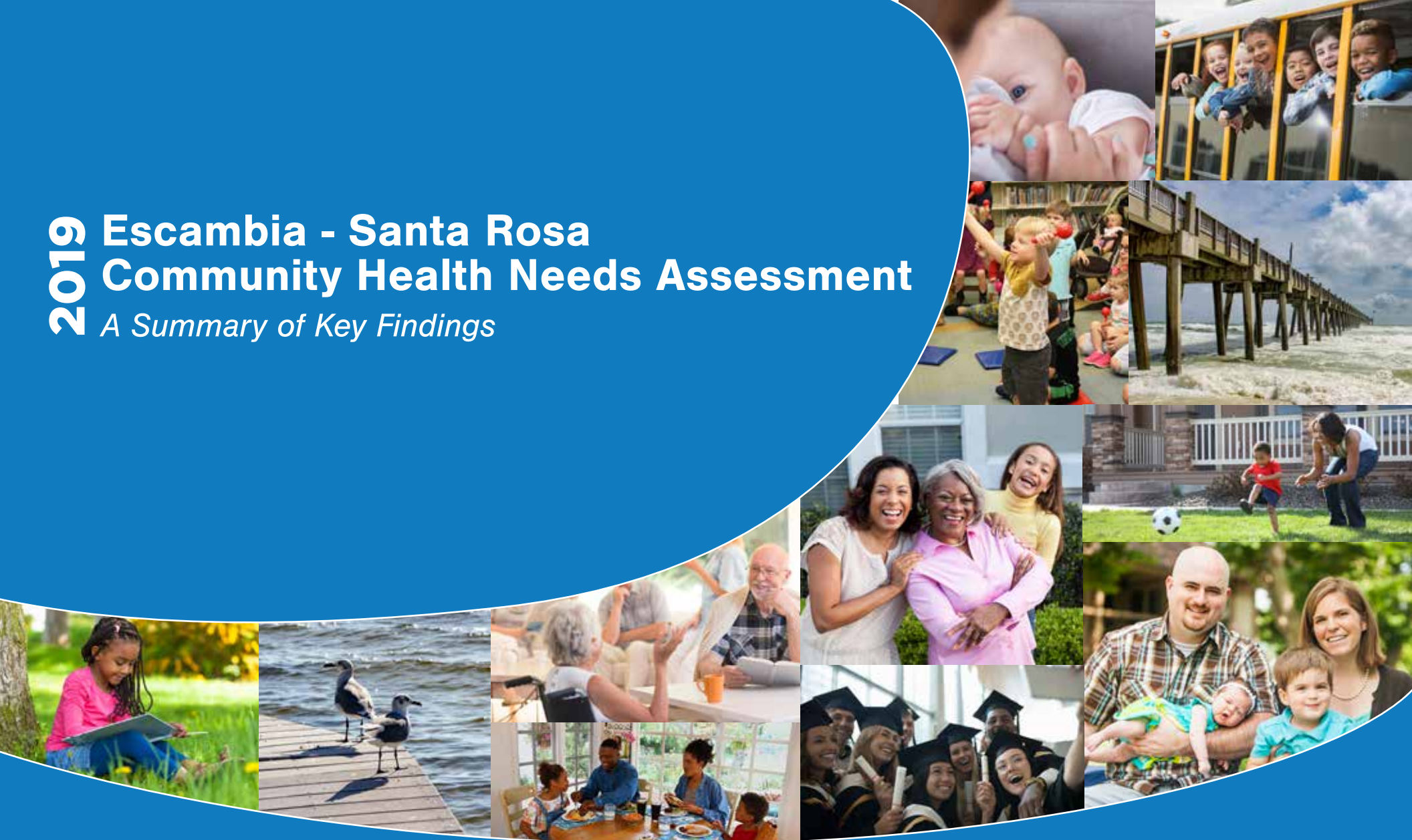


# 2019 Escambia - Santa Rosa Community Health Needs Assessment

*A Summary of Key Findings*





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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





## Introduction

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

### 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.

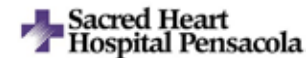
The following pages summarize the findings of a year-long process to investigate the health of people residing in Escambia and Santa Rosa counties and the underlying demographic, social, economic and environmental factors that impact health. We encourage individuals and organizations to use this information 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





## 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:

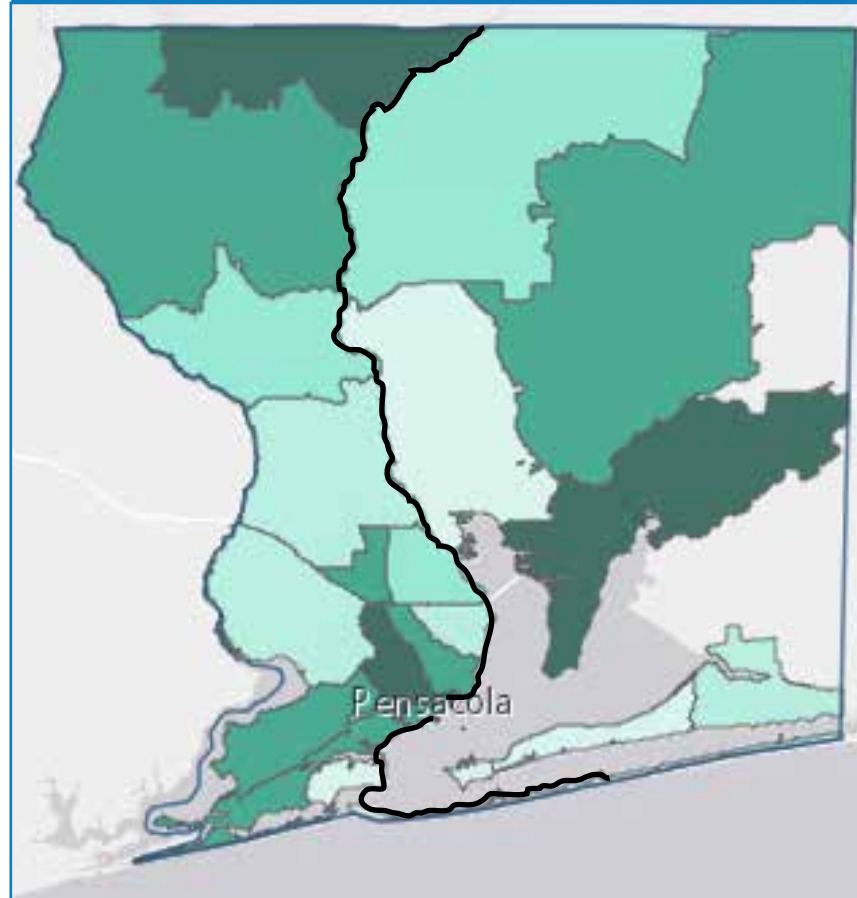
Collaborating Partner	Communities Served
<b>Baptist Health Care</b>	
Baptist Hospital.....	Escambia County and Santa Rosa County
Gulf Breeze Hospital .....	Gulf Breeze, Santa Rosa County
Jay Hospital.....	Jay, Santa Rosa County
<b>Community Health Northwest Florida</b> .....	Escambia County and Santa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

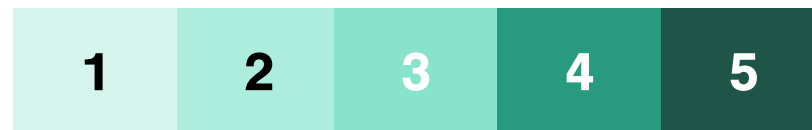
The **2018 SocioNeeds Index**, created by Conduent Healthy Communities Institute (Conduent HCI), is a measure of socioeconomic need that is correlated with poor health outcomes. Those with the highest values have the highest socioeconomic need, which is correlated with preventable hospitalizations and 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

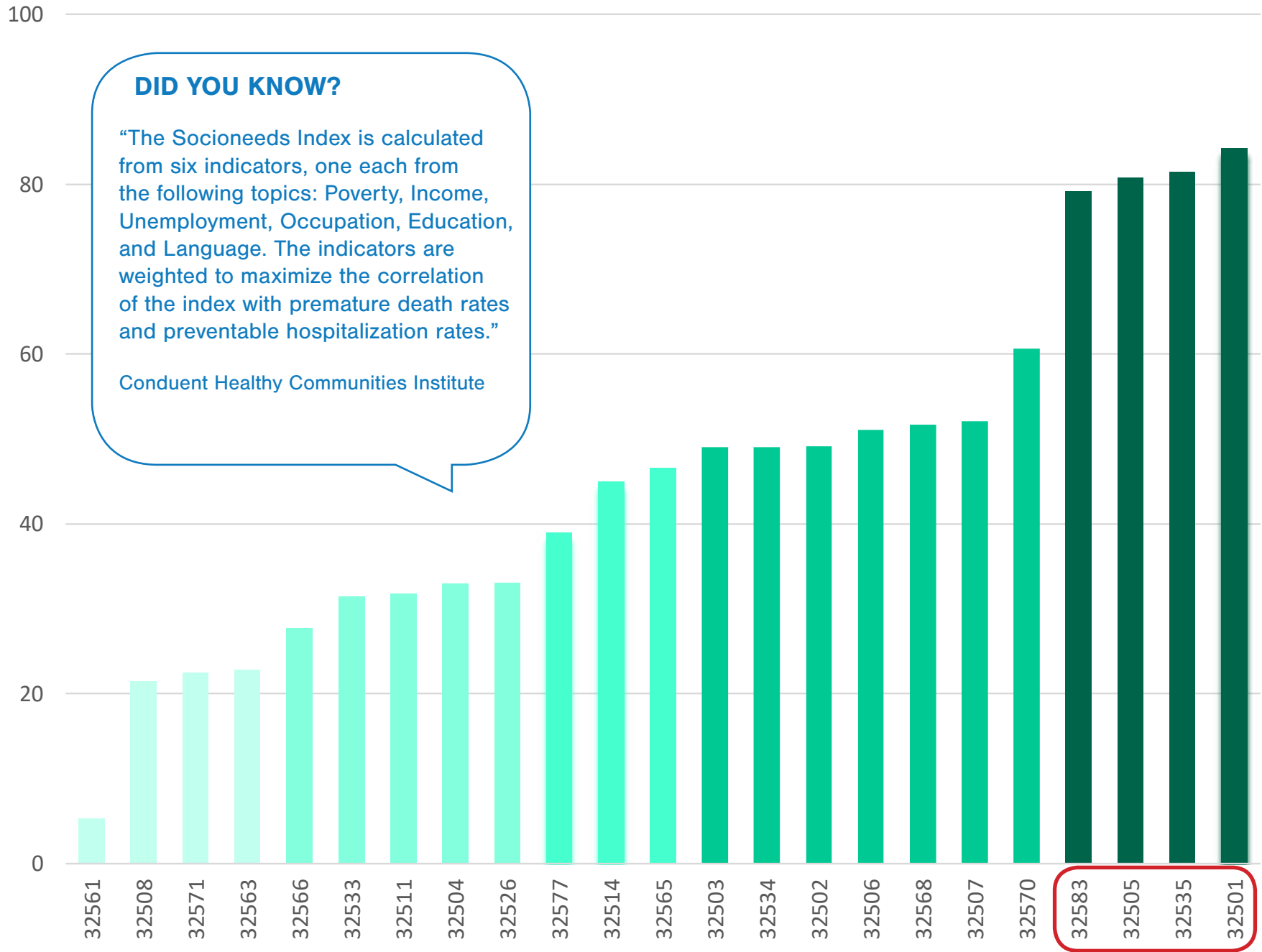


## MAP LEGEND

greater need →



## 2018 SocioNeeds Index by Zip Code



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



# POPULATION

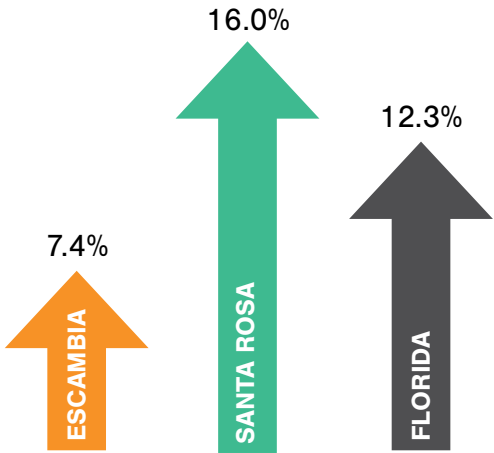
## Community Profile

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**.

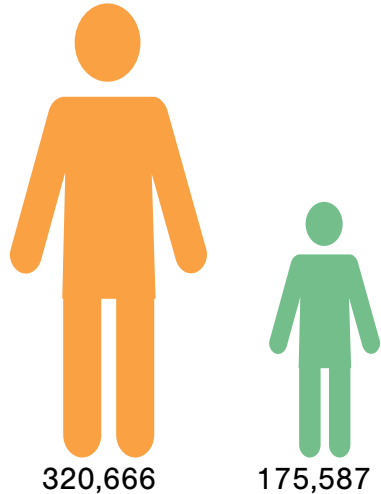
**Compared to Florida...**  
...Escambia County's rate of growth is slower, and the county has fewer Hispanics; however, Escambia's population is more racially diverse with a stronger military presence.

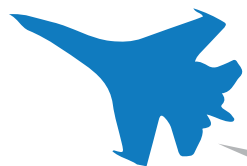
**Compared to Florida...**  
...Santa Rosa County is growing at a much faster rate and is not as racially diverse; the county also has a strong military presence from the surrounding armed forces bases.

### 2010-2018 Growth



### 2018 Population





**10,138**

Members of the Armed Forces  
live in Escambia

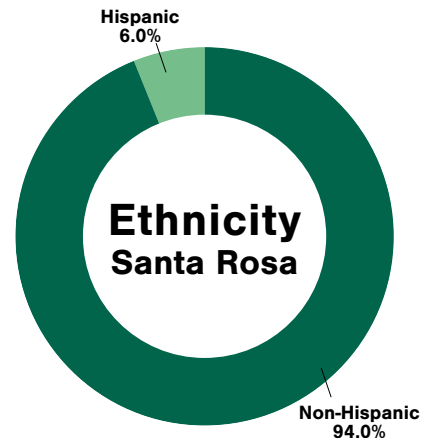
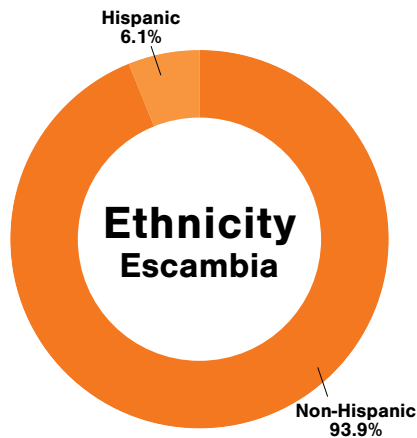
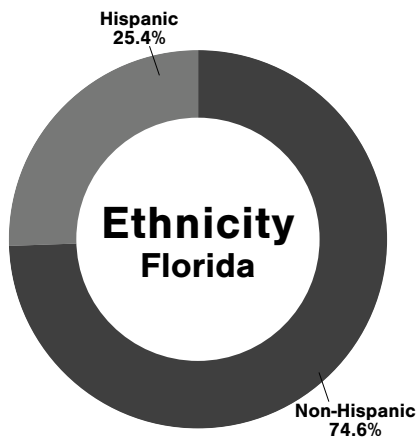
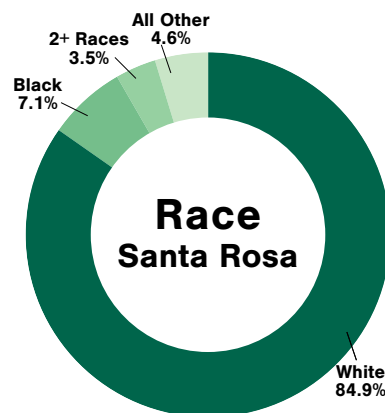
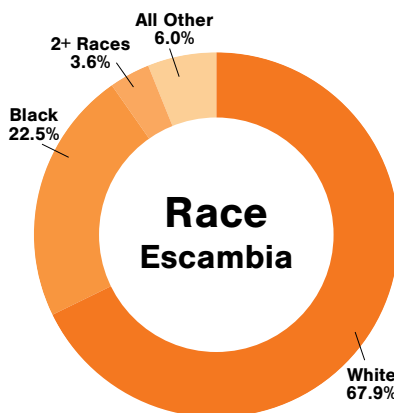
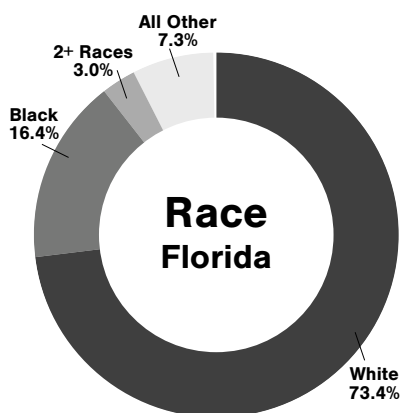
**3,102**

Members of the Armed Forces  
live in Santa Rosa



**12.6%** of Escambia  
residents are Veterans

**14.2%** of Santa Rosa  
residents are Veterans



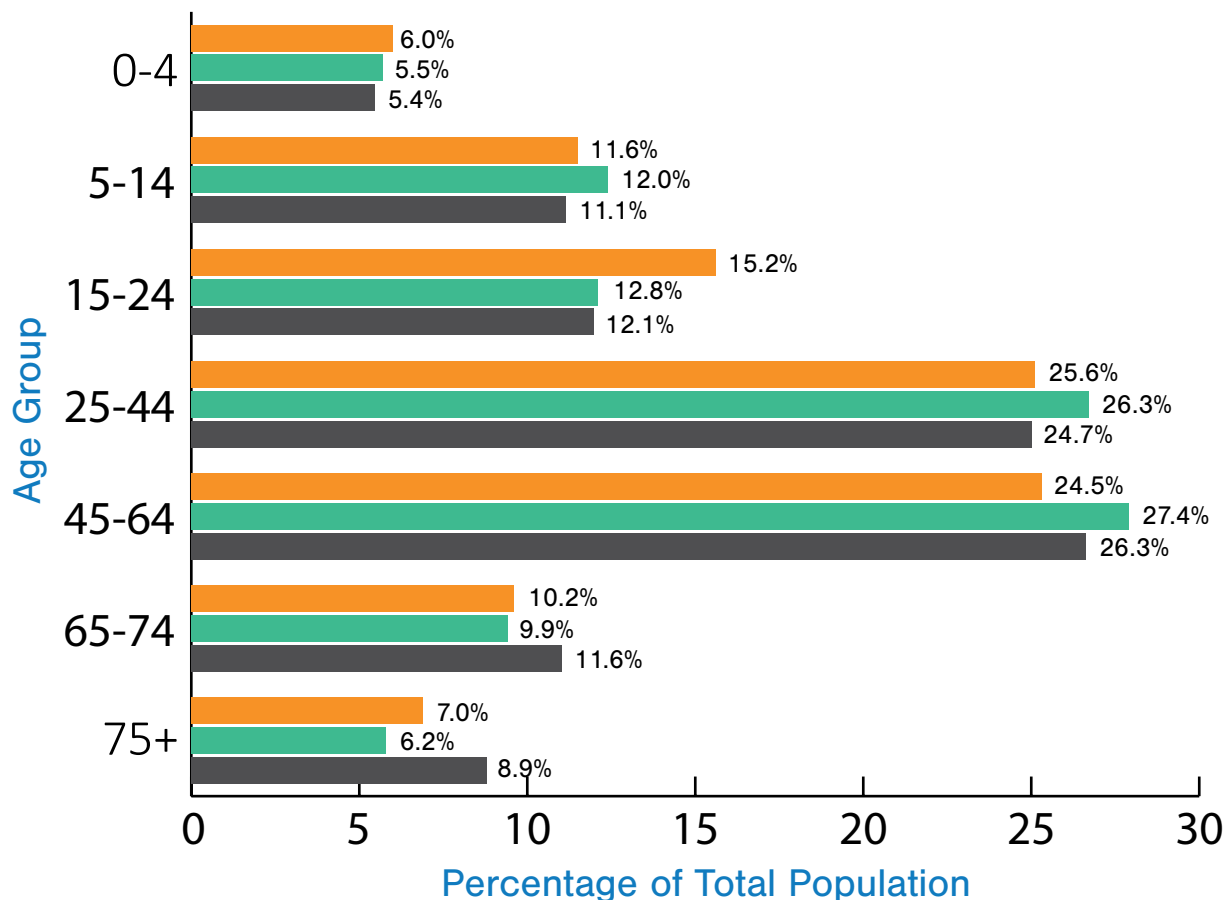
### Compared to Florida...

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

### Compared to Florida...

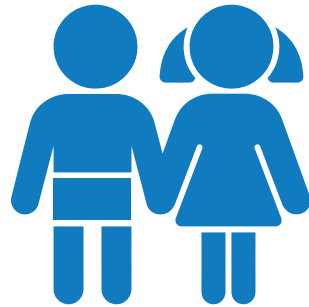
...Santa Rosa County has more children and fewer seniors, slightly larger families, and a lower median age by two years in 2016.

### Percentage of Population by Age Group





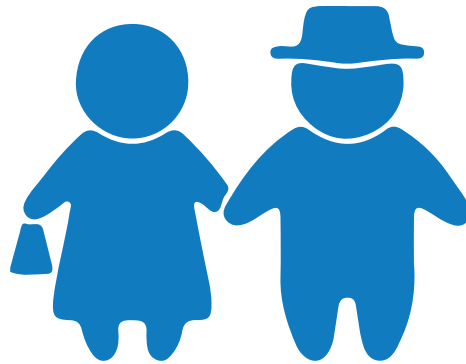
**17.6%**  
ESCAMBIA



**17.5%**  
SANTA ROSA

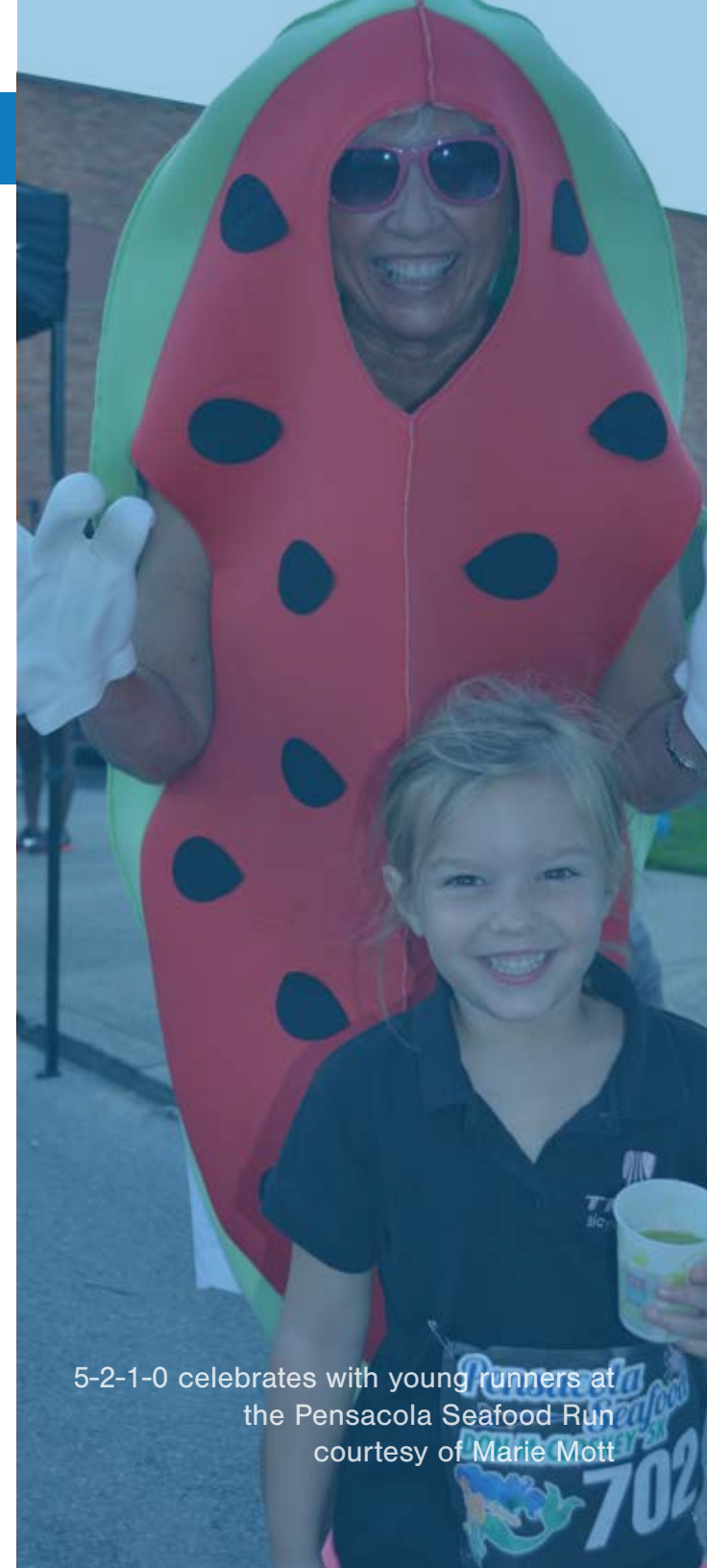
of total population are children  
(0-14 years)

**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

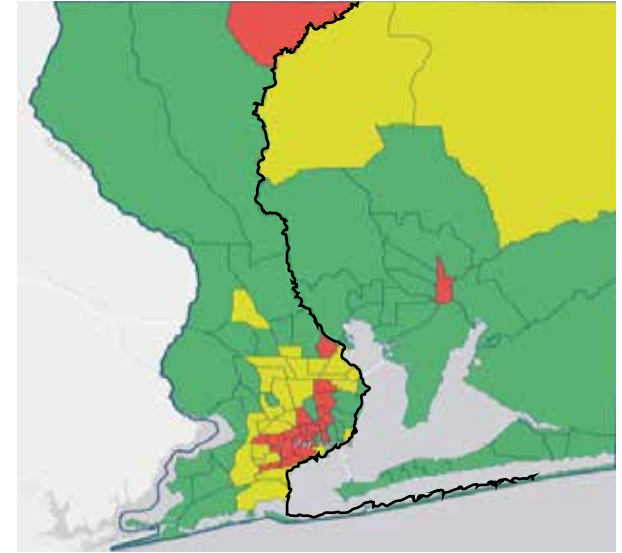
## Compared to Florida...

...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.

## Median Household Income



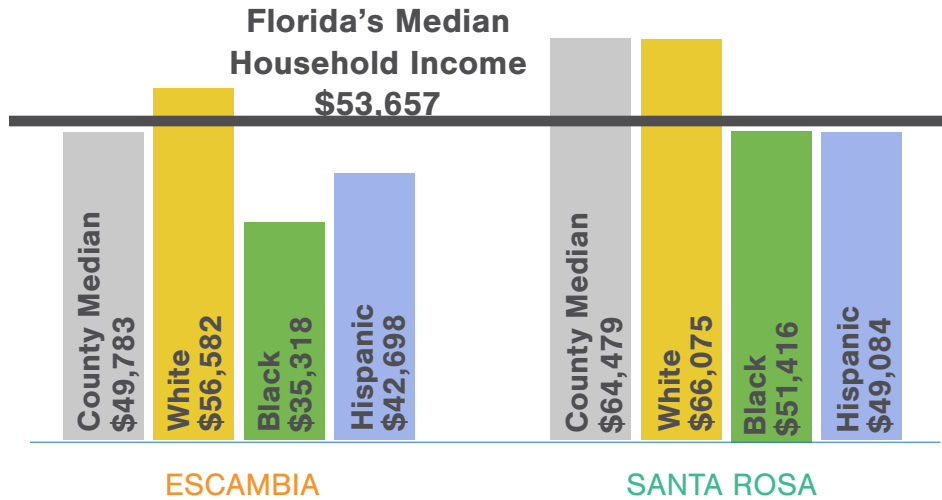
**Lowest Income Areas**  
Less than \$36,530



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

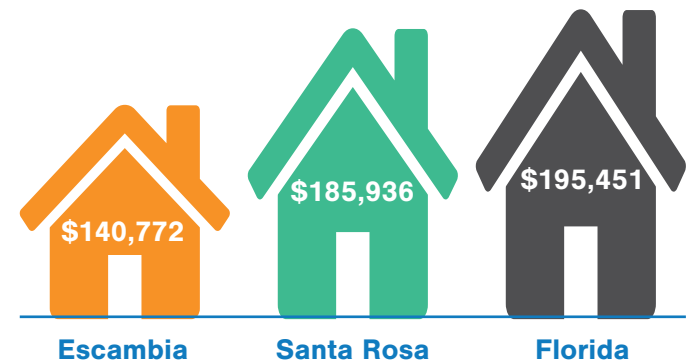


**Highest Income Areas**  
More than \$47,137



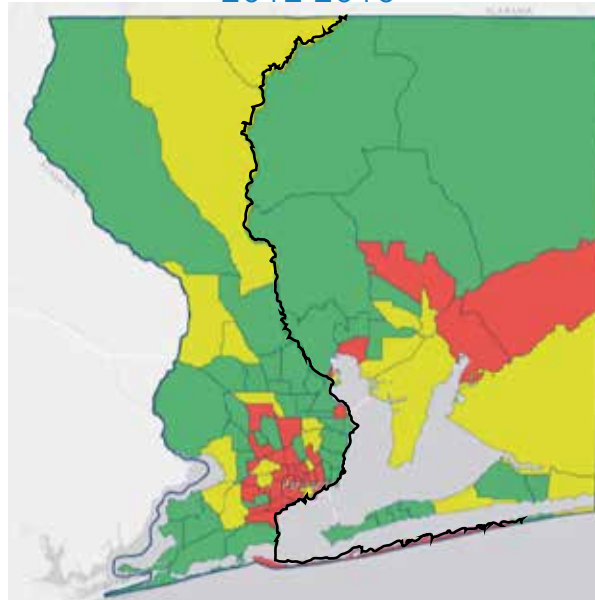
Santa Rosa's median household income is almost 30% greater than Escambia's.

## Median Home Value



# POVERTY

## Children Living in Poverty 2012-2016



**Highest Rates**  
More than 34.3%



**Moderate Rate**  
18.9% - 34.3%



**Lowest Rate**  
Less than 18.9%

**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.

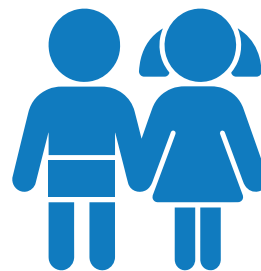
**HEALTH DISPARITY**

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

### 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.

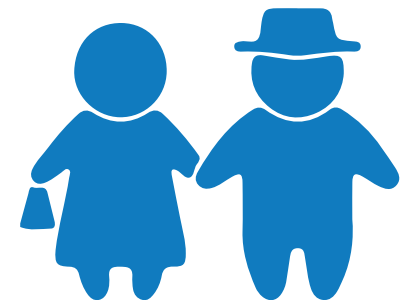
**28.0%**  
ESCAMBIA



**19.3%**  
SANTA ROSA

of children (0-4) live in poverty

**7.1%**  
ESCAMBIA



**6.5%**  
SANTA ROSA

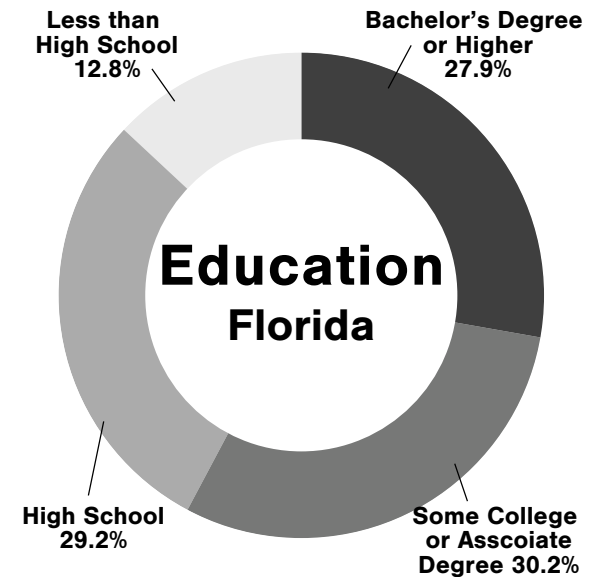
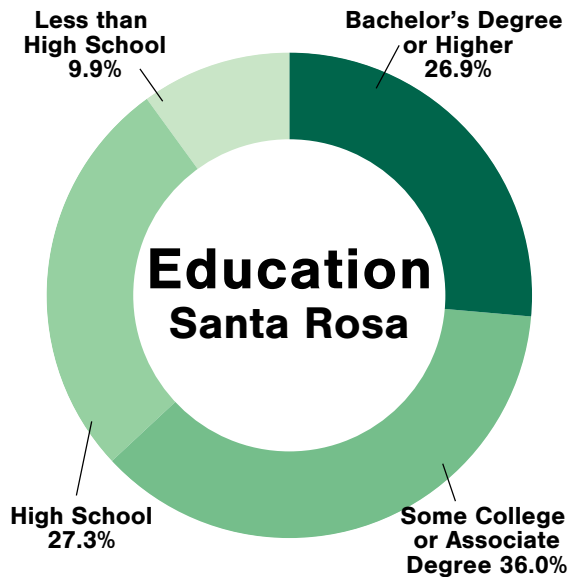
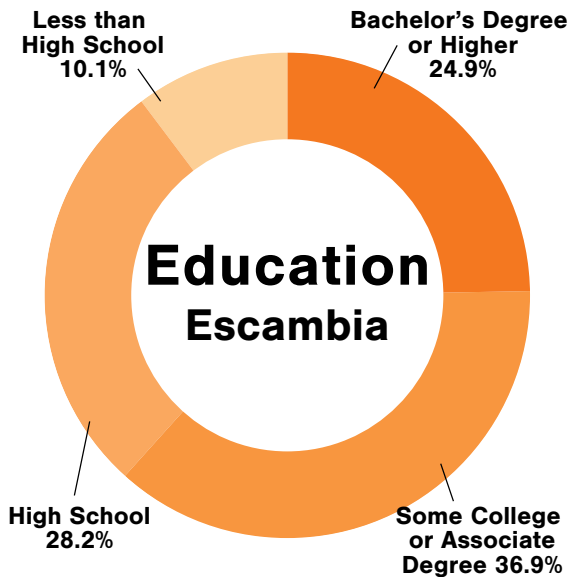
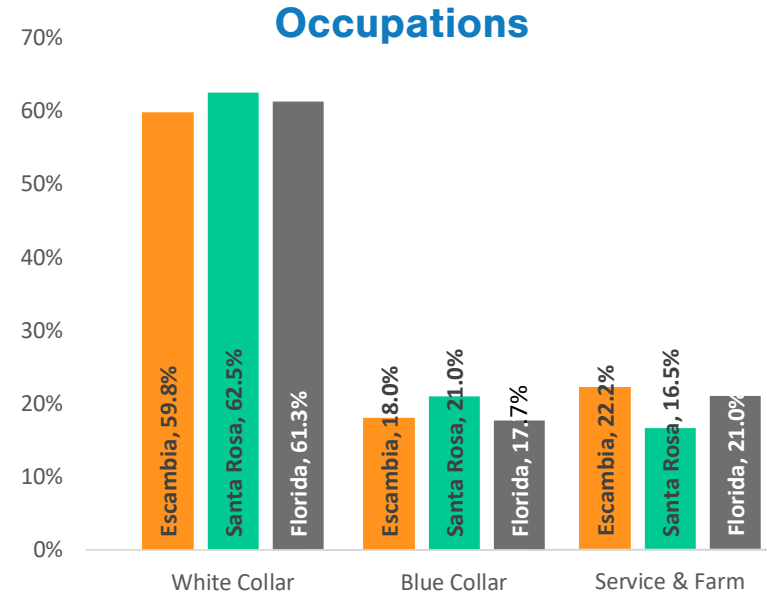
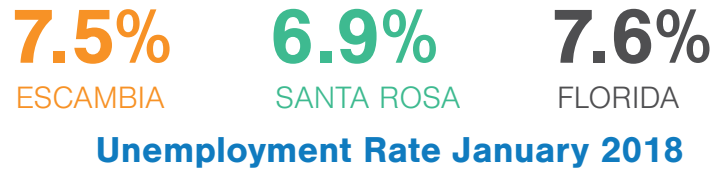
of seniors 65+ live in poverty



# 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 greater in Santa Rosa County.





Public Art Mural in Downtown Milton  
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)

## 2019 CHNA Methodology

- ▶ **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.



### 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**

Erin Robinson, Pensacola News Journal | Published 7:54 p.m. CT Sept. 11, 2018 | Updated 9:38 p.m. CT Sept. 11, 2018

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 room visits in the same time frame.

**More:** [Free workout at Pensacola Fitness Court unveiled at MacIntire Park \(picture gallery/news/2018/04/27/free-workout-at-pensacola-fitness-court-unveiled-at-macintire-park/24330955\)](#)

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. rate 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/126691002/>

1/2

# Community Health Status



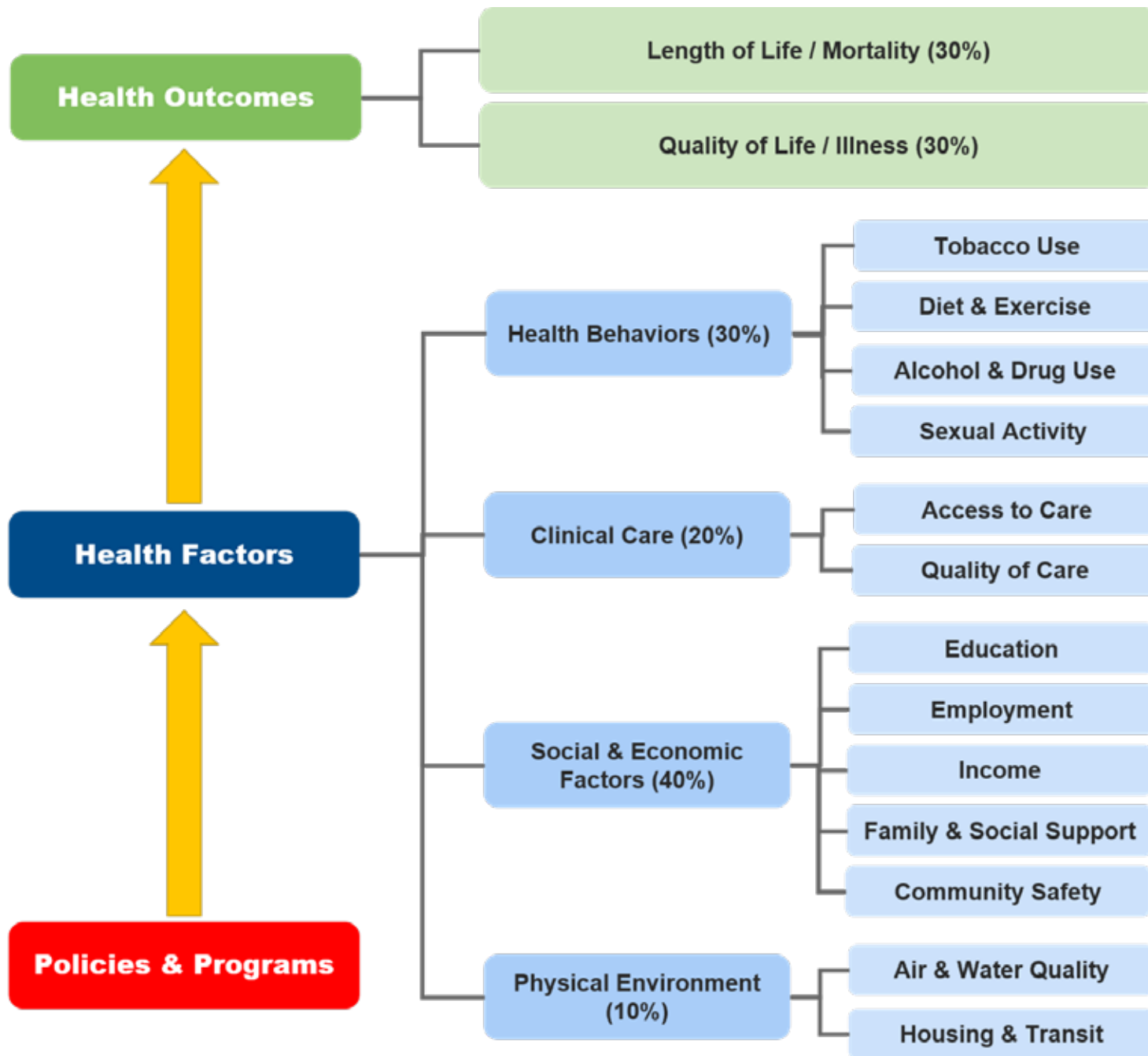
Veteran's Memorial Park in Milton Florida  
courtesy of Jenea Wood

## 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

### Injury

- ▶ Suicide
- ▶ Motor Vehicle Accidents
- ▶ Unintentional Injury

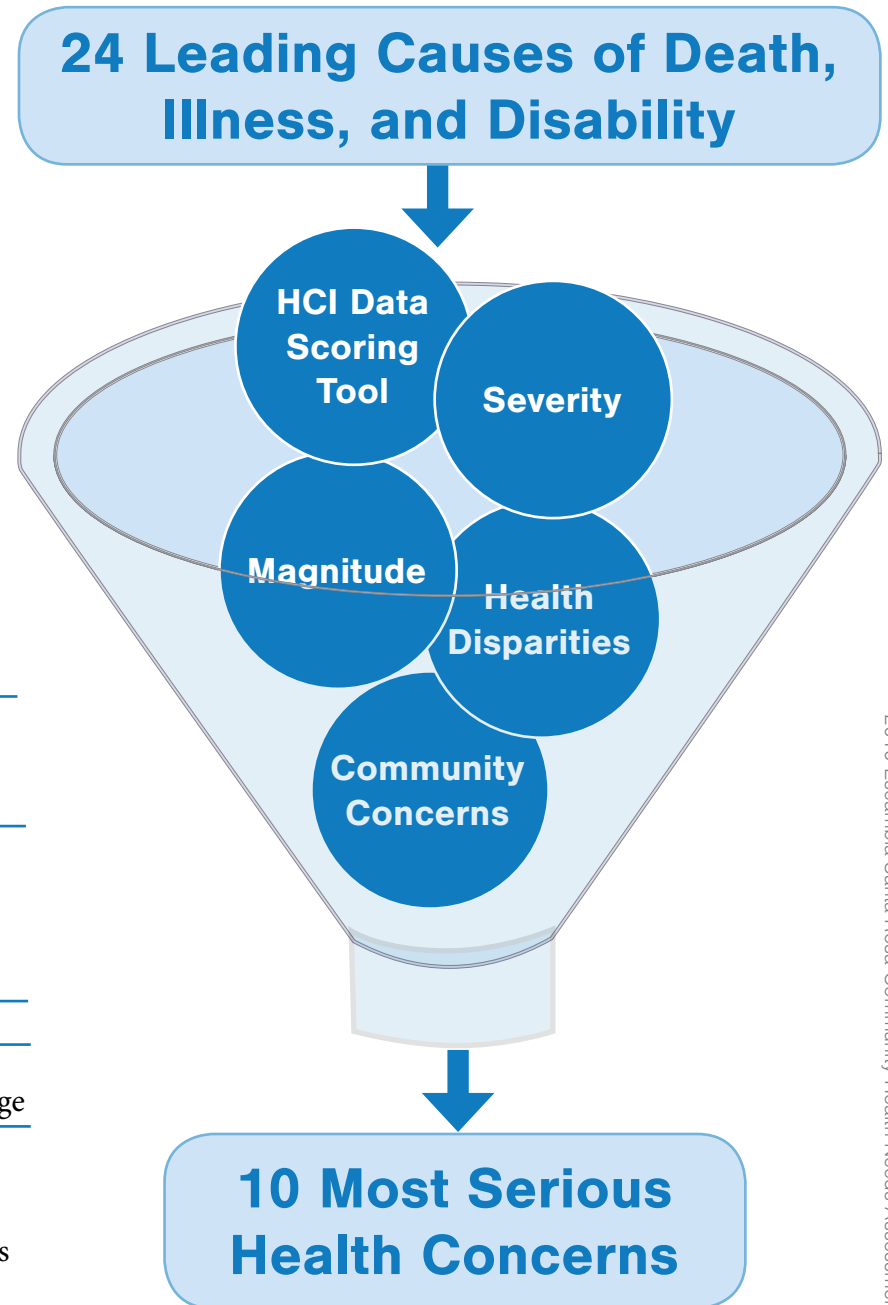
### Maternal/Child Health

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

### Infectious Disease

- ▶ Sexually Transmitted Diseases including HIV/AIDS

Priority Setting Criterion	Description
HCI Composite Score	<ul style="list-style-type: none"> <li>• Trend</li> <li>• Comparison to Florida and US rates</li> <li>• Comparison to Healthy People 2020</li> </ul>
Magnitude	<ul style="list-style-type: none"> <li>• Number of newly diagnosed cases,</li> <li>• Number of deaths</li> <li>• Number of hospital admissions, or</li> <li>• Number of emergency department visits</li> </ul>
Severity (death before 75)	<ul style="list-style-type: none"> <li>• Years of potential life lost (YPLL)</li> </ul>
Health disparities	<ul style="list-style-type: none"> <li>• Incidence rates compared to county and Florida average by race, ethnicity and/or age</li> </ul>
Community Concerns	<ul style="list-style-type: none"> <li>• Perceptions of the most important health issues as revealed through the community survey</li> <li>• Perceptions of most important health issues from the key leader survey</li> </ul>



## 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

Heart Disease  
Diabetes  
Heart Attack  
Infant Health  
Lung Cancer  
Mental Health  
Stroke  
Child Health  
Sexually-Transmitted Disease  
Unintentional Injury

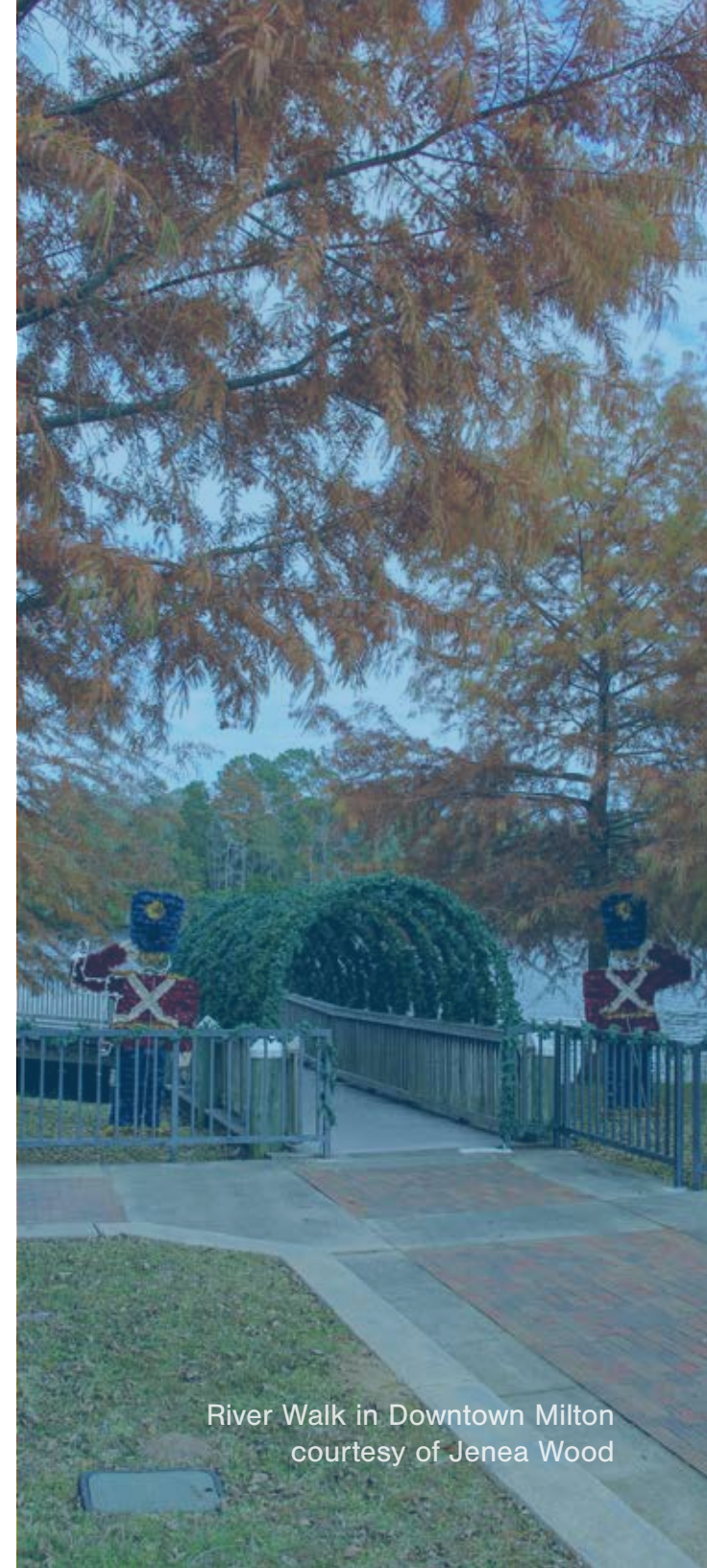
#### Health Concerns in Santa Rosa County

Heart Disease  
Diabetes  
Heart Attack  
Infant Health  
Lung Cancer  
Mental Health  
Stroke  
Alcohol Abuse  
Drug Abuse  
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](http://flhealthcharts.com/charts/Default.aspx)
- Florida Department of Health, FLHealthCHARTS, 2016 Behavioral Risk Factor Surveillance Survey, [flhealthcharts.com/charts/Brfss.aspx](http://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](http://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](http://flhealthcharts.com/FLQUERY/Death/DeathRate.aspx)
- Florida Department of Health, FLHealthCHARTS, 2016 Florida Youth Substance Abuse Survey, [flhealthcharts.com/charts/Default.aspx](http://flhealthcharts.com/charts/Default.aspx)



River Walk in Downtown Milton  
courtesy of Jenea Wood

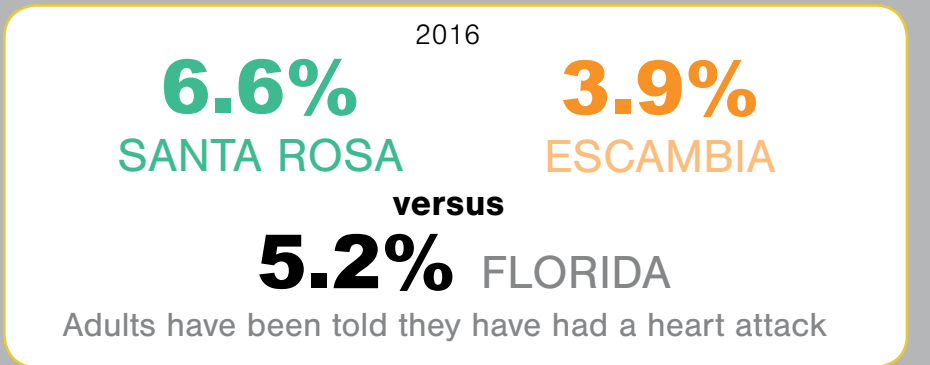
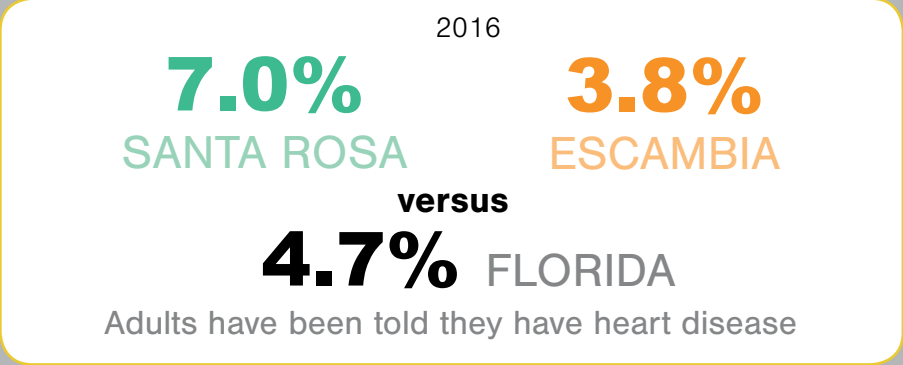
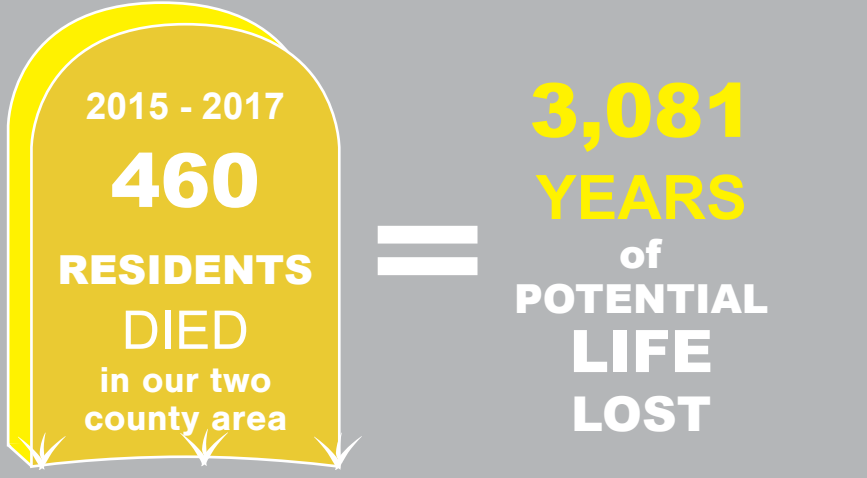
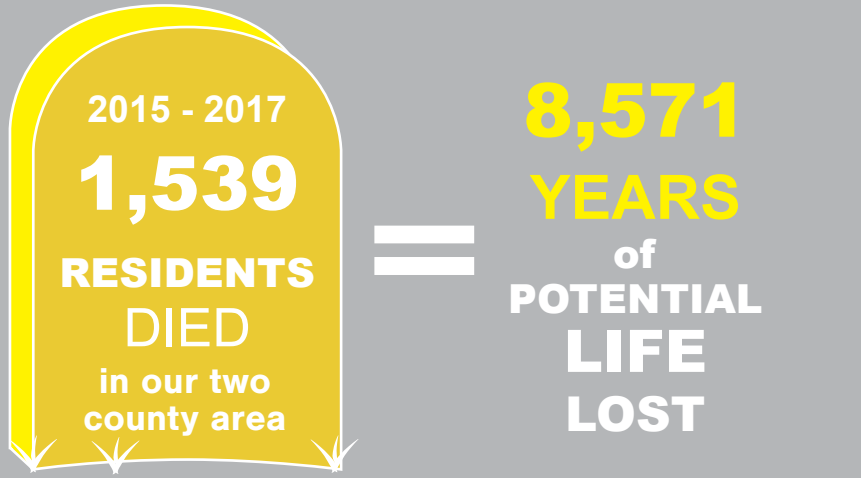


# Top 10 Health Concerns in both Escambia and Santa Rosa



## Heart Disease a LEADING CAUSE of hospitalizations

## Heart Attack



Trend is IMPROVING

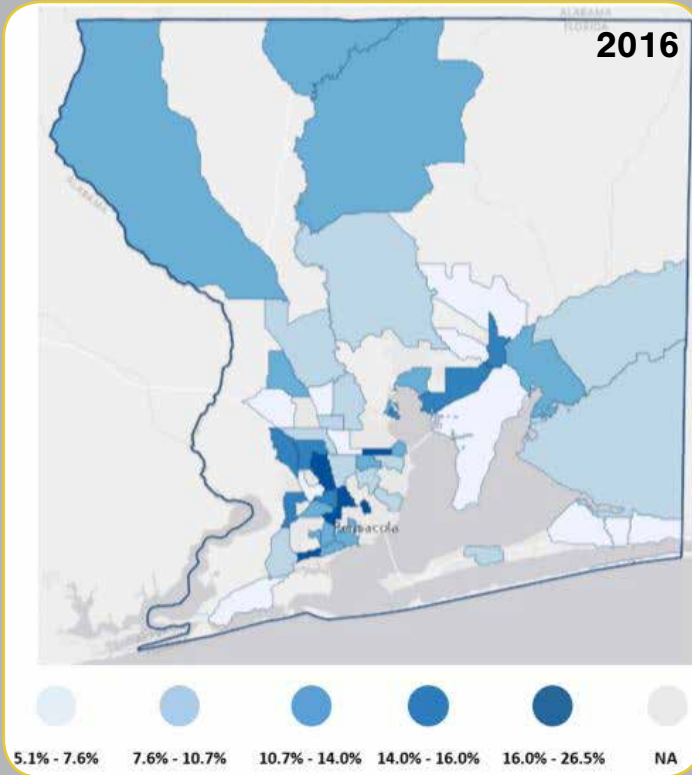
\*\*Heart Disease refers to coronary artery disease which occurs when major blood vessels that supply the heart are damaged or diseased.

**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

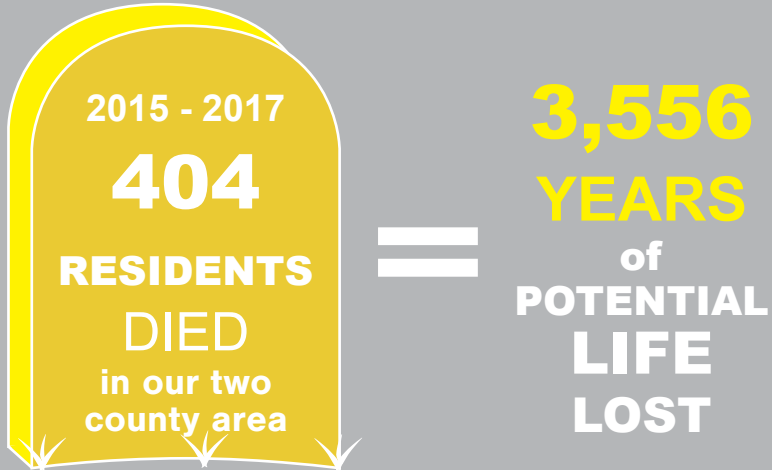
**HEALTH DISPARITY** →

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

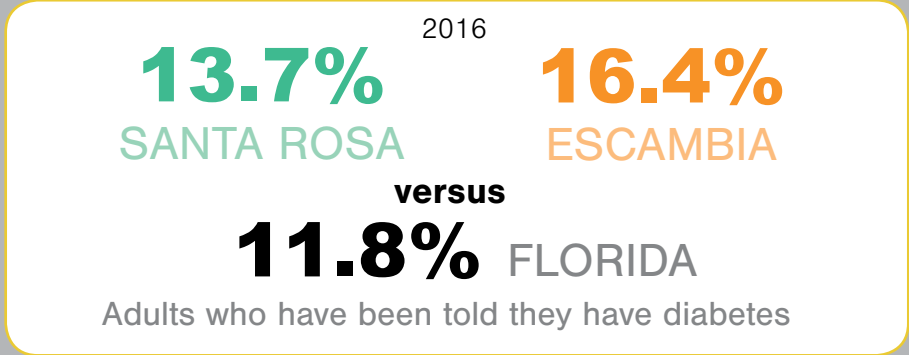
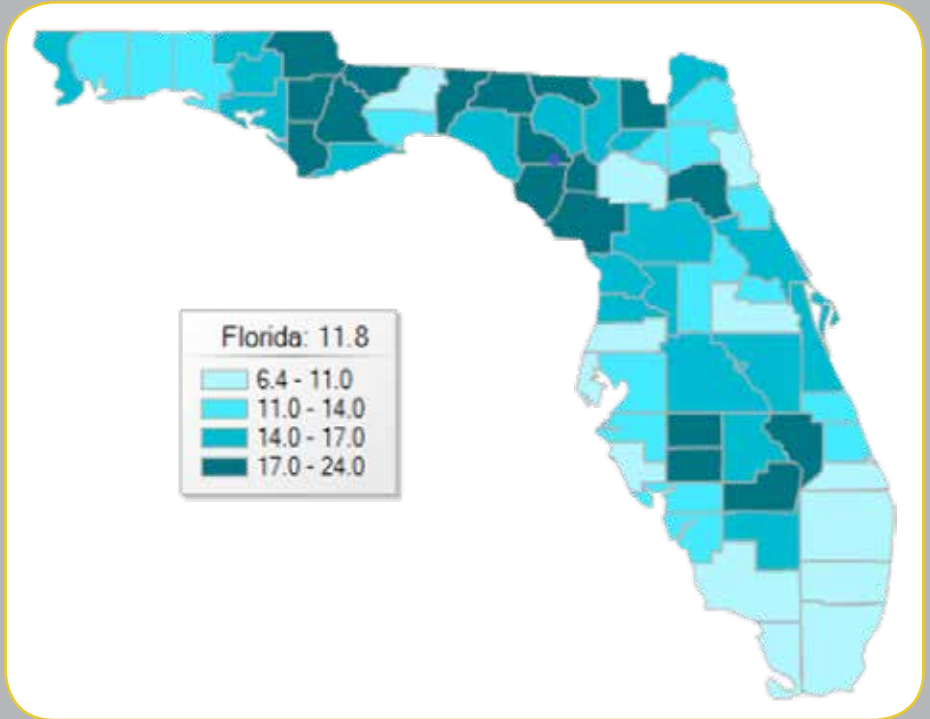
# Top 10 Health Concerns in both Escambia and Santa Rosa



## Diabetes



2016  
 Percent of Adult Population  
 Diagnosed with Diabetes

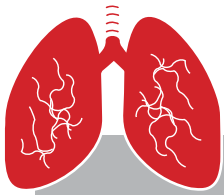


in Escambia, black deaths from diabetes are **TWICE as high** than white deaths.

**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

<b>44.9</b>	<b>52.8</b>
SANTA ROSA	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

<b>15.3%</b>	<b>11.3%</b>
SANTA ROSA	ESCAMBIA

versus

**9.7** FLORIDA

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

2016

<b>20%</b>	<b>18.1%</b>
SANTA ROSA	ESCAMBIA

Adults have been told they have a depressive disorder



# Top 10 Health Concerns in both Escambia and Santa Rosa



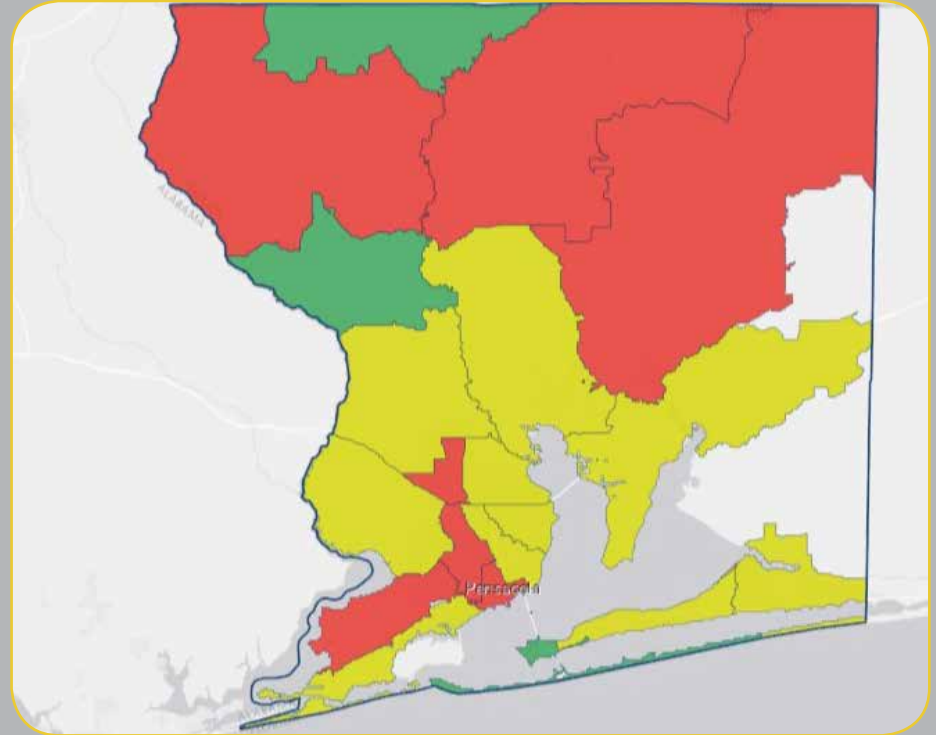
## Stroke

2015 - 2017  
**733**  
 RESIDENTS  
 DIED  
 in our two  
 county area

=

**3,244**  
 YEARS  
 of  
 POTENTIAL  
 LIFE  
 LOST

### 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

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



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



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



=

**11,851**  
**YEARS**  
of  
**POTENTIAL**  
**LIFE**  
**LOST**



=

**5,083**  
**YEARS**  
of  
**POTENTIAL**  
**LIFE**  
**LOST**



=

**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** versus **26.6**  
Escambia 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

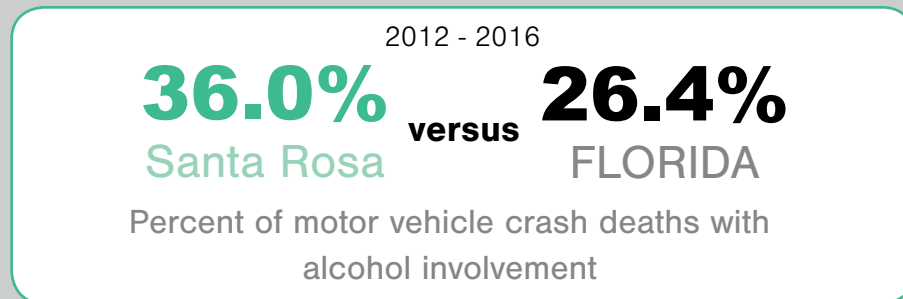
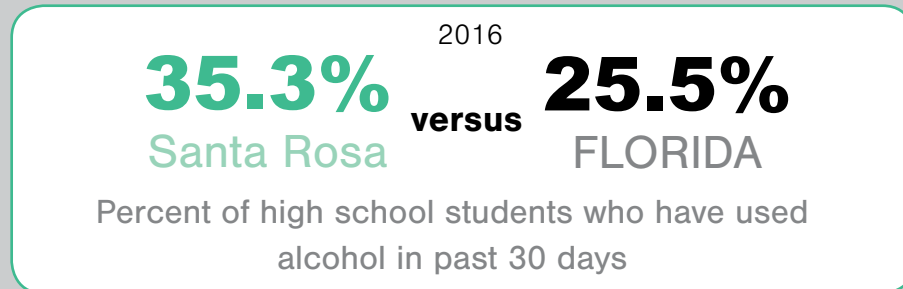
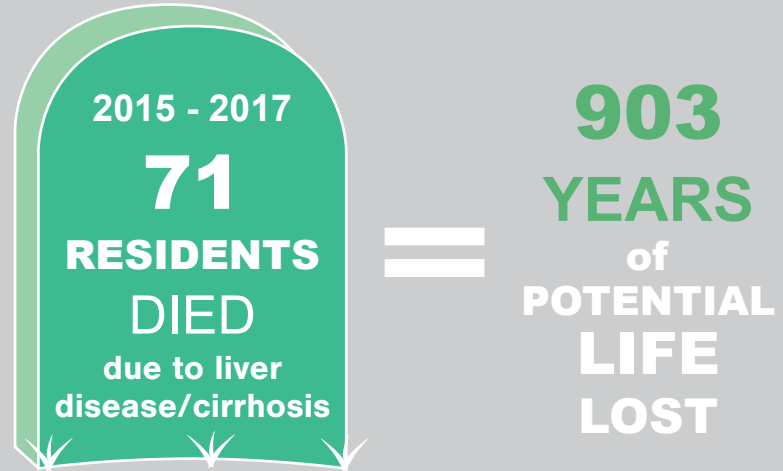


One of the Tall Ships in Escambia Bay  
courtesy of Jenea Wood

## Top 10 Health Concerns in Santa Rosa only



### Alcohol-Use-Related Conditions



Historic Pensacola Beach sign in Santa Rosa  
courtesy of Jenea Wood





## 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%** versus **0.8%**  
Santa Rosa FLORIDA  
Teens who have used methamphetamines

2017  
**108.0** versus **92.6**  
Santa Rosa 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



2013-2015  
Prostate cancer rate for blacks  
is **2.4 times GREATER**  
than for whites



2016  
**51.2%** versus **54.9%**  
Santa Rosa 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](http://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 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
<ul style="list-style-type: none"> <li>• Overweight/ Obesity</li> <li>• Mental Health Problems</li> <li>• Heart Disease/ Stroke</li> <li>• Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• Overweight/ Obesity</li> <li>• Mental Health Problems</li> <li>• Heart Disease/ Stroke</li> <li>• Dental Problems</li> </ul>

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
<ul style="list-style-type: none"> <li>• Drug Abuse</li> <li>• Poor Eating Habits</li> <li>• Lack of Exercise</li> <li>• Not seeing a Doctor/Dentist</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Abuse</li> <li>• Poor Eating Habits</li> <li>• Not seeing a Doctor/Dentist</li> <li>• Child Abuse</li> </ul>

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

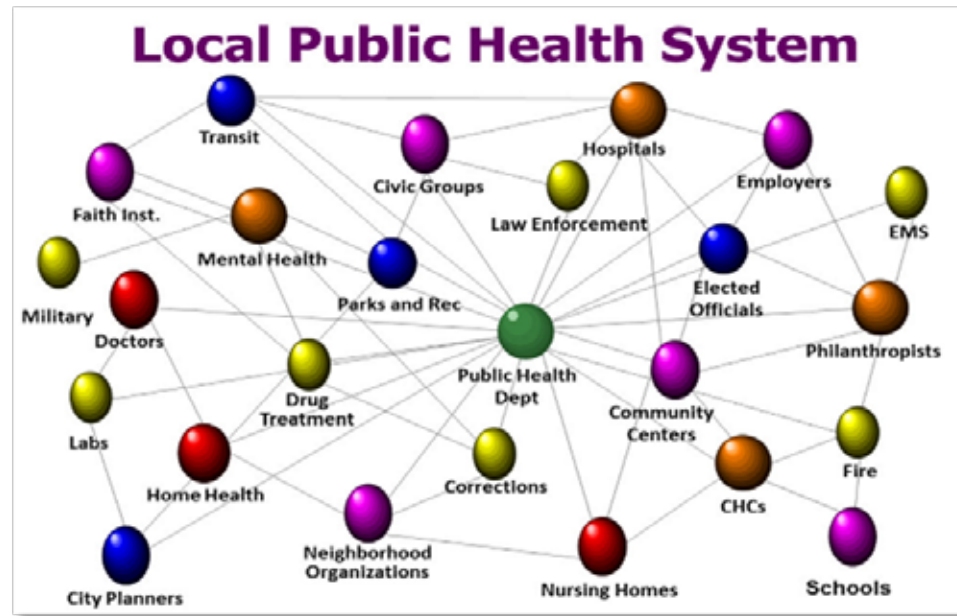
### OPPORTUNITIES

- 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.



## 10 Essential Health Services



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.





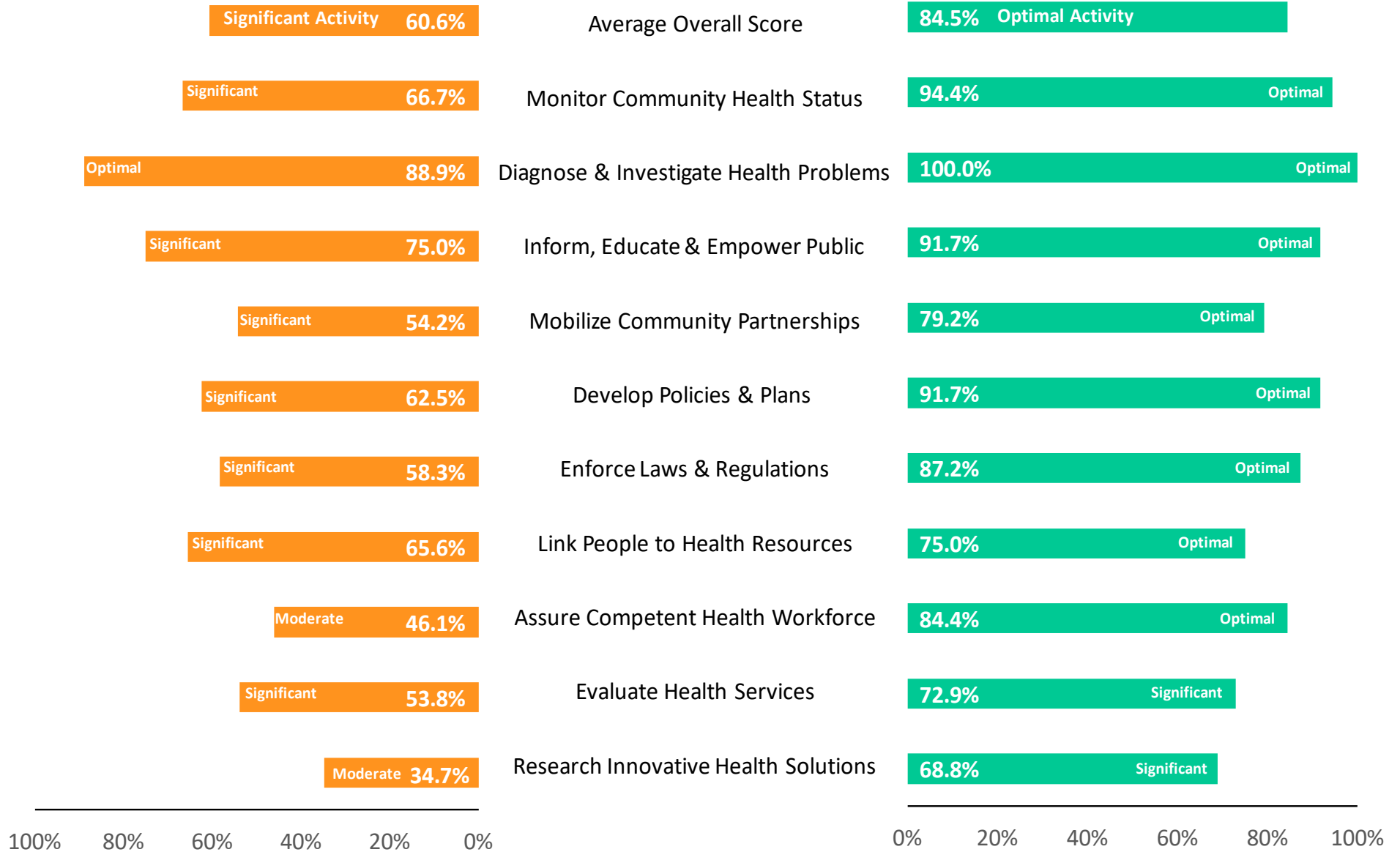
Blackwater State Park courtesy of Deborah Stilphen



# Average Essential Public Health Service Self-Assessment Scores

## Escambia

## Santa Rosa



## 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.





## 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



# Conclusions

## 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)

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

		MAJOR FINDINGS	HEALTH PRIORITIES	
HEALTH OUTCOMES	TOP 10 Health Outcomes	Heart Disease	<u>Both Counties</u> Diabetes Infant Health Mental Health	
		Diabetes		
		Heart Attack		
		Infant Health		
		Lung Cancer		
		Mental Health Conditions		
		Child Health ( <i>only Escambia</i> )		<u>Escambia</u> Child Health
		STD's ( <i>only Escambia</i> )		
		Unintentional Injuries ( <i>only Escambia</i> )		<u>Santa Rosa</u> Drug Abuse
		Alcohol-Related Disease/Deaths ( <i>only Santa Rosa</i> )		
		Drug Use-Related Disease/Deaths ( <i>only Santa Rosa</i> )		
Prostrate Cancer ( <i>only Santa Rosa</i> )				

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

## 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:

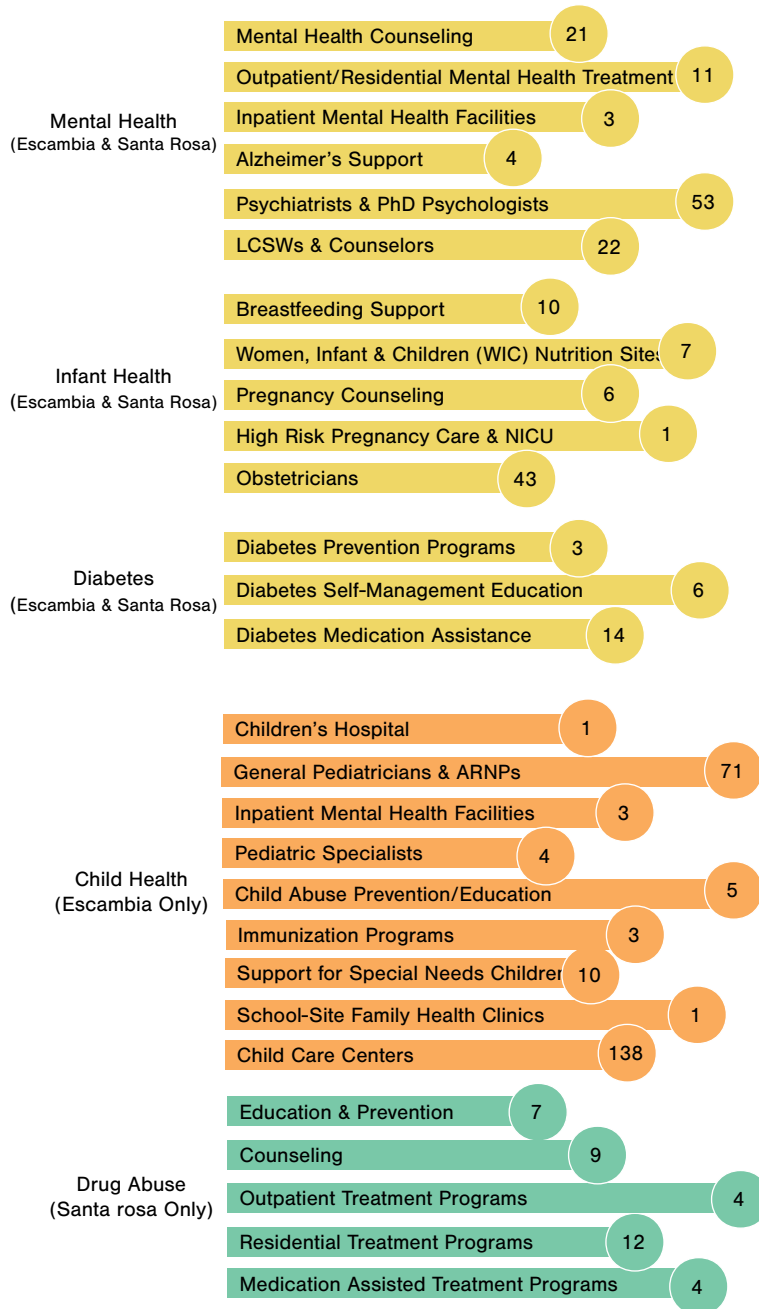
- ▶ Exploring in greater depth the Health Factors contributing to increased rates of death and disease
- ▶ Establishing the desired goals and the strategies for reaching the goals
- ▶ Creating action plans detailing the specific action steps that will occur over the next three years
- ▶ At least annually,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

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  
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Report

**APPENDIX:**  
Community Leader  
Survey



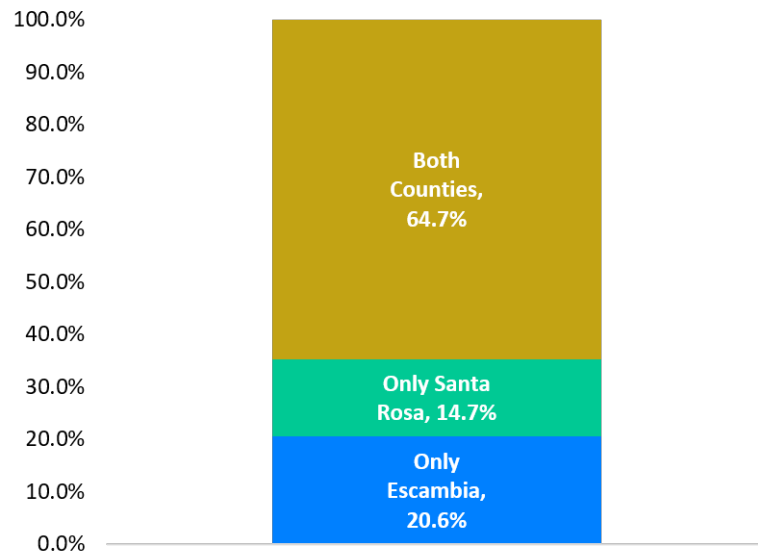
## Appendix: Community Leader Survey

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.

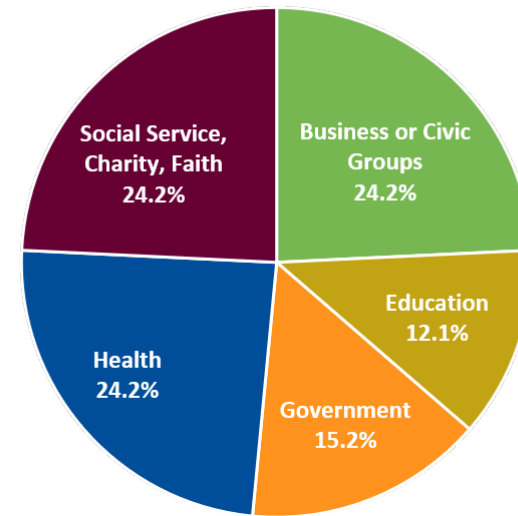
### Key Leader Survey

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.

**Counties Served by Community Leader Respondents**



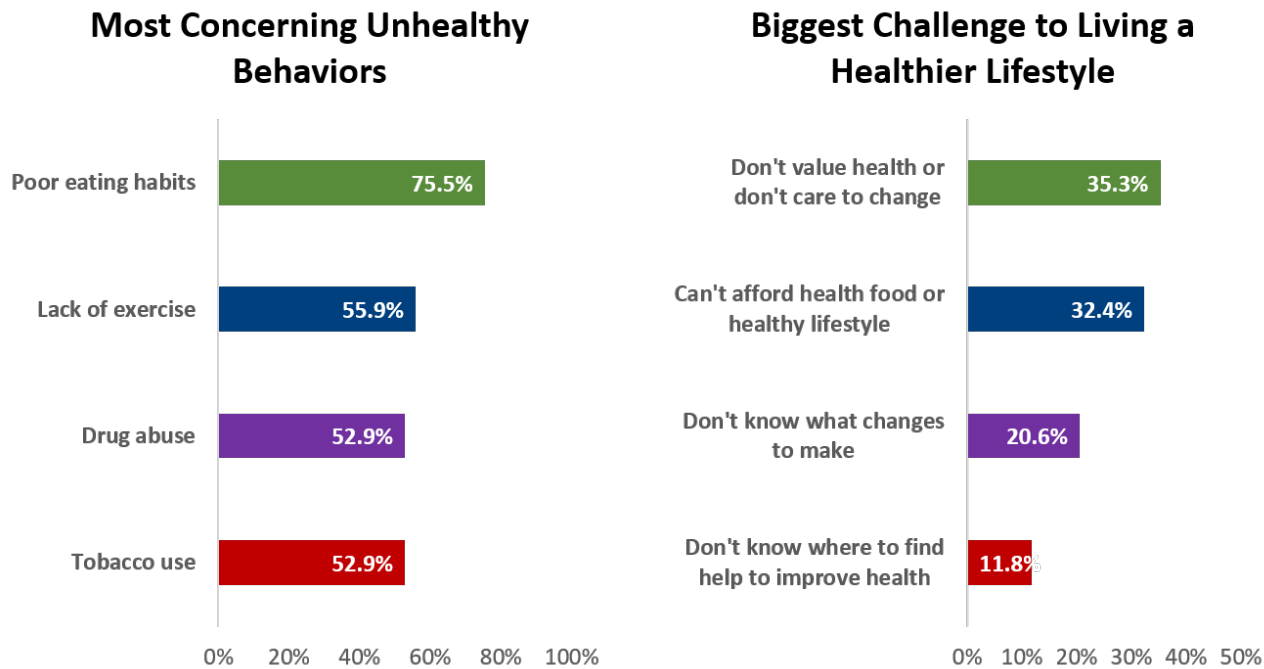
**All Leader Respondents**



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.

	<b>Most Important Health Issues</b>	<b>Most Difficult to Obtain Health Services</b>	<b>Reasons for Access Difficulties</b>
<b>Escambia</b>	<b>Leader Survey</b>	<b>Leader Survey</b>	<b>Leader Survey</b>
	<ul style="list-style-type: none"> <li>• Overweight / Obesity</li> <li>• Substance Abuse</li> <li>• Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• Prescription Medicine</li> <li>• Specialists</li> <li>• Elderly Services</li> </ul>	<ul style="list-style-type: none"> <li>• Lack Of Health Insurance</li> <li>• Medicine Is Too Expensive</li> <li>• High Co-pay Or Deductible</li> </ul>
<b>Santa Rosa</b>	<b>Leader Survey</b>	<b>Leader Survey</b>	<b>Leader Survey</b>
	<ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Overweight / Obesity</li> <li>• Substance Abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Elderly Services</li> <li>• Substance Abuse Treatment</li> <li>• Mental Health Services</li> </ul>	<ul style="list-style-type: none"> <li>• Lack Of Health Insurance</li> <li>• Medicine Is Too Expensive</li> <li>• High Co-pays Or Deductibles</li> </ul>

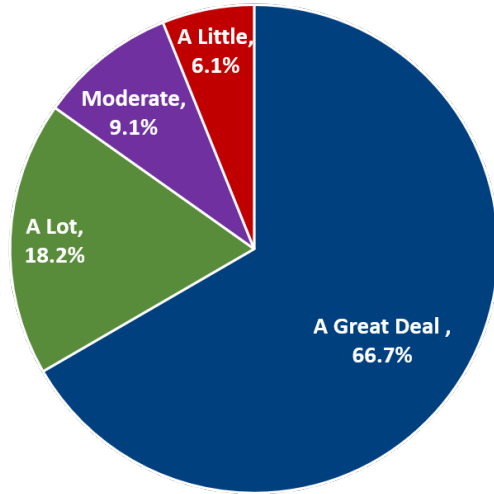
As with community survey respondents, leaders see behaviors that lead to weight problems and the use of harmful drugs as most alarming. When asked why people do not adopt healthier lifestyle, leaders were split between perceiving that the public is apathetic towards embracing healthier living or feeling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



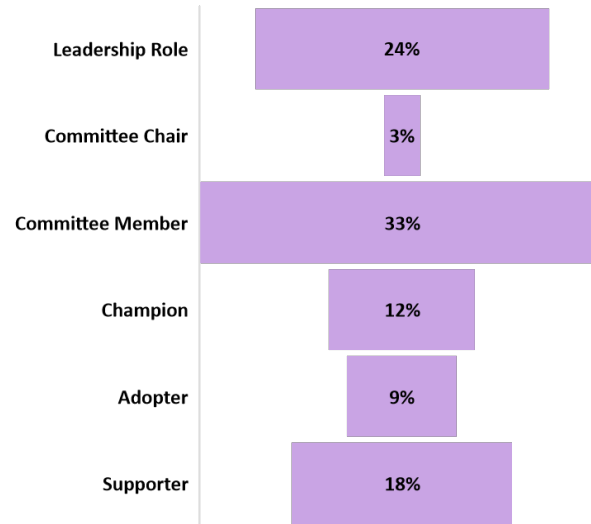


## Organization's Willingness to Participate in Community Health Improvement Efforts

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



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	<input type="checkbox"/>	<input type="checkbox"/>
Overweight or obesity	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease or stroke	<input type="checkbox"/>	<input type="checkbox"/>
Dental problems	<input type="checkbox"/>	<input type="checkbox"/>
Breathing or lung problems (asthma, COPD, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease (hepatitis, TB, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Teen pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted diseases (STDs)	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse (drugs or alcohol)	<input type="checkbox"/>	<input type="checkbox"/>
HIV / AIDs	<input type="checkbox"/>	<input type="checkbox"/>
Mental health problems	<input type="checkbox"/>	<input type="checkbox"/>
Preventable injuries (car accidents, accidents at home or work, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>

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  Lack of exercise  Domestic violence
- Not getting routine health screening (such as mammogram)  Drug abuse  Child abuse
- Not seeing a doctor or dentist  Tobacco use (cigarettes, cigars, chewing tobacco, e-cigarette, dip)  Sexual assault
- Poor eating habits (eating "junk" food, not eating vegetables, etc.)  Unprotected or unsafe sex  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	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medical care	<input type="checkbox"/>	<input type="checkbox"/>
Family planning (including birth control)	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>
Physical therapy or rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
Alternative therapies (for example, acupuncture, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aids	<input type="checkbox"/>	<input type="checkbox"/>
Medicine	<input type="checkbox"/>	<input type="checkbox"/>
Family doctor	<input type="checkbox"/>	<input type="checkbox"/>
Urgent care	<input type="checkbox"/>	<input type="checkbox"/>
Services for the elderly	<input type="checkbox"/>	<input type="checkbox"/>
Specialists (such as cardiologist, neurologist, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or drug abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>
Eye care (eye exams, glasses, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
No problems obtaining services	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	

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	<input type="checkbox"/>	<input type="checkbox"/>
Co-pay or deductible is more than they can afford	<input type="checkbox"/>	<input type="checkbox"/>
Doctor or clinic does not take a specific insurance	<input type="checkbox"/>	<input type="checkbox"/>
Reliable transportation to service isn't available	<input type="checkbox"/>	<input type="checkbox"/>
There aren't enough doctors/health service to meet demand	<input type="checkbox"/>	<input type="checkbox"/>
Medicines are too expensive or aren't covered	<input type="checkbox"/>	<input type="checkbox"/>
Long wait times to get into doctor or health service	<input type="checkbox"/>	<input type="checkbox"/>
Language barrier between patient and healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>
Health service isn't available within a reasonable distance	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be physically active every day (walking, biking, sports, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get regular health screenings and check-ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lose weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop using drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find community resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 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)
- Champion** (will adopt appropriate health improvement activities within own organization and will encourage other organizations to get involved)
- Committee Chair** (lead a health improvement committee including identifying health improvement strategies and engaging committee members in implementing health improvement action plans)
- Adopter** (will adopt 1 or more health improvement activities as appropriate for my organization)
- Committee Member** (serve on committee and participate in planning health improvement activities)
- 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
- Healthy eating and physical activity
- Affordability of health services
- Access to health services by vulnerable populations
- Access to healthy food
- Specific health conditions such as diabetes or heart disease
- Tobacco use
- Mental health
- 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:



**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.**

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

**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.**

<input type="radio"/> Infant death or premature birth	<input type="radio"/> Diabetes
<input type="radio"/> Overweight or Obesity	<input type="radio"/> Sexually transmitted diseases (STDs)
<input type="radio"/> Heart disease and stroke	<input type="radio"/> HIV / AIDS
<input type="radio"/> Dental problems	<input type="radio"/> Mental health problems
<input type="radio"/> Infectious disease (Hepatitis, TB)	<input type="radio"/> Cancer
<input type="radio"/> Breathing or lung problems (asthma, COPD, ect)	<input type="radio"/> Preventable injuries (car accidents, accidental injury at home or work)
<input type="radio"/> Teen Pregnancy	<input type="radio"/> 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.**

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

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

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

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

<input type="radio"/> Insurance from an employer or union	<input type="radio"/> TRICARE, military or VA Benefits
<input type="radio"/> I do not have health insurance	<input type="radio"/> Medicaid
<input type="radio"/> Insurance that you pay for yourself (including "Obamacare" plans)	<input type="radio"/> Medicare (alone or with a Medicare Supplement)
<input type="radio"/> Indian or Tribal Health Services	<input type="radio"/> 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

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

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

- |  |   |
|--|---|
| <input type="radio"/> My family doctor   | <input type="radio"/> I usually go without healthcare |
| <input type="radio"/> Hospital emergency room                                    | <input type="radio"/> VA or military                  |
| <input type="radio"/> Health Department, Community Health Center, or Free Clinic | <input type="radio"/> Urgent care clinic              |
| <input type="radio"/> 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

2018 Community Health Survey, Live Well Partnership, 3

12) Are you male or female?     Male     Female

13) What is your age? \_\_\_\_\_

14) What is your race?

- |  |   |
|--|---|
| <input type="radio"/> Black / African-American, non-Hispanic | <input type="radio"/> Asian                           |
| <input type="radio"/> Black / African-American, Hispanic     | <input type="radio"/> American Indian / Alaska Native |
| <input type="radio"/> White / Caucasian, non-Hispanic        | <input type="radio"/> Pacific Islander                |
| <input type="radio"/> White / Caucasian, Hispanic            | <input type="radio"/> Bi-Racial or Multiple Races     |

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

- |   |   |
|---|---|
| <input type="radio"/> Grades 1 through 8        | <input type="radio"/> Some high school (grades 9-11)  |
| <input type="radio"/> High school diploma / GED | <input type="radio"/> Vocational / tech school        |
| <input type="radio"/> Some college              | <input type="radio"/> 2-year college degree           |
| <input type="radio"/> 4-year college degree     | <input type="radio"/> Graduate or professional degree |

16) What is your current employment status?

- |   |                                       |
|---|---------------------------------------|
| <input type="radio"/> Disabled / unable to work | <input type="radio"/> Seasonal Worker |
| <input type="radio"/> Employed Full-Time        | <input type="radio"/> Student         |
| <input type="radio"/> Employed Part-Time        | <input type="radio"/> Self-Employed   |
| <input type="radio"/> Stay-at-home parent       | <input type="radio"/> Unemployed      |
| <input type="radio"/> Retired                   |                                       |

17) What is your annual family income?

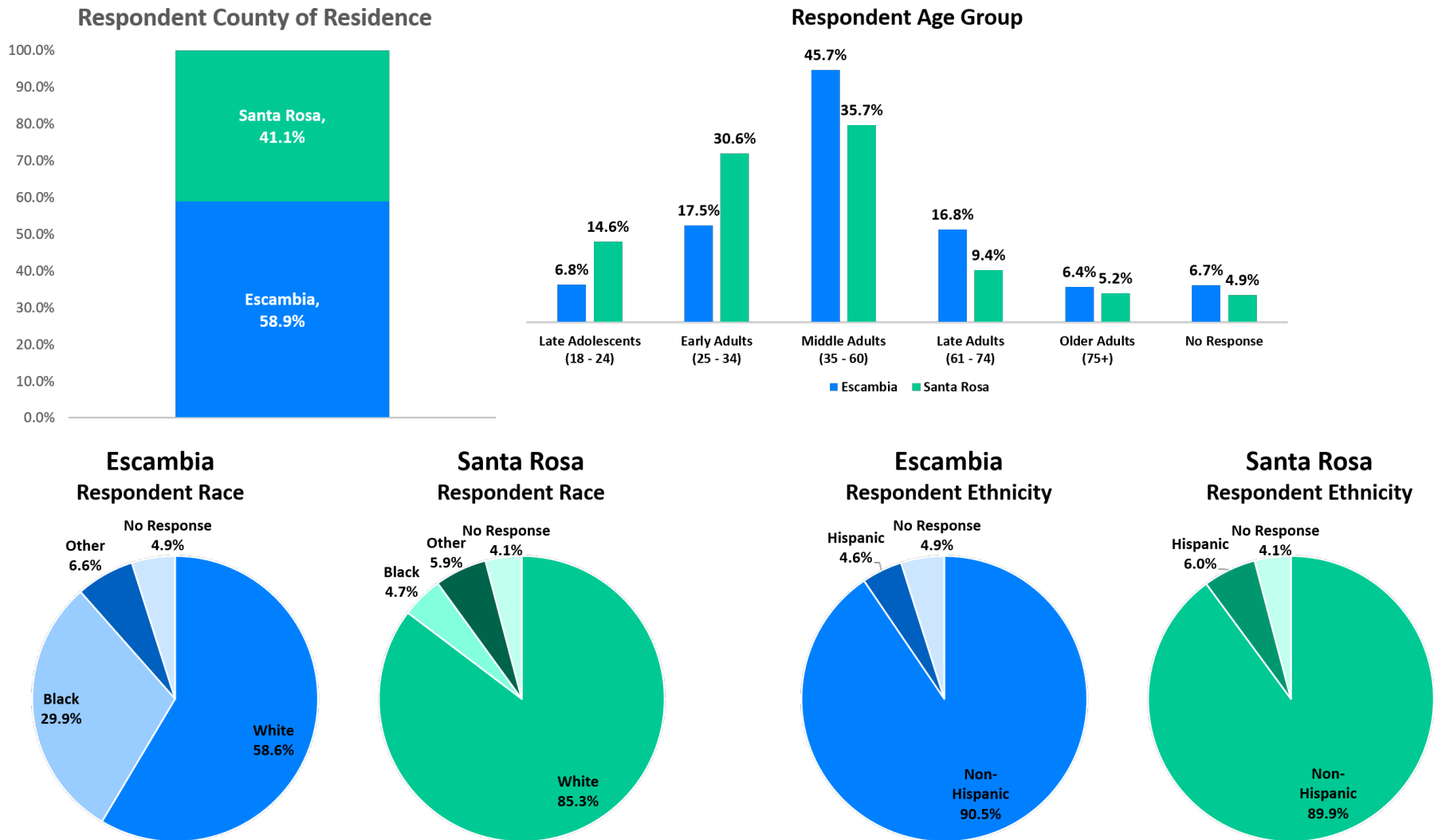
- |  |  |   |
|--|--|---|
| <input type="radio"/> Less than \$15,000/year  | <input type="radio"/> \$15,001 - \$25,000/year | <input type="radio"/> \$25,001 - \$35,000/year  |
| <input type="radio"/> \$35,001 - \$50,000/year | <input type="radio"/> \$50,001 - \$75,000/year | <input type="radio"/> \$75,001 - \$100,000/year |
| <input type="radio"/> \$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](http://LiveWellNWFL.org)

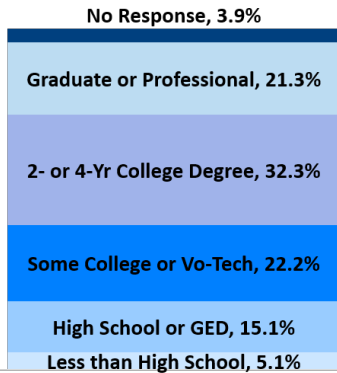
2018 Community Health Survey, Live Well Partnership, 4

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:

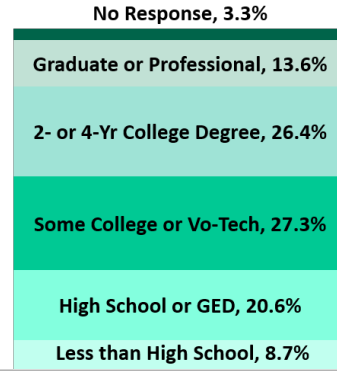




### Respondent Education

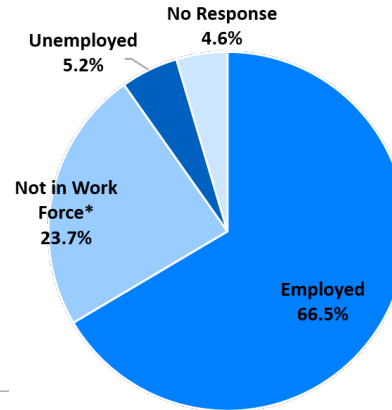


Escambia

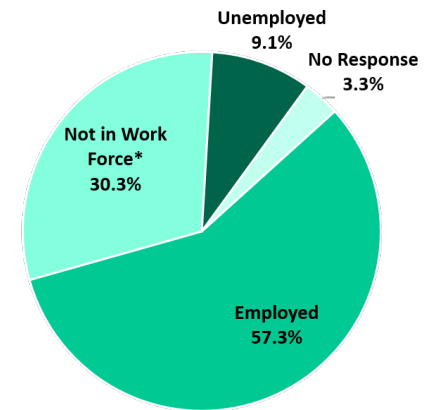


Santa Rosa

### Escambia Respondent Employment

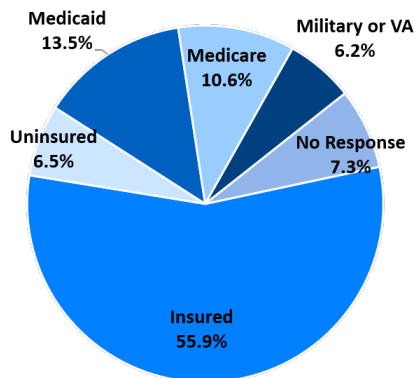


### Santa Rosa Respondent Employment

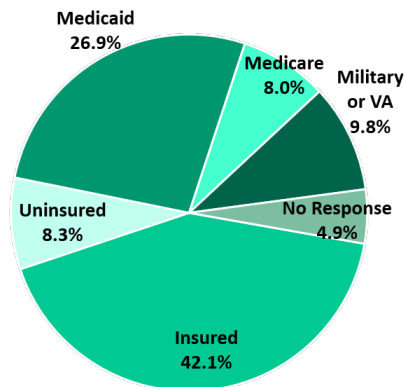


\* Not in Work Force includes retired, students, disabled, & stay-at-home parents

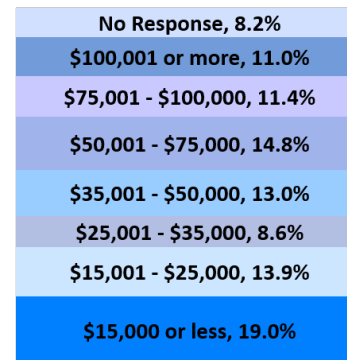
### Escambia Respondent Insurance Coverage



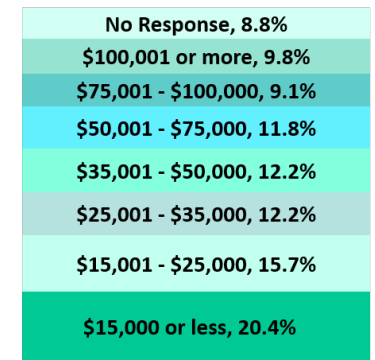
### Santa Rosa Respondent Insurance Coverage



### Respondent Income



Escambia



Santa Rosa

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

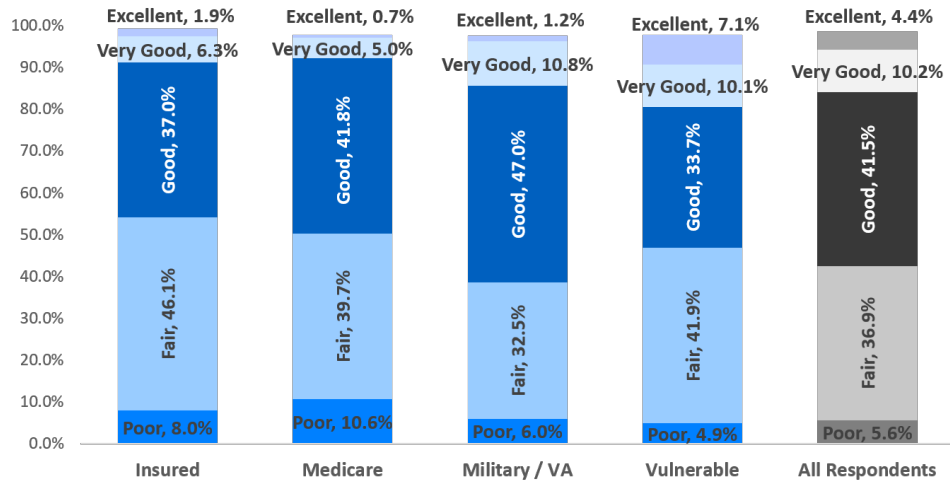
- Agreed with other respondents that obesity is the most important health issue in the community
- Were much more likely to mention HIV/AIDS, teen pregnancy and sexually transmitted disease as important problems
- Agreed that drug abuse is the #1 unhealthy behavior and poor nutrition is #2, but ranked 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/AIDSs, 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

**“Rate the Health of People in Your Community”**

**Escambia**



**ESCAMBIA**

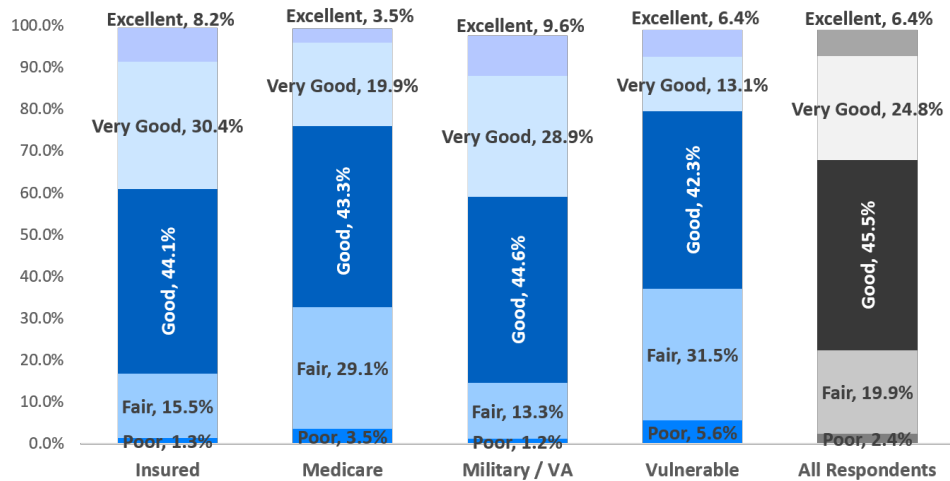
**QUESTION: Overall, how would you rate the health of people who live in your community?**

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.”

**“How Healthy are You”**

**Escambia**

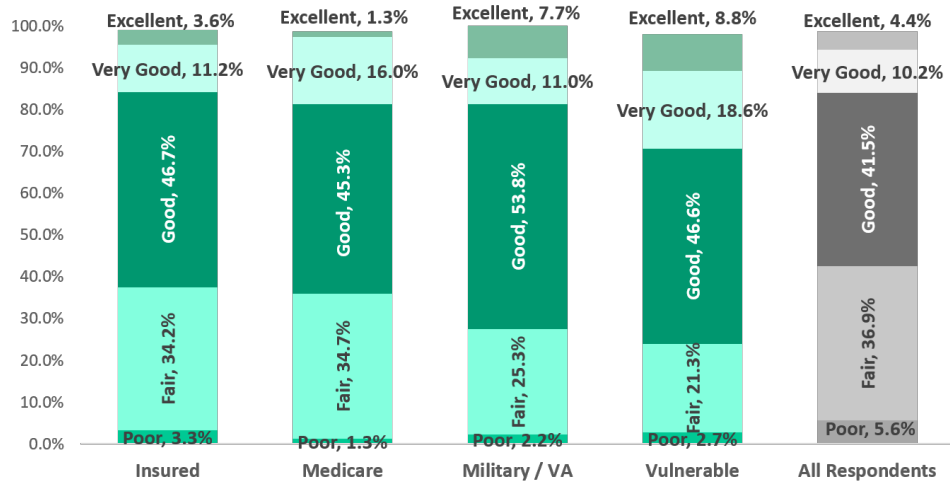


**QUESTION: How would you rate your own health?**

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.

**“Rate the Health of People in Your Community”**

**Santa Rosa**



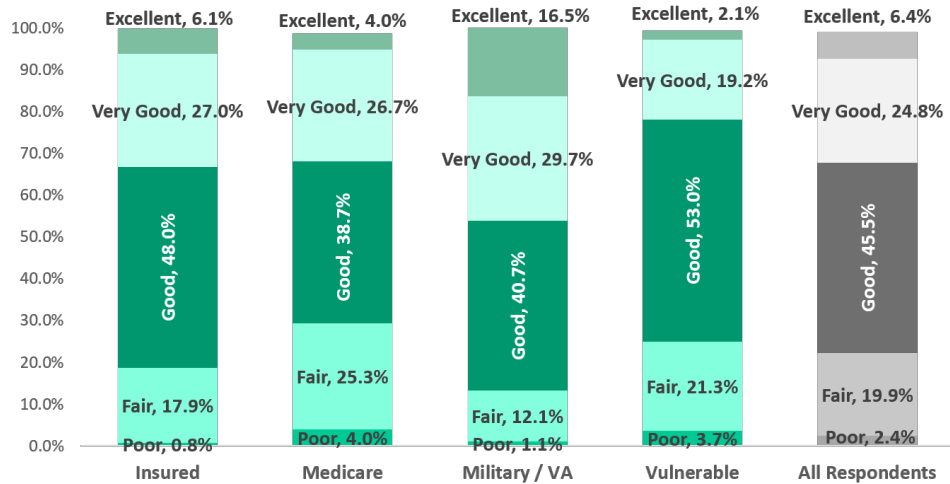
**SANTA ROSA**

**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.”

**“How Healthy are You”**

**Santa Rosa**



**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.



<b>Escambia</b>	<b>Insured</b>	<b>Medicare</b>	<b>Military / VA</b>	<b>Vulnerable</b>
	<ul style="list-style-type: none"> <li>• Clean Environment</li> <li>• Good Schools</li> <li>• Good Jobs</li> </ul>	<ul style="list-style-type: none"> <li>• Clean Environment</li> <li>• Good Hospitals, Doctors, Clinics</li> <li>• Good Schools</li> </ul>	<ul style="list-style-type: none"> <li>• Good Schools</li> <li>• Clean Environment</li> <li>• Good Hospitals, Doctors, Clinics</li> </ul>	<ul style="list-style-type: none"> <li>• Good Schools</li> <li>• Clean Environment</li> <li>• Good Hospitals, Doctors, Clinics</li> </ul>
	<b>Insured</b>	<b>Medicare</b>	<b>Military / VA</b>	<b>Vulnerable</b>
	<ul style="list-style-type: none"> <li>• Clean Environment</li> <li>• Good Schools</li> <li>• Good Hospitals, Doctors, Clinics</li> </ul>	<ul style="list-style-type: none"> <li>• Good Schools</li> <li>• Good Hospitals, Doctors, Clinics</li> <li>• Clean Environment</li> </ul>	<ul style="list-style-type: none"> <li>• Clean Environment</li> <li>• Good Schools</li> <li>• Low Crime / Safe Neighborhoods</li> </ul>	<ul style="list-style-type: none"> <li>• Good Schools</li> <li>• Good Hospitals, Doctors, Clinics</li> <li>• Clean Environment</li> </ul>

**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.

Charts reflect the order of priority within each respondent group.

**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 prevalent 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.

<b>Escambia</b>	<b>Insured</b>	<b>Medicare</b>	<b>Military / VA</b>	<b>Vulnerable</b>
	<ul style="list-style-type: none"> <li>• Overweight / obesity</li> <li>• Mental health</li> <li>• Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• Overweight / obesity</li> <li>• Diabetes</li> <li>• Heart disease / stroke</li> </ul>	<ul style="list-style-type: none"> <li>• Overweight / obesity</li> <li>• Mental health</li> <li>• Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• Overweight / obesity</li> <li>• Dental problems</li> <li>• Heart disease / stroke</li> </ul>
	<b>Insured</b>	<b>Medicare</b>	<b>Military / VA</b>	<b>Vulnerable</b>
	<ul style="list-style-type: none"> <li>• Overweight / obesity</li> <li>• Mental health</li> <li>• Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• Overweight / obesity</li> <li>• Diabetes</li> <li>• Heart disease / stroke</li> </ul>	<ul style="list-style-type: none"> <li>• Overweight / obesity</li> <li>• Mental health</li> <li>• Heart disease / stroke</li> </ul>	<ul style="list-style-type: none"> <li>• Overweight / obesity</li> <li>• Mental health</li> <li>• Dental problems</li> </ul>

**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.

		Escambia			
		Insured	Medicare	Military / VA	Vulnerable
Escambia	Insured	<ul style="list-style-type: none"> <li>• Drug abuse</li> <li>• Poor eating habits</li> <li>• Lack of exercise</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of exercise</li> <li>• Poor eating habits</li> <li>• Drug abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of exercise</li> <li>• Poor eating habits</li> <li>• Drug abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Drug abuse</li> <li>• Poor eating habits</li> <li>• Not seeing a doctor or dentist</li> </ul>
	Medicare	<ul style="list-style-type: none"> <li>• Drug abuse</li> <li>• Poor eating habits</li> <li>• Lack of exercise</li> </ul>	<ul style="list-style-type: none"> <li>• Poor eating habits</li> <li>• Lack of exercise</li> <li>• Tobacco use</li> </ul>	<ul style="list-style-type: none"> <li>• Drug abuse</li> <li>• Poor eating</li> <li>• Lack of exercise</li> </ul>	<ul style="list-style-type: none"> <li>• Drug abuse</li> <li>• Poor eating habits</li> <li>• Child abuse</li> </ul>
		Santa Rosa			
		Insured	Medicare	Military / VA	Vulnerable
Santa Rosa	Insured	<ul style="list-style-type: none"> <li>• Drug abuse</li> <li>• Poor eating habits</li> <li>• Lack of exercise</li> </ul>	<ul style="list-style-type: none"> <li>• Poor eating habits</li> <li>• Lack of exercise</li> <li>• Tobacco use</li> </ul>	<ul style="list-style-type: none"> <li>• Drug abuse</li> <li>• Poor eating</li> <li>• Lack of exercise</li> </ul>	<ul style="list-style-type: none"> <li>• Drug abuse</li> <li>• Poor eating habits</li> <li>• Child abuse</li> </ul>
	Medicare	<ul style="list-style-type: none"> <li>• Drug abuse</li> <li>• Poor eating habits</li> <li>• Lack of exercise</li> </ul>	<ul style="list-style-type: none"> <li>• Poor eating habits</li> <li>• Lack of exercise</li> <li>• Tobacco use</li> </ul>	<ul style="list-style-type: none"> <li>• Drug abuse</li> <li>• Poor eating</li> <li>• Lack of exercise</li> </ul>	<ul style="list-style-type: none"> <li>• Drug abuse</li> <li>• Poor eating habits</li> <li>• Child abuse</li> </ul>

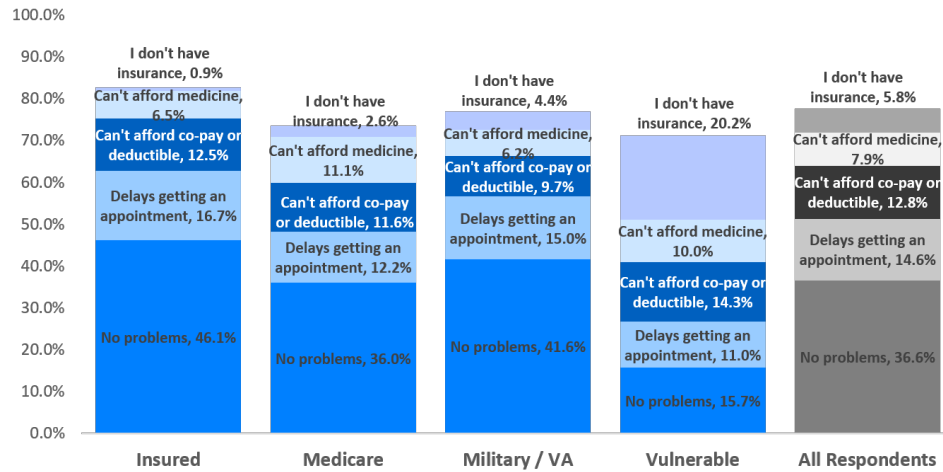
Charts reflect the order of priority within each respondent group.

		Escambia			
		Insured	Medicare	Military / VA	Vulnerable
Escambia	Insured	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Dental care</li> </ul>	<ul style="list-style-type: none"> <li>• Dental care</li> <li>• Services for seniors</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Services for seniors</li> </ul>	<ul style="list-style-type: none"> <li>• Dental care</li> <li>• Mental health</li> </ul>
	Medicare	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Alcohol / drug treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Dental care</li> <li>• Mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Dental care</li> </ul>	<ul style="list-style-type: none"> <li>• Dental care</li> <li>• Mental health</li> </ul>
		Santa Rosa			
		Insured	Medicare	Military / VA	Vulnerable
Santa Rosa	Insured	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Alcohol / drug treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Dental care</li> <li>• Mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Dental care</li> </ul>	<ul style="list-style-type: none"> <li>• Dental care</li> <li>• Mental health</li> </ul>
	Medicare	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Alcohol / drug treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Dental care</li> <li>• Mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Dental care</li> </ul>	<ul style="list-style-type: none"> <li>• Dental care</li> <li>• Mental health</li> </ul>

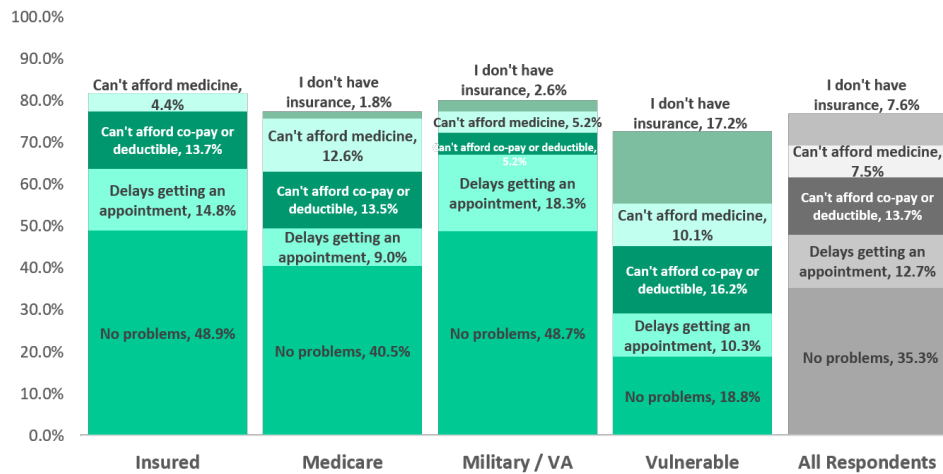
**QUESTION: Which health care services are difficult to get in your community?**

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.

### Escambia



### Santa Rosa



### 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.

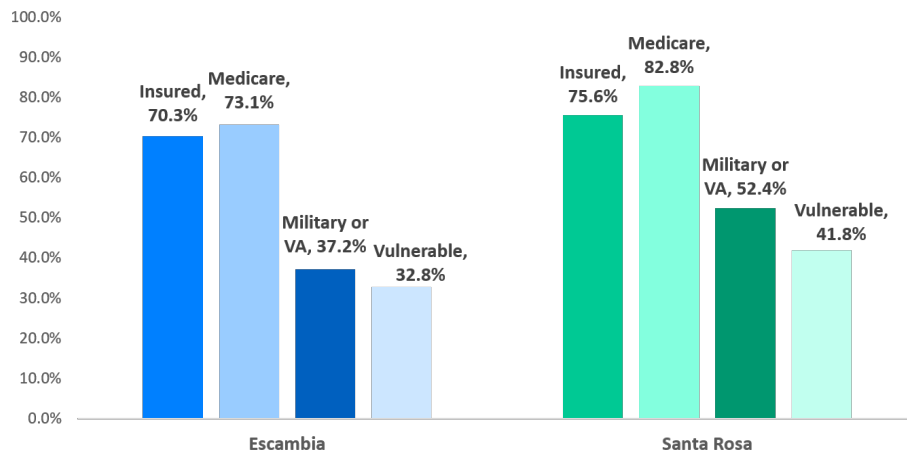
Health-vulnerable respondents (uninsured and Medicaid) were the most likely to report that the lack of insurance was a barrier to accessing health services. A high percentage of this population also indicated that the cost of co-pays was a factor in obtaining health care.

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

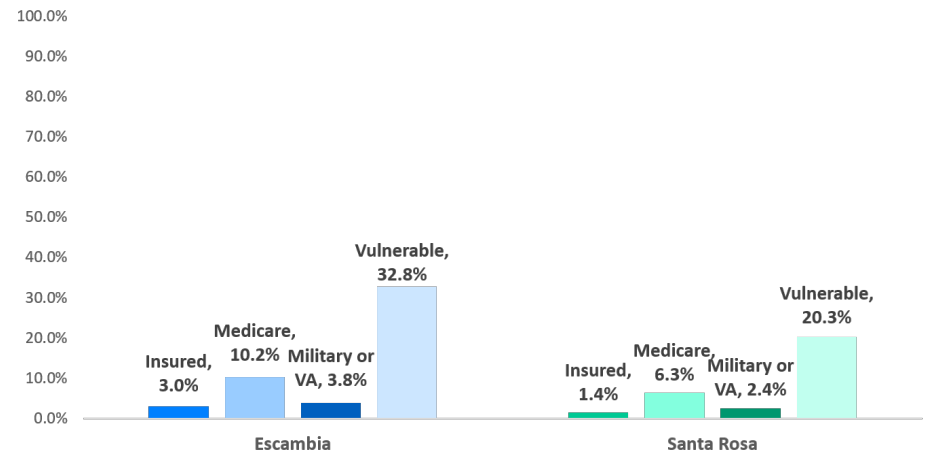
Over 60% of all respondents go to their family doctor whenever they feel sick. Military / VA respondents in Escambia most often use the VA Clinic or military clinic for sick care, whereas Santa Rosa military / VA respondents are most likely to go to their family doctor.

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.

**Percent responding “My family doctor”**



**Percent responding “Emergency Department”**







**2019**

Escambia - Santa Rosa  
Community Health  
Needs Assessment  
Report

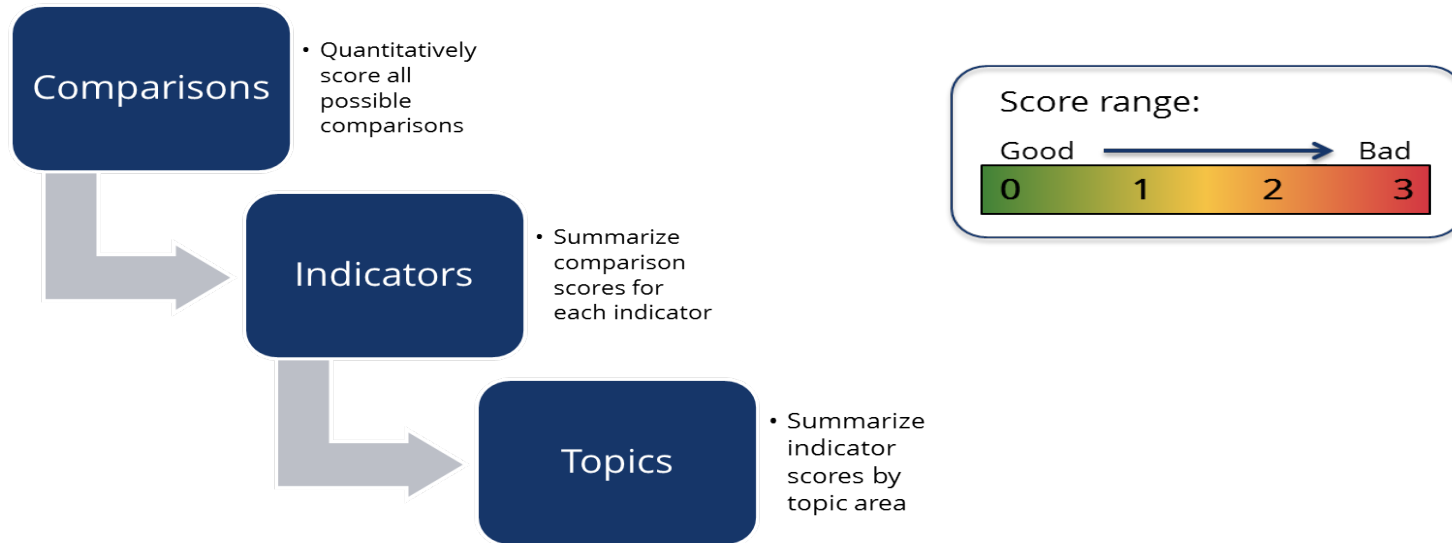
**APPENDIX:**

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](http://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 ( <i>Melanoma</i> )	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 ( <i>Coronary Artery Disease</i> )	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 ( <i>Acute Myocardial Infarction</i> )	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
<b>HCI Composite Score</b>	<i>Looks at trend, Healthy People 2020, and variance from Florida &amp; US scores (see Appendix F for explanation of Conduent's methodology)</i>	<i>Conduent Healthy Communities Institute</i>
<b>Years of Potential Life Lost</b>	<i>Number of deaths for each age times the average life expectancy for that specific age</i>	<i>Florida Health Charts</i>
<b>Deaths</b>	<i>Total deaths over a 3-year period</i>	<i>Florida Health Charts</i>
<b>Hospital Use</b>	<i>Based on actual 2017 hospital admissions and Emergency Room use</i>	<i>Agency for Health Care Administration</i>
<b>New Cases</b>	<i>Total new cases or incidences of a disease reported over a 3-year period</i>	<i>Florida Health Charts</i>
<b>Health Disparities</b>	<i>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</i>	<i>Conduent Healthy Communities Institute &amp; Florida Health Charts</i>

PRIMARY DATA: MEASURES		
MEASURE	DESCRIPTION	SOURCE
<b>Community Survey</b>	<i>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?) "</i>	<i>On-line and paper survey of 2,224 residents of Escambia County and Santa Rosa County</i>
<b>Key Leader Survey</b>	<i>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."</i>	<i>On-line survey of 33 community leaders from Escambia County and Santa Rosa County</i>

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
1 <sup>st</sup>	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%
2 <sup>nd</sup>	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%
3 <sup>rd</sup>	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%
4 <sup>th</sup>	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%
	---	---	---	---	---	Greater than 3.1:1	---	---

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
1 <sup>st</sup>	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%
2 <sup>nd</sup>	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%
3 <sup>rd</sup>	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%
4 <sup>th</sup>	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%
	---	---	---	---	---	Greater than 3.1:1	---	---

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.

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.

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

TOP 10 HEALTH OUTCOMES: ESCAMBIA COUNTY	
1. Infant Health	6. Heart Disease ( <i>Coronary Artery Disease</i> )
2. Diabetes	7. Child Health
3. Sexually Transmitted Disease ( <i>STD</i> )	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 ( <i>Coronary Artery Disease</i> )
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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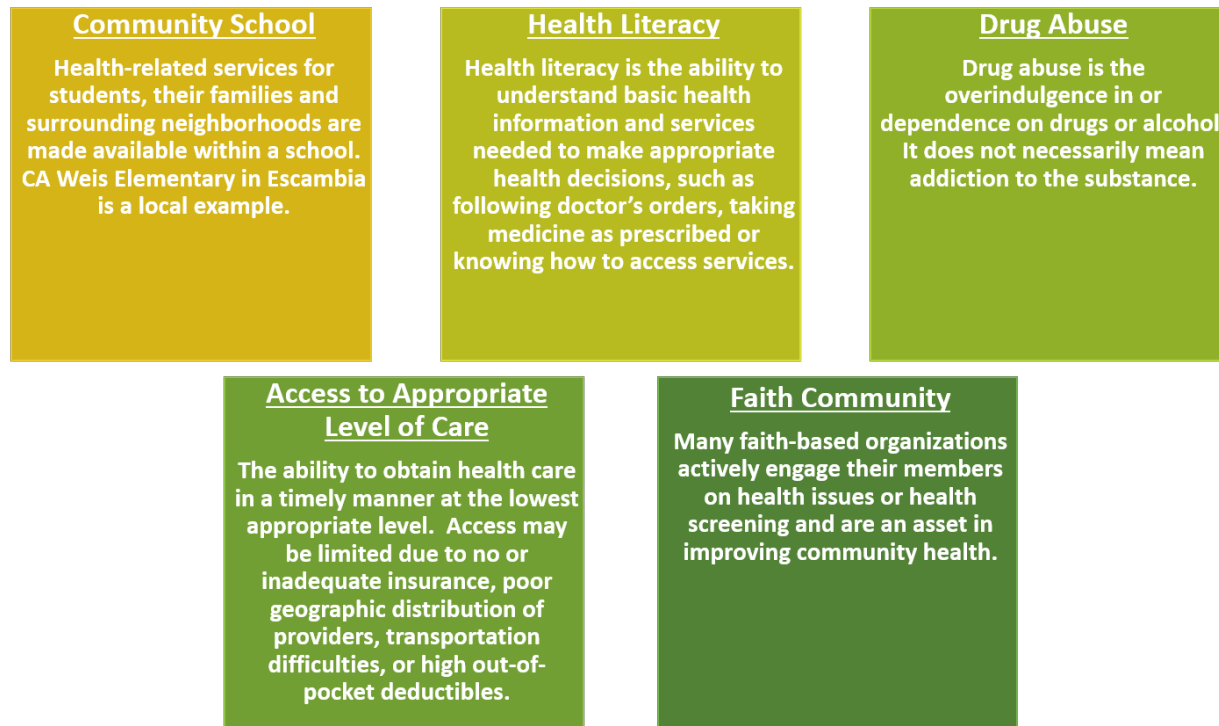
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**APPENDIX:**  
Forces of Change  
Assessment

## 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



**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.

**Force of Change:**

**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

**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.

**Force of Change:**

**THREATS and CHALLENGES**

- Emergency Room mindset
- Poor health outcomes
- Emergency Room visits tax the system
- Proudful – 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”

**Increasing Drug and Alcohol Abuse Problems**

**Force of Change:**

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

**Limited Access to Appropriate Level of Care**

**Force of Change:**

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



**2019**

Escambia - Santa Rosa  
Community Health  
Needs Assessment  
Report

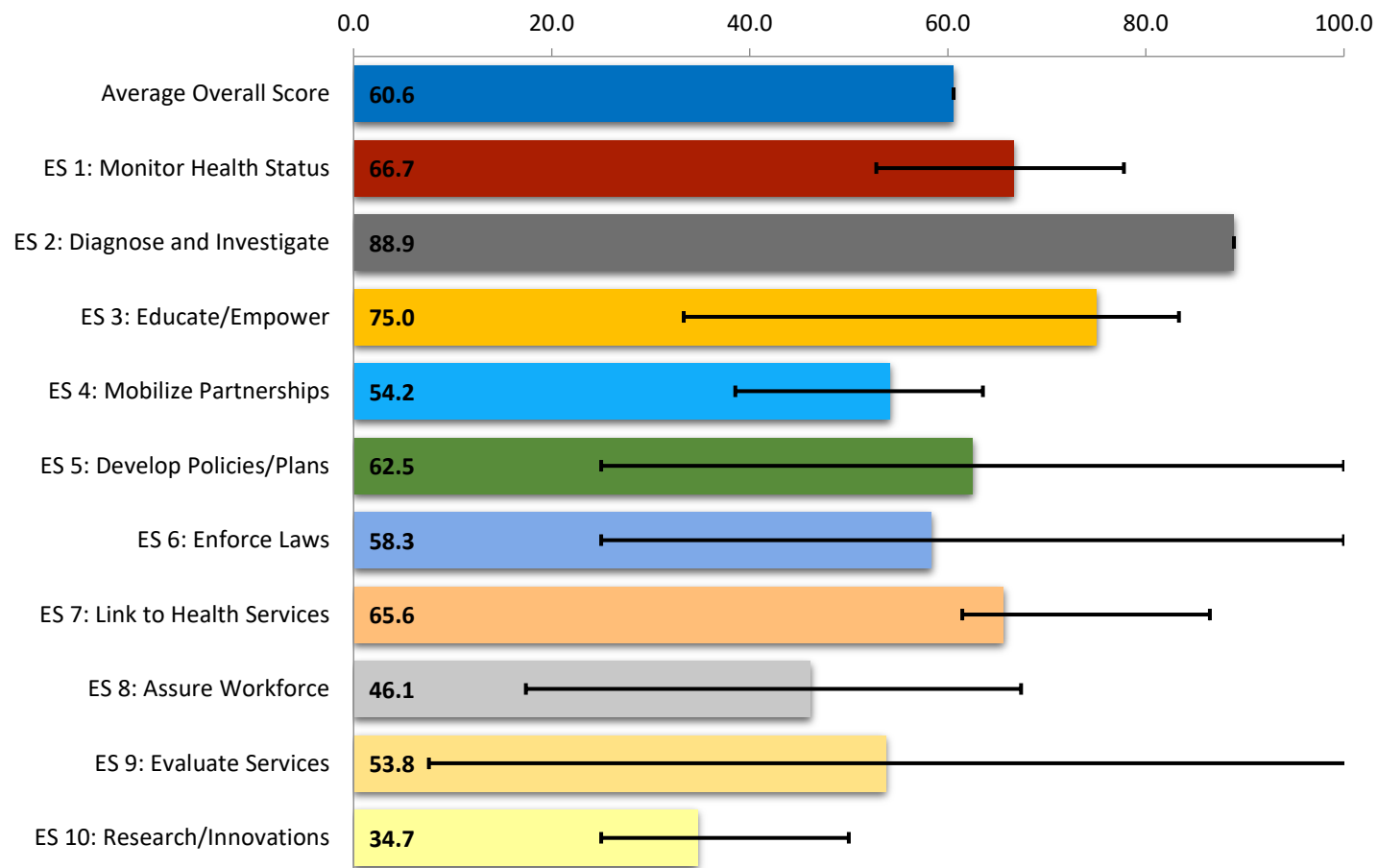
**APPENDIX:**

Local Public Health  
System Assessment

## Appendix: Local Public Health System Assessment

### Escambia County

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



## 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, Ciclovía, 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%**

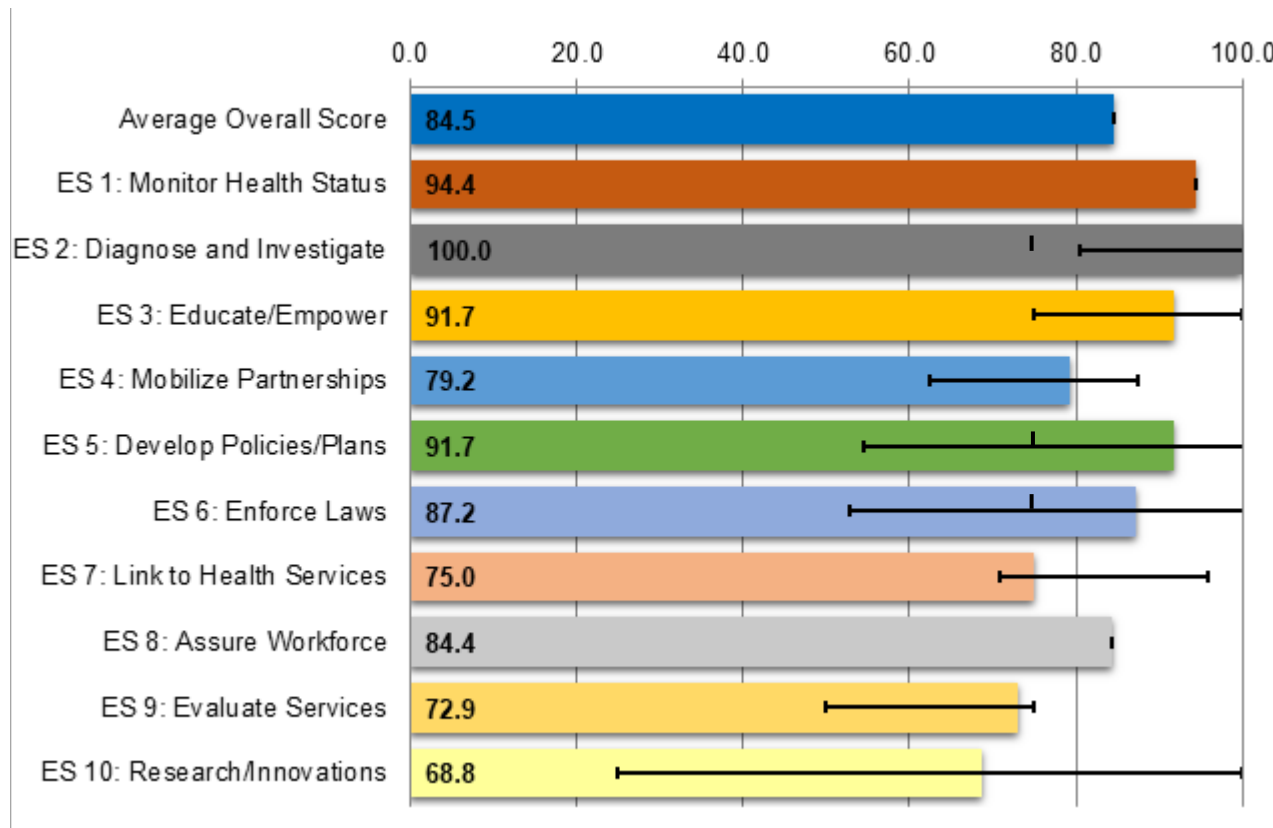
The University of West Florida has been increasingly active in the Local Public Health System, but they have just begun to develop a true public health research base. Keeping up to date on the best practices in public health is a priority for the health department and other non-profit companies in the 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 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.



**2019**

Escambia - Santa Rosa  
Community Health  
Needs Assessment  
Report

**APPENDIX:**  
Partners

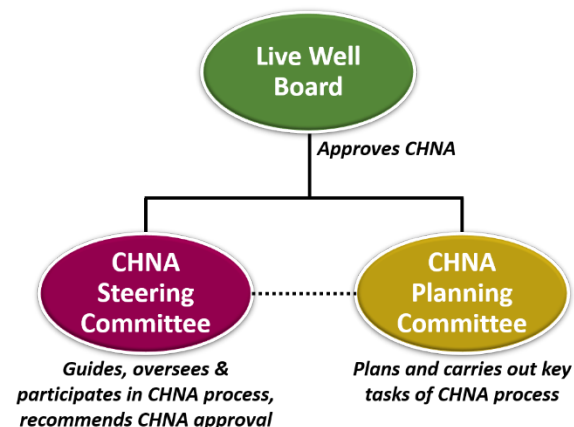
## Appendix: Partners

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

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.

## 2019 CHNA Organizational Structure





### 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

### APPENDIX: PARTNERS