

# Community Health Needs Assessment 2016

*Escambia County & Santa Rosa County*

You



Your  
Family



Your  
Neighborhood



Your  
Community



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## EXECUTIVE SUMMARY

The Community Health Needs Assessment (CHNA) process was facilitated by the Partnership for a Healthy Community (Partnership), a nonprofit tax-exempt organization whose mission is to sponsor community health status assessments for the communities of Escambia and Santa Rosa Counties in Northwest Florida and to support and promote collaborative initiatives that address priority health problems. The Partnership completed four previous assessments for the community in 1995, 2000, 2005, and 2012.

Collaborating partners in the completion of this report include representatives from The Florida Departments of Health in Escambia and Santa Rosa Counties, Baptist Health Care, Sacred Heart Health System, Escambia Community Clinics (a federally qualified health center), and the University of West Florida.

### Community Definition

While this assessment focused on Escambia and Santa Rosa counties as one community, it is important to note that individual collaborating partners may have community definitions that are subareas to the two counties:

Collaborating Partner	Community Definition	Total Pop.	Median Age	Median Income
Florida Department of Health in Escambia County	Escambia County Only	302,421	36.8	\$44,883
Florida Department of Health in Santa Rosa County	Santa Rosa County Only	160,506	40.9	\$57,583
Baptist Hospital, Sacred Heart Hospital in Pensacola	Escambia & Santa Rosa Counties, Pensacola MSA	462,927	NA	NA
Gulf Breeze Hospital	Gulf Breeze, Southern Santa Rosa County	31,343	42.9	\$85,529
Jay Hospital	Jay, Northern Santa Rosa County	5,967	46.1	\$39,375

Additional demographic and socioeconomic data for the two counties are provided in Attachment V of the full report.

### Methodology & Summary of Findings

#### Framework: Mobilizing for Action through Planning & Partnerships

With the Florida Department of Health as a partner, the Mobilizing for Action through Planning & Partnerships (MAPP) process was utilized to conduct the CHNA. The MAPP process is a community-driven strategic planning process for improving community health and is comprised of four individual assessments.

#### Community Themes & Strengths Assessment (CTSA)

**Description:** CTSA utilizes methods to solicit public input and results in a strong understanding of community issues and concerns, perceptions about quality of life, and a map of community assets. The Partnership conducted a Community Health Survey with a total of 1,621 respondents from Escambia and Santa Rosa Counties.

#### Results

##### Themes and Community Concerns:

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



### Forces of Change Assessment (FOCA)

**Description:** The FOCA analyzes the external forces, positive or negative, that impact the promotion and protection of the public’s health. Twenty-two diverse stakeholders, representing the Florida Department of Health in Escambia and Santa Rosa Counties, The Partnership, nonprofit organizations and others, convened to generate answers to the following question: “What is occurring or might occur that affects the health of our community or local public health system?” Participants brainstormed trends, factors, and events, organizing them into common themes and providing an overarching ‘force’ for each of the category columns.

#### Results

##### Top 5 Themes

- Education: Health Literacy
- Funding
- Partnerships
- Chronic Disease
- Healthy Weight/Obesity

### Local Public Health System Assessment (LPHSA)

Partners from each county’s local public health system convened discussed the Model Standard Activities which serve as quality indicators that are aligned with the 10 essential public health service areas. See inset.

#### Results

##### Escambia County

39% of Model Standard Activities functioned within the *Optimal Activity\** category.

##### Santa Rosa County

62% of Model Standard Activities functioned within the *Optimal Activity\** category.

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

### The 10 Essential Public Health Services

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health care services and assure the provision of health care when otherwise available.
8. **Assure** a competent public health and personal health care workforce.
9. **Evaluate** the effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

### Community Health Status Assessment (CHSA)

The CHSA is a process assessing the current health status of a community through the selection and collection of relevant data elements (indicators) and the analysis of trends and comparisons to benchmarks. The Partnership collected county-level data for 167 health status indicators and 27 demographic indicators. As a benchmark, individual performance for each county was compared to that of Florida state as a whole. To identify overall themes, results were analyzed using the *County Health Rankings* model for population health that emphasized the impact of health factors, such as behavior, clinical care, social & economic factors, and physical environment, on the health outcomes of mortality (*length of life*) and morbidity (*quality of life*).

#### Results

For the two communities as a whole, 51 indicators performed worse than the state. The major themes revealed included:

##### Tobacco Use

- 30 related indicators
- 15 indicators perform worse than the state for the two-county community
- 3 indicators with a worsening trend: Live Births where mother smoked during pregnancy, adults who never smoked, and heart disease deaths.

##### Healthy Weight/Obesity

- 44 related indicators
- 14 indicators perform worse than the state for the two-county community
- 6 indicators with a worsening trend, including: births to overweight mothers, sedentary adults and adults eating the recommended five servings of fruits and vegetables daily.

##### Access to Care

- 86 related indicators
- 28 indicators perform worse than the state for the two-county community
- 9 indicators with a worsening trend, including: dental care access by low income persons, and outpatient ED visits for diabetes and hypoglycemia.

## 2016 Community Health Priorities

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The Partnership completed this process with a holistic review of the data gathered in each of the assessments to identify overarching themes and health issues. The issues were discussed by the Partnership Board of Directors who represents a diverse group of community partners from each county. The discussion affirmed that the health issues selected in 2012 continue to be primary community health concern. As such, the Board adopted as the 2016 Community Health Priorities for the communities of Escambia and Santa Rosa Counties the following health priorities:

- **Tobacco Use**
- **Healthiest Weight**
- **Access to Care**

In addition to these, the following have been identified as health concerns in the individual counties:

- **Escambia County: Infant Mortality and Sexually Transmitted Diseases**
- **Santa Rosa County: Deaths from Injury**

While these concerns are not a priority for the two counties together, it is important to understand how an issue in one county can affect the other. This gives rise to the opportunity for organizations and community groups within each county address the concern before it becomes more widespread.

## INTRODUCTION

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The Community Health Needs Assessment (CHNA) process was facilitated by the Partnership for a Healthy Community (Partnership), a nonprofit tax-exempt organization whose mission is to sponsor community health status assessments for the two counties and to support and promote collaborative initiatives that address priority health problems. The Partnership completed four previous assessments for the community in 1995, 2000, 2005, and 2012.

Partnership formed the Community Assessment & Planning Committee (CAP) to oversee the completion of the assessment process. CAP Committee members included representatives from The Florida Departments of Health in Escambia and Santa Rosa Counties, Baptist Health Care, Sacred Heart Health System, Escambia Community Clinics (a federally qualified health center), and the University of West Florida.

### Collaborating Partners

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#### **Baptist Health Care, Escambia and Santa Rosa County**

Baptist Health Care Corporation (BHC) is a community-owned Florida not-for-profit organization that operates one acute care facility, Baptist Hospital, in Pensacola, Escambia County and two acute care facilities in Santa Rosa County: Gulf Breeze Hospital, located in Gulf Breeze at the southern end of the county and Jay Hospital, located Jay at the rural northern of Santa Rosa County.

**Baptist Hospital** (BH) is a 492-bed acute care facility. The residents of Escambia and Santa Rosa Counties comprised more than 83% of BH's 2014 inpatient discharges. More than 27% of BH inpatient discharges were related to Medicaid enrollees and Charity Care.

**Gulf Breeze Hospital** (GBH) is a 77-bed acute care facility. The residents of Santa Rosa County account for 64% and Escambia County 23% of GBH's 2014 inpatient discharges. More than 19% of GBH inpatient discharges were related to Medicaid enrollees and Charity Care.

**Jay Hospital** (JH) is a 55-bed acute care facility. The residents of Santa Rosa County account for 43% and Escambia County 34% of JH's 2014 inpatient discharges. Being located in a more rural area in northern Santa Rosa County, the hospital's remaining discharges (20%) come largely from neighboring Escambia County, Alabama. More than 18% of JH inpatient discharges were related to Medicaid enrollees and Charity Care.

#### **Escambia Community Clinics, Escambia and Santa Rosa Counties**

Providing care to the community since 1992, Escambia Community Clinics, Inc. (ECC) was designated as a Federally Qualified Health Center (FQHC) in 2007. With over 180 dedicated employees, nine fixed service delivery sites, and two mobile health units, ECC provides outpatient primary and acute care services to indigent, working poor, and medically needy citizens of Escambia and Santa Rosa Counties and surrounding areas. Currently, ECC has more than 30,000 residents who receive services, representing over 90,000 annual patient visits. ECC provides family practice services for chronic illnesses and acute walk-in care for patients not requiring the services of a hospital emergency department.

#### **Florida Departments of Health in Escambia and Santa Rosa Counties**

The Florida Department of Health in Escambia County (DOH-Escambia) and Santa Rosa (DOH-Santa Rosa) is part of an integrated Florida Department of Health (Department) operating in all 67 counties of the state. The Department is led by the State Surgeon General and Secretary of Health who reports directly to the Governor. The mission of the Department is to protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts. There are federal, state, and county regulations that affect

virtually all aspects of services provided. The functions and funding for the Department are ultimately determined by the state legislature.

### Escambia County

The history of DOH-Escambia dates back to 1821. At nearly 200 years of continuous operation, it is one of the oldest health departments in the country and employs approximately 215 people.

### Santa Rosa County

DOH-Santa Rosa has been part of the state and national public health system since 1944.

DOH-Santa Rosa has three locations: Milton office, Midway location in Gulf Breeze, and Jay location.

### Sacred Heart Hospital, Pensacola, Escambia County

Sacred Heart Health System operates a 566-bed Sacred Heart Hospital in Pensacola (SHHP) in Pensacola, Escambia County that includes the region's only Children's Hospital. The residents of Escambia and Santa Rosa Counties comprised 79.8% of SHHP's hospital discharges in 2014. The remaining discharges come from the regional area for tertiary services, such as trauma, high risk mother and baby care, and specialized pediatric care. More than 28% of SHHP discharges are related to the care of Medicaid enrollees and charity care. This role is consistent with the mission of SHHP as a Catholic health ministry. Sacred Heart Health System is part of Ascension Health, the nation's largest system of Catholic and nonprofit health care facilities.

### University of West Florida, Escambia County

The University of West Florida (UWF) is a public university based in Northwest Florida with multiple instructional sites and a strong virtual presence. UWF's mission is to provide students with access to high-quality, relevant, and affordable undergraduate and graduate learning experiences; to transmit, apply, and discover knowledge through teaching, scholarship, research, and public service; and to engage in community partnerships that respond to mutual concerns and opportunities and that advance the economy and quality of life in the region.

The Department of Public Health, Clinical and Health Sciences is in the College of Health (DPHCHS). The department offers both graduate and undergraduate health-related programs for which there is a strong demand both regionally and nationally. Within DPHCHS, Bachelor degrees are offered in Clinical Laboratory Sciences, Health Sciences and a Masters degree in Public Health.

## Community Definition

While this assessment focuses on Escambia and Santa Rosa Counties as one community, it is important to note that individual collaborating partners may have community definitions that are subareas to the two-county area:

Collaborating Partner	Community Definition
Florida Department of Health in Escambia County	Escambia County Only
Florida Department of Health in Santa Rosa County	Santa Rosa County Only
Sacred Heart Hospital in Pensacola	Escambia & Santa Rosa Counties, Pensacola MSA
Baptist Hospital	Escambia & Santa Rosa Counties, Pensacola MSA
Gulf Breeze Hospital	Gulf Breeze, Santa Rosa County
Jay Hospital	Jay, Santa Rosa County

### Escambia & Santa Rosa Counties – Pensacola MSA

Escambia and Santa Rosa Counties comprise the Pensacola-Ferry Pass-Brent Metropolitan Statistical Area (MSA). Although the two counties have distinctly different demographic characteristics, they are interdependent for economic and community planning purposes.

### Escambia County

Escambia County is the 18th largest of Florida’s 67 counties by population and the 38th largest by landmass. The westernmost county in the State of Florida has a total population of 302,421. According to the 2014 estimates by the Department of Health, Office of Health Statistics, the racial distribution in Escambia County is 69.4% White, 30.6%

Black or another race. Of the total population, 5.4% is Hispanic. Only 15.5% of residents speak a language other than English, compared to 27.4% for the State of Florida (2013 estimates). The county Poverty is 16.4%, significantly higher than the 13.8% average for the State of Florida.

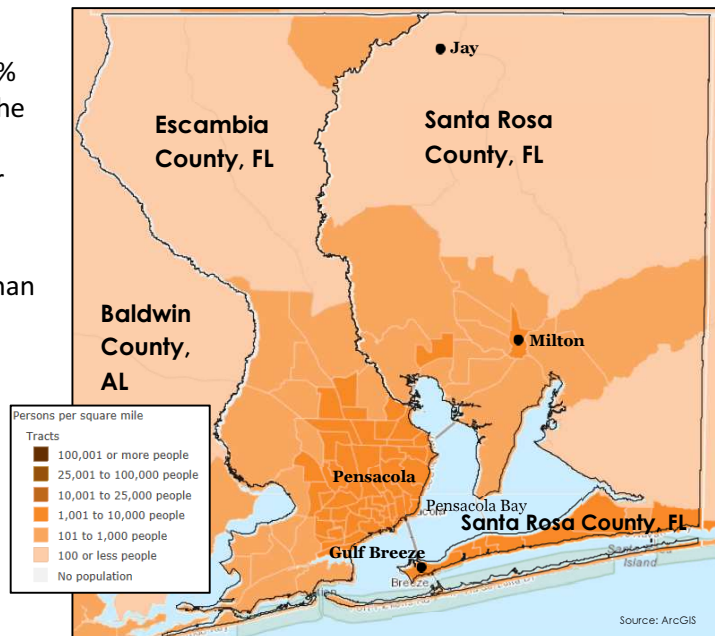
There is a strong military presence with four naval facilities located within the county, which include Naval Air Station Pensacola, Corry Field Station, Saufley Field Station, and Naval Hospital Pensacola. Military and civil service, tourism, retail, construction, education, and health care are the primary employment industries. Eighty-six percent of residents are high school graduates and 23% have a bachelor’s degree or higher (2010). There are very few migrant workers compared to other areas of Florida. The county seat and largest city is Pensacola, which has a total population of approximately 52,000.

### Santa Rosa County

Santa Rosa County borders Escambia County to the east, and has a total population of 160,506. Its county seat is the City of Milton, which has a population of around 9,000. According to the 2014 estimates by the Department of Health, Office of Health Statistics, the racial distribution in Santa Rosa County is 87.7% White, 12.3% Black or another race. Of the total population, 5.6% is Hispanic. Only 6.5% of residents speak a language other than English, compared to 27.4% for the State of Florida (2013 estimates). Santa Rosa County is not only less populated than Escambia County, it also has a lower population density (see map to right), reflecting a more rural landscape. The southern portion of Santa Rosa County is geographically separated from the north by Pensacola Bay. Located within the county is Whiting Field, one of the Navy’s primary pilot training bases.

Demographics	Florida State	Escambia County	Santa Rosa County
<b>Population</b>			
Total	19,548,031	302,421	160,506
Female	9,992,462	152,822	79,021
Male	9,555,569	149,599	81,485
Median Age	41.8	36.8	40.9
<b>Socioeconomic</b>			
Poverty	16.3%	18.1%	12.3%
% children living below poverty level	23.6%	28.2%	17.3%
Median Household Income	\$47,212	\$44,883	\$57,583

Additional demographic and socioeconomic data for the two counties are provided in Appendix IV.



### Gulf Breeze, Southern Santa Rosa County

Gulf Breeze, zip codes 32561 and 32563, is located in southern Santa Rosa County and has a total population of 31,343. Gulf Breeze is located on a peninsula situated between Pensacola, to the west, and Pensacola Beach on the Gulf of Mexico to the south. The median age for the community is 42.9 and the median household income is \$85,529. Gulf Breeze Hospital is located within this community.

### Jay, Northern Santa Rosa County

Jay is located in northern Santa Rosa County and has a total population of 5,967 in zip code 32565, where Jay Hospital is located. To the east of Jay are other rural townships located in northern Escambia County. The median age for the community is 46.1 and the median household income is \$39,375.

The industry sector statistics for the two counties reflect the importance of the military, service industry and construction in the local economy. Within the service industry, education, healthcare and tourism comprise the largest components. According to the Greater Pensacola Area Chamber of Commerce, Baptist Health Care is the largest non-governmental employer in the area with 4,494 employees followed by Navy Federal Credit Union and Sacred Heart Health System with 3,845 and 3,483 employees, respectively.

## METHODOLOGY

### Process: Assessment

#### Framework: Mobilizing for Action through Planning & Partnerships

With the Florida Department of Health as a partner, the Mobilizing for Action through Planning & Partnerships (MAPP) process was utilized to conduct the assessment. The MAPP process is a community-driven strategic planning process for improving community health. The process helps communities apply strategic thinking to identify and prioritize health issues and identify resources to address them.

The MAPP process is comprised of four individual assessments:

#### Community Themes & Strengths Assessment (CTSA)

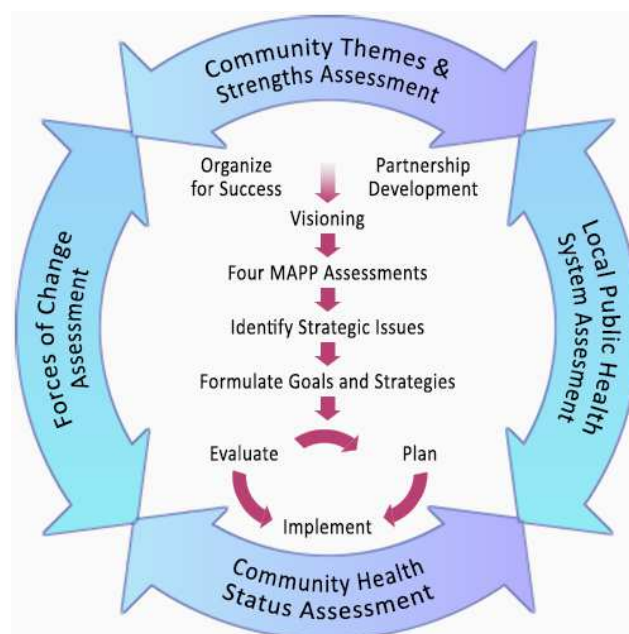
The CTSA Assessment answers questions such as: "What is important to our community?" and "How is quality of life perceived in our community?" This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life and a map of community assets.

#### Forces of Change Assessment (FOCA)

During the FOC exercise, participants engage in a brainstorming activity to identify forces—such as trends, factors, or events—that are or will be influencing the health and quality of life of the community and the local public health system.

#### Local Public Health System Assessment (LPHSA)

The LPHSA involves a broad range of organizations and entities that contribute to public health in the community and answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"





## Community Health Status Assessment (CHSA)

The CHSA is a process assessing the current health status of a community through the selection and collection of relevant data elements (indicators) and the analysis of trends and comparisons to benchmarks.

## SUMMARY OF FINDINGS

### Community Strengths & Themes Assessment

The Partnership conducted a Community Health Survey from April 1, 2016 – June 30, 2016 with a total of 1,621 respondents from Escambia and Santa Rosa Counties. Those who responded were categorized as either General Population or Vulnerable Population. The breakdown of these categories follows:

County	General Population	Vulnerable Population	Total Respondents
Escambia	486	224	710
Santa Rosa	775	166	941

\*Respondents in Vulnerable Population met at least one of the following: 1) No Health Insurance, 2) Family income of \$25,000 or less or 3) took the survey at a site of service for low income populations i.e. WIC departments at Departments of Health, faith-based health clinics, Escambia Community Clinics, etc.

The survey employed a convenience sampling method which means that while the results may shed some light on the opinions of residents in the community, the views reported below cannot be considered a valid statistical representation of the opinions of the whole county. Overall themes and Community Concerns included: Obesity, Poor Eating Habits, Affordability of Healthy Foods, Access to Dental Care, and Mental Health & Substance Abuse Behaviors & Access to Mental Health Services.

### Summary of Responses

The top responses of each population grouping are shown below.

Question	General Population	Vulnerable Population
Features of a Healthy Community	Good Employment; Low Crime	Clean Environment
Most Important Health Issues*	Obesity; Child Abuse	Obesity, Child Abuse
Most Concerning Unhealthy Behaviors	Drug Abuse; Poor Eating; Excess Weight	Drug Abuse; Poor Eating; Excess Weight
Hard to get Health Services	Mental Health; Specialty Care	Dental Care; Mental Health
Reasons for Delaying Medical Care	Did not delay care; Could not afford; Could not get timely appointment	Could not afford; Insurance Problems/No insurance; Did not delay care
My health today	Healthy	Somewhat Healthy
The Health of my community	Somewhat Healthy	Somewhat Healthy
Quality of Health Services	Good	Fair
Where to go when sick	My Family Doctor	My Family Doctor; Hospital Emergency Department

<b>Where to go for Mental Health Services</b>	Private Professional	Mental Health Clinic; Do not know where to go
<b>Factors preventing Healthy Eating and Active Lifestyle</b>	Already eat healthy & am active; Expense of healthy foods; Not enough time to be active	Expense of healthy foods; Cannot afford exercise equipment; Already eat healthy & am active

\*Note: During the time this survey was conducted, local print and TV media were running a news series regarding domestic violence and child abuse.

## Forces of Change Assessment

Twenty-two diverse stakeholders, representing the Florida Department of Health in Escambia and Santa Rosa Counties, Partnership for a Healthy Community, nonprofit organizations and others, convened on August 21, 2015 at the Department of Health in Santa Rosa County, Milton.

A facilitated consensus building process was used to generate answers to the following question: “What is occurring or might occur that affects the health of our community or local public health system?” Participants brainstormed trends, factors, and events, organizing them into common themes and providing an overarching ‘force’ for each of the category columns. The following are examples of trends, forces and events:

- **Trends** – Patterns over time, such as migration in and out of the community or growing disillusionment with government
- **Factors** – Discrete elements, such as a community’s large ethnic population, an urban setting, or proximity to a major waterway
- **Events** – One time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation

Top 5 Themes
1. Education: Health Literacy
2. Funding
3. Partnerships
4. Chronic Disease
5. Healthy Weight/Obesity

After the consensus workshop, participants were charged with answering the second assessment question: “What specific threats or opportunities are generated by these occurrences?” Participants generated threats and opportunities for all of the ideas within each force of change category.

1. Education: Health Literacy	
Threats Posed	Opportunities Created
Low self-care competency: Inability to navigate individual healthcare - health management, communicate, understanding rights and responsibilities, ability to understand health insurance plans and eligibility for assistance programs. Health care provider-patient interaction, clinical encounters, diagnosis and treatment of illness, and medication misinformation.	Resources exist to engage on these issues; involve the community in a larger learning system changing the paradigm from “schools teach” to “community fosters learning” approach.
Ability to understand and utilize health services	Proactive messaging through social media
Digital Divide creates increased isolation of lower income families; increased opportunity gap in a technology-centric world; further disenfranchisement.	The technology exists to address these problems, needing political will, funding and partners; innovation of use of the technology
Poverty; health; access to health providers	Organizing for social change, resilience, better access to care and economic opportunity

1. Education: Health Literacy	
Threats Posed	Opportunities Created
<p><b><u>Threats Pertinent to Just Santa Rosa County</u></b></p> <ul style="list-style-type: none"> <li>Inadequate transportation structure</li> <li>No dedicated public transportation funding or service</li> </ul>	Opportunities to change transportation culture

2. Funding Opportunities	
Threats Posed	Opportunities Created
Decrease in Federal and State funding opportunities	Actively pursue local grants
Shortage of providers, increased inequity; increased disease rates	Increase primary & preventive care; decrease in chronic health issues; better health generally
Decrease of healthcare funding: Low Income Pool (LIP) funding; State not accepting Federal funds; not expanding Medicaid; ICD-10 conversion	Redesign and refocus on the safety net providers under the new paradigm
Push for privatization across sectors	Provides ability to share resources and fill healthcare gaps within the community
Increased mental health issues; suicide; morbidity & mortality; stigma; lack of access to quality mental health services; limited funding for mental health	Increased awareness and reduced stigma; increased access to mental health services; more education to help others identify mental health issues; connect individuals

3. Partnerships	
Threats Posed	Opportunities Created
Misuse of resources; operating in silos; different reporting requirements	Ability to work collaboratively with common strategies and goals in one voice; Northwest Florida Partnership for a Healthy Community
Competing for funds	Increase collaborative initiatives for State and local funding

4. Chronic Disease	
Threats Posed	Opportunities Created
Poverty: disproportionate impact on vulnerable populations	Ability to access food through Food Stamps
Nutrition	Opportunity to educate through online applications, AHEC and other organizations
Over utilization of antibiotics and poor medication adherence	Opportunity to educate physicians
Medication costs	Affordable Care Act
Poor lifestyle choices; alcohol; over eating; tobacco use; sedentary lifestyle	Focused education through care management; health literacy
Lack of health education in schools	Opportunity for early prevention and increased activity
Lack of inter-disciplinary health teams	Opportunity to work with the whole family; not just the individual with chronic disease
Transportation	Increase the walkability of the community

5. Healthy Weight / Obesity	
Threats Posed	Opportunities Created
Food deserts, lack of local food system assets; cultural norms (i.e. breastfeeding, body shapes); crowding out by junk food	Increased awareness of food issues; local food economy (i.e. Extension Services, Farmer’s Market)
Poor health; food addiction; loss of food/cooking knowledge; economic awareness of food cost (i.e. fast food is not always cheaper)	Changing options in fast food; awareness around food; change school/hospital/workplace food policy
Increasing obesity within the community; lack of safe activity places and educational opportunities	Community awareness and reporting; parental, neighborhood and workplace involvement

The full FOCA Results Report can be found in Appendix II.

## Local Public Health System Assessment

DOH-Escambia and DOH-Santa Rosa held each convene local partners for the completion of this Assessment:

### Escambia County - September 8, 2015

Twenty-six partners from Escambia County’s local public health system convened at the Florida Department of Health in Escambia County for a four-hour session on September 8, 2015.

### Santa Rosa County, FL – October 14, 2015

Twenty partners from Santa Rosa County’s local public health system convened for a five-hour session at the Florida Department of Health in Santa Rosa County on October 14, 2015.

Each Essential Health Service was discussed using the Model Standard. The 30 Model Standards serve as quality indicators that are aligned with the 10 essential public health service areas.

Participants scored responses to assessment questions using individual voting cards corresponding to the scale below (See Figure 1). Each participant’s vote was counted and recorded. Each Model Standard was discussed as a group before voting was tallied.

Participants were encouraged to vote on the areas of service they were familiar with. Participants were also encouraged to voice concerns about areas of service that would impact their organization. The complete report provides a breakdown of those comments, concerns, and opinions categorized by each Essential Service.

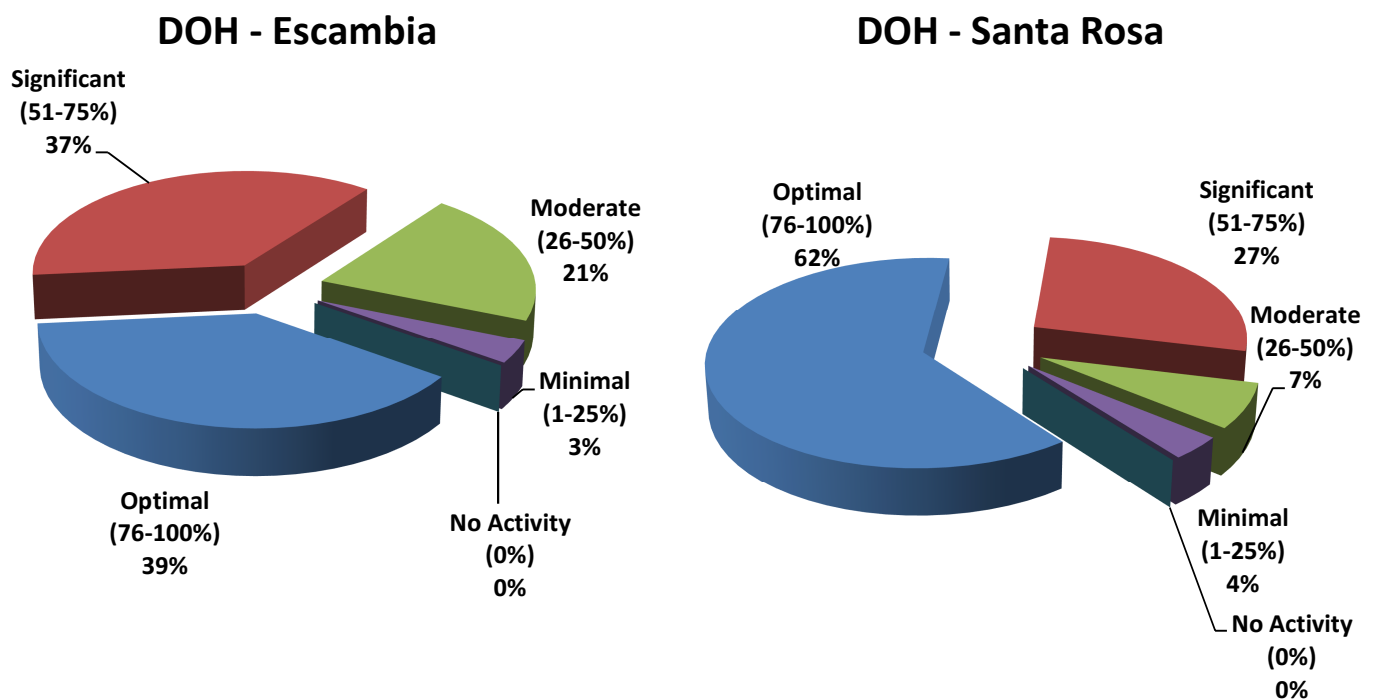
### The 10 Essential Public Health Services

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health care services and assure the provision of health care when otherwise available.
8. **Assure** a competent public health and personal health care workforce.
9. **Evaluate** the effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

**Figure 1. Essential Service Rating System – Performance Relative to Optimal Activity**

<b>Optimal Activity (76-100%)</b>	Greater than 75% of the activity described within the question is met.
<b>Significant Activity (51-75%)</b>	Greater than 50%, but no more than 75% of the activity described within the question is met.
<b>Moderate Activity (26-50%)</b>	Greater than 25%, but no more than 50% of the activity described within the question is met.
<b>Minimal Activity (1-25%)</b>	Greater than zero, but no more than 25% of the activity described within the question is met.
<b>No Activity (0%)</b>	0% or absolutely no activity.

**Figure 2. Percentage of the system’s Model Standard scores that fall within the five activity categories.**



The following charts provide a composite summary of the performance measures for all 10 Essential Services.

**DOH-Escambia**

Optimal	Significant	Moderate	Minimal
<p><b><u>Monitor Health Status</u></b></p> <ul style="list-style-type: none"> <li>• Disease Registries</li> </ul> <p><b><u>Diagnose and Investigate</u></b></p> <ul style="list-style-type: none"> <li>• Identification/ Surveillance</li> <li>• Emergency Response</li> <li>• Laboratory Support</li> </ul> <p><b><u>Educate/ Empower</u></b></p> <ul style="list-style-type: none"> <li>• Health Communication</li> <li>• Risk Communication</li> </ul>	<p><b><u>Monitor Health Status</u></b></p> <ul style="list-style-type: none"> <li>• Community Health Assessment</li> <li>• Current Technology</li> </ul> <p><b><u>Educate/Empower</u></b></p> <ul style="list-style-type: none"> <li>• Health Education/ Promotion</li> </ul> <p><b><u>Mobilize Partnerships</u></b></p> <ul style="list-style-type: none"> <li>• Community Partnerships</li> </ul>	<p><b><u>Enforce Laws</u></b></p> <ul style="list-style-type: none"> <li>• Improve Laws</li> </ul> <p><b><u>Link to Health Services</u></b></p> <ul style="list-style-type: none"> <li>• Personal Health Service Needs</li> <li>• Assure Linkage</li> </ul> <p><b><u>Evaluate Services</u></b></p> <ul style="list-style-type: none"> <li>• Evaluation of Population Health</li> <li>• Evaluation of Local Public Health System</li> </ul>	<p><b><u>Assure Workforce</u></b></p> <ul style="list-style-type: none"> <li>• Workforce Assessment</li> <li>• Leadership development</li> </ul>
<p><b><u>Mobilize Partnerships</u></b></p> <ul style="list-style-type: none"> <li>• Constituency Development</li> </ul>	<p><b><u>Develop Policies/Plans</u></b></p> <ul style="list-style-type: none"> <li>• Government Presence</li> <li>• Policy Development</li> </ul>		
<p><b><u>Develop Policies/Plans</u></b></p> <ul style="list-style-type: none"> <li>• Community Health Improvement/ Strategic Planning</li> <li>• Emergency Plans</li> </ul>	<p><b><u>Assure Competent Workforce</u></b></p> <ul style="list-style-type: none"> <li>• Workforce Standards</li> <li>• Continuing Education</li> </ul>		
<p><b><u>Enforce Laws</u></b></p> <ul style="list-style-type: none"> <li>• Review Laws</li> <li>• Enforce Laws</li> </ul>	<p><b><u>Evaluate Services</u></b></p> <ul style="list-style-type: none"> <li>• Evaluation of Personal Health Services</li> </ul>		



**DOH-Santa Rosa**

Optimal	Significant	Moderate	Minimal
<p><b><u>Monitor Health Status</u></b></p> <ul style="list-style-type: none"> <li>• Current Technology</li> </ul>	<p><b><u>Monitor Health Status</u></b></p> <ul style="list-style-type: none"> <li>• Community Health Assessment</li> <li>• Registries</li> </ul>	<p><b><u>Evaluate Services</u></b></p> <ul style="list-style-type: none"> <li>• Evaluation of Population Health</li> </ul>	<p><b><u>Assure Workforce</u></b></p> <ul style="list-style-type: none"> <li>• Workforce Assessment</li> </ul>
<p><b><u>Diagnose and Investigate</u></b></p> <ul style="list-style-type: none"> <li>• Identification/ Surveillance</li> <li>• Emergency Response</li> <li>• Laboratory Support</li> </ul>	<p><b><u>Mobilize Partnerships</u></b></p> <ul style="list-style-type: none"> <li>• Constituency Development</li> </ul>	<p><b><u>Research/Innovations</u></b></p> <ul style="list-style-type: none"> <li>• Foster Innovation</li> </ul>	
<p><b><u>Educate/ Empower</u></b></p> <ul style="list-style-type: none"> <li>• Health Education/ Promotion</li> <li>• Health Communication</li> <li>• Risk Communication</li> </ul>	<p><b><u>Develop Policies/Plans</u></b></p> <ul style="list-style-type: none"> <li>• Government Presence</li> </ul>		
<p><b><u>Mobilize Partnerships</u></b></p> <ul style="list-style-type: none"> <li>• Community Partnerships</li> </ul>	<p><b><u>Link to Health Services</u></b></p> <ul style="list-style-type: none"> <li>• Assure Linkage</li> </ul>		
<p><b><u>Develop Policies/Plans</u></b></p> <ul style="list-style-type: none"> <li>• Policy Development</li> <li>• Community Health Improvement/ Strategic Planning</li> <li>• Emergency Plans</li> </ul>	<p><b><u>Evaluate Services</u></b></p> <ul style="list-style-type: none"> <li>• Evaluation of Personal Health Services</li> <li>• Evaluation of Local Public Health System</li> </ul>		
<p><b><u>Enforce Laws</u></b></p> <ul style="list-style-type: none"> <li>• Review Laws</li> <li>• Improve Laws</li> <li>• Enforce Laws</li> </ul>	<p><b><u>Research/Innovations</u></b></p> <ul style="list-style-type: none"> <li>• Research Capacity</li> </ul>		
<p><b><u>Link to Health Services</u></b></p> <ul style="list-style-type: none"> <li>• Personal Health Service Needs</li> </ul>			
<p><b><u>Assure Competent Workforce</u></b></p> <ul style="list-style-type: none"> <li>• Workforce Standards</li> <li>• Continuing Education</li> <li>• Leadership development</li> </ul>			
<p><b><u>Research/Innovations</u></b></p> <ul style="list-style-type: none"> <li>• Academic Linkages</li> </ul>			

## Community Health Status Assessment

### Indicator Selection

A review of health status assessments from the following organizations: Healthy People 2020, Community Commons, Florida CHARTS' County Health Profile, University of Wisconsin and Robert Wood Johnson's County Health Rankings, and previous assessments revealed a cross section of many common indicators. From this cross section, state and county data for 167 health status indicators and 27 demographic indicators were collected.

### Data Sources

Data sources included: Florida CHARTS, Florida Department of Health, Agency for Health Care Administration, County Health Rankings and Roadmaps, Florida Department of Children and Families, US Department of Health & Human Services, Feeding America, USDA Economic Research Service, Florida Department of Law Enforcement, US Census Bureau, Federal Bureau of Labor and Statistics, and US Department of Housing and Urban Development. A complete list of data sources can be found in Appendix IV.

### Framework for Analysis

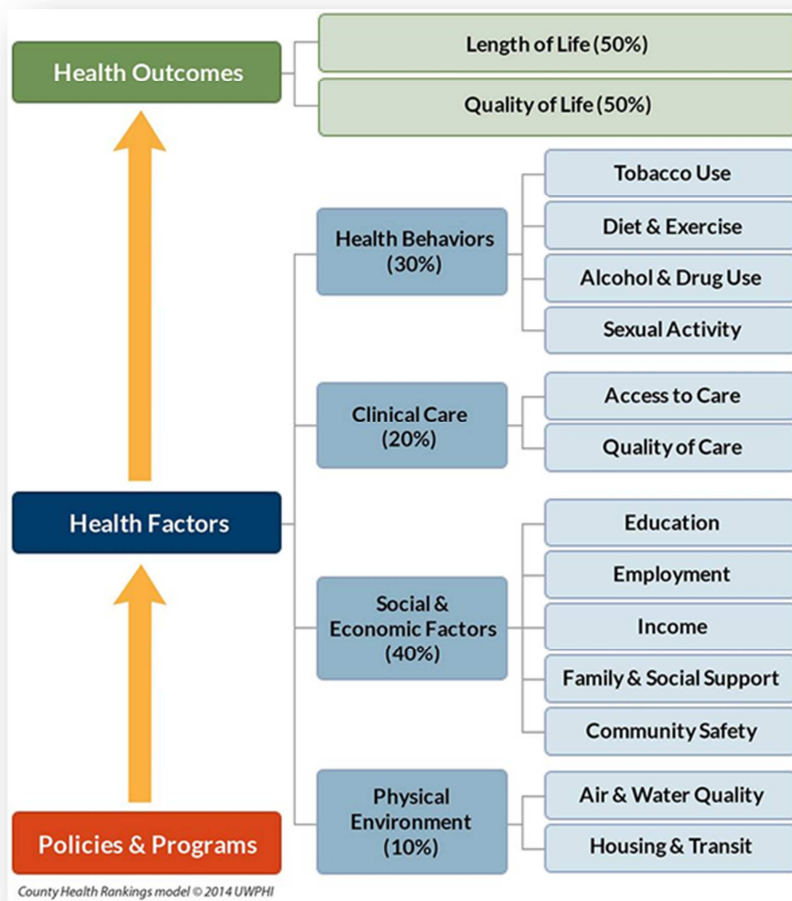
To identify the issues that hold the greatest priority for the community, the indicator results were evaluated within the framework of the **County Health Rankings Model** created by the *University of Wisconsin Population Health* and the *Robert Wood Johnson Foundation*. The framework emphasizes factors that, when improved, can help improve the overall health of a community. This model is comprised of three major components:

#### Health Outcomes

This component evaluates the health of a community as measured by two types of outcomes: how long people live (**Mortality / Length of Life**) and how healthy people are when they are alive (**Morbidity / Quality of Life**).

#### Health Factors

Factors that influence the health of a community including the activities and behavior of individuals (**Health Behaviors**), availability of and quality of health care services (**Clinical Care**), the socioeconomic environment that people live and work in (**Social and Economic Factors**) and the attributes and physical conditions in which we live (**Physical Environment**). Although an individual's biology and genetics play a role in determining health, the community cannot influence or modify these conditions and therefore these factors are not included in the model. These factors are built from the concept of *Social Determinants of Health*.



## Programs and Policies

Policies and programs at the local, state and federal level have the potential to impact the health of a population as a whole (i.e. smoke free policies or laws mandating childhood immunization).

As illustrated, *Health Outcomes* are improved when *Policies & Programs* are in place to improve *Health Factors*.

## Benchmarking

For comparison, each indicator was measured against the performance of the state of Florida as a whole. According to United Health Foundation's, *America's Health Rankings 2015*, the state of Florida ranked just in the bottom third (33) of all states across the core measures of Behaviors, Community & Environment, Policy, Clinical Care, and Outcomes. Florida's rank for each dimension is displayed below. Lower scores indicate a healthier population; thus the health status of Florida residents ranks near the bottom of the nation. Our local community aspires to be healthier than the state average.

America's Health Rankings - Florida	
Dimension	Rank
<b>Overall</b>	<b>33</b>
Behaviors	27
Community & Environment	30
Policy	47
Clinical Care	33
Outcomes	33

Source: United Health Foundation

*County Health Rankings* produces a similar report ranking the counties in each state. In a state that does poorly, Escambia County ranks 59 out of 67 counties in Health Outcomes and 43 in Health Factors. Santa Rosa County performs better with a rank of 8 out of the 67 counties in Health Outcomes and 17 in Health Factors. The concern for Santa Rosa County, however, is that the ranking for Health Factors has dropped from 12 (2013) to 14 (2014) and now 17. The continuation of this trend will lead to poorer performance in overall Health Outcomes. Current, Health Outcomes and Health Factors rankings and are displayed to the below.

County Health Rankings	Rank	
	Escambia	Santa Rosa
<b>Health Outcomes</b>	<b>59</b>	<b>8</b>
<i>Length of Life (Mortality)</i>	55	17
<i>Quality of Life (Morbidity)</i>	61	8
<b>Health Factors</b>	<b>43</b>	<b>17</b>
<i>Health Behaviors</i>	47	40
<i>Clinical Care</i>	28	29
<i>Social &amp; Economic Factors</i>	41	5
<i>Physical Environment</i>	46	59

Source: County Health Rankings

## Results

Looking at the counties separately, out of the 167 indicators, Escambia County performed worse than the state in 98 of them. About half of them, 54 indicators, showed a worsening trend. Santa Rosa County performed worse than the state in 73 of them. Similarly, about half of them, 38 indicators, showed a worsening trend. For the two-county communities, there are 50 indicators that perform worse than the state.

Below is a summary of the indicators by performance to the state. Individual indicator results can be found in Appendix IV.

<b>UNFAVORABLE HEALTH OUTCOMES</b>	
The indicators below performed <i>worse</i> than the state.	
<b>Mortality – Length of Life</b>	<b>Morbidity – Quality of Life</b>
<p><b><u>UNFAVORABLE Both Counties</u></b></p> <ul style="list-style-type: none"> <li>• Breast Cancer Deaths</li> <li>• Cancer Deaths</li> <li>• Chronic Lower Respiratory Disease Deaths</li> <li>• Deaths from Smoking-related Cancers</li> <li>• Heart Disease Deaths</li> <li>• Lung Cancer Deaths</li> <li>• Motor Vehicle Accident Deaths</li> <li>• Nephritis, Nephritic Syndrome, and Nephrosis Deaths</li> <li>• Pneumonia, Influenza Deaths</li> <li>• Premature Death</li> <li>• Prostate Cancer Deaths</li> <li>• Stroke Deaths</li> <li>• Suicide Deaths</li> </ul> <p><b><u>UNFAVORABLE Escambia</u></b></p> <ul style="list-style-type: none"> <li>• Diabetes Deaths</li> <li>• Homicide</li> <li>• Infant Mortality</li> <li>• Neonatal Deaths (0-27 days)</li> <li>• Post neonatal Deaths (28-364 days)</li> </ul> <p><b><u>UNFAVORABLE Santa Rosa</u></b></p> <ul style="list-style-type: none"> <li>• Colon, Rectal or Anus Cancer Deaths</li> </ul>	<p><b><u>UNFAVORABLE Both Counties</u></b></p> <ul style="list-style-type: none"> <li>• Disability (Any)</li> <li>• Hepatitis C, Acute</li> <li>• Lung Cancer Incidence</li> <li>• Meningitis, Other Bacterial, Cryptococcal, or Mycotic</li> <li>• Vaccine Preventable Disease for All Ages</li> <li>• Whooping Cough</li> </ul> <p><b><u>UNFAVORABLE Escambia</u></b></p> <ul style="list-style-type: none"> <li>• Chicken Pox</li> <li>• Colon and Rectum Cancer Incidence</li> <li>• Diabetes (Adult)</li> <li>• High Blood Pressure (Adult)</li> <li>• High Cholesterol (Adult)</li> <li>• Low birth weight</li> <li>• Prostate Cancer Incidence</li> <li>• Total Cancer Incidence</li> <li>• Tuberculosis</li> </ul> <p><b><u>UNFAVORABLE Santa Rosa</u></b></p> <ul style="list-style-type: none"> <li>• Asthma (Adult)</li> <li>• Melanoma Cancer Incidence</li> <li>• Salmonellosis</li> </ul>

## **UNFAVORABLE HEALTH FACTORS**

The indicators below performed **worse** than the state.

### Health Behaviors

#### **UNFAVORABLE Both Counties**

- Alcohol-related Motor Vehicle Traffic Crash Deaths
- Births to Mothers Ages 15-19
- Births to overweight mothers
- Breastfeeding Initiation
- Food Access - Low Income Population
- Former Smokers (Adult)
- Fruits and Vegetables consumption 5 servings per day (Adult)
- Grocery Store Access
- Live births where mother smoked during pregnancy
- Never Smoked (Adult)
- Secondhand Smoke exposure (Children)
- Sedentary Adults
- Smoked cigarettes in last 30 days (Adolescents)
- Smokers (Adult)

#### **UNFAVORABLE Escambia**

- Adolescents at a Healthy Weight
- Alcohol-related Motor Vehicle Traffic Crashes
- Births to Mothers under age of majority (10-14)
- Births to Mothers under age of majority (10-16)
- Births to Obese Mothers
- Food Insecurity
- Infectious Syphilis
- Obesity (Adult)
- Overweight or Obesity (Adolescents)
- Sexually transmitted infections
- SNAP Participants
- Tobacco Quit Attempt (Adult)

#### **UNFAVORABLE Santa Rosa**

- Binge Drinking (Adolescents)

### Clinical Care

#### **UNFAVORABLE Both Counties**

- Admitted ED Visits - All Ambulatory Care Sensitive Conditions
- Admitted ED Visits - Dental
- Adult substance abuse beds
- Cancer Screening - PSA in past 2 years
- Dental Care Access by Low Income Persons
- Dentists
- Diabetic monitoring
- ED Visits - Acute Conditions - Hypoglycemia
- ED Visits - All Ambulatory Care Sensitive Conditions
- ED Visits - Avoidable Conditions – Dental
- ED Visits - Chronic Conditions – Angina
- ED Visits - Chronic Conditions - Congestive Heart Failure
- ED Visits - Chronic Conditions - Diabetes
- ED Visits - Dental
- Nursing home beds

#### **UNFAVORABLE Escambia**

- Admitted ED Visits - STDs
- Adults who have a personal doctor
- ED Visits - Diabetes
- ED Visits - STDs
- Medicaid births
- Prenatal Care Begun in First Trimester
- Prenatal Care Begun Late or No Prenatal Care
- Population Receiving Medicaid
- Preventable hospital stays

#### **UNFAVORABLE Santa Rosa**

- Acute Care Beds
- Adult psychiatric beds
- Cancer Screening - Pap Test
- Diabetic Annual Foot Exam (Adults)
- HIV Testing (Adult age 65 and over)
- Internists
- Mental Health Providers
- OB/GYN
- Pediatric psychiatric beds
- Pediatricians
- Physicians
- Pneumonia Vaccination (Adult)
- Primary Care Access
- Rehabilitation beds

### Social & Economic Factors

#### **UNFAVORABLE Both Counties**

- Real Per Capita Income

#### **UNFAVORABLE Escambia**

- Aggravated Assault
- Children Eligible for Free/Reduced Price Lunch
- Children in Poverty (based on household)
- Children in single-parent households
- Domestic Violence Offenses
- Forcible Sex Offenses
- High school graduation
- Median household income
- Murder
- Poverty
- Property Crimes
- Public Assistance Income
- Violent Crime

#### **UNFAVORABLE Santa Rosa**

- Population 18-25 without a high school diploma

### Physical Environment

#### **UNFAVORABLE Both Counties**

- Air pollution - Particulate Matter
- Use of Public Transportation

#### **UNFAVORABLE Escambia**

- NA

#### **UNFAVORABLE Santa Rosa**

- Driving alone to work
- Households with No Motor Vehicle

## FAVORABLE HEALTH OUTCOMES

The indicators below performed *better* than the state.

### Mortality – Length of Life

**FAVORABLE Both Counties**

- Chronic Liver Disease, Cirrhosis Deaths
- HIV/AIDS Deaths
- Injury Deaths

**FAVORABLE Escambia**

- Colon, Rectal or Anus Cancer Deaths

**FAVORABLE Santa Rosa**

- Diabetes Deaths
- Homicide
- Infant Mortality
- Neonatal Deaths (0-27 days)
- Post neonatal Deaths (28-364 days)

### Morbidity – Quality of Life

**FAVORABLE Both Counties**

- Adults with good to excellent overall health
- AIDS
- Cervical Cancer Incidence
- Heart Disease (Adult)
- High Blood Pressure Controlled (Adult)
- HIV
- Poor or fair health
- Unhealthy mental days

**FAVORABLE Escambia**

- Asthma (Adult)
- Melanoma Cancer Incidence
- Salmonellosis

**FAVORABLE Santa Rosa**

- Chicken Pox
- Colon and Rectum Cancer Incidence
- Diabetes (Adult)
- High Blood Pressure (Adult)
- High Cholesterol (Adult)
- Low birth weight
- Prostate Cancer Incidence
- Total Cancer Incidence
- Tuberculosis



## FAVORABLE HEALTH FACTORS

The indicators below performed *better* than the state.

### Health Behaviors

#### FAVORABLE Both Counties

- Adults at a healthy weight
- Alcohol Consumption in Lifetime (Youth)
- Alcohol Consumption in past 30 days (Youth)
- Exercise opportunities
- Fast Food Restaurant Access
- Marijuana or Hashish Use (Adolescents)
- Overweight (Adult)
- Vigorous physical activity recommendations met (Adult)

#### FAVORABLE Escambia

- Binge Drinking (Adolescents)

#### FAVORABLE Santa Rosa

- Adolescents at a Healthy Weight
- Alcohol-related Motor Vehicle Traffic Crashes
- Births to Mothers under age of majority (10-14)
- Births to Mothers under age of majority (10-16)
- Births to Obese Mothers
- Food Insecurity
- Infectious Syphilis
- Obesity (Adult)
- Overweight or Obesity (Adolescents)
- Sexually transmitted infections
- SNAP Participants
- Tobacco Quit Attempt (Adult)

### Clinical Care

#### FAVORABLE Both Counties

- Admitted ED Visits - Diabetes
- Adults who could not see a doctor at least once in the past year due to cost
- Cancer Screening - Mammogram
- Cancer Screening - Sigmoidoscopy or Colonoscopy
- Diabetic Semi-Annual A1C Testing (Adult)
- ED Visits - Chronic Conditions - Asthma
- ED Visits - Chronic Conditions - Hypertension
- ED Visits - Chronic Conditions - Mental Health
- Family Practice Physicians
- Flu Vaccination in the Past Year (Adult age 65 and over)
- Flu Vaccination in the Past Year (Adult)
- Lack of Prenatal Care
- Pneumonia Vaccination (Adult age 65 and over)
- Uninsured Adults
- Uninsured Youth
- Vaccination (Kindergarteners)

#### FAVORABLE Escambia

- Acute Care Beds
- Adult psychiatric beds
- Cancer Screening - Pap Test
- Diabetic Annual Foot Exam (Adults)
- HIV Testing (Adult age 65 and over)
- Internists
- Mental Health Providers
- OB/GYN
- Pediatric psychiatric beds
- Pediatricians
- Physicians
- Pneumonia Vaccination (Adult)
- Primary Care Access
- Rehabilitation beds

#### FAVORABLE Santa Rosa

- Admitted ED Visits - STDs
- Adults who have a personal doctor
- ED Visits - Diabetes
- ED Visits - STDs
- Medicaid births
- Population Receiving Medicaid
- Prenatal Care Begun in First Trimester
- Prenatal Care Begun Late or No Prenatal Care
- Preventable hospital stays

### Social & Economic Factors

#### FAVORABLE Both Counties

- Housing Cost Burden
- Unemployment

#### FAVORABLE Escambia

- Population 18-25 without a high school diploma

#### FAVORABLE Santa Rosa

- Aggravated Assault
- Children Eligible for Free/Reduced Price Lunch
- Children in Poverty (based on household)
- Children in single-parent households
- Domestic Violence Offenses
- Forcible Sex Offenses
- High school graduation
- Murder
- Poverty
- Property Crimes
- Public Assistance Income
- Violent Crime

### Physical Environment

#### FAVORABLE Both Counties

- Air quality - Ozone
- Drinking water violations
- Severe housing problems

#### FAVORABLE Escambia

- Driving alone to work
- Households with No Motor Vehicle

#### FAVORABLE Santa Rosa

- NA

## COMMUNITY HEALTH PRIORITIES

### Process

The health issue prioritization process was a three-step process:

#### Step 1: Identify potential health issues.

The Partnership reviewed data collected in the CHSA to identify issues in which both counties perform worse than the state of Florida. Consideration was given to issues that had a worsening trend, even if performance was better than the state. The Partnership reviewed data related to the 2012 Community Health Priorities of Tobacco Use, Healthy Weight and Health Management to determine whether any improvements have occurred.

Looking at the list of indicators, the Partnership developed a list of health issues for each county individually and the two-county combined communities.

#### Step 2: Use results from other assessments to validate health issues revealed.

The team used the other assessments to determine: 1) common issues across multiple assessments and 2) community attitudes towards the health issues. This helped determine whether the community saw the issue as *important*.

#### Step 3: Narrow priorities by considering the following guiding questions:

- Are resources currently available within the community to address the issue?
- Are there opportunities to achieve collective impact through partnerships?

The responsibility to improve the health of the community does not and should not fall to the shoulders of one person, one community group, or one organization. It will take a coordinated community effort across all sectors (education, health care, business, government, etc.) to improve the health of Escambia and Santa Rosa Counties. Success depends on the ability to rally the community to address the selected priority.

The team met regularly to discuss the remaining health issues and available resources to impact change. With public health officials, representatives from non-profits, health service providers as subject matter experts for the remaining health issues, the team formed a consensus around three priority areas.

### 2016 Community Health Priorities

Once the assessments were complete, the *summary of findings* were distributed to community members who participated in the assessments and discussed at various community meetings to collect public input from a diverse group of community partners. Public input collected can be found in Appendix V.

The Partnership completed a holistic review of the data gathered in each of the assessments to identify overarching themes and health issues. The issues were discussed by the Partnership Board of Directors who represent a diverse group of community partners from each county. The discussion affirmed that the health issues selected in 2012 continue to be primary community health concerns. As such, the Board adopted as the 2016 Community Health Priorities for the communities of Escambia and Santa Rosa Counties the following:

- **Tobacco Use**
- **Healthiest Weight**
- **Access to Care**

#### Staying the Course from 2012

The assessment completed in 2012 revealed the same Community Health Priorities as 2016. Data indicated that not enough improvement occurred to warrant a significant shift in focus.

It is important to note that determining improvements from data collected in the CHSA can be a challenge due to the lag in data collection and reporting. At the time this assessment was completed, the most recent data collected dated to 2013 or 2014 for some, but not all indicators. During that time, activities to impact the priorities were in its development stage. Data revealed that while some improvements have occurred, it could not be directly linked to any efforts on the part of past initiatives. As a result, Partnership thought it prudent to steady the course in the work the Partnership and the community began to impact these priorities.

In addition to these, the following have been identified as health concern in the individual counties:

- **Escambia County: Infant Mortality and Sexually Transmitted Diseases**
- **Santa Rosa County: Deaths from Injury**

While these concerns are not a priority for the two-county communities, it is important to understand how these issues can affect the community and give opportunity for organizations and community groups within each county address them.

### Community Health Priority: Tobacco Use

Of the data collected in the CHSA, 30 indicators were related to Tobacco use. The two-county community performed worse than the state in 15 of those indicators. Of those 15 indicators, three had a worsening trend for both counties: Live Births where mother smoked during pregnancy, adults who never smoked, and heart disease deaths. Tobacco use leads to chronic diseases which was a top theme in the FOCA.

### Community Health Priority: Healthiest Weight

The name of this priority has changed slightly from “Healthy Weight” in 2012. The change reflects greater alignment with efforts for the Florida Department of Health through the *Healthiest Weight Florida* initiative. Data for 44 indicators related to nutrition and physical activity. Of which, Escambia and Santa Rosa Counties performed worse than the state in 14 indicators. Of those, six indicators showed a worsening trend. Some of these indicators included births to overweight mothers, sedentary adults and adults eating the recommended five servings of fruits and vegetables daily. This issue was also a community concern in the CTSA and top theme in the FOCA.

### Community Health Priority: Access to Care

In 2016, the *Health Management* priority has been narrowed to *Access to Care*. This priority speaks to the ability of residents to access quality care in a timely manner in the appropriate care setting. Eighty-six indicators related to this priority. Both counties performed worse than the state in 28 indicators. Among the indicators with a worsening trend are dental care access by low income persons, and outpatient ED visits for diabetes and hypoglycemia. Access to care is a factor in the management of chronic disease which was a top theme in the FOCA. *Health Literacy* was also a theme from the FOCA and plays a major role in the ability to self-manage one’s health.

### Mental Health

Concerns surrounding *Mental Health* and *Access to Mental Health Services* were revealed in the CHSA and in public comments received when the summary of findings were released. Despite this, Partnership chose not to include this as a Community Health Priority.

The primary reason this concern was not selected was because of the lack of publically available data. During the indicator selection process for the CHSA, very few indicators were found that had state and county level data. Data collected were:

- ED Visits - Chronic Conditions - Mental Health
- Mental Health Providers
- Unhealthy mental days
- Unhealthy mental days

While the first two indicators relate directly to mental health, the results for the last two were self-reported via a telephone survey. No follow up questions are asked regarding diagnosed mental health status. In order to measure improvements for this issue, infrastructure will need to be built to gather and track performance across the two counties.

Partnership discussed this issue under the guiding questions: *Are resources currently available within the community to address the issue? Are there opportunities to achieve collective impact through partnerships?* Partnership acknowledges this issue as a concern for the community but concluded that community mobilization would have a greater impact, in terms of scope and scale, around the selected priorities.

In future CHNA’s, Partnership will monitor and seek new data sources that can shed greater light to this issue and encourages organizations and community groups to mobilize around local mental health and access to mental health services challenges.

To better understand the impact these health issues have on the community, the 2016 Community Health Priorities and the individual county health issues are discussed in greater detail in the following sections.

## COMMUNITY HEALTH PRIORITY: Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. It affects not only those who choose to use tobacco, but also people who live and work around tobacco. Each year, approximately 443,000 Americans die from tobacco-related illnesses and an additional 41,000 from exposure to secondhand smoke. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the U.S. \$193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964. Smoking causes cancer, heart disease, stroke, diabetes, and lung diseases such as emphysema, bronchitis, and chronic airway obstruction, and can lead to lung cancer and heart disease in those exposed to secondhand smoke. Tobacco use is linked to premature birth, low birth weight, stillbirth, and infant death. On average, smokers die 10 years earlier than nonsmoker.

Tobacco is not only smoked. Smokeless tobacco (chew, spit, dip, snuff, snus and a host of new dissolvable products), while less lethal than smoked tobacco, causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung. Almost 6% of young adults use smokeless tobacco and half of new users are younger than 18. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks, respiratory infections, Ear infections, and Sudden Infant Death Syndrome (SIDS).

Smoking is estimated to increase the risk of:

- Coronary heart disease by 2 to 4 times
- Stroke by 2 to 4 times
- Men developing lung cancer by 23 times
- Women developing lung cancer by 13 times
- Dying from chronic obstructive lung diseases by 12 to 13 times (such as chronic bronchitis and emphysema)

Smokeless tobacco users have:

- 80% higher risk of oral cancer
- 60% higher risk of pancreatic and esophageal cancer

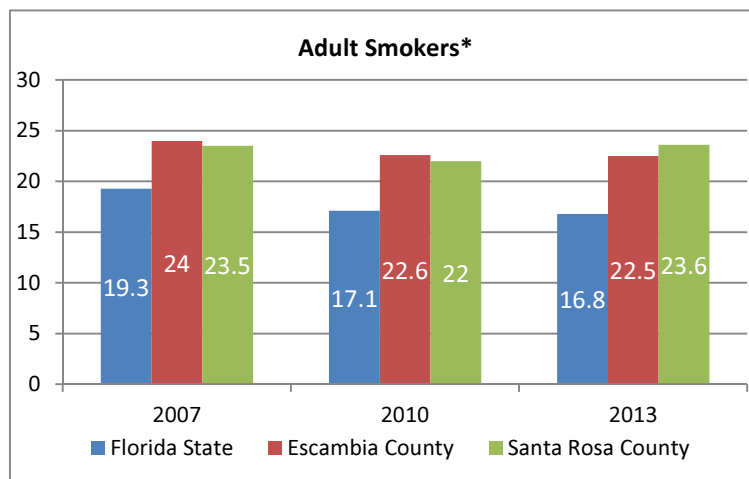


Figure 1. Although smoking rates have generally declined in the two county area over the last eight years. The counties’ rates are significantly higher than the state, and Santa Rosa County rates may actually be increasing. \*Survey collection methods were modified in 2013 therefore caution is suggested in comparing to the last data collection in 2010.

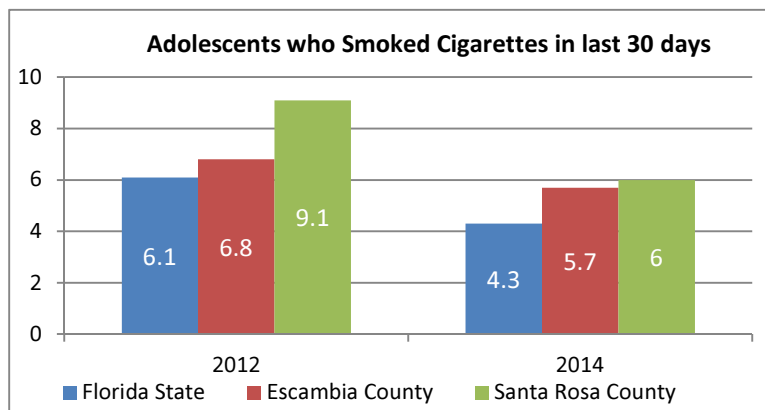
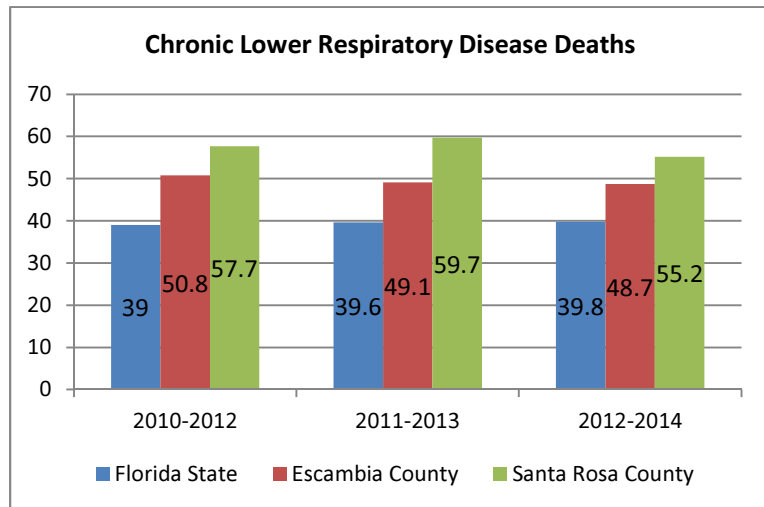


Figure 2. Adolescent smoking rates in both counties exceed the state average. Counties have seen improvement with the most significant improvement in Santa Rosa County.

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.



Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically. Such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

### References

<http://www.countyhealthrankings.org/our-approach/health-factors/tobacco-use>  
<https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use>  
<http://www.tobaccofreeflorida.com/how-to-quit/smokeless-tobacco-what-you-need-to-know>  
<http://www.tobaccofreeflorida.com/current-issues/electronic-cigarettes/>

### Resources Potentially Available to Address Priority

Organizations and programs serving Santa Rosa and Escambia Counties which have been identified as community assets for the Tobacco Use community health priority include:

- Blue Cross/Blue Shield of Florida
- American Lung Association
- Florida Tobacco Cessation Alliance
- Santa Rosa Tobacco Free Coalition
- Tobacco Free Escambia
- West Florida Area Health Education Center
- Healthy Start Coalition of Escambia County
- Healthy Start Coalition of Santa Rosa County






### E-cigarettes

The emergence of e-cigarettes (also known as vapors, vaporizers, vape pens, hookah pens, electronic hookahs, e-hookahs, vape pipes, and electronic cigars) has triggered a flood of questions and considerable discussion regarding the risks they pose. The Bureau of Tobacco Free Florida advises consumers not to use e-cigarettes until they are deemed safe and of an acceptable quality by a competent national regulatory body. Even then, youth should never use these products as nicotine in any form, including e-cigarettes, is unsafe for anyone under age 18.



















In addition to their potentially harmful effects, Tobacco Free Florida is concerned that e-cigarettes may become a tool to hook youth and young adults on nicotine, a highly addictive chemical. Adolescents are more sensitive to nicotine and more easily addicted than adults. Because the adolescent brain is still developing, nicotine use during adolescence can disrupt the formation of brain circuits that control attention, learning and susceptibility to addiction. While it is illegal to sell e-cigarettes to Florida minors (under age 18), yet many of these products are available online, at mall kiosks or at local retailers, making them easily accessible to youth.





















## Tobacco Use and Related Indicators

### Legend

<b>Performance:</b>	<b>Better than FL</b>	<b>Worse than FL</b>	<b>Neutral – Equal to FL</b>
<b>Trend:</b>	<p> – Improving Trend</p> <p>Desired Performance Direction: High/Increase (ex.: # of Former Smokers)</p> <p> – Improving Trend</p> <p>Desired Performance Direction: Low/Decrease (ex.: <i>Decreasing</i> deaths from smoking related cancer)</p> <p> Neutral Trend; No Change</p>	<p> – Worsening Trend</p> <p>Desired Performance Direction: High/Increase (ex.: # of Former Smokers)</p> <p> – Worsening Trend</p> <p>Desired Performance Direction: Low/Decrease (ex.: <i>Decreasing</i> deaths from smoking related cancer)</p>	

### Health Outcomes

Mortality – Length of Life		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
Cancer Deaths	2012-2014	181.1		177.6	
Chronic Lower Respiratory Disease Deaths	2012-2014	48.7		55.2	
Colon, Rectal or Anus Cancer Deaths	2012-2014	13.7		14.3	
Deaths from Smoking-related Cancers	2010-2012	75.2		81.3	
Heart Disease Deaths	2012-2014	189.7		176.8	
Infant Mortality	2012-2014	7.7		5.1	
Lung Cancer Deaths	2012-2014	56.2		51.8	
Premature Death	2010-2012	9,071.0		6,902.0	
Stroke Deaths	2012-2014	46.4		38.8	

Morbidity – Quality of Life		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
Asthma (Adult)	2013	8.1%		9.0%	
Breast Cancer Incidence	2009-2011	116.5		113.4	
Colon and Rectum Cancer Incidence	2009-2011	40.7		35.3	
Heart Disease (Adult)	2013	10.1%		7.9%	
High Blood Pressure (Adult)	2013	36.7%		31.0%	
High Blood Pressure Controlled (Adult)	2013	81.3%		83.4%	
Low birth weight	2012-14	10.0		7.8	
Lung Cancer Incidence	2009-2011	79.5		71.6	
Poor or fair health	2013	19.4		16.3	
Total Cancer Incidence	2009-2011	451.5		420.9	



## Health Factors

Health Behaviors		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
Cigarette Use (Youth)	2014	4.9	↓	6.8	↓
Former Smokers (Adult)	2013	26.5	↑	27.1	↓
Live births where mother smoked during pregnancy	2012-14	10.3	↑	11.4	↑
Never Smoked (Adult)	2013bv	50.9	↓	49.2	↓
Secondhand Smoke exposure (Children)	2014	45.3	↓	36.8	↓
Smoked cigarettes in last 30 days (Adolescents)	2014	5.7	↓	6.0	↓
Smokers (Adult)	2013	22.5	↓	23.6	↑
Tobacco Quit Attempt (Adult)	2013	57.3	↓	61.3	↓

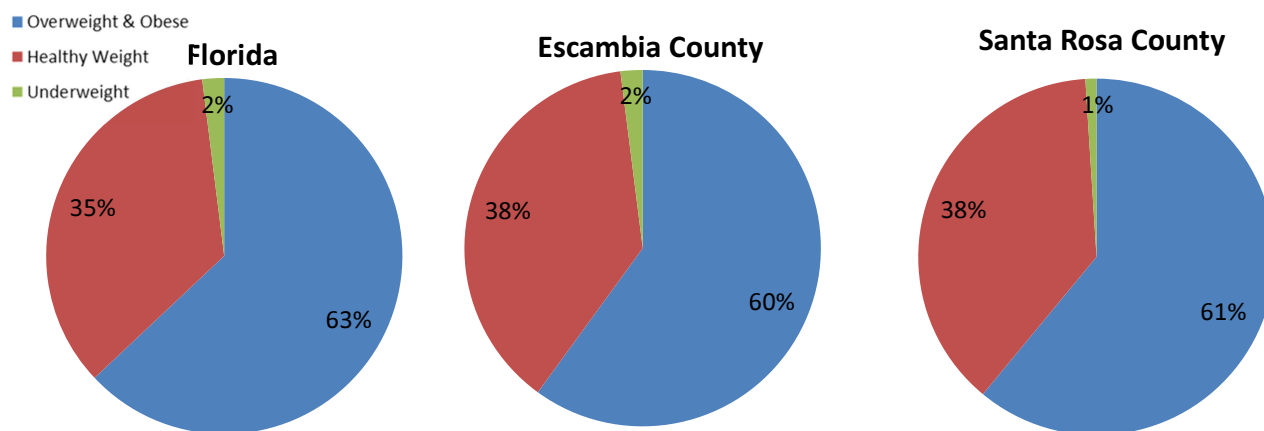
Clinical Care		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
ED Visits - Chronic Conditions - Asthma	2014	13.3	↑	7.8	↓
ED Visits - Chronic Conditions – Congestive Heart Failure	2014	2.0	↓	1.4	↑
ED Visits - Chronic Conditions - Hypertension	2014	7.2	↓	7.0	↓

Social & Economic Factors		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
NA					

Physical Environment		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
NA					

## COMMUNITY HEALTH PRIORITY: Healthiest Weight

Obesity is common, serious and costly. According to the Florida Department of Health, the number one public health threat to Florida's future is unhealthy weight. The estimated annual medical cost for people who are obese was \$1,429 higher than those of normal weight. Currently, only 36% of Floridians are at healthy weight. With the current national trend, by 2030, almost 60 percent will be obese. Additionally, six out of ten children born today will be obese by the time they graduate high school.



As shown above, in Escambia County, 60% of the total adult population is overweight or obese. Santa Rosa County fares about the same. Looking at overweight and obese populations separately, the percent of population overweight for both Escambia and Santa Rosa are below the state of FL. However, Escambia County has a higher percentage of Obese Adults than Florida.

Overweight and obesity are measured by Body Mass Index (BMI), an estimate of body fat. See inset to right.

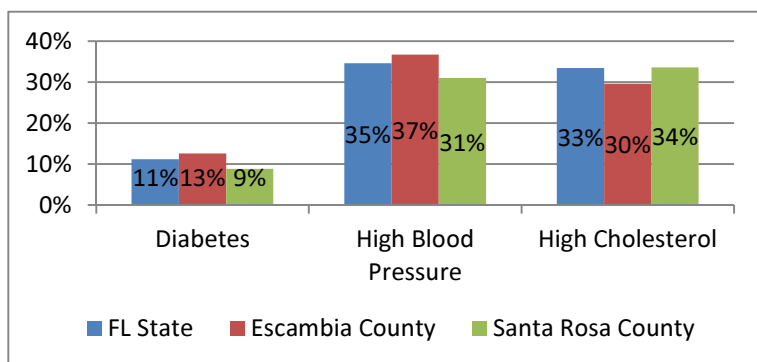
Survey data collected in 2013\* suggests that weight status of Escambia and Santa Rosa County adults may show slight improvement; however, with the majority of residents either overweight or obese and the slow progress of improvement, the poor health outcomes from unhealthy weight in individuals and the community remain a significant concern.

\*Survey collection methods were modified in 2013 therefore caution is suggested in comparing to the last data collection in 2010.

Category	BMI
<b>Adults</b>	
Overweight	25.0-29.9
Obesity	30.0 or higher
<b>Youth - Children and Adolescents age 2 to 19 years</b>	
Obesity	BMI at or above the 95th percentile of the sex-specific CDC BMI-for-age growth charts

Over the next 20 years in Florida, obesity is expected to contribute to millions of cases of preventable chronic diseases and other poor outcomes costing an estimated \$34 billion annually such as:

- Premature death
- Type 2 diabetes (noninsulin-dependent diabetes)
- Some cancers
- Heart disease
- High blood pressure (hypertension)
- High cholesterol (dyslipidemia).
- Osteoarthritis
- Complications during pregnancy



The graph to the left shows rates for Diabetes, High Blood Pressure and High Cholesterol. Community wide improvements in healthy weight and tobacco use will impact the rates of associated chronic diseases. However, it will take years for the impact of those improvements to be realized.

## Influences on Weight

To ensure the effectiveness of interventions, it is important to understand the personal, social, economic, and environmental barriers to and facilitators of changes in diet or physical activity including:

Diet	Physical Activity
<ul style="list-style-type: none"> <li>• Knowledge and attitudes</li> <li>• Skills</li> <li>• Social support</li> <li>• Societal and cultural norms</li> <li>• Food and agricultural policies</li> <li>• Food assistance programs</li> <li>• Economic price systems</li> <li>• Marketing (influences people’s—particularly children’s—food choices)</li> <li>• Access to and availability of healthier foods</li> <li>• “Eating out”</li> </ul>	<ul style="list-style-type: none"> <li>• Low income</li> <li>• Lack of time and/or motivation</li> <li>• Rural residency</li> <li>• Lack of social support from peers, family, or spouse</li> <li>• Overweight or obesity</li> <li>• Age and/or Disabilities (inaccessibility)</li> <li>• Physical environment: Availability of sidewalks, public transportation, play areas and/or recreational equipment</li> <li>• Lack of transportation to facilities.</li> <li>• Fear of injury</li> </ul>

### References

<http://www.healthiestweightflorida.com/>  
<https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status>  
<http://www.cdc.gov/obesity/data/adult.html>  
<http://www.cdc.gov/obesity/data/childhood.html>






## Resources Potentially Available to Address Priority

Organizations and programs serving Santa Rosa and Escambia Counties which have been identified as community assets for the Tobacco Use community health priority include:













- American Heart Association
- Escambia County Extension Service
- Escambia County School District
- Florida Department of Health in Escambia County
- Florida Department of Health in Santa Rosa County
- Healthy Start Coalition of Escambia County
- Healthy Start Coalition of Santa Rosa County
- MANNA Food Pantries
- Santa Rosa County School District
- Women, Infant and Child (WIC) Program



















## Healthiest Weight and Related Indicators

### Legend

<b>Performance:</b>	<b>Better than FL</b>	<b>Worse than FL</b>	<b>Neutral – Equal to FL</b>
<b>Trend:</b>	<p> - Improving Trend</p> <p>Desired Performance Direction: High/Increase (ex.: # of Former Smokers)</p> <p> - Improving Trend</p> <p>Desired Performance Direction: Low/Decrease (ex.: <i>Decreasing</i> deaths from smoking related cancer)</p> <p> Neutral Trend; No Change</p>	<p> - Worsening Trend</p> <p>Desired Performance Direction: High/Increase (ex.: # of Former Smokers)</p> <p> - Worsening Trend</p> <p>Desired Performance Direction: Low/Decrease (ex.: <i>Decreasing</i> deaths from smoking related cancer)</p>	

## Health Outcomes

Mortality – Length of Life		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
Cancer Deaths	2012-2014	181.1		177.6	
Colon, Rectal or Anus Cancer Deaths	2012-2014	13.7		14.3	
Diabetes Deaths	2012-2014	28.5		18.1	
Heart Disease Deaths	2012-2014	189.7		176.8	
Premature Death	2010-2012	9,071.0		6,902.0	
Stroke Deaths	2012-2014	46.4		38.8	

Morbidity – Quality of Life		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
Breast Cancer Incidence	2009-2011	116.5		113.4	
Colon and Rectum Cancer Incidence	2009-2011	40.7		35.3	
Diabetes (Adult)	2013	12.6%		8.8%	
Heart Disease (Adult)	2013	10.1%		7.9%	
High Blood Pressure (Adult)	2013	36.7%		31.0%	
High Blood Pressure Controlled (Adult)	2013	81.3%		83.4%	
High Cholesterol (Adult)	2013	29.6%		33.6%	
Poor or fair health	2013	19.4		16.3	
Total Cancer Incidence	2009-2011	451.5		420.9	

## Health Factors

Health Behaviors		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
Adolescents at a Healthy Weight	2014	64.8%	↓	68.8%	↑
Adults at a Healthy Weight	2013	38.0%	↑	38.0%	↑
Births to Obese Mothers	2012-14	25.2	↑	20.7	↑
Births to overweight mothers	2012-14	24.1	↑	25.1	↑
Breast feeding Initiation	2014	75.5%	↑	82.3%	↓
Exercise opportunities	2015	87.0%	↑	82.0%	↑
Fast Food Restaurant Access	2013	24.5	↓	15.6	--
Food Access - Low Income Population	2010	13.0%	↓	10.0%	↓
Food Insecurity	2013	19.3	↑	15.1	↑
Fruits and Vegetables consumption 5 servings per day (Adult)	2013	15.9%	↓	15.5%	↓
Grocery Store Access	2013	21.3	↓	10.3	↑
Obesity (Adult)	2013	28.0%	↓	25.6%	↓
Overweight (Adult)	2013	31.8%	↓	35.4%	↑
Overweight or Obesity (Adolescents)	2014	35%	↑	28%	--
Sedentary Adults	2013	27.5	↑	24.1	↑
SNAP Participants	2011	18.8%	↓	10.0%	↓
Vigorous physical activity recommendations met (Adult)	2007	33.6	↑	30.0	↑

Clinical Care		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
Admitted ED Visits - Diabetes	2014	34.0	↑	29.6	↑
Diabetic Annual Foot Exam (Adults)	2013	68.9%	↑	61.1%	↓
Diabetic monitoring	2012	80.0%	↑	81.0%	↑
Diabetic Semi-Annual A1C Testing (Adult)	2013	77.2%	↑	82.8%	↑
ED Visits - Acute Conditions - Hypoglycemia	2014	0.3	↑	0.5	↑
ED Visits - Chronic Conditions - Congestive Heart Failure	2014	2.0	↓	1.4	↑
ED Visits - Chronic Conditions - Diabetes	2014	5.0	↑	4.9	↑
ED Visits - Chronic Conditions - Hypertension	2014	7.2	↓	7.0	↓
ED Visits – Diabetes	2014	29.6	↑	21.3	↑

Social & Economic Factors		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
Children in Poverty (based on household)	2013	28.2%	↑	17.3%	↑
Children Eligible for Free/Reduced Price Lunch	2013-2014	63.4	↑	41.9	↑
Poverty	2013	18.1%	↑	12.3%	↑

Physical Environment		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
NA					

## COMMUNITY HEALTH PRIORITY: Access to Care

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Access to health care impacts:

- Overall physical, social, and mental health status
- Prevention of disease and disability
- Preventable hospitalization
- Detection and treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy

Access to health services is a broad and complex issue that encompasses four main components: coverage, services, timeliness, and workforce.

### Coverage

Uninsured people are less likely to receive medical care, more likely to die early and are more likely to have poor health status. The underinsured face a similar dilemma, despite having insurance. High out-of-pocket costs or deductibles create financial barriers to receiving care.

### Services

People with a usual source of care have better health outcomes and fewer disparities and costs. Health Resources and Services Administration (HRSA) defines areas and populations as Medically Underserved based on four weighted variables - ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.

### Timeliness

Timeliness issues include the time between identifying a need for specific tests and treatments and actually receiving those services. Actual and perceived difficulties or delays in getting care when patients are ill or injured likely reflect significant barriers to care.

### Workforce

There has been a decrease in the number of medical students interested in working in primary care. Primary care physicians (PCPs) as the usual source of care allows physicians to develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Shortages exist in other key specialties such as dental and mental health professionals. HRSA may designate some geographic areas as a Health Professional Shortage Area based on the rate of full-time equivalent professionals per resident (varies by practice area; see map to right).



Figure 1- Medically Underserved Population Areas. Source: Health Resources and Services Administration (HRSA)

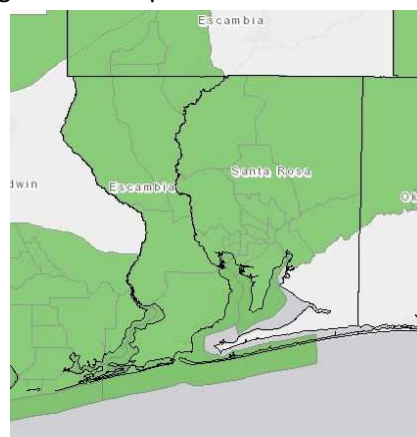


Figure 2 - Primary Care Shortage Area. Source: Health Resources and Services Administration (HRSA)



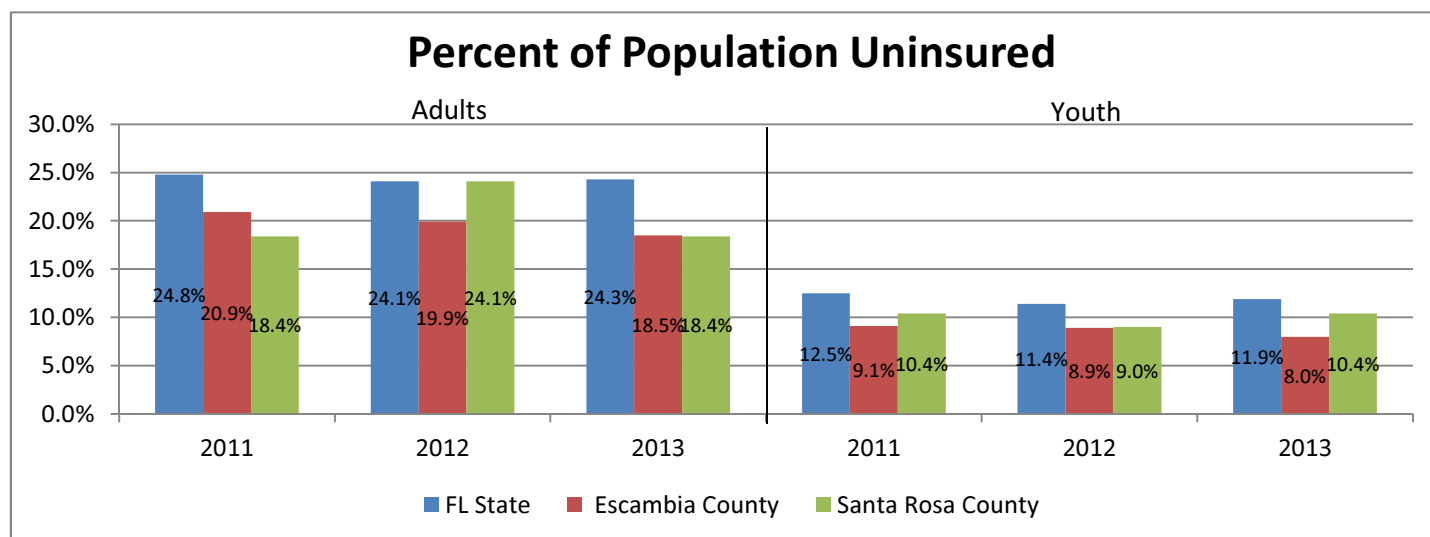


Figure 3 – In Escambia, there has been a decrease in the percent of population uninsured while the trend in Santa Rosa County has fluctuated.

As health care reform seeks to expand access to health care by improving affordability, significant nonfinancial barriers also prevent many adults from seeking or delaying the care they need. National research has suggested that four nonfinancial barriers were more frequent reasons for unmet need or delayed care (21%) compared to affordability, the only cost-related dimension (18.5%).

The top nonfinancial barriers include:

- Accommodation (17.5%) —busy with work or other commitments
- Availability (8.4%)—couldn't get appointment soon enough
- Accessibility (4.4%)—took too long to get to the doctor's office or clinic
- Acceptability (4.0%) —doctor or hospital wouldn't accept health insurance

### References

<http://www.rwjf.org/en/library/research/2012/02/special-issue-of-health-services-research-links-health-care-rese/nonfinancial-barriers-and-access-to-care-for-us-adults.html> - <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3393009/>






## Resources Potentially Available to Address Priority

Organizations and programs serving Santa Rosa and Escambia Counties which have been identified as community assets for the Tobacco Use community health priority include:



































- Baptist Health Care
  - Baptist Hospital
  - Gulf Breeze Hospital
  - Jay Hospital
  - Lakeview Center, Inc.
- Escambia Community Clinics (Federally Qualified Health Center)
- Faith Based Clinics: St. Joseph's Medical Screening Clinic, Health & Hope Clinic, Good Samaritan Clinic
- Florida Department of Health in Escambia and Santa Rosa Counties
- Naval Hospital
- Sacred Heart Hospital in Pensacola
  - Faith Community Nursing Program
- Santa Rosa Medical Center
- West Florida Hospital







## Access to Care and Related Outcome Indicators

### Legend

Performance:	Better than FL	Worse than FL	Neutral – Equal to FL
Trend:	<p> - Improving Trend</p> <p>Desired Performance Direction: High/Increase (ex.: # of Former Smokers)</p> <p> - Improving Trend</p> <p>Desired Performance Direction: Low/Decrease (ex.: <i>Decreasing</i> deaths from smoking related cancer)</p>	<p> - Worsening Trend</p> <p>Desired Performance Direction: High/Increase (ex.: # of Former Smokers)</p> <p> - Worsening Trend</p> <p>Desired Performance Direction: Low/Decrease (ex.: <i>Decreasing</i> deaths from smoking related cancer)</p>	<p> Neutral Trend; No Change</p>

## Health Outcomes

Mortality – Length of Life		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
Breast Cancer Deaths	2012-2014	22.0		26.4	
Cancer Deaths	2012-2014	181.1		177.6	
Chronic Liver Disease, Cirrhosis Deaths	2012-2014	9.9		8.6	
Chronic Lower Respiratory Disease Deaths	2012-2014	48.7		55.2	
Colon, Rectal or Anus Cancer Deaths	2012-2014	13.7		14.3	
Deaths from Smoking-related Cancers	2010-2012	75.2		81.3	
Diabetes Deaths	2012-2014	28.5		18.1	
Heart Disease Deaths	2012-2014	189.7		176.8	
HIV/AIDS Deaths	2012-2014	3.9		0.3	
Infant Mortality	2012-2014	7.7		5.1	
Lung Cancer Deaths	2012-2014	56.2		51.8	
Neonatal Deaths (0-27 days)	2012-2014	5.1		3.3	
Pneumonia, Influenza Deaths	2012-2014	11.0		10.8	
Post neonatal Deaths (28-364 days)	2012-2014	2.6		1.8	
Premature Death	2010-2012	9,071.0		6,902.0	
Prostate Cancer Deaths	2012-2014	21.1		20.0	
Stroke Deaths	2012-2014	46.4		38.8	

Morbidity – Quality of Life		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
Adults with good to excellent overall health	2013	80.6		83.7	
AIDS	2014	9.3		2.5	
Chicken Pox	2014	4.0		1.9	

<b>Morbidity – Quality of Life (continued)</b>		<b>Escambia</b>		<b>Santa Rosa</b>	
<b>Indicator</b>	<b>Latest Data Period</b>	<b>Performance</b>	<b>Trend</b>	<b>Performance</b>	<b>Trend</b>
Poor or fair health	2013	19.4	↑	16.3	--
Tuberculosis	2014	3.3	↑	0	↓
Unhealthy mental days	2013	3.6	↓	3.7	↑
Vaccine Preventable Disease for All Ages	2014	13.2	↑	12.5	↑
Whooping Cough	2014	10.3	↑	8.1	↑

## Health Factors

<b>Health Behaviors</b>		<b>Escambia</b>		<b>Santa Rosa</b>	
<b>Indicator</b>	<b>Latest Data Period</b>	<b>Performance</b>	<b>Trend</b>	<b>Performance</b>	<b>Trend</b>
NA					

<b>Clinical Care</b>		<b>Escambia</b>		<b>Santa Rosa</b>	
<b>Indicator</b>	<b>Latest Data Period</b>	<b>Performance</b>	<b>Trend</b>	<b>Performance</b>	<b>Trend</b>
Acute Care Beds	2012 - 2014	414.3	↑	164.5	↓
Admitted ED Visits - All Ambulatory Care Sensitive Conditions	2014	156.8	↑	149.5	↑
Admitted ED Visits – Dental	2014	0.8	↑	0.9	↑
Admitted ED Visits - Diabetes	2014	34.0	↑	29.6	↑
Admitted ED Visits – STDs	2014	0.5	↑	0.2	↑
Adult psychiatric beds	2012 - 2014	40.2	↓	0	--
Adult substance abuse beds	2012 - 2014	0	--	0	--
Adults who could not see a doctor at least once in the past year due to cost	2013	16.8%	↓	14.2%	↓
Adults who have a personal doctor	2013	71.3%	↓	75.9%	↓
Cancer Screening - Mammogram	2013	58.6	↓	58.4	↓
Cancer Screening - Pap Test	2013	55.8%	↑	45.2%	↓
Cancer Screening - PSA in past 2 years	2010	63.8%	↑	69.4%	↑
Cancer Screening - Sigmoidoscopy or Colonoscopy	2013	59.2%	↑	60.8%	↑
Dental Care Access by Low Income Persons	2012	23	↓	19.2	--
Dentists	FY 11-12 - FY 13-14	49.0	↓	30.1	↑
Diabetic Annual Foot Exam (Adults)	2013	68.9%	↑	61.1%	↓
Diabetic Semi-Annual A1C Testing (Adult)	2013	77.2%	↑	82.8%	↑
ED Visits - Acute Conditions - Hypoglycemia	2014	0.3	↑	0.5	↑
ED Visits - All Ambulatory Care Sensitive Conditions	2014	201.6	↓	188.1	↓

Clinical Care <i>(continued)</i>		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
ED Visits - Avoidable Conditions - Dental	2014	27.9	↑	21.2	↓
ED Visits - Chronic Conditions – Angina	2014	0.5	↓	0.6	↓
ED Visits - Chronic Conditions - Asthma	2014	13.3	↑	7.8	↓
ED Visits - Chronic Conditions - Congestive Heart Failure	2014	2.0	↓	1.4	↑
ED Visits - Chronic Conditions - Diabetes	2014	5.0	↑	4.9	↑
ED Visits - Chronic Conditions - Hypertension	2014	7.2	↓	7.0	↓
ED Visits - Chronic Conditions - Mental Health	2014	20.5	↓	22.5	↑
ED Visits – Dental	2014	17.8	↑	15.4	↑
ED Visits – Diabetes	2014	29.6	↑	21.3	↑
ED Visits – STDs	2014	1.1	↑	0.3	↑
Family Practice Physicians	FY 11-12 - FY 13-14	35.7	↑	34.2	↓
Flu Vaccination in the Past Year (Adult age 65 and over)	2013	58.7%	↓	58.1%	↓
Flu Vaccination in the Past Year (Adult)	2013	34.9%	↓	31.2%	↓
Internists	FY 11-12 - FY 13-14	51.6	↑	24.2	↓
Lack of Prenatal Care	2012-2014	1.3	↑	0	--
Mental Health Providers	2014	14.0	↑	5.0	↑
Nursing home beds	2012 - 2014	0	--	0	--
OB/GYN	FY 11-12 - FY 13-14	11.9	↑	7.9	↓
Pediatric psychiatric beds	2012 - 2014	8.6	↓	0	--
Pediatric substance abuse beds	2012 - 2014	0	--	0	--
Pediatricians	FY 11-12 - FY 13-14	27.3	↑	17.2	↓
Physicians	FY 11-12 - FY 13-14	302.6	↑	185.5	↓
Pneumonia Vaccination (Adult age 65 and over)	2013	72.6%	↓	70.8%	↑
Pneumonia Vaccination (Adult)	2013	36.5%	↑	31.9%	↓
Population Receiving Medicaid	2013	19,023.5	↑	11,516.1	↑
Prenatal Care Begun in First Trimester	2012-14	76.2	↑	82.0	↓
Prenatal Care Begun Late or No Prenatal Care	2012-14	5.7	↑	4.1	↑
Preventable hospital stays	2011-13	1,250.9	↑	1,060.5	↓
Primary Care Access	2012	81.3	↑	66.2	↓
Rehabilitation beds	2012 - 2014	19.3	--	0	--
Uninsured Adults	2013	18.5%	↓	18.4%	↓

Clinical Care <i>(continued)</i>		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
Uninsured Youth	2013	8.0%	↓	10.4%	↑
Vaccination (Kindergarteners)	2014	94.4%	↓	95.0%	↓

Social & Economic Factors		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
Children in Poverty (based on household)	2013	28.2%	↑	17.3%	↑
Housing Cost Burden	2009-2013	36.3%	↑	33.0%	↑
Real Per Capita Income	2013	38,389.0	↑	37,739.0	↑
Poverty	2013	18.1%	↑	12.3%	↑
Public Assistance Income	2013	34.2%	↑	22.5%	↑
Unemployment	2015 AUG	5.4	↓	4.8	↓

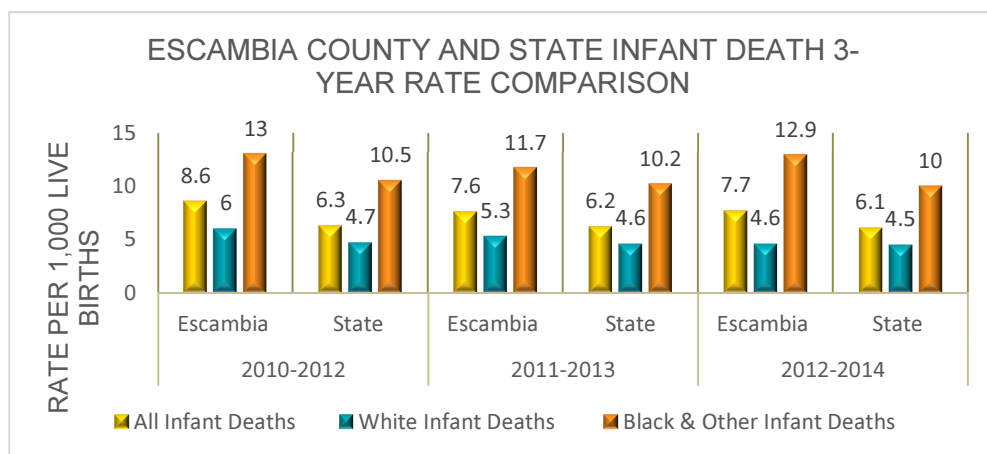
Physical Environment		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
Use of Public Transportation	2013	0.7%	↑	0.2%	↓
Households with no motor vehicle	2013	7.4%	↓	3.6%	↑

## ESCAMBIA COUNTY HEALTH CONCERN: Infant Mortality

Infant mortality refers to the death of an infant before his or her first birthday. Internationally, infant mortality rate is considered an indicator of poverty and socioeconomic problems, access to quality medical services, and the overall health status of a community. Birth defects, Sudden Infant Death Syndrome, maternal complications during pregnancy, and preterm delivery are contributing factors. Poverty is also highly correlated with high infant mortality rates.

Maternal health factors and behaviors that impact birth outcome include mother's age and weight, chronic illnesses such as diabetes and high blood pressure, sexually transmitted diseases (STD's), poor nutrition, smoking, and depression. Nationally, infant mortality disproportionality affects minorities, especially African Americans. This trend is consistent for Escambia County (see figure 1).

Figure 1. This graph compares the 3-year infant mortality rate (infant deaths that occur in the first 354 days of life) rate per 1,000 live births for Escambia County to the State rate. Data Source: Florida Department of Health, Bureau of Vital Statistics.



### Maternal Behaviors

The timing of pregnancies and frequency of pregnancies has been shown to have an impact on infant mortality rates. Interventions to decrease infant mortality can be made during two key times during a woman's life: the time before conception, called the preconception period, and the time between pregnancies, referred to as the interconception period.

Risk factors that contribute to infant mortality are consistent with factors that impact many other health problems in the community. Unhealthy weight leads to increased incidence of diabetes and high blood pressure that, in turn, impacts birth outcomes. Smoking is another problem in Escambia County that is strongly correlated to low birth weight and thus can contribute to infant mortality.

### Social Factors

One of the key social determinants that contribute to poor health outcomes, including high infant mortality, is poverty. The latest data for Escambia County (2013) shows 18.1% of the population living below the federal poverty level. This rate is nearly 2% higher than the state average of 16.3%. More alarming is rate of youth under the age of 18 that live below the federal poverty level.

### Preterm Birth

Preterm birth is defined as birth before 37 weeks gestation (NCHS, ACOG, 2013), and is the primary factor driving the high infant mortality rates (Barfield, Wanda, 2015). The factors contributing to preterm birth are numerous and are beyond the scope of this analysis. Factors that have been identified in Escambia County include but are not limited to repeat teen births, lack of early prenatal care, poor maternal health, and smoking.

For reasons not fully understood, African American women are at much higher risk for pre-term delivery regardless of education and socioeconomic status.

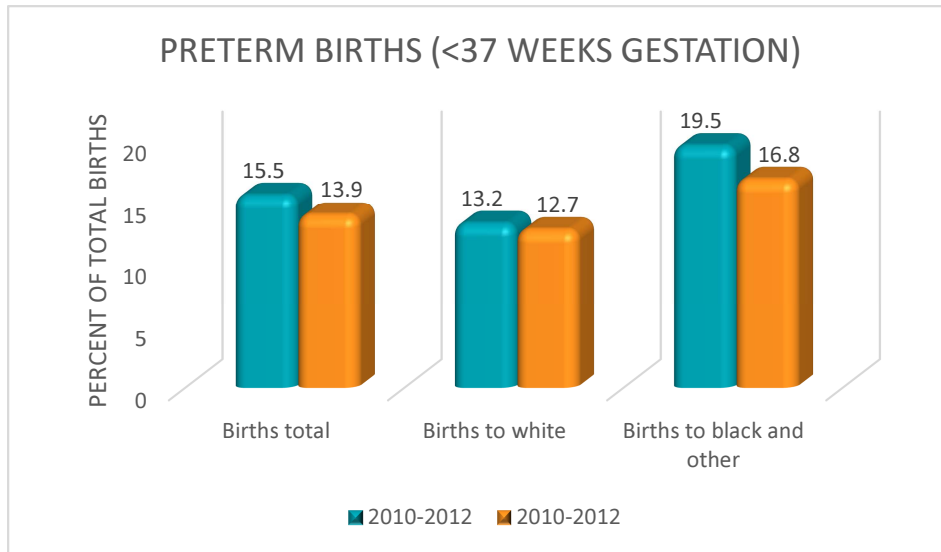


Figure 2. This graph compares the percentage of total births under 37 weeks gestation from Escambia County for 2010-2012. These births are broken down by race and compared to the state of Florida. Source: Florida Charts: Preterm Births (<37 weeks gestation), 3-year rolling rates.

### Sudden Infant Death Syndrome

Sudden Infant Death Syndrome (SIDS) occurs when a healthy baby under the age of 1 dies while sleeping and no apparent cause of death is determined. SIDS is the leading cause of death among babies, ages 1 month to 1 year (Trachtenberg et al., 2015). Research has shown that by creating a safe sleep environment for infants, SIDS rates will decline. Parents and caregivers are encouraged to create a safe sleep environment by always placing babies on their backs to sleep, by placing babies on a firm mattress in a safety-approved crib, and by never sleeping with baby.

### Conclusion

Infant mortality has many causes that are deeply rooted in social determinants of health. Social determinants of health relating to healthy birth outcomes can stem from biological, psychological, behavioral or socioeconomic factors. Interventions need to address factors such as poverty, racial and ethnic disparities, unemployment, access to care, etc. in order to impact change in the prevention of infant mortality.

### References

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NCHS, ACOG. (2013). Definition of term pregnancy. Committee Opinion No 579 . *Obstet Gynecol*.

Trachtenberg, F. L., Haas, E. A., Kinney, H. C., Stanley, C., & Krous, H. F. (2015, November 17). *Risk factor changes for sudden infant death syndrome after initiation of Back-to-Sleep campaign*. Retrieved from American Academy of Pediatrics: <http://pediatrics.aappublications.org/content/early/2012/03/21/peds.2011-1419.abstract>



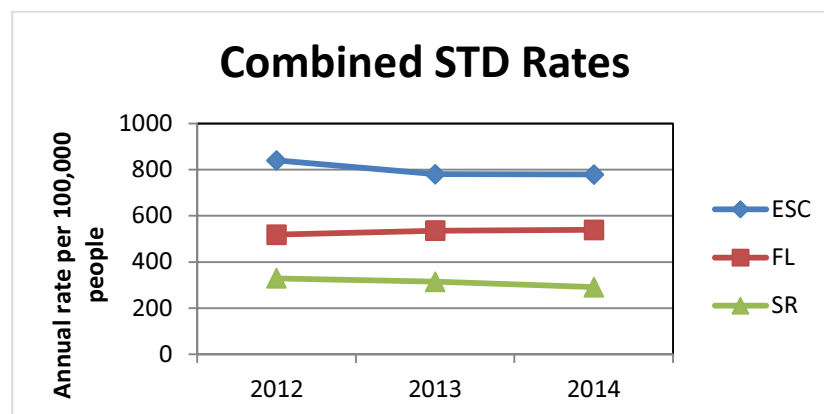
## ESCAMBIA COUNTY HEALTH ISSUE: Sexually Transmitted Disease

Sexually transmitted diseases or infections are acquired during unprotected sex with an infected partner. Sexually transmitted infection (STI) and sexually transmitted disease (STD) are terms that can be used interchangeably. STIs include bacterial vaginosis, chlamydia, gonorrhea, genital herpes, hepatitis, HIV, Human Papillomavirus, pelvic inflammatory disease, syphilis, and trichomoniasis.

STI's are largely preventable and yet they remain a significant public health problem in the United States. Despite their burdens, costs, and complications, this problem is often overlooked by the community. STIs may cause mild or undetectable symptoms and there is often a long interval between acquiring an STI and recognizing a clinically significant health problem. These factors can lead to delays in early, less expensive treatment. Untreated STIs lead to harmful and costly clinical complications that can be irreversible, such as:

- Reproductive health problems
- Fetal and perinatal health problems
- Cancer
- Facilitation of the sexual transmission of HIV infection

STI's are more frequent in women and the complications are more serious in women than men. Women have a higher risk of contracting an STI during vaginal intercourse than men (Office on Women's Health). The most serious STI complications in women are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain (Chandra, 1998). CDC estimates that undiagnosed and untreated STIs cause at least 24,000 women in the United States each year to become infertile. STIs are on the rise nationally (CDC 2015b). While Florida rates have remained steady, Escambia County rates are among the highest in the state and have been rising since 2010.



Source: Florida Charts

**Figure 1.** Escambia County has the 5th highest combined STD rate of the 67 counties in the State of Florida. The figure above compares Escambia County with the state rate and our neighboring county.

### Statistics and Trends

Three STIs that Florida monitors are chlamydia, gonorrhea, and syphilis. The surveillance of these diseases contributes to indicators of the overall health of the community. Individuals who have contracted one of these diseases are more likely to become infected with HIV in the future (CDC, 2015c). Escambia County rates for these infections continue to be higher than the state average, and Escambia ranks 12<sup>th</sup> highest in cases among

the 67 counties. The three peer counties Alachua, St. Lucie, and Bay rank 13, 19, and 23 respectively. Escambia's neighboring county Santa Rosa ranks 32.

### **Prevention and Treatment**

Reducing rates of STIs is a challenging public health issue because spread of diseases are affected by social, economic and behavioral factors such as poverty, substance abuse, and lack of access to high-quality health care. The stigma associated with STIs and the general discomfort of discussing sexual behaviors are barriers to prevention as well as to early and effective treatment for infected individuals and their partners.

STIs can be difficult to diagnose and treat if the practitioner is not familiar enough with the presentation of symptoms. Laboratory tests are sometimes required for diagnosis but visual identification of an infection can sometimes be used. Appropriate diagnosis and treatment are key factors for managing sexually transmitted infections. When and where an individual seeks treatment are additional indicators regarding disease management within the community. Convenient and accurate testing must be available with appropriate treatment to keep rates low. One factor contributing to higher costs of treatment is the volume of STI's being treated through hospital emergency departments. The severity of the infection is also indicated by the number of individuals admitted to a hospital for STIs. STI prevention must be a priority in Escambia County because everyone directly or indirectly pays for the costs of these diseases. The community must strive to address these issues in a non-emergency setting.

### **Special Focus Profiles**

Providing information about personal health and health services can empower individuals to make better choices to protect themselves. The incidence of infection is one area of concern for the community, but when the data is stratified, trends show specific populations are more predominately affected than others. Looking at the most recent data from 2014, females in Escambia County are disproportionately affected by STI's then men. Incidence rates are also disproportionately higher for individuals in the 15-24 age range and black non-Hispanic individuals.

### **Conclusion**

The spread of sexually transmitted diseases or infections is a public health problem both nationally and within the local community. Syphilis, chlamydia, and gonorrhea rates in Escambia County are well above the state average, as is the number of individuals who utilize emergency departments for treatment of STIs. STI and HIV disparities are highest among the black non-Hispanic population, women, and youth ages 15-24. Individuals, health care providers, and the community must be vigilant in addressing this public health crisis in order to decrease disease prevalence and reduce health care costs.

### **References**

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- Chandra A, Stephen EH. Impaired fecundity in the United States: 1982–1995. *Fam Plann Perspect*. 1998 Jan–Feb; 30(1):34-42.
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<http://www.womenshealth.gov/publications/our-publications/fact-sheet/sexually-transmitted-infections.html>

## SANTA ROSA COUNTY HEALTH ISSUE: Injury Deaths




According to the Centers for Disease Control and Prevention (CDC) the total lifetime medical and lost work cost of injuries and violence in the United States was **\$671 billion** in 2013. The costs associated with fatal injuries were \$214 billion, while nonfatal injuries accounted for over \$457 billion.

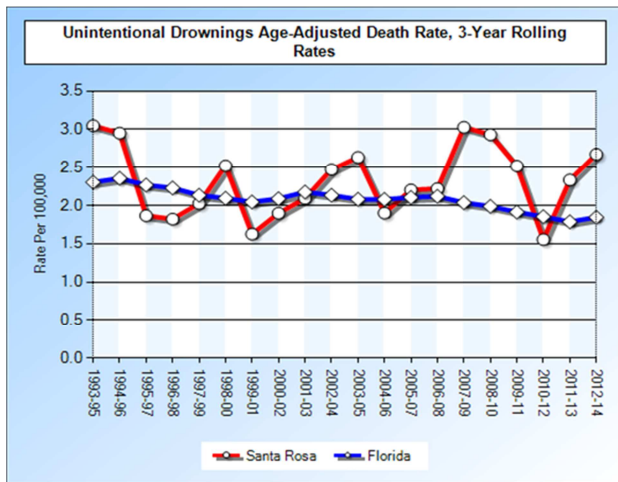
Injuries, including all causes of unintentional and violence-related injuries combined, account for 59% of all deaths among people 1-44 years of age in the U.S.—that is more deaths than non-communicable diseases and infectious diseases combined. Injuries killed more than 192,000 in 2013—one person every three minutes.

Each year, millions of people are injured and survive. In fact, more than 3 million people are hospitalized; 27 million people are treated in emergency departments and released each year. These people are often faced with life-long mental, physical, and financial problems.

The top five causes of death in Florida include: drowning, falls, suicide, poisoning, and motor vehicle injury (child passenger).

### Cost of Injuries and Violence in the United States

-  Nearly \$130 billion of the fatal injury costs were attributable to unintentional injuries, followed by suicide (\$50.8 billion) and homicide (\$26.4 billion).
-  Drug poisonings, including prescription drug overdoses, accounted for 27% of fatal injury costs.
-  Falls (37%) and transportation-related injuries (21%) accounted for the majority of costs treated in emergency departments.
-  Males account for the majority (78%) of fatal injury costs (\$166.7 billion) and nonfatal injury costs (63%; \$287.5 billion).



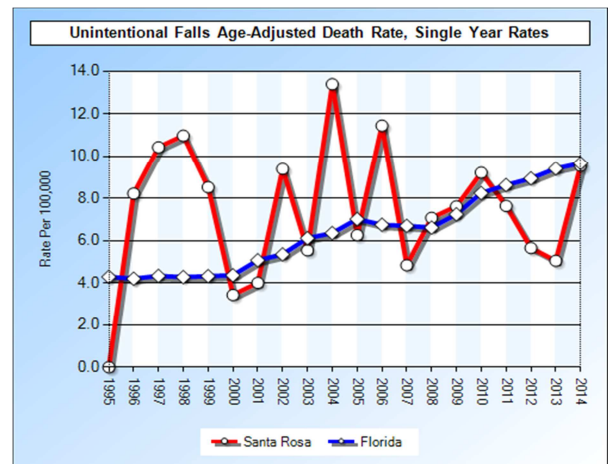
### 1. Drowning

Every day, about ten people die from unintentional drowning. Of these, two are children aged 14 or younger. Drowning ranks fifth among the leading causes of unintentional injury deaths in the United States.

In Florida, the unintentional drowning 3-year rolling rate is 2.0, while Santa Rosa County's rate is 2.9.

### 2. Falls

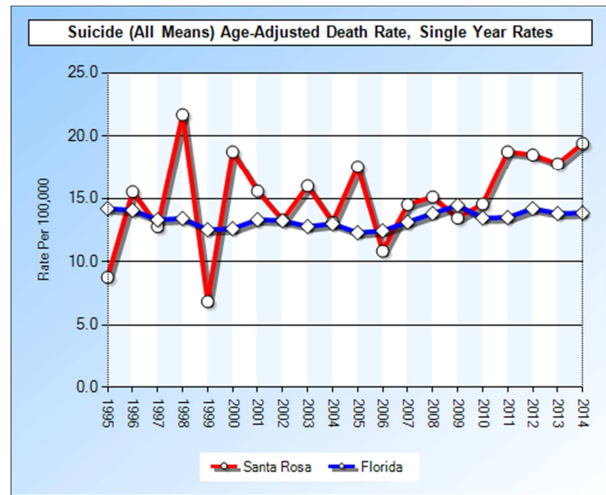
Falls are the leading cause of death from injuries in Floridians 65 and older, and the fourth leading cause of death from injuries overall. As with drowning, Florida Charts tracks deaths as opposed to all falls. From this data, deaths caused by unintentional falls, Santa Rosa County is below the State rate, if we look at the single year rate. The current state rate is 9.7 from 2014 and Santa Rosa's rate is 9.6 for the same year.



### 3. Suicide

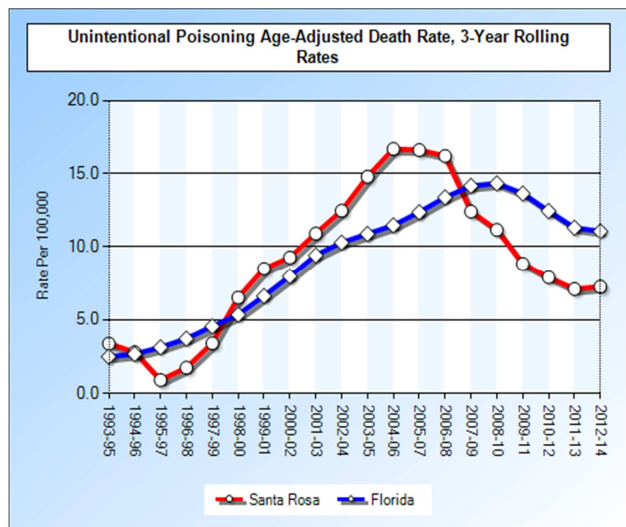
Suicide was the tenth leading cause of death for all ages in 2013. Suicide results in an estimated \$51 billion in combined medical and lost work costs.

***From 2009-2011, Santa Rosa County's suicide rate exceed the State average. The table illustrates a pattern of exceeding the State average with an upward trend.***



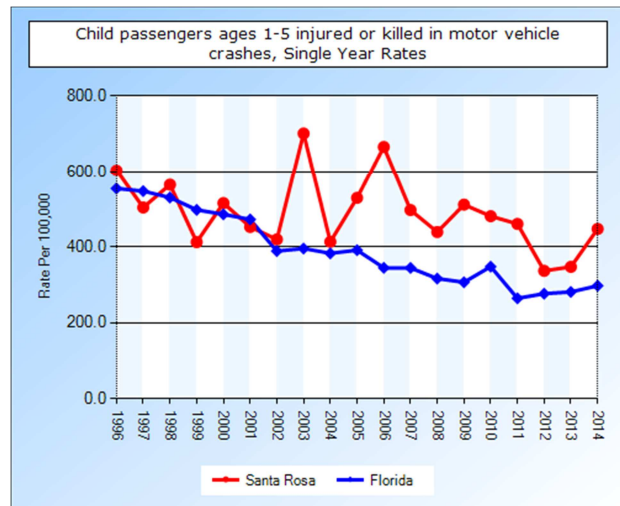
### 4. Poisonings

A poison is any substance, including medication, that is harmful to your body if too much is eaten, inhaled, injected, or absorbed through the skin. An unintentional poisoning occurs when a person taking or giving too much of a substance did not mean to cause harm. In 2014, the Poison Control Centers in Florida handled 143,798 incoming calls. Santa Rosa County's, three year rolling rate for 2007-14 was below the State average.



### 5. Motor Vehicle Injury: Child Passenger

Motor vehicle injuries are a leading cause of death among children in the United States. But many of these deaths can be prevented. Buckling children in age- and size-appropriate car seats, booster seats and seat belts reduces serious and fatal injuries by more than half. In 2014, more than 400 children between the ages of 1-5 were killed or injured in motor vehicle accidents in Santa Rosa County.



## Community Health Partners

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The Partnership would like to thank the following organizations for making the commitment to work together to make Escambia and Santa Rosa Counties a healthier community.

90 Works  
Advocare - Believe  
Alpha Center, Inc.  
Alzheimer's Family Services\*  
American Diabetes Association  
American Red Cross\*  
AMI Kids Pensacola  
Anytime Fitness Downtown Pensacola/Pace/Gulf Breeze  
ARC Gateway\*  
Ascend Performance Materials  
Ascendant Healthcare Partners  
Autism Pensacola, Inc. \*  
Baptist Health Care  
Baptist Health Care Foundation\*  
Bay Area Food Bank\*  
Be Ready Alliance Coordinating for Emergencies\*  
Big Brothers, Big Sisters of Northwest Florida\*  
Boy Scouts Gulf Coast Council\*  
Boys and Girls Club of the Emerald Coast\*  
Breeze Apartments  
Bridges out of Poverty  
Catholic Charities of Northwest Florida\*  
Central Credit Union of Florida  
Chain Reaction\*  
Children's Home Society of Florida, Western Division\*  
City of Gulf Breeze  
City of Milton  
City of Pensacola  
Community Action Program\*  
Community Drug & Alcohol Council, Inc. \*  
Community Enterprise Investments\*  
Community Faith Nursing (SH) \*  
Council on Aging of West Florida\*  
Covenant Hospice  
Cycle Therapy of Florida, Inc.  
Department of Children and Families  
Dixon School of Arts\*  
Early Learning Coalition of Escambia County\*  
Eating Better, Feeling Better, Living Better Inc. \*  
ECUA  
Emerald Coast TEAM Services, Inc. \*  
Epilepsy Foundation of Florida\*  
Escambia Community Clinics/Santa Rosa Community Clinics  
Escambia County School District  
Every Child a Reader in Escambia (ECARE) \*  
Families Count\*  
Family-Funeral & Cremation  
Favor House of Northwest Florida \*  
Fellowship of Christian Athletes\*  
Fetch Dog Treats  
Florida Black Chamber of Commerce  
Florida Department of Health in Escambia County  
Florida Department of Health in Santa Rosa County  
Florida Institute for Health Innovation  
Forsley Properties  
Fresenius Medical Care  
Friends of West Florida Public Library\*  
Friendship Missionary Baptist Church  
Girl Scouts\*  
Goodwill Easter Seals of the Gulf Coast\*  
Greater Pensacola Area Chamber of Commerce  
Gulf Breeze Area Chamber of Commerce  
Gulf Coast African American Chamber of Commerce  
Gulf Coast Caring Solutions  
Gulf Coast Kids House\*  
Gulf Power Co.  
Hartnett Marketing Solutions  
Health and Hope Clinic\*  
Health First Network  
Healthy Start Coalition of Escambia County, Inc.  
Healthy Start Coalition of Santa Rosa County, Inc.  
HSA Consulting Group, Inc.  
IdeaWorks  
Independence for the Blind of West Florida\*  
Intelligent Health Services  
Interfaith Ministries/Good Samaritan Clinic  
Junior League of Pensacola  
Knight Time Boxing and Fitness  
Lakeview Center \*  
Landrum Consulting  
Leaning Post Ranch\*  
Learn to Read\*  
Legal Services of North Florida\*  
Love of Life Ministries, Inc.  
Lutheran Services Florida, Inc. - Northwest Region\*  
Mainstay Financial Group  
Mako Crossfit  
MANNA Food Pantries\*  
Marathon Health  
March of Dimes - Gulf Coast Division  
Marcus E. Paul, Family & Cosmetic Dentistry  
Medi-Weightloss Clinics  
Metis Health, LLC  
Milk and Honey Outreach Ministries\*  
Ministry Village At Olive, Inc.  
Nemours Children's Clinic  
New Beginnings

New Road to Learning	Suncrest OMNI Home Care
Northwest Florida Legal Services	The Bar Milton Strength and Conditioning
One Blood	The Fall Prevention Lady
Pace Center for Girls	The Salvation Army
Pathways for Change	Thrive
Pinnacle Properties, Inc.	United Cerebral Palsy of Northwest Florida
Pensacola Blue Wahoos	United Healthcare
Pensacola Fitness	United Ministries
Pensacola State College	United Way 211
Pensacola Wellness Solutions	United Way of Escambia
Pensacola Young Professionals	United Way of Escambia County Agency Directors Assoc.
Premier Island Management	University of Florida - Farm to School Program
ProHealth/ProClinic	University of West Florida
PSGI, Inc.	UniVision Group
Robert Warren	Virginia College
Rural Health Network NWF	Waterfront Rescue Mission
Sacred Heart Health System	West Florida AHEC
Santa Rosa County Lifeguard Medical Director	West Florida Community Care Center
Santa Rosa County School District	West Florida Regional Planning Council
Santa Rosa Health and Rehabilitation Center	White-Wilson Medical Clinic
Santa Rosa Medical Center	YMCA of Northwest Florida
Seastar Aquatics	Yoga at West Florida Budokan
St. Ann's Catholic Church	

\*Members of United Way of Escambia County Agency Directors Association

## Appendix I: Community Themes and Strengths

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### Blank Survey

#### Community Health Survey

The purpose of the following survey is to get your opinions about community health issues in Escambia County and Santa Rosa County. The Florida Department of Health offices in Escambia and Santa Rosa Counties and the Partnership for a Healthy Community will use the results of this survey to identify health priorities for community action.

This survey will take about 5-10 minutes to complete. Your opinion is important. This survey is valid through June 30, 2015, so please respond by that date to have your opinions counted.

Thank you for taking the time to provide it. If you have any questions, please contact [info@pfahc.org](mailto:info@pfahc.org).

**1. What do you think are the most important features of a “Healthy Community”? (Those factors that would most improve the quality of life in this community.) Check only three (3).**

- |   |  |
|---|--|
| <input type="checkbox"/> Healthy food options   | <input type="checkbox"/> Religious or spiritual values                             |
| <input type="checkbox"/> Low alcohol & drug abuse   | <input type="checkbox"/> Good schools  |
| <input type="checkbox"/> Clean environment (clean water, air, etc.)   | <input type="checkbox"/> Low numbers of sexually transmitted disease (STDs)        |
| <input type="checkbox"/> Quality hospitals and urgent / emergency services  | <input type="checkbox"/> Access to health services( e.g. family doctor, hospitals) |
| <input type="checkbox"/> Low percent of population that are obese   | <input type="checkbox"/> Good race relations                                       |
| <input type="checkbox"/> Good transportation options  | <input type="checkbox"/> Low tobacco use   |
| <input type="checkbox"/> Mental health services   | <input type="checkbox"/> Quality education   |
| <input type="checkbox"/> Active lifestyles / outdoor activities   | <input type="checkbox"/> Affordable housing  |
| <input type="checkbox"/> Social support services (such as Salvation Army, food pantries, Catholic charities, Red Cross, etc.) | <input type="checkbox"/> Low numbers of homeless                                   |
| <input type="checkbox"/> Family doctors and specialists   | <input type="checkbox"/> Good place to raise children                              |
| <input type="checkbox"/> Low crime / safe neighborhoods   | <input type="checkbox"/> Good employment opportunities                             |
| <input type="checkbox"/> Arts and cultural events   |  |



**2. What do you think are the most important health issues in your County? (Those problems that have the greatest impact on overall community health.)**

**Check only three (3).**

- |  |   |
|--|---|
| <input type="checkbox"/> Infectious diseases (e.g. hepatitis, TB, etc.)                        | <input type="checkbox"/> Tobacco use                          |
| <input type="checkbox"/> Child abuse / neglect   | <input type="checkbox"/> Suicide                              |
| <input type="checkbox"/> Accidental injuries (at work, home, school, farm)                     | <input type="checkbox"/> Sexually Transmitted Diseases (STDs) |
| <input type="checkbox"/> Obesity / Excess weight   | <input type="checkbox"/> Mental health problems               |
| <input type="checkbox"/> Rape / sexual assault   | <input type="checkbox"/> Teenage pregnancy                    |
| <input type="checkbox"/> Heart disease and stroke  | <input type="checkbox"/> Homelessness                         |
| <input type="checkbox"/> Homicide  | <input type="checkbox"/> Domestic violence                    |
| <input type="checkbox"/> Aging problems (e.g. dementia, vision/hearing loss, loss of mobility) | <input type="checkbox"/> Fire-arm related injuries            |
| <input type="checkbox"/> Dental problems   | <input type="checkbox"/> Respiratory / lung disease           |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Cancers                              |
| <input type="checkbox"/> Motor vehicle crash injuries  | <input type="checkbox"/> HIV / AIDS                           |
| <input type="checkbox"/> Infant death  |   |

**3. Which of the following unhealthy behaviors in the County concern you the most? (Those behaviors that have the greatest impact on overall community health.)**

**Check only three (3).**

- |  |   |
|--|---|
| <input type="checkbox"/> Unprotected / unsafe sex                  | <input type="checkbox"/> Poor eating habits / poor nutrition  |
| <input type="checkbox"/> Excess weight                             | <input type="checkbox"/> Alcohol abuse                        |
| <input type="checkbox"/> Not using seat belts / child safety seats | <input type="checkbox"/> Homelessness                         |
| <input type="checkbox"/> Lack of exercise                          | <input type="checkbox"/> Not getting shots to prevent disease |
| <input type="checkbox"/> Drug abuse                                | <input type="checkbox"/> Not seeing a doctor or dentist       |
| <input type="checkbox"/> Tobacco use                               |   |

**4. Overall, how would you rate the health of people who live in your County?**

- Very Healthy       Healthy       Somewhat Healthy       Unhealthy       Very Unhealthy

**5. Have you ever been told by a health professional that you have any of the following:  
(Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> HIV / AIDS                                   | <input type="checkbox"/> High cholesterol      |
| <input type="checkbox"/> Obesity                                      | <input type="checkbox"/> Depression            |
| <input type="checkbox"/> Alcohol or drug addiction                    | <input type="checkbox"/> Tuberculosis (TB)     |
| <input type="checkbox"/> Diabetes                                     | <input type="checkbox"/> Heart disease         |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="checkbox"/> Mental health problem |
| <input type="checkbox"/> High blood pressure                          | <input type="checkbox"/> Asthma                |
| <input type="checkbox"/> Dementia / Alzheimer's disease               | <input type="checkbox"/> None of the above     |

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

- |   |  |
|---|--|
| <input type="radio"/> Insurance from an employer or union                               | <input type="radio"/> Medicaid (such as Medpass, Medicaid HMO) |
| <input type="radio"/> Insurance that you pay for yourself (including "Obamacare" plans) | <input type="radio"/> TRICARE, military or VA benefits         |
| <input type="radio"/> Indian or Tribal Health Services                                  | <input type="radio"/> Other                                    |
| <input type="radio"/> Medicare  | <input type="radio"/> I do not have any health insurance       |

**7. How long has it been since your last dental exam or cleaning?**

- Within past 12 months    
  1 to 2 years ago    
  2 to 5 years ago    
  5 or more years ago    
  Do not know / Not sure

**8. How long has it been since your last visit to a doctor for a wellness exam or routine check-up? (Does not include an exam for a specific injury, illness or condition)**

- Within past 12 months    
  1 to 2 years ago    
  2 to 5 years ago    
  5 or more years ago    
  Do not know / Not sure

**9. When a doctor prescribes medicine for you or a family member, what do you do?**

- |   |   |
|---|---|
| <input type="radio"/> Fill the prescription at a pharmacy   | <input type="radio"/> Use herbal or natural therapies instead |
| <input type="radio"/> Use leftover medicine already at home | <input type="radio"/> Go without medicine                     |
| <input type="radio"/> Buy an over the counter medicine      | <input type="radio"/> Use someone else's medicine             |

**10. Which healthcare services are difficult to get in your County?**

**Check all answers that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> Alternative therapies (acupuncture, herbals, etc.)            | <input type="checkbox"/> Prescriptions / Pharmacy services              |
| <input type="checkbox"/> Dental care including dentures                                | <input type="checkbox"/> Primary medical care (a primary doctor/clinic) |
| <input type="checkbox"/> Emergency medical care  | <input type="checkbox"/> Services for the elderly                       |
| <input type="checkbox"/> Family Planning (including birth control)                     | <input type="checkbox"/> Specialty medical care (specialist doctors)    |
| <input type="checkbox"/> Hospital care   | <input type="checkbox"/> Alcohol or drug abuse treatment                |
| <input type="checkbox"/> Laboratory services   | <input type="checkbox"/> Vision care (eye exams and glasses)            |
| <input type="checkbox"/> Mental Health services  | <input type="checkbox"/> X-Rays or mammograms                           |
| <input type="checkbox"/> Physical Therapy / Rehabilitation                             | <input type="checkbox"/> Do not know / None                             |
| <input type="checkbox"/> Preventative healthcare (routine or wellness check-ups, etc.) |   |

**11. In the past 12 months, did you delay getting needed medical care for any of the following reasons?**

**Check all answers that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> No, I did not need medical care                | <input type="checkbox"/> Could not afford                           |
| <input type="checkbox"/> Could not get a weekend or evening appointment | <input type="checkbox"/> Provider did not take your insurance       |
| <input type="checkbox"/> Could not get an appointment soon enough       | <input type="checkbox"/> Language barriers or could not communicate |
| <input type="checkbox"/> Provider was not taking new patients           | <input type="checkbox"/> Insurance problems or lack of insurance    |
| <input type="checkbox"/> Lack of transportation                         | <input type="checkbox"/> No, I did not have a delay in getting care |

**12. When you or someone in your family is sick, where do you go for healthcare?**

- |   |   |
|---|---|
| <input type="radio"/> Hospital Emergency Room | <input type="radio"/> Community health center   |
| <input type="radio"/> My family doctor        | <input type="radio"/> Free clinic               |
| <input type="radio"/> Any available doctor    | <input type="radio"/> VA / Military facility    |
| <input type="radio"/> Urgent care clinic      | <input type="radio"/> I usually go without care |
| <input type="radio"/> Health Department       |   |

**13. If you felt that you or someone in your family needed mental health services, where would you go for care?**

- |  |  |
|--|--|
| <input type="radio"/> Mental health clinic in Santa Rosa County        | <input type="radio"/> My family doctor   |
| <input type="radio"/> I do not know where to go for mental health care | <input type="radio"/> Private psychologist, psychiatrist or other mental health professional |
| <input type="radio"/> VA / Military facility                           | <input type="radio"/> Hospital Emergency Room in Santa Rosa County                           |
| <input type="radio"/> Mental health clinic in Escambia County          | <input type="radio"/> Hospital Emergency Room in Escambia County                             |

**14. Overall, how would you rate the quality of healthcare services available in your County?**

- Excellent     Very Good     Good     Fair     Poor     Not sure / do not know

**15. Do you currently use any tobacco products?**

- Yes, I currently smoke cigarettes or cigars     No, I quit 12 months ago or less  
 Yes, I currently use chewing tobacco, snuff or snus     No, I quit 1 or more years ago  
 Yes I currently use e-cigarettes     No, I have never used tobacco products

**16. How would you rate your own health today?**

- Very Healthy     Healthy     Somewhat Healthy     Unhealthy     Very Unhealthy

**17. Please indicate how strongly you agree or disagree with the following statement as it applies to you personally: I am confident that I can make and maintain lifestyle changes, like eating right, exercising, or not smoking.**

- Strongly Agree     Agree     Disagree     Strongly Disagree

**18. What are the top three (3) reasons that prevent you from eating healthier foods and being active?**

**Check only three.**

- |   |   |
|---|---|
| <input type="checkbox"/> It is too expensive to cook / eat healthy foods    | <input type="checkbox"/> Do not want to be more active                      |
| <input type="checkbox"/> It is not safe to exercise in my neighborhood      | <input type="checkbox"/> Do not want to change what I eat                   |
| <input type="checkbox"/> Do not know how to change my diet                  | <input type="checkbox"/> I already eat healthy and am active                |
| <input type="checkbox"/> Healthier food is not available in my neighborhood | <input type="checkbox"/> Tried before and failed to change                  |
| <input type="checkbox"/> Cannot afford exercise equipment / gym membership  | <input type="checkbox"/> Fear of failure                                    |
| <input type="checkbox"/> Do not know how much more active I need to be      | <input type="checkbox"/> Do not have time to cook or shop for healthy foods |
| <input type="checkbox"/> I am happy the way I am                            | <input type="checkbox"/> Do not have time to be more active                 |

**19. What is the zip code where you live?**

**20. Are you male or female?**

- Male  
 Female

**21. 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     |

**22. What is your age?**

- |                                    |                             |
|------------------------------------|-----------------------------|
| <input type="radio"/> Less than 18 | <input type="radio"/> 45-54 |
| <input type="radio"/> 18-24        | <input type="radio"/> 55-74 |
| <input type="radio"/> 25-34        | <input type="radio"/> 75+   |
| <input type="radio"/> 35-44        |                             |

**23. 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 college                    |
| <input type="radio"/> Some high school (grades 9 through 11) | <input type="radio"/> 2-year college degree           |
| <input type="radio"/> High school diploma / GED              | <input type="radio"/> 4-year college degree           |
| <input type="radio"/> Vocational/Tech School                 | <input type="radio"/> Graduate or professional degree |

**24. 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"/> Homemaker                 | <input type="radio"/> Unemployed      |
| <input type="radio"/> Retired                   |                                       |

**25. What is your annual family income?**

- |  |   |
|--|---|
| <input type="radio"/> Less than \$15,000/year  | <input type="radio"/> \$50,001 - \$75,000/year  |
| <input type="radio"/> \$15,001 - \$25,000/year | <input type="radio"/> \$75,001 - \$100,000/year |
| <input type="radio"/> \$25,001 - \$35,000/year | <input type="radio"/> \$100,001 or more/year    |
| <input type="radio"/> \$35,001 - \$50,000/year |   |

Thank you for taking this survey.

# CTSA: Detailed Results

## Demographics

County	Escambia County		Santa Rosa County		Other/No Respos		Grand Total	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
General Population	456	67%	775	82%	75	61%	1,306	75%
Vulnerable Population*	224	33%	166	18%	48	39%	438	25%
<b>Total Responses</b>	<b>680</b>		<b>941</b>		<b>123</b>		<b>1,744</b>	

\*Vulnerable Population includes respondents meeting ANY of the following criteria: No insurance, Household income of less than \$25K, or survey was collected at any of the following sites: Escambia Community Clinics, Good Samaritan, Clinic Health and Hope Clinic, DOH-Escambia WIC, DOH-Santa Rosa  
NOTE: Only responses from residents of Escambia and Santa Rosa are included in this analysis.

Gender	Escambia County		Santa Rosa County		COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Female	353	79%	168	75%	663	86%	145	88%	1,016	84%
Male	95	21%	55	25%	105	14%	19	12%	200	16%
<b>Total Responses</b>	<b>448</b>		<b>223</b>		<b>768</b>		<b>164</b>		<b>1,216</b>	

Race	Escambia County		Santa Rosa County		COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
American Indian / Alaska Native	2	0%	2	1%	4	1%	2	1%	6	0%
Asian	12	3%	4	2%	9	1%	9	5%	21	2%
Bi-racial or multiple races	8	2%	5	2%	12	2%		0%	20	2%
Black/African-American, Hispanic	4	1%	1	0%	1	0%		0%	5	0%
Black/African-American, non-Hispanic	72	16%	75	35%	18	2%	7	4%	90	7%
Pacific Islander	1	0%	1	0%	3	0%	1	1%	4	0%
White/Caucasian, Hispanic	25	6%	17	8%	67	9%	22	13%	92	8%
White/Caucasian, non-Hispanic	322	72%	108	51%	650	85%	123	75%	972	80%
<b>Total Responses</b>	<b>446</b>		<b>213</b>		<b>764</b>		<b>164</b>		<b>1,210</b>	

Age	Escambia County		Santa Rosa County		COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Less than 18	2	0%	3	1%	4	1%	2	1%	6	0%
18-24	8	2%	30	14%	11	1%	16	10%	19	2%
25-34	61	14%	42	20%	80	10%	39	24%	141	12%
35-44	77	17%	31	15%	173	23%	33	20%	250	21%
45-54	113	25%	41	20%	263	34%	37	23%	376	31%
55-74	183	41%	61	29%	233	30%	36	22%	416	34%
75+	5	1%	2	1%	4	1%		0%	9	1%
<b>Total</b>	<b>449</b>		<b>210</b>		<b>768</b>		<b>163</b>		<b>1,217</b>	

Education	Escambia County		Santa Rosa County		COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
2-year college degree	64	14%	30	14%	95	12%	31	19%	159	13%
4-year college degree	142	31%	20	9%	256	33%	19	12%	398	33%
Grades 1 through 8		0%	8	4%	3	0%	1	1%	3	0%
Graduate or professional degree	171	38%	16	7%	281	37%	8	5%	452	37%
High school diploma / GED	16	4%	53	25%	41	5%	38	23%	57	5%
Some college	50	11%	49	23%	78	10%	48	29%	128	10%
Some high school (grades 9 through 11)	2	0%	27	13%	3	0%	6	4%	5	0%
Vocational/Tech School	6	1%	11	5%	12	2%	12	7%	18	1%
<b>Total Responses</b>	<b>451</b>		<b>214</b>		<b>769</b>		<b>163</b>		<b>1,220</b>	

Employment Status	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Disabled / unable to work	1	0%	34	16%	3	0%	13	8%	4	0%	47	13%	51	3%
Employed full-time	374	83%	66	31%	636	83%	58	36%	1,010	83%	124	33%	1,134	71%
Employed part-time	26	6%	30	14%	30	4%	30	19%	56	5%	60	16%	116	7%
Homemaker	4	1%	13	6%	36	5%	15	9%	40	3%	28	7%	68	4%
Retired	32	7%	14	7%	28	4%	6	4%	60	5%	20	5%	80	5%
Seasonal worker		0%	2	1%	1	0%		0%	1	0%	2	1%	3	0%
Self-employed	9	2%	4	2%	23	3%	8	5%	32	3%	12	3%	44	3%
Student	4	1%	11	5%	8	1%	9	6%	12	1%	20	5%	32	2%
Unemployed	1	0%	40	19%	4	1%	21	13%	5	0%	61	16%	66	4%
<b>Total Responses</b>	<b>451</b>		<b>214</b>		<b>769</b>		<b>160</b>		<b>1,220</b>		<b>374</b>		<b>1,594</b>	

Annual Family Income	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Less than \$15,000/year		0%	111	54%		0%	63	39%	0	0%	174	47%	174	11%
\$15,001 - \$25,000/year		0%	66	32%		0%	53	33%	0	0%	119	32%	119	8%
\$25,001 - \$35,000/year	63	15%	12	6%	66	9%	22	14%	129	11%	34	9%	163	11%
\$35,001 - \$50,000/year	81	19%	8	4%	117	16%	12	8%	198	17%	20	5%	218	14%
\$50,001 - \$75,000/year	108	25%	2	1%	180	24%	7	4%	288	25%	9	2%	297	19%
\$75,001 - \$100,000/year	76	18%	2	1%	171	23%	3	2%	247	21%	5	1%	252	16%
\$100,001 or more/year	96	23%	6	3%	207	28%		0%	303	26%	6	2%	309	20%
<b>Total Responses</b>	<b>424</b>		<b>207</b>		<b>741</b>		<b>160</b>		<b>1,165</b>		<b>367</b>		<b>1,532</b>	

Survey Questions

Top Responses

What do you think are the most important features of a "Healthy Community"? (Those factors that would most improve the quality of life in this community.) Check only three (3).	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Access to health services e.g. family doctor, hospitals	110	8%	64	10%	174	8%	37	7%	284	8%	101	9%	385	8%
Active lifestyles / outdoor activities	103	8%	22	3%	134	6%	25	5%	237	6%	47	4%	284	6%
Affordable housing	41	3%	37	6%	70	3%	27	5%	111	3%	64	6%	175	4%
Arts and cultural events	4	0%	2	0%	14	1%	3	1%	18	0%	5	0%	23	0%
Clean environment e.g clean water, air, etc.	132	10%	64	10%	197	9%	48	10%	329	9%	112	10%	441	9%
Family doctors and specialists	11	1%	15	2%	36	2%	13	3%	47	1%	28	2%	75	2%
Good employment opportunities	149	11%	52	8%	244	11%	49	10%	393	11%	101	9%	494	10%
Good place to raise children	49	4%	20	3%	128	6%	21	4%	177	5%	41	4%	218	5%
Good race relations	25	2%	4	1%	17	1%	5	1%	42	1%	9	1%	51	1%
Good schools	63	5%	37	6%	151	7%	26	5%	214	6%	63	5%	277	6%
Healthy food options	69	5%	56	8%	89	4%	24	5%	158	4%	80	7%	238	5%
Low numbers of homeless	21	2%	9	1%	23	1%	4	1%	44	1%	13	1%	57	1%
Low alcohol & drug abuse	47	3%	50	8%	94	4%	38	8%	141	4%	88	8%	229	5%
Low crime / safe neighborhoods	141	10%	53	8%	239	10%	57	12%	380	10%	110	9%	490	10%
Low percent of population that are obese	38	3%	7	1%	38	2%	3	1%	76	2%	10	1%	86	2%
Low numbers of sexually transmitted disease (STDs)	6	0%	9	1%	14	1%	2	0%	20	1%	11	1%	31	1%
Low tobacco use	16	1%	6	1%	31	1%	3	1%	47	1%	9	1%	56	1%
Mental health services	59	4%	23	3%	66	3%	14	3%	125	3%	37	3%	162	3%
Quality education	115	8%	35	5%	235	10%	28	6%	350	10%	63	5%	413	9%
Quality hospitals and urgent / emergency services	37	3%	15	2%	91	4%	9	2%	128	3%	24	2%	152	3%
Good transportation options	3	0%	14	2%	53	2%	18	4%	56	2%	32	3%	88	2%
Religious or spiritual values	83	6%	52	8%	137	6%	21	4%	220	6%	73	6%	293	6%
Social support services such as Salvation Army, food pantries, Catholic charities, Red Cross, etc.	32	2%	18	3%	36	2%	20	4%	68	2%	38	3%	106	2%
<b>Total Responses</b>	<b>1,354</b>		<b>664</b>		<b>2,311</b>		<b>495</b>		<b>3,665</b>		<b>1,159</b>		<b>4,824</b>	



What do you think are the most important health issues in your County? (Those problems that have the greatest impact on overall community health.) Check only three (3)	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Accidental injuries at work, home, school, farm	11	1%	6	1%	17	1%	3	1%	28	1%	9	1%	37	1%
Aging problems e.g. dementia, vision/hearing loss, loss of mobility	63	5%	21	3%	107	5%	14	3%	170	5%	35	3%	205	4%
Cancers	94	7%	32	5%	236	10%	37	8%	330	9%	69	6%	399	8%
Child abuse / neglect	135	10%	77	12%	219	10%	62	13%	354	10%	139	12%	493	10%
Dental problems	29	2%	35	5%	57	3%	28	6%	86	2%	63	6%	149	3%
Diabetes	77	6%	39	6%	88	4%	18	4%	165	5%	57	5%	222	5%
Domestic violence	72	5%	24	4%	130	6%	37	8%	202	6%	61	5%	263	6%
Fire-arm related injuries	18	1%	8	1%	15	1%	4	1%	33	1%	12	1%	45	1%
Heart disease and stroke	63	5%	31	5%	144	6%	15	3%	207	6%	46	4%	253	5%
HIV / AIDS	20	1%	14	2%	5	0%	2	0%	25	1%	16	1%	41	1%
Homelessness	128	10%	58	9%	140	6%	35	7%	268	7%	93	8%	361	8%
Homicide	31	2%	26	4%	14	1%	8	2%	45	1%	34	3%	79	2%
Infant death	4	0%	2	0%	3	0%	6	1%	7	0%	8	1%	15	0%
Infectious diseases e.g. hepatitis, TB, etc.	14	1%	38	6%	34	2%	12	2%	48	1%	50	4%	98	2%
Mental health problems	128	10%	40	6%	212	9%	29	6%	340	9%	69	6%	409	9%
Motor vehicle crash injuries	24	2%	12	2%	152	7%	29	6%	176	5%	41	4%	217	5%
Obesity / Excess weight	246	18%	52	8%	332	15%	45	9%	578	16%	97	8%	675	14%
Rape / sexual assault	6	0%	22	3%	17	1%	15	3%	23	1%	37	3%	60	1%
Respiratory / lung disease	15	1%	7	1%	36	2%	8	2%	51	1%	15	1%	66	1%
Sexually Transmitted Diseases (STDs)	46	3%	36	5%	42	2%	18	4%	88	2%	54	5%	142	3%
Suicide	7	1%	7	1%	20	1%	7	1%	27	1%	14	1%	41	1%
Teenage pregnancy	51	4%	40	6%	90	4%	24	5%	141	4%	64	6%	205	4%
Tobacco use	56	4%	33	5%	147	7%	27	6%	203	6%	60	5%	263	6%
<b>Total Responses</b>	<b>1,338</b>		<b>660</b>		<b>2,257</b>		<b>483</b>		<b>3,595</b>		<b>1,143</b>		<b>4,738</b>	

Overall, how would you rate the health	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Healthy	18	4%	10	5%	129	17%	23	14%	147	12%	33	9%	180	11%
Somewhat Healthy	260	58%	145	66%	523	68%	105	63%	783	22%	250	65%	1,033	65%
Unhealthy	161	36%	51	23%	110	14%	31	19%	271	8%	82	21%	353	22%
Very Healthy		0%	3	1%		0%	1	1%	0	0%	4	1%	4	0%
Very Unhealthy	9	2%	10	5%	5	1%	6	4%	14	0%	16	4%	30	2%
<b>Total Responses</b>	<b>448</b>		<b>219</b>		<b>767</b>		<b>166</b>		<b>1,215</b>		<b>385</b>		<b>1,600</b>	

Which of the following unhealthy behaviors in the County concern you the most? (Those behaviors that have the greatest impact on overall community)	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Alcohol abuse	109	8%	61	9%	228	10%	61	13%	337	9%	122	11%	459	10%
Drug abuse	210	16%	101	15%	381	17%	95	20%	591	17%	196	17%	787	17%
Excess weight	168	13%	50	8%	228	10%	30	6%	396	11%	80	7%	476	10%
Homelessness	139	10%	81	12%	161	7%	41	8%	300	8%	122	11%	422	9%
Lack of exercise	136	10%	34	5%	196	9%	24	5%	332	9%	58	5%	390	8%
Poor eating habits / poor nutrition	204	15%	73	11%	290	13%	65	13%	494	14%	138	12%	632	13%
Not getting shots to prevent disease	56	4%	29	4%	134	6%	30	6%	190	5%	59	5%	249	5%
Not using seat belts / child safety seats	33	2%	40	6%	122	5%	29	6%	155	4%	69	6%	224	5%
Not seeing a doctor or dentist	103	8%	79	12%	181	8%	55	11%	284	8%	134	12%	418	9%
Tobacco use	92	7%	33	5%	169	8%	22	5%	261	7%	55	5%	316	7%
Unprotected / unsafe sex	86	6%	71	11%	136	6%	35	7%	222	6%	106	9%	328	7%
<b>Total Responses</b>	<b>1,336</b>		<b>652</b>		<b>2,226</b>		<b>487</b>		<b>3,562</b>		<b>1,139</b>		<b>4,701</b>	

	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
Have you ever been told by a health professional that you have any of the following: (Check all that apply)	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Alcohol or drug addiction	2	0%	11	2%	8	1%	8	3%	10	1%	19	3%	29	1%
Asthma	45	6%	32	7%	69	6%	31	10%	114	6%	63	8%	177	7%
Chronic Obstructive Pulmonary Disease (COPD)	3	0%	5	1%	9	1%	4	1%	12	1%	9	1%	21	1%
Dementia / Alzheimer's disease	1	0%	2	0%	2	0%	1	0%	3	0%	3	0%	6	0%
Depression	75	11%	62	14%	93	8%	45	14%	168	9%	107	14%	275	11%
Diabetes	50	7%	39	9%	57	5%	17	5%	107	6%	56	7%	163	6%
Heart disease	6	1%	10	2%	15	1%	12	4%	21	1%	22	3%	43	2%
High cholesterol	115	17%	50	11%	156	14%	38	12%	271	15%	88	12%	359	14%
High blood pressure	141	20%	80	18%	200	18%	51	16%	341	19%	131	17%	472	18%
HIV / AIDS	2	0%	2	0%	0	0%	0	0%	2	0%	2	0%	4	0%
Mental health problem	13	2%	34	8%	16	1%	18	6%	29	2%	52	7%	81	3%
Obesity	82	12%	41	9%	123	11%	35	11%	205	11%	76	10%	281	11%
Tuberculosis (TB)	0	0%	1	0%	4	0%	1	0%	4	0%	2	0%	6	0%
None of the above	160	23%	75	17%	349	32%	55	17%	509	28%	130	17%	639	25%
<b>Total Responses</b>	<b>695</b>		<b>444</b>		<b>1,101</b>		<b>316</b>		<b>1,796</b>		<b>760</b>		<b>2,556</b>	

	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
What is the primary source of your health care insurance coverage?	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
I do not have any health insurance		0%	70	31%		0%	55	34%	0	0%	125	33%	125	8%
Indian or Tribal Health Services		0%		0%	1	0%		0%	1	0%	0	0%	1	0%
Insurance from an employer or union	343	75%	45	20%	579	75%	39	24%	922	75%	84	22%	1,006	62%
Insurance that you pay for yourself (including "Obamacare" plans)	28	6%	7	3%	53	7%	11	7%	81	7%	18	5%	99	6%
Medicaid (such as Medipass, Medicaid)	3	1%	55	25%	6	1%	34	21%	9	1%	89	23%	98	6%
Medicare	34	7%	27	12%	18	2%	12	7%	52	4%	39	10%	91	6%
Other	2	0%	12	5%	12	2%	4	2%	14	1%	16	4%	30	2%
TRICARE, military or VA benefits	45	10%	7	3%	103	13%	6	4%	148	12%	13	3%	161	10%
<b>Total Responses</b>	<b>455</b>		<b>223</b>		<b>772</b>		<b>161</b>		<b>1,227</b>		<b>384</b>		<b>1,611</b>	

	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
How long has it been since your last dental exam or cleaning?	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
1 to 2 years ago	60	13%	34	15%	97	13%	26	16%	157	13%	60	16%	217	14%
2 to 5 years ago	38	8%	53	24%	44	6%	31	19%	82	7%	84	22%	166	10%
5 or more years ago	28	6%	45	20%	28	4%	35	21%	56	5%	80	21%	136	8%
Do not know / Not sure	4	1%	24	11%	5	1%	11	7%	9	1%	35	9%	44	3%
Within past 12 months	321	71%	65	29%	596	77%	61	37%	917	75%	126	33%	1,043	65%
<b>Total Responses</b>	<b>451</b>		<b>221</b>		<b>770</b>		<b>164</b>		<b>1,221</b>		<b>385</b>		<b>1,606</b>	

	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
How long has it been since your last visit to a doctor for a wellness exam or routine check-up? (Does not include an exam for a specific injury, illness or condition)	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
1 to 2 years ago	39	9%	26	12%	94	12%	30	18%	133	11%	56	15%	189	12%
2 to 5 years ago	13	3%	24	11%	24	3%	17	10%	37	3%	41	11%	78	5%
5 or more years ago	8	2%	15	7%	19	2%	11	7%	27	2%	26	7%	53	3%
Do not know / Not sure	9	2%	8	4%	5	1%	12	7%	14	1%	20	5%	34	2%
Within past 12 months	385	85%	149	67%	628	82%	93	57%	1,013	83%	242	63%	1,255	78%
<b>Total Responses</b>	<b>454</b>		<b>222</b>		<b>770</b>		<b>163</b>		<b>1,224</b>		<b>385</b>		<b>1,609</b>	

	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
When a doctor prescribes medicine for you or a family member, what do you do?	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Buy an over the counter medicine	1	0%	5	2%	2	0%	3	2%	3	0%	8	2%	11	1%
Fill the prescription at a pharmacy	436	96%	196	88%	756	98%	145	88%	1,192	97%	341	88%	1,533	95%
Go without medicine	2	0%	16	7%	4	1%	12	7%	6	0%	28	7%	34	2%
Use herbal or natural therapies instead	8	2%	3	1%	7	1%	3	2%	15	1%	6	2%	21	1%
Use leftover medicine already at home	4	1%	2	1%	1	0%		0%	5	0%	2	1%	7	0%
Use someone else's medicine	2	0%	1	0%		0%	1	1%	2	0%	2	1%	4	0%
<b>Total Responses</b>	<b>453</b>		<b>223</b>		<b>770</b>		<b>164</b>		<b>1,223</b>		<b>387</b>		<b>1,610</b>	

Community Health Needs Assessment 2016

Which healthcare services are difficult to get in your County? Check all answers that apply.	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Alternative therapies (acupuncture, herbs, etc.)	77	9%	29	5%	219	13%	31	8%	296	12%	60	6%	356	10%
Dental care including dentures	92	10%	89	17%	109	7%	70	18%	201	8%	159	17%	360	10%
Emergency medical care	11	1%	16	3%	67	4%	15	4%	78	3%	31	3%	109	3%
Family Planning (including birth control)	19	2%	14	3%	39	2%	7	2%	58	2%	21	2%	79	2%
Hospital care	12	1%	17	3%	41	2%	8	2%	53	2%	25	3%	78	2%
Laboratory services	13	1%	10	2%	68	4%	8	2%	81	3%	18	2%	99	3%
Mental Health services	115	13%	42	8%	185	11%	25	6%	300	12%	67	7%	367	11%
Physical Therapy / Rehabilitation	18	2%	21	4%	41	2%	10	3%	59	2%	31	3%	90	3%
Preventative healthcare (routine or wellness)	52	6%	23	4%	49	3%	21	5%	101	4%	44	5%	145	4%
Prescriptions / Pharmacy services	25	3%	30	6%	19	1%	8	2%	44	2%	38	4%	82	2%
Primary medical care (a primary doctor/clinic)	37	4%	30	6%	51	3%	24	6%	88	3%	54	6%	142	4%
Services for the elderly	79	9%	27	5%	140	8%	17	4%	219	9%	44	5%	263	8%
Specialty medical care (specialist doctors)	50	6%	35	7%	200	12%	29	7%	250	10%	64	7%	314	9%
Alcohol or drug abuse treatment	69	8%	18	3%	115	7%	17	4%	184	7%	35	4%	219	6%
Vision care (eye exams and glasses)	31	3%	37	7%	36	2%	30	8%	67	3%	67	7%	134	4%
X-Rays or mammograms	8	1%	21	4%	37	2%	17	4%	45	2%	38	4%	83	2%
Do not know / None	184	21%	77	14%	248	15%	53	14%	432	17%	130	14%	562	16%
<b>Total Responses</b>	<b>892</b>		<b>536</b>		<b>1,664</b>		<b>390</b>		<b>2,556</b>		<b>926</b>		<b>3,482</b>	

In the past 12 months, did you delay getting needed medical care for any of the following reasons? Check all answers that apply.	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Could not afford	75	13%	86	23%	131	13%	73	26%	206	13%	159	24%	365	16%
Insurance problems or lack of insurance	28	5%	69	19%	56	6%	58	21%	84	5%	127	20%	211	9%
Lack of transportation	4	1%	24	7%	5	1%	14	5%	9	1%	38	6%	47	2%
Language barriers or could not communicate	2	0%	2	1%	0	0%	2	1%	2	0%	4	1%	6	0%
Provider did not take your insurance	31	5%	23	6%	56	6%	22	8%	87	5%	45	7%	132	6%
Provider was not taking new patients	36	6%	21	6%	52	5%	18	6%	88	6%	39	6%	127	6%
Could not get an appointment soon enough	66	11%	37	10%	123	12%	19	7%	189	12%	56	9%	245	11%
Could not get a weekend or evening appointment	46	8%	16	4%	103	10%	18	6%	149	9%	34	5%	183	8%
No, I did not have a delay in getting care	242	41%	68	18%	354	35%	47	17%	596	37%	115	18%	711	32%
No, I did not need medical care	61	10%	23	6%	120	12%	10	4%	181	11%	33	5%	214	10%
<b>Total Responses</b>	<b>591</b>		<b>369</b>		<b>1,000</b>		<b>281</b>		<b>1,591</b>		<b>650</b>		<b>2,241</b>	

When you or someone in your family is sick, where do you go for healthcare?	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Any available doctor	11	2%	2	1%	16	2%	2	1%	27	2%	4	1%	31	2%
Community health center	4	1%	26	12%	4	1%	16	10%	8	1%	42	11%	50	3%
Free clinic	4	1%	17	8%	2	0%	13	8%	6	0%	30	8%	36	2%
Health Department		0%	2	1%		0%	1	1%	0	0%	3	1%	3	0%
Hospital Emergency Room	8	2%	77	35%	7	1%	20	12%	15	1%	97	25%	112	7%
I usually go without care	7	2%	15	7%	19	2%	18	11%	26	2%	33	9%	59	4%
My family doctor	303	67%	68	31%	567	74%	74	45%	870	71%	142	37%	1,012	63%
Urgent care clinic	92	20%	13	6%	110	14%	15	9%	202	16%	28	7%	230	14%
VA / Military facility	26	6%	2	1%	45	6%	4	2%	71	6%	6	2%	77	5%
<b>Total Responses</b>	<b>455</b>		<b>222</b>		<b>770</b>		<b>163</b>		<b>1,225</b>		<b>385</b>		<b>1,610</b>	

If you felt that you or someone in your family needed mental health services, where would you go?	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Hospital Emergency Room in Escambia County	14	3%	21	10%	3	0%	4	2%	17	1%	25	7%	42	3%
Hospital Emergency Room in Santa Rosa County		0%	1	0%	4	1%	9	6%	4	0%	10	3%	14	1%
I do not know where to go for mental health care	52	11%	54	25%	146	19%	47	29%	198	16%	101	27%	299	19%
Mental health clinic in Escambia County	67	15%	62	29%	33	4%	6	4%	100	8%	68	18%	168	11%
Mental health clinic in Santa Rosa County	1	0%	1	0%	41	5%	37	23%	42	3%	38	10%	80	5%
My family doctor	107	24%	41	19%	232	30%	31	19%	339	28%	72	19%	411	26%
Private psychologist, psychiatrist or other mental health professional	183	40%	29	13%	271	35%	23	14%	454	37%	52	14%	506	32%
VA / Military facility	29	6%	7	3%	39	5%	5	3%	68	6%	12	3%	80	5%
<b>Total Responses</b>	<b>453</b>		<b>216</b>		<b>769</b>		<b>162</b>		<b>1,222</b>		<b>378</b>		<b>1,600</b>	

Community Health Needs Assessment 2016

Overall, how would you rate the quality of healthcare services available in your County?	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Excellent	23	5%	15	7%	38	5%	7	4%	61	5%	22	6%	83	5%
Fair	108	24%	69	31%	174	23%	60	36%	282	23%	129	33%	411	25%
Good	183	40%	69	31%	355	46%	55	33%	538	44%	124	32%	662	41%
Not sure / do not know	7	2%	10	5%	19	2%		0%	26	2%	10	3%	36	2%
Poor	19	4%	29	13%	23	3%	16	10%	42	3%	45	12%	87	5%
Very Good	116	25%	29	13%	164	21%	27	16%	280	23%	56	15%	336	21%
<b>Total Responses</b>	<b>456</b>		<b>221</b>		<b>773</b>		<b>165</b>		<b>1,229</b>		<b>386</b>		<b>1,615</b>	

Do you currently use any tobacco products?	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
No, I have never used tobacco products	312	69%	105	47%	551	72%	69	42%	863	71%	174	45%	1,037	65%
No, I quit 1 or more years ago	100	22%	42	19%	152	20%	48	29%	252	21%	90	23%	342	21%
No, I quit 12 months ago or less	5	1%	17	8%	13	2%	6	4%	18	1%	23	6%	41	3%
Yes I currently use e-cigarettes	1	0%	2	1%	8	1%	4	2%	9	1%	6	2%	15	1%
Yes, I currently smoke cigarettes or cigars	32	7%	56	25%	37	5%	37	22%	69	6%	93	24%	162	10%
Yes, I currently use chewing tobacco, snuff or snus	3	1%	1	0%	5	1%	1	1%	8	1%	2	1%	10	1%
<b>Total Responses</b>	<b>453</b>		<b>223</b>		<b>766</b>		<b>165</b>		<b>1,219</b>		<b>388</b>		<b>1,607</b>	

How would you rate your own health today?	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Healthy	230	51%	70	31%	410	54%	56	34%	640	53%	126	32%	766	48%
Somewhat Healthy	148	33%	95	43%	229	30%	75	45%	377	31%	170	44%	547	34%
Unhealthy	16	4%	39	17%	26	3%	21	13%	42	3%	60	15%	102	6%
Very Healthy	54	12%	18	8%	101	13%	10	6%	155	13%	28	7%	183	11%
Very Unhealthy		0%	1	0%		0%	4	2%	0	0%	5	1%	5	0%
<b>Total Responses</b>	<b>448</b>		<b>223</b>		<b>766</b>		<b>166</b>		<b>1,214</b>		<b>389</b>		<b>1,603</b>	

Please indicate how strongly you agree or disagree with the following statement as it applies to you personally: I am confident that I can make and maintain lifestyle changes, like eating right, exercising, or not smoking.	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Agree	249	55%	126	57%	428	56%	88	54%	677	55%	214	56%	891	56%
Disagree	31	7%	22	10%	61	8%	24	15%	92	8%	46	12%	138	9%
Strongly Agree	174	38%	67	30%	276	36%	48	29%	450	37%	115	30%	565	35%
Strongly Disagree		0%	5	2%	2	0%	3	2%	2	0%	8	2%	10	1%
<b>Total Responses</b>	<b>454</b>		<b>220</b>		<b>767</b>		<b>163</b>		<b>1,221</b>		<b>383</b>		<b>1,604</b>	

What are the top three (3) reasons that prevent you from eating healthier foods and being active? Check only three.	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total	Count	% of Total
Do not know how to change my diet	21	2%	21	5%	37	2%	14	4%	58	2%	35	4%	93	3%
Do not know how much more active I need to be	28	3%	18	4%	30	2%	20	6%	58	2%	38	5%	96	3%
Fear of failure	39	4%	20	4%	54	4%	17	5%	93	4%	37	5%	130	4%
Tried before and failed to change	45	5%	24	5%	97	6%	19	6%	142	6%	43	5%	185	6%
Healthier food is not available in my neighborhood membership	11	1%	10	2%	34	2%	1	0%	45	2%	11	1%	56	2%
Do not want to change what I eat	46	5%	57	13%	102	7%	51	15%	148	6%	108	14%	256	8%
Do not want to be more active	43	5%	12	3%	71	5%	9	3%	114	5%	21	3%	135	4%
It is not safe to exercise in my neighborhood	14	2%	9	2%	28	2%	5	1%	42	2%	14	2%	56	2%
It is too expensive to cook / eat healthy foods	25	3%	22	5%	24	2%	12	3%	49	2%	34	4%	83	3%
Do not have time to be more active	138	15%	97	22%	214	14%	72	21%	352	14%	169	21%	521	16%
Do not have time to cook or shop for healthy foods	138	15%	31	7%	252	16%	33	10%	390	16%	64	8%	454	14%
I am happy the way I am	101	11%	19	4%	161	11%	27	8%	262	11%	46	6%	308	10%
I already eat healthy and am active	64	7%	46	10%	122	8%	27	8%	186	8%	73	9%	259	8%
<b>Total Responses</b>	<b>899</b>		<b>446</b>		<b>1,529</b>		<b>345</b>		<b>2,428</b>		<b>791</b>		<b>3,219</b>	

## **Appendix II: Forces of Change**

---

See next page.

# Mobilizing for Action through Planning and Partnerships (MAPP)

## Forces of Change Assessment

### Final Report

Retreat Date: August 21, 2015



*"We will understand and will respond to the health needs of  
Escambia & Santa Rosa County in collaboration with community partners."*

MAPP Vision Statement  
2015

## ACKNOWLEDGEMENTS

### Partnership for a Healthy Community Board

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John B. Clark, Vice President	Council on Aging of West Florida
Freddie Cattouse	Consumer Advocate
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Tim Wyrosdick	Santa Rosa County School District
Dennis Goodspeed	Lakeview Center
Pam Chesser	Santa Rosa Medical Center
Denise Barton	Sacred Heart Health System
Chandra Smiley, MSW	Escambia Community Clinics
	Santa Rosa Community Clinics
David Sjoberg	Board Emeritus Member

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Enid Siskin, PhD	University of West Florida
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Brunie Emmanuel	Pathways for Change
Karen Barber, PhD	Bridges Out of Poverty
Jennifer Wowk-Ward	Florida Department of Health in Santa Rosa County



### **Community Assessment Planning Committee**

Chandra Smiley, MSW	Escambia & Santa Rosa Community Clinics
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Krystle Galace	Baptist Healthcare Corporation
Nora Bailey	Partnership for a Healthy Community
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Becky Washler	Sacred Heart Health System
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### **Facilitator**

JoAnn Vanfleteren, Ascendant Healthcare Partners

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## FORCES OF CHANGE ASSESSMENT – PROCESS AND RESULTS

Florida Department of Health in Santa Rosa and Escambia Counties is using the Mobilizing for Action through Planning and Partnerships (MAPP) community health assessment process as the framework for convening a large variety of organizations, groups, and individuals that comprise the local public health system in order to create and implement a community health improvement plan. MAPP utilizes four assessments, which serve as the foundation for achieving improved community health. They are:

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Local Public Health System Assessment

Twenty-two diverse stakeholders, representing the Northwest Florida Partnership for a Healthy Community, Department of Health in Escambia County, Department of Health in Santa Rosa County, Escambia and Santa Rosa Community Clinics, Baptist Health Care, Sacred Heart Health System, Santa Rosa Medical Center, Santa Rosa County School District, Healthy Start of Santa Rosa County, Lakeview Center, SMI Consultants, United Way of Escambia County, University of West Florida, Ascendant Healthcare Partners, Interfaith Ministries/Good Samaritan Clinic, non-profit organizations and others, convened on August 21, 2015 to help answer the assessment questions: "What is occurring or might occur that affects the health of our community or local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

The purpose of the Forces of Change Assessment (FOCA) is to identify forces – such as trends, factors, or events – that have the potential to impact the health and quality of life of the community and the work of the local public health system. The following are examples of trends, forces and events:

- Trends – Patterns over time, such as migration in and out of the community or growing disillusionment with government
- Factors – Discrete elements, such as a community’s large ethnic population, an urban setting, or proximity to a major waterway
- Events – One time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation

The FOCA took place on August 21, 2015 at Florida Department of Health in Santa Rosa County located in Milton. A facilitated consensus building process was used to generate answers to the following question: “What is occurring or might occur that affects the health of our community or local public health system?” Participants brainstormed trends, factors, and events, organizing them into common themes and then providing an overarching ‘force’ for each of the category columns. The five identified forces are as follows

- Education: Health Literacy
- Funding
- Partnerships
- Chronic Disease
- Healthy Weight/Obesity

See Appendix A for the full results of the brainstorming process.

After the consensus workshop, participants were charged with answering the second assessment question: “What specific threats or opportunities are generated by these occurrences?” Participants generated threats and opportunities for all of the ideas within each force of change category; representing the results from the evaluation survey.

See Appendix B for the results of the FOCA, participants selected five issues; the results are provided in the chart below. The forces will be presented based on those results.

Education: Health Literacy	
Threats Posed	Opportunities Created
<ul style="list-style-type: none"> <li>• Low self-care competency: Inability to navigate individual healthcare - health management, communicate, understanding rights and responsibilities, ability to understand health insurance plans and eligibility for assistance programs. Health care provider-patient interaction, clinical encounters, diagnosis and treatment of illness, and medication misinformation.</li> </ul>	<ul style="list-style-type: none"> <li>• Resources exist to engage on these issues; involve the community in a larger learning system changing the paradigm from “schools teach” to “community fosters learning” approach.</li> </ul>
<ul style="list-style-type: none"> <li>• Ability to understand and utilize health messages</li> </ul>	<ul style="list-style-type: none"> <li>• Proactive messaging through social media</li> </ul>
<ul style="list-style-type: none"> <li>• Digital Divide increased isolation of lower income families; increased opportunity gap in a techcentric world; further disenfranchisement.</li> </ul>	<ul style="list-style-type: none"> <li>• The technology exists to address these problems, needing political will, funding and partners; innovation of use of the technology</li> </ul>
<ul style="list-style-type: none"> <li>• Poverty; health; access to health providers</li> </ul>	<ul style="list-style-type: none"> <li>• Organizing for social change, resilience, better access to care and economic opportunity</li> </ul>
<p><i>Santa Rosa County only</i></p> <ul style="list-style-type: none"> <li>• Inadequate transportation structure</li> <li>• No dedicated public transportation funding or service</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities to change transportation culture</li> </ul>

Funding Opportunities	
Threats Posed	Opportunities Created
<ul style="list-style-type: none"> <li>• Decrease in Federal and State funding opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Actively pursue local grants</li> </ul>
<ul style="list-style-type: none"> <li>• Shortage of providers, increased inequity; increased disease rates</li> </ul>	<ul style="list-style-type: none"> <li>• Increase primary &amp; preventive care; decrease in chronic health issues; better health generally</li> </ul>
<ul style="list-style-type: none"> <li>• Decrease of healthcare funding: Low Income Pool (LIP) funding; State not accepting Federal funds; not expanding Medicaid; ICD-10 conversion</li> </ul>	<ul style="list-style-type: none"> <li>• Redesign and refocus of the safety net under the new paradigm</li> </ul>
<ul style="list-style-type: none"> <li>• Push for privatization across sectors</li> </ul>	<ul style="list-style-type: none"> <li>• Provides ability to share resources and fill healthcare gaps within the community</li> </ul>
<ul style="list-style-type: none"> <li>• Increased mental health issues; suicide; morbidity &amp; mortality; stigma; lack of access to quality mental health services; limited funding for mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Increased awareness and reduced stigma; increased access to mental health services; more education to help others identify mental health issues; connect individuals to community resources; resiliency</li> </ul>

Partnerships	
Threats Posed	Opportunities Created
<ul style="list-style-type: none"> <li>Misuse of resources; operating in silos; different reporting requirements</li> </ul>	<ul style="list-style-type: none"> <li>Ability to work collaboratively with common strategies and goals in one voice; Northwest Florida Partnership for a Healthy Community</li> </ul>
<ul style="list-style-type: none"> <li>Competing for funds</li> </ul>	<ul style="list-style-type: none"> <li>Increase collaborative initiatives for State and local funding</li> </ul>

Chronic Disease	
Threats Posed	Opportunities Created
<ul style="list-style-type: none"> <li>Poverty: disproportionate impact on vulnerable populations</li> </ul>	<ul style="list-style-type: none"> <li>Ability to access food through Food Stamps</li> </ul>
<ul style="list-style-type: none"> <li>Nutrition</li> </ul>	<ul style="list-style-type: none"> <li>Opportunity to educate through online applications, AHEC and other organizations</li> </ul>
<ul style="list-style-type: none"> <li>Over utilization of antibiotics and poor medication adherence</li> </ul>	<ul style="list-style-type: none"> <li>Opportunity to educate physicians</li> </ul>
<ul style="list-style-type: none"> <li>Medication costs</li> </ul>	<ul style="list-style-type: none"> <li>Affordable Care Act</li> </ul>
<ul style="list-style-type: none"> <li>Poor lifestyle choices; alcohol; over eating; tobacco use; sedentary lifestyle</li> </ul>	<ul style="list-style-type: none"> <li>Focused education through care management; health literacy</li> </ul>
<ul style="list-style-type: none"> <li>Lack of health education in schools</li> </ul>	<ul style="list-style-type: none"> <li>Opportunity for early prevention and increased activity</li> </ul>
<ul style="list-style-type: none"> <li>Lack of inter-disciplinary health teams</li> </ul>	<ul style="list-style-type: none"> <li>Opportunity to work with the whole family; not just the individual with chronic disease</li> </ul>
<ul style="list-style-type: none"> <li>Transportation</li> </ul>	<ul style="list-style-type: none"> <li>Increase the walkability of the community</li> </ul>

Healthy Weight	
Threats Posed	Opportunities Created
<ul style="list-style-type: none"> <li>Food deserts, lack of local food system assets; cultural norms (i.e. breastfeeding, body shapes); crowding out by junk food</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness of food issues; local food economy (i.e. Extension Services, Farmer’s Market)</li> </ul>
<ul style="list-style-type: none"> <li>Poor health; food addiction; loss of food/cooking knowledge; economic awareness of food cost (i.e. fast food is not always cheaper)</li> </ul>	<ul style="list-style-type: none"> <li>Changing options in fast food; awareness around food; change school/hospital/workplace food policy</li> </ul>
<ul style="list-style-type: none"> <li>Increasing obesity within the community; lack of safe activity places and educational opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Community awareness and reporting; parental, neighborhood and workplace involvement</li> </ul>

## APPENDICES

### Appendix A

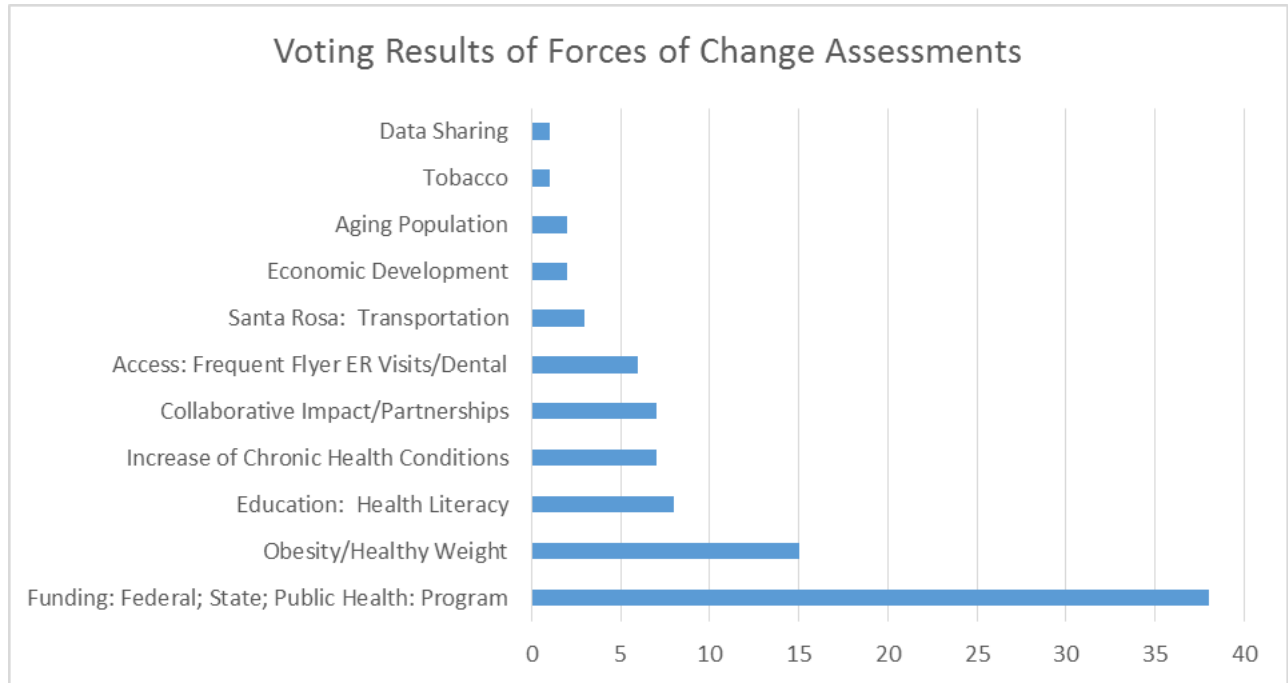
	TRENDS	EVENTS	FACTORS
<b>RECENT PAST OR CURRENT</b>	<ul style="list-style-type: none"> <li>• Failure of state to expand coverage for uninsured under PPACA- continued high uninsured rate (20%)</li> <li>• Federally Qualified Health Center or FQHCs are taking the lead in reaching out to the poor thus becoming the Medical Home for previously-disenfranchised individuals and families</li> <li>• Integrated Services: Behavioral Health is being integrated with Medical Care; Social Services are being integrated with Primary Health Care</li> <li>• The percentage of families living in poverty and the number of homeless families are increasing</li> <li>• Difficult to reach homeless population who do not have a primary care home resulting in crisis ER visits</li> <li>• Lack of adequate access to health care--including preventive health</li> <li>• Securing adequate medical providers who will accept Medicaid for reimbursement of care</li> <li>• Continued decreases in public health funding</li> <li>• Climate change - increasing heat in the summer that restricts outdoor activities</li> <li>• SRC: poor public transportation system</li> <li>• Lack of walking and biking options</li> <li>• High obesity rates among adults and children; obesity very slow to decrease despite many efforts in schools</li> <li>• STD rates rising amongst teens</li> <li>• The increased use of tobacco among teens, especially the E-Cigarettes</li> <li>• The improved relationship and collaboration among community partners</li> <li>• Poor air quality</li> </ul>	<ul style="list-style-type: none"> <li>• State delegation of all Medicaid coverage to private health plans (Medicaid reform) in 2014 - inadequate provider networks, payments which impact safety net providers negatively, limited mental health coverage</li> <li>• Homeless Health Care Grant received to provide health care services to the homeless; a homeless Day of Service bringing health care organizations and social service providers to provide services to the homeless</li> <li>• The impact of the Oil Spill co-occurring with the economic crisis is still being felt</li> <li>• Changes in workforce</li> <li>• Weather - hurricanes, flooding</li> <li>• School health program offering nursing services to homeless; improved access to healthcare for this population; 5-2-1-0 implementation has begun across both counties</li> </ul>	<ul style="list-style-type: none"> <li>• Low self-care competency; health literate</li> <li>• Low workforce preparedness</li> <li>• High poverty</li> <li>• Limited economic development efforts that impact lower wage earner</li> <li>• The ability of our hospitals to navigate the "frequent users" of ER services</li> <li>• All major providers of health and social services must have a combined data-sharing system</li> <li>• Failure to expand health insurance</li> <li>• Decreasing funding streams and staffing to provide health education and health services</li> <li>• Lack of transportation for disadvantaged families and members</li> <li>• Sedentary lifestyle, smoking</li> <li>• Provide wrap-around street outreach services to the most vulnerable homeless population, which includes healthcare, mental health, and social services</li> <li>• Escalation of children with allergies who need additional assistance</li> <li>• Food deserts</li> </ul>

	TRENDS	EVENTS	FACTORS
<p><b>ANTICIPATED IN FUTURE</b></p>	<ul style="list-style-type: none"> <li>• Consolidation of health insurance companies - shift in health care payment to value based system will reduce margins and potentially negatively impact safety net providers.</li> <li>• Failure to expand health insurances in Florida.</li> <li>• Continued conversion of those with health insurance to high deductible/out of pocket risk - which results in delayed preventive care</li> <li>• Rise in the chronic health conditions of the homeless resulting in preventable deaths coupled with the lack of affordable housing.</li> <li>• State budgets being reduced due to Low Income Pool financial cost</li> <li>• Imperative to educate the young on behaviors directly impacting health</li> <li>• New requirement: demonstrating outcomes-based collaborative impacts across multiple agencies for a given population.</li> <li>• Obesity will increase chronic diseases earlier in life of these youth.</li> <li>• STD's will increase chronic health issues and decrease fertility or increase infant mortality rates.</li> <li>• Increased mortality rate of youth and teens with risk behaviors and poor access to healthcare for homeless, unaccompanied youth.</li> <li>• Sustainability for Dental services.</li> <li>• Obesity or Heathiest Weight is taking the lead right now even though tobacco issues still rank at the top.</li> <li>• Santa Rosa County public transportation</li> <li>• Workforce: Low wage employment growing at a faster rate than high paying, professional jobs.</li> <li>• Failure to set aside adequate land for parks in neighborhoods.</li> </ul>	<ul style="list-style-type: none"> <li>• Presidential and federal election in 2016; Governor Election in 2017 - continued efforts to privatize and/or eliminate PPACA provisions.</li> <li>• Determination of how those RESTORE funds are combined will be critical to their long-term impact on the health &amp; well-being of our people.</li> <li>• Failure of policy makers to address the growing poverty rates in our community for the very young and the very old</li> <li>• Private providers in partnership taking previous traditional public health roles.</li> <li>• Homeless Day of Service is an annual event. Attendance in 2014 was 241; 2015 was 340.</li> <li>• Continued emphasis on prevention, focus on the community by healthcare providers.</li> <li>• Increasing obesity rate among pre-school and middle school age groups.</li> <li>• Increasing tobacco use among our teens, especially the E-Cigarettes.</li> <li>• Loss of Public Health Funding:             <ul style="list-style-type: none"> <li>- Teen Outreach Program funding and implementation will impact high school students learning reduced risk taking behaviors.</li> <li>- DREAM team STD/Pregnancy prevention program will impact teen high risk sexual behaviors</li> <li>- School nurses have been cut, health department employees are being cut.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Policy advocacy.</li> <li>• Budget and our government</li> <li>• Our social norm- what is acceptable and what is not!</li> <li>• More education, especially toward the low income minority.</li> <li>• Increased economic development.</li> <li>• Threats to federal or state funding always exists.</li> <li>• A growing aging population and growing population living in poverty.</li> <li>• Additional burden on our systems that cannot be handled by our current processes.</li> <li>• Continued decrease in public health resources.</li> </ul>



**Appendix B**

The topics below were generated during the brainstorming process. Attendees, were asked to consider how great the health impact of the forces, then selected the top five forces of change out of the 11 forces listed.



## Appendix C

Background - Mobilizing for Action through Planning and Partnerships identifying Escambia and Santa Rosa Counties' public health issues and improving the community's health and quality of life requires the knowledge and experiences of all those who live and work in the communities. The Partnership is using the MAPP process as the framework for convening a large variety of organizations, groups, and individuals that comprise the local public health system in order to create and implement a community health improvement plan. As a community-based, MAPP provides an opportunity to build and maintain relationships with community partners and Escambia and Santa Rosa County residents. Community involvement throughout the process creates community ownership of public health concerns and solutions.



Fig 1: MAPP Process Roadmap to Improved Health

From 1997 through 2001, the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC), developed MAPP. Prior to MAPP's inception, public health practitioners did not have structured guidance on creating and implementing community-based strategic plans. In response, NACCHO and CDC created a process based on substantive input from public health practitioners and public health research and theory. As a result, MAPP is a process that is both theoretically sound and relevant to public health practice. (National Association of County and City Health Officials, 2008). The Partnership has used many public health assessment tools in the past and has chosen to use the MAPP process for community health assessment and planning for the communities.

The Partnership for a Healthy Community is a Florida not-for-profit corporation, formed in 1994 with the mission of assessing health status, identifying priority health needs, and supporting collaborative efforts to address those needs to improve health and quality of life for the residents of Escambia and Santa Rosa Counties in Northwest Florida. The Community

Assessment & Planning Committee (CAP) is responsible for the functions related to Community Health reporting and intervention facilitation that meet requirements for the individual organizations.



Fig 2: MAPP Organizational Structure (2015-2016)

MAPP utilizes four assessments, which serve as the foundation for achieving improved community health as reflected in the organizational structure above. These four assessments are:

- **Community Themes and Strengths Assessment:** Provides community perceptions of their health and quality of life, as well as their knowledge of community resources and assets.
- **Local Public Health System Assessment:** Measures how well public health system partners collaborate to provide public health services based on a nationally recognized set of performance standards. The Local Public Health System Assessment is completed using the local instrument of the National Public Health Performance Standards Program.
- **Community Health Status Assessment:** Measures health status using a broad array of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health.
- **Forces of Change Assessment:** Provides an analysis of the positive and negative external forces that impact the promotion and protection of the public's health



Fig 3: MAPP Process

Once strategic issues are identified, the Partnership for a Healthy Community will formulate goals, strategies and an action plan for implementing the strategies. This approach leads to the following:

- Measurable improvements in the community's health and quality of life
- Increased visibility of public health within the community
- Community advocates for public health and the local public health system
- Ability to anticipate and manage change effectively
- Stronger public health infrastructure, partnerships, and leadership

**Appendix D**

**Partnership for a Healthy Community  
 Florida Department of Health in Escambia County  
 Florida Department of Health in Santa Rosa County**



**Forces of Change Community Meeting**  
 Florida Department of Health in Santa Rosa County  
 5527 Stewart St, Milton, FL 32570  
 August 21, 2015 – 9:30 AM – 11:00 AM



**AGENDA**

**Purpose:** *Solicit input from the community on the forces of change in Escambia County and Santa Rosa County through open two-way dialogue.*

Topic	Lead
<b>Welcome/Call to Order</b>	Nora Bailey
<b>Explanation of Forces of Change Process</b>	Nora Bailey
<b>Supporting Information</b> Results of online survey on trends, events and factors that may impact health of our community and/or public health	JoAnn Vanfleteren
<b>Brainstorming and Discussion</b>	All
<b>Identification of Possible Impacts, Opportunities and Threats</b>	All
<b>Meeting Evaluation</b>	All
<b>Adjourn</b>	Nora Bailey



Appendix E



**Florida Department of Health in Escambia County  
Community Health Improvement Meeting  
Forces of Change  
5527 Stewart Street  
Milton, Florida 32570  
August 21, 2015 - 8:30 a.m.  
Sign In Sheet**

**Purpose:**

Engage the community in the Community Health Improvement process.

**Attendees** Members of the Partnership for Healthy Communities, DOH-Santa Rosa, DOH-Escambia

Name	Organization or Community Representative	Email	Phone
Shirley Cornett	Interfaith Ministries	iminstries@belkouth.net	934-6844
Martha Sumner	Healthy Start of S.R.C.	msumner@healthystart.santarosa.org	626-6751
Andrea Krueger	United Way of Escambia	andrea@unitedwayescambia.org	444-7110
JOHN CLARK	COUNCIL ON AGE OF W. FL.	JCLARK@COAWFLA.ORG	266-2501
Jim Wyrosdick	SRC SB	wyrosdick@santarosak12.fl.us	7777762
Deb Vinci	UWF	dvinci@uwf.edu	377-6701
Denise Barton	Sacred Heart Health System	dbarton@shhpens.org	416-7022
Jennifer Wank-Ward	SRCHD, WIC	jennifer.wank-ward@flhealth.gov	983-5250
Patron	Partnership for a Healthy Com	PFAHC@cs.com	438-6649
Keyshia Galeace	Baptist Health Care	keyalace@bhcpns.org	434-4005
Karen Barber	Santa Rosa Schools	barberk@santarosak12.fl.us	232-8231
Versilla Turner	FOOH - Escambia	versilla.turner@flhealth.gov	595-6100 #110
Chadra Smitky	ECC	csmitky@ecc-clinic.org	472-0053
Sandra Park-O'Hara	Florida Dept of Health - Santa Rosa	Sandra.Park@flhealth.gov	850-483-5200 x 108
John J. Lanza	FOOH - Escambia	John.J.Lanza@flhealth.gov	595-6100 x 100
Debbie Stilphen	DOH - Santa Rosa	deborah.stilphen@flhealth.gov	850-983-5200
Pam Chesser	S.R. med Ctr	Pamela.Chesser@smcfl.com	626-5003
Becky Washler	S.H.H.S	becky.washler@SHHPENS.ORG	416-2840
Amyssa Luntz	PFAHC	amyssa.l@pfahc.org	815-210-9295
N Bailey	PFAHC + SRCOHISC	nbailey@smiconsultants.com	291-6410
J Vanfleteren	Partnership Ascendant HealthCare Partners	jvan@ascendanthealthcarepartners.com	221-5384





**Florida Department of Health in Santa Rosa County  
Community Health Improvement Meeting  
Forces of Change  
5527 Stewart Street  
Milton, Florida 32570  
August 21, 2015 - 8:30 a.m.  
Sign In Sheet**

**Purpose:**

Engage the community in the Community Health Improvement process.

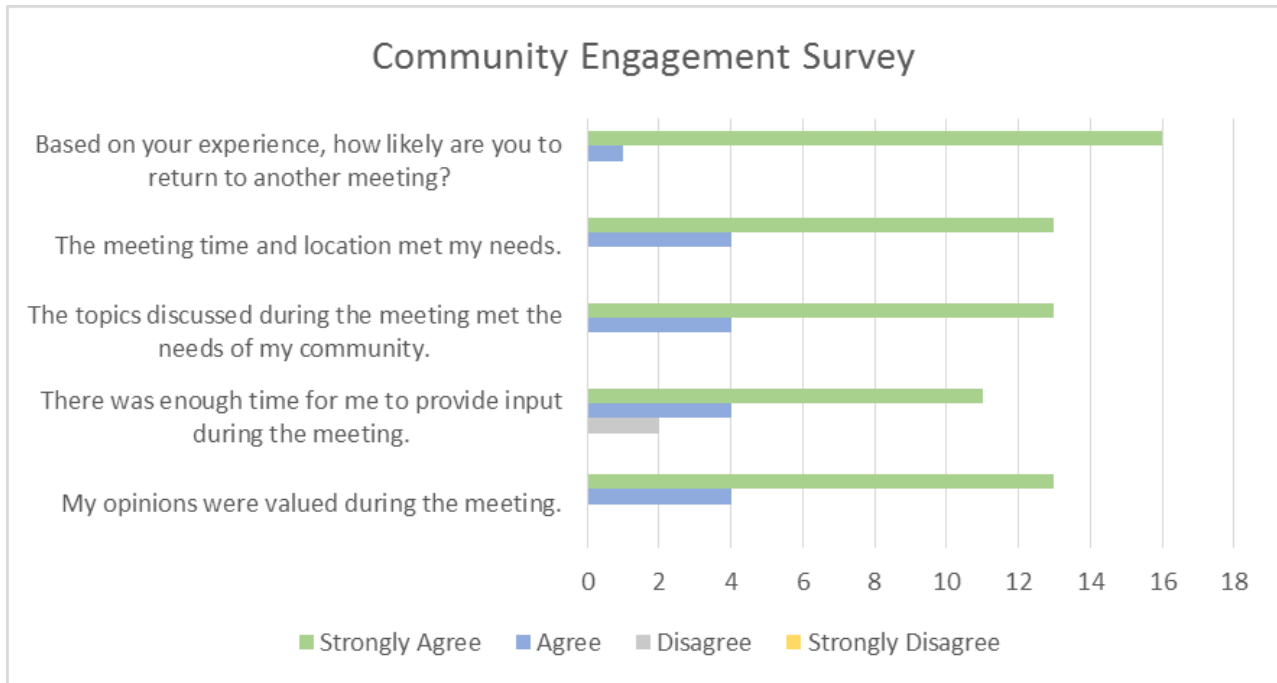
**Attendees** Members of the Partnership for Healthy Communities, DOH-Santa Rosa, DOH-Escambia

Name	Organization or Community Representative	Email	Phone
Shirley Corbett	Speed, Smith & Co. Inc	imminstrina@speedsmith.com	934-6844
Melissa Quamm	Health Stat of SC	mquamm@healthstatofsc.com	626 6751
Jane CLARK	COUNCIL ON AGE OF W.F.L.	JCLARK@COAWFLA.org	266 2501
Andrea Krueger	United way of Escambia	andrea@unitedwayescambia.org	444-7110
Tim Wyrosdick	SRCSB	wyrosdick@santarosa.k12.fl.us	
Dennis Godepaul	Lakeview Ctr	dcodepaul@bhcpns.org	469-3831
Debra Vini	UWF	Debra.Vini@uwf.edu	904-224-3771
Denise Barton	Sacred Heart Health System	albarton@shpsus.org	416-7022
Jennifer Wank-Ward	SRCHD, WIC	jennifer.wankward@flhealth.gov	983-5350
Pat Dunn	Partnership for Healthy Comm	PFATC@cs.com	338-6644
Krystle Gilace	Baptist Health Care	kgilace@bhcpns.org	434-4095
Karen Barber	Santa Rosa School Dist.	barberk@santarosa.k12.fl.us	232-8231
Versille Turner	FDH-Escambia	versilla.turner@flhealth.gov	595-6800 #1800
Chandra Smiley	ECC	csmiley@ecc-diaic.org	472-0053
John J. Lanza	FDH-ESCAMBIA	JohnJ.LANZA@FLHealth.gov	591-6500 x1000
Sandra Park-O'Hara	FDH- Santa Rosa	Sandra.Park@flhealth.gov	850-983-5200 x108 850-983-5200
Debbie Stilphen	DOH-Santa Rosa	Deborah.Stilphen@flhealth.gov	
Pam Chesser	S.R. med Ctr	Pamela.Chesser@sr.mcfi.com	626-5003
Becky Washler	SHHSB	becky.washler@SHHSBENS.org	416 2840
Alyssa Curtis	PFATC	alysaac@pfanc.org	815-210-9295
Nora Bailey	PFATC + SRCCHISC	nbailey@smiconsultants.com	291-6410
JoAnn VanHeteren	Partnership + FL DOH Ascendant Healthcare Partners		



### Community Engagement Survey

There were 33 participants in the Forces of Change Assessment, 17 participants completed the Community Engagement Survey. The results are shown in the diagram below.



## **Appendix III: Local Public Health System**

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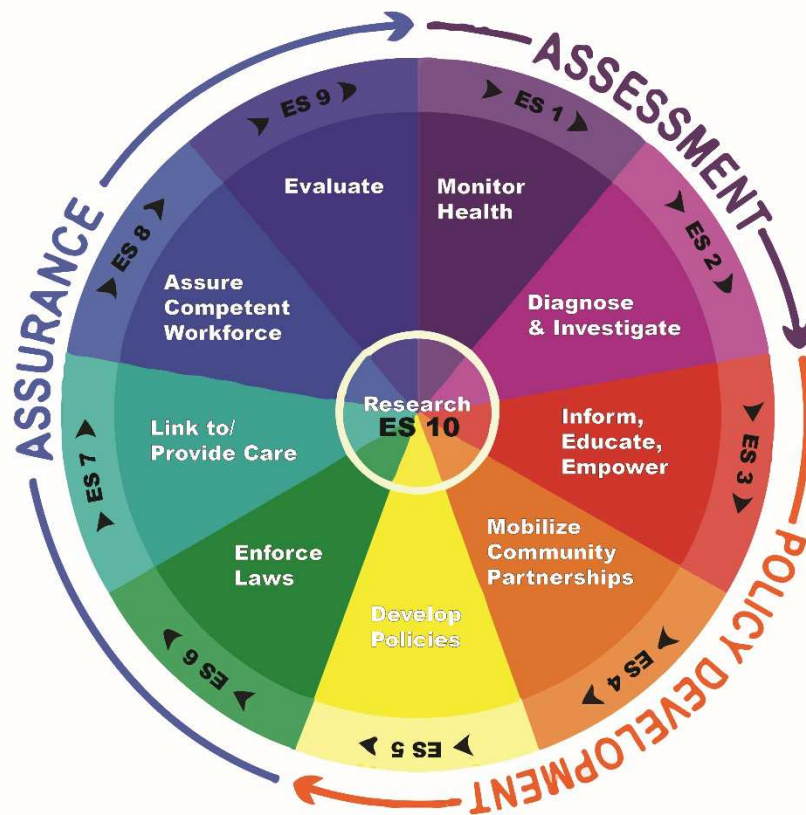
### **Escambia County**

See next page.

# Local Public Health System Assessment

## Executive Summary

Escambia County, Florida



Florida Department of Health in Escambia County  
1295 West Fairfield Drive, Pensacola, Florida 32501  
T: 850-595-6500  
[escambia.flhealth.gov](http://escambia.flhealth.gov)



## Table of Contents

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### Introduction

Figure 1. Mobilizing For Action through Planning and Partnership (MAPP) Framework

Figure 2. Local Public Health System

### The Assessment Process

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Figure 3. Essential Service Rating System Performance Relative to Optimal Activity

### Results

Figure 4. Summary of Average Essential Public Health Service Performance Scores

Figure 5. Percentage of the System's Essential Services Scores That Fall Within the Five Activity Categories.

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1 .....	Local Public Health System Assessment Invitation
2 .....	10 Essential Public Health Services Descriptive Sheet
3.....	Local Public Health System Meeting Agenda
4 .....	Local Public Health System Participants

## Introduction

This document summarizes the 2015 Local Public Health System Assessment (LPHSA) conducted in Escambia County, Florida. The full LPHSA report can be accessed at [Escambia.flhealth.gov](http://Escambia.flhealth.gov) or by contacting the Communications Division at the Florida Department of Health in Escambia County.

The 2015 Local Public Health System Assessment was part of a larger comprehensive assessment project occurring within the county utilizing the Mobilizing for Action through Planning and Partnership (MAPP) process as a framework.

**Figure 1.**



Healthcare providers and public health agencies must partner with other community influencers to address the social, economic, environmental, and individual factors which influence health. The local public health system is comprised of agencies, organizations, individuals, and businesses that must work to create conditions for improved health in a community. The interconnected nature of the local public health system is described in Figure 2.

**Figure 2.**



## The Assessment Process

Community partner recruitment was completed through email, phone call, and in-person invitation. A preparatory document, outlining the ten essential public health services, was distributed with the initial invitation as well as the reminder email. (The invitation and preparatory document are attached as Appendices 1 and 2, respectively.)

Twenty-six partners from Escambia County’s local public health system convened at the Florida Department of Health in Escambia County for a four-hour assessment meeting. Each Essential Health Service was discussed around the Model Standard. The 30 Model Standards serve as quality indicators and are aligned with the ten essential public health services.

Participants scored responses to assessment questions using individual voting cards corresponding to the scale below (See Figure 3). Each participant’s vote was counted and recorded. Each Model Standard was discussed as a group before voting was tallied.

### Box 1.

- The 10 Essential Public Health Services
1. **Monitor** health status to identify community health problems.
  2. **Diagnose and investigate** health problems and health hazards in the community.
  3. **Inform, educate** and empower people about health issues.
  4. **Mobilize** community partnerships to identify and solve health problems.
  5. **Develop policies and plans** that support individual and community health efforts.
  6. **Enforce** laws and regulations that protect health and ensure safety.
  7. **Link** people to needed personal health care services and assure the provision of health care when otherwise available.
  8. **Assure** a competent public health and personal health care workforce.
  9. **Evaluate** the effectiveness, accessibility, and quality of personal and population-based health services.
  10. **Research** for new insights and innovative solutions to health problems.

Participants were encouraged to vote on the areas of service they were familiar with. Participants were also encouraged to voice concerns about areas of service that would impact their organization. The complete report provides a breakdown of those comments, concerns, and opinions categorized by each Essential Service.

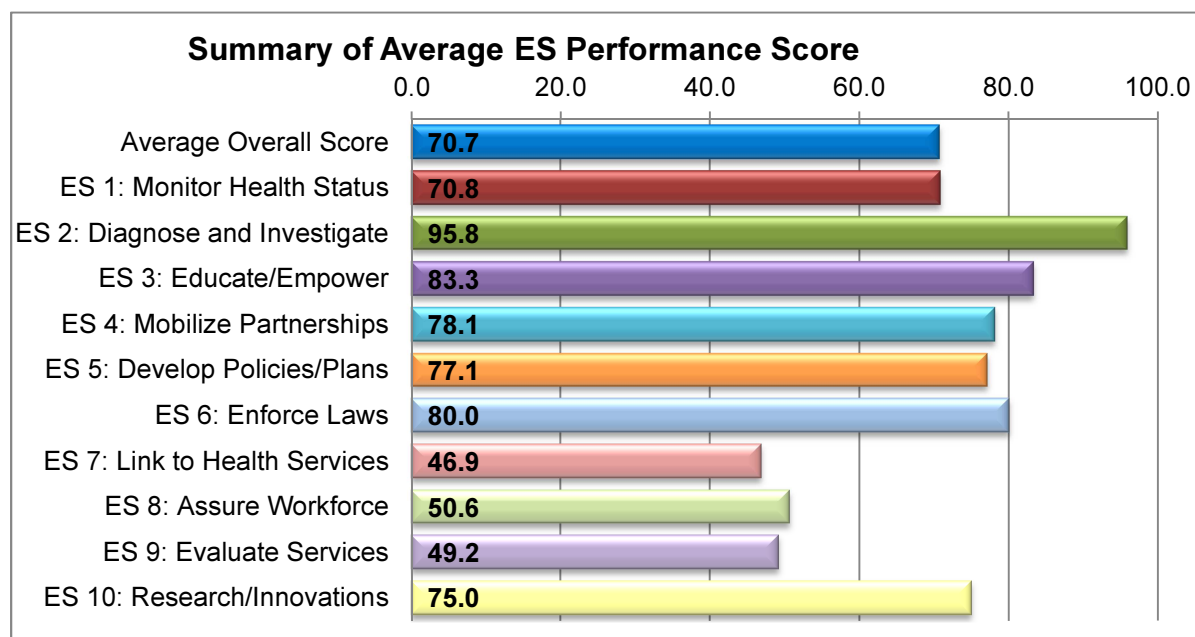
**Figure 3. Essential Service Rating System – Performance relative to Optimal Activity**

<b>Optimal Activity (76-100%)</b>	Greater than 75% of the activity described within the question is met.
<b>Significant Activity (51-75%)</b>	Greater than 50%, but no more than 75% of the activity described within the question is met.
<b>Moderate Activity (26-50%)</b>	Greater than 25%, but no more than 50% of the activity described within the question is met.
<b>Minimal Activity (1-25%)</b>	Greater than zero, but no more than 25% of the activity described within the question is met.
<b>No Activity (0%)</b>	0% or absolutely no activity.

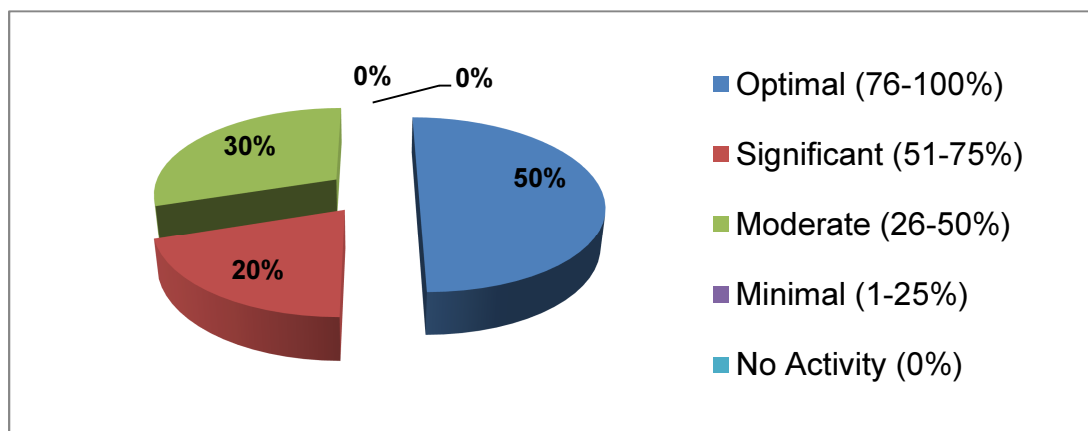
### Results

The National Public Health Performance Standards, referred to as Model Standards from this point, are used in this assessment to work toward more positive performance in the local public health system. The following graphs depict the averages of scores for the series of questions in the assessment. These questions are designed to allow local health system partners to quantify the fulfillment of the local public health performance in comparison to the Model Standard.

**Figure 4. Summary of Average Essential Public Health Service Performance Scores** This displays the average scores for each essential public health service, along with an overall average score for the 10 essential services. These scores provide a consensus evaluation of the local public health system’s strengths and weaknesses.



**Figure 5. Percentage of the system's Essential Services scores that fall within the five activity categories.** This chart provides a bird’s-eye view of the information found in Figure 4, summarizing the composite performance measures for all 10 Essential Services.



## Moving Forward

This process is meant to coordinate community partner strategic plan alignment with community priorities for effective collective impact. A thorough understanding of the MAPP process by contributing agencies is a critical step in realizing the full value of this process. This result can only be achieved with broad participation and constructive feedback. Partner participation is a critical factor in compiling a complete picture of health in Escambia County.

A subcommittee will be appointed to identify additional participants for future assessments. A full month's notice to invitees will be provided before future LPHSA meetings. A participant list will be shared with LPHSA group members to help identify areas with low representation and determine what individuals or organizations might be included in the LPHSA.

## Identifying Community Priorities

In the next step, participants will reconvene to discuss the results, identify major themes, and rate the importance of these issues in their community. Prioritizing the Model Standards will help community partners identify areas for improvement or where resources could be realigned. Using this process, local partners can address improving the essential services within the community and incorporating each of the Model Standards into their organization where appropriate.

### Box 2.

#### Themes

1. The assessment was an honest, critical, first step looking into the Escambia County, Florida local public health system.
2. The local public health system in Escambia County, Florida has many informal partnerships that need to be formalized, publicized, and promoted.
3. We will be able to continue the assessment process to identify priorities for improvement. The prioritization process will be interactive and will target actions that the local public health system can take to achieve greater collective impact for the residents of Escambia County, Florida.

## Limitations

This community has not participated in the MAPP process before and gaining the momentum needed for broad community input will take time. Increasing participation both qualitatively and quantitatively is key in this process. The survey process was very fast-paced; the participants shared a lot of data during the discussions. The comments about each component of the evaluation are not included in this executive summary, but can be found in the full report.

There are a number of data limitations in the LPHSA. The wide variety of participants involved in performing the assessment, leads to some variation in the group's knowledge of local public health system's activities. Each respondent self-reports with their different experiences and perspectives. Based on these perspectives, gathering responses for each question involves some subjectivity.



## **Appendix 1 Invitation**

**Thank you** for agreeing to participate in the Local Public Health System Assessment for Escambia County, Florida. As community partners contributing to the provision of public health services in our county, we will together evaluate how well these services are currently provided and in what ways we might improve. Broad, cross-sector participation is an essential step in properly evaluating our system, and your attendance is vital to this mission.

Your organization has been identified as a contributor to at least one of the 10 Essential Public Health Services. Attached you will find a brief outline of these services. Please review the topics and come prepared to impart your knowledge about the services relevant to your agency.

We will meet at the Fairfield Drive location of Florida Department of Health in Escambia County (1295 W. Fairfield Drive) on Tuesday, September 8th from 1:00 p.m. to 5:00 p.m. CT.

Please direct any questions to Julie Burger at [Julie.burger@flhealth.gov](mailto:Julie.burger@flhealth.gov) or call 850-595-6500 ext. 1818. We look forward to seeing you.



## Appendix 2 Preparatory Document

<p><b>ESSENTIAL SERVICE #1: Monitor the Health of the Community</b></p> <ul style="list-style-type: none"> <li>Conduct community health assessment to identify public health risks and inform public health planning</li> <li>Review available health data to determine most prevalent health problem</li> <li>Identify groups of people who might have a greater chance of becoming ill because of where they live or work, because of social economic situations, or because they have behaviors that can cause health problems; Develop a community health profile</li> <li>Establish website to provide community information about persistent health problems within community and how to prevent these problems</li> </ul>
<p><b>ESSENTIAL SERVICE #2: Diagnose and Investigate Community Health Problems and Hazards in the Community</b></p> <ul style="list-style-type: none"> <li>Investigate foodborne outbreaks</li> <li>Communicate serious health threats to community in timely manner</li> <li>Develop emergency response plans for public health emergencies and respond to public health emergencies including disease outbreaks or terrorism</li> <li>Ensure access to laboratory with capacity for sampling</li> </ul>
<p><b>ESSENTIAL SERVICE #3: Inform, Educate and Empower</b></p> <ul style="list-style-type: none"> <li>Provide health information that is easy for people to get and understand</li> <li>Develop and provide community with information on seasonal and ongoing public health issues including Influenza and West Nile Virus prevention, cancer and obesity prevention, and bioterrorism preparedness</li> <li>Provide health promotion activities like cholesterol screening, BP screening, flu clinics</li> <li>Support legislation that will improve the community's health, such as clean indoor air legislation</li> </ul>
<p><b>ESSENTIAL SERVICE #4: Mobilize Community Partnerships</b></p> <ul style="list-style-type: none"> <li>Convene other health organizations (e.g., hospital) within community to develop community-wide health improvement plan</li> <li>Coordinate agreements between other community health organizations to determine specific roles and responsibilities toward improving community's health</li> </ul>
<p><b>ESSENTIAL SERVICE #5: Policy Development</b></p> <ul style="list-style-type: none"> <li>Advocate for policies that will improve public health, such as clean indoor air law; testify at public hearings in support of legislation that will improve public health</li> </ul>
<p><b>ESSENTIAL SERVICE #6 Enforce Laws and Regulations</b></p> <ul style="list-style-type: none"> <li>Enforce public health code; protect drinking water supplies</li> <li>Conduct timely inspections (i.e., restaurants, tattoo parlors, campgrounds, day care)</li> <li>Conduct timely environmental inspections (i.e., septic systems, pools, lead abatement); follow up on hazardous environmental exposures and preventable injuries</li> <li>Serve quarantine/isolation order to individual infected with infectious diseases such as Tb, SARS, Smallpox</li> <li>Assist in revising outdated public health laws and development of proposed public health legislation</li> </ul>
<p><b>ESSENTIAL SERVICE #7 Link People to Health Services</b></p> <ul style="list-style-type: none"> <li>Establish and maintain referral network for provision of personal health services to ensure that people who cannot afford health care get the care they need</li> <li>Distribute mass quantities of antibiotics or vaccines in event of widespread disease outbreak or bioterror-related attack</li> <li>Identify and locate underserved populations such as low-income families, minorities, and the uninsured</li> <li>Provide culturally and language appropriate materials so that special groups of people can be linked with preventive services</li> </ul>
<p><b>ESSENTIAL SERVICE #8 Assure a Competent Workforce</b></p> <ul style="list-style-type: none"> <li>Test emergency response plan during mock event to evaluate performance; fund professional development opportunities for staff</li> </ul>
<p><b>ESSENTIAL SERVICE #9 Evaluate Quality</b></p> <ul style="list-style-type: none"> <li>Monitor trends in disease rates to assess effectiveness of disease prevention activities</li> <li>Monitor trends in risk factors (i.e., unprotected sex, drinking-and-driving, smoking) to assess effectiveness of health promotion activities</li> <li>Evaluate effectiveness of public health programs and services</li> </ul>
<p><b>ESSENTIAL SERVICE #10 Research for New Insights</b></p> <ul style="list-style-type: none"> <li>Monitor rapidly changing disease prevention research and health promotion research</li> <li>Revise practices in order to remain current with recommended practices resulting from evidenced-based research</li> </ul>

**Appendix 3  
Meeting Agenda**

- Introductions
- Mobilizing for Action Through Planning and Partnership (MAPP)
- Group Discussion on Each Model Standard
  - Strengths
  - Weaknesses
  - Improvement Opportunities



Activity	Time	Activity	Time
Intro	1:05	Essential Service 5	3:15
MAPP	1:20	Essential Service 6	3:30
10 Essential Services	1:30	Essential Services 7	3:45
Performance Rating	1:45	Essential Service 8	4:00
Essential Service 1	2:00	Essential Service 8	4:15
Essential Service 2	2:15	Essential Service 9	4:30
Essential Service 3	2:45	Essential Service 10	4:45
Essential Service 4	3:00		

## **Appendix 4 Participants**

### **Local Public Health System Assessment Attendees and affiliated organization**

	<b>Name</b>	<b>Affiliation</b>
1.	Bolton, Beate	FLDOH- Escambia
2.	Carden, Lisa	FL Department of Children and Families
3.	Chmiel, David	FLDOH- Escambia
4.	Chmiel, Theresa	Healthy Start
5.	Cook, Sherry	FLDOH- Escambia
6.	Crabtree, Amanda	United Way
7.	Curtis, Alyssa	Partnership for a Healthy Community
8.	Gilmore, Eric	FLDOH- Escambia
9.	Hanna, Martha	Escambia Co. School District
10.	Harris, Sharon	FLDOH- Escambia
11.	Hill, Ann	Emerald Coast Healthcare Coalition
12.	Kent, Linda	FLDOH- Escambia
13.	Lanza, John J.	FLDOH- Escambia
14.	Lorei, Emily	Manna Food Pantries
15.	Manassa, Denise	Community Drug and Alcohol Council
16.	McCarthy, Meghan	Baptist Healthcare
17.	Mello, Mathew	Escambia County – Mosquito Control
18.	Merritt, Robert	FLDOH- Escambia
19.	Morrow, Saranne	FLDOH- Escambia
20.	Mott, Marie	FLDOH- Escambia
21.	Moyer, Linda	FLDOH- Escambia
22.	Phillips, Vanessa	FLDOH- Escambia
23.	Roberts, Jim	Emerald Coast Utilities Authority
24.	Spivey, LaDonna	Kingdom Fitness
25.	Turner, Versilla	FLDOH- Escambia
26.	Vinci, Debra	The University of West Florida

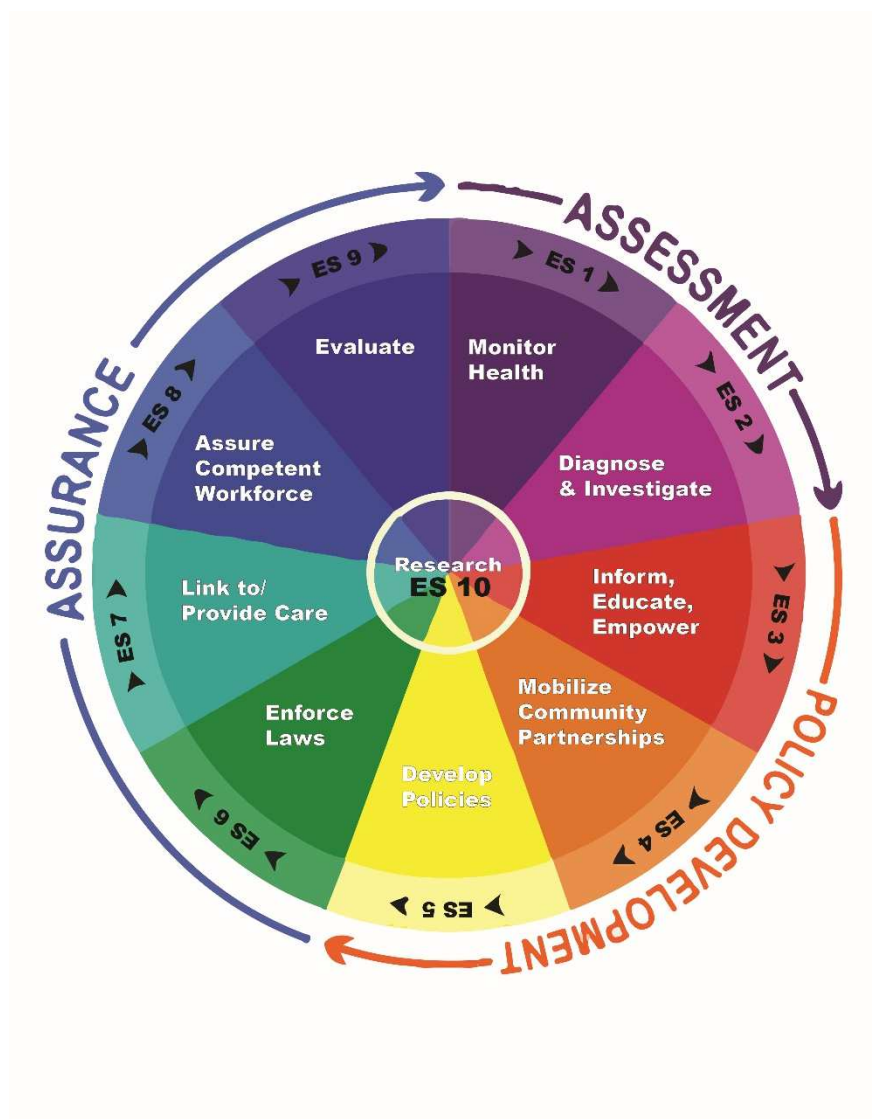
## **Santa Rosa County**

See next page.

# Local Public Health System Assessment

## Executive Summary

Santa Rosa County, Florida



Florida Department of Health in Santa Rosa County

5527 Stewart Street, Milton, FL 32570

T: 850-983-5200

[www.SantaRosa.FloridaHealth.gov](http://www.SantaRosa.FloridaHealth.gov)

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### Introduction



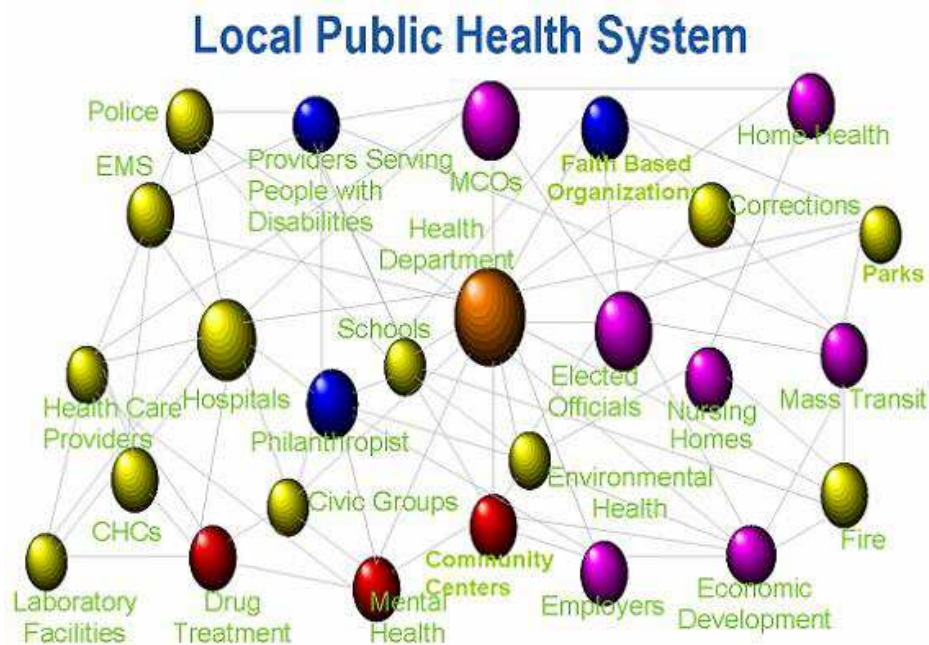
This document summarizes the 2015 Local Public Health System Assessment (LPHSA) conducted in Santa Rosa County, Florida. The full LPHSA report can be accessed at [www.SantaRosa.FIHealth.gov](http://www.SantaRosa.FIHealth.gov) or by contacting the Communications Division at the Florida Department of Health in Santa Rosa County.

The 2015 Local Public Health System Assessment was part of a larger comprehensive assessment project occurring within the county utilizing the Mobilizing for Action through Planning and Partnership (MAPP) process as a framework.

Figure 1



Figure 2



Healthcare providers and public health agencies must partner with other community influencers to address the social, economic, environmental, and individual factors which influence health. The local public health system is comprised of agencies, organizations, individuals, and businesses that must work to create conditions for improved health in a community. The interconnected nature of the local public health system is described in Figure 2.

## The Assessment Process

Community partner recruitment was completed through email, phone call, and in-person invitation. A preparatory document, outlining the ten essential public health services, was distributed with the initial invitation as well as the reminder email. (The invitation and preparatory document are attached as Appendices 1 and 2, respectively.)

Twenty-one partners from Santa Rosa County's local public health system convened for a five hour assessment meeting at the Florida Department of Health in Santa Rosa County on October 14, 2015. Each Essential Health Service was discussed around the Model Standard. The 30 Model Standards serve as quality indicators that are organized into the ten essential public health service areas.

Participants scored responses to assessment questions using individual voting cards corresponding to the scale below (See Figure 3). Each participant's vote was counted and recorded. Each Model Standard was discussed as a group before voting was tallied.

### Box 1

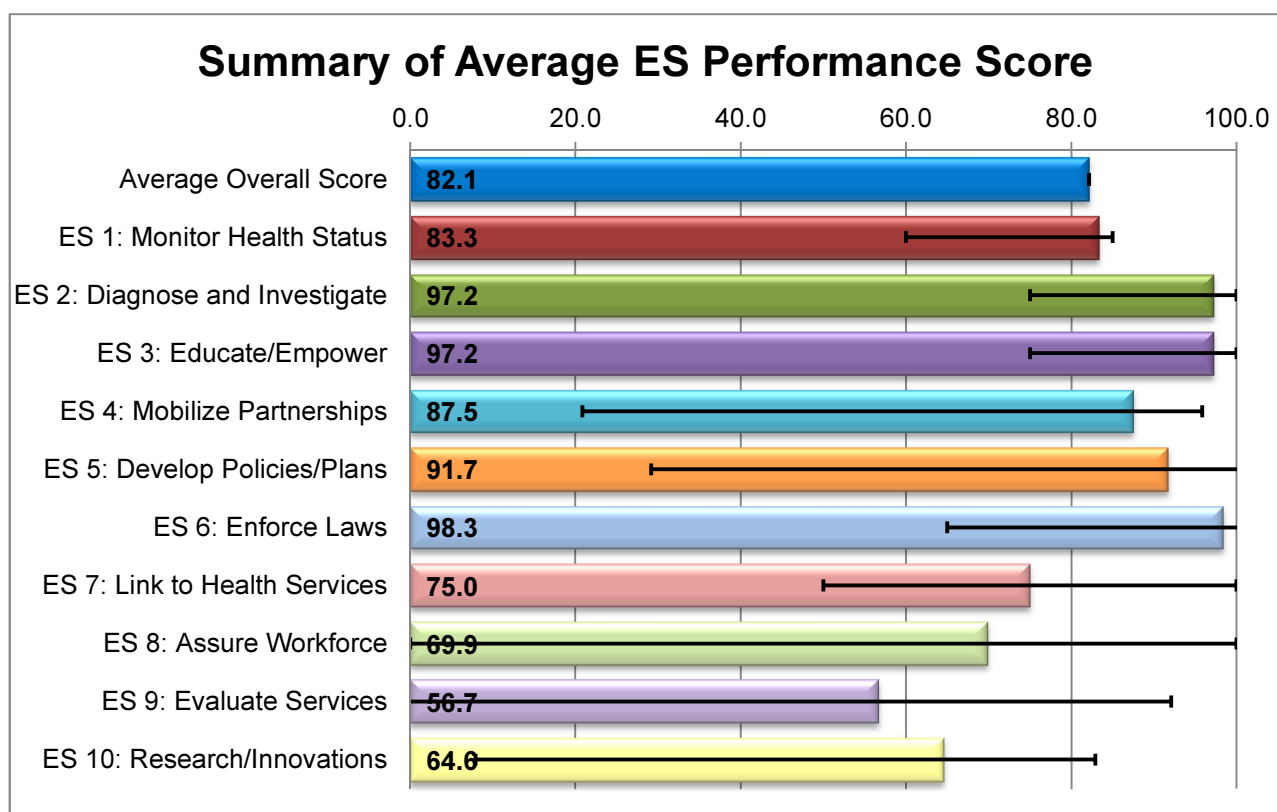
#### The 10 Essential Public Health Services

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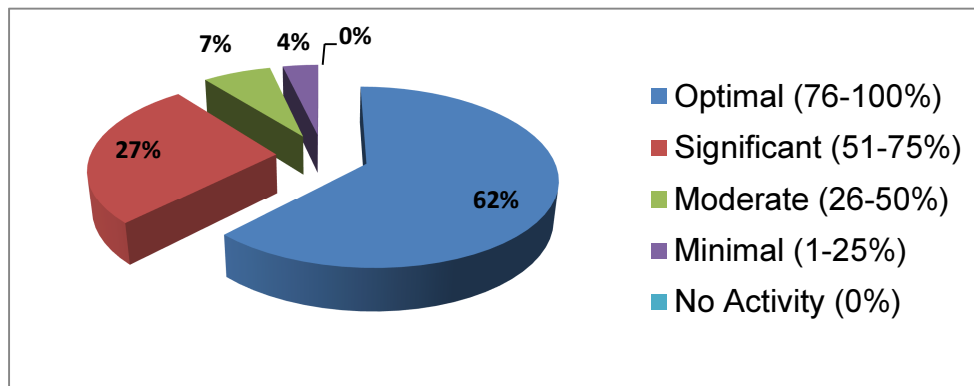
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This process is meant to coordinate community partner strategic plan alignment with community priorities for effective collective impact. A thorough understanding of the MAPP process by contributing agencies is a critical step in realizing the full value of this process. This result can only be achieved with broad participation and constructive feedback. Partner participation is a critical factor in compiling a complete picture of health in Santa Rosa County.

A subcommittee will be appointed to identify additional participants for future assessments. A full month's notice to invitees will be provided before future LPHSA meetings. A participant list will be shared with LPHSA group members to help identify areas with low representation and determine what individuals or organizations might be included in the LPHSA.

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In the next step, participants will reconvene to discuss the results, identify major themes, and rate the importance of these issues in their community. Prioritizing the Model Standards will help community partners identify areas for improvement or where resources could be realigned. Using this process, local partners can address improving the essential services within the community and incorporating each of the Model Standards into their organization where appropriate.

**Box 2.**

**Themes**

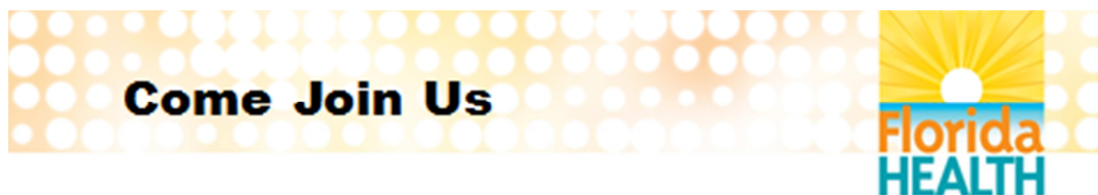
1. The assessment was an honest, critical, first step looking into the Santa Rosa County, Florida local public health system.
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**Limitations**

This community has not participated in the MAPP process before and gaining the momentum needed for broad community input will take time. Increasing participation both qualitatively and quantitatively is key in this process. The survey process was very fast-paced; the participants shared a lot of data during the discussions. The comments about each component of the evaluation are not included in this executive summary, but can be found in the full report.

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**Appendix 1  
Invitation**



Department of Health in Santa Rosa County would like to invite you to attend the Local Public Health System Assessment (LPHSA):

**Wednesday, October 14<sup>th</sup>  
9:00 a.m. to 3:00 p.m.**

We will answer the following questions for our community:

- What is the capacity of our local public health system?
- How are the Essential Services being provided to our community?

For more information call:  
850.983.5200 ext 175

## Appendix 2 Preparatory Document

<p><b>ESSENTIAL SERVICE #1: Monitor the Health of the Community</b></p> <ul style="list-style-type: none"> <li>Conduct community health assessment to identify public health risks and inform public health planning</li> <li>Review available health data to determine most prevalent health problem</li> <li>Identify groups of people who might have a greater chance of becoming ill because of where they live or work, because of social economic situations, or because they have behaviors that can cause health problems; Develop a community health profile</li> <li>Establish website to provide community information about persistent health problems within community and how to prevent these problems</li> </ul>
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**Appendix 3  
Meeting Agenda**

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- Mobilizing for Action Through Planning and Partnership (MAPP)
- Group Discussion on Each Model Standard
  - Strengths
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## Meeting Agenda

Activity	Time	Activity	Time
Intro	9:05	Essential Service 5	11:15
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Essential Service 2	10:15	Essential Service 9	12:30
Essential Service 3	10:45	Essential Service 10	12:45
Essential Service 4	11:00		

## **Appendix 4 Participants**

### **Local Public Health System Assessment Attendees and affiliated organization**

	<b>Name</b>	<b>Affiliation</b>
1.	Kelly Duhon	Early Learning Coalition Santa Rosa
2.	Pat Dunn	Partnership for a HealthyCommunity
3.	Debra Burr	Frensius Medical Care
4.	Richard Hare	West Florida Community Care Center
5.	Enid Sisskin	University of West Florida
6.	Martha Zimmerman	Healthy Start Coalition of Santa Rosa
7.	Carlly Perreauh	Ameri-Corps
8.	Linda Wilson	Community Drug & Alcohol (CDAC)
9.	Jeff Walters	Santa Rosa Medical Center
10.	Sandra Donaldson	Santa Rosa Community Clinics
11.	Kim Laundry	Santa Rosa County Lifeguard Medical Director
12.	Danial Hahn	Santa Rosa Emergency Management
13.	Michelle Hill	DOH-Santa Rosa
14.	Jenea Highfill	DOH-Santa Rosa
15.	Susan Howell	DOH-Santa Rosa
16.	Barbara McMillion	DOH-Santa Rosa
17.	Vince Nguyen	DOH-Santa Rosa
18.	Sandy Park-O'Hara	DOH-Santa Rosa
19.	Deborah Stilphen	DOH-Santa Rosa
20.	Dianne Pickens	DOH-Santa Rosa

## Appendix IV: Community Health Status Assessment: Complete Indicator List

Performance:	Better than FL	Worse than FL	Neutral – Equal to FL
<b>Trend:</b>	<p><b>↑ - Improving Trend</b> Desired Performance Direction: High/Increase (ex.: # of Former Smokers)</p> <p><b>↓ - Improving Trend</b> Desired Performance Direction: Low/Decrease (ex.: <i>Decreasing</i> deaths from smoking related cancer)</p>	<p><b>↓ - Worsening Trend</b> Desired Performance Direction: High/Increase (ex.: # of Former Smokers)</p> <p><b>↑ - Worsening Trend</b> Desired Performance Direction: Low/Decrease (ex.: <i>Decreasing</i> deaths from smoking related cancer)</p>	
	<p>--- Neutral Trend; No Change</p>		

### Health Outcomes

Mortality – Length of Life		Escambia		Santa Rosa		Related Priorities		
Indicator	Latest Data Period	Performance	Trend	Performance	Trend	Tobacco Use	Healthiest Weight	Access to Care
Breast Cancer Deaths	2012-2014	22.0	↓	26.4	↓			X
Cancer Deaths	2012-2014	181.1	↓	177.6	↓	X	X	X
Chronic Liver Disease, Cirrhosis Deaths	2012-2014	9.9	↓	8.6	↑			X
Chronic Lower Respiratory Disease Deaths	2012-2014	48.7	↓	55.2	↓	X		X
Colon, Rectal or Anus Cancer Deaths	2012-2014	13.7	↓	14.3	↓	X	X	X
Deaths from Smoking-related Cancers	2010-2012	75.2	↓	81.3	↓			X
Diabetes Deaths	2012-2014	28.5	↑	18.1	↓		X	X
Heart Disease Deaths	2012-2014	189.7	↑	176.8	↑	X	X	X
HIV/AIDS Deaths	2012-2014	3.9	↓	0.3	↓			X
Homicide	2012-2014	8	↑	2.9	↑			
Infant Mortality	2012-2014	7.7	↑	5.1	↓	X		X
Injury Deaths	2012-2014	39.7	↑	35.9	↑			
Lung Cancer Deaths	2012-2014	56.2	↓	51.8	↓	X		X
Motor Vehicle Accident Deaths	2012-2014	15.4	↓	14.2	↓			
Neonatal Deaths (0-27 days)	2012-2014	5.1	↑	3.3	↓			X
Nephritis, Nephritic Syndrome, and Nephrosis Deaths	2012-2014	20.6	↑	22.0	↑			X
Pneumonia, Influenza Deaths	2012-2014	11.0	↓	10.8	↑			X
Post neonatal Deaths (28-364 days)	2012-2014	2.6	↓	1.8	↓			X
Premature Death	2010-2012	9,071.0	↓	6,902.0	↓	X	X	X
Prostate Cancer Deaths	2012-2014	21.1	↑	20.0	↓	X	x	X
Stroke Deaths	2012-2014	46.4	↓	38.8	↓			X
Suicide Deaths	2012-2014	18.3	↑	18.6	↑			X

Morbidity – Quality of Life		Escambia		Santa Rosa		Related Priorities		
Indicator	Latest Data Period	Performance	Trend	Performance	Trend	Tobacco Use	Healthiest Weight	Access to Care
Adults with good to excellent overall health	2013	80.6	↓	83.7	--			X
AIDS	2014	9.3	↓	2.5	↑			X
Asthma (Adult)	2013	8.1%	↓	9.0%	↓			
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days	2013	5.1	↓	4.2	--			
Breast Cancer Incidence	2009-2011	116.5	↓	113.4	↓		X	
Cervical Cancer Incidence	2009-2011	8.4	↑	4.2	↓			
Chicken Pox	2014	4.0	↓	1.9	↓		X	X
Colon and Rectum Cancer Incidence	2009-2011	40.7	↓	35.3	↓		X	
Diabetes (Adult)	2013	12.6%	↑	8.8%	↓		X	
Heart Disease (Adult)	2013	10.1%	↓	7.9%	↓	X	X	
Hepatitis C, Acute	2014	134.3	↑	149.5	↓			
High Blood Pressure (Adult)	2013	36.7%	↑	31.0%	↓	X	X	
High Blood Pressure Controlled (Adult)	2013	81.3%	↓	83.4%	↑	X	X	
High Cholesterol (Adult)	2013	29.6%	↓	33.6%	↓		X	
HIV	2014	25.1	↑	5.0	↓			
Low birth weight	2012-14	10.0	--	7.8	↑	X		
Lung Cancer Incidence	2009-2011	79.5	↓	71.6	↓	X		
Melanoma Cancer Incidence	2009-2011	16.7	↑	18.9	↑			
Meningitis, Other Bacterial, Cryptococcal, or Mycotic	2014	8.3	↓	11.2	↑			
Poor or fair health	2013	19.4	↑	16.3	--	X	X	X
Prostate Cancer Incidence	2009-2011	1,032.0	↑	95.7	↓			
Salmonellosis	2014	27.8	↓	36.8	↓			
Total Cancer Incidence	2009-2011	451.5	↓	420.9	↓	X		
Tuberculosis	2014	3.3	↑	0	↓			X
Unhealthy mental days	2013	3.6	↓	3.7	↑			X
Vaccine (Selected) Preventable Disease for All Ages	2014	13.2	↑	12.5	↑			X
Whooping Cough	2014	10.3	↑	8.1	↑			X

## Health Factors

Health Behaviors		Escambia		Santa Rosa		Related Priorities		
Indicator	Latest Data Period	Performance	Trend	Performance	Trend	Tobacco Use	Healthiest Weight	Access to Care
Adolescents at a Healthy Weight	2014	64.8%	↓	68.8%	↑		X	
Adults at a Healthy Weight	2013	38.0%	↑	38.0%	↑		X	
Alcohol Consumption in Lifetime (Adolescents)	2014	45.3	↓	45.3	↓			
Alcohol Consumption in past 30 days (Adolescents)	2014	19.2	↓	20.2	↓			
Alcohol-related Motor Vehicle Traffic Crash Deaths	2011-13	7.0	↑	6.6	↑			
Alcohol-related Motor Vehicle Traffic Crashes	2011-13	158.2	↓	87.2	↓			
Binge Drinking (Adolescents)	2014	9.0	↓	10.2	↓			
Births to Mothers Ages 15-19	2012-14	36.1	↓	26.1	↓			
Births to Mothers Ages 10-14	2012-14	0.5	↓	0.1	--			
Births to Mothers Ages 10-16	2012-2014	4.1	--	1.4	↑			
Births to obese mothers	2012-14	25.2	↑	20.7	↑		X	
Births to overweight mothers	2012-14	24.1	↑	25.1	↑		X	
Breast feeding Initiation	2014	75.5%	↑	82.3%	↓		X	
Cigarette Use (Adolescents)	2014	4.9	↓	6.8	↓	X		
Exercise opportunities	2015	87.0%	↑	82.0%	↑		X	
Fast Food Restaurant Access	2013	24.5	↓	15.6			X	
Food Access - Low Income Population	2010	13.0%	↓	10.0%	↓		X	
Food Insecurity	2013	19.3	↑	15.1	↑		X	
Former Smokers (Adult)	2013	26.5	↑	27.1	↓	X		
Fruits and Vegetables consumption: 5 servings per day (Adult)	2013	15.9%	↓	15.5%	↓		X	
Grocery Store Access	2013	21.3	↓	10.3	↑		X	
Infectious Syphilis	2014	8.9	↓	3.7	↑			
Live births where mother smoked during pregnancy	2012-14	10.3	↑	11.4	↑	X		
Marijuana or Hashish Use (Adolescents)	2014	11.3	↑	9.7	↓			
Never Smoked (Adult)	2013	50.9	↓	49.2	↓	X		
Obesity (Adult)	2013	28.0%	↓	25.6%	↓		X	
Overweight (Adult)	2013	31.8%	↓	35.4%	↑		X	
Overweight or Obesity (Adolescents)	2014	35%	↑	28%	--		X	
Secondhand Smoke exposure (Children)	2014	45.3	↓	36.8	↓			
Sedentary Adults	2013	27.5	↑	24.1	↑		X	
Sexually transmitted infections	2014	778.7	↓	291.0	↓			
Smoked cigarettes in last 30 days (Adolescents)	2014	5.7	↓	6.0	↓	X		
Smokers (Adult)	2013	22.5	↓	23.6	↑	X		
SNAP Participants	2011	18.8%	↓	10.0%	↓			
Tobacco Quit Attempt (Adult)	2013	57.3	↓	61.3	↓	X		
Vigorous physical activity recommendations met (Adult)	2007	33.6	↑	30.0	↑		X	

Clinical Care		Escambia		Santa Rosa		Related Priorities		
Indicator	Latest Data Period	Performance	Trend	Performance	Trend	Tobacco Use	Healthiest Weight	Access to Care
Acute Care Beds	2012 - 2014	414.3	↑	164.5	↓			X
Admitted ED Visits - All Ambulatory Care Sensitive Conditions	2014	156.8	↑	149.5	↑			X
Admitted ED Visits - Dental	2014	0.8	↑	0.9	↑			X
Admitted ED Visits - Diabetes	2014	34.0	↑	29.6	↑		X	X
Admitted ED Visits - STDs	2014	0.5	↑	0.2	↑			X
Adult psychiatric beds	2012 - 2014	40.2	↓	0	--			X
Adult substance abuse beds	2012 - 2014	0	--	0	--			X
Adults who could not see a doctor at least once in the past year due to cost	2013	16.8%	↓	14.2%	↓			X
Adults who have a personal doctor	2013	71.3%	↓	75.9%	↓			X
Cancer Screening - Mammogram	2013	58.6	↓	58.4	↓			X
Cancer Screening - Pap Test	2013	55.8%	↑	45.2%	↓			X
Cancer Screening - PSA in past 2 years	2010	63.8%	↑	69.4%	↑			X
Cancer Screening - Sigmoidoscopy or Colonoscopy	2013	59.2%	↑	60.8%	↑			X
Dental Care Access by Low Income Persons	2012	23	↓	19.2	--			X
Dentists	FY 11-12 - FY 13-14	49.0	↓	30.1	↑			X
Diabetic Annual Foot Exam (Adults)	2013	68.9%	↑	61.1%	↓		X	X
Diabetic monitoring	2012	80.0%	↑	81.0%	↑		X	
Diabetic Semi-Annual A1C Testing (Adult)	2013	77.2%	↑	82.8%	↑		X	X
ED Visits - Acute Conditions – Hypoglycemia	2014	0.3	↑	0.5	↑		X	X
ED Visits - All Ambulatory Care Sensitive Conditions	2014	201.6	↑	188.1	↑			X
ED Visits - Chronic Conditions – Angina	2014	0.5	↓	0.6	↓			X
ED Visits - Chronic Conditions – Asthma	2014	13.3	↑	7.8	↓	X		X
ED Visits - Chronic Conditions - Congestive Heart Failure	2014	2.0	↓	1.4	↑	X	X	X
ED Visits - Chronic Conditions – Hypertension	2014	7.2	↓	7.0	↓	X	X	X
ED Visits - Chronic Conditions - Mental Health	2014	20.5	↓	22.5	↑			X
ED Visits – Dental	2014	17.8	↑	15.4	↑			X
ED Visits - Diabetes	2014	29.6	↑	21.3	↑		X	X
ED Visits – STDs	2014	1.1	↑	0.3	↑			X
Family Practice Physicians	FY 11-12 - FY 13-14	35.7	↑	34.2	↓			X
Flu Vaccination in the Past Year (Adult age 65 and over)	2013	58.7%	↓	58.1%	↓			X
Flu Vaccination in the Past Year (Adult)	2013	34.9%	↓	31.2%	↓			X
HIV Testing (Adult age 65 and over)	2013	51.1%	↑	45.2%	↓			X

Clinical Care (Continued)		Escambia		Santa Rosa		Related Priorities		
Indicator	Latest Data Period	Performance	Trend	Performance	Trend	Tobacco Use	Healthiest Weight	Access to Care
Internists	FY 11-12 - FY 13-14	51.6	↑	24.2	↓			X
Lack of Prenatal Care	2012-2014	1.3	↑	0	--			X
Medicaid births	2012-14	55.8	↑	38.6	↓			
Mental Health Providers	2014	14.0	↑	5.0	↑			X
Nursing home beds	2012 - 2014	0	--	0	--			X
OB/GYN	FY 11-12 - FY 13-14	11.9	↑	7.9	↓			X
Pediatric psychiatric beds	2012 - 2014	8.6	↓	0	--			X
Pediatric substance abuse beds	2012 - 2014	0	--	0	--			X
Pediatricians	FY 11-12 - FY 13-14	27.3	↑	17.2	↓			X
Physicians	FY 11-12 - FY 13-14	302.6	↑	185.5	↓			X
Pneumonia Vaccination (Adult age 65 and over)	2013	72.6%	↓	70.8%	↑			X
Pneumonia Vaccination (Adult)	2013	36.5%	↑	31.9%	↓			X
Population Receiving Medicaid	2013	19,023	↑	11,516	↑			X
Prenatal Care Begun in First Trimester	2012-14	76.2	↑	82.0	↓			X
Prenatal Care Begun Late or No Prenatal Care	2012-14	5.7	↑	4.1	↑			X
Preventable hospital stays	2011-2013	1,250.9	↑	1,060.5	↓			X
Primary Care Access	2012	81.3	↑	66.2	↓			X
Rehabilitation beds	2012 - 2014	19.3	--	0	--			X
Uninsured Adults	2013	18.5%	↓	18.4%	↓			X
Uninsured Children	2013	8.0%	↓	10.4%	↑			X
Vaccination (Kindergarteners)	2014	94.4%	↓	95.0%	↓			X

Social & Economic Factors		Escambia		Santa Rosa		Related Priorities		
Indicator	Latest Data Period	Performance	Trend	Performance	Trend	Tobacco Use	Healthiest Weight	Access to Care
Aggravated Assault	2014	480.8	↓	104.0	↑			
Children Eligible for Free/Reduced Price Lunch	2013-2014	63.43	↑	41.85	↑		X	
Children in Poverty (based on household)	2013	28.2%	↑	17.3%	↑		X	X
Children in single-parent households	2013	40.4%	↓	24.2%	↓			
Domestic Violence Offenses	2014	1058.5	↑	426.8	↑			
Forcible Sex Offenses	2014	91.6	↑	32.4	↓			
High school graduation	2013	66.2%	↓	82.8%	↑			
Housing Cost Burden	2009-2013	36.3%	↑	33.0%	↑			X
Median Household Income	2014	\$ 44,883	↑	\$ 57,583	↓			
Murder	2014	6.9	↓	3.1	↑			



Social & Economic Factors (Continued)		Escambia		Santa Rosa		Related Priorities		
Indicator	Latest Data Period	Performance	Trend	Performance	Trend	Tobacco Use	Healthiest Weight	Access to Care
Population 18-24 without a high school diploma	2013	14.0%	↓	17.7%				
Population with Limited English Proficiency	2013	1.6	--	0.9	↓			
Poverty	2013	18.1%	↑	12.3%	↑		X	X
Property Crimes	2014	4,076.4	↓	1,136.4	↓			
Public Assistance Income	2013	34.2%	↑	22.5%	↑			
Real Per Capita Income	2013	\$38,389	↑	\$37,739	↑			X
Unemployment	2015 AUG	5.4	↓	4.8	↓			X
Violent Crime	2014	707.6	↓	154.5	↑			

Physical Environment		Escambia		Santa Rosa		Related Priorities		
Indicator	Latest Data Period	Performance	Trend	Performance	Trend	Tobacco Use	Healthiest Weight	Access to Care
Air pollution - Particulate Matter	2008	0.3%	↑	0.3%	↑			
Air quality - Ozone	2008	0.0%		0.0%				
Drinking water violations	FY13-14	0.0%		4.0%	↑			
Driving alone to work	2013	75.3%	↑	82.4%	↑			
Households with no motor vehicle	2013	7.4%	↓	3.6%	↑			X
Severe housing problems	2008-2012	19.0%	↓	14.0%	↓		X	
Use of Public Transportation	2013	0.7%	↑	0.2%	↓			X

Demographic	Latest Data Period	Escambia	Santa Rosa
Births to Mothers Ages 15-44 (Rate)	2012-14	32.3	29.3
Disability (Any)	2013	15%	14%
Families with Children	2013	27.1%	34.7%
Female Population	2014	152,822	79,021
Female Population Age 10-14	2014	9,336	5,229
Female Population Age 15-19	2014	9,722	4,988
Female Population Age 20-44	2014	47,837	24,461
Male Population	2014	149,599	81,485
Male Population Age 50+	2014	50,623	27,063
Median Age	2014	36.8	40.9
Median Household Income	2014	\$44,883	\$57,583
Population Age 18-24	2014	31,765	15,372
Population Age 25-34	2014	42,867	20,847
Population Age 35-44	2014	32,496	20,393
Population Age 45-54	2014	39,209	24,356
Population Age 55-64	2014	39,695	20,969
Population Age 65+	2014	47,927	22,155
Population by Race - 2 or more races	2013	12,372	6,556
Population by Race - Asian/Pacific Islander	2013	8,932	3,216
Population by Race - Black	2013	66,610	8,385
Population by Race - Native American	2013	1,638	964
Population by Race - Other	2013	2,634	1,400
Population by Race - White	2013	208,609	135,058
Population Under Age 0-17	2014	68,462	36,414
Population with Limited English Proficiency	2013	1.6	0.9
Total Births (resident)	2014	3,880	1,822
Total Population (ACS)	2013	300,795	155,579
Total Population (FL CHARTS)	2014	302,421	160,506
Veteran Population	2013	15.2%	18.1%

## Indicator References and Sources

Health Outcomes – Mortality (Length of Life)	
Indicator	Definition; Data collection period and type; Source
Breast Cancer Deaths	ICD-10 Code(s): C50; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Cancer Deaths	ICD-10 Code(s): C00-C97; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Chronic Liver Disease, Cirrhosis Deaths	Deaths from Chronic Liver Disease and Cirrhosis Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Chronic Lower Respiratory Disease Deaths	ICD-10 Code(s): J40-J47; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Colon, Rectal or Anus Cancer Deaths	Colorectal Cancer Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Deaths from Smoking-related Cancers	Cancers include: Lip, Oral Cavity, Pharynx (C00-C14), Esophagus (C15), Larynx (C32), Trachea, Bronchus, Lung (C33-C34), Kidney & Renal Pelvis (C64-C65), Bladder (C67), Other/Unspecified Sites In Urinary Tract (C66, C68) ; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Diabetes Deaths	ICD-10 Code(s): E10-E14; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Heart Disease Deaths	ICD-10 Code(s): I00-I09, I11, I13, I20-I51; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
HIV/AIDS Deaths	ICD-10 Code(s): B20-B24; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Homicide	Homicide (All Means) Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Infant Mortality	Deaths occurring within 364 days of birth; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Injury Deaths	Unintentional Injuries Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Lung Cancer Deaths	ICD-10 Code(s): C33-C34; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Motor Vehicle Accident Deaths	Motor Vehicle Crashes Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Neonatal Deaths (0-27 days)	Deaths occurring within 27 days of birth. Beginning in 2004, the state total for the denominator in this calculation may be greater than the sum of county totals due to an unknown county of residence on some records; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Nephritis, Nephritic Syndrome, and Nephrosis Deaths	Nephritis Deaths. ICD-10 Code(s): N17-N19; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Pneumonia, Influenza Deaths	CD-10 Code(s): J09-J18; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Post neonatal Deaths (28-364 days)	Deaths occurring 28 to 364 days from birth. Note: Beginning in 2004, the state total for the denominator in this calculation may be greater than the sum of county totals due to an unknown county of residence on some records. Count Available; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>

<b>Health Outcomes – Mortality (Length of Life) - <i>Continued</i></b>	
<b>Indicator</b>	<b>Definition; Data collection period and type; Source</b>
Premature Death	Years of Potential Life Lost (YPLL) - Years of potential life lost (YPLL) before age 75 per 100,000 population (age-adjusted) The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 US population; 3-year rolling rate; CHR <i>County Health Rankings</i> .
Prostate Cancer Deaths	ICD-10 Code(s): C61; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Stroke Deaths	ICD-10 Code(s): I60-I69; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Suicide Deaths	Suicide (All Means) Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>

<b>Health Outcomes – Morbidity (Quality of Life)</b>	
<b>Indicator</b>	<b>Definition; Data collection period and type; Source</b>
Adults with good to excellent overall health	Adults who said their overall health was "good" or "excellent"; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> , Florida BRFSS
AIDS	Acquired immunodeficiency syndrome. HIV and AIDS cases by year of report are NOT mutually exclusive and should NOT be added together; Annual rate per population; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> .
Asthma (Adult)	Adults who currently have asthma; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> , Florida BRFSS
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days	Among adults who responded that they have had at least one day of poor mental or physical health, the average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days; Triennial count (average);
Breast Cancer Incidence	ICD-10 Code(s): C50; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> . Original Data Source: UM(FL) MS, Florida Cancer Data System
Cervical Cancer Incidence	New cases during time period. ICD-10 Code(s): C53; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> . Original Data Source: UM(FL) MS, Florida Cancer Data System
Chicken Pox	Varicella. ICD-10 Case Definition; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Colon and Rectum Cancer Incidence	Colorectal Cancer Incidences; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> . Original Data Source: UM(FL) MS, Florida Cancer Data System
Diabetes (Adult)	Adults who have ever been told they had diabetes; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> , Florida BRFSS
Diabetic monitoring	Percentage of Diabetic Medicare patients ages 65-75 whose blood sugar control was monitored in the past year using a test of their HbA1c levels; Annual percentage; County Health Rankings and Roadmaps <i>Dartmouth Atlas Project</i> . <u>Original Data Source</u> : Dartmouth Atlas of Health Care; CMS.
Heart Disease (Adult)	Adults who have ever been told they had coronary heart disease, heart attack, or stroke; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> , Florida BRFSS

<b>Health Outcomes – Morbidity (Quality of Life) - <i>Continued</i></b>	
<b>Indicator</b>	<b>Definition; Data collection period and type; Source</b>
Hepatitis C, Acute	ICD Code(s): 07051. Cases are assigned to Florida counties based on the county of residence at the time of the disease identification, regardless of where they became ill or were hospitalized, diagnosed, or exposed. Counts and rates include confirmed and probable cases of Hepatitis C, Acute; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
High Blood Pressure (Adult)	Adults who have ever been told they had hypertension; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> , Florida BRFSS
High Blood Pressure Controlled (Adult)	Adults with hypertension who currently take high blood pressure medicine; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> , Florida BRFSS
High Cholesterol (Adult)	Adults who have ever been told they had high blood cholesterol; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> , Florida BRFSS
HIV	Human immunodeficiency virus. HIV and AIDS cases by year of report are NOT mutually exclusive and should NOT be added together; Annual rate per population; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> .
Low birth weight	Live Births under 2,500 Grams; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Lung Cancer Incidence	ICD-10 Code(s): C33-C34; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> . Original Data Source: UM(FL) MS, Florida Cancer Data System
Melanoma Cancer Incidence	New cases during time period. CD-10 Code(s): C43; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> . Original Data Source: UM(FL) MS, Florida Cancer Data System
Meningitis, Other Bacterial, Cryptococcal, or Mycotic	Includes the following types of Meningitis: group b strep, listeria monocytogenes, other meningitis, strep pneumoniae. beginning in 2007, data includes both probable and confirmed cases; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Poor or fair health	Adults who said their overall health was "fair" or "poor"; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> , Florida BRFSS
Prostate Cancer Incidence	ICD-10 Code(s): C61; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> . Original Data Source: UM(FL) MS, Florida Cancer Data System
Salmonellosis	ICD-9-CM: 003.00; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Total Cancer Incidence	Cancer Incidence; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> . Original Data Source: UM(FL) MS, Florida Cancer Data System
Tuberculosis	Tuberculosis ICD-10 Case Definitions; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Unhealthy mental days	Average number of unhealthy mental days in the past 30 days. Survey Question: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?; Triennial count (average); FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> , Florida BRFSS

<b>Health Outcomes – Morbidity (Quality of Life) - <i>Continued</i></b>	
<b>Indicator</b>	<b>Definition; Data collection period and type; Source</b>
Vaccine (selected) Preventable Disease for All Ages	Includes: diphtheria, acute hepatitis b, measles, mumps, pertussis, rubella, tetanus, and polio; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Whooping Cough	Pertussis. ICD-9-CM: 033.90; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>

<b>Health Behaviors</b>	
<b>Indicator</b>	<b>Definition; Data collection period and type; Source</b>
Adolescents at a Healthy Weight	Middle and High School Students. Having a body mass index (BMI) ranging from 18.5 to 24.9; Biennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts - Healthiest Weight Profile</i>
Adults at a Healthy Weight	Having a body mass index (BMI) ranging from 18.5 to 24.9; BMI is calculated using self-reported height and weight; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts - Healthiest Weight Profile</i> , Florida BRFSS
Alcohol Consumption in Lifetime (Adolescents)	Ages 10-17 who reported having used alcohol or any illicit drug in their lifetimes. Note: This indicator is helpful in understanding effectiveness of early intervention and education programs; Biennial rate; FL DCF FYSAS - <i>FL Department of Children and Families</i>
Alcohol Consumption in past 30 days (Adolescents)	Ages 10-17 who reported having used alcohol in the past 30 days; Biennial rate; FL DCF FYSAS - <i>FL Department of Children and Families</i>
Alcohol-related Motor Vehicle Traffic Crash Deaths	A crash involving a driver and/or pedestrian for whom alcohol use was reported (does not presume intoxication) that results in one or more fatalities within thirty days of occurrence. Any crash involving a driver or non-motorist for whom alcohol use was suspected, including those with a BAC greater than 0.00 and those refusing to submit to an alcohol test; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Alcohol-related Motor Vehicle Traffic Crashes	A crash involving a driver and/or pedestrian for whom alcohol use was reported (does not presume intoxication). Any crash involving a driver or non-motorist for whom alcohol use was suspected, including those with a BAC greater than 0.00 and those refusing to submit to an alcohol test; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Binge Drinking (Adolescents)	Ages 10-17 who reported having used alcohol in the past 30 days. Binge drinking is defined as having had five or more alcoholic drinks in a row in the past two weeks; Biennial rate; FL DCF FYSAS - <i>FL Department of Children and Families</i>
Births to Mothers under age of majority (Resident)	Live Births. Does not include pregnancies that end with miscarriages, elective and spontaneous abortions or fetal deaths. Births to mothers in a specific age group divided by females in the same age group; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Births to obese mothers	Births to obese mothers (BMI 30.0 or higher) at the time pregnancy occurred; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> .
Births to overweight mothers	Births to overweight (BMI 25.0 to 29.9) mothers at the time pregnancy occurred; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> .
Blacking out from drinking Alcohol (Adolescents)	Ages 14-17 who reported on how many occasions in their lifetime they woke up after drinking and did not remember the things they did or the places they went, New for 2014. Indicator focuses toward negative consequence of behavior; Biennial rate; FL DCF FYSAS - <i>FL Department of Children and Families</i>
Breast feeding Initiation	Infant was being breastfed at the time the birth certificate was completed; Annual percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts - Pregnancy and Young Child Profile</i>



<b>Health Behaviors (Continued)</b>	
<b>Indicator</b>	<b>Definition; Data collection period and type; Source</b>
Cigarette Use (Adolescents)	Ages 10-17 who reported having used Cigarettes in the past 30 days; Biennial rate; FL DCF <i>FYSAS - FL Department of Children and Families</i>
Exercise opportunities	Percentage of population with adequate access to locations for physical activity. Locations for physical activity (parks or recreation facilities); Urban pop. resides within 1 mile and rural resides within 3 miles of recreational facility; Annual percentage; <i>CHR County Health Rankings</i>
Fast Food Restaurant Access	Population that live within a 1/2 mile of a fast food restaurant; Rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts - Healthiest Weight Profile</i>
Food Access - Low Income Population	Percentage of population who are low-income and do not live close to a grocery store. In rural areas, it means living less than 10 miles from a grocery store; in nonrural areas, less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size; Annual percentage; <i>CHR County Health Rankings</i>
Food Insecurity	Lack of access, at times, to enough food for an active, healthy life for all household members, and limited or uncertain availability of nutritionally adequate foods; Annual rate; <i>Feeding America Map the Meal Gap 2015: Food Insecurity and Child Food Insecurity Estimates at the County Level</i>
Former Smokers (Adult)	Currently quit smoking; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts, Florida BRFSS</i>
Fruits and Vegetables Consumption 5 servings per day (Adult)	Adults who consumed five or more servings of fruits or vegetables per day; 5-year percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts - Healthiest Weight Profile, Florida BRFSS</i>
Grocery Store Access	Population that live within a 1/2 mile of a healthy good source, including grocery stores and produce stands/farmers' markets; Annual rate; DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts, Florida Department of Agriculture and Consumer Services, U.S. Census Bureau, FDOH, Environmental Public Health Tracking.</i>
Infectious Syphilis	3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Live births where mother smoked during pregnancy	Resident live births; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Marijuana or Hashish Use (Adolescents)	Ages 10-17 who reported having used alcohol in the past 30 days; Biennial rate; FL DCF <i>FYSAS - FL Department of Children and Families</i>
Never Smoked (Adult)	Adults who reported smoking less than 100 cigarettes in their lifetime; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts, Florida BRFSS</i>
Obesity (Adolescents)	Middle and High School Students; Biennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts - Healthiest Weight Profile</i>
Obesity (Adult)	Body Mass Index (BMI) 30.0 or higher; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts - Healthiest Weight Profile, Florida BRFSS</i>
Overweight (Adolescents)	Middle and High School Students. Body Mass Index (BMI) 25.0 to 29.9; Biennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts - Healthiest Weight Profile</i>
Overweight (Adult)	Body Mass Index (BMI) 25.0 to 29.9; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts - Healthiest Weight Profile, Florida BRFSS</i>
Secondhand Smoke exposure (Children)	Middle school children exposed to secondhand smoke during the past 7 days; Biennial rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts, FYTS</i>
Sedentary Adults	Participating in no leisure-time physical activity in the past 30 days; 5-year rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts - Healthiest Weight Profile, Florida BRFSS</i>
Sexually transmitted infections	Total gonorrhea, chlamydia, infectious syphilis cases; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Smoked in last 30 days (Adolescents)	Ages 11-17 years, smoked cigarettes on one or more of the last 30 days; Biennial rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts, FYTS</i>



<b>Health Behaviors (Continued)</b>	
<b>Indicator</b>	<b>Definition; Data collection period and type; Source</b>
Smokers (Adult)	Combination of everyday smoker and some day smoker; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> , Florida BRFSS
SNAP Participants	Supplemental Nutrition Assistance Program (SNAP); Annual rate per population; USDA Economic Research Service <i>Food Environment Atlas</i>
Tobacco Quit Attempt (Adult)	Adult current smokers who tried to quit smoking at least once in the past year; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> , Florida BRFSS
Vigorous physical activity recommendations met (Adult)	75 minutes of vigorous aerobic activity per week in the past 30 days; Triennial rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> , Florida BRFSS

<b>Clinical Care</b>	
<b>Indicator</b>	<b>Definition; Data collection period and type; Source</b>
Acute Care Beds	Acute care is necessary treatment of a disease for only a short period of time in which a patient is treated for a brief but severe episode of illness. The term is generally associated with care rendered in an emergency department, ambulatory care clinic, or other short-term stay facility; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Admitted ED Visits - All Ambulatory Care Sensitive Conditions	Conditions include: Congenital Syphilis [090]; Failure to thrive [783.41]; Dental Conditions [521-523,525,528]; Vaccine Preventable Conditions [032,033,037,041.5,045,052.1,052.9,055-056,070.0-070.3,072,320.3,390,391,771.0]; Iron Deficiency Anemia [280.1,280.8,280.9]; Nutritional Deficiencies [260-262,268.0,268.1]; Bacterial Pneumonia [481,482.2,482.3,482.9,483,485,486]; Cancer of the Cervix [180.0-180.1,180.8-180.9]; Cellulitis [681,682,683,686]; Convulsions [780.3]; Dehydration - Volume Depletion [276.5]; Gastroenteritis [558.9]; Hypoglycemia [251.2]; Kidney/Urinary Infection [590.0,599.0,599.9]; Pelvic Inflammatory Disease 614]; Severe Ear, Nose, & Throat Infections [382,462,463,465,472.1]; Angina [411.1,411.8,413]; Asthma [493]; Chronic Obstructive Pulmonary Disease [466.0,491,492,494,496]; Congestive Heart Failure [402.01,402.11,402.91,428,518.4]; Diabetes [250.0-250.3,250.8-250.9]; Grand Mal & Other Epileptic Conditions [345]; Hypertension [401.0,401.9,402.00,402.10,402.90]; Tuberculosis (Non-Pulmonary) [012-018]; Pulmonary Tuberculosis [011]. Exclusions apply to some of these conditions.; Visits not resulting in an admission; Annual Rate/1,000; 2014 Emergency Room Visit Data (AHCA)
Admitted ED Visits - Dental	Diagnosis codes in the range 521.0 – 522.9 in primary or secondary diagnosis, exclude any with Ecodes (Trauma); Annual Rate/1,000; 2014 Emergency Room Visit Data (AHCA)
Admitted ED Visits - Diabetes	Diagnosis codes beginning with 250 in primary or secondary diagnosis; Annual Rate/1,000; 2014 Emergency Room Visit Data (AHCA)
Admitted ED Visits - STDs	Diagnosis codes in the range 090.0 – 099.9 in primary or secondary diagnosis; Annual Rate/1,000; 2014 Emergency Room Visit Data (AHCA)
Adult psychiatric beds	The number of beds indicates the number of people who may receive adult psychiatric care on an inpatient basis; 3-year rolling rate per 100,000; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Adult substance abuse beds	The number of beds indicates the number of people who may receive adult substance abuse treatment on an in-patient basis; 3-year rolling rate per 100,000; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>

<b>Clinical Care (Continued)</b>	
<b>Indicator</b>	<b>Definition; Data collection period and type; Source</b>
Adults who could not see a doctor at least once in the past year due to cost	Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> , Florida BRFSS
Adults who have a personal doctor	Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Cancer Screening - Mammogram	Women 40 years of age and older who received a mammogram in the past year; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Cancer Screening - Pap Test	Women 18 years of age and older who received a Pap test in the past year; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Cancer Screening - Sigmoidoscopy or Colonoscopy	Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years, Overall; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Cancer Screening - PSA in past 2 years	Men 50 years of age and older who received a PSA test in the past two years; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Dental Care Access by Low Income Persons	Access to Dental Care by Low Income Persons, Single Year; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Dentists	Per population rate of people with active licenses to practice dentistry in Florida; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Diabetic Annual Foot Exam (Adults)	Adults with diabetes who had an annual foot exam; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Diabetic Semi-Annual A1C Testing (Adult)	Adults with diabetes who had two A1C tests in the past year; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
ED Visits - Acute Conditions - Hypoglycemia	Hypoglycemia Primary ICD9 251.2; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - All Ambulatory Care Sensitive Conditions	Conditions include: Congenital Syphilis [090]; Failure to thrive [783.41]; Dental Conditions [521-523,525,528]; Vaccine Preventable Conditions [032,033,037,041.5,045,052.1,052.9,055-056,070.0-070.3,072,320.3,390,391,771.0]; Iron Deficiency Anemia [280.1,280.8,280.9]; Nutritional Deficiencies [260-262,268.0,268.1]; Bacterial Pneumonia [481,482.2,482.3,482.9,483,485,486]; Cancer of the Cervix [180.0-180.1,180.8-180.9]; Cellulitis [681,682,683,686]; Convulsions [780.3]; Dehydration - Volume Depletion [276.5]; Gastroenteritis [558.9]; Hypoglycemia [251.2]; Kidney/Urinary Infection [590.0,599.0,599.9]; Pelvic Inflammatory Disease 614]; Severe Ear, Nose, & Throat Infections [382,462,463,465,472.1]; Angina [411.1,411.8,413]; Asthma [493]; Chronic Obstructive Pulmonary Disease [466.0,491,492,494,496]; Congestive Heart Failure [402.01,402.11,402.91,428,518.4]; Diabetes [250.0-250.3,250.8-250.9]; Grand Mal & Other Epileptic Conditions [345]; Hypertension [401.0,401.9,402.00,402.10,402.90]; Tuberculosis (Non-Pulmonary) [012-018]; Pulmonary Tuberculosis [011]. Exclusions apply to some of these conditions.; Visits not resulting in an admission; Annual Rate/1,000; 2014 Emergency Room Visit Data (AHCA)
ED Visits - Chronic Conditions - Angina	Angina Primary ICD9 411.1, 411.8, 413. Excludes cases with a surgical procedure 01-86.99; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Chronic Conditions - Asthma	Asthma Primary ICD9 493; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA

<b>Clinical Care (Continued)</b>	
<b>Indicator</b>	<b>Definition; Data collection period and type; Source</b>
ED Visits - Chronic Conditions - Congestive Heart Failure	Congestive Heart Failure Primary ICD9 402.01, 402.11, 402.91, 428, 518.4. Excludes cases with the following surgical procedures: 36.01, 36.02, 36.05, 36.1, 37.5, or 37.7; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Chronic Conditions - Hypertension	Hypertension Primary ICD9 401.0, 401.9, 402.00, 402.10, 402.90; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Chronic Conditions - Mental Health	ICD-9 Dx Group: Mental Disorders; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Dental	Dental Conditions Primary ICD9 521-523,525,528; Data collected quarterly but reported as annual rate per 1,000 visits; AHCA
ED Visits - Diabetes	Diagnosis codes beginning with 250 in primary or secondary diagnosis; Visits not resulting in an admission; Annual Rate/1,000; 2014 Emergency Room Visit Data (AHCA)
ED Visits - STDs	Diagnosis codes in the range 090.0 – 099.9 in primary or secondary diagnosis; Visits not resulting in an admission; Annual Rate/1,000; 2014 Emergency Room Visit Data (AHCA)
Family Practice Physicians	Per population rate of people with active physician licenses in Florida who report family practice as their specialty. Licensure data is for a fiscal year (July 1-June 30) ; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Flu Vaccination in the Past Year (Adult age 65 and over)	Adults 65 years of age and older who received a flu shot in the past year; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Flu Vaccination in the Past Year (Adult)	Adults who received a flu shot in the past year; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
HIV Testing (Adult age 65 and over)	Adults less than 65 years of age who have ever been tested for HIV, Overall; Triennial percentage rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Internists	Per population rate of people with active physician licenses in Florida who report internal medicine as their specialty. Licensure data is for a fiscal year (July 1-June 30) ; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Lack of Prenatal Care	Births to mothers with no prenatal care. Trimester prenatal care began is calculated as the time elapsed from the date of the last menstrual period to the date of the first prenatal care visit; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Medicaid births	Births covered by Medicaid; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Mental health providers	Mental Health Providers is the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure; Annual ratio; CHR <i>County Health Rankings</i>
Nursing Home Beds	Skilled Nursing Unit Beds. A nursing home, skilled nursing facility (SNF), or skilled nursing unit (SNU), also known as a rest home, is a type of care of residents: it is a place of residence for people who require constant nursing care and have significant deficiencies with activities of daily living. Residents include the elderly and younger adults with physical or mental disabilities. Adults 18 or older can stay in a skilled nursing facility to receive physical, occupational, and other rehabilitative therapies following an accident or illness; 3-year rolling rate per 100,000; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>

<b>Clinical Care (Continued)</b>	
<b>Indicator</b>	<b>Definition; Data collection period and type; Source</b>
OB/GYN	Per population rate of people with active physician licenses in Florida who report OB/GYN as their specialty. Licensure data is for a fiscal year (July 1-June 30) ; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Pediatric psychiatric beds	Child and Adolescent Psychiatric Beds; 3-year rolling rate per 100,000; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Pediatricians	Per population rate of people with active physician licenses in Florida who report pediatric medicine as their specialty. Licensure data is for a fiscal year (July 1-June 30) ; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Physicians	Per population rate of people with active physician licenses only. Licensure data is for a fiscal year (July 1-June 30) ; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Pneumonia Vaccination (Adult age 65 and over)	Adults 65 years of age and older who have ever received a pneumococcal vaccination; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Pneumonia Vaccination (Adult)	Adults who have ever received a pneumococcal vaccination, Overall; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Population Receiving Medicaid	Medicaid Program Enrollment Totals (Including Medikids population); Monthly rate; AHCA <i>Comprehensive Medicaid Managed Care Enrollment Reports</i>
Prenatal Care Begun in First Trimester	Births to Mothers with 1st Trimester Prenatal Care; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Prenatal Care Begun Late or No Prenatal Care	Births to Mothers with 3rd Trimester or No Prenatal Care; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Preventable hospital stays	Ambulatory Care Sensitive conditions such as asthma, diabetes or dehydration are hospitalization conditions where timely and effective ambulatory care can decrease hospitalizations by preventing the onset of an illness or condition, controlling an acute episode of an illness or managing a chronic disease or condition. High rates of Ambulatory Care Sensitive hospitalizations in a community may be an indicator of a lack of or failure of prevention efforts, a primary care resource shortage, poor performance of primary health care delivery systems, or other factors that create barriers to obtaining timely and effective care; 3-year rolling rate; DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Primary Care Access	Primary care physicians per 100,000 population by year. This figure represents all primary care physicians practicing patient care, including hospital residents. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded; Annual Rate; US DoHHS, Area Health Resource File
Rehabilitation beds	The number of rehabilitation beds indicates the number of people who may receive rehabilitative care in the hospital on an in-patient basis; 3-year rolling rate per 100,000; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Uninsured Adults	Percent Uninsured (ages < 65); Annual percentage; US Census <i>SAHIE Interactive Data Tool</i>
Uninsured Children	Percent Uninsured (ages < 19) ; Annual percentage; US Census <i>SAHIE Interactive Data Tool</i>
Vaccination (kindergarteners)	Fully immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, haemophilus, influenzae type b, hepatitis B and varicella (chicken pox); 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>

<b>Social &amp; Economic Factors</b>	
<b>Indicator</b>	<b>Definition; Data collection period and type; Source</b>
Aggravated Assault	FBI's Uniform Crime Reporting (UCR) Program defines aggravated assault as an unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury. The UCR Program further specifies that this type of assault is usually accompanied by the use of a weapon or by other means likely to produce death or great bodily harm. Attempted aggravated assault that involves the display of—or threat to use—a gun, knife, or other weapon is included in this crime category because serious personal injury would likely result if the assault were completed. When aggravated assault and larceny-theft occur together, the offense falls under the category of robbery; Annual rate per 100,000; FDLE <i>Crime in Florida, Florida uniform crime report, 2014</i>
Children Eligible for Free/Reduced Price Lunch	Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charge no more than 40 cents; Annual percentage; <i>Common Core of Data</i>
Children in poverty (based on household)	Number individuals below poverty under the age of 18 divided by the number of individuals under the age of 18, expressed as a percentage; Annual percentage; FL DOH, Division of Public Health Statistics & Performance Management
Children in single-parent households	Excludes single parents living with unmarried partners; Annual percentage; US Census <i>Fact Finder</i>
Domestic Violence Offenses	Domestic Violence in Florida is tracked specifically for the following reported offenses: Murder, Manslaughter, Forcible Rape, Forcible Sodomy, Forcible Fondling, Aggravated Assault, Aggravated Stalking, Simple Assault, Threat/Intimidation, and Simple Stalking; Annual rate per 100,000; FDLE <i>Crime in Florida, Florida uniform crime report, 2014</i>
Forcible Sex Offenses	Legacy (prior to 2013) UCR definition of rape: The carnal knowledge of a female forcibly and against her will. Revised (2013-forward) UCR definition of rape: Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim; Annual rate per 100,000; FDLE <i>Crime in Florida, Florida uniform crime report, 2014</i>
High school graduation	Percentage of students who graduated within four years of their initial enrollment in ninth grade, not counting deceased students or students who transferred out to attend another public school outside the system, a private school, a home education program. Incoming transfer students are included in the appropriate cohort (the group whose progress is tracked) based on their grade level and year of entry. Data are for school years (September-June); Annual percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Housing Cost Burden	Percentage of the households where housing costs exceed 30% of total household income; 5-year estimated percentage; US Census ACS
Public Assistance Income	Living in household with Supplemental Security Income (SSI), cash Income - Public Assistance Income, or Food Stamps/SNAP in the past 12 months; Annual percentage calculated from ACS population estimates; US Census <i>Fact Finder</i>
Median Household Income	Annual dollar amount; US Census <i>Fact Finder</i>

<b>Social &amp; Economic Factors (Continued)</b>	
<b>Indicator</b>	<b>Definition; Data collection period and type; Source</b>
Murder	Murder and nonnegligent manslaughter. FBI's Uniform Crime Reporting (UCR) Program defines murder and nonnegligent manslaughter as the willful (nonnegligent) killing of one human being by another. The classification of this offense is based solely on police investigation as opposed to the determination of a court, medical examiner, coroner, jury, or other judicial body. The UCR Program does not include the following situations in this offense classification: deaths caused by negligence, suicide, or accident; justifiable homicides; and attempts to murder or assaults to murder, which are scored as aggravated assaults; Annual rate per 100,000; FDLE <i>Crime in Florida, Florida uniform crime report, 2014</i>
Population 18-24 without a high school diploma	Population 18 to 24 years with educational attainment of less than high school graduate. (Target %, Total 18 to 24 population estimate) Annual percentage; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Population with Limited English Proficiency	No one age 14 and over speaks English only or speaks English "very well" No one age 14 and over speaks English only; Annual percentage; US Census <i>Fact Finder</i>
Poverty	Following the Office of Management and Budget's (OMB's) Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family (and every individual in it) or unrelated individual is considered in poverty; 5-year estimated percentage; US Census <i>Fact Finder</i>
Property Crimes	Property crime (burglary, larceny-theft, and motor vehicle theft) FBI's Uniform Crime Reporting (UCR) Program, property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson. The object of the theft-type offenses is the taking of money or property, but there is no force or threat of force against the victims. The property crime category includes arson because the offense involves the destruction of property; however, arson victims may be subjected to force; Annual rate per 100,000; FDLE <i>Crime in Florida, Florida uniform crime report, 2014</i>
Real Per Capita Income	Real per capita income represents the total GDP of the county, adjusted for inflation and divided by the population; Annual dollar amount; US DoC, Bureau of Economic Analysis
Unemployment	Number of unemployed people as a percentage of the civilian labor force (not seasonally adjusted); Annual percentage; US DoL, Bureau of Labor Statistics
Violent Crime	FBI's Uniform Crime Reporting (UCR) Program, violent crime is composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault. Violent crimes are defined in the UCR Program as those offenses which involve force or threat of force; Annual rate per 100,000; FDLE <i>Crime in Florida, Florida uniform crime report, 2014</i>

<b>Physical Environment</b>	
<b>Indicator</b>	<b>Definition; Data collection period and type; Source</b>
Air pollution - particulate matter	Within the report area, 0, or 0% of days exceeded the emission standard of 75 parts per billion (ppb). This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb); Annual percentage; EPA (EPA) <i>National Environmental Public Health Tracking Network (NEPHTN) Air Quality Data web page</i>
Air Quality - Ozone	Percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring statistics are collected; Annual percentage; EPA (EPA) <i>National Environmental Public Health Tracking Network (NEPHTN) Air Quality Data web page</i>



<b>Physical Environment (Continued)</b>	
<b>Indicator</b>	<b>Definition; Data collection period and type; Source</b>
Drinking water violations	Percentage of population potentially exposed to water exceeding a violation limit during the past year; Annual percentage; CHR <i>County Health Rankings</i>
Driving alone to work	Commuting (Journey to Work) refers to a worker's travel from home to work. Place of work refers to the geographic location of the worker's job. Workers 16 years and over; 5-year estimated percentage calculated on ACS population estimate; US Census ACS
Households with no motor vehicle	Annual percentage; US Census <i>Fact Finder</i>
Severe housing problems	The four severe housing problems are: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 50%; 4-year percentage; US Department of Housing and Urban Development <i>CHAS Data Query</i>
Use of Public Transportation	"Public transportation" includes workers who used a bus, trolley, streetcar, subway or elevated rail, railroad, or ferryboat; Annual percentage; US Census <i>Fact Finder</i>

<b>Demographics</b>	
<b>Indicator</b>	<b>Definition; Data collection period and type; Source</b>
Births to Mothers by age group (Resident)	Live Births. Does not include pregnancies that end with miscarriages, elective and spontaneous abortions or fetal deaths. Births to mothers in a specific age group divided by females in the same age group; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i>
Disability (Any)	Disability Status; Annual percentage; US Census <i>Fact Finder</i>
Families with Children	Households with one or more people under 18 years. Annual percent per total households; US Census <i>Fact Finder</i>
Median Age	Annual; FL DOH, Office of Health Statistics and Assessment in consultation with the FL EDR
Population by Race	Annual count; US Census <i>Fact Finder</i>
Total Births (resident)	Number of infants born to residents regardless of county of birth; Annual count; US Census <i>Fact Finder</i>
Total Population (ACS)	Annual count; US Census <i>Fact Finder</i>
Total Population (FL CHARTS); Female/Male Population	Annual count; FL DOH, Division of Public Health Statistics & Performance Management. <i>Florida Charts</i> .
Veteran Population	Person 18 years old or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who serve People who served in the National Guard or military Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps Annual count; US Census <i>Fact Finder</i>



## Abbreviations and Acronyms

ACSC	<a href="http://www.floridacharts.com/charts/documents/ACS_Conditions_Definition_UPDATE.pdf">Ambulatory Care Sensitive Conditions - ICD-9-CM Codes http://www.floridacharts.com/charts/documents/ACS_Conditions_Definition_UPDATE.pdf</a>
ACS	American Community Survey
AHCA	Agency for Healthcare Administration
BRFSS	Florida Behavioral Risk Factor Surveillance System - county-level telephone survey conducted by the CDC and FL DOH Bureau of Epidemiology.
CDC	Centers for Disease Control and Prevention
CHR-RWJ	County Health Rankings, Robert Wood Johnson Foundation
CMS	Centers for Medicare and Medicaid Services
EPA	Environmental Protection Agency
FDHSMV	Florida Department of Highway Safety and Motor Vehicles
FDLE	Florida Department of Law Enforcement
FL AHCA	Florida Agency for Health Care Administration
FL DCF	Florida Department of Children and Families
FL DOE, EIAS	Florida Department of Education, Education Information and Accountability Services
FL DOH	Florida Department of Health
FL EDR	Florida Legislature's Office of Economic and Demographic Research
FYSAS	Florida Youth Substance Abuse Survey
FYTS	Florida Youth Tobacco Survey
Merlin	Merlin, FDOH Disease Surveillance and Reporting System
NCES	National Center for Education Statistics
NCHS	National Center for Health Statistics
SAHIE	Small Area Health Insurance Estimates (US Census)
UM(FL) MS	University of Miami (FL) Medical School
US Census	US Census Bureau
US DoA	US Department of Agriculture, Food Environment Atlas
US DoC	US Department of Commerce
US DoHHS	US Department of Health & Human Services, Health Resources and Services Administration
US DoHUD	US Department of Housing and Urban Development
US DoL	US Department of Labor

## **Appendix V: Summary of Findings – Community Input**

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A summary of the findings from the MAPP process were sent out to participants in the Local Public Health Assessments for each county. No comments were received from this population. Additionally, the assessment findings were discussed at a Community Health Alliance meeting. Those present represent a broad group community partners. Those present provided the following comments:

- Is it possible to do any follow up with respondents of the survey?
- What specific mental health services did respondents have limited access to?
- Why was there a higher sampling size in Santa Rosa County although Escambia County has a higher population?
- Why weren't more community partners invited to the Local Public Health Assessment?
- Is it possible to get a community dashboard (like Studer) on the Partnership's website?

## **Appendix VI: Hospital Facility Evaluation of Actions**

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### **Baptist Health Care**

See next page.

# Baptist Health Care Implementation Strategy - Evaluation

## Approach to Community Health

<b>Goals</b>	<ul style="list-style-type: none"> <li>- Achieve collective impact to improve the health of Escambia and Santa Rosa County residents through the implementation of community interventions.</li> <li>- Improve the health of Baptist Health Care (BHC) employees through the implementation of system wide and hospital led interventions.</li> </ul>
<b>Actions</b>	
<p><b><u>Community Interventions driven by Community Collaborations</u></b></p> <p>Baptist Hospital (BH), Gulf Breeze Hospital (GBH), and Jay Hospital (JH), working through their parent company, BHC, recognized that sustained community health improvement happens when organizations from all sectors of the community landscape take ownership of the community’s health and work together for improvement. While health providers can lead the charge, all sectors of the community must be in consensus and committed to community change. To that end, BHC provided leadership to two organizations below that represent diverse groups community stakeholders. Actions of both of these groups will be included in this evaluation.</p> <ul style="list-style-type: none"> <li>- <b>Partnership for a Healthy Community (Partnership):</b> Partnership, a 501c3 corporation, was formed in 1994 by BHC and Sacred Heart Hospital Pensacola (SHHP) with the mission to periodically conduct comprehensive health status assessments, and to advance, support, or promotes collaborative initiatives in order to improve the health and quality of life for residents of Escambia and Santa Rosa Counties in Northwest Florida. In 2013, Partnership formed workgroups to address the priorities selected in the 2012 Community Health Needs Assessment.</li> <li>- <b>Santa Rosa Health Improvement Steering Committee (SRHISC):</b> Established in 2013, the SRHISC was developed as an outgrowth of DOH-Santa Rosa’s Community Health Improvement Plan. SRHISC’s work focused on interventions in Santa Rosa County only. This community collaborative had workgroups that paralleled Partnership’s and many workgroup members served on both. In 2015, these groups were combined to eliminate duplicate efforts and create an aligned implementation plan for Escambia and Santa Rosa Counties going forward.</li> </ul> <p><b><u>Team Member Focused</u></b></p> <p>BHC employs 6,500 team members system wide with hospital facilities in Escambia and Santa Rosa Counties. In addition to the community interventions led the Partnership and SRHISC, BHC sought to address these priorities within its employee base. As the largest non-governmental employer in the area, impacting the health behaviors of employees supports a healthier community.</p> <p>Many goals, objectives, and interventions were designed to have a system wide scope and overlap within the evaluation of the Implementation Strategies. As a result, evaluation is applicable for all hospitals within the BHC. Goals, objectives, and interventions specific to individual hospitals are noted where applicable.</p>	

## Priority Area: All areas (Tobacco Use, Healthy Weight, and Health Management)

<b>Goal</b>	<b>Facilities: BH, GBH, JH</b> - Build infrastructure for collective impact
<b>Objective</b>	<b>Facilities: BH, GBH, JH</b> - Provide leadership to community organizations and resources sufficient to coordinate and facilitate collaborative community-wide health improvement initiatives.
<b>Actions</b>	
<ul style="list-style-type: none"> <li>- Provided leadership to the Partnership and worked to build consensus and momentum for change around the selected priority areas. Subsequent interventions targeted residents in Escambia and Santa Rosa County. As a result, the following was accomplished:           <ul style="list-style-type: none"> <li>- Conducted <i>The Community Health Summit 2013</i> with the theme: <i>Healthy Community, Healthy Economy</i> to bring cross-sector awareness of the impact community health has on the local economy.</li> <li>- At <i>The Community Health Summit 2013</i>, organizations were encouraged to sign a <i>community health improvement compact</i> to become Partners in participating in the community health planning activities, advocating for healthier policies within respective organizations and/or in the community, and adopting interventions selected by the priority health need work groups.</li> <li>- Increased community awareness through a coordinated communications plan</li> <li>- Created priority health need centered work groups with members representing both counties.</li> <li>- Published the <i>Roadmap to Wellness</i> in 2014, a community document outlining evidence-based interventions for impacting the priority health needs.</li> <li>- Conducted the <i>Community Health Summit 2014</i> with the theme: <i>Healthy Workplace, Healthy Economy</i> focusing on workplace interventions that impact tobacco use and healthy weight.</li> <li>- Developed and distributed <i>Healthy Workplace Tool Kit</i> that provided resources to implement of tobacco free policies and policies/activities that encourage better nutrition and more physical activities (i.e. healthier vending machines or <i>take-the-stairs</i> campaigns). Distributed to attendees of the Community Health Summit 2014 and provided free of charge as a downloadable document on the Partnership website.</li> </ul> </li> <li>- Provided leadership to the SRHISC to build consensus and momentum for change around the selected priority areas. Subsequent interventions targeted residents in Santa Rosa County only.</li> <li>- Modeled after the CDC's Community Health Improvement Framework, convened various community stakeholders with similar health needs assessment requirements to complete one community assessment process in order to reduce duplicative assessments and build a unified community health improvement framework supporting.</li> </ul>	
<b>Impact</b>	
<ul style="list-style-type: none"> <li>- The Community Health Summit 2013: Healthy Community, Healthy Economy           <ul style="list-style-type: none"> <li>- 200 community members were in attendance representing over 70 local organizations</li> <li>- Event garnered media coverage before, during, and after the event.</li> </ul> </li> <li>- Community health improvement compact           <ul style="list-style-type: none"> <li>- As of January 2016, 125 organizations have signed the compact.</li> </ul> </li> <li>- Coordinated communications plan included:           <ul style="list-style-type: none"> <li>- Social Media Presence: Facebook, Twitter, Pinterest</li> <li>- Radio Broadcasted Public Services Announcements</li> <li>- Articles in the Pensacola News Journal's Living Well health-oriented section</li> <li>- Creation and maintenance of stand-alone Partnership website with informational resources about priority health needs, blogs, and a community event calendar</li> </ul> </li> <li>- Roadmap to Wellness in 2014           <ul style="list-style-type: none"> <li>- Over 500 copies distributed at various public events free of charge</li> </ul> </li> <li>- Community Health Summit 2014: Healthy Workplace, Healthy Economy           <ul style="list-style-type: none"> <li>- Over 200 attendees</li> </ul> </li> <li>- Healthy Workplace Tool Kit:           <ul style="list-style-type: none"> <li>- Over 700 downloads from website</li> </ul> </li> </ul>	

- Adopted as a best practice by the Greater Pensacola Chamber
- BHC and SHHP was awarded the 2014 Community Benefit Achievement Award from the Florida Hospital Association for joint leadership efforts made through the Partnership

## Priority Area: Tobacco Use

<b>Partnership for a Healthy Community &amp; Santa Rosa Health Improvement Steering Committee</b>	
<b>Goals</b>	<ul style="list-style-type: none"> <li>- Reduce the rate of new tobacco users in Escambia and Santa Rosa Counties</li> <li>- Increase tobacco cessation rates for residents of Escambia and Santa Rosa Counties.</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>- Increase employers with tobacco-free policies and campuses</li> <li>- Increase the number of employers offering low cost or no-cost tobacco cessation services to employees.</li> </ul>
<b>Actions</b>	
	<ul style="list-style-type: none"> <li>- Conducted the <i>Community Health Summit 2014</i> with the theme: <i>Healthy Workplace, Healthy Economy</i> focusing on workplace interventions that impact tobacco use and healthy weight.</li> <li>- Developed and distributed <i>Healthy Workplace Tool Kit</i> that provided resources to implement of tobacco free policies. Distributed to attendees of the Community Health Summit 2014 and provided free of charge as a downloadable document on the Partnership website.</li> <li>- Advocated for the utilization of tobacco cessation to employer sponsored classes and classes open to the public provided by DOH-Escambia and AHEC</li> </ul>
<b>Impact</b>	
	<ul style="list-style-type: none"> <li>- Since 2013, an estimated 15% of the workforce (over 30,000 total employees) in Escambia and Santa Rosa Counties have been impacted through the adoption of tobacco-free policies by major employers (&gt;65 employees) and public/governmental organizations. Implemented policies include any of the following: tobacco or smoke-free campus (all grounds and buildings), tobacco or smoke-free hiring, or employee benefit differential for tobacco users (of employees willing to disclose information regarding benefits).</li> <li>- Community Health Summit 2014: Over 200 in attendance</li> <li>- Healthy Workplace Tool Kit: Over 700 downloads from website</li> <li>- DOH-Escambia: Targeting 10 requests for Technical Assistance (3 currently and 4 contemplating)</li> <li>- SRHISC: six employers adopted smoke-free policies</li> </ul>
<b>Baptist Health Care: Baptist Hospital, Gulf Breeze Hospital, Jay Hospital</b>	
<b>Goals</b>	<ul style="list-style-type: none"> <li>- Reduce tobacco use in Escambia and Santa Rosa Counties.</li> </ul>
<b>Objectives</b>	<p><b>Facilities: BH, GBH, and JH</b></p> <ul style="list-style-type: none"> <li>- Adopt a tobacco free hire policy to reduce tobacco use by team members.</li> <li>- BHC should provide cessation resources and support for team members and dependents through health plan benefit design at the lowest possible cost.</li> <li>- Reinforce BHC's tobacco free campus policy for patients and visitors through signage, communications, and information regarding available interventions.</li> </ul> <p><b>Facility: JH</b></p> <ul style="list-style-type: none"> <li>- Provide community health education and school programs focusing on tobacco-use prevention and cessation.</li> </ul>
<b>Actions</b>	
	<p><b>Facilities: BH, GBH, and JH</b></p> <ul style="list-style-type: none"> <li>- BHC implemented a system-wide <i>tobacco-free hire</i> policy on January 1, 2014 in conjunction with SHHP. The policy affected all employees across the system.</li> <li>- BHC's employee wellness program <i>Healthy Lives</i> provided health coaching, nicotine cessation classes and a menu of individual and group interventions to promote healthy living</li> <li>- New signage has been placed around campus to alert all customers of the tobacco-free campus initiative</li> <li>- Team Members are encouraged to share information about the policy with customers smoking on campus</li> </ul> <p><b>Facility: JH</b></p> <ul style="list-style-type: none"> <li>- Worked with Partnership, West Florida Area Health Education Center (AHEC), and DOH-Escambia to develop and distribute the <i>Healthy Workplace Tool Kit</i> that included health education focused on tobacco use prevention and cessation.</li> <li>- Worked with the SRHISC on their tobacco coalition to increase awareness of SWAT, Students Working Against Tobacco, to diverse youth populations</li> </ul>



Impact
<p><b>Facilities: BH, GBH, and JH</b></p> <ul style="list-style-type: none"> <li>- The collaboration and joint implementation of a tobacco-hire policy effort between two of the community’s largest non-governmental employers encouraged other employers to move in the same direction.</li> <li>- Over the past three years, there has been a decrease in number of BHC employees self-identified as a previous smoker, system wide:                             <ul style="list-style-type: none"> <li>- In 2013: 753 employees</li> <li>- In 2014: 623 employees</li> <li>- In 2015: 576 employees, 23% decrease</li> </ul> </li> <li>- System wide there has been an increase in the number of BHC employees actively participating in nicotine cessation, system wide:                             <ul style="list-style-type: none"> <li>- Tracking began In 2014 : 58 employees</li> <li>- In 2015: 83 employees, 43% increase</li> </ul> </li> <li>- About 38% of BHC employees receive a reduction of health insurance premium as an incentive for being nicotine free:                             <ul style="list-style-type: none"> <li>- In 2013: 2,581 employees</li> <li>- In 2014: 2,515 employees</li> <li>- In 2015: 2,501 employees</li> </ul> </li> </ul> <p><b>Facility: JH</b></p> <ul style="list-style-type: none"> <li>- Healthy Workplace Tool Kit downloaded over 700 times.</li> <li>- In 2015, the SRHISC achieved their annual SWAT awareness target for youth to reduce the incidence of youth tobacco use. A total of 22 meetings were held in the county.</li> </ul>

### Community Measures (Long Term Indicators)

Below are an example of the indicators BHC is monitoring to track success. Implementation strategies will have short term indicators. It is important to note that there are other social determinants of health that impact these indicators that are may not be directly addressed by the interventions.

Legend:

Improving	Worsening	Neutral
<p> – Desired Performance Direction: High/Increase (ex.: # of Former Smokers)</p> <p> –Desired Performance Direction: Low/Decrease (ex.: <i>Decreasing</i> deaths from smoking related cancer)</p>	<p> – <b>Worsening Trend</b> Desired Performance Direction: High/Increase (ex.: # of Former Smokers)</p> <p> – <b>Worsening Trend</b> Desired Performance Direction: Low/Decrease (ex.: <i>Decreasing</i> deaths from smoking related cancer)</p>	<p> Neutral Trend; No Change</p>

Escambia County						
Indicator	Source	Baseline		Most Recent		
		Data Period	Results	Data Period	Results	Trend
Deaths from Smoking-related Cancers	FL CHARTS	2008-2010	80.4	2010-2012	75.2	
Lung Cancer Deaths	FL CHARTS	2010-2012	57.2	2012-2014	56.2	
Lung Cancer Incidence	FL CHARTS	2007-2009	84.1	2009-2011	79.5	
Former Adult Smokers	FL CHARTS	2007	25.2	2013	26.5	
Adults Who’ve Never Smoked	FL CHARTS	2007	50.8	2013	50.9	
Adult Smokers	FL CHARTS	2007	24	2013	22.5	
Adult Tobacco Quit Attempts	FL CHARTS	2007	44	2013	57.3	

<b>Santa Rosa County</b>						
<b>Indicator</b>	<b>Source</b>	<b>Baseline</b>		<b>Most Recent</b>		
		<b>Data Period</b>	<b>Results</b>	<b>Data Period</b>	<b>Results</b>	<b>Trend</b>
Deaths from Smoking-related Cancers	FL CHARTS	2008-2010	81.2	2010-2012	81.3	↑
Lung Cancer Deaths	FL CHARTS	2010-2012	60.5	2012-2014	51.8	↓
Lung Cancer Incidence	FL CHARTS	2007-2009	80.5	2009-2011	71.6	↓
Former Adult Smokers	FL CHARTS	2007	26.6	2013	27.1	↓
<b>Santa Rosa County (Continued)</b>						
Adults Who've Never Smoked	FL CHARTS	2007	49.9	2013	49.2	↓
Adult Smokers	FL CHARTS	2007	23.5	2013	23.6	↑
Adult Tobacco Quit Attempts	FL CHARTS	2007	67.0	2013	61.3	↓

## Priority Area: Healthy Weight

<b>Partnership for a Healthy Community &amp; Santa Rosa Health Improvement Steering Committee</b>	
<b>Goals</b>	<ul style="list-style-type: none"> <li>- Increase the number of Escambia and Santa Rosa County residents who achieve a healthy weight through healthy eating and physical activity.</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>- Increase:                             <ul style="list-style-type: none"> <li>- Healthy weight programs in the workplace with active participation,</li> <li>- Physical activity to at least 60 minutes a day,</li> <li>- Consumption of healthy foods, and</li> <li>- Doctors talking about healthy weight with their patients.</li> </ul> </li> <li>- Limit recreational screen time to two hours or less per day.</li> <li>- Decrease consumption of sugar sweetened beverages.</li> </ul>
<b>Actions</b>	<ul style="list-style-type: none"> <li>- Worked with DOH- Escambia and DOH-Santa Rosa to implement the 5-2-1-0 Let's Go! program among elementary school aged children in Escambia and Santa Rosa Counties. 5-2-1-0 is a nationally recognized public education campaign to bring awareness to the daily guidelines for nutrition and physical activity: 5 servings of fruits / vegetables, 2 hours or less of recreational screen time, 1 hour of physical activity, and 0 sugary drinks.</li> <li>- Building on the 5-2-1-0 Let's Go! model, the Healthy Workplace Tool Kit contained examples of programs and activities that could be implemented at the workplace. The Tool Kit also contained information resources and sample messaging and materials for individual organizational use.</li> <li>- Distributed 5-2-1-0 Let's Go! material to pediatric and family practice offices</li> <li>- Worked with SRHISC to integrate 5-2-1-0 Let's Go! messaging into Early Learning Center health education programs</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>- 5-2-1-0 Let's Go!                             <ul style="list-style-type: none"> <li>- Escambia:                                     <ul style="list-style-type: none"> <li>- Implemented in 15 elementary schools (both public and private schools)</li> <li>- Distributed program materials to 8 pediatric &amp; family practice offices</li> </ul> </li> <li>- Santa Rosa County                                     <ul style="list-style-type: none"> <li>- Program is in 26 of the 27 elementary schools</li> <li>- Posters in 17 elementary schools and 1 Pre-K center</li> <li>- Implemented in the UF Extension services program at 12 sites in 2<sup>nd</sup> and 4<sup>th</sup> grade impacting 1,800 students</li> </ul> </li> </ul> </li> <li>- Healthy Workplace Tool Kit downloaded over 700 times.</li> <li>- 60% of the Early Learning Centers in Santa Rosa implemented and incorporate a wellness policy to integrate 5-2-1-0 Let's Go! messaging into health education programs</li> </ul>
<b>Baptist Health Care: Baptist Hospital, Gulf Breeze Hospital, Jay Hospital</b>	
<b>Goals</b>	<p><b>Facilities: BH, GBH, JH</b></p> <ul style="list-style-type: none"> <li>- Adopt and maintain programs and initiatives designed to promote improved nutrition and physical activities for the majority of the approximately 6,500 team members of BHC affiliates.</li> </ul> <p><b>Facility: JH</b></p> <ul style="list-style-type: none"> <li>- Improve health knowledge base and awareness regarding the risks and challenges brought about by obesity.</li> </ul>
<b>Objectives</b>	<p><b>Facilities: BH, GBH, JH</b></p> <ul style="list-style-type: none"> <li>- Provide BHC team members access to related health improvement programs and health coaching available through BHC's Healthy Lives Internal wellness benefit program.</li> </ul> <p><b>Facility: JH</b></p> <ul style="list-style-type: none"> <li>- Provide health education classes and seminars in the Jay community focusing on obesity prevention, with emphasis on improved nutrition and increased physical activity.</li> </ul>

Actions
<p><b>Facilities: BH, GBH, JH</b></p> <ul style="list-style-type: none"> <li>- BHC provided health coaching and goal-setting for health improvement for all employees enrolled in its Healthy Lives program.</li> </ul> <p><b>Facility: JH</b></p> <ul style="list-style-type: none"> <li>- Worked with SRHISC to implement 5·2·1·0 Let's Go! in elementary school</li> </ul>
Impact
<ul style="list-style-type: none"> <li>- The number of employees actively participating in health coaching has tripled since 2013:                             <ul style="list-style-type: none"> <li>- 2013: 194 employees</li> <li>- 2014: 376 employees</li> <li>- 2015: 768 employees – Growth of almost 400% since 2013</li> </ul> </li> <li>- 5·2·1·0 Let's Go!: Santa Rosa County                             <ul style="list-style-type: none"> <li>- Program is in 26 of the 27 elementary schools</li> <li>- Posters in 17 elementary schools and 1 Pre-K center</li> </ul> </li> </ul>

### Community Measures (Long Term Indicators)

Below are an example of the indicators BHC is monitoring to track success. Implementation strategies will have short term indicators. It is important to note that there are other social determinants of health that impact these indicators that are may not be directly addressed by the interventions.

Legend:

Trend:	Improving	Worsening	Neutral
	<p> – Desired Performance</p> <p>Direction: High/Increase (ex.: # of Former Smokers)</p> <p> –Desired Performance</p> <p>Direction: Low/Decrease (ex.: <i>Decreasing</i> deaths from smoking related cancer)</p>	<p> – Worsening Trend</p> <p>Desired Performance Direction: High/Increase (ex.: # of Former Smokers)</p> <p> – Worsening Trend</p> <p>Desired Performance Direction: Low/Decrease (ex.: <i>Decreasing</i> deaths from smoking related cancer)</p>	<p> Neutral Trend; No Change</p>

Impact of Actions: Community Measures (Long Term Indicators)						
Escambia County						
Indicator	Source	Baseline		Most Recent		
		Data Period	Results	Data Period	Results	Trend
Adults at a Healthy Weight	FL CHARTS	2007	32.0	2013	38.0	
Obese Adults	FL CHARTS	2007	28.7	2013	28.0	
Overweight Adults	FL CHARTS	2007	38.0	2013	31.8	
Adults eating 5 servings of fruits and vegetables daily	FL CHARTS	2007	15.9	2013	23.6%	
Sedentary Adults	FDOH, Bureau of Epidemiology	2007	24	2013	27.5	
Exercise opportunities	County Health Rankings	2014	64.0%	2015	87.0%	
Santa Rosa County						
Indicator	Source	Baseline		Most Recent		
		Data Period	Results	Data Period	Results	Trend
Adults at a Healthy Weight	FL CHARTS	2007	39.5%	2013	38.0%	

Indicator	Source	Baseline		Most Recent		
		Data Period	Results	Data Period	Results	Trend
Obese Adults	FL CHARTS	2007	21.3%	2013	25.6%	↑
Overweight Adults	FL CHARTS	2007	36.3%	2013	35.4%	↓
Adults eating 5 servings of fruits and vegetables daily	FL CHARTS	2007	21.9%	2013	15.5%	↓
Sedentary Adults	FDOH, Bureau of Epidemiology	2007	19.9	2013	24.1	↑
Exercise opportunities	County Health Rankings	2014	53.0%	2015	82.0%	↑

## Priority Area: Health Management

<b>Partnership for a Healthy Community &amp; Santa Rosa Health Improvement Steering Committee</b>	
<b>Goals</b>	- Assure residents in Escambia and Santa Rosa Counties access the right health and/or social services at the right time and at the right place (i.e. appropriate care setting).
<b>Objectives</b>	- Improve access to health and social services for residents - Reduce inappropriate use of hospital emergency departments.
<b>Actions</b>	<ul style="list-style-type: none"> <li>- The Partnership facilitated three work groups to address various aspects to health management:                             <ul style="list-style-type: none"> <li>- Referral Coordination and Connectivity – This group’s aim was to increase the coordination of services offered to low income populations across health and social services providers. The group determined that access to services was usually impeded by difficult and varying intake and eligibility process across the providers. To overcome this barrier, the team developed a universal intake form that was comprehensive in gathering the most common information required by various health and social providers. Next, the team evaluated web based platforms that would be the depository of community information. The community platform would also have the capability to coordinate referrals between providers.</li> <li>- Specialty Provider – For the uninsured, receiving specialty care is often a challenge. The focus of this group was to determine what could be done provide more timely specialty care at no or low cost to uninsured patients.</li> <li>- Safety Net Providers – Made up of community health and social service providers, this group came together to raise awareness of the services each provides to very similar populations. Many in attendance were unaware of the scope of services given by others.</li> </ul> </li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>- Referral Coordination and Connectivity – Funding became a barrier for securing software to implement a universal intake and referral coordination process. There were three platforms currently in use in the community and no funding was available for the purchasing of a separate system or development of interfaces between the platforms currently in use.</li> <li>- Specialty Provider – The team continues to meet to determine what can be done to fill this critical gap in service.</li> <li>- Safety Net Providers – This team has made strides in addressing the misconceptions of the services provided within each organization. Information was shared to all members and members have used this group to identify referral sources.</li> </ul>
<b>Baptist Health Care: Baptist Hospital, Gulf Breeze Hospital, Jay Hospital</b>	
<b>Goals</b>	<b>Facilities: BH, GBH, JH</b> <ul style="list-style-type: none"> <li>- Improve awareness of available community health and social services resources and improve provider referral patterns.</li> <li>- Improve access to preventive and primary care for underserved residents of Escambia and Santa Rosa Counties.</li> <li>- Reduce inappropriate use of health care resources and associated system costs, and improve patient knowledge and competency in self-care management.</li> </ul>
<b>Objectives</b>	<b>Facilities: BH, GBH, JH</b> <ul style="list-style-type: none"> <li>- Support development of automated referral capability between Northwest Florida 211 Program and community health and social service resources in Escambia and Santa Rosa Counties.</li> </ul> <b>Facilities: BH, GBH</b> <ul style="list-style-type: none"> <li>- Continue community benefit funding and seek approaches to expanding service capacity for Escambia Community Clinics (Federally-Qualified Health Center) and subsidiary Santa Rosa Community Health Clinics, in conjunction with Sacred Heart Health System and the Escambia and Santa Rosa Boards of County Commissioners.</li> <li>- Strengthen, in collaboration with Escambia and Santa Rosa Community Clinics and Sacred Heart Health System, capability for providing targeted chronic disease care management</li> </ul>

programs for high cost, low income and/or uninsured populations.

**Facility: JH**

- Collaborate with the Northwest Florida Rural Health Network to facilitate distribution of health and social services resource guide to area providers and agencies
- Collaborate with the Northwest Florida Rural Health Network to develop local transportation resources to facilitate improved access to medical providers.
- Collaborate with the Northwest Florida Rural Health Network to support prescription assistance program and promote wellness.

**Actions**

**Facilities: BH, GBH, JH**

- Objective achieved through the Partnership, facilitated workgroup for the development of an automated referral process between Florida 211 Program and community health and social service resources in Escambia and Santa Rosa Counties

**Facilities: BH, GBH**

- Continued community benefit funding for Escambia Community Clinics which includes Santa Rosa Community Clinics (ECC)
- Through the Partnership for a Health Community, in 2011, received Low Income Pool funding to deploy a Health Navigation program at both Baptist Hospital and Sacred Heart Hospitals. The original design of the program was to have Navigators and Case Managers embedded within the hospital Emergency Departments for the purposes of ER diversion and with inpatient support to provide bedside assistance in assisting patients (established or new) in following up with primary care post discharge. Although the original grant ended in June 2013, ECC received support through the Louisiana Public Health Institute to continue the navigation services.

**Facility: JH**

It was anticipated that these objectives would be met through a partnership with the Northwest Florida Rural Health Network. After the writing of the Implementation Strategy, however, the SRHISC was identified as a more appropriate partner. Through this partnership, the following was accomplished:

- Developed and distributed centralized directory for health care services in Santa Rosa County
- Advocated to the Santa Rosa County Board of Commissions for the exploration of transportation options for the counties by supplying evidence of the adverse effects the lack of mass transportation has residents' access to health services
- In working with the SRHISC, it was identified that dental care access was a greater need than access to medical prescriptions. SRHISC recruited 1 dentist to provide dental care

**Impact**

**Facilities: BH, GBH, JH**

- Partnership continues to convene the group to determine appropriate web-based platform for automated referral

**Facilities: BH, GBH**

- Community benefit funding for Escambia Community Clinics & Santa Rosa Community Clinics
  - FY14: \$553,878.00
  - FY15: \$537,499.92
- Health Navigation Program
  - ECC conducted an analysis of 131 unduplicated patients that completed a referral from Baptist and/or Sacred Heart's ED to ECC for the establishment of a Primary Care Medical Home. A significant number of were identified as having visited multiple emergency, urgent care or safety-net facilities during the previous year. Patients were categorized in one of 3 levels of risk.
  - Further bio-psycho-social analysis of 20 patients with highest ED utilization revealed high rate of mental health issues. Though it is recognized that the sample size cannot provide conclusive evidence, there is a significant pattern of mental health issues associated with chronic medical conditions.
  - In July 2015, ECC and Lakeview Center launched a pilot program, Linking-Engaging-Advocating-Planning (LEAP). LEAP is cooperative team/multi-discipline approach to case management that includes case managers, nursing staff, and mental health treatment staff. Hiring under way for RN Care Managers and developing processes & procedures to be deployed during the pilot. ED visits, clinical measures and mental/social assessment scores will be measured to track progress of the pilot.

**Facility: JH**

- Centralized directory for health care services in Santa Rosa County



- Over 30 provider listed
- Directory is maintained by the Santa Rosa Emergency Operations Center and updated twice a year
- Transportation advocacy: Santa Rosa County Board of Commissions unanimously approved the investigation and exploration of transportation option. A gap analysis was completed and research on evidence based transportation programs were collected from other communities. A transportation summit was held to discussion opportunities.
- Dental Care Access: Dentist provided services to six patients for a total of 10 visits amounting in over \$5,000 in charitable in-kind contributions.

### Community Measures (Long Term Indicators)

Below are an example of the indicators BHC is monitoring to track success. Implementation strategies will have short term indicators. It is important to note that there are other social determinants of health that impact these indicators that are may not be directly addressed by the interventions.

Legend:

Trend:	Improving	Worsening	Neutral
	<p> – Desired Performance Direction: High/Increase (ex.: # of Former Smokers)</p> <p> – Desired Performance Direction: Low/Decrease (ex.: <i>Decreasing</i> deaths from smoking related cancer)</p>	<p> – Worsening Trend Desired Performance Direction: High/Increase (ex.: # of Former Smokers)</p> <p> – Worsening Trend Desired Performance Direction: Low/Decrease (ex.: Decreasing deaths from smoking related cancer)</p>	<p> Neutral Trend; No Change</p>

Impact of Actions: Community Measures (Long Term Indicators)						
Escambia County						
Indicator	Source	Baseline		Most Recent		
		Data Period	Results	Data Period	Results	Trend
Admitted ED Visits - All Ambulatory Care Sensitive Conditions (Rate/1,000 admits)	AHCA	2012	125.32	2014	156.8	
Adults who could not see a doctor at least once in the past year due to cost	FL CHARTS	2007	16.3%	2013	16.8%	
Adults who have a personal doctor	FL CHARTS	2007	81.7%	2013	71.3%	
Adults with good to excellent overall health	FDOH	2007	83.6%	2013	80.6%	
Dental Care Access by Low Income Persons	FL CHARTS	2010	24.6	2012	24.3	
ED Visits - All Ambulatory Care Sensitive Conditions (Rate/1,000 visits)	AHCA	2012	213.1	2014	201.6	
Poor or fair health	FL FDOH	2007	16.4	2013	19.4	
Primary Care Access	HRSA, HHS	2010	77.95	2012	81.26	
Santa Rosa County						
Indicator	Source	Baseline		Most Recent		
		Data Period	Results	Data Period	Results	Trend
Admitted ED Visits - All Ambulatory Care Sensitive Conditions	AHCA	2012	121.4	2014	149.5	
Adults who could not see a doctor at least once in the past year due to cost	FL CHARTS	2007	15.0%	2013	14.2%	

Indicator	Source	Baseline		Most Recent		
		Data Period	Results	Data Period	Results	Trend
Adults who have a personal doctor	FL CHARTS	2007	79.7%	2013	75.9%	↓
Adults with good to excellent overall health	FDOH	2007	86.0%	2013	83.7%	↓
Dental Care Access by Low Income Persons	FL CHARTS	2010	19.0	2012	19.2	↑
ED Visits - All Ambulatory Care Sensitive Conditions	AHCA	2012	186.2	2014	188.1	↑
Poor or fair health	FDOH	2007	14.0	2013	16.3	↑
Primary Care Access	HRSA, HHS	2010	64.08	2012	66.24	↑

## **Sacred Heart Hospital –Pensacola**

See next page.

## 2013-2015 Community Health Implementation Strategy Progress Report Sacred Heart Hospital Pensacola

<b>Priority Area:</b> Tobacco Use												
<b>Goal:</b> Reduce the use of all tobacco products.												
<b>Objective:</b> Adopt tobacco free hire policy to reduce tobacco use by associates												
<p><b>Activity / Accomplishments:</b></p> <p>Effective January 1, 2014, SHHS implemented a tobacco-free hiring policy for all new Associates. Applicants are provided detailed information on the policy prior to on-line submission of their employment application. Upon receiving an offer for employment and during the routine on-boarding, the applicant is screened for tobacco use. If the applicant fails the test, the application offer is rescinded and they will not be eligible to apply for a SHHS position for 12 months. Affiliated Contingent Workers have also adopted a tobacco-free hire policies, including TouchPoint (on campus in transportation, food service and environmental services) and three post graduate medical residency programs totaling over 350 employees.</p>												
<p><b>Impact:</b></p> <p style="text-align: center;"><b>New Associate Tobacco Use Screening</b> (* New associate screening began January 1, 2014)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">Sacred Heart Hospital Pensacola</th> <th style="text-align: center;">FY 2014*</th> <th style="text-align: center;">FY 2015</th> </tr> </thead> <tbody> <tr> <td>Number of new hires screened</td> <td style="text-align: center;">na</td> <td style="text-align: center;">1,091</td> </tr> <tr> <td>Number of applicants failing new hire tobacco use screening (testing positive for nicotine)</td> <td style="text-align: center;">5</td> <td style="text-align: center;">11</td> </tr> <tr> <td>% of applicants failing new hire tobacco use screening</td> <td></td> <td style="text-align: center;">1%</td> </tr> </tbody> </table>	Sacred Heart Hospital Pensacola	FY 2014*	FY 2015	Number of new hires screened	na	1,091	Number of applicants failing new hire tobacco use screening (testing positive for nicotine)	5	11	% of applicants failing new hire tobacco use screening		1%
Sacred Heart Hospital Pensacola	FY 2014*	FY 2015										
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Number of applicants failing new hire tobacco use screening (testing positive for nicotine)	5	11										
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# 2013-2015 Community Health Implementation Strategy Progress Report Sacred Heart Hospital Pensacola

**Objective:** Reinforce tobacco free campus policy for patients and visitors through communications, signage, and information about tobacco free interventions.

**Activity / Accomplishments:**

- External Communications: Issued a joint press release with Baptist Healthcare on new tobacco free hire policy and developed tobacco free verbiage on the “Careers” web-page for prospective applicants to include messaging attached to each job posting on the SHHS website.
- Internal Communications: Distributed CEO email to associates, administrative council and medical staff on new tobacco free hire policy; published article in associate newsletter (available in print and PDF version); produced intranet “Bedside Chat” video of CEO which informed viewers about the reason for the tobacco free hire policy and benefits to our associates and patients; and published inventory of no cost tobacco cessation and nicotine replacement therapy programs across Sacred Heart regional service areas for in the “Living Well” associate wellness intranet webpage.
- Focus Groups: Conducted meetings with three mission critical communities (volunteer coordinators, contracted vendors, and teaching programs) to discuss the new tobacco free hire policy and the impact on their employee population.

**Impact:**

**WFAHEC Cessation Classes - Pensacola**

	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
All Participants Throughout Community	651	547	492
On SHHP Campus			
Classes (6 week sessions)	8	9	15
% of Participants throughout community attending on Campus	9.4%	9.9%	13.3%

*\* includes community participants as well as associates.*

**WFAHEC Cessation Class Graduates - 7 Month Follow up Quit Rates  
(% Respondents who have used tobacco in the last 7 days)**

	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>Average</b>
No	63%	62%	49%	61%
Yes	37%	38%	51%	39%

## 2013-2015 Community Health Implementation Strategy Progress Report Sacred Heart Hospital Pensacola

**Objective:** Implement tactics that provide tobacco free supportive resources for Sacred Heart associates and their dependents through health plan benefit design.

### Activity / Accomplishments:

- Continuing to provide Living Well Program to help Associates chart a personal course toward improving and maintaining personal health including free tobacco cessation resources, including cessation classes (on and off-campus) and limited nicotine replacement therapy (NRT) provided through WFAHEC.
- As part of health plan benefit designs, Ascension SmartHealth Wellness Program was implemented to provide financial rewards (HSA account deposits) for improving and maintaining personal health through web based Health Risk Assessments, web applications and personal coaching that includes including free tobacco cessation resources.
- Associate Benefits include Wellness/Disease Management that covers Smoking Cessation Intervention (Counseling) at \$0 copay for counseling sessions and no limit on the number of counseling sessions. NRT expenses may be a covered expense depending on the specific drug prescribed.
- 2016 Benefit Year, an insurance surcharge will be applied to all Associates who use tobacco.

### Impact:

**Sacred Heart Health System - Associates include:** SHHP, SHHG, SHHEC, SHMG, MSO, SHMOG,, Properties, Regional Transport, Residency Support, Foundation, Haven

#### Current Associate Tobacco Usage

	C 2014*	C 2015	Target
% SHHS Associates acknowledge tobacco use	8.0%	Data Not yet Accessible	0%

#### Associate responses to the Health Assessment ® (HA) health risk assessment (HRA)

						FY 2014*	FY 2015
Total Respondents						1,571	1,862
Total Associates						4,413	4,620
Response Rate						35.6%	40%
<b>2013** (benchmark)</b>							
<b>Behavior Risks</b>	<b>State</b>	<b>Escambia</b>	<b>Santa Rosa</b>	<b>Walton</b>	<b>Gulf</b>		
Tobacco Use (cigarettes only)	16.8%	22.5%	23.6%	23.2%	19.2%	4.5%	3.6%

\*Tobacco free hiring policy effective January 1, 2014

\*\* Source: Behavioral Risk Factor Surveillance Survey (BRFSS)

# 2013-2015 Community Health Implementation Strategy Progress Report Sacred Heart Hospital Pensacola



Sacred Heart Hospital Pensacola and Baptist Hospital (Pensacola) formed the Partnership for a Healthy Community (PFAHC), a 501c3 corporation, in 1994 with the mission to periodically conduct comprehensive health status assessments, and to advance, support, or promote collaborative initiatives to improve the health and quality of life for residents of Escambia and Santa Rosa Counties in Northwest Florida. Data from the Partnership’s 2012 comprehensive health assessment, and from a separate study published in 2013 by the Robert Wood Johnson Foundation provided the foundational data used to develop the community priorities addressed in Sacred Heart Hospital Pensacola’s Implementation Strategy.



In 2013, after the approval of Sacred Heart Hospital Pensacola’s Implementation Strategy, the Partnership developed a community-wide implementation strategy (Road Map to Wellness) identifying key strategies to be addressed directly by the Partnership or the community at large. With direct capital and human support of the Partnership, SHHP provides further community benefit and impact through the Partnership’s efforts.

The Road Map to Wellness strategies for the community priority to Reduce Tobacco Use specifically target employers as key influencers to impact change in the community. As one of the top 3 private employers in the two-county area, the tobacco policy changes adopted by SHHP have a greater potential collective impact by joining with other top employers affecting the lives of their employees and even their families.

<b>Area:</b>	Escambia and Santa Rosa Counties						
<b>Partnership Objectives:</b>	<ul style="list-style-type: none"> <li>• Increase the number of employers with tobacco-free policies.</li> <li>• Increase the number of employers offering low cost or no-cost tobacco cessation services to employees.</li> </ul>						
<b>Activity / Accomplishments:</b>	<ul style="list-style-type: none"> <li>• Hosted a half-day Employer Summit in November 2014 with over 200 employer participants.</li> <li>• Developed and distributed a Healthy Workplace Tool Kit to assist employers implement tobacco-free workplaces and hiring policies.</li> <li>• Healthy Workplace Tool Kit has been downloaded from the PFAHC over 700 times.</li> </ul>						
<b>Impact:</b>	<p><b>Major Employers (&gt;65) and Public/Governmental Organizations Adopting Tobacco-free Policies since 2013</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 70%;"></th> <th style="text-align: center;">Employees Impacted</th> </tr> </thead> <tbody> <tr> <td>Tobacco or Smoke - Free Campus (all grounds and buildings)</td> <td rowspan="3" style="text-align: center; vertical-align: middle;">Over 30,000 (est. 15% of workforce)</td> </tr> <tr> <td>Tobacco or Smoke -Free Hiring</td> </tr> <tr> <td>Employee Benefit Differential for Tobacco users*</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 5px;">* of those employers willing to disclose information regarding benefits.</p>		Employees Impacted	Tobacco or Smoke - Free Campus (all grounds and buildings)	Over 30,000 (est. 15% of workforce)	Tobacco or Smoke -Free Hiring	Employee Benefit Differential for Tobacco users*
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Employee Benefit Differential for Tobacco users*							



# 2013-2015 Community Health Implementation Strategy Progress Report Sacred Heart Hospital Pensacola

**Priority Area: Healthy Weight (NEW)**

**Background:** Obesity as a prioritized need was not originally addressed in the SHHP Implementation Strategy. However, the SHHP Strategy has been updated to reflect efforts promoting healthy behaviors that support healthy weight. These programs also support two strategies identified in the Partnership’s Roadmap to Wellness:

- Increase the initiation and duration of breastfeeding - Breastfeeding promotion is an evidence-based intervention that has significant potential to reduce overweight and obese rates among young children.
- Promote 5-2-1-0 Let’s Go! among elementary school aged children in Escambia and Santa Rosa Counties. 5-2-1-0 is a nationally recognized public education campaign to bring awareness to the daily guidelines for nutrition and physical activity: 5 servings of fruits / vegetables, 2 hours or less of recreational screen time, 1 hour of physical activity, and 0 sugary drinks.

**Goal:** Provide education and support for behaviors that impact a healthy weight.

**Objective:** Increase the initiation and duration of breastfeeding.

**Activity / Accomplishments:**

June 15, 2015 the Children’s Hospital received international recognition as a Baby-Friendly birth facility by Baby-Friendly USA. As the region’s only perinatal center, the Baby-Friendly Breastfeeding policies will have the opportunity to positively influence over 3,400 mothers each year in their decisions about initiation and duration of breastfeeding their child.

**Impact:**

**Children’s Hospital Breastfeeding - Well Baby Nursery Data (Sampled data)**

Joint Commission National Quality Measures - Perinatal Care (PC)	2014	2015 YTD (June)	Joint Commission Nat'l Avg.	Healthy People 2020 Goal
Exclusive Breast Milk Feeding during entire hospitalization. (PC-05)	51.61%	63.96%	49.57%	86%

*Note: Data is sampled among well babies/normal newborns medically able to accept breast milk without nutritional supplementation.*

# 2013-2015 Community Health Implementation Strategy Progress Report Sacred Heart Hospital Pensacola

**Objective:** Enhance the 5210 healthy behaviors programming in elementary schools.

**Activity / Accomplishments:**

In FY 2015, SHHP received a grant from Ascension to provide healthy weight programming for elementary school children. Under the grant parameters, a 6 month program was developed to provide educational tools, resources and activities to assist faculty, students and parents to adopt the 5-2-1-0 healthy lifestyle behaviors. Over 900 elementary school students including pre-K were part of school, home and camp based programming developed to engage faculty, parents and students. OJ Semmes and Holm Elementary Schools were selected because of the high level of at-risk students (100% free or reduced lunches), low academic performance, and lack of previous exposure to 5-2-1-0 curriculum. In addition to their close proximity, OJ Semmes is an existing partner school and Holm Elementary serves a significant number of the county's medically fragile. Student BMI for 1st and 3rd grades were collected in the late fall of 2014 and will be collected again in the fall of 2015. The 2015-16 results will be available spring of 2016 for an evaluation of longer term outcomes of the Project's efforts compared to similar district schools without 5-2-1-0 intervention strategies.

**Impact:**

**Students' Tracking of their 5-2-1-0 Behaviors (Week)**

	OJ Semmes Elementary	Holm Elementary
Completed by Students	16%	16%
Parent Engagement (signed the student's completed tracker)	80%	71%
Teachers' Trackers (role-modeling)	24%	26%

**Students - Overweight or Obese (BMI  $\geq$  25%)**

		2014-2015 * (baseline)	2015-2016
<b>Holm</b>	PreK	23.5%	Available Spring 2016
	1 <sup>st</sup> Grade	25.6%	
	3 <sup>rd</sup> Grade	32.3%	
<b>Semmes</b>	PreK	31.9%	
	1 <sup>st</sup> Grade	23.1%	
	3 <sup>rd</sup> Grade	26.9%	

\* School Health measurements taken prior to the introduction of 5-2-1-0 programming.

# 2013-2015 Community Health Implementation Strategy

## Progress Report

### Sacred Heart Hospital Pensacola

<b>Priority Area:</b>	<b>Improve Awareness of Community Resources</b>													
<b>Goal:</b>	<b>Utilize 211 for community information and referral</b>													
<b>Objective:</b>	Pilot interface for KidsCare enrollment to improve access to children's health insurance coverage and other programs offered by related to priority needs.													
<b>Activity / Accomplishments:</b>	<ul style="list-style-type: none"> <li>• SHHP received an enrollment outreach grant to promote and provide CHIP/Medicaid application assistance across six counties in Northwest Florida: Escambia, Franklin, Gulf, Okaloosa, Santa Rosa, and Walton counties.</li> <li>• Interface between CareScope and the Northwest Florida 2-1-1 information system operated by United Way was completed to allow safety-net providers to submit referrals for application assistance.</li> <li>• The 2-1-1 service refers callers seeking information and assistance to community health and human services. The interface between 2-1-1's VisionLink software and CareScope facilitated public self-referral for CHIP/Medicaid application assistance by seamlessly transferring client demographics from the 2-1-1 operator to the Sacred Heart Community Health Workers (CHW) for follow-up.</li> <li>• A marketing campaign was implemented with fliers, billboards, posters, and Public Service Announcements (PSAs) plus a direct mail postcards to 5,000 households in low income zip codes. The campaign focused on how to apply for CHIP/Medicaid and receive application assistance. Once the 2-1-1 VisionLink interface was up and running, 2-1-1 was advertised as the way to call for assistance as well.</li> <li>• CHWs attended community events to hand out information about CHIP/Medicaid and inform people about the application assistance program.</li> <li>• Enrollment period under the grant: 10/2012 – 8/2013</li> </ul>													
<b>Impact:</b>	<p><b>Number of children for whom an application was submitted</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 60%;"></th> <th colspan="2" style="text-align: left;"><b>Enrollment Period</b></th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">NEW CHIP/Medicaid Enrollment</td> <td style="width: 20%;">379</td> <td style="width: 20%;">94.4%</td> </tr> <tr> <td style="text-align: left;">Applications Declined</td> <td>22</td> <td>5.6%</td> </tr> <tr> <td style="text-align: left;">Total Applications</td> <td>401</td> <td></td> </tr> </tbody> </table>			<b>Enrollment Period</b>		NEW CHIP/Medicaid Enrollment	379	94.4%	Applications Declined	22	5.6%	Total Applications	401	
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# 2013-2015 Community Health Implementation Strategy Progress Report Sacred Heart Hospital Pensacola

<b>Priority Area:</b>	<b>Improve Awareness of Community Resources</b>
<b>Goal:</b>	Link community residents and Sacred Heart patients to needed services.
<b>Objective:</b>	Revise Sacred Heart Parish Nursing program, which currently encompasses congregations that serve minority residents, to create community navigation infrastructure to improve awareness of and access to community resources.
<b>Activity / Accomplishments:</b>	<p>With the development of the new Gulf Coast Ministry in 2015, the Faith Community Nursing (FCN) program will be aligned with Population Health resources. Program redesign is underway and key components will include:</p> <ul style="list-style-type: none"><li>• Evaluating and Expanding the presence of faith community nursing in areas of need (uninsured).</li><li>• Creating an outreach plan aligned with community health needs and areas of need.</li><li>• Increasing screening activities through church partnerships.</li><li>• Identify and track outcome metrics.</li><li>• Partnering with local resources to improve community engagement and access to available resources.</li></ul>
<b>Impact:</b>	

## 2013-2015 Community Health Implementation Strategy Progress Report Sacred Heart Hospital Pensacola

### Faith Community Nursing Ministries Churches – Escambia /Santa Rosa Counties

FY 2013	FY 2014	FY 2015
12	11	11

### Sacred Heart Hospital Pensacola – Mission in Motion

Adult Screenings	FY 2013		FY 2014*		FY 2015	
	Total	% Referred	Total	% Referred	Total	% Referred
Patients	2,183		1,971		1,572	
Blood Pressure	1,493	2.9%	1,214	3.4%	1,175	4.5%
Cholesterol	1,378	4.8%	962	5.2%	1,098	5.0%
Diabetes	1,303	3.4%	966	4.3%	1,161	5.7%
Anemia	996	4.7%	852	7.7%	1,160	6.2%
Osteoporosis	382	7.6%	560	4.3%	179	4.5%
Flu Shot	398		574		218	
<b>Total Conditions Referred for Follow up Care</b>	<b>254</b>		<b>238</b>		<b>254</b>	

\* Effective FY 2014, Mission in Motion bus no longer in service and reduction of 1.5 FTE for mobile screening services.

K4-8th Grade Student Screenings	FY 2013		FY 2014		FY 2015	
	Total	% Referred	Total	% Referred	Total	% Referred
Students	1,932		1,375		1,298	
Vision	1,922	3.9%	1,359	7.6%	1,284	17.4%
Audiometry/ Tympanometry	1,924	16.0%	1,368	63.9%	1,298	18.0%
Scoliosis	238	3.8%	152	3.9%	179	1.7%
<b>Total Conditions Referred for Follow up Care</b>	<b>390</b>		<b>212</b>		<b>449</b>	

Includes sites from Escambia and Santa Rosa District Schools, Escambia County Headstart, Santa Rosa Special needs and Escambia private schools

## Improve Access to Health Care

**Priority Area:** Improve Access to Health Care

**Goal:** Improve access to preventive and primary care services

# 2013-2015 Community Health Implementation Strategy Progress Report Sacred Heart Hospital Pensacola

**Objective:** Continue community benefit funding for Escambia Community Clinics (ECC), the area’s primary care medical home for the underserved, in collaboration with Baptist Healthcare and Escambia and Santa Rosa Board of County Commissioners.

**Activity / Accomplishments:**

Annual ECC funding for FY 2014 and 2015, \$610,000

- \$550,000 – Primary Care Services to the Uninsured
- \$60,000 - Pharmacy Assistance for very low income (>75% of poverty level)

**Impact:**

**Escambia Community Clinics (ECC) Volume**

	CY 2013	CY 2014	CY 2015 YTD (Aug.)
Unduplicated Patients	28,740	29,815	24,700
Visits	85,403	88,935	64,247

# 2013-2015 Community Health Implementation Strategy Progress Report Sacred Heart Hospital Pensacola

<b>Priority Area:</b>	<b>Improve Appropriate Use of Health Care Resources</b>
<b>Goal:</b>	<b>Improve individual knowledge, confidence, and competency in self-care management.</b>
<b>Objective:</b>	In collaboration with Escambia Community Clinics, strengthen the chronic condition care management program for low income and uninsured populations to target those with greatest need and expand the number of patients served.
<b>Activity / Accomplishments:</b>	
<p>Through the Partnership for a Health Community:</p> <ul style="list-style-type: none"> <li>• In 2011 received Low Income Pool funding to deploy a Health Navigation program at both Baptist and Sacred Heart Hospitals. The original design of the program was to have Navigators and Case Managers embedded within the hospital Emergency Departments for the purposes of ER diversion and with inpatient support to provide bedside assistance in assisting patients (established or new) in following up with primary care post discharge. Although the original grant ended in June 2013, ECC received support through LPHI to continue the navigation services.</li> <li>• Health Navigation Analysis 2013 - Both Sacred Heart and Baptist Hospital provide support to ECC for navigation services in each hospital's emergency department (ED). ECC conducted an analysis of 131 unduplicated patients that completed a referral from Baptist and/or Sacred Heart's ED to ECC for the establishment of a Primary Care Medical Home. A significant number of were identified as having visited multiple emergency, urgent care or safety-net facilities during the previous year. Patients were categorized in one of 3 levels of risk.</li> <li>• Further bio-psycho-social analysis of 20 patients with highest ED utilization revealed high rate of mental health issues. Though it is recognized that the sample size can not provide conclusive evidence, there is a significant pattern of mental health issues associated with chronic medical conditions.</li> <li>• In July 2015, ECC and Lakeview Center launched a pilot program, Linking-Engaging-Advocating-Planning (LEAP). LEAP is cooperative team/multi-discipline approach to case management, that includes case managers, nursing staff, and mental health treatment staff. Hiring under way for RN Care Managers and developing processes &amp; procedures to be deployed during the pilot. ED visits, clinical measures and mental/social assessment scores will be measured to track progress of the pilot.</li> </ul>	



# 2013-2015 Community Health Implementation Strategy Progress Report Sacred Heart Hospital Pensacola

## Impact:

### Health Navigation Summary Report

#### 131 ED Patients following through with referral to ECC

*Patient Referrals Generated January 1, 2013 to February 28, 2013*

- 131 ED patients completed referral to ECC. Total visits to the ERs in the prior year by identified patients represented 423 (patients averaging more than 3 visits per year).
- 29% of completed referrals were provided additional support through ancillary support services offered at ECC. Such as tobacco cessation, social services, case management, prescription assistance, women's health and mental health.
- Of those receiving PAP assistance a total of \$42,990.23 in AWP was provided.
- Of the completed referrals 64% established and/or maintained primary care as indicated by having 2 or more appointments in primary care.

<b>Patients by Insurance Class</b>	
Approved for ECC Charity Program	25% (32)
Medicaid	32% (42)
Medicare	6% (8)
Private	3% (4)
Share of Cost	2% (3)
Self-Pay	32% (42)

- Patients were stratified based condition criteria:

Risk Level	Level 1 (High Risk)	Level 2 (Rising Risk)	Level 3 (Low Risk)
<b>Total Patients</b>	64 (49%)	32 (24%)	36 (27%)
<b>Associated Conditions</b>	<ul style="list-style-type: none"> <li>• Uncontrolled Chronic Health Condition such as Diabetes, Asthma or HTN</li> <li>• Homeless</li> <li>• Documented Mental Illness</li> <li>• Use of illegal drugs and/or ETOH diagnosis</li> <li>• High Utilization of ERs</li> </ul>	<ul style="list-style-type: none"> <li>• Out of normal BMI Range</li> <li>• Smokes</li> <li>• High Cholesterol</li> <li>• Family History of DM or Heart Disease</li> </ul>	<ul style="list-style-type: none"> <li>• Controlled Chronic Condition</li> <li>• No medical conditions</li> </ul>

- Post Referral:
  - ♦ 63% had a decrease in ER Visits.
  - ♦ Total visits to the ERs by identified patients increased by 10. However 7 patients represented 180 (42%) of those post referral and all had been identified as a High Risk or Level One patient.





# Collaborating Partners



Sacred Heart Hospital  
-Pensacola



Baptist Hospital  
Gulf Breeze Hospital  
Jay Hospital

