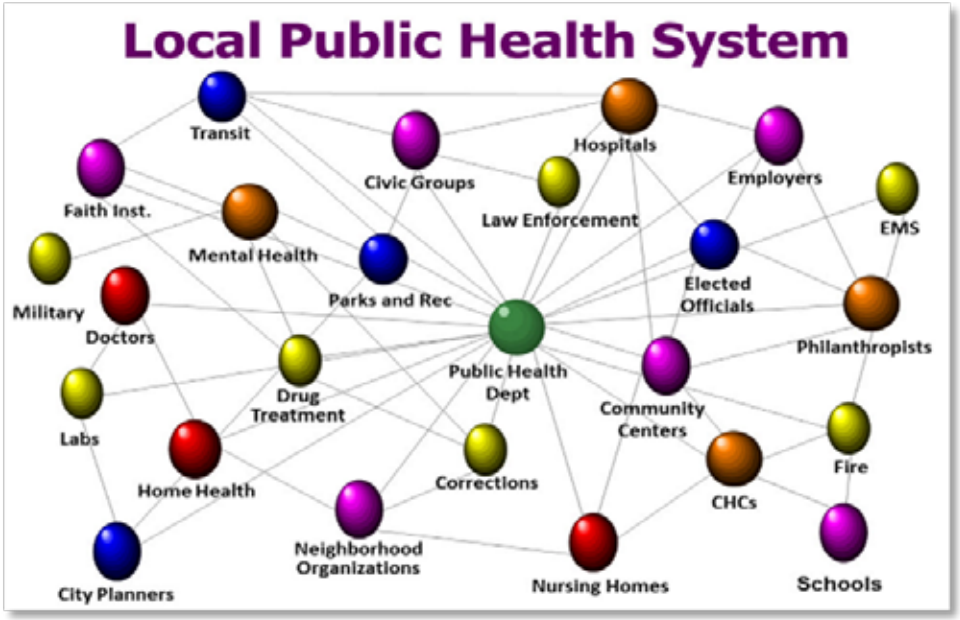
- Volunteer led
  -Too few volunteers
  -Limited time
- Limited resources
- Communication and information sharing
- Duplication of services
- Lack of coordination between churches

OPPORTUNITIES

- Know and have trust of the community
- Faith models available to follow
- Provide them with education and training to meet health needs of parishioners
- Do a pilot with a congregation

Forces of Change Assessment

The Local Public Health System (LPHS) includes all entities that contribute to the delivery of public or personal health. Public health departments are typically at the center of this system as seen in the graphic to the right. This system includes, but is not limited to: county health departments, hospitals, community clinics, federally qualified health centers, elected officials, schools, non-profit organizations, faith institutions, public transit, civic and neighborhood groups, and the military.

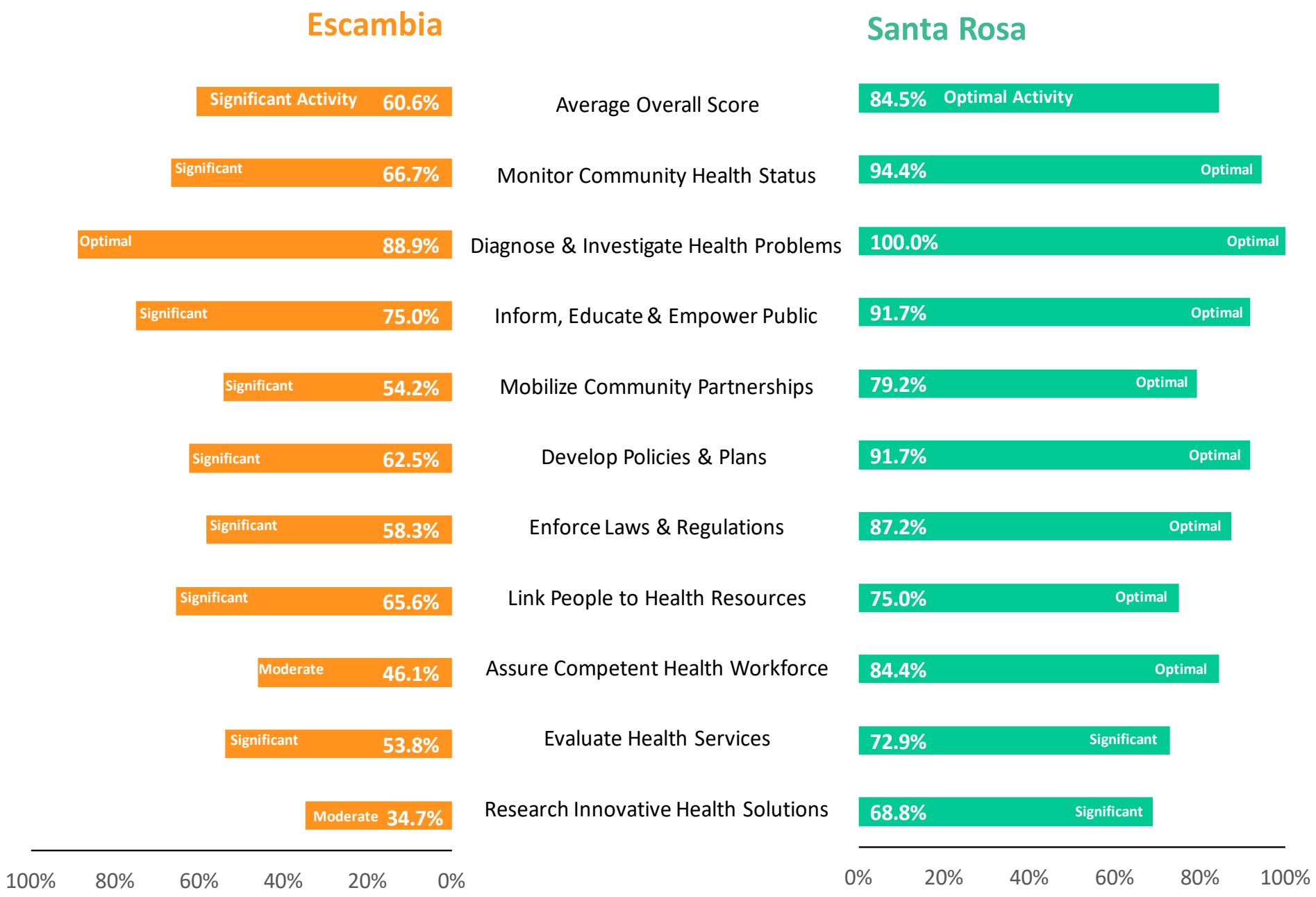


To assess our local public health system, the Florida Department of Health in each county uses the 10 Essential Public Health Services framework developed by the National Association of County and City Health Officials. This framework includes a self-assessment rating scale: No Activity, Moderate Activity, Significant Activity, and Optimal Activity. Scores on the self-assessment are used to implement continuous quality improvement activities by identifying strengths, weaknesses, opportunities, and threats within each of the 10 essential health services.

For this process, the Florida Department of Health in Escambia and Santa Rosa counties asked partner entities to score at least one of the 10 essential services using the rating scale above. In addition, partners were asked to give examples of strengths, weaknesses and opportunities for improvement. A panel of our partners and subject matter experts then met to discuss and vote on the current capabilities of the LPHS. This process was conducted separately in Escambia and Santa Rosa counties, and scores cannot be compared across the two counties.

Blackwater State Park courtesy of Deborah Stilphen

Average Essential Public Health Service Self-Assessment Scores



Escambia - Strongest Performance

ES 2: Diagnose and Investigate.....88.9%
This Essential Public Health Service is all about public health preparedness; Escambia has a great response plan when it comes to dealing with public health threats. County officials work closely with the Department of Health in Escambia County to monitor and respond timely to a potential incident. The Local Public Health System uses several training events and emergency notification systems to ensure the proper and timely response. The partners involved are county management, local hospitals and laboratories. The lack of a large laboratory that is within an hour limits our ability to respond to emerging chemical and biological threats.

Santa Rosa - Strongest Performance

ES 2: Diagnose and Investigate.....100.0%
Santa Rosa County utilizes multiple surveillance systems to detect and monitor emerging health threats, including a syndromic surveillance system (ESSENCE), a statewide reportable disease database which includes data from Florida's Poison Control Center, a statewide epidemiologic communication network (EpiCom), and CDC's nationwide epidemiologic exchange (Epi-X). All reportable diseases are submitted to the state within 14 business days. In addition to maintaining written instructions for handling communicable disease outbreaks and toxic exposures in various facilities, Santa Rosa County's Public Health Preparedness unit develops and maintains protocols for responding to natural and manmade disasters. The County works closely with the jurisdictional Emergency Response Coordinator to plan for biological, chemical and nuclear emergencies. Emergency response exercises are conducted throughout the year and include community partners. Santa Rosa County only utilizes licensed or credentialed laboratories which can meet public health needs during emergencies 24/7. Santa Rosa County maintains written protocols for handling, transporting and delivering lab specimens.

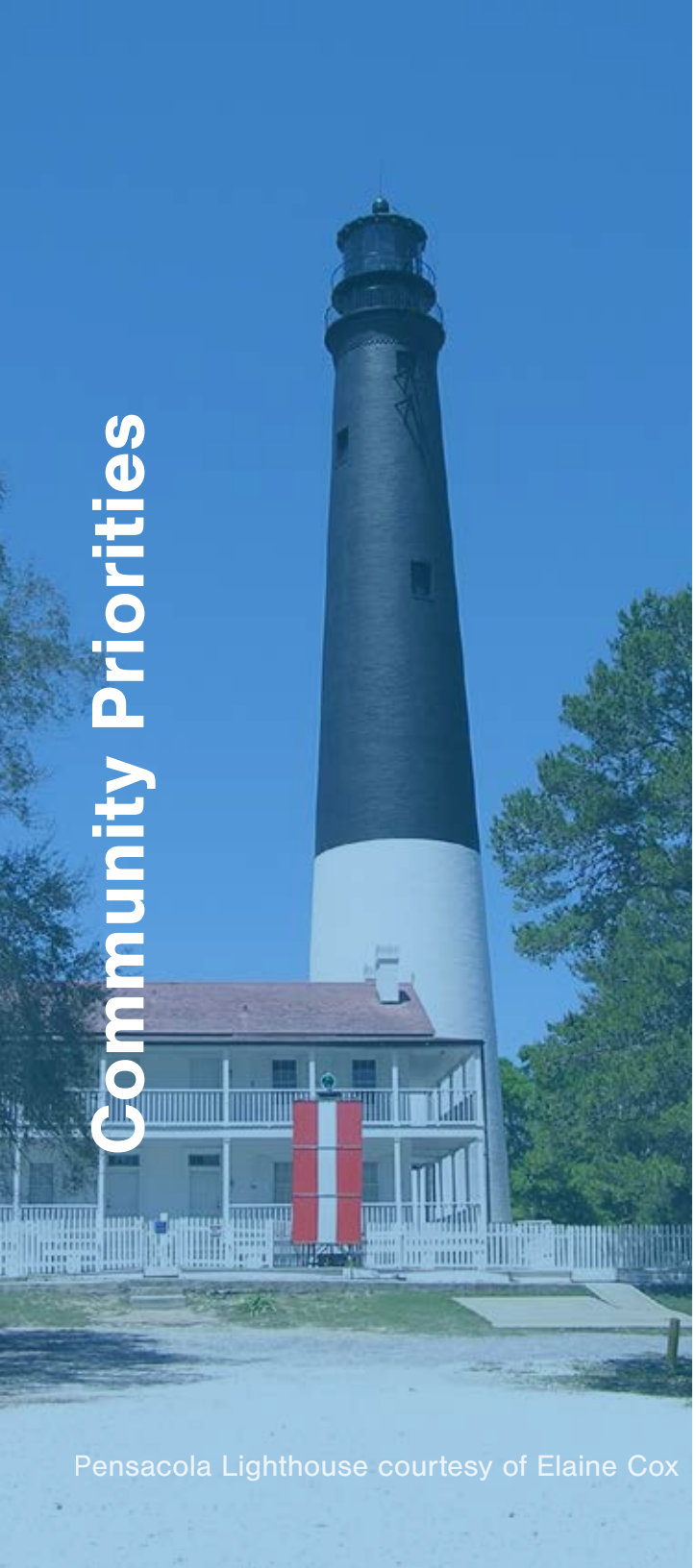
Escambia - Weakest Performance

ES 2: 10: Research and Innovation.....34.7%
The University of West Florida has been increasingly active in the Local Public Health System, but they have just begun to develop a true public health research base. Keeping up to date on the best practices in public health is a priority for the Florida Department of Health in Escambia County and other non-profit organizations in the county. Opportunities exist in this area for partnering with other agencies to develop and test new and innovative solutions to the population's health. The Department of Health in Escambia County aims to do this in the community health improvement plan which follows the CHNA.

Santa Rosa - Weakest Performance

ES 9: Research and Innovation.....68.8%
Santa Rosa County keeps abreast of best practices in public health using a variety of state and national tools, including FloridaHealthCHARTS.com and Healthy People 2020. Research capacity has been expanded with the addition of a Biological Scientist IV whose duties include coordinating with the Community Health team to conduct research to support local health initiatives. Opportunities for improvement include pilot testing and evaluating new solutions to public health problems, encouraging community participation in research, and sharing research findings with public health colleagues and the community through journals, websites and social media.

Community Priorities



Pensacola Lighthouse courtesy of Elaine Cox

Priority Selection Methodology

It would be impossible to tackle all 10 health issues at the same time across two counties and attain measurable improvement. Addressing a small number of health issues in a coordinated, rigorous manner is more effective than uncoordinated efforts aimed at multiple problems. As the saying goes, "if everything is important, then nothing is."

Identifying a few priorities will allow our community to concentrate limited resources to achieve the greatest impact on what is most important. A Relative Worth Methodology was used to select the top three health issues that jointly effect both counties and an additional issue in each county that is unique to it. The CHNA Steering Committee, which is comprised of 38 health, social service, business and governmental entities, participated in the prioritization process. The Steering Committee represents a cross-section of organizations and individuals with experience and knowledge of the health problems across our two-county community. The steps in the Relative Worth Method are as follows:

- Prior to voting, the Steering Committee received a detailed presentation on the results from the community survey, key leader survey, and data analysis and discussed the findings
- Participants were initially given three votes
- Criteria for consideration during voting included magnitude of the problem and existence of health disparities
- Participants distributed their votes among the seven health conditions that impact both counties
- Participants were next given two additional votes and were instructed to vote for one health need that is unique to Escambia and one health need unique to Santa Rosa
- The health concerns with the greatest number of votes were selected as the top priorities for the community
- This was followed by discussion and consensus building around the priorities

Priorities – Focusing on What's Important

The prioritization process gives clear direction on what health outcomes are most important for our community to address over the next three years. Diabetes, infant health, and mental health are priorities for both Escambia and Santa Rosa, while child health is a priority for Escambia and drug abuse is an urgent concern in Santa Rosa.

BOTH COUNTIES

Diabetes
Infant Health
Mental Health

ESCAMBIA

Child Health

and

SANTA ROSA

Drug Abuse

North Santa Rosa County
courtesy of Deborah Stilphen

Pace High School NJROTC on the flight-line at Whiting Field courtesy of NAS Whiting Field Public Affairs Office

Conclusions

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

- Identified the top 10 causes of disease, disability and death within Escambia and Santa Rosa counties
- Found that behaviors that lead to obesity or that involve use of drugs and tobacco are of high concern among residents
- Ascertained that mental health, dental care, elderly services and drug abuse treatment are difficult to obtain due primarily to poor geographic distribution of services and affordability
- Confirmed that vulnerable populations seek routine care from hospital emergency rooms
- Mapped local health resources related to health priority areas
- Identified the top four zip codes with highest rates of poverty and other socioeconomic needs that are associated with poor health outcomes; and
- Discovered that a lack of adequate transportation is a barrier to health care throughout the two-county area

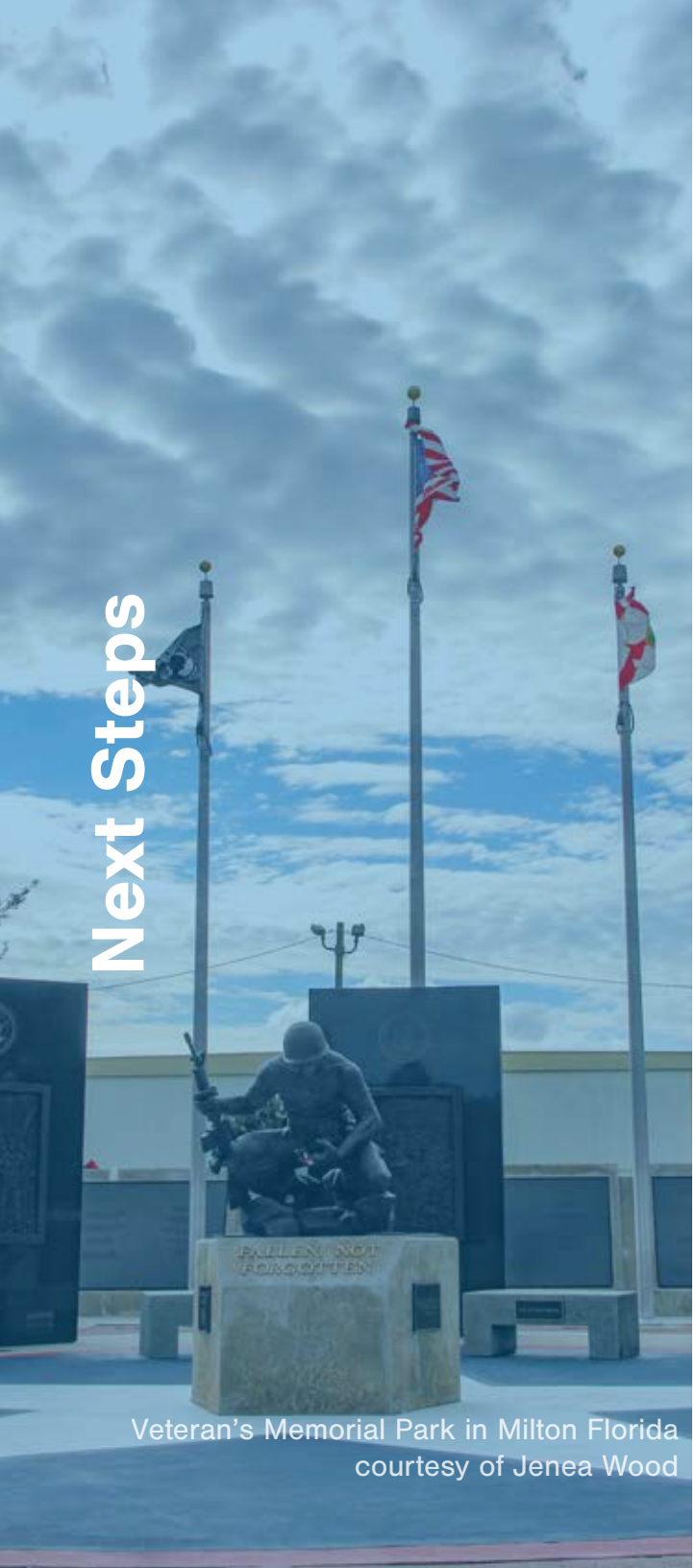
These conclusions and other information informed the selection of the top health priorities, which are:

- Diabetes (both counties)
- Infant Health with a focus on infant mortality (both counties)
- Mental Health (both counties)
- Child Health (in Escambia)
- Drug Abuse (in Santa Rosa)

		MAJOR FINDINGS	HEALTH PRIORITIES
HEALTH OUTCOMES	TOP 10 Health Outcomes	Heart Disease	Both Counties Diabetes Infant Health Mental Health Escambia Child Health Santa Rosa Drug Abuse
		Diabetes	
		Heart Attack	
		Infant Health	
		Lung Cancer	
		Mental Health Conditions	
		Child Health *(only Escambia)*	
		STD's *(only Escambia)*	
		Unintentional Injuries *(only Escambia)*	
		Alcohol-Related Disease/Deaths *(only Santa Rosa)*	
		Drug Use-Releated Disease/Deaths (*only Santa Rosa)*	
		Prostrate Cancer (*only Santa Rosa)*	
HEALTH FACTORS	Health Behaviors	Poor Eating Habits	
		Lack of Exercise	
		Drug Use	
		Tobacco Use	
	Clinical Care	Not Seeing a Doctor or Dentist	
		Access to Appropriate Level of Care/ Use of ER for Basic Care	
		Availability of Mental Health Services	
		Availability and Affordability of Substance Abuse Care	
		Availability of Dental Care	
		Availability of Services for Seniors	
		Identification of Community Health Resources	
	Social & Economic Factors	Areas with Highest Socioeconomic Need that Impacts Health: 32501 32505 32535 32583	
		Lack of Health Insurance/Health Insurance Affordability	
		Low Health Literacy	
		Affordability of Healthy Food/Food Insecurity	
	Physical Environment	Transportation to Services	

Downtown Milton
courtesy of Jenea Wood

Next Steps



Veteran's Memorial Park in Milton Florida
courtesy of Jenea Wood

Community Health Improvement Plan

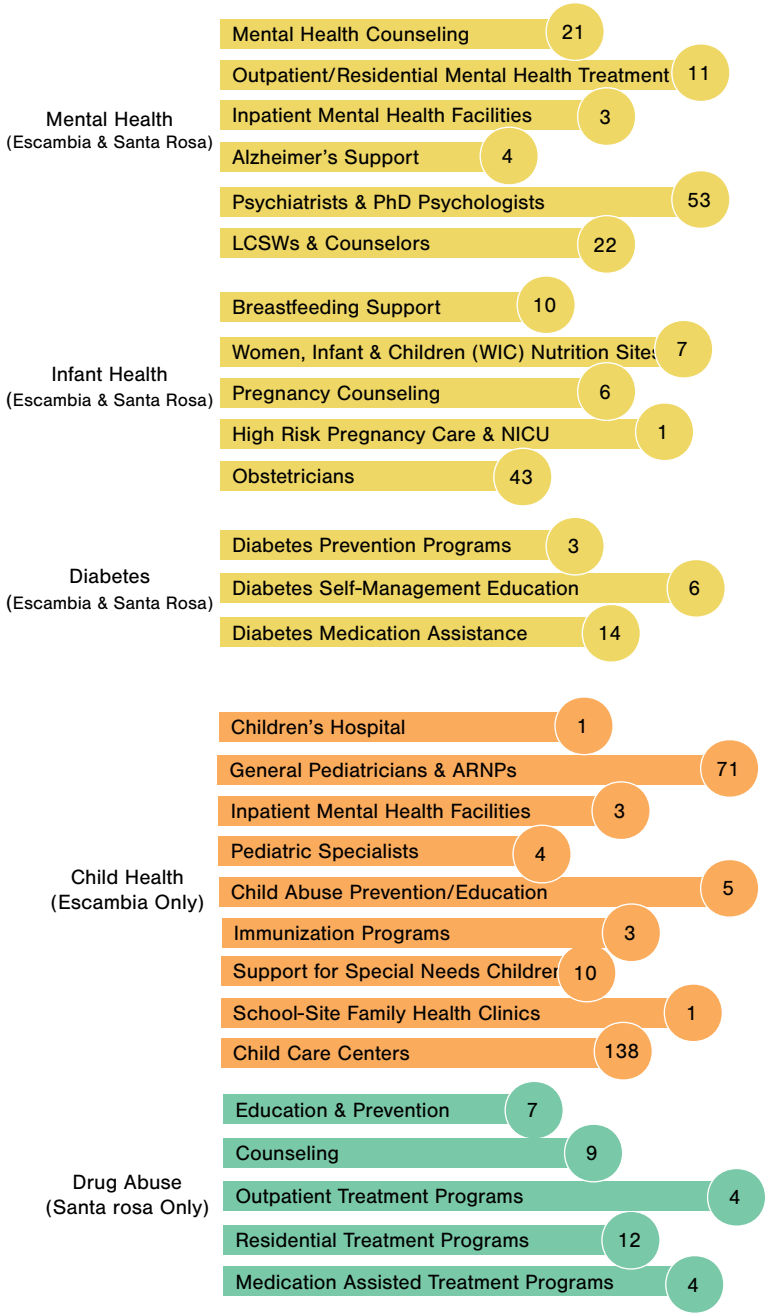
Identification of community health priorities is the final step in the development of this CHNA report to the community. However, it is the beginning of a community-wide, collaborative effort to improve the health of Escambia and Santa Rosa residents. In early 2019, Work Groups will be formed for each health priority to develop a Community Health Improvement Plan (CHIP). Each CHIP Work Group will be responsible for:

- Exploring in greater depth the Health Factors contributing to increased rates of death and disease
- Establishing the desired goals and the strategies for reaching the goals
- Creating action plans detailing the specific action steps that will occur over the next three years
- At least annually, evaluating progress and adjust action steps as needed

Community Resources

Many extraordinary healthcare providers and service organizations serve Escambia and Santa Rosa residents. These organizations form the backbone of our local public health system and are crucial partners in addressing priority health issues. Many of these organizations will be asked to participate in developing goals and strategies and implementing the action plans. To get a sense of what organizations exist as potential community health partners in the next phase, Live Well Partnership has identified healthcare and community resources. This preliminary asset inventory will be expanded upon during the next step.

Escambia and Santa Rosa Health Care Facilities



Emergency Medical Services

- Baptist Life Flight
- Escambia County EMS
- LifeStar Ambulance (Santa Rosa County)

Florida Department of Health

- Escambia County
  - Downtown Pensacola
  - Fairfield
  - Molino
  - Navy Hospital, WIC Clinic
  - Northside
- Santa Rosa County
  - Jay
  - Milton
  - Midway

Hospice

- Covenant Care, Inc.
- Emerald Coast Hospice
- Regency Hospice of Northwest Florida
- Vitas Healthcare

Hospitals

- Baptist Health Care, Inc.
  - Baptist Hospital
  - Gulf Breeze Hospital
  - Jay Hospital
- Sacred Heart Health System
  - Pensacola Hospital
  - Studer Family Children's Hospital
  - Women's Hospital
- Santa Rosa Medical Center
- West Florida Healthcare
  - Rehabilitation institute
  - West Florida Hospital

Needs-Based Clinics

- Community Health Northwest Florida
  - 12th Avenue Pediatrics
  - Airport (First Step Pediatrics)
  - CA Weis Elementary Community School
  - Cantonment Medical Center
  - Cantonment Pediatrics and Pediatric Dental Clinic
  - Healthcare for the Homeless
  - Lakeview Medical Pediartric and Adult Clinic
  - Milton
  - West Jackson Street
  - Women's Care
- Health and Hope Clinic
  - Downtown Pensacola
  - Olive Road
- Good Samaritan Clinic, Gulf Breeze
- Our Lady of Angels St Joseph Medical Clinic, Medical and Dental Clinic, Downtown Pensacola

Military

- Veterans Affairs, Joint Ambulatory Care Clinic
- Naval Hospital Pensacola

Mental Health/Substance Abuse Facilities

- Baptist Behavioral Health
- Lakeview Center - Avalon Center
- Lakeview Center, Main Campus
- The Friary
- West Florida Healthcare, Pavilion Psychiatric Hospital

Urgent Care

- Baptist Walk-in Care/Urgent Care
  - Airport
  - Navarre
  - Nine Mile Road
  - Pace
- Community Health Northwest Florida, Urgent Care, Jordan Street
- CVS Minute Clinic
  - Cantonment
  - Davis Highway
  - Gulf Breeze
  - Milton
  - Pace
- Pace Primary Care & Walk-in Clinic
- ProHealth Walk-in Clinic
  - Airport
  - Gulf Breeze
- Quality Urgent Care & Wellness. Palafox Street
- Sacred Heart Clinic at Walgreens
  - Navarre
  - Ninth Avenue
  - Pace
  - Pine Forest
- Sacred Heart Urgent Care
  - Pace
  - Pensacola Boulevard

Acknowledgements

Pace High School NJROTC future pilot in a T-6B Flight simulator at Whiting Field
courtesy of NAS Whiting Field Public Affairs Office

Partners and Stakeholders

The 2019 Escambia – Santa Rosa CHNA is the result of a collaborative community-wide effort involving a variety of organizations serving both counties. Live Well Partnership thanks the following for their participation.

CHNA Planning Committee / CHNA Sponsors – responsible for planning, data collection/analysis, communication and report writing

- Brett Aldridge, *Baptist Health Care*
- Myesha Arrington, *Community Health Northwest Florida*
- Amy Barron, *Sacred Heart Health System*
- Nora Bailey, *Live Well Partnership*
- Paula Bides, *Ascension Florida*
- John Clark, *Council on Aging of Northwest Florida*
- Carter Craddock, *Baptist Health Care*
- Denice Curtis, *University of West Florida, Usha Kundu, MD, College of Health*
- Matt Dobson, *Florida Department of Health - Santa Rosa*
- Krystle Fernandez, *Baptist Health Care*
- John Hartman, *University of West Florida, Usha Kundu, MD, College of Health*
- Michelle Hill, *Florida Department of Health - Santa Rosa*
- Bethany Miller, *Sacred Heart Health System*
- Kimberly Pace, *Florida Department of Health – Escambia*
- Ann Papadelias, *Community Health Northwest Florida*
- Sandra Park-O'Hara, *Florida Department of Health - Santa Rosa*
- Patrick Shehee, *Florida Department of Health – Escambia*
- Chandra Smiley, *Community Health Northwest Florida*
- Daudet Tshiswaka, *University of West Florida, Usha Kundu, MD, College of Health*
- Versilla Turner, *Florida Department of Health – Escambia*
- Debra Vinci, *University of West Florida, Usha Kundu, MD, College of Health*

CHNA Steering Committee – responsible for guiding CHNA process, reviewing data, providing feedback and setting priorities

- Achieve Escambia
- Ascension Florida
- Baptist Health Care
- Baptist Hospital
- Children's Home Society of Florida
- Community Clinics Northwest Florida
- Community Drug & Alcohol Council
- Council on Aging of Northwest Florida
- Covenant Care
- Emerald Coast Utility Authority
- Escambia County School District
- Ever'man Cooperative Grocery & Café
- Feeding the Gulf Coast
- Florida Dept. of Children and Families
- Florida Department of Health - Escambia
- Florida Department of Health - Santa Rosa
- Good Samaritan Clinic
- Gulf Breeze Hospital
- Gulf Coast African American Chamber
- Health & Hope Clinic
- Jay Hospital
- J L Maygarden Company
- Lakeview Center
- Live Well Partnership for a Healthy Community
- Manna Food Pantries
- Opening Doors Northwest Florida
- Pensacola Bay Baptist Association
- Pensacola News Journal
- Sacred Heart Hospital
- Santa Rosa County
- Santa Rosa County School District
- Santa Rosa Medical Center
- Town of Century
- United Way of Escambia
- University of West Florida
- Walmart
- Waterfront Mission
- YMCA of Northwest Florida

Blue Angel's Air Show courtesy of Elaine Cox

2019 Community Health Needs Assessment

Data Update Addendum

Escambia and Santa Rosa County 31 March 2020

Public health accreditation requires an ongoing process that monitors, refreshes, and adds data and data analysis to the Community Health Needs Assessment (CHNA). The goal of this requirement is to encourage continual monitoring of the factors that influence and drive the health inequities in our community. After the Dissolution of the Live Well Partnership for a Healthy Community in December of 2018, key members of Escambia and Santa Rosa's public health system came together to discuss a process to address social determinants of health in a more upstream approach. This effort to address the social determinants of health through upstream change began in April 2019 with a community meeting and has developed into a new collective impact effort. *Achieve Healthy EscaRosa*, a broad sector collaboration, provides Escambia and Santa Rosa's public health system a unique opportunity to collectively engage community members and nontraditional stakeholders i identifying and strategically impacting the factors that influence health. These factors go beyond basic healthcare access and behavior change to look at policies and societal systems that are required for everyone in our community to have the opportunity to live well and thrive.

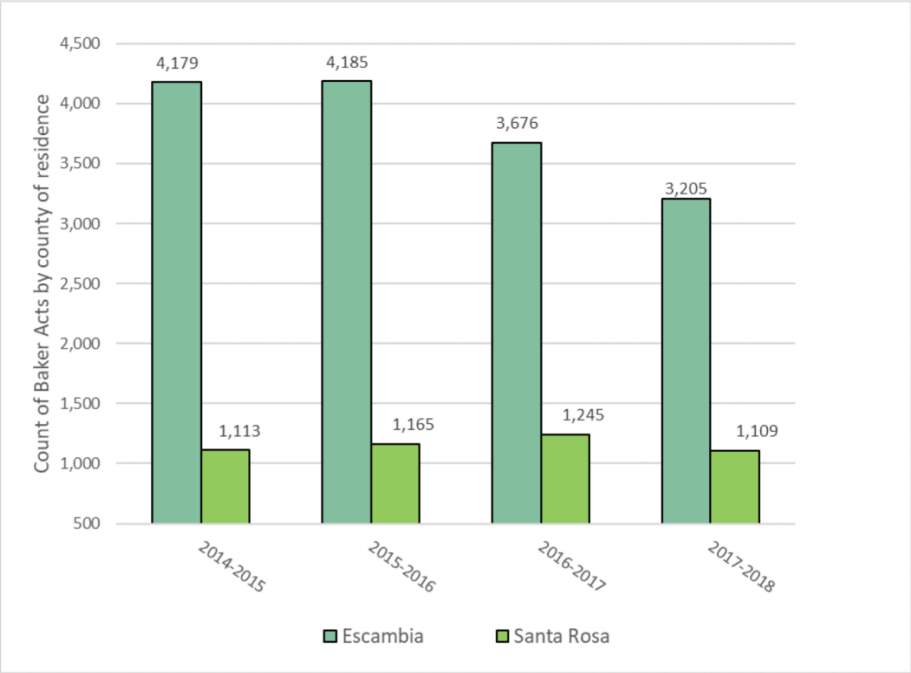
This upstream approach begins with data, on February 20, 2020 a community-wide data walk was hosted at the University of West Florida's Conference Center by the Usha Kundu College of Health. This event brought in more than 200 community members and partners and promoted discussion and input around the well-being of the community of 'EscaRosa'. During this data walk, facilitators and subject matter experts spoke to the importance of coming together as a community and discussing the importance of addressing health inequities, looking at the data indicators that tell the story, beginning to create a narrative about what is the biggest area of need, and what are some of the ways our community may begin to address these issues.

The data presented in this addendum was curated by *Achieve Healthy EscaRosa*' s data team, who curated 43 additional indicators that furthered the story of both Escambia and Santa Rosa that was presented in the original print of the *2019 CHNA.* Following the priority health outcomes – mental health, drug use, infant health, child health, diabetes; additional data was provided using social determinants buckets of 'food environment'; 'education'; 'economics'; 'community'; 'health outcomes'. Those additional 43 Indicators included information on life expectancy, transportation resources, child care availability, grade level achievement in reading and math. The data team plans to reassess the indicators that align with the activities and goals that are created through the improvement planning process, currently still in the community input phase.

The following posters are organized by header color in the following social determinant categories: **health outcomes**, **food environment**, **education**, **economics**, and **community**.

Baker Act Admissions

The Florida Mental Health Act of 1971, commonly known as the "Baker Act," allows the involuntary institutionalization and examination of an individual who has a substantial likelihood that without treatment will cause serious bodily harm in the near future.

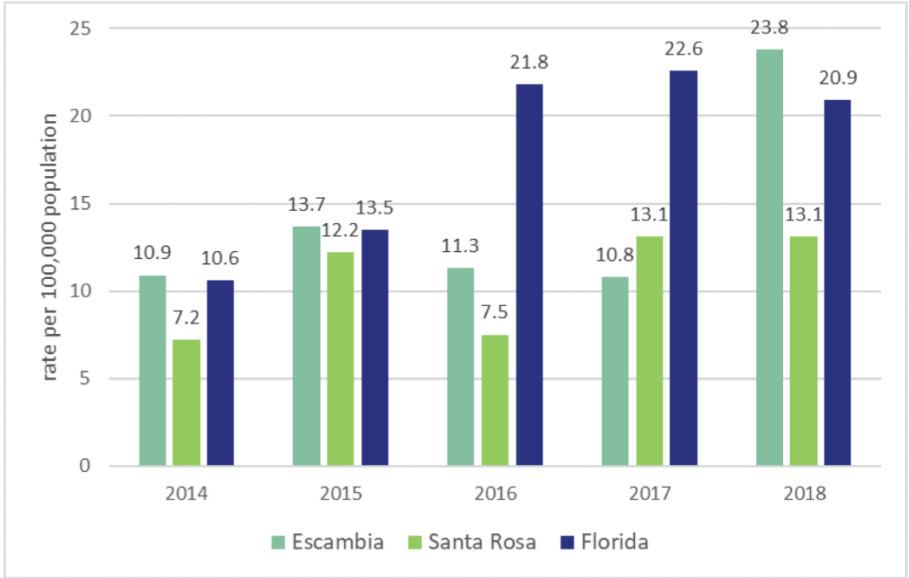


Data Source: https://www.usf.edu/cbcs/baker-act/

Who is already working to impact this issue?

Adults Ever Told They Had Diabetes

Average healthcare costs for people with diabetes are about 2.3 times higher than those without diabetes. Unmanaged diabetes can lead to increased hospitalizations and premature death.



Self reported: Type I, Type II, Gestational

Source: Florida Health Charts– Adults who have ever been told they had diabetes

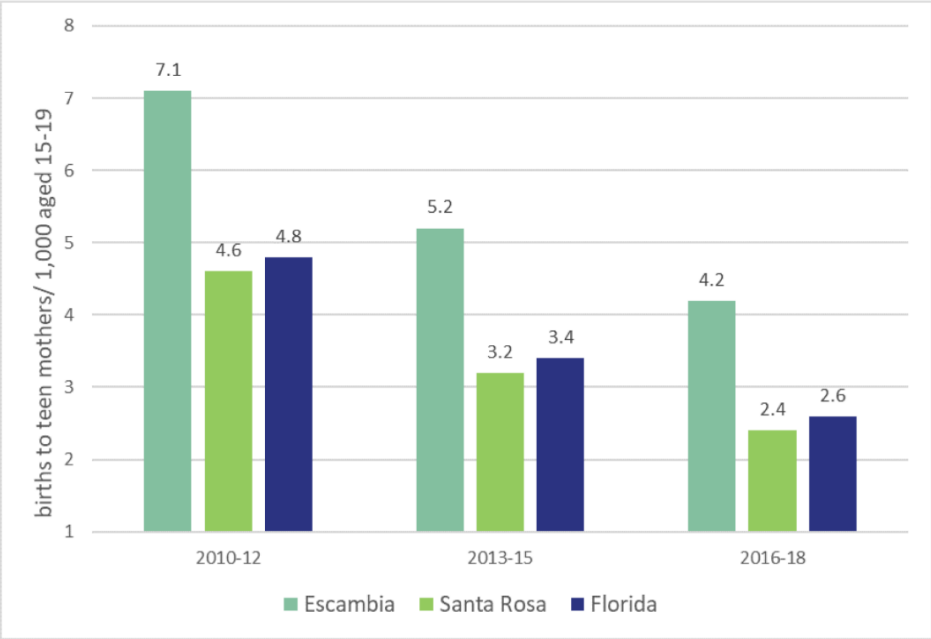
https://www.diabetes.org/resources/statistics/cost-diabetes

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa
Live Well and Thrive

Teen Birth Rate

Teen pregnancies have significant consequences for mother and child with serious social and economic impacts like living in poverty.



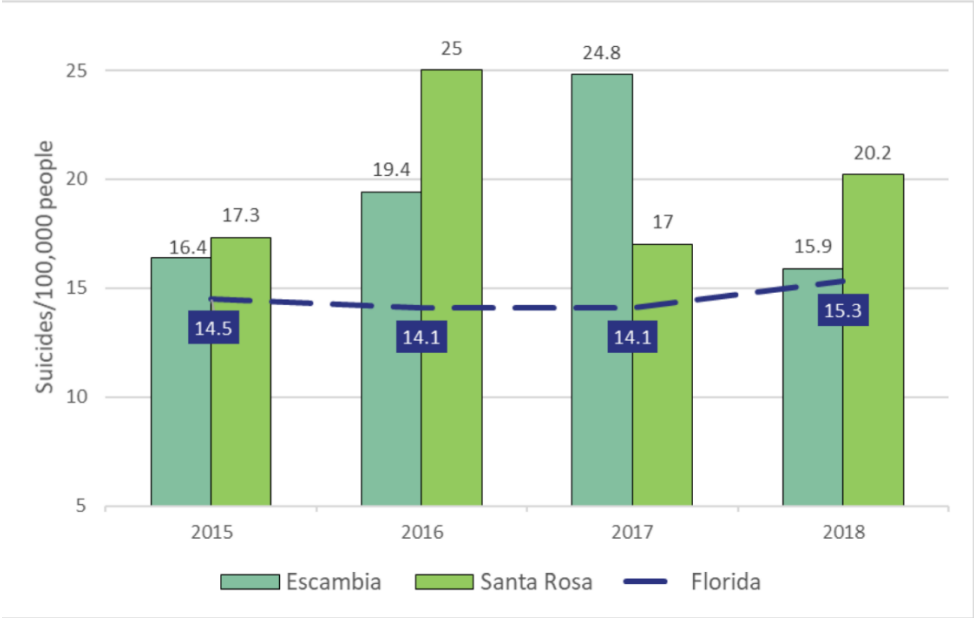
Births to mothers under 18 years of age divided by females in the same age group expressed per 1,000 population

Source: Florida Health Charts-Birth by Mothers' Age

Who is already working to impact this issue?

Suicide Death Rate

Suicide is the 10th leading cause of death in America and the 8th leading cause of death in the State. It is #10 for Santa Rosa County and #12 for Escambia County.



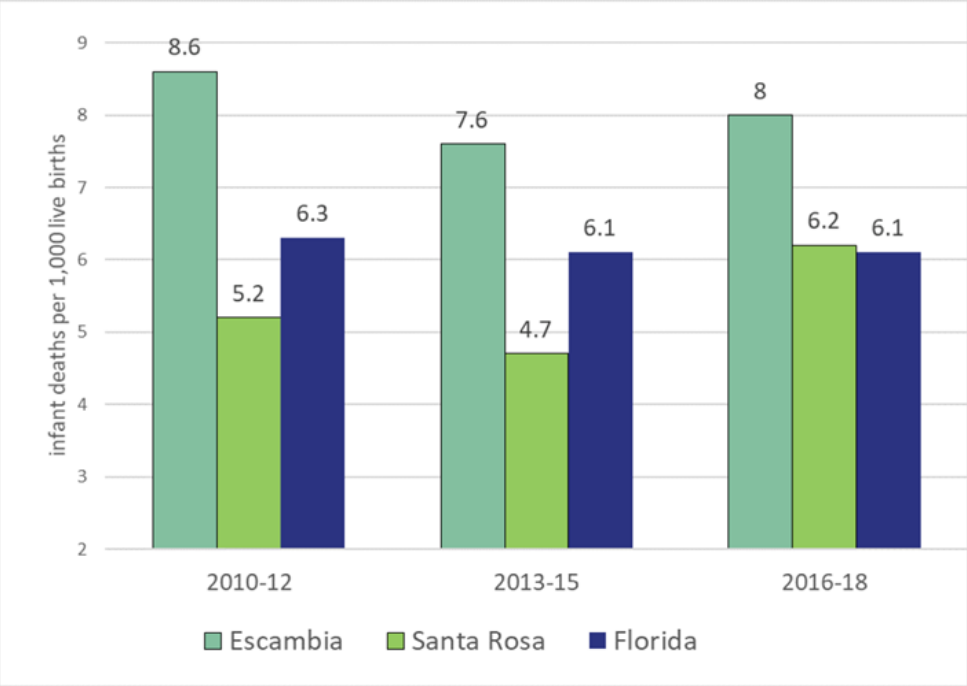
Data Source: Florida Health Charts; flhealthcharts.com

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa
Live Well and Thrive

Infant Mortality

Considered to be the most indicative of overall population health. Infant mortality is caused by numerous lifestyle, social, structural, and environmental factors in the community.

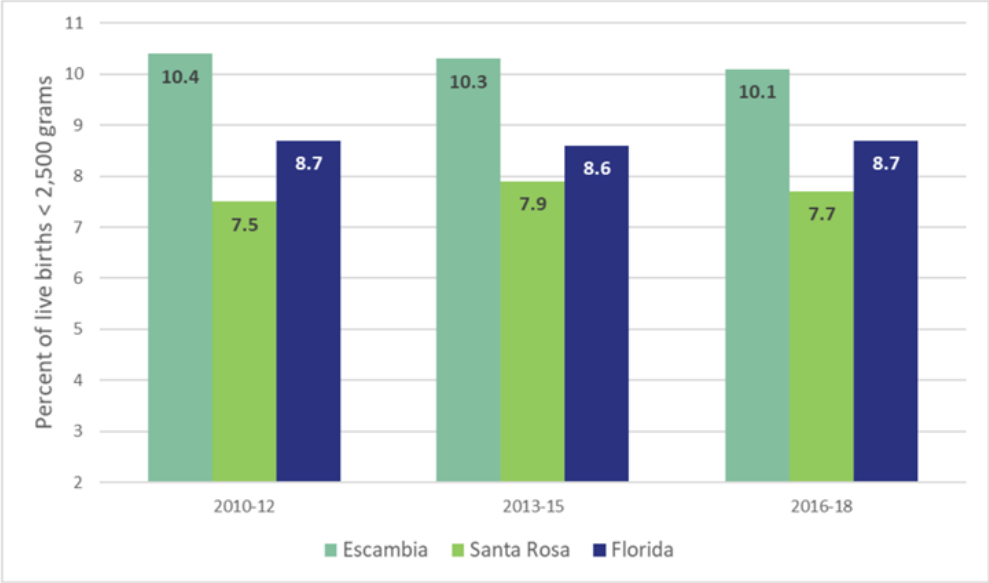


Data Source: Florida Health Charts; flhealthcharts.com

Who is already working to impact this issue?

Low Birthweight Live Births

Low birth weight is a leading cause of neonatal mortality (death before 28 days of age). Low birth weight infants are more likely to experience physical and developmental health problems or die during the first year of life than are infants of normal weight.



Source: Florida Health Charts-Live Births Under 2500 Grams; https://mchb.hrsa.gov/chusa11/hstat/hsi/pages/201lbw.html

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa
Live Well and Thrive

Child Well-Being Index Ranking

Child well-being index looks at factors that affect the likelihood that a child will grow to be a well-educated, economically stable, productive, healthy adult. Ranking is comparing the 65 other Florida counties to Santa Rosa and Escambia

The lower the number the better the overall well-being of children in that county.

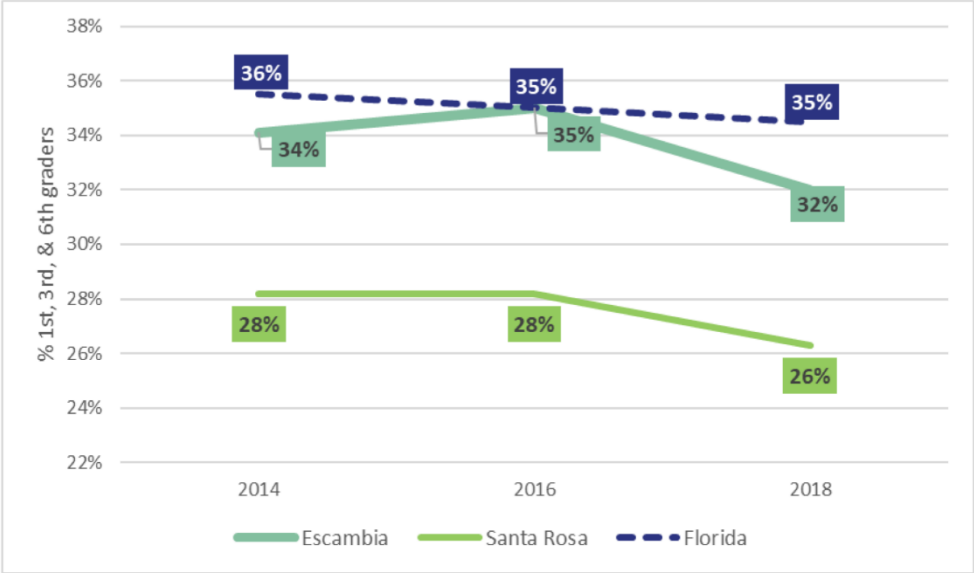
Florida is not ranked as this was only for the state

Data Sources: 2019 Florida Kids Count. *University of South Florida. Tampa.*

Who is already working to impact this issue?

Overweight & Obese 1st, 3rd & 6th Graders

Students with a body mass index greater than or equal to the 85th percentile puts children at risk of obesity, which may lead to other health problems



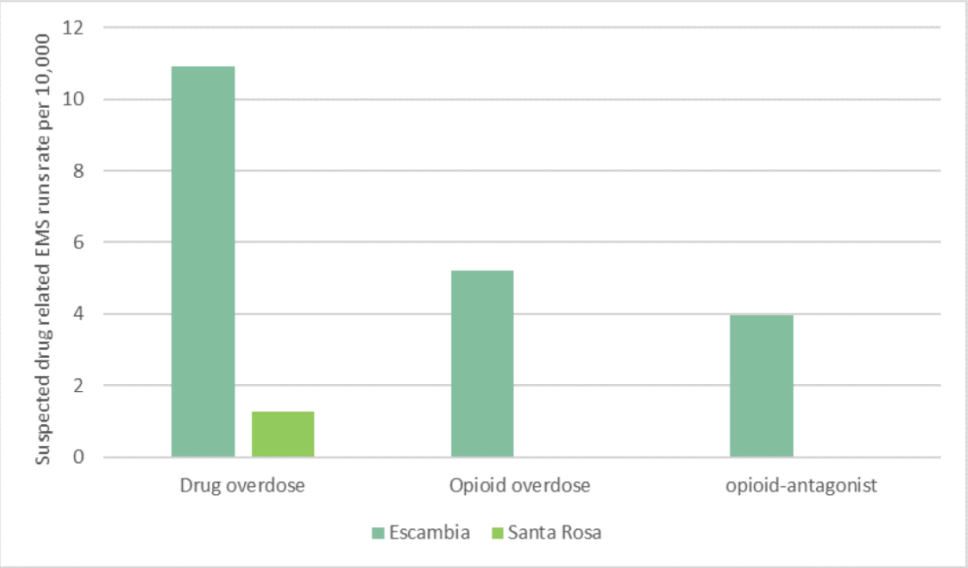
Data Sources: 2018 BMI screening results from the Division of Community Health Promotion. *Florida Department of Health. Tallahassee.*

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa
Live Well and Thrive

Suspected Drug-related EMS Runs

Opioid overdose has been an increasing trend across the Nation, this has profound effects on the local and state economy (healthcare spending) and health outcomes.

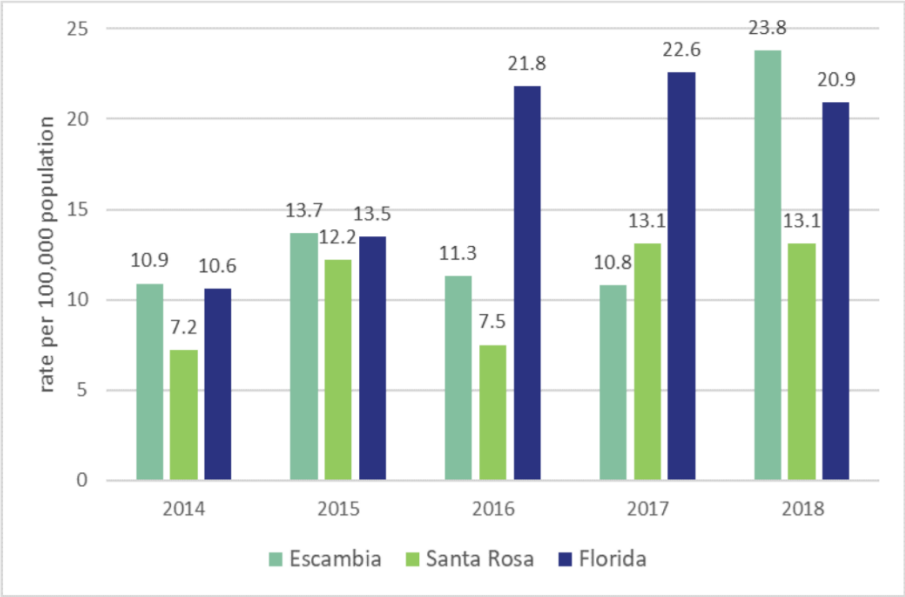


*Santa Rosa did not have enough data for a rate
Quarter 1 (Jan-March 2019) Emergency Medical Services Controlled Substances Overdose Report produced by the Florida Department of Health

Who is already working to impact this issue?

Unintentional Injury Deaths by Drug Poisoning

Unintentional drug poisoning includes drug overdoses resulting from drug misuse, drug abuse, and taking too much of a drug for medical reasons. Also referred to as 'Accidental' drug overdose deaths.



Unintentional is concluded when no harm is intended.

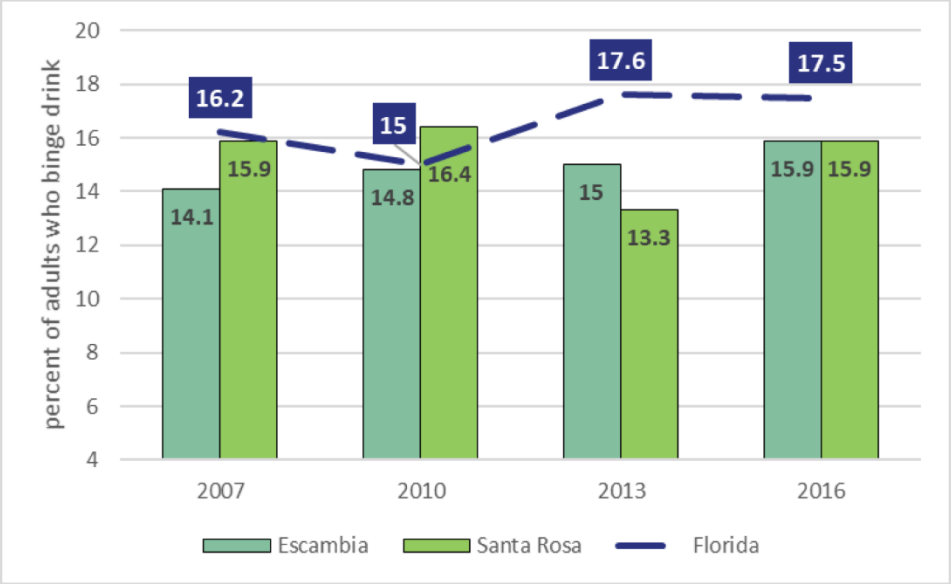
Source: Florida Health Charts-Unintentional Injury Deaths by Drug Poisoning; https://www.cdc.gov/medicationsafety/pdfs/cdc_5538_ds1.pdf

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa
Live Well and Thrive

Adult Binge Drinking

Binge drinking is associated with many health problems such as accidents, fetal alcohol syndrome, cancers, and substance use disorders. Binge drinking also impacts the economy in loss of workplace productivity, health care expenditures, and criminal justice costs.



Binge drinking is 5+ drinks for men and 4+ drinks for women within 2 hours.

Source: Florida Department of Health; Florida Behavioral Risk Factor Surveillance System; https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm

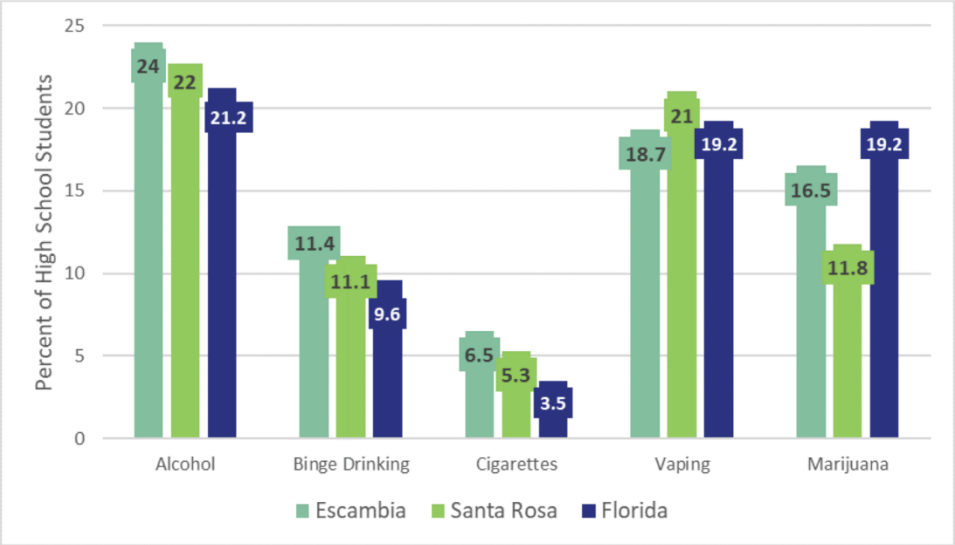
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

Substance Use Among High Schoolers

Early experimentation with drugs and alcohol can permanently damage teenagers' brains. Teens who use drugs and alcohol are also more likely struggle with addiction later in life.



Percentage of High School youths who reported having used various drugs in the past 30 days

Source: 2018 Florida Youth Substance Abuse Survey

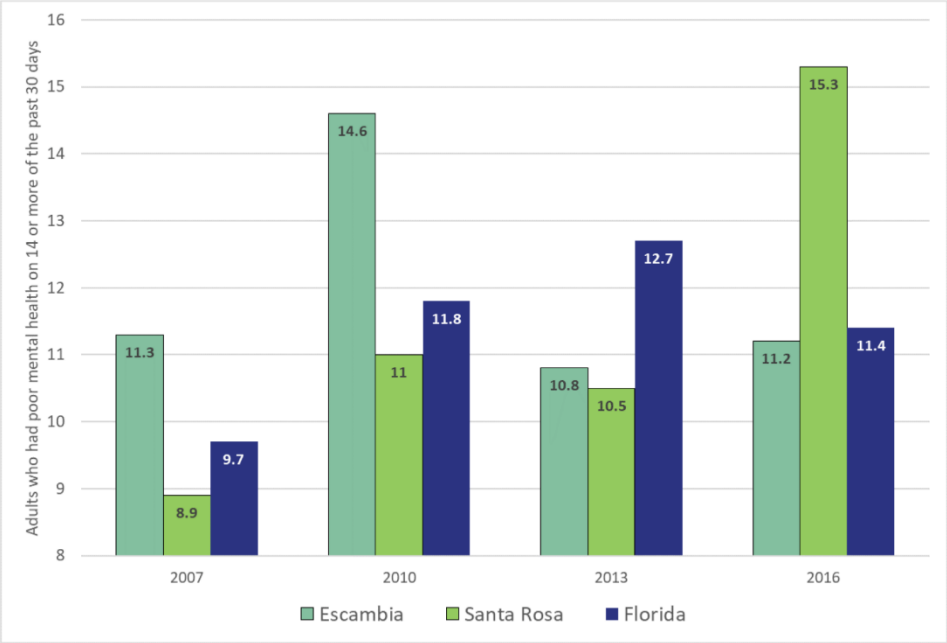
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

Reported Poor Mental Health Days

A high prevalence of poor mental health days amongst a population can speak to untreated mental illness as well as a community's burden of stress, depression, and substance use.

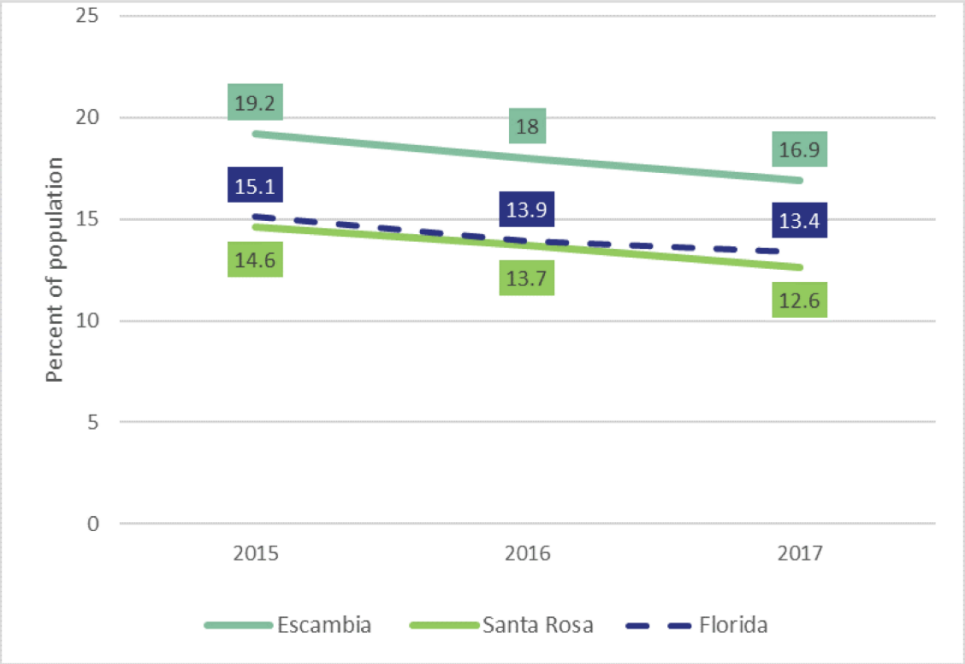


Source: Florida Health Charts-BRFSS Indicators.
Florida Behavioral Risk Factor Surveillance System

Who is already working to impact this issue?

Food Insecurity Rate

Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.

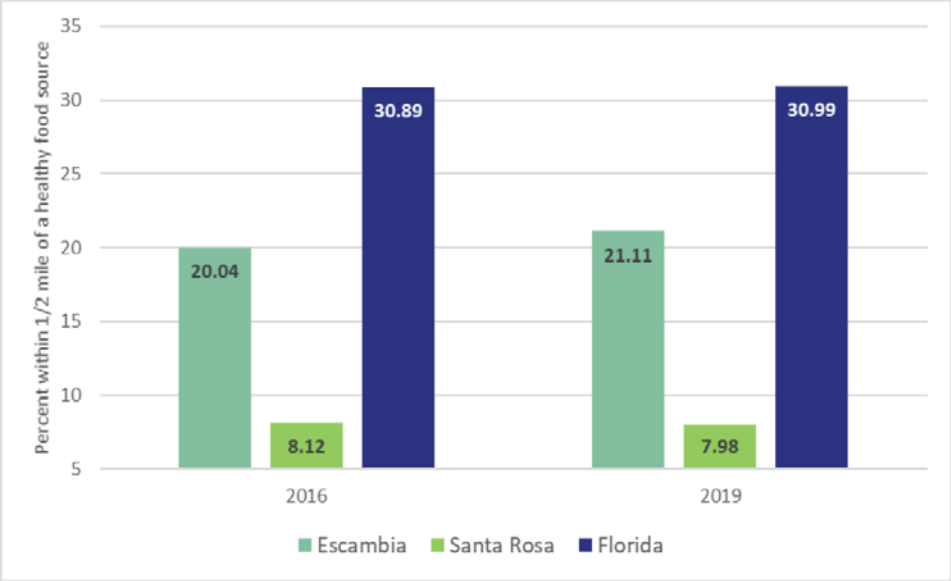


Source: Feeding America, Map the Meal Gap.

Who is already working to impact this issue?

Food Access

There is strong evidence that residing in a food desert is correlated with a high prevalence of overweight, obesity, and premature death. Supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores.



Data Source: Florida Environmental Public Health Tracking

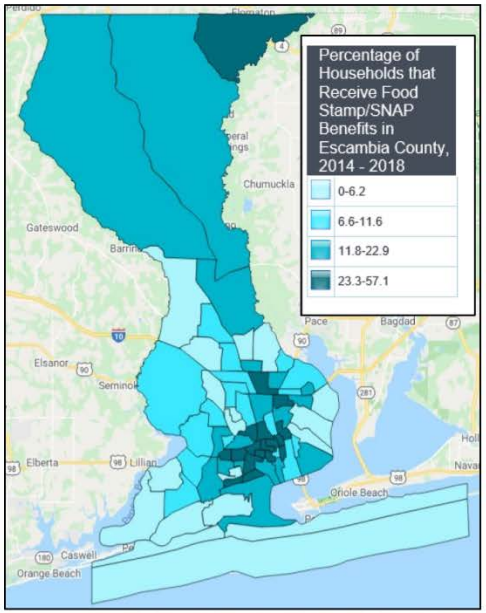
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa
Live Well and Thrive

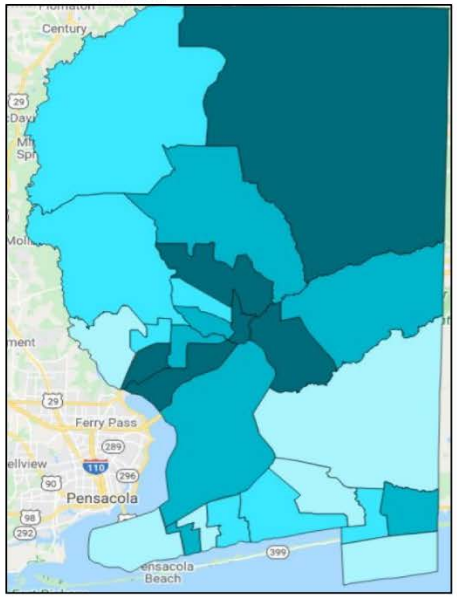
Supplemental Nutrition Assistance Program Beneficiaries

SNAP provides nutrition benefits to supplement the food budget of struggling families and those in need; the darker the color the higher the need.

Escambia



Santa Rosa

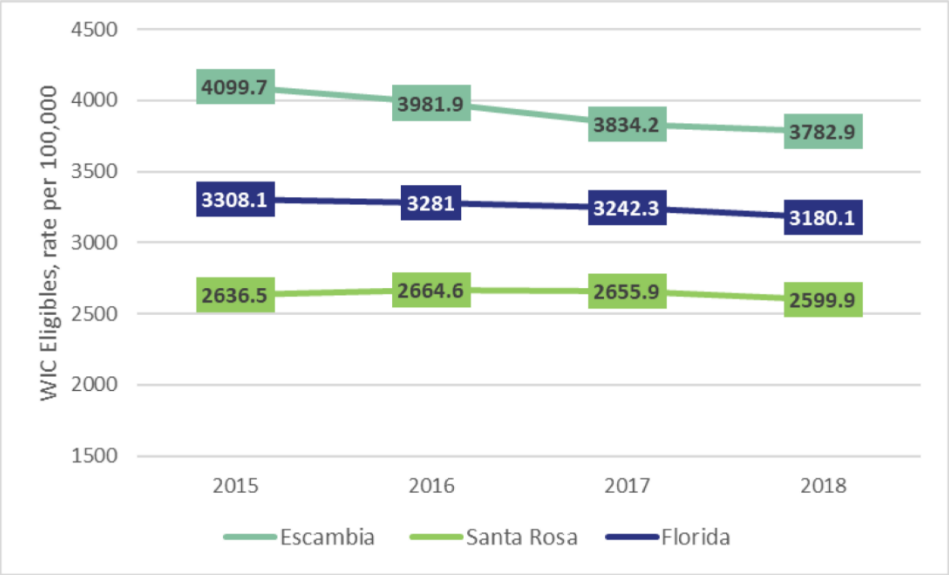


Data source: FLHealthCHARTS Community Map data is provided by the Florida Department of Health Bureau of Vital Statistics and the 2015 American Community Survey 5-year estimates

Who is already working to impact this issue?

Women, Infant, & Children (WIC) Eligibility

WIC services provide additional nutrition and breastfeeding education and assistance to eligible pregnant women and families with children under 5



Data source: Florida Department of Health, WIC & Nutrition Services

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa
Live Well and Thrive

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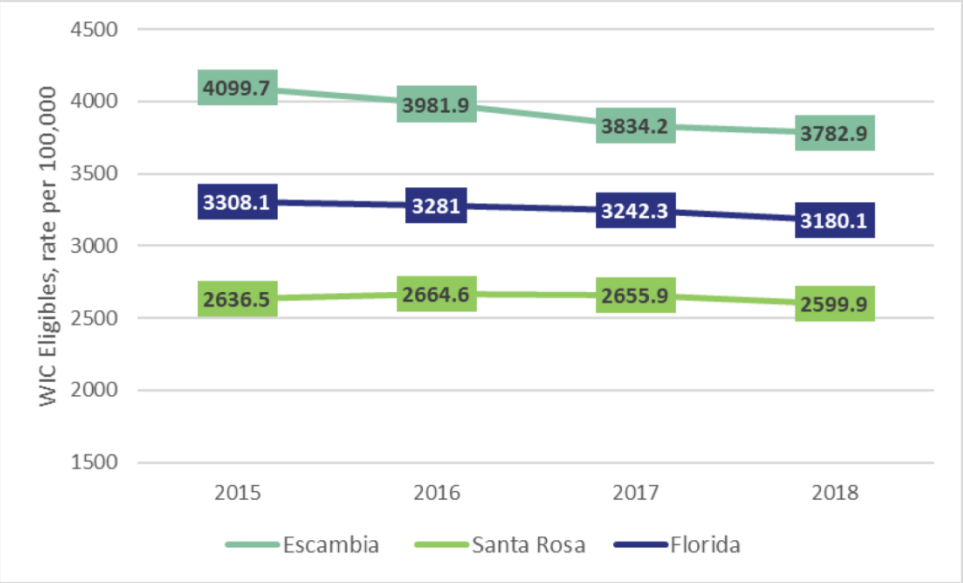
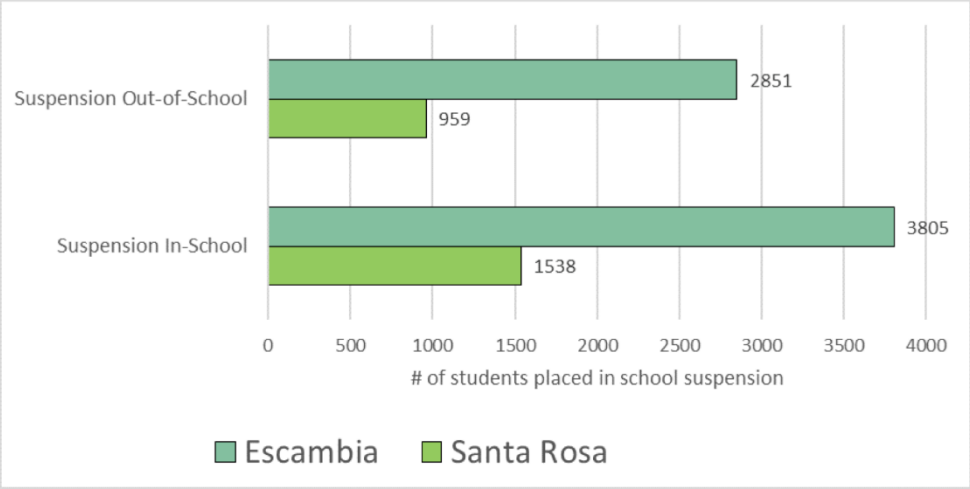


Data source: Florida Department of Health, WIC & Nutrition Services

Who is already working to impact this issue?

Discipline Data: Public Schools

School suspensions has been linked to decreased academic success and increased juvenile justice involvement. Academic success is correlated with living longer and healthier over a lifetime.



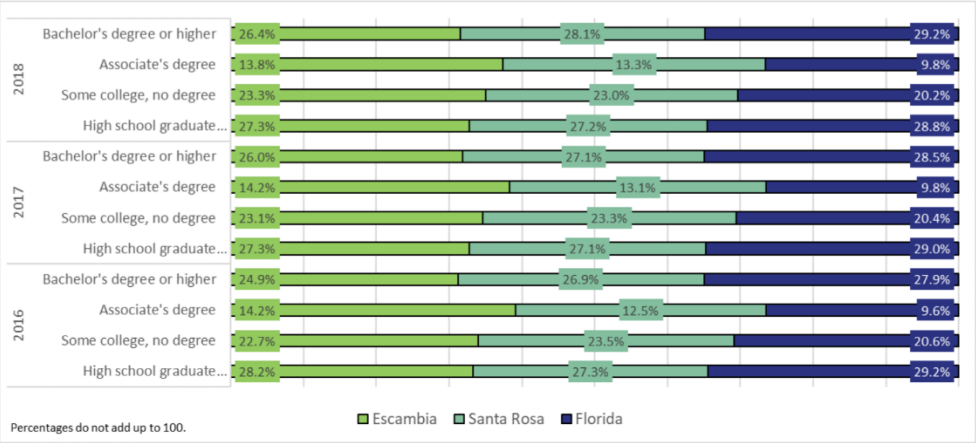
Total students: Escambia- 39,400
Total students: Santa Rosa- 27,436
*Florida is not included in this graph as the data provided is in count not percent and therefore a state benchmark not comparable.
Source: Source: Florida Department of Education-Student Discipline Data 2017-2018

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa
Live Well and Thrive

Post Secondary Education

By providing greater postsecondary access and success for all residents, we build stronger economies, thriving communities, and a greater quality of life. It's clear that higher education remains the best avenue to prosperity, opportunity and a stronger community.

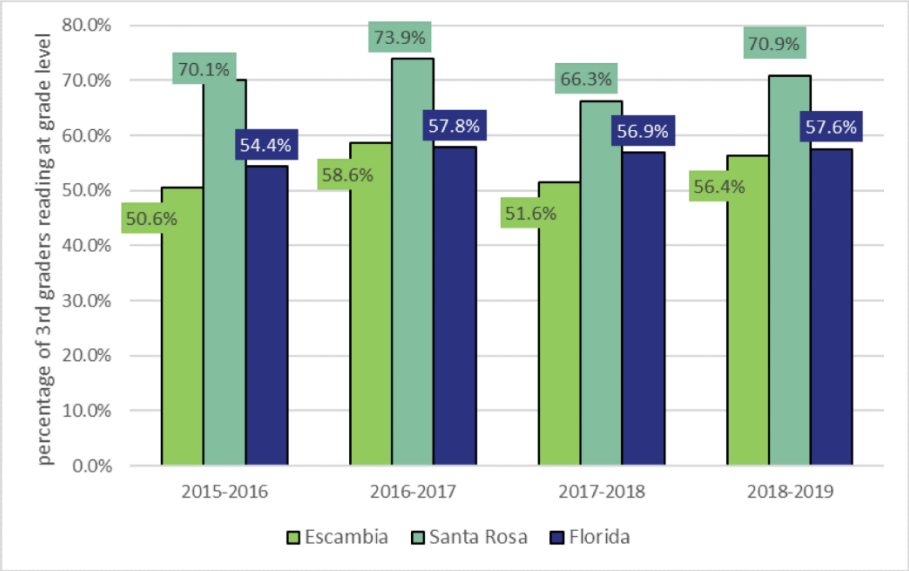


These percentages include trade school completion.
Data Source: American Community Survey 5-Year Estimates, Educational Attainment (S1501) *Population 25 years and over; https://www.luminafoundation.org/attainment-trend

Who is already working to impact this issue?

3rd Graders at Grade Level Reading

Reading at grade level is one of the strongest predictors of later success in school, with data showing the link between disparities in literacy during the early grades and persistent achievement gaps.



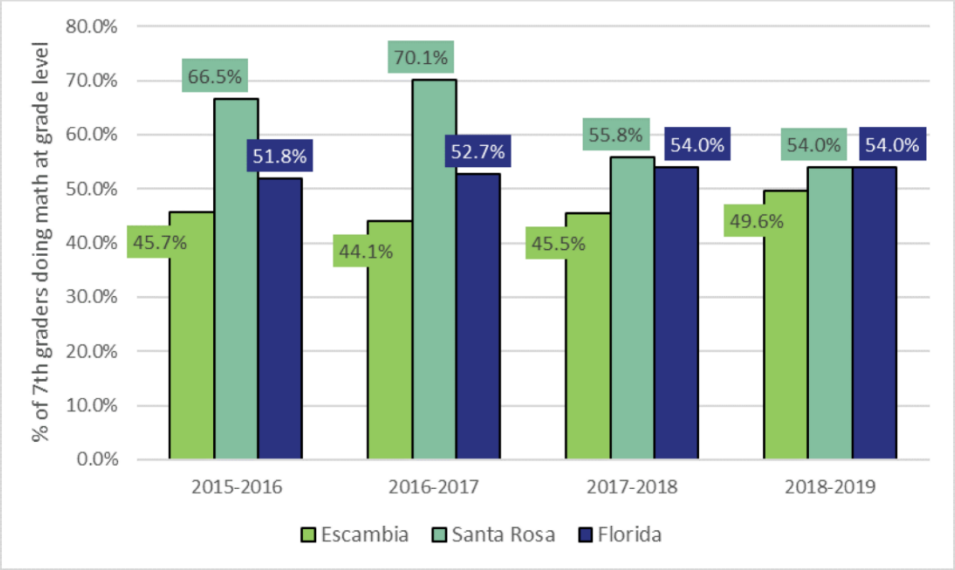
Data Sources: Florida Department of Education, Florida PK-20 Education Information Portal (EDStats)

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa
Live Well and Thrive

7th Graders at Grade Level Math

Middle-grade math has become an important milestone for high school persistence, academic achievement, college attainment and readiness for the workforce. A child's math curriculum also has a strong link to college enrollment.

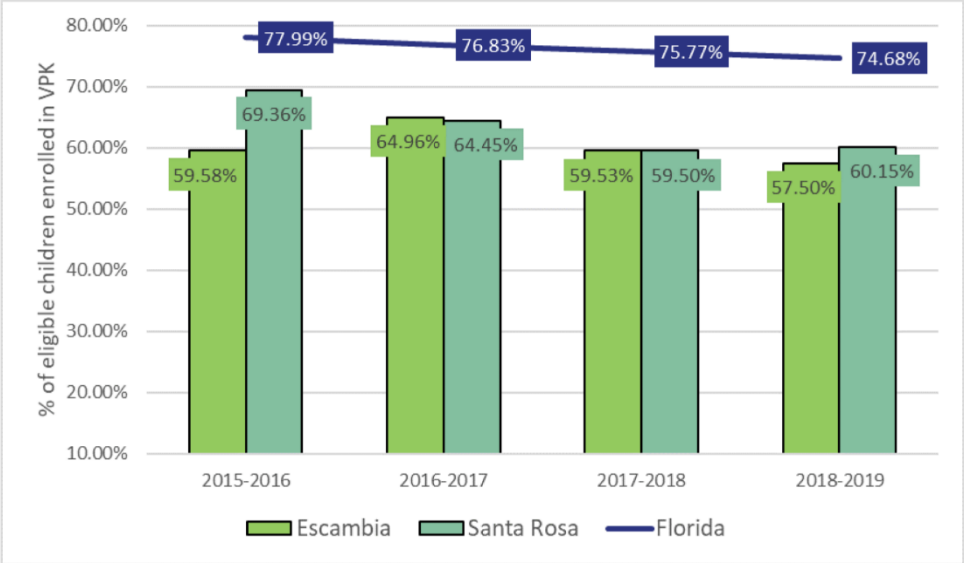


Data Sources: Florida Department of Education, Florida PK-20 Education Information Portal (EDStats)

Who is already working to impact this issue?

Enrollment in Voluntary Pre-K

Studies show that quality early childhood development and education programs can play a key role in reducing risky health behaviors and preventing or delaying the onset of chronic disease in adulthood.



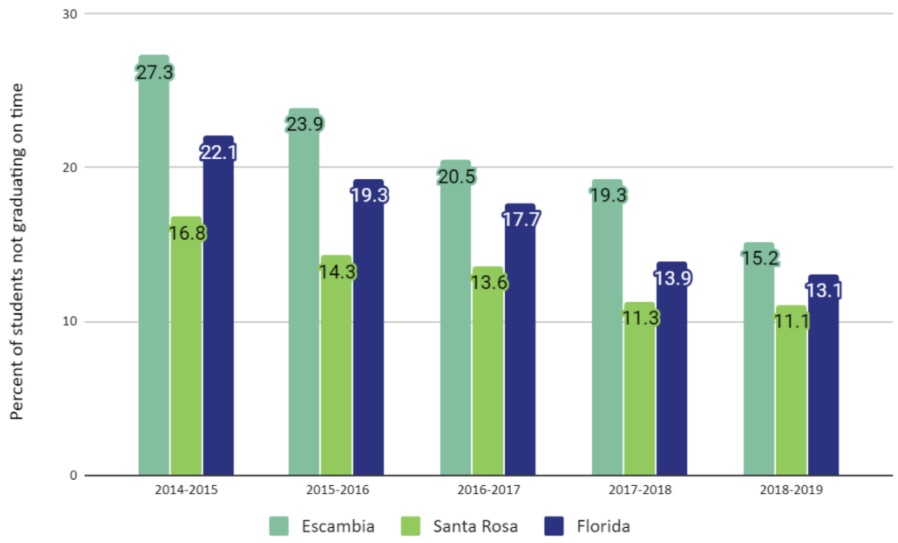
Data Sources: Early Learning Programs Estimating Conference, Voluntary Prekindergarten Education Program

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa
Live Well and Thrive

High School Students Not Graduating On Time

Students who graduate from high school on time are more likely to continue to postsecondary education and training; they are more employable and have higher incomes than students who fail to graduate. High school graduates also have better health outcomes, make healthier choices and are less likely to engage in risky behaviors



Data Source: Bureau of Accountability and Reporting, *Florida Department of Education, Tallahassee.*

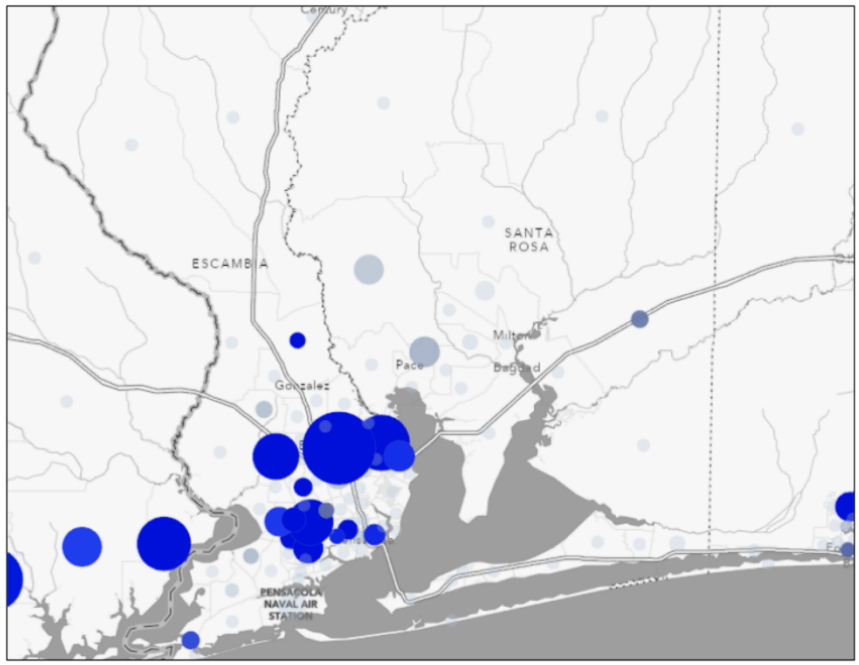
Description source: datacenter.kidscount.org

Who is already working to impact this issue?

Where are high school dropouts?

Compared to high school graduates, dropouts are less likely find a job and earn a living wage, and more likely to be poor and suffer from adverse health experiences.

The larger and bluer the dot, the higher the concentration of High School dropouts



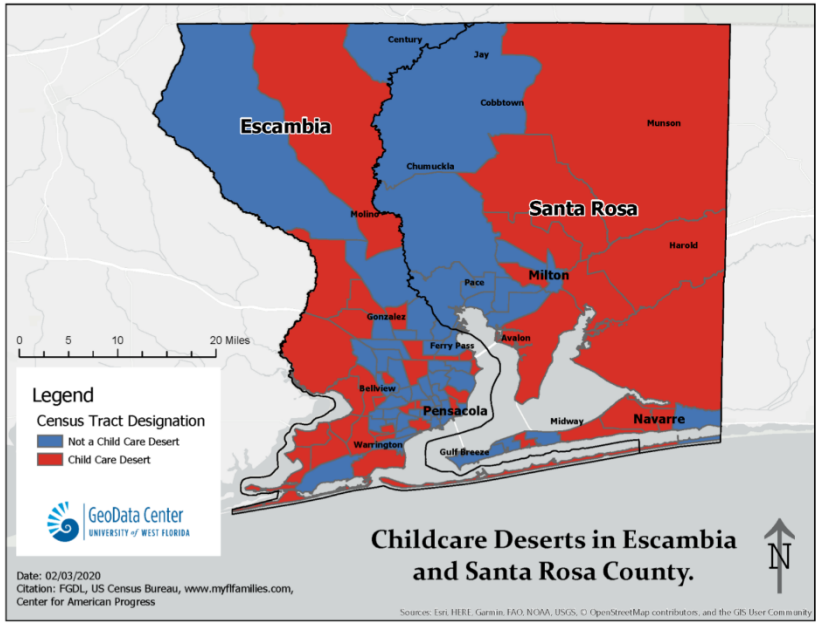
This map shows where young adults are high school dropouts (not currently enrolled in school and without a high school diploma) according to the ACS 5-year estimates. http://arcg.is/uGeLi

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa
Live Well and Thrive

Childcare Deserts

Limited or no access to high quality child care affects the child's readiness for Kindergarten and subsequently makes them less likely to achieve success throughout their educational careers



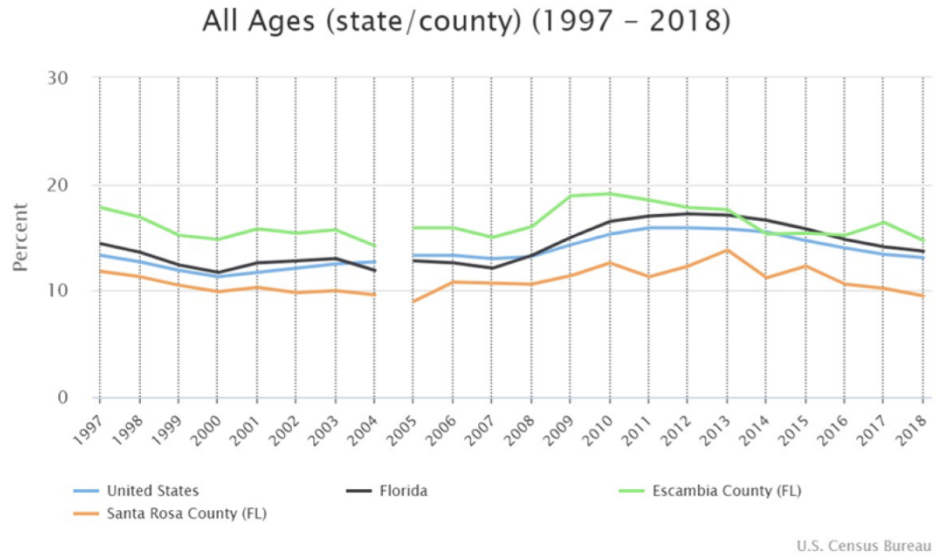
A child care desert is any census tract with more than 50 children under age 5 that contains either no child care providers or so few options that there are more than three times as many children as licensed child care slots

Source: Ben Martin and Mike Fazio. GeoData Center. *University of West Florida*

Who is already working to impact this issue?

Total Population Living in Poverty

Poverty has long been recognized as a contributor to death and disease, but several recent trends have generated an increased focus on the link between income and health. Income inequality has increased dramatically in recent decades, while health indicators have plateaued, and life expectancy differences by income have grown.



*The gap regarding 2005 represents a switch between surveys that meant this question was not answered that year

**Poverty status is determined by comparing total annual pre-tax family income to a table of federally determined thresholds that vary by family size, age of members, and number of children

U.S. Census Bureau, Small Area Income and Poverty Estimates for 2018. https://www.census.gov/programs-surveys/saipe.html

Who is already working to impact this issue?

Households Burdened by Housing Costs

Cost-burdened households pay more than 30% of income on housing.

- Households with 0 or negative income are assumed to have severe burdens
- Households paying no cash rent are assumed to be without burdens.

Renters: Costs include the contract rent and utilities

Homeowners: Costs include mortgage payments, property taxes, insurance, utilities, and condo or mobile home fees.

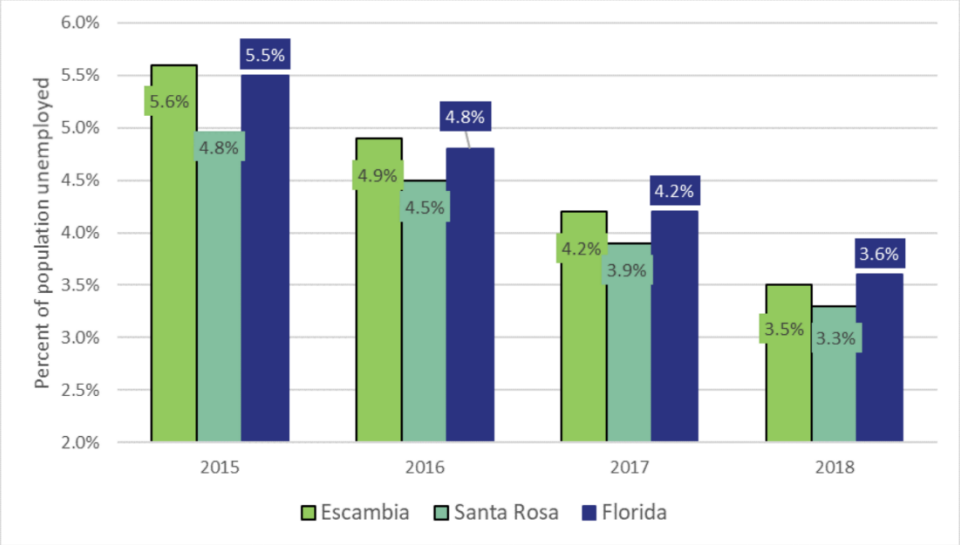
Harvard Joint Center for Housing Studies tabulations of US Census Bureau, 2006–2017 American Community Survey 1-Year Estimates using the Missouri Data Center MABLE/geocorr14.

Who is already working to impact this issue?

Percent of Unemployed

Unemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, and exercise.

Unemployment can also limit access to health care as employer-sponsored health insurance is the most common source of health insurance coverage,



Data Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics Map *Not seasonally adjusted.

Who is already working to impact this issue?

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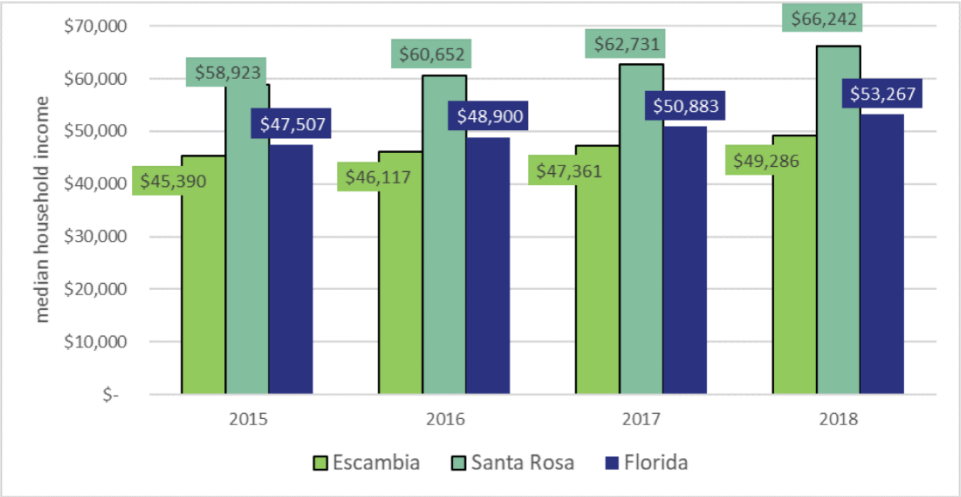
Live Well and Thrive

Median Household Income

Median household income is a well-recognized indicator of income and poverty. A lower income level can compromise physical and mental health.

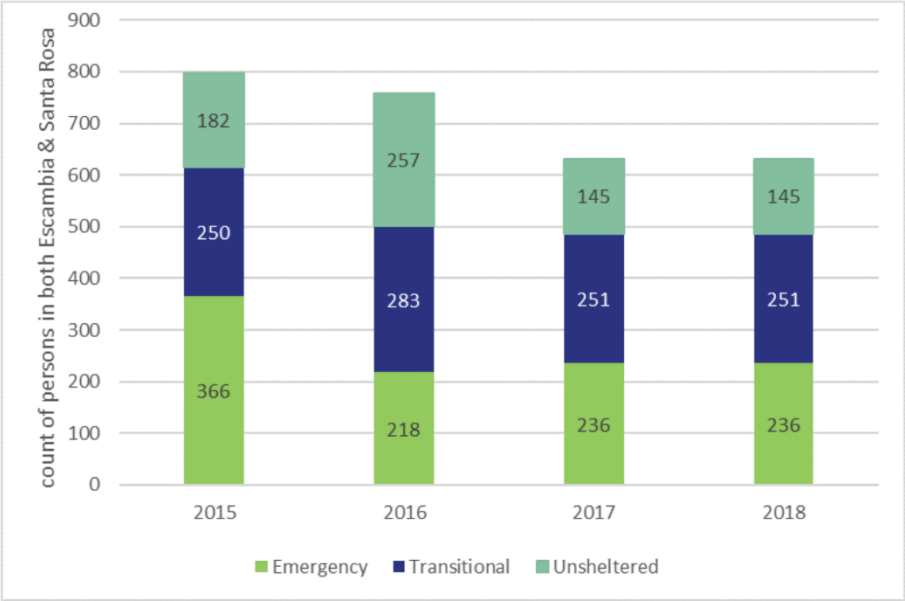


Data Source: American Community Survey 5-Year Estimates, Selected Economic Characteristics (DP03)

Who is already working to impact this issue?

Population Experiencing Homelessness

Homelessness can be the result of many health indicators and economic factors. Reducing the number of those who are experiencing homelessness helps to reduce costs associated with providing care to this population.



Numbers as provided by a Point in Time Survey conducted by Opening Doors NorthWest Florida

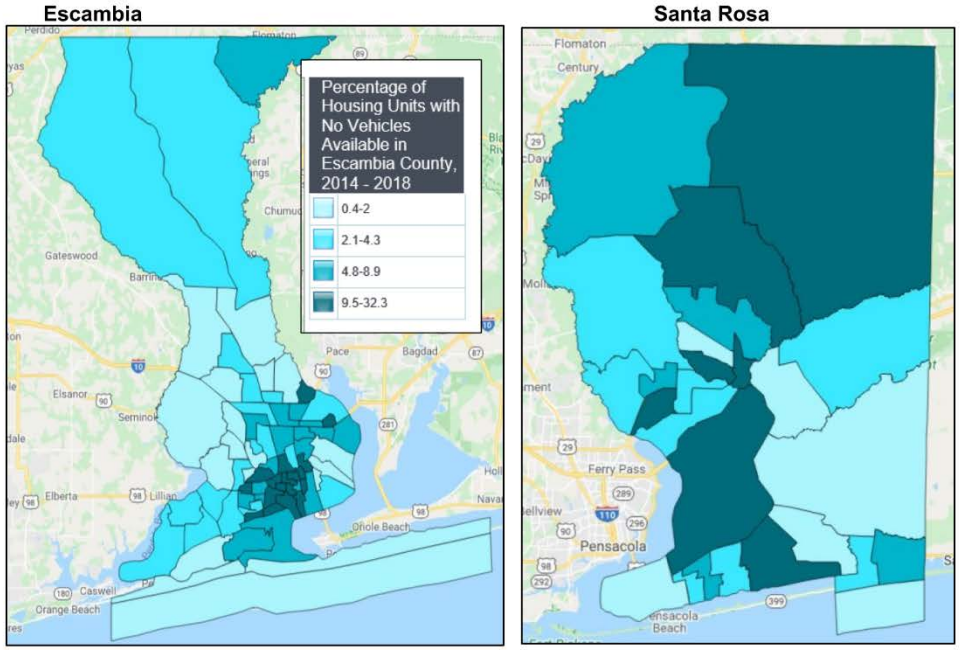
Source:https://openingdoorsnwfl.org/the-payoff

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa
Live Well and Thrive

No Vehicle Access

Vehicle access is an important social determinant that can be a contributing factor impacting health and behavior outcomes like eating healthy and attending doctor's appointments

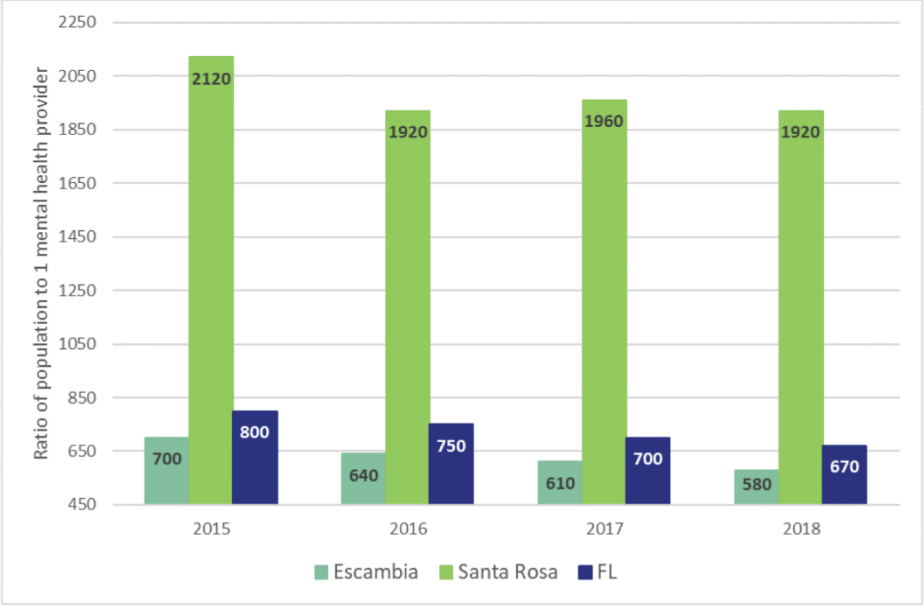


Data source: Florida Department of Health Bureau of Vital Statistics; 2015 American Community Survey 5-year estimates

Who is already working to impact this issue?

Mental Health Providers Ratio

Access to quality mental health care is necessary for a healthy population; reducing these numbers will ensure better access to behavioral health care and treatment for our community.



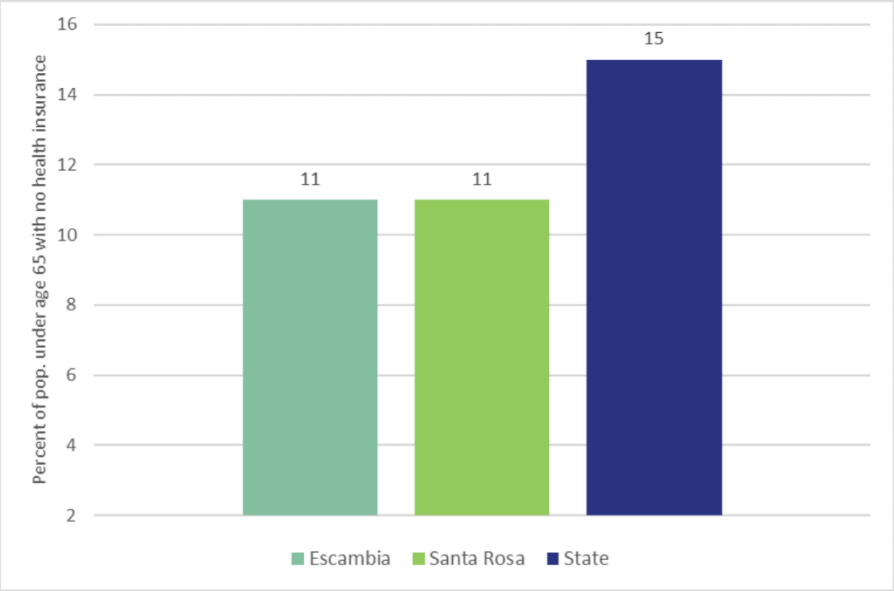
This looks at all actively registered mental health providers,regardless insurance
Data Source:
https://www.countyhealthrankings.org/app/florida/2019/measure/factors/62/data

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa
Live Well and Thrive

Residents With No Health Insurance

Health insurance is important for preventive health services such as vaccinations and annual health physicals. High rates of uninsured individuals can have a large economic impact on the community.

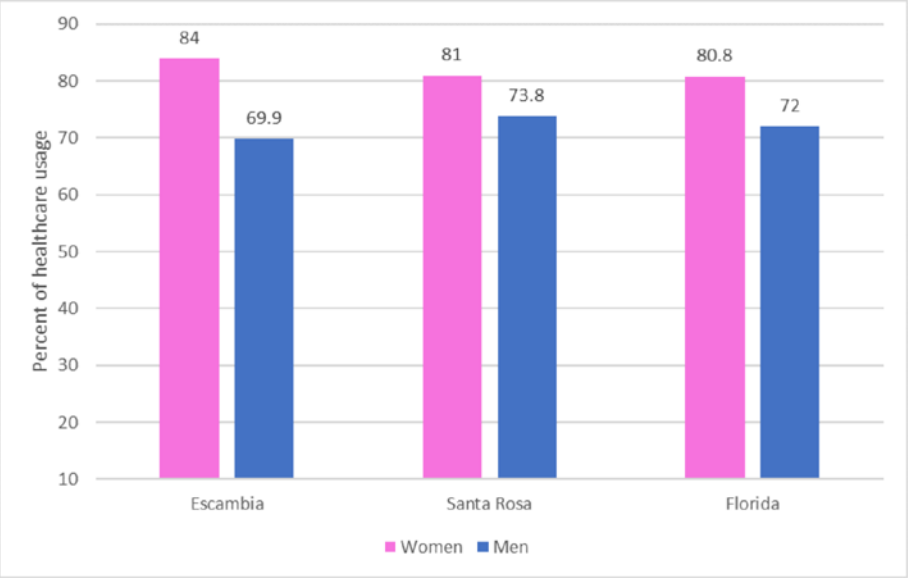


Percentage of Population under age 65 that do not have health insurance
Data Source: Florida Health Charts; flhealthcharts.com

Who is already working to impact this issue?

Health Care Utilization

Primary care consultations have been found to significantly increase life expectancy, particularly among the 30- to 49-year age group. Understanding gender differences in utilization rates can lead to more targeted educational campaigns.



Question: Percentage of adults who had a medical check up in the past year
Source: 2016 Florida Behavioral Risk Factor Surveillance Survey;
https://www.publichealth.org/public-awareness/preventive-care-schedule/

Who is already working to impact this issue?

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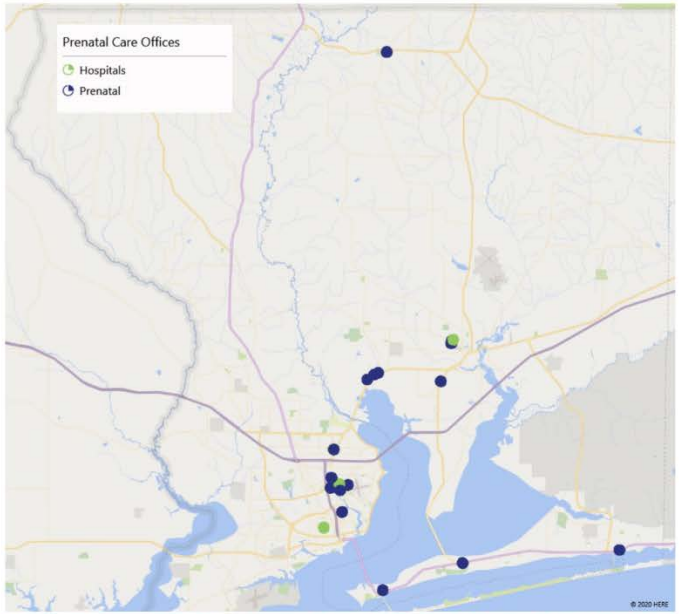
Live Well and Thrive

Prenatal Care Offices

The accessibility of Obstetric/Gynecology offices directly impacts how many women are seeking care during their pregnancies.



There are 19 Obstetric/Gynecology offices in Escambia, Santa Rosa County and 4 birthing hospitals. Many of these OB/GYN offices exist in clusters that make care difficult to access for some populations

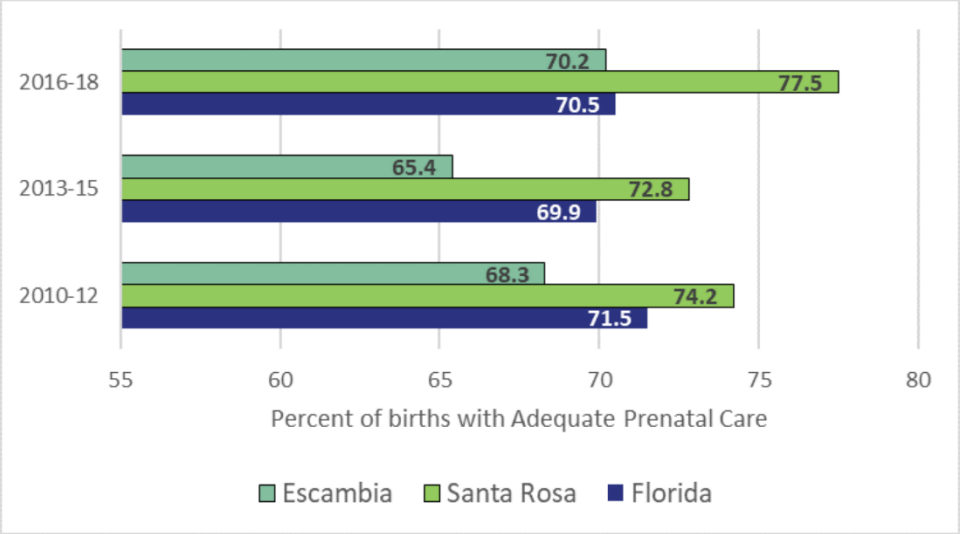
All offices accept at least one form of Medicaid.

Source: Escambia County Healthy Start Coalition

Who is already working to impact this issue?

Births with Adequate Prenatal Care

Having adequate prenatal care during pregnancy is linked to having a more positive birth outcome such as a full-term birth and normal birth weight.



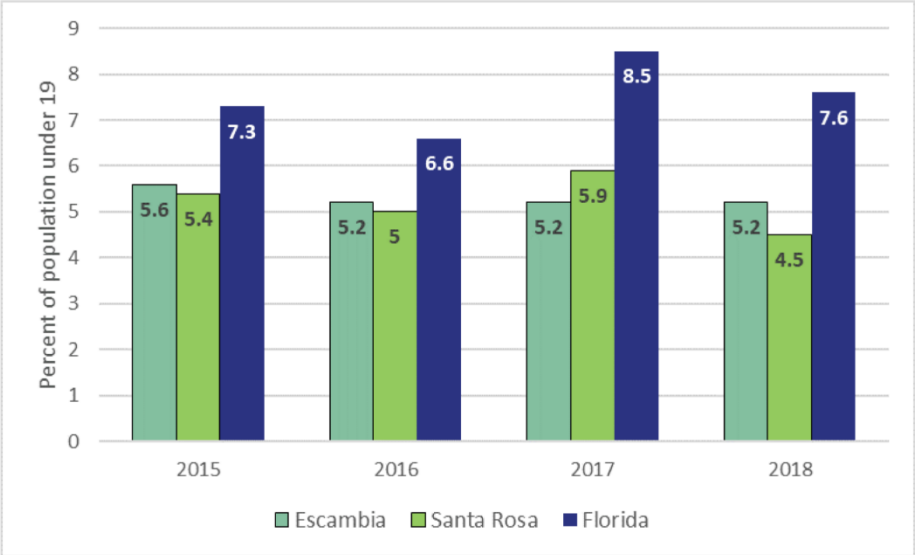
Adequate care is defined as care that has begun by the fourth month of pregnancy and where at least 80% of the visits were made.
Data Source: Florida Health Charts; flhealthcharts.com

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa
Live Well and Thrive

Uninsured Children

Uninsured children receive less medical care and less timely care. They tend to have worse health outcomes. When the uninsured seek medical treatment, often costs are borne by hospitals providing free care and eventually by consumers, resulting in higher health costs for everyone.



Children under 19* with no health insurance.

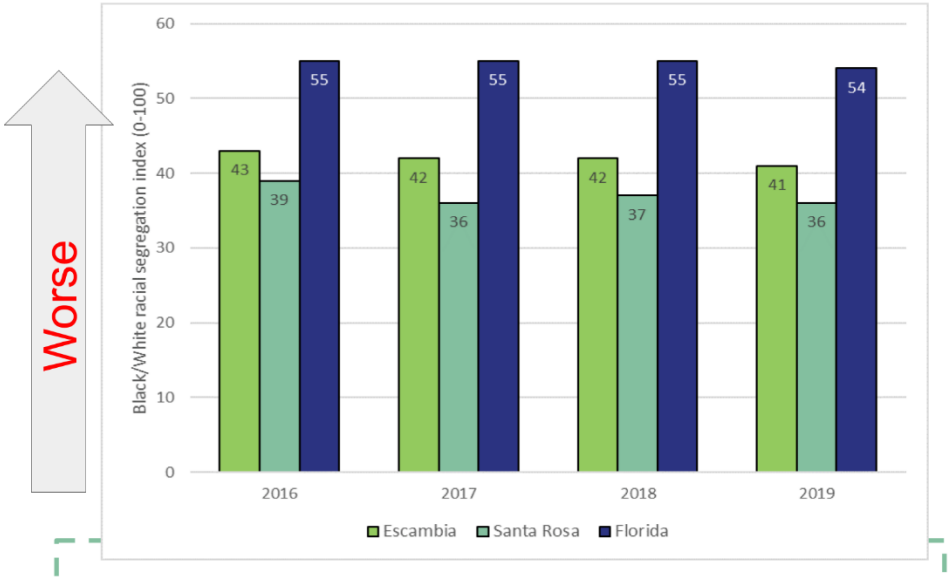
*19 was designated by US Census

2018 U.S. Census Bureau, Small Area Health Insurance Estimates, Washington, DC

Who is already working to impact this issue?

Neighborhood Racial Segregation

Residential segregation is considered to be a fundamental cause of health disparities in the US and has been linked to poor health outcomes, including mortality, a wide variety of reproductive, infectious, and chronic diseases, and other adverse conditions.



The index ranges from 0 (complete integration) to 100 (complete segregation).

The index score can be interpreted as the percentage of either Black or White residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area.

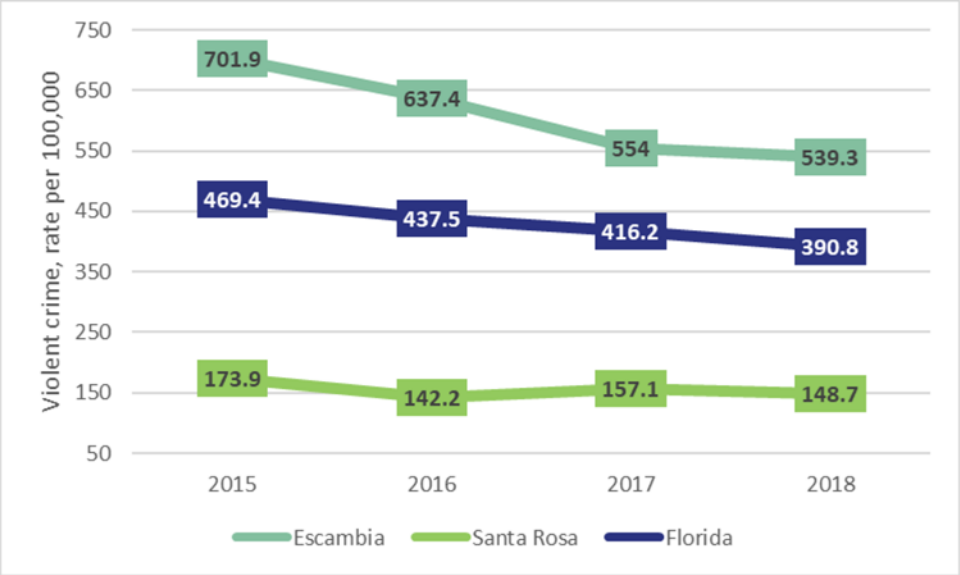
Data Sources: County Health Rankings

Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa
Live Well and Thrive

Violent Crime Rate

High levels of violent crime compromise physical safety and psychological well-being, deter people from pursuing healthy behaviors, such as exercising outdoors, and increase stress, which may exacerbate hypertension and contribute to obesity.



Number of reported violent crime offenses per 100,000 population. 2019 Robert Wood Johnson County Health Rankings.SRC's rate are below the state and national trends.

Who is already working to impact this issue?

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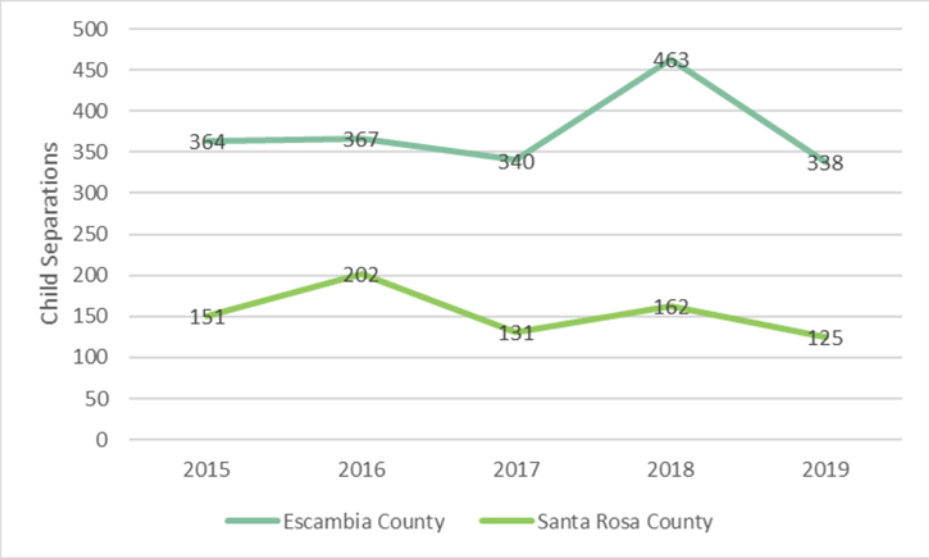
Live Well and Thrive

Child Separation

Separating children from their parents has been included in the adverse childhood experiences study and is proven to have an adverse effect on childhood development and later life health and wellbeing.



Florida is not included in this graph as the data provided is in count not percent and therefore a state benchmark not comparable.
Reasons behind separations include domestic violence, drug abuse, inadequate housing, and inadequate supervision.
Data Source: https://www.myflfamilies.com

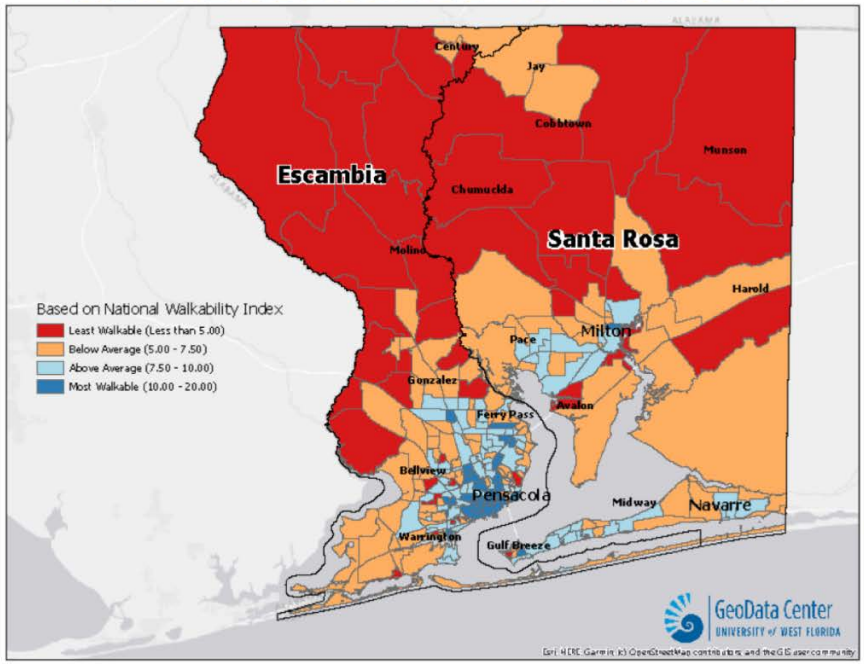
Who is already working to impact this issue?

ACHIEVE Healthy EscaRosa

Live Well and Thrive

Walkability Index

Walkability depends upon characteristics of the built environment that influence the likelihood of walking being used as a mode of travel.

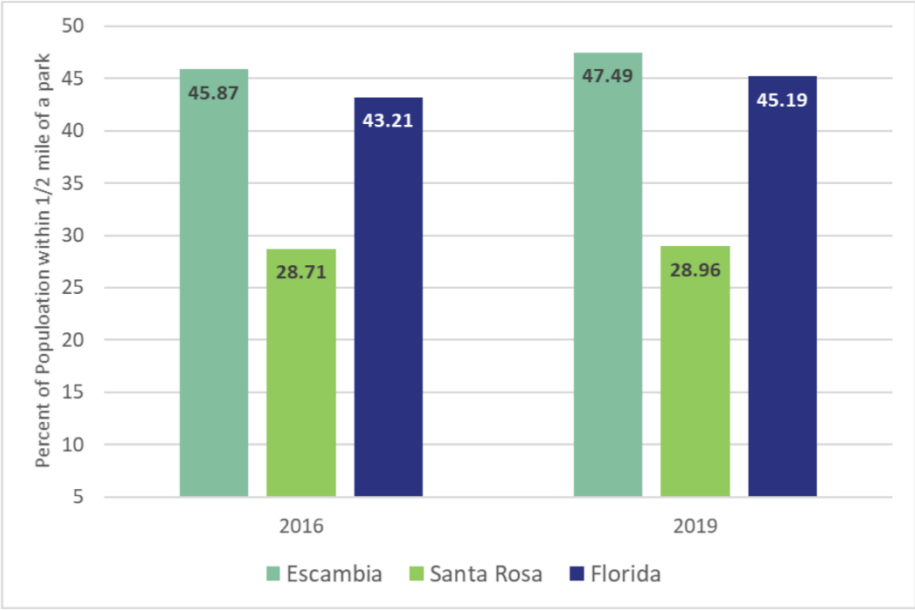


Source: Erin Tooher and Mike Fazio. GeoData Center. *University of West Florida*

Who is already working to impact this issue?

Park Access

Research shows that using public parks, even tiny local ones in your neighborhood, contributes to health in a number of ways, from promoting physical activity to improving mental health and even having the potential to reduce health care costs.



Source: Florida Environmental Public Health Tracking; https://www.rwjf.org/en/blog/2016/08/6_reasons_why_parks.html

Who is already working to impact this issue?

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Live Well and Thrive

2019
Escambia - Santa Rosa Community Health Needs Assessment Report

APPENDIX:
Community Feedback

Appendix: Community Feedback

The most recent prior Community Health Needs Assessment (CHNA) was issued in 2016 by Live Well Partnership and its affiliates. Those organizations included Baptist Hospital, Escambia Community Clinics (d.b.a. Community Health Northwest Florida), Florida Department of Health in Escambia, Florida Department of Health in Santa Rosa, Gulf Breeze Hospital, Jay Hospital, and Sacred Heart Hospital Pensacola. The 2016 CHNA was published in print and digital versions. Digital copies of the CHNA and the subsequent Community Health Improvement Plans (CHIP) were posted on the Live Well Partnership site as well as the websites for the above-mentioned partnering providers. Each organization invited the public to submit comments, questions and concerns on the CHNA and CHIP. No comments were received on the 2016 CHNA by any of the participating partners.

Live Well Partnership has sought public input on this current CHNA. Feedback was solicited through:

- An article in the Pensacola News Journal,
- An interview on WUWF radio (repeated several times over two weeks), and
- A posting of *Community Health Needs Assessment – General Findings* on the websites of Live Well Partnership, Community Health Northwest Florida, Baptist Health Care, Florida Department of Health in Escambia and Florida Department of Health in Santa Rosa.

As of the publication date of this document, only one public comment was submitted on the 2019 CHNA. That comment was from a physician who asked for additional information on how the zip code in which a person lives impacts health. A response to this question was provided by phone.

2019

Escambia - Santa Rosa Community Health Needs Assessment Report

APPENDIX:

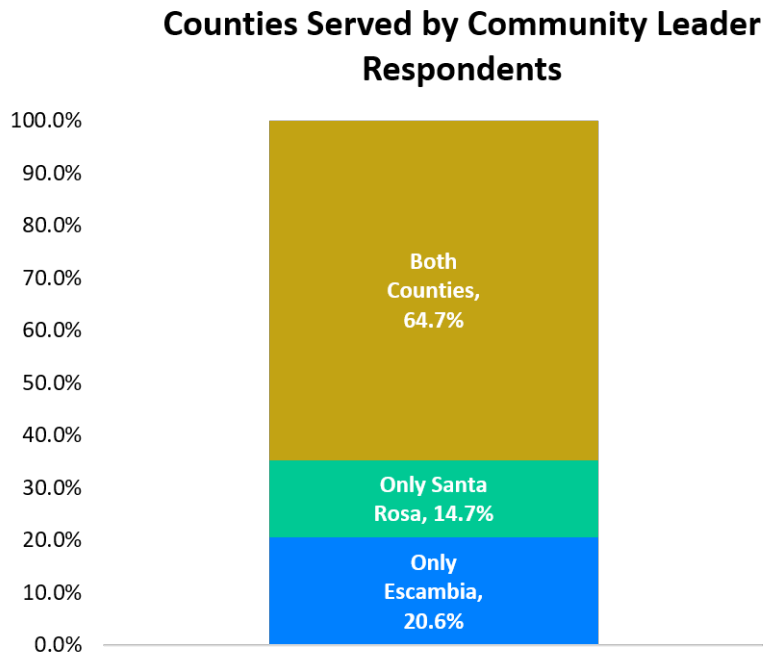
Community Leader Survey

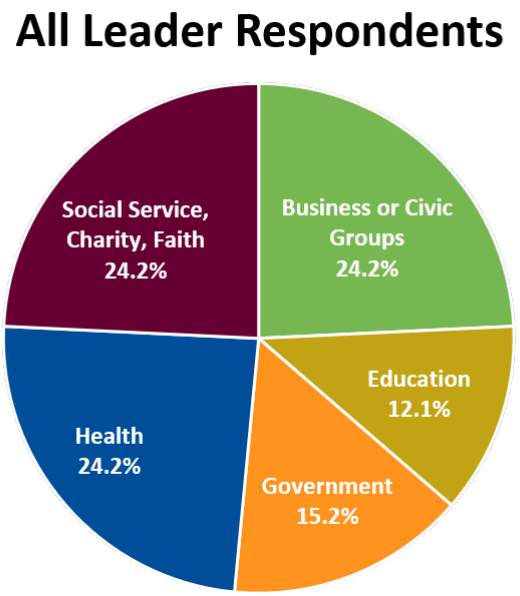
Appendix: Community Leader Survey

Community leaders lent insight into the CHNA in several ways. First, leaders from over 35 community organizations served on the CHNA Steering Committee. Next, 34 leaders responded to an online survey about their opinions and perceptions. Additionally, leaders from both counties participated in the Local Public Health System Assessment (LPHSA) conducted by the Florida Department of Health in Escambia County and in Santa Rosa County. And, lastly, 18 community leaders were interviewed about their thoughts on the identified health priorities.

Key Leader Survey

An online survey solicited input from business, education, government, health and social service leaders throughout Escambia and Santa Rosa Counties. Thirty-four leaders responded to the survey which mirrored some of the same questions from the community survey. Most respondents represented organizations that serve both counties. Respondents represented all different sectors of the local economy.

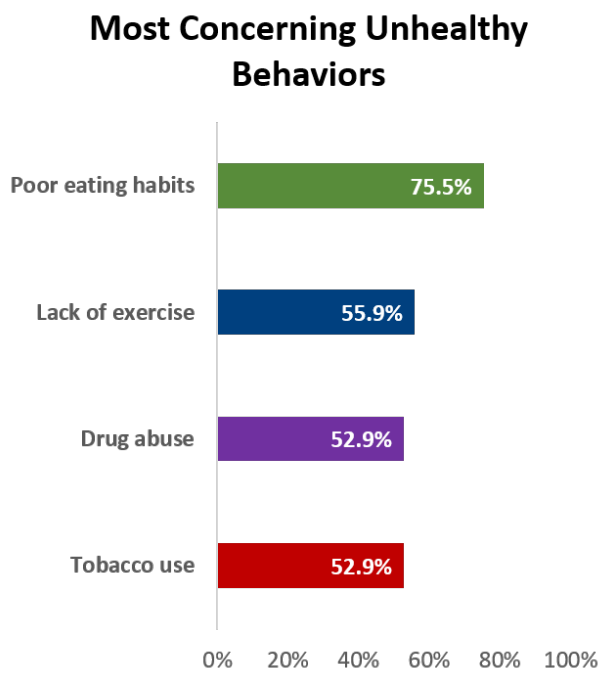


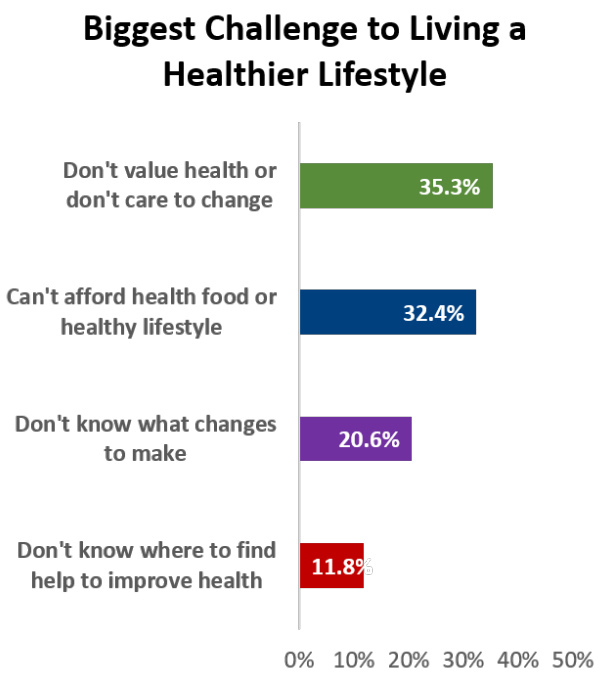


In general, community leaders and community survey respondents consistently identified the same top health concerns within Escambia and Santa Rosa: overweight/obesity, drug abuse, diabetes and mental health. Compared to the community survey, leaders placed greater emphasis on problems with obtaining prescription medications. Affordability of health services was most frequently cited by leaders as the reason residents could not obtain care.

	Most Important Health Issues	Most Difficult to Obtain Health Services	Reasons for Access Difficulties
Escambia	**Leader Survey** • Overweight / Obesity • Substance Abuse • Diabetes	**Leader Survey** • Prescription Medicine • Specialists • Elderly Services	**Leader Survey** • Lack Of Health Insurance • Medicine Is Too Expensive • High Co-pay Or Deductible
Santa Rosa	**Leader Survey** • Mental Health • Overweight / Obesity • Substance Abuse	**Leader Survey** • Elderly Services • Substance Abuse Treatment • Mental Health Services	**Leader Survey** • Lack Of Health Insurance • Medicine Is Too Expensive • High Co-pays Or Deductibles

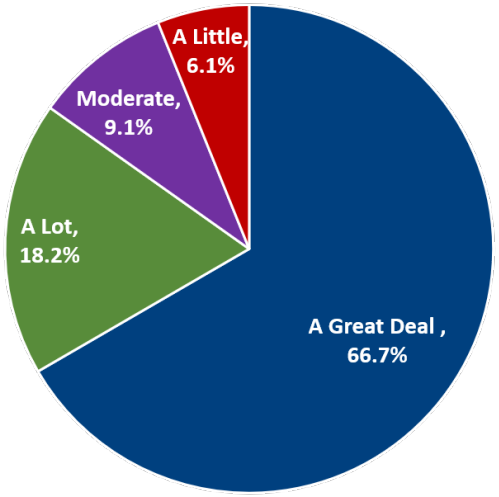
As with community survey respondents, leaders see behaviors that lead to weight problems and the use of harmful drugs as most alarming. When asked why people do not adopt healthier lifestyle, leaders were split between perceiving that the public is apathic towards embracing healthier living or feeling that cost is the primary barrier to healthier living.



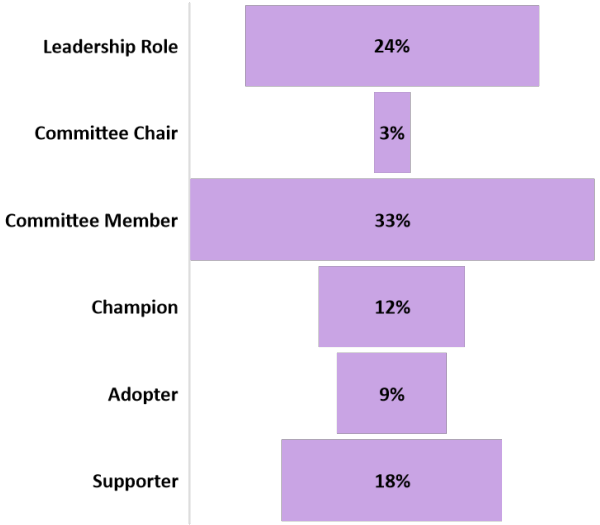


Organization's Willingness to Participate in Community Health Improvement Efforts

Level of Interest



Potential Role



Community-wide commitment will be fundamental to improving the health of residents. When asked if their organization is interested in participating in health improvement efforts, most leaders indicated substantial interest. However, when asked about the role that their organization would be willing to take on, most were willing to serve on a committee, but less than 30% were willing to assume a leadership position.

- **Leadership Role:** willing to engage other organizations in community health improvement, organize meetings and activities)
- **Committee Chair:** lead a health improvement committee including identifying health improvement strategies and engaging committee members in implementing health improvement action plans
- **Committee Member:** serve on committee and participate in planning health improvement activities
- **Champion:** adopt appropriate health improvement activities within own organization and encourage other organizations to get involved and adopt policies and/or programs
- **Adopter:** adopt one or more health improvement activities as appropriate for the organization
- **Supporter:** provides health improvement education and materials within my organization

live well PARTNERSHIP FOR A HEALTHY COMMUNITY

2018 Survey of Key Community Leaders

Every three years, Live Well Partnership in concert with local hospitals, clinics, Health Departments and other organizations examines the overall health status of our community. The purpose of this survey is to learn how business, civic, faith and other leaders feel about the health of Escambia County and Santa Rosa County residents. A similar survey was used to solicit input from the community at large. Now we need to hear what you think are the major health related-issues for people in our community. Your responses will be used to identify the priority health problems within Escambia and Santa Rosa and how as a community we will respond to those issues. Please take five minutes to complete this survey.

1. What type of organization do you represent?

- ◯ Large Business (over 200 employees)
- ◯ Medium-sized Business (50 to 199 employees)
- ◯ Small Business (1 to 49 employees)
- ◯ Hospital
- ◯ Other Healthcare Provider
- ◯ Educational Institution
- ◯ Faith-based Organization
- ◯ Social Service or Charitable Organization
- ◯ Governmental Agency
- ◯ Civic group (such as Rotary or Lion's Club)

Other (please specify)

2. What is your position within the organization?

- ◯ Owner, CEO, COO or Executive Director
- ◯ Vice President or other senior operations officer
- ◯ Human Resources officer
- ◯ Department Director or other managerial position

Other (please specify)

3. What local counties does your organization do business in:

- ◯ Escambia County, FL
- ◯ Santa Rosa County, FL
- ◯ Both Escambia and Santa Rosa Counties

4. What do you think are the most important health issues in each County? (That is, what are the problems that have the greatest impact on overall health?) *If you have limited knowledge of services with a County, you may leave that column blank. Check no more than 4 answers for each County.*

	Escambia	Santa Rosa
Infant death or premature birth	☐	☐
Overweight or obesity	☐	☐
Heart disease or stroke	☐	☐
Dental problems	☐	☐
Breathing or lung problems (asthma, COPD, etc.)	☐	☐
Infectious disease (hepatitis, TB, etc.)	☐	☐
Diabetes	☐	☐
Teen pregnancy	☐	☐
Sexually transmitted diseases (STDs)	☐	☐
Substance abuse (drugs or alcohol)	☐	☐
HIV / AIDs	☐	☐
Mental health problems	☐	☐
Preventable injuries (car accidents, accidents at home or work, etc.)	☐	☐
Cancer	☐	☐

Other (please specify)

* 5. Which of the following unhealthy behaviors in the community concern you the most? (That is, which behaviors have the greatest impact on health within the community?)*Check up to 4 answers.*

- ☐ Not getting shots to prevent disease
- ☐ Not getting routine health screening (such as mammogram)
- ☐ Not seeing a doctor or dentist
- ☐ Poor eating habits (eating "junk" food, not eating vegetables, etc.)
- ☐ Lack of exercise
- ☐ Drug abuse
- ☐ Tobacco use (cigarettes, cigars, chewing tobacco, e-cigarettes, dip)
- ☐ Unprotected or unsafe sex
- ☐ Domestic violence
- ☐ Child abuse
- ☐ Sexual assault
- ☐ Alcohol abuse

Other (please specify)

6. Which healthcare services do you believe are difficult for people to obtain in each County? *If you have limited knowledge of services with a County, you may leave that column blank. Check no more than 4 answers for each County.*

	Escambia	Santa Rosa
Dental care	☐	☐
Emergency medical care	☐	☐
Family planning (including birth control)	☐	☐
Mental health services	☐	☐
Physical therapy or rehabilitation	☐	☐
Alternative therapies (for example, acupuncture, etc.)	☐	☐
Hearing aids	☐	☐
Medicine	☐	☐
Family doctor	☐	☐
Urgent care	☐	☐
Services for the elderly	☐	☐
Specialists (such as cardiologist, neurologist, etc.)	☐	☐
Alcohol or drug abuse treatment	☐	☐
Eye care (eye exams, glasses, etc.)	☐	☐
No problems obtaining services	☐	☐

Other (please specify)

7. If you checked that any health services are hard to obtain, what do you think are the primary reasons that some people have difficulty accessing services? *If you have limited knowledge of services with a County, you may leave that column blank. Check no more than 4 answers for each County.*

	Escambia	Santa Rosa
Lack of health insurance	☐	☐
Co-pay or deductible is more than they can afford	☐	☐
Doctor or clinic does not take a specific insurance	☐	☐
Reliable transportation to service isn't available	☐	☐
There aren't enough doctors/health service to meet demand	☐	☐
Medicines are too expensive or aren't covered	☐	☐
Long wait times to get into doctor or health service	☐	☐
Language barrier between patient and healthcare provider	☐	☐
Health service isn't available within a reasonable distance	☐	☐

Other (please specify)

8. How difficult do you think it is for people in the community to do the following:

	Very Hard	Hard	Easy	Very Easy
Eat 5 fruits or vegetables each day	○	○	○	○
Be physically active every day (walking, biking, sports, etc.)	○	○	○	○
Get regular health screenings and check-ups	○	○	○	○
Stop smoking	○	○	○	○
Lose weight	○	○	○	○
Limit alcohol use	○	○	○	○
Stop using drugs	○	○	○	○
Find community resources	○	○	○	○

* 9. What do you think is the biggest challenge people face to living a healthier lifestyle? *Check only 1 answer.*

- ◯ Don't know what changes to make
- ◯ Don't value healthier living / don't care to change
- ◯ Don't know where to find help to improve health
- ◯ Can't afford healthier foods or other aspects of a healthy lifestyle

Other (please specify)

10. Improving the health of people within a community is a long-term effort that will involve many businesses, community organizations, and individuals. How interested do you think your organization would be in participating in community health improvement efforts?

◯ A great deal ◯ A lot ◯ A moderate amount ◯ A little ◯ None at all

11. What type of role would your organization like to play in community health improvement?

- ◯ **Leadership Role** *(willing to engage other organizations in community health improvement and organize meetings and activities)*
- ◯ **Committee Chair** *(lead a health improvement committee including identifying health improvement strategies and engaging committee members in implementing health improvement action plans)*
- ◯ **Committee Member** *(serve on committee and participate in planning health improvement activities)*
- ◯ **Champion** *(will adopt appropriate health improvement activities within own organization and will encourage other organizations to get involved)*
- ◯ **Adopter** *(will adopt 1 or more health improvement activities as appropriate for my organization)*
- ◯ **Supporter** *(will provide health improvement education and materials within my organization)*

Other (please specify)

12. Are there specific health issues that your organization is most interested in working on? *Check all that apply.*

- ◯ Substance abuse
- ◯ Access to health services by vulnerable populations
- ◯ Tobacco use
- ◯ Healthy eating and physical activity
- ◯ Access to healthy food
- ◯ Mental health
- ◯ Affordability of health services
- ◯ Specific health conditions such as diabetes or heart disease
- ◯ Preventative care and screening

Other (please specify)

2019
Escambia - Santa Rosa Community Health Needs Assessment Report

APPENDIX:
Community Survey

Appendix: Community Survey

Approximately 2,200 residents of Escambia and Santa Rosa Counties were surveyed in the spring of 2018 about their perceptions of health care. The survey was conducted on-line as well as by paper. The on-line survey was sent out by and posted on the websites of Live Well Partnership, Sacred Heart Health System, Baptist Health Care, Community Health Northwest Florida, and the Departments of Health in each county. A copy of the survey follows:

live well PARTNERSHIP FOR A HEALTHY COMMUNITY

2018 Community Health Survey

The purpose of this anonymous survey is to get your opinions about community health issues in Escambia County and Santa Rosa County. The Live Well Partnership will use this information to identify health priorities and to address these priorities through community action. Please take five to ten minutes to complete this survey.

1) Overall, how would you rate the health of people who live in your community?

- ◯ Poor
- ◯ Fair
- ◯ Good
- ◯ Very Good
- ◯ Excellent

2) What do you think are the most important features of a "healthy community"? (Those factors that would most improve the quality of life in the community) Check up to 4 answers.

- ◯ Good schools
- ◯ Good jobs
- ◯ Good hospitals, doctors, clinics
- ◯ Clean environment (clean water, air, ect.)
- ◯ Absence of discrimination (racism, sexism)
- ◯ Healthy foods in all neighborhoods (stores with fresh fruits and vegetables)
- ◯ Places to get help (such as social services, food pantries and charities)
- ◯ Other _____
- ◯ Safe places to play and be active
- ◯ Affordable housing
- ◯ Arts and cultural events
- ◯ Low crime/safe neighborhoods
- ◯ Good public transportation
- ◯ Places to meet with people (community centers, social clubs, sports groups)
- ◯ Churches and religious organizations

3) What do you think are the most important health issues in your community? (Problems that have the greatest impact on overall health.) Check up to 4 answers.

- ◯ Infant death or premature birth
- ◯ Overweight or Obesity
- ◯ Heart disease and stroke
- ◯ Dental problems
- ◯ Infectious disease (Hepatitis, TB)
- ◯ Breathing or lung problems (asthma, COPD, ect)
- ◯ Teen Pregnancy
- ◯ Diabetes
- ◯ Sexually transmitted diseases (STDs)
- ◯ HIV / AIDS
- ◯ Mental health problems
- ◯ Cancer
- ◯ Preventable injuries (car accidents, accidental injury at home or work
- ◯ Other

2018 Community Health Survey, Live Well Partnership, 1

4) Which of the following unhealthy behaviors in the community concern you the most? (Those behaviors that have the greatest impact on overall community health.) Check up to 4 answers.

- ◯ Not getting shots to prevent disease
- ◯ Not seeing a doctor or dentist
- ◯ Poor eating habits (eating "junk" food, not eating vegetables, ect)
- ◯ Lack of exercise
- ◯ Drug abuse
- ◯ Child abuse
- ◯ Unprotected or unsafe sex
- ◯ Domestic violence
- ◯ Tobacco use (cigarettes, cigars, e-cigarettes, chewing tobacco, dip)
- ◯ Sexual assault
- ◯ Alcohol abuse
- ◯ Other _____

5) Which healthcare services are difficult to get in your community? Check all answers that apply

- ◯ Dental care
- ◯ Emergency medical care
- ◯ Family planning (including birth control)
- ◯ Mental health services
- ◯ Physical therapy and rehabilitation
- ◯ Alternative therapies such as acupuncture
- ◯ Specialty medical care (such as a cardiologist, neurologist, ect)
- ◯ Medicine
- ◯ Family doctor
- ◯ Services for the elderly
- ◯ Hearing aids
- ◯ Alcohol or drug abuse treatment
- ◯ Vision care (eye exam and glasses)
- ◯ Other _____

6) What is the primary source of your health care insurance coverage?

- ◯ Insurance from an employer or union
- ◯ I do not have health insurance
- ◯ Insurance that you pay for yourself (including "Obamacare" plans)
- ◯ Indian or Tribal Health Services
- ◯ TRICARE, military or VA Benefits
- ◯ Medicaid
- ◯ Medicare (alone or with a Medicare Supplement)
- ◯ Other

2018 Community Health Survey, Live Well Partnership, 2

7) What do you feel are the problems for you getting healthcare for yourself or your family members?
Check all that apply

- ◯ I am able to get quality healthcare without problems
- ◯ Lack of transportation (couldn't get a ride to the doctor's)
- ◯ I don't have health insurance
- ◯ Doctor not taking new patients
- ◯ I cannot afford my insurance copay or deductible
- ◯ Doctor or nurse does not speak my language
- ◯ Doctor or clinic not taking my insurance
- ◯ I cannot afford medicine
- ◯ Wait time to get appointment is too long
- ◯ Other _____

8) When you or someone in your family is sick, where do you go for healthcare? *Check all that apply*

- ◯ My family doctor
- ◯ I usually go without healthcare
- ◯ Hospital emergency room
- ◯ VA or military
- ◯ Health Department, Community Health Center, or Free Clinic
- ◯ Urgent care clinic
- ◯ Other _____

9) How hard is it for you to do the following?
Rate each health activity

Eat 5 fruits or vegetables each day			
◯ Very hard	◯ Hard	◯ Easy	◯ Very easy
Be physically active every day (walking, biking, sports)			
◯ Very hard	◯ Hard	◯ Easy	◯ Very easy
Get regular health screenings and check-ups			
◯ Very hard	◯ Hard	◯ Easy	◯ Very easy

10) How would you rate your own health?

◯ Poor ◯ Fair ◯ Good ◯ Very Good ◯ Excellent

11) What is the zip code where you live? ___ ___ ___ ___ ___ (5 digits)

◯ I do not have a regular home

12) Are you male or female? ◯ Male ◯ Female

13) What is your age? ___ ___

14) What is your race?

- ◯ Black / African-American, non-Hispanic
- ◯ Asian
- ◯ Black / African-American, Hispanic
- ◯ American Indian / Alaska Native
- ◯ White / Caucasian, non-Hispanic
- ◯ Pacific Islander
- ◯ White / Caucasian, Hispanic
- ◯ Bi-Racial or Multiple Races

15) What is the highest level of school you have completed or highest degree you have received?

- ◯ Grades 1 through 8
- ◯ Some high school (grades 9-11)
- ◯ High school diploma / GED
- ◯ Vocational / tech school
- ◯ Some college
- ◯ 2-year college degree
- ◯ 4-year college degree
- ◯ Graduate or professional degree

16) What is your current employment status?

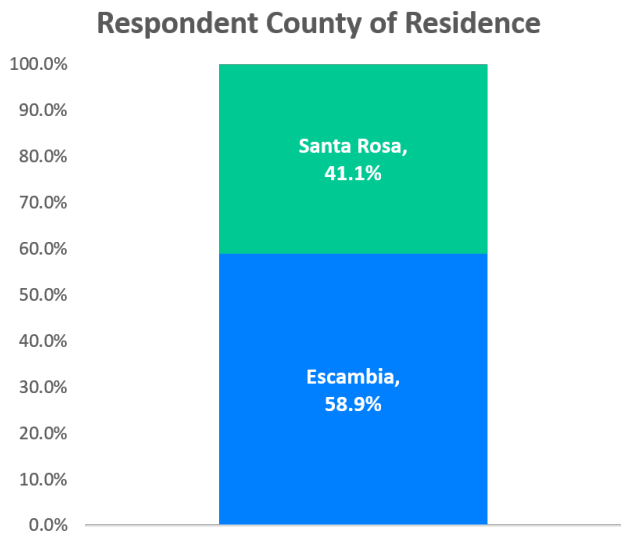
- ◯ Disabled / unable to work
- ◯ Seasonal Worker
- ◯ Employed Full-Time
- ◯ Student
- ◯ Employed Part-Time
- ◯ Self-Employed
- ◯ Stay-at-home parent
- ◯ Unemployed
- ◯ Retired

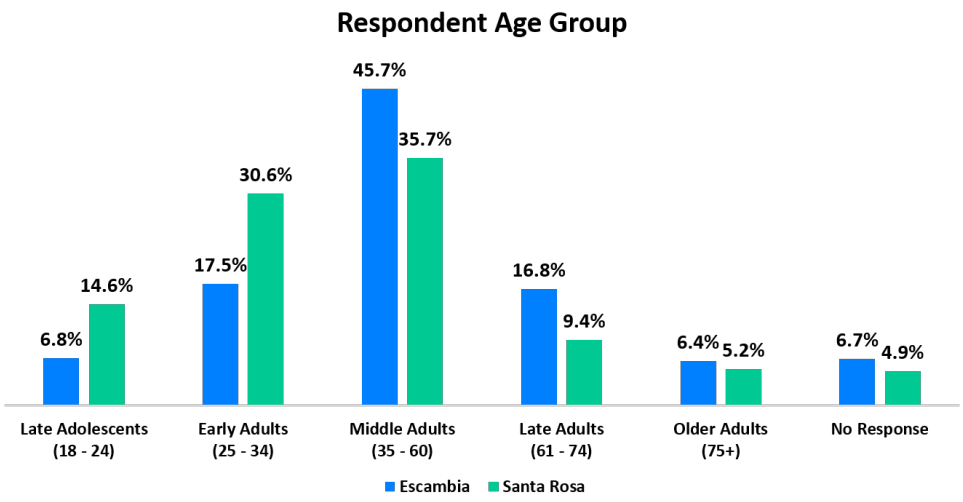
17) What is your annual family income?

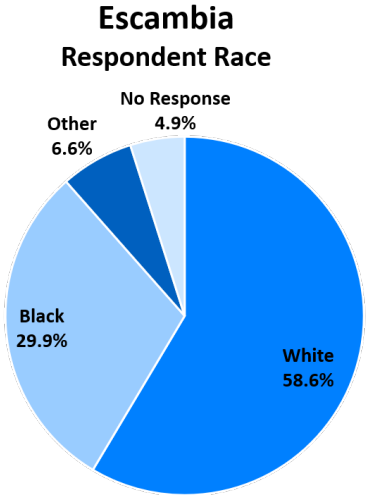
- ◯ Less than $15,000/year
- ◯ $15,001 - $25,000/year
- ◯ $25,001 - $35,000/year
- ◯ $35,001 - $50,000/year
- ◯ $50,001 - $75,000/year
- ◯ $75,001 - $100,000/year
- ◯ $100,001 or more/year

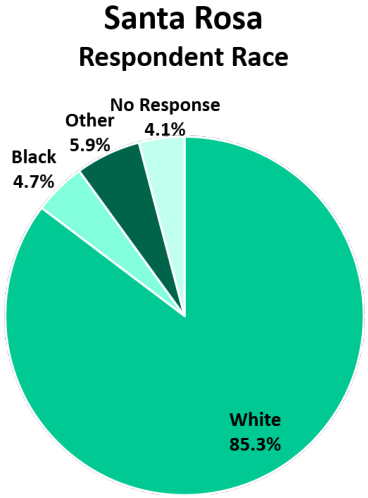
Thank you for participating in our survey! We will use your valuable answers to help build more healthy communities in Escambia and Santa Rosa Counties. ***Want to learn more about the important health issues in our area?*** Visit us at LiveWellNWFL.org

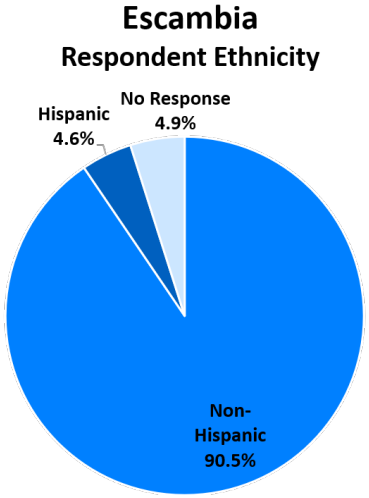
An effort was made in both counties to include a broad cross-section of the community. Special attention was paid to obtaining input from a variety of vulnerable populations who are more likely to experience health disparities. This included the uninsured, low income, and minorities. To capture vulnerable populations, paper surveys were distributed at the Department of Health in Escambia County and in Santa Rosa County, at Community Health Northwest Florida clinic sites, at church health fairs, and at food distribution sites. The demographic composition of the respondents was as follows:

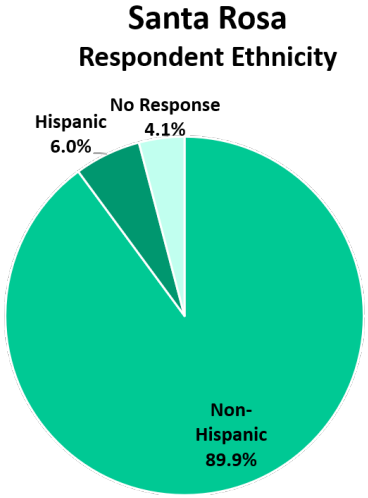




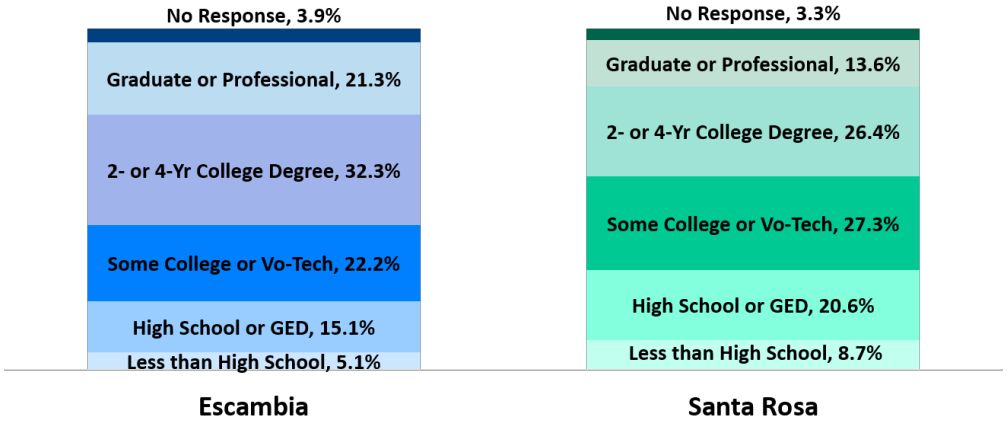




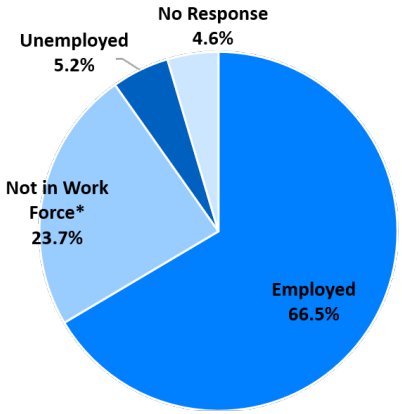




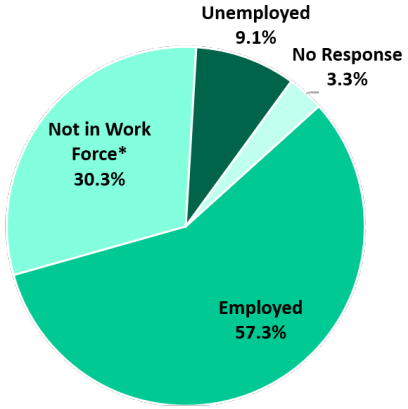
Respondent Education



Escambia
Respondent Employment

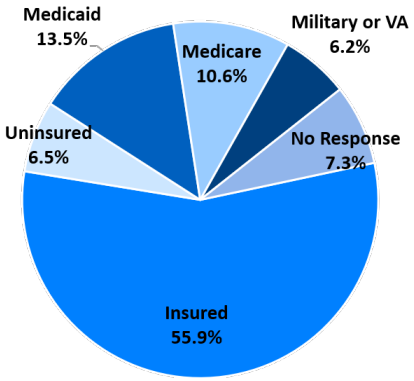


Santa Rosa
Respondent Employment

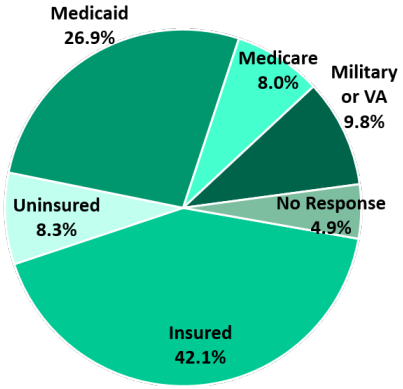


* Not in Work Force includes retired, students, disabled, & stay-at-home parents

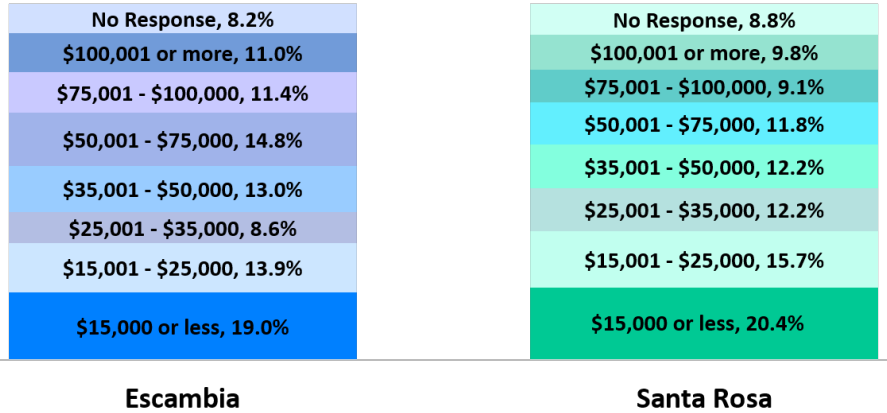
Escambia
Respondent Insurance Coverage



Santa Rosa
Respondent Insurance Coverage



Respondent Income



The intent of the survey was to gather information on the perceptions, attitudes and experiences of the community towards health and health services. It was also important to learn if there were differences between population groups. In particular, it was important to determine if vulnerable populations experience or perceive the health system differently from the general population. Respondents who reported that they were uninsured or on Medicaid were used as proxy for health care vulnerability. In Escambia, 20% of respondents fell into the vulnerable population, while in Santa Rosa, 35.2% of respondents were considered to be vulnerable.

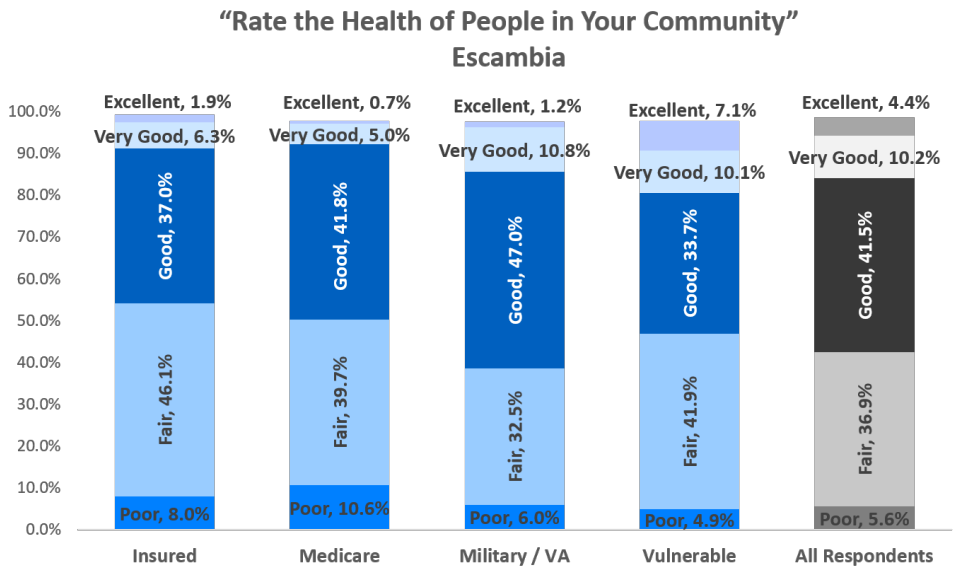
Compared to Insured Respondents, Vulnerable Populations . . .

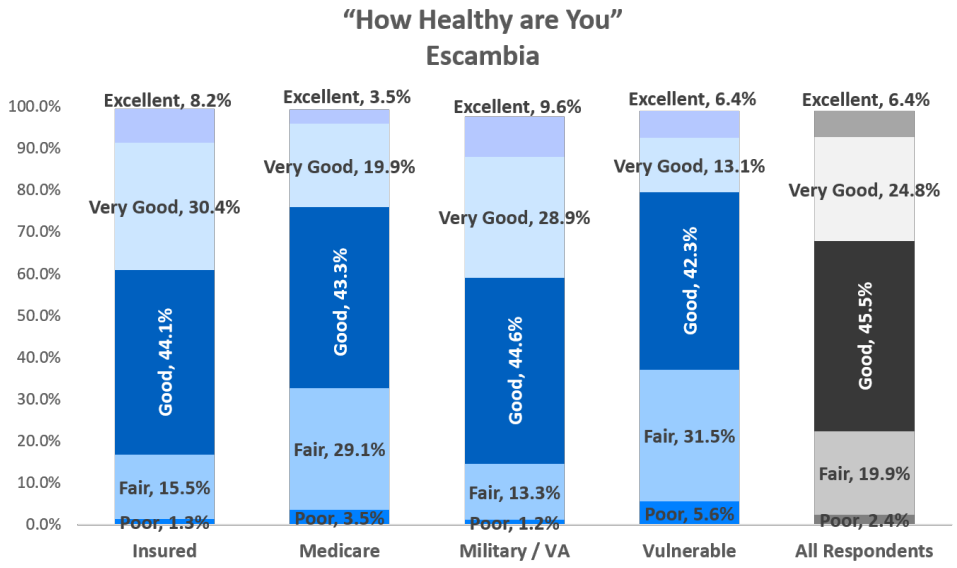
Escambia

- Agreed with other respondents that obesity is the most important health issue in the community
- Were much more likely to mention HIV/AIDS, teen pregnancy and sexually transmitted disease as important problems
- Agreed that drug abuse is the #1 unhealthy behavior and poor nutrition is #2, but ranked lack of exercise much lower
- Ranked not seeing a doctor or dentist as #3 most concerning health behavior
- Ranked dental care as hardest to obtain health service
- Were 3 times less likely to say they can obtain healthcare without problems
- Said lack of insurance was the top reason for difficulty obtaining health care
- Are 30 times more likely to use an emergency room when sick

Santa Rosa

- Agreed with other respondents that obesity is the most important health issue in the community
- Were much more likely to mention HIV/AIDs, teen pregnancy and sexually transmitted disease as important problems
- Agreed that drug abuse is the #1 unhealthy behavior and poor nutrition is #2, but ranked lack of exercise much lower
- Ranked child abuse as #3 most concerning health behavior
- Ranked dental care as hardest to obtain health service
- 2.6 times less likely to say they can obtain healthcare without problems
- Said lack of insurance was the top reason for difficulty obtaining health care
- Are 20 times more likely to use an emergency room when sick





ESCAMBIA

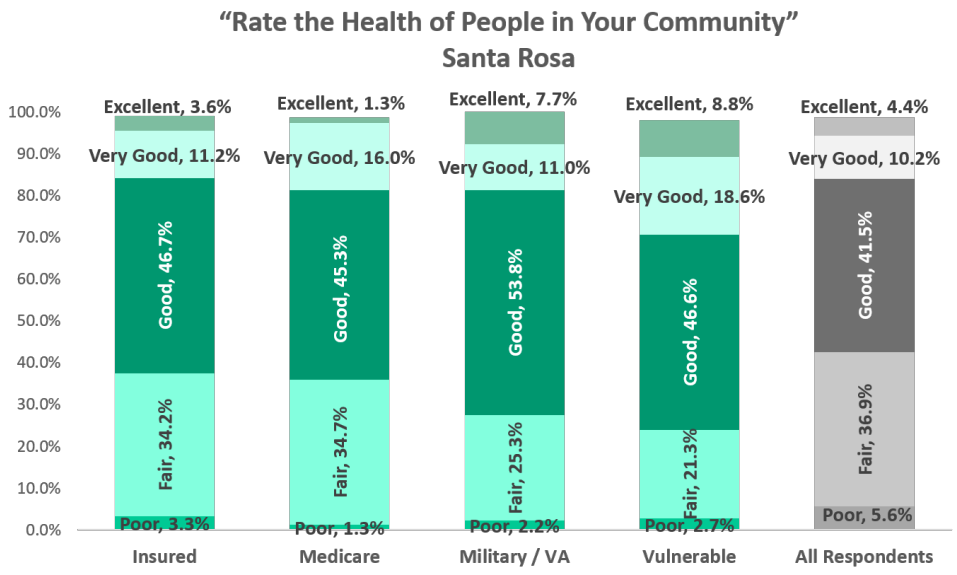
QUESTION: Overall, how would you rate the health of people who live in your community?

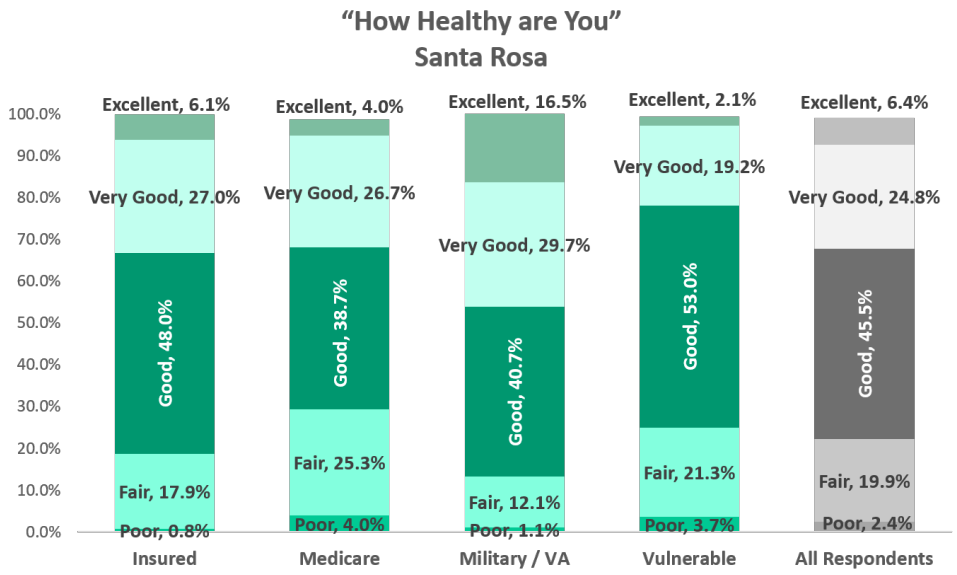
All respondents from both counties ranked the health of residents as "Good." Escambia respondents, however, rated the health status of the community as "Fair."

Individuals on Medicare or Military/VA were more likely to rank the health of county residents as "Good." Medicare respondents answered "Poor" more often than other categories. Medicare were also the least likely to select "Excellent." Vulnerable respondents were the group most likely to say community health was "Excellent."

QUESTION: How would you rate your own health?

Most survey respondents from both counties, ranked their personal health as "Good." Compared to their views on community health, a higher percentage of respondents view their own health as "Very Good" to "Excellent." This suggests that they feel that their personal health fares better than others in the community. This holds true across all health insurance categories.





SANTA ROSA

QUESTION: Overall, how would you rate the health of people who live in your community?

In comparison to Escambia, Santa Rosa respondents generally perceive community health as "Good" or better. Military/VA respondents were the group most likely to rank health of county residents as "Good." Vulnerable respondents viewed the health of the community more positively than any other health insurance group with over 27% rating health in the county as "Very Good" or "Excellent." On the other hand, insured respondents were most likely to rank community health as "Fair" or "Poor."

QUESTION: How would you rate your own health?

Military/VA respondents rate their own health very positively with close to half saying their health is "Very Good" or "Excellent." Medicare respondents, on the other hand, were the group most likely to rate their personal health as "Fair" or "Poor." Across all health insurance categories, respondents tended to be more positive about their own health than they were about the health of the community.

	Insured	Medicare	Military / VA	Vulnerable
Escambia	• Clean Environment • Good Schools • Good Jobs	• Clean Environment • Good Hospitals, Doctors, Clinics • Good Schools	• Good Schools • Clean Environment • Good Hospitals, Doctors, Clinics	• Good Schools • Clean Environment • Good Hospitals, Doctors, Clinics
Santa Rosa	• Clean Environment • Good Schools • Good Hospitals, Doctors, Clinics	• Good Schools • Good Hospitals, Doctors, Clinics • Clean Environment	• Clean Environment • Good Schools • Low Crime / Safe Neighborhoods	• Good Schools • Good Hospitals, Doctors, Clinics • Clean Environment

Charts reflect the order of priority within each respondent group.

QUESTION: What do you think are the most important features of a "healthy community"?

Across all respondent groups and both counties, the same three features emerged as the most important in a "healthy community":

- Good schools
- Clean environment
- Good hospitals, doctors and clinics

Santa Rosa Military/VA were the one exception rating low crime and neighborhood safety higher than good hospitals and doctors.

QUESTION: What do you think are the most important health issues in your community?

The number one health issue cited by respondents in both counties and across all health insurance grouping was overweight and obesity. The next most important issues varied between groups but clearly the community is concerned about diabetes, heart disease / stroke, and mental health.

Medicare respondents tended to select chronic diseases such as diabetes and heart disease which are more prevelant in older populations. Vulnerable populations were the only group to rank dental health as a top issue, which may reflect difficulties experienced by this population group.

	Insured	Medicare	Military / VA	Vulnerable
Escambia	• Overweight / obesity • Mental health • Diabetes	• Overweight / obesity • Diabetes • Heart disease / stroke	• Overweight / obesity • Mental health • Diabetes	• Overweight / obesity • Dental problems • Heart disease / stroke
Santa Rosa	• Overweight / obesity • Mental health • Diabetes	• Overweight / obesity • Diabetes • Heart disease / stroke	• Overweight / obesity • Mental health • Heart disease / stroke	• Overweight / obesity • Mental health • Dental problems

QUESTION: Which of the following unhealthy behaviors in the community concern you the most?

In keeping with the concern over the issue of obesity, respondents frequently identified poor eating habits and lack of exercise among the top three unhealthy behaviors. Drug abuse also fell within the top three for all groups except Medicare respondents from Santa Rosa. Vulnerable populations were also concerned with drug abuse and nutrition, but not as concerned about lack of exercise. However, they identified lack of physician/dental care in Escambia and child abuse in Santa Rosa as a top health behavior problem.

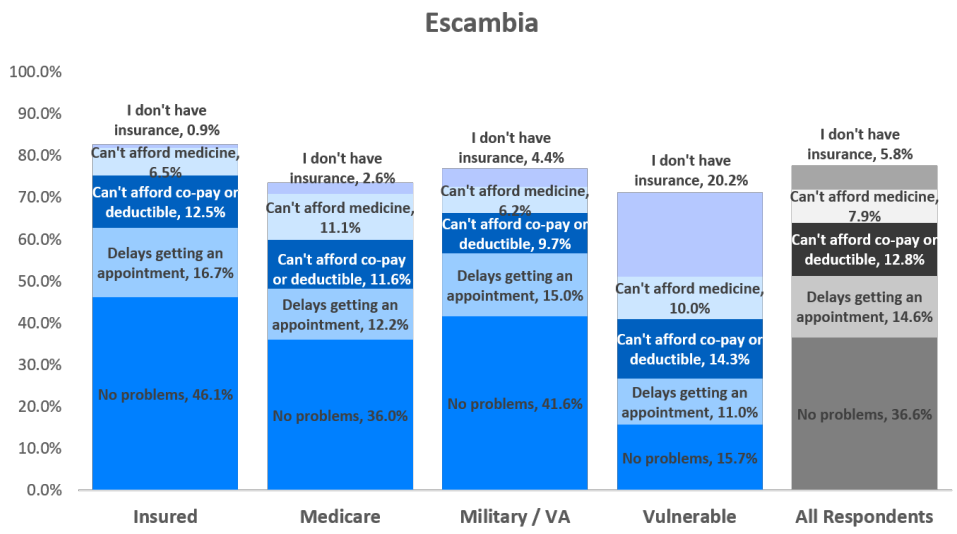
	Insured	Medicare	Military / VA	Vulnerable
Escambia	• Drug abuse • Poor eating habits • Lack of exercise	• Lack of exercise • Poor eating habits • Drug abuse	• Lack of exercise • Poor eating habits • Drug abuse	• Drug abuse • Poor eating habits • Not seeing a doctor or dentist
Santa Rosa	• Drug abuse • Poor eating habits • Lack of exercise	• Poor eating habits • Lack of exercise • Tobacco use	• Drug abuse • Poor eating • Lack of exercise	• Drug abuse • Poor eating habits • Child abuse

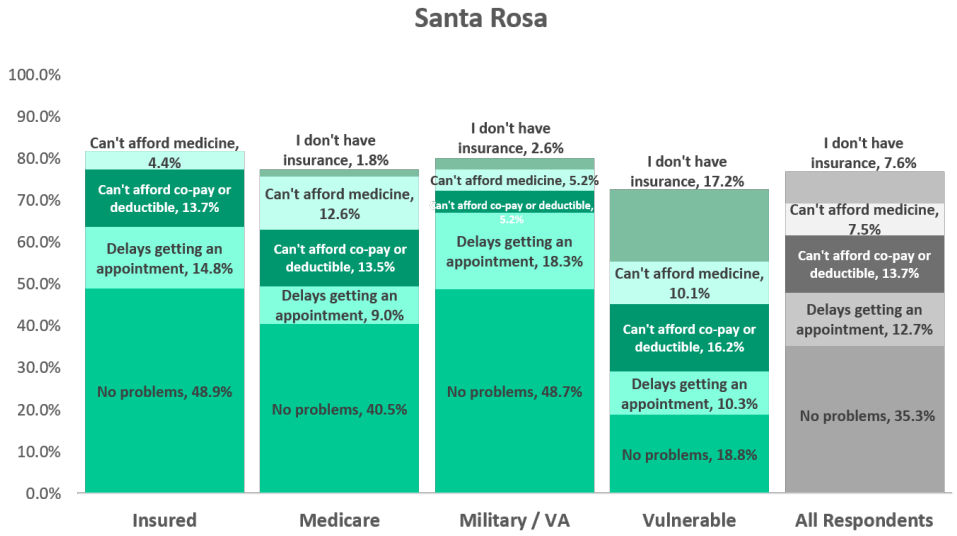
Charts reflect the order of priority within each respondent group.

	Insured	Medicare	Military / VA	Vulnerable
Escambia	• Mental health • Dental care	• Dental care • Services for seniors	• Mental health • Services for seniors	• Dental care • Mental health
Santa Rosa	• Mental health • Alcohol / drug treatment	• Dental care • Mental health	• Mental health • Dental care	• Dental care • Mental health

QUESTION: Which health care services are difficult to get in your community?

In both Escambia and Santa Rosa, most respondents perceived that mental health care was difficult to obtain. It was the top problem for insured and military/VA respondents, while Medicare and vulnerable populations perceived that dental care was the hardest service to obtain followed by mental health.





QUESTION: What do you feel are the problems you have getting health care for yourself or your family members?

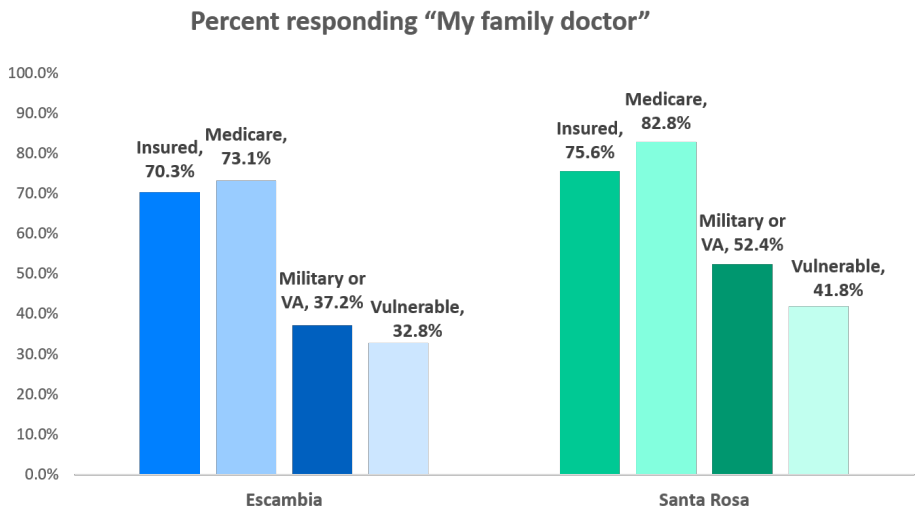
Over one-third of all Escambia and Santa Rosa do not encounter barriers to accessing health care services. The most frequently cited problem for respondents who have insurance or who are covered by government programs such as Medicare or military/VA benefits are long wait times for an appointment. The high cost of deductibles or co-pays are also a factor for these groups. Not surprisingly given that the number of medications taken increase with age, Medicare respondents were the most likely to report problems affording prescriptions.

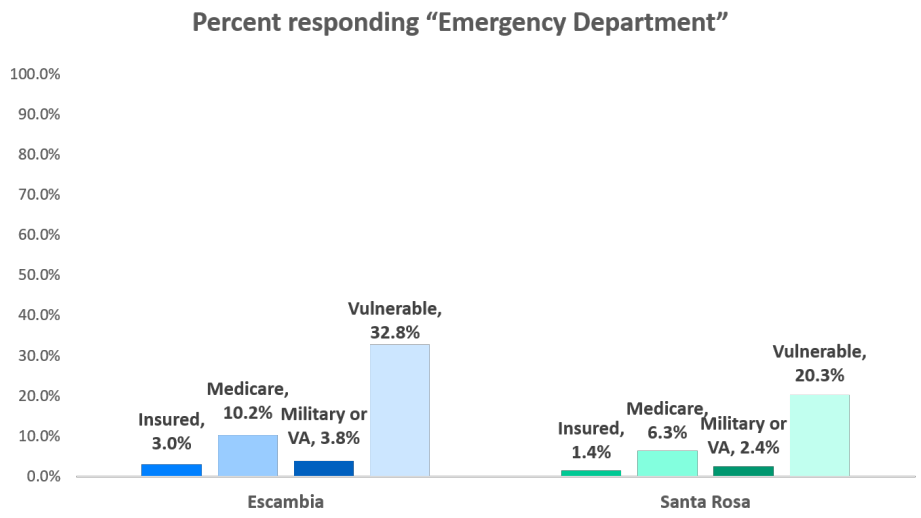
Health-vulnerable respondents (uninsured and Medicaid) were the most likely to report that the lack of insurance was a barrier to accessing health services. A high percentage of this population also indicated that the cost of co-pays was a factor in obtaining health care.

QUESTION: When you or someone in your family is sick, where do you go for health care?

Over 60% of all respondents go to their family doctor whenever they feel sick. Military / VA respondents in Escambia most often use the VA Clinic or military clinic for sick care, whereas Santa Rosa military / VA respondents are most likely to go to their family doctor.

Health-vulnerable populations report using a family doctor at half the rate as insured and Medicare respondents. This group was also 11 to 14 times more likely than insured respondents to use the Emergency Room. This is consistent with their response that the lack of insurance and cost of co-pays are the main problems they encounter in obtaining health care.





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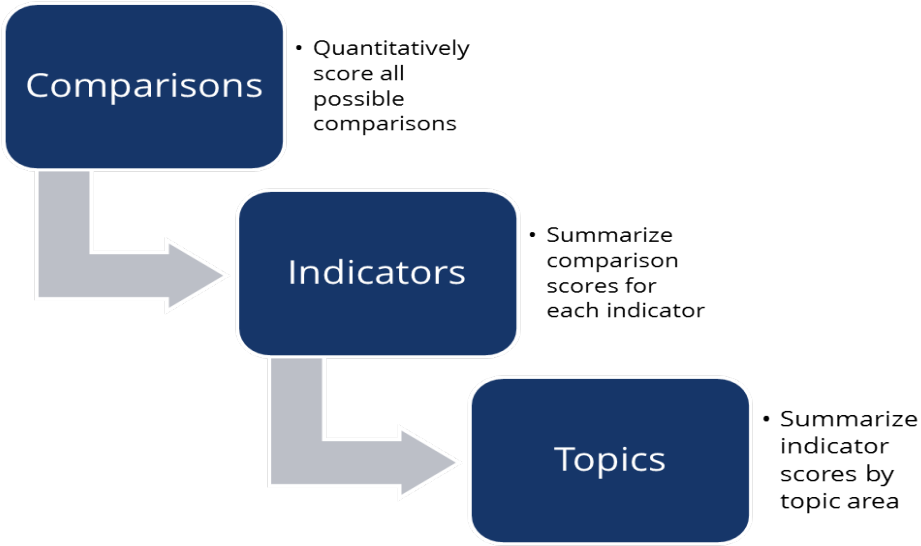
APPENDIX:

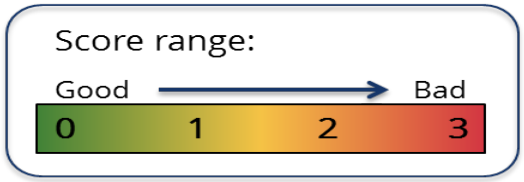
Conduent-HCI Data Scoring Methodology

Appendix: Conduent Health Communities Institute Data Scoring Tool Methodology

Scoring Method

Data Scoring is done in three stages:





For each indicator, each county is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0 - 3, where "0" indicates the best outcome and "3" the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons ("in the red") scored high, whereas indicators with good comparisons ("in the green") scored low.

HCI Platform County Distribution Gauge

Comparison to Values: State, National, and Targets

Your county is compared to the state value, the national value, and target values. Targets values include the nation-wide Healthy People 2020 (HP2020) goals as well as locally set goals. Healthy People 2020 goals are national objectives for improving the health of the nation set by the U.S. Department of Health and Human Services' Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

HCI Platform Compare to State or National Value

HCI Platform Compare to Healthy People 2020 Target

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Significant Disparities

When a given indicator has data available for subgroups like race/ethnicity, age or gender–and values for these subgroups include confidence intervals – we are able determine if there is a significant difference between the subgroups value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Only significant differences in which a subgroup is worse than the overall value are identified.

How to Cite Conduent HCI's Data Scoring Tool

Conduent Healthy Communities Institute (Year). Data Scoring Tool. Title of web site. Retrieved date. URL of website.

> Example: Conduent Healthy Communities Institute (2015). Data Scoring Tool. Kansas Health Matters. Retrieved July 31, 2015. www.kansashealthmatters.org

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APPENDIX:

Health Prioritization Methodology

Appendix: Health Prioritization Methodology

Indicators

Out of a pool of over 140 health, demographic and socioeconomic indicators, 80 Indicators were selected to for intensive analysis. The selected indicators reflect the top contributors to Health Outcomes. These Health Outcome indicators are segmented into those that measure Length of Life and those that measure Quality of Life (e.g. illness, disability, hospitalization or emergency room use). The list of indicators used in the prioritization process are grouped by Health Topic in the following chart. Indicators that had a value of 0 were excluded from analysis. Consequently, Santa Rosa County analysis included 74 indicators while Escambia County used all 80 indicators.

Health Topic	Health Outcome Indicator	Length of Life	Quality of Life
Breast Cancer	Age-adjusted death rate per 100,000 total population	✔	
	Age-adjusted rate per 100,000 total population		✔
Cervical Cancer	Age-adjusted death rate per 100,000 total population	✔	
	Age-adjusted incidence rate per 100,000 total population		✔
Colorectal Cancer	Age-adjusted death rate per 100,000 total population	✔	
	Age-adjusted incidence rate per 100,000 total population		✔
Lung Cancer	Age-adjusted death rate per 100,000 total population	✔	
	Age-adjusted incidence rate per 100,000 total population		✔
Skin Cancer *(Melanoma)*	Age-adjusted death rate per 100,000 total population	✔	
	Age-adjusted incidence rate per 100,000 total population		✔
Prostate Cancer	Age-adjusted death rate per 100,000 total population	✔	
	Age-adjusted incidence rate per 100,000 total population		✔
Diabetes	Age-adjusted death rate per 100,000 total population	✔	
	Age-adjusted hospitalization rate per 100,000 total population		✔
	Emergency Room rate due to diabetes		✔
	Hospitalization rate due to diabetes		✔
	Adults who have ever been told they had diabetes		✔
Heart Disease *(Coronary Artery Disease)*	Age-adjusted death rate per 100,000 total population	✔	
	Age-adjusted hospitalization rate per 100,000 total population		✔
	Adults who have ever been told they had angina or heart disease		✔
Heart Attack *(Acute Myocardial Infarction)*	Heart attack (acute myocardial infarction)		✔
	Age-adjusted hospitalization rate per 100,000 from heart attack		✔
	Adults who have ever been told they had a heart attack		✔

Health Topic	Health Outcome Indicator	Length of Life	Quality of Life
Heart Failure	Age-adjusted death rate per 100,000 total population	✔	
	Age-adjusted congestive heart failure hospitalization rate per 100,000 total population		✔
	ER rate due to heart failure		✔
	Hospitalization rate due to heart failure		✔
Stroke	Age-adjusted death rate per 100,000 total population	✔	
	Age-adjusted hospitalization rate per 100,000 total population		✔
	Adults who have ever been told they had a stroke		✔
Asthma	Age-adjusted hospitalization rate per 100,000 total population		✔
	ER rate due to asthma		✔
	Hospitalization rate due to asthma		✔
	Adults who currently have asthma		✔
	Adults who have ever been told they had asthma		✔
Chronic Lower Respiratory Disease (CLRD)	Age-adjusted death rate per 100,000 total population	✔	
	Age-adjusted hospitalization rate per 100,000 total population		✔
	ER rate due to COPD		✔
	ER rate due to lower respiratory diseases		✔
	Hospitalization Rate due to COPD		✔
	Hospitalization rate due to lower respiratory diseases		✔
Oral	Age-Adjusted Death Rate due to Oral Cancer	✔	
	ER rate due to dental problems		✔
	Preventable hospitalizations under 65 from dental conditions		✔
	Age-adjusted oral cancer incidence		✔
Children	Child deaths ages 1 - 5	✔	
	Child deaths ages 1 - 5, unintentional injuries	✔	
	Emergency room visits 0-5		✔
Infants (Under 1)	Infant (0 - 364 days) death rate	✔	
	Low birth weight births (births < 2500 grams)		✔
	Preterm births (births < 37 weeks gestation)		✔

Health Topic	Health Outcome Indicator	Length of Life	Quality of Life
Maternal	Births to teen mothers ages 15-19		✔
	Births with adequate prenatal care (Kotelchuck Index)		✔
	Births with late or no prenatal care		✔
Alcohol Use	Liver disease & cirrhosis deaths	✔	
	ER Rate due to Alcohol Abuse		✔
	Hospitalization rate due to alcohol abuse		✔
	Percent of high school students who have used alcohol in the past 30 days		✔
Alzheimer's	Age-adjusted death rate due to Alzheimer's disease	✔	
	Probable Alzheimer's cases (65+)		✔
Drug Abuse	Death rate due to drug poisoning	✔	
	ER rate due to drug abuse		✔
	Hospitalization rate due to drug abuse		✔
	Adults who use marijuana in past 30 days		✔
	Teens who use marijuana in past 30 days		✔
Mental Health	ER rate due to mental health		✔
	Hospitalization rate due to mental health		✔
	Hospitalizations for mental health disorders, except drug and alcohol-induced mental disorders		✔
	Adults who had poor mental health on 14 or more days in the past 30 days		✔
	Adults who have ever been told they have a depressive disorder		✔
Sexually Transmitted Disease (STD)	Chlamydia cases		✔
	Gonorrhea cases		✔
	Infectious syphilis cases		✔
	Age-adjusted HIV/AIDS death rate	✔	
	HIV infection cases		✔
Injuries	Deaths: unintentional injuries age-adjusted death rate	✔	
	Motor vehicle crash age-adjusted death rate	✔	
	Suicide age-adjusted death rate	✔	
Suicide	ER rate due to suicide and intentional self-inflicted injury		✔
	Hospitalization rate due to suicide and intentional self-inflicted injury		✔

Methodology

Data was collected and analyzed for each health topic. Conduent Healthy Communities Institute and Florida Health Charts were the main sources of secondary data collection. Information on 2017 hospital admissions and emergency room visits was obtained from the Florida Agency for Health Care Administration (AHCA). The measures collected on each health topic included the following:

SECONDARY DATA: MEASURES		
MEASURE	**DESCRIPTION**	**SOURCE**
HCI Composite Score	*Looks at trend, Healthy People 2020, and variance from Florida & US scores (see Appendix F for explanation of Conduent's methodology)*	*Conduent Healthy Communities Institute*
Years of Potential Life Lost	*Number of deaths for each age times the average life expectancy for that specific age*	*Florida Health Charts*
Deaths	*Total deaths over a 3-year period*	*Florida Health Charts*
Hospital Use	*Based on actual 2017 hospital admissions and Emergency Room use*	*Agency for Health Care Administration*
New Cases	*Total new cases or incidences of a disease reported over a 3-year period*	*Florida Health Charts*
Health Disparities	*Difference between groups, expressed as a ratio of Black to White, e.g. A ratio of 2:1 means Black rate is twice that of White population*	*Conduent Healthy Communities Institute & Florida Health Charts*

PRIMARY DATA: MEASURES		
MEASURE	**DESCRIPTION**	**SOURCE**
Community Survey	*2018 community survey responses by county of residence to question: "What do you think are the most important health issues in your county? (That is, what are the problems that have the greatest impact on overall health?) "*	*On-line and paper survey of 2,224 residents of Escambia County and Santa Rosa County*
Key Leader Survey	*2018 key leader survey responses to question: "What do you think are the most important health issues in each county? (That is, what are the problems that have the greatest impact on overall health?) If you have limited knowledge of services with a County, you may leave that column blank."*	*On-line survey of 33 community leaders from Escambia County and Santa Rosa County*

The quartile ranking for each measure was calculated for each county. Measures falling within the first quartile indicated a favorable score within the county, while the fourth quartile indicated that the measure was the worst within the County. For example, in Escambia County the years of productive life lost (YPLL) from cervical cancer was 233 years, which placed it in the first quartile of all YPLL measures. In comparison, heart disease deaths resulted in 6,071 YPLL which ranked in the worst or fourth quartile within Escambia. Responses to community and key leader surveys (primary data) were also ranked by quartile. Since Escambia and Santa Rosa differ in terms of population size, overall health status and economic conditions, quartile rankings were determined separately for each county. See charts below for range of value within each quartile by measure.

QUARTILE METHODOLOGY: ESCAMBIA COUNTY								
Quartile	SECONDARY DATA MEASURES						PRIMARY DATA MEASURES	
	HCI	YPLL	Deaths	Hospital Use	New Cases	Health Disparities	Community Survey	Key Leaders
1st	0 to 1.59	0 to 736.75	0 to 69	0 to 452	0 to 251	0 to 0.8:1	0 – 5.7%	0 – 4.2%
2nd	1.60 to 1.83	736.8 to 1,757.5	70 to 153	453 to 1,126	252 to 735	0.9:1 to 1.3:1	5.8% - 8.5%	4.3% - 5.2%
3rd	1.84 to 2.00	1,757.6 to 3,329.75	154 to 379	1,127 to 3,418	736 to 1,520	1.4:1 to 2.2:1	8.6% - 12.0%	5.3% - 10.8%
4th	2.01 to 2.83	3,329.8 to 11,851.0	380 to 1,069	3,419 to 54,432	1,521 to 7,160	2.3:1 to 3:1	12.1% - 15.6%	10.9% - 15.4%
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QUARTILE METHODOLOGY: SANTA ROSA COUNTY								
Quartile	SECONDARY DATA MEASURES						PRIMARY DATA MEASURES	
	HCI	YPLL	Deaths	Hospital Use	New Cases	Health Disparities	Community Survey	Key Leaders
1st	0 **to** 1.11	0 **to** 198.5	0 **to** 21.5	0 **to** 168.75	0 **to** 159	0 to 1:1	0 – 4.0%	0 – 3.4%
2nd	1.12 **to** 1.42	198.6 **to** 892	21.6 **to** 71	168.76 **to** 722	159.1 **to** 292	1.1:1 to 1.5:1	4.1% - 9.4%	3.41% - 3.8%
3rd	1.43 **to** 1.83	892.1 **to** 1,951.25	71.1 **to** 169.5	723.1 **to** 1,747.25	292.1 **to** 427.75	1.6:1 to 2.2:1	9.5% - 10.3%	3.81% – 11.6%
4th	1.84 **to** 2.83	1,951.3 **to** 6,359	169.6 **to** 470	1747.3 **to** 21,118	427.8 **to** 3,895	2.3:1 to 3:1	10.4% - 17.9%	11.7% - 19.3%
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Once the quartile was established, each measure was assigned a score from 0 to 4. Indicator scores were calculated as a weighted average of the comparison scores. Indicators are given a neutral score of 1.5 where a comparison is unavailable.

Comparison	Score
Quartile 1 (best)	0
Quartile 2	1
Quartile 3	2
Quartile 4 (worst)	3
Unavailable (Neutral)	1.5

Each disease topic was scored by calculating the average of all relevant indicator scores. Secondary data was weighted 75%, while community perceptions revealed through primary data collection were weighted at 25%. The tables on the following pages show the individual scores assigned to each measure under each indicator and the overall composite score per indicator. Using this methodology, 10 health issues were identified as the most important for the two-county area.

TOP 10 HEALTH OUTCOMES: ESCAMBIA COUNTY	
1. Infant Health	6. Heart Disease *(Coronary Artery Disease)*
2. Diabetes	7. Child Health
3. Sexually Transmitted Disease *(STD)*	8. Lung Cancer
4. Mental Health Disorders	9. Heart Attack
5. Stroke	10. Unintentional Injuries

TOP 10 HEALTH OUTCOMES: SANTA ROSA COUNTY	
1. Lung Cancer	6. Heart Disease *(Coronary Artery Disease)*
2. Stroke	7. Diabetes
3. Mental Health Disorders	8. Drug Abuse
4. Heart Attack	9. Prostate Cancer
5. Infant Health	10. Alcohol Use

HEALTH ISSUE SCORING: ESCAMBIA COUNTY													
HEALTH ISSUE	SECONDARY DATA								PRIMARY DATA				TOTAL
	HCI	YPLL	Deaths	Hospital Use	New Cases	Health Disparities	SUBTOTAL	WEIGHTED SUBTOTAL	Community Survey	Key Leaders	SUBTOTAL	WEIGHTED SUBTOTAL	
Infant Health	3.0	1.0	1.3	1.5	1.8	2.3	**11.00**	**8.25**	0	2	**2**	**0.5**	**8.75**
Diabetes	1.8	0.4	1.6	1.6	1.5	2.1	**9.00**	**6.75**	3	3	**6**	**1.5**	**8.25**
Sexually Transmitted Disease *(STD)*	2.0	0.2	1.2	1.5	1.5	3.8	**10.20**	**7.65**	1	0	**1**	**0.25**	**7.90**
Mental Disorders	1.7	0.0	1.5	2.4	1.5	1.4	**8.50**	**6.38**	3	3	**6**	**1.5**	**7.88**
Stroke	1.7	0.7	2.0	1.7	1.5	1.5	**9.00**	**6.75**	2	2	**4**	**1**	**7.75**
Heart Disease *(Coronary Artery Disease)*	1.0	1.0	2.0	1.5	2.0	1.2	**8.67**	**6.50**	2	2	**4**	**1**	**7.50**
Child Health	1.5	0.3	0.5	2.0	1.5	2.8	**8.67**	**6.50**	1.5	1.5	**3**	**0.75**	**7.25**
Lung Cancer	1.5	1.5	2.3	1.5	1.8	0.0	**8.50**	**6.38**	2	1	**3**	**0.75**	**7.13**
Heart Attack	1.5	0.7	1.7	1.7	1.5	1.2	**8.17**	**6.13**	2	2	**4**	**1**	**7.13**
Unintentional Injuries	1.0	2.7	2.0	1.5	1.5	0.3	**9.00**	**6.75**	1	0	**1**	**0.25**	**7.00**
Alzheimer's	2.3	0.0	2.3	1.5	1.5	0.8	**8.25**	**6.19**	1.5	1.5	**3**	**0.75**	**6.94**
Drug Abuse	1.3	0.0	1.4	1.1	1.5	1.2	**6.50**	**4.88**	3	3	**6**	**1.5**	**6.38**
Prostate Cancer	1.5	0.0	1.3	1.5	1.3	2.0	**7.50**	**5.63**	2	1	**3**	**0.75**	**6.38**
Chronic Lower Respiratory Disease *(CLRD)*	1.2	0.5	1.8	1.8	1.5	1.2	**7.92**	**5.94**	1	0	**1**	**0.25**	**6.19**
Alcohol Use	1.1	0.5	1.6	1.0	1.5	1.1	**6.88**	**5.16**	1	3	**4**	**1**	**6.16**
Maternal Health	1.5	0.0	1.5	1.5	2.0	1.0	**7.50**	**5.63**	1	1	**2**	**0.5**	**6.13**
Breast Cancer	2.0	0.5	1.3	1.5	1.3	0.5	**7.00**	**5.25**	2	1	**3**	**0.75**	**6.00**
Heart Failure	0.6	0.3	1.6	1.1	1.5	1.5	**6.63**	**4.97**	2	2	**4**	**1**	**5.97**
Oral Health	2.1	0.0	1.1	1.5	1.1	0.8	**6.63**	**4.97**	2	2	**4**	**1**	**5.97**
Colorectal Cancer	0.0	0.5	1.8	1.5	1.3	1.5	**6.50**	**4.88**	2	1	**3**	**0.75**	**5.63**
Asthma	0.8	0.0	1.5	1.2	1.5	2.0	**7.00**	**5.25**	1	0	**1**	**0.25**	**5.50**
Suicide	1.0	0.0	1.5	0.0	1.5	1.5	**5.50**	**4.13**	1.5	1.5	**3**	**0.75**	**4.88**
Skin Cancer *(Melanoma)*	2.0	0.0	0.8	1.5	0.8	0.0	**5.00**	**3.75**	2	1	**3**	**0.75**	**4.50**
Cervical Cancer	1.3	0.0	0.8	1.5	0.8	0.5	**4.75**	**3.56**	2	1	**3**	**0.75**	**4.31**

*Values of 1.5 indicate missing data **Surveys did not break out individual cancers or cardiovascular diseases ***Surveys identified only "teen pregnancy"

HEALTH ISSUE SCORING: SANTA ROSA COUNTY													
HEALTH ISSUE	SECONDARY DATA								PRIMARY DATA				TOTAL
	HCI	YPLL	Deaths	Hospital Use	New Cases	Health Disparities	SUBTOTAL	WEIGHTED SUBTOTAL	Community Survey	Key Leaders	SUBTOTAL	WEIGHTED SUBTOTAL	
Lung Cancer	2.0	2.3	2.3	1.5	1.8	1.0	**10.75**	**8.06**	2	2	**4**	**1**	**9.06**
Stroke	2.5	1.3	2.0	1.7	1.5	1.5	**10.50**	**7.88**	2	2	**4**	**1**	**8.88**
Mental Disorders	1.7	1.5	1.5	2.2	1.5	1.2	**9.60**	**7.20**	3	3	**6**	**1.5**	**8.70**
Heart Attack	1.5	1.8	1.8	1.8	1.5	1.5	**9.75**	**7.31**	2	2	**4**	**1**	**8.31**
Infant Health	2.0	1.7	1.0	1.5	2.5	2.3	**11.00**	**8.25**	0	0	**0**	**0**	**8.25**
Heart Disease (Coronary Artery Disease)	1.3	2.3	2.3	2.3	1.5	0.0	**9.50**	**7.13**	2	2	**4**	**1**	**8.13**
Diabetes	1.7	1.6	1.6	1.6	1.5	1.1	**9.10**	**6.83**	2	3	**5**	**1.25**	**8.08**
Drug Abuse	1.8	1.6	1.4	1.0	1.5	1.5	**8.75**	**6.56**	3	3	**6**	**1.5**	**8.06**
Prostate Cancer	1.5	0.8	1.3	1.5	1.3	3.0	**9.25**	**6.94**	2	2	**4**	**1**	**7.94**
Alcohol Use	2.0	1.4	1.4	1.0	1.5	1.5	**8.75**	**6.56**	1	3	**4**	**1**	**7.56**
Unintentional Injuries	1.0	3.0	2.3	1.5	1.5	0.3	**9.67**	**7.25**	1	0	**1**	**0.25**	**7.50**
Chronic Lower Respiratory Disease *(CLRD)*	1.9	1.6	1.8	1.9	1.5	1.0	**9.67**	**7.25**	1	0	**1**	**0.25**	**7.50**
Alzheimer's	3.0	0.0	3.0	1.5	1.5	0.0	**9.00**	**6.75**	1.5	1.5	**3**	**0.75**	**7.50**
Heart Failure	1.5	1.4	1.6	1.1	1.5	1.1	**8.25**	**6.19**	2	2	**4**	**1**	**7.19**
Child Health	1.5	1.5	0.5	2.0	1.5	1.5	**8.50**	**6.38**	1.5	1.5	**3**	**0.75**	**7.13**
Asthma	1.5	1.5	1.5	1.4	1.5	1.4	**8.80**	**6.60**	1	0	**1**	**0.25**	**6.85**
Suicide	2.0	1.5	1.5	0.0	1.5	1.5	**8.00**	**6.00**	1.5	1.5	**3**	**0.75**	**6.75**
Oral Health	2.0	1.1	1.1	1.1	1.1	1.1	**7.63**	**5.72**	2	2	**4**	**1**	**6.72**
Sexually Transmitted Disease *(STD)*	0.7	1.5	1.5	1.5	1.7	1.5	**8.33**	**6.25**	1	0	**1**	**0.25**	**6.50**
Breast Cancer	1.5	1.3	1.3	1.5	1.8	0.0	**7.25**	**5.44**	2	2	**4**	**1**	**6.44**
Maternal Health	0.8	1.5	1.5	1.5	2.0	0.8	**8.17**	**6.13**	0	0	**0**	**0**	**6.13**
Skin Cancer *(Melanoma)*	3.0	0.8	0.8	1.5	0.8	0.0	**6.75**	**5.06**	2	2	**4**	**1**	**6.06**
Colorectal Cancer	0.0	1.3	1.3	1.5	1.3	1.0	**6.25**	**4.69**	2	2	**4**	**1**	**5.69**
Cervical Cancer	1.3	0.8	0.8	1.5	0.8	0.0	**5.00**	**3.75**	2	2	**4**	**1**	**4.75**

*Values of 1.5 indicate missing data **Surveys did not break out individual cancers or cardiovascular diseases ***Surveys identified only “teen pregnancy”

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Escambia - Santa Rosa Community Health Needs Assessment Report

APPENDIX:

Forces of Change Assessment

Appendix: Forces of Change

The CHNA Steering Committee participated in a "Forces of Change" Assessment over two meetings held in late spring 2018. The intent of a Forces of Change Assessment is to identify trends, factors, or events that may have a potential impact on health status within a community. The first meeting of the Steering Committee focused on identifying the major forces within Escambia and Santa Rosa Counties. This included reaching consensus on the top five forces. The last half of the first meeting and the entire second meeting were devoted to discussing the threats to health status and the opportunities for improving health posed by the five forces. The following pages present the findings from this two-meeting assessment process.

Forces of Change

Community School

Health-related services for students, their families and surrounding neighborhoods are made available within a school. CA Weis Elementary in Escambia is a local example.

Health Literacy

Health literacy is the ability to understand basic health information and services needed to make appropriate health decisions, such as following doctor's orders, taking medicine as prescribed or knowing how to access services.

Drug Abuse

Drug abuse is the overindulgence in or dependence on drugs or alcohol. It does not necessarily mean addiction to the substance.

Access to Appropriate Level of Care

The ability to obtain health care in a timely manner at the lowest appropriate level. Access may be limited due to no or inadequate insurance, poor geographic distribution of providers, transportation difficulties, or high out-of-pocket deductibles.

Faith Community

Many faith-based organizations actively engage their members on health issues or health screening and are an asset in improving community health.

Force of Change:

Replication of the Community School Model

In a Community School, health-related services for students, their families and surrounding neighborhoods are made available within the school. Services may include health clinic, mental health counseling, and nutrition support such as school gardens and weekend supplemental food packs. CA Weis Elementary School in Escambia County is a local example of a Community School.

THREATS and CHALLENGES

- Staying committed to the partnership (not pulling out resources)
- Need to understand the culture within the community
- Smaller communities can be resistant to change
- Funding and sustainability – operational expense of running programs
- Support
- Not scalable – personnel may be spread too thin
- Establishing trust between agencies serving the school
- Know regulations – education regulations vs medical regulations
- Staffing; lack of personnel for model
- Support of program by principal
- Equipment
- Facility space
- Parent Teacher Organization support – must have
- Limited volunteer pool
- Limited organizational support as replication continues
- Cost
- Coordination of resources
- Need is so great, where to begin – need to prioritize
- Zoning in neighborhoods
- Emphasizing a specific population

OPPORTUNITIES

- Infrastructure exists (pilot)
- Ability to track data
- Improved health will improve education outcomes and better attendance
- Evidence based (low risk)
- Improved access to behavioral health and dental
- Access to appropriate level of care
- Educates families on developmental milestones & early intervention
- School is a central location for resources for families with limited transportation
- Creates access for families with limited transportation
- Targeting a population with high needs
- Greater support and retention of teachers
- Building trust with the families and public
- Parent Teacher Organization support
- Increased screening of potential health problems
- Public relations
- Dental care
- Prepare children for VPK
- A nurse everyday provides care to the lowest level and funding available (2)
- Several high poverty areas
- Bringing two worlds (schools & health providers) together for a common cause
- Health education for children on healthy lifestyles
- Facilitates learning
- Brings value to school by investing in families and community
- Improved safety in the community

Force of Change:

Low Health Literacy

Health literacy means the ability to understand basic health information and services needed to make appropriate health decisions. Someone with "low health literacy" may have difficulty following doctor's orders, taking medicine as prescribed, knowing how to access appropriate service or understanding the importance of adopting healthy habits. Doctors and nurses can contribute to low health literacy of patients by using medical jargon and speaking beyond the level of the patient's understanding.

THREATS and CHALLENGES

- Emergency Room mindset
- Poor health outcomes
- Emergency Room visits tax the system
- Prideful – doesn't ask for help or education
- Health system complexity – don't know how to navigate health insurance
- Lack of awareness
- Cultural literacy of providers
- Miscommunication between provider and patient
- Stigma – personally (1)
- Fewer health visits
- Loss of productivity
- Social media / self-diagnosis
- Inappropriate use of healthcare facilities
- No ownership of health care literacy
- Compliance – providers and patients
- Appropriate portal of access (Emergency Room vs primary care)
- Language barriers
- Comprehension level
- Culture
- Generational influence
- Fear / mistrust
- Social media
- Provider education on importance of health literacy

OPPORTUNITIES

- Health provider training opportunities
- Patient training opportunities (through existing systems)
- Improved opportunity for care (1)
- Using faith-based model to educate their congregation
- Advertise
- Train systems on dialogue
- Community health workers
- Use social media to educate
- Telemedicine opportunity to improve health outcomes
- Generational knowledge to be passed on
- Healthy lifestyle choices – generational knowledge – social media
- Better integrated system of navigators
- Education to help patients be advocates for own care
- Continuity navigators – on-going support & consistent messaging
- Generational influence
- Seek non-traditional ways to engage and educate
- Social media
- Mobile devices
- Establish a primary healthcare home
- Community schools offer an opportunity to increase health literacy
- Use of "translators" – translators help patients understand provider instructions
- Education on what constitutes an "emergency"

Force of Change:

Increasing Drug and Alcohol Abuse Problems

Abuse is the overindulgence in or dependence on drugs or alcohol. It does not necessarily mean addiction to the substance. Abuse includes binge drinking, driving under the influence, repeated absences from work/school due to use of drugs and/or alcohol and hospitalization or death due to overdose, cirrhosis or other substance use-related health problems.

THREATS and CHALLENGES

- Social acceptability increasing
- Poor school outcomes
- Poor home environments
- Lack of access to treatment, especially for uninsured/under-insured or low income
- Increase in crime
- Child neglect and child abuse
- Readily available or easy access to street drugs
- Family and generational impact
- Not enough treatment capacity – competing with out-of-state patients
- Abuse of the system, for example increase in methadone abuse
- Increased use of spice
- Not seeking help early; family dynamics discourages seeking treatment until late in disease process
- Long term negative impact on person
- Over-prescribing
- Individual and family denial; lack of dialog and honesty within families
- Not understanding the problem
- Peer pressure
- Is right data being collected
- Family structure
- Over-burden system of children (2)
- Loss of productivity
- Public health issue
- Education for children
- Legislative impact
- Neonatal impact
- Mental health
- Lack of commitment to change
- Stigma of disease
- Arrest for illegal drugs negatively affects future life
- Too much emphasis on opioids might mask what is really going on

OPPORTUNITIES

- Emerging public awareness due to opioid epidemic
- Data availability
- Improved screening and treatment (SBIRT - Screening, Brief Intervention, and Referral to Treatment)
- Reunion of children with families (lower foster care or adoption rates)
- Broad socioeconomic awareness; awareness that drug abuse reaches all demographics
- Increase in detox and rehab programs
- Growing awareness -> increases funding -> more treatment
- Moving education past “Just say no”
- Increasing funding
- Community education
- School-age children education (K-12)
- Community school
- Change of culture
- A range of treatment options must be provided
- Homelessness
- Education
- Detox
- Rehab programs
- Community availability
- Proven programs in community
- Federal funding for opioid abuse

Force of Change:

Limited Access to Appropriate Level of Care

This refers to the ability to obtain health care in a timely manner at the lowest appropriate level. Access may be limited due to many factors including inadequate insurance, transportation difficulties, lack of information on services or mistrust of doctors.

THREATS and CHALLENGES

- Low health literacy
- Poverty (unemployment, lack of transportation, etc.)
- Appointment waiting times
- Emergency Rooms required to see you even if you don’t have insurance
- Health insurance
- Lack of access to care at basic level (FP, PCP, doctors in general)
- Misuse of emergency services: ED ambulance, police, etc.
- Rural areas have limited access
- Poor health outcomes
- Geographic barriers (market saturated with providers)
- Care is transactional and episodic; there is no continuity of care
- Fear of sharing data/information for coordination of care
- Won’t move to a single records system
- High deductibles
- Lack of complete follow-through
- Transportation in rural areas
- Hospital advertising Emergency Room wait times sends mixed message (advertise short wait times encourages use)
- Lack of Medicaid expansion creates large low-income population without insurance
- Lack of transportation: Emergency Room vs primary care
- Immediate gratification – want service NOW
- Low health literacy
- Pharmaceutical companies marketing direct to consumers

OPPORTUNITIES

- Preventative education on resources
- Improved health literacy
- Establishing medical home
- Locating health services in communities where needed (bring services to the community)
- Improve access to transportation
- Dental van
- Collaborations within healthcare systems and community partners
- Consistent, continued preventative care
- Information sharing for coordination of care
- Education
- Collaboration
- More mid-level providers (ARNP, PA) to create additional access to care and reduce waits
- Education on where to go & when to go (health literacy)
- Telemedicine

Force of Change:

Faith Community

Escambia and Santa Rosa are fortunate to have a large faith community. Many local faith-based organizations are actively engaged in improving the health of their members or are interested in helping members address their health.

THREATS and CHALLENGES

- Sharing of information-closing the loop/client needs
- Often led by volunteers with limited time
- Resources may already be stretched or committed to other issues
- Struggle to be on the same page
- Duplication of services – we should look at strengths of what we have and then use resources effectively

OPPORTUNITIES

- What is the purpose?
- Alignment of services (hospitals, Department of Children & Families, health departments, medical ministry)
- Represent a large segment of community
- Literature available/models available to follow
- Ecumenical – bring in all denominations and beliefs
- Create an inventory of assets
- Pilot a location-data/tracking/info
- Mini summit to understand resources available, determine level of awareness, education
  - Location
  - What do they see as problems?
  - What do they need?
  - Do they want to be involved?
  - What is their role?
- Education on what resources are and how we can utilize them
- Integrating resources
- Health literacy on health options available in community
- Witness Project Roadmap-adapt it to us
- Know your community
- Develop education/training programs for them on health issues
- Customized community approach to address issues that will work for community
- Educate our own group (Steering Committee) of what each of our organizations do
- Promote connectivity/cohesion to prevent duplication

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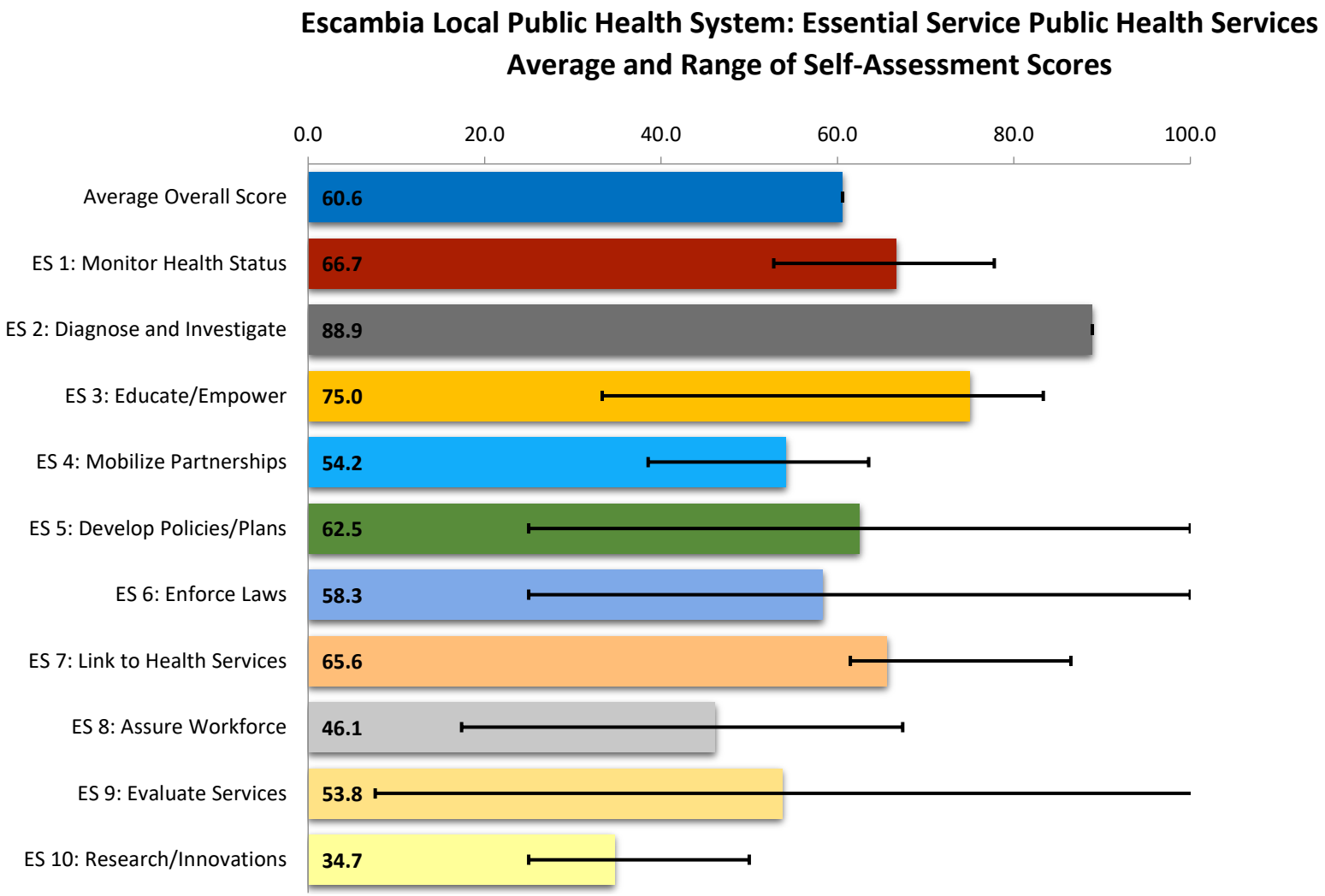
APPENDIX:

Local Public Health System Assessment

Appendix: Local Public Health System Assessment

Escambia County



Escambia County: Strongest Performing Essential Service Public Health Service

ES 2: Diagnose and Investigate 88.9%

This Essential Service Public Health Service is all about public health preparedness; Escambia has a great response plan when it comes to dealing with public health threats. County officials work closely with the Department of Health in Escambia County to monitor and respond timely to a potential incident. The Local Public Health System uses several training events and emergency notification systems to ensure the proper and timely response. The partners involved are Department of Health in Escambia County, county management, local hospitals and laboratories. The lack of a large laboratory that is within an hour limits our ability to respond to emerging chemical and biological threats.

ES 3: Educate / Empower.....75.0%

Educate and empower is performed by just about everyone in the local public system in Escambia County. Health education classes are provided by several partners including the hospitals and community health centers. There are several community wide events to encourage health among the residents; 5210 Day of Play, Ciclovia, 5k runs, community health fairs, and other active events. The Local Public Health System also focuses on raising awareness and encouraging residents to make a change by offering solutions to prevent chronic and communicable disease. Not only does the system participate in community events, but also uses marketing strategies for promoting healthy behaviors.

Escambia County: Weakest Performing Essential Service Public Health Service

ES 10: Research and Innovation.....34.7%

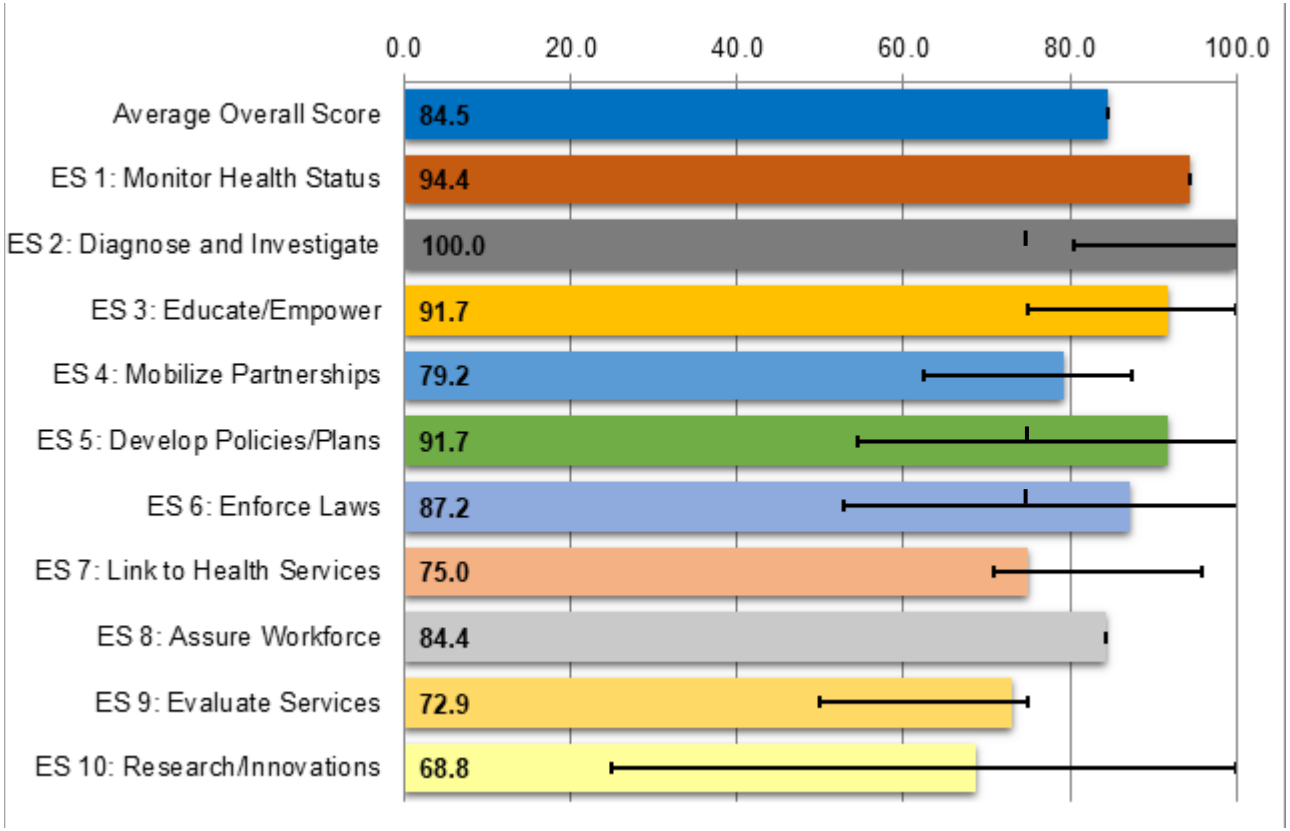
The University of West Florida has been increasingly active in the Local Public Health System, but they have just begun to develop a true public health research base. Keeping up to date on the best practices in public health is a priority for the health department and other non-profit companies in the county. Opportunities exist in this area for partnering with other agencies to develop and test new and innovative solutions to the population's health; we aim to do this in the community health improvement plan which follows the CHNA. The Department is working hard to create a culture around constant and quality improvement processes.

ES 8: Assure Workforce 46.1%

Florida Department of Health in Escambia County provides guidelines and accurate assessment when hiring staff members; we want to ensure we have the proper staff to fulfill the job descriptions. Encouragement of achieving academic success is noted by the state tuition waiver provided to most employees, there is also access to professional development opportunities, and internships and fellowships are available to degree seeking students in several organizations. Opportunities for the department include assessing the public health field and identifying gaps, so we can work with the Universities to improve courses and training. We also use assessments internally to collect data but have not been able to analyze the data to create action plans to move the needle forward on this essential service.

Santa Rosa County

Santa Rosa Local Public Health System: Essential Service Public Health Services
Average and Range of Self-Assessment Scores



Santa Rosa County: Strongest Performing Essential Service Public Health Service

ES 1: Monitor Health Status to Identify Community Health Problems ..... Score 94.4%

Santa Rosa County works collaboratively with community partners as part of the Live Well Partnership organization to conduct comprehensive Community Health Assessments (CHAs) every three years. Beginning in 2013, Live Well Partnership changed the frequency of the CHA to every three years (previously five years) to ensure the most up to date information. The CHA utilizes the best available technologies, including registries and geographic data, to identify vulnerable populations and health disparities to aid partners in allocating resources where they are needed most. In addition to the CHA, Santa Rosa County monitors disease and health trends over time using a variety of surveillance tools in the public health preparedness, epidemiology, and environmental health departments.

ES 2: Diagnose and Investigate Health Problems and Health Hazards ..... Score 100%

Santa Rosa County utilizes multiple surveillance systems to detect and monitor emerging health threats and hazards, including a syndromic surveillance system (ESSENCE), a statewide reportable disease database which includes data from Florida's Poison Control Center, a statewide epidemiologic communication network (EpiCom), and CDC's nationwide epidemiologic exchange (Epi-X). Santa Rosa County submits all reportable diseases to the state within 14 business days. In addition to maintaining written instructions for handling communicable disease outbreaks and toxic exposures in various facilities, Santa Rosa County's Public Health Preparedness develops and maintains protocols for responding to natural and manmade disasters. Santa Rosa County works closely with the jurisdictional Emergency Response Coordinator to plan for biological, chemical and nuclear emergencies. Emergency response exercises are conducted throughout the year and include various community partners. Exercises always include hot washes, After Action Reports and plans for improvement. Santa Rosa County only utilizes licensed or credentialed laboratories which can meet public health needs during emergencies 24/7. Santa Rosa County maintains written protocols for handling, transporting and delivering lab specimens.

Santa Rosa County: Weakest Performing Essential Service Public Health Service

ES 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services ..... Score 72.9%

Santa Rosa County identified areas for improvement in evaluating population-based services and using evaluation results to improve services, particularly among vulnerable populations. Santa Rosa County conducts Customer Satisfaction Surveys annually, monitors progress in achieving local and state benchmarks, and implements new technologies to improve the quality of care; however, ongoing evaluations of the accessibility, quality and effectiveness of personal health services for vulnerable populations are needed, as are evaluations of how local public health system entities are communicating, connecting and coordinating services.

ES 10: Research for New Insights and Innovative Solutions to Health Problems ..... Score 68.8%

Santa Rosa County keeps abreast of best practices in public health using a variety of state and national tools, including Florida Health CHARTS and *Healthy People 2020* and has recently expanded research capacity by adding a Biological Scientist IV position to the epidemiology staff with duties including coordinating with the Community Health team to conduct research to support local health initiatives. Santa Rosa County works with community partners including a local university to research health problems, and distributes information via an epidemiology newsletter, press releases and at community meetings. Opportunities for improvement exist in pilot testing new solutions for public health problems and evaluating the results, encouraging community participation in research and sharing research findings with public health colleagues and the community through journals, websites and social media.

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Escambia - Santa Rosa Community Health Needs Assessment Report

APPENDIX:
Partners

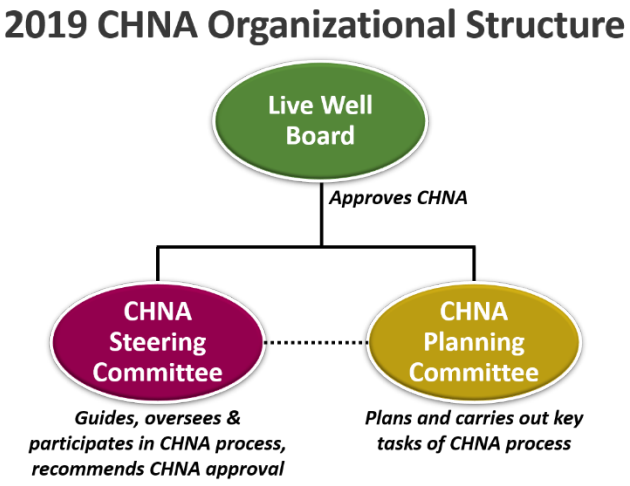
Appendix: Partners

Live Well Partnership is governed by a Board of Directors representing social sector, business and health care services from throughout Escambia County and Santa Rosa County. The Board is responsible for governing the operations of Live Well Partnership and has final approval over all projects and reports, including the 2019 Community Health Needs Assessment. The 2018 Board of Directors are as follows:

Live Well Partnership Board of Directors

Sandra Park-O'Hara (2019) – President
Florida Department of Health in Santa Rosa County
Debra M. Vinci (2019) – Vice President
University of West Florida, Usha Kundu, MD, College of Health
John B. Clark (2019) - Treasurer
Council on Aging of West Florida
Brett Aldridge (2019)
Baptist Health Care
Candace Anz, MD (2018)
Good Samaritan Clinic
Lindsey Cannon (2019)
Children's Home Society- Western Division
Cindy Drummond (2019)
Santa Rosa Medical Center
DeDe Flounlaker (2017)
Manna Food Pantries
Laura Gilliam (2019)
United Way of Escambia County
Dennis Goodspeed (2018)
Lakeview Center
Randy Granata (2019)
Sacred Heart Health System
Joseph "Joey" Harrell (2018)
Santa Rosa County School District
John Lanza, MD (2018)
Florida Department of Health in Escambia County
David Powell (2019)
Community Action Program
Jim Roberts (2019)
Emerald Coast Utility Authority
Chandra Smiley (2018)
Community Health Northwest Florida

To ensure broad community representation, additional organizational partners were recruited to assist with the completion of the 2019 Community Health Needs Assessment (CHNA). A **CHNA Steering Committee** was established consisting of Live Well Partnership Board members and other organizations involved in the health and welfare of area citizens. The **CHNA Steering Committee** provided invaluable input and insight throughout data gathering and analysis. The **CHNA Steering Committee** also reviewed the final CHNA report before recommending its approval to the Live Well Partnership Board of Directors.



CHNA Steering Committee

ORGANIZATION	NAME
Achieve Escambia	Kimberly Krupa
Baptist Health Care	Brett Aldridge, Carter Craddock, Krystle Fernandez
Building Healthy Military Communities	Lynn Brannon
Children's Home Society of Florida	Lindsey Cannon
Community Health Northwest Florida	Myesha Arrington, Ann Papadelias, Chandra Smiley
Community Drug & Alcohol Council, Inc.	Leashia Scrivner, Denise Manassa
Consumer	Jerry Maygarden
Council on Aging of Northwest Florida	John Clark
Covenant Hospice	Todd Fisher
Emerald Coast Utility Authority	Jim Roberts
Escambia County School District	Martha Hanna
Ever'man Cooperative Grocery & Café	Rob Thead
Feeding the Gulf Coast	Laura Carlson, Anita Totten
Florida Department of Children and Families	Phyllis Gonzalez
Florida Dept of Health - Escambia	John Lanza, Kimberly Pace, Vanessa Phillips, Patrick Shehee, Versilla Turner

ORGANIZATION	NAME
Florida Dept of Health - Santa Rosa	Matt Dobson, Michelle Hill, Sandra Park-O'Hara
Good Samaritan Clinic	Candace Anz
Gulf Coast African American Chamber	Brian Wyer
Health and Hope Clinic	Nicole Partridge
Lakeview Center	Dennis Goodspeed
Live Well Partnership	Nora Bailey
Manna Food Pantries	DeDe Flounlacker
Opening Doors Northwest Florida	John Johnson
Pensacola Bay Baptist Association	Brian Nall
Pensacola News-Journal	Kevin Robinson
Sacred Heart Health System	Amy Barron, Paula Bides, Bethany Miller
Santa Rosa County	DeVann Cook
Santa Rosa County School District	Joseph "Joey" Harrell
Santa Rosa Medical Center	Cynthia Drummond
Town of Century	Henry Hawkins
United Way of Escambia	Laura Gilliam
University of West Florida	Denice Curtis, Faith Garrett, John Hartman, Denise Seabert, Enid Sisskin, Cynthia Smith-Peters, Daudet Tshiswaka, Debra Vinci
Walmart	Ron Thames
Waterfront Mission	Angie Ishee, Devin Simmons
YMCA	Michael Bodenhausen

A **CHNA Planning Committee** was established to oversee and manage all phases of the CHNA process. This team carried out all tasks related to gathering and analyzing primary and secondary data, conducting Forces of Change and Local Health System Assessments, summarizing findings and compiling the final CHNA report.

CHNA Planning Committee

ORGANIZATION	NAME
Baptist Health Care	Brett Aldridge, Carter Craddock, Krystle Fernandez
Community Health Northwest Florida	Myesha Arrington, Ann Papadelias, Chandra Smiley
Council on Aging of Northwest Florida	John Clark
Florida Department of Health in Escambia County	Kimberly Pace, Patrick Shehee, Versilla Turner

ORGANIZATION	NAME
Florida Department of Health in Santa Rosa County	Matt Dobson, Erika Cathey, Michelle Hill, Sandra Park-O'Hara, Sherry Worley
Live Well Partnership	Nora Bailey
Sacred Heart Health System	Amy Barron, Paula Bides, Bethany Miller
University of West Florida	Denice Curtis, Faith Garrett, John Hartman, Enid Sisskin, Daudet Tshiswaka, Debra Vinci