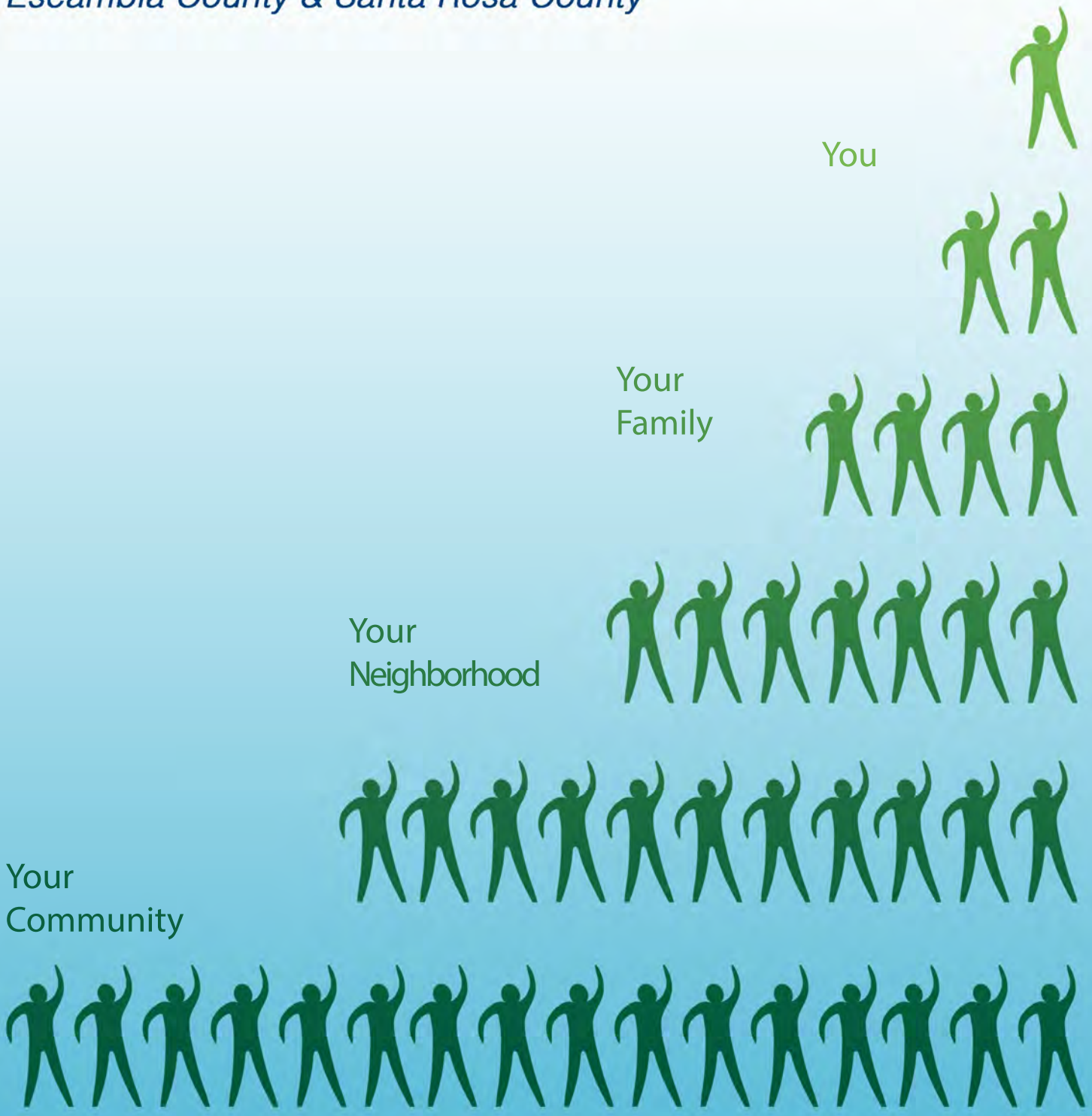
Community Health Needs Assessment 2016

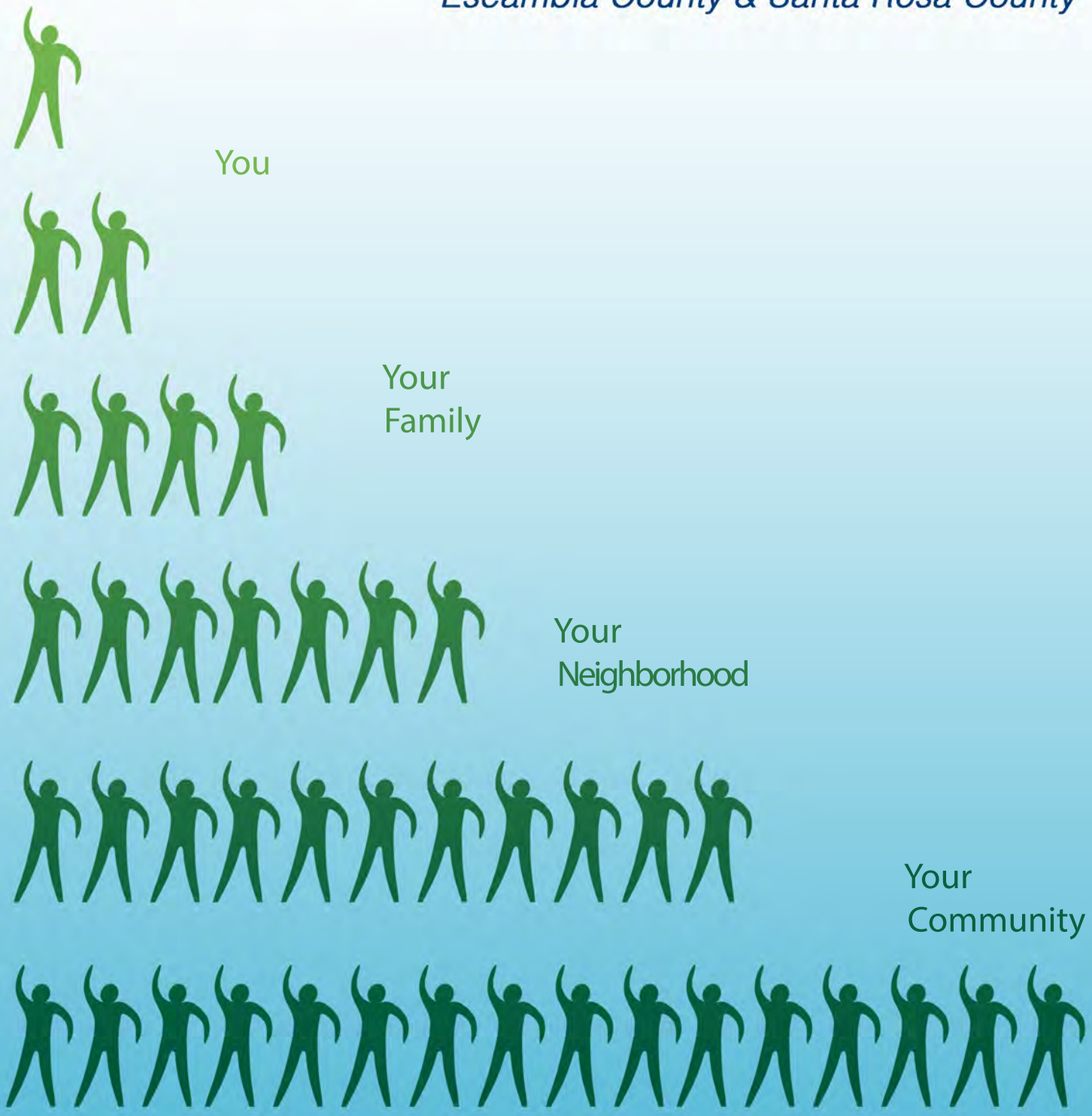
Escambia County & Santa Rosa County



PARTNERSHIP
FOR A HEALTHY COMMUNITY

Community Health Needs Assessment 2016

Escambia County & Santa Rosa County



PARTNERSHIP FOR A HEALTHY COMMUNITY

TABLE OF CONTENTS

Appendices

Appendix I:
Community Themes and Strengths

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.

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).

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

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).

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

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).

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

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)

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

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

- ◯ Insurance from an employer or union
- ◯ Insurance that you pay for yourself *(including "Obamacare" plans)*
- ◯ Indian or Tribal Health Services
- ◯ Medicare
- ◯ Medicaid *(such as Medipass, Medicaid HMO)*
- ◯ TRICARE, military or VA benefits
- ◯ Other
- ◯ 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?

- ◯ Fill the prescription at a pharmacy
- ◯ Use leftover medicine already at home
- ◯ Buy an over the counter medicine
- ◯ Use herbal or natural therapies instead
- ◯ Go without medicine
- ◯ Use someone else's medicine

10. Which healthcare services are difficult to get in your County?
Check all answers that apply.

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

11. In the past 12 months, did you delay getting needed medical care for any of the following reasons?
Check all answers that apply.

- ☐ No, I did not need medical care
- ☐ Could not get a weekend or evening appointment
- ☐ Could not get an appointment soon enough
- ☐ Provider was not taking new patients
- ☐ Lack of transportation
- ☐ Could not afford
- ☐ Provider did not take your insurance
- ☐ Language barriers or could not communicate
- ☐ Insurance problems or lack of insurance
- ☐ 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?

- ◯ Hospital Emergency Room
- ◯ My family doctor
- ◯ Any available doctor
- ◯ Urgent care clinic
- ◯ Health Department
- ◯ Community health center
- ◯ Free clinic
- ◯ VA / Military facility
- ◯ I usually go without care

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

- ◯ Mental health clinic in Santa Rosa County
- ◯ I do not know where to go for mental health care
- ◯ VA / Military facility
- ◯ Mental health clinic in Escambia County
- ◯ My family doctor
- ◯ Private psychologist, psychiatrist or other mental health professional
- ◯ Hospital Emergency Room in Santa Rosa County
- ◯ 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
◯ Yes, I currently use chewing tobacco, snuff or snus
◯ Yes I currently use e-cigarettes
◯ No, I quit 12 months ago or less
◯ No, I quit 1 or more years ago
◯ 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.

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

- ◯ Black/African-American, non-Hispanic
- ◯ Black/African-American, Hispanic
- ◯ White/Caucasian, non-Hispanic
- ◯ White/Caucasian, Hispanic
- ◯ Asian
- ◯ American Indian / Alaska Native
- ◯ Pacific Islander
- ◯ Bi-racial or multiple races

22. What is your age?

- ◯ Less than 18
- ◯ 18-24
- ◯ 25-34
- ◯ 35-44
- ◯ 45-54
- ◯ 55-74
- ◯ 75+

23. What is the highest level of school you have completed or highest degree you have received?

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

24. What is your current employment status?

- ◯ Disabled / unable to work
- ◯ Employed full-time
- ◯ Employed part-time
- ◯ Homemaker
- ◯ Retired
- ◯ Seasonal worker
- ◯ Student
- ◯ Self-employed
- ◯ Unemployed

25. What is your annual family income?

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

Thank you for taking this survey.

CTSA: Detailed Results

Demographics

	Escambia County		Santa Rosa County		Other/No Respons		Grand Total	
County	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%
Total Responses	680		941		123		1,744	

*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
NOTE: Only responses from residents of Escambia and Santa Rosa are included in this analysis.

	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
Gender	Count	% of Total	Count	% of 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%	313	81%	1,329	83%
Male	95	21%	55	25%	105	14%	19	12%	200	16%	74	19%	274	17%
Total Responses	448		223		768		164		1,216		387		1,603	

	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
Race	Count	% of Total	Count	% of 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%	4	1%	10	1%
Asian	12	3%	4	2%	9	1%	9	5%	21	2%	13	3%	34	2%
Bi-racial or multiple races	8	2%	5	2%	12	2%		0%	20	2%	5	1%	25	2%
Black/African-American, Hispanic	4	1%	1	0%	1	0%		0%	5	0%	1	0%	6	0%
Black/African-American, non-Hispanic	72	16%	75	35%	18	2%	7	4%	90	7%	82	22%	172	11%
Pacific Islander	1	0%	1	0%	3	0%	1	1%	4	0%	2	1%	6	0%
White/Caucasian, Hispanic	25	6%	17	8%	67	9%	22	13%	92	8%	39	10%	131	8%
White/Caucasian, non-Hispanic	322	72%	108	51%	650	85%	123	75%	972	80%	231	61%	1,203	76%
Total Responses	446		213		764		164		1,210		377		1,587	

	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
Age	Count	% of Total	Count	% of 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%	5	1%	11	1%
18-24	8	2%	30	14%	11	1%	16	10%	19	2%	46	12%	65	4%
25-34	61	14%	42	20%	80	10%	39	24%	141	12%	81	22%	222	14%
35-44	77	17%	31	15%	173	23%	33	20%	250	21%	64	17%	314	20%
45-54	113	25%	41	20%	263	34%	37	23%	376	31%	78	21%	454	29%
55-74	183	41%	61	29%	233	30%	36	22%	416	34%	97	26%	513	32%
75+	5	1%	2	1%	4	1%		0%	9	1%	2	1%	11	1%
Total	449		210		768		163		1,217		373		1,590	

	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
Education	Count	% of Total	Count	% of 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%	61	16%	220	14%
4-year college degree	142	31%	20	9%	256	33%	19	12%	398	33%	39	10%	437	27%
Grades 1 through 8		0%	8	4%	3	0%	1	1%	3	0%	9	2%	12	1%
Graduate or professional degree	171	38%	16	7%	281	37%	8	5%	452	37%	24	6%	476	30%
High school diploma / GED	16	4%	53	25%	41	5%	38	23%	57	5%	91	24%	148	9%
Some college	50	11%	49	23%	78	10%	48	29%	128	10%	97	26%	225	14%
Some high school (grades 9 through 11)	2	0%	27	13%	3	0%	6	4%	5	0%	33	9%	38	2%
Vocational/Tech School	6	1%	11	5%	12	2%	12	7%	18	1%	23	6%	41	3%
Total Responses	451		214		769		163		1,220		377		1,597	

	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
Employment Status	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%
Total Responses	451		214		769		160		1,220		374		1,594	

	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
Annual Family Incom	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%
Total Responses	424		207		741		160		1,165		367		1,532	

Survey Questions

Top Responses

	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 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).	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%
Total Responses	1,354		664		2,311		495		3,665		1,159		4,824	

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%
Total Responses	1,338		660		2,257		483		3,595		1,143		4,738	

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%
Total Responses	448		219		767		166		1,215		385		1,600	

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%
Total Responses	1,336		652		2,226		487		3,562		1,139		4,701	

Have you ever been told by a health professional that you have any of the following: (Check all that	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 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%
Total Responses	**695**		**444**		**1,101**		**316**		**1,796**		**760**		**2,556**	

What is the primary source of your health care insurance coverage?	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
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%
Total Responses	**455**		**223**		**772**		**161**		**1,227**		**384**		**1,611**	

How long has it been since your last dental exam or cleaning?	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
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%
Total Responses	**451**		**221**		**770**		**164**		**1,221**		**385**		**1,606**	

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)	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
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%
Total Responses	**454**		**222**		**770**		**163**		**1,224**		**385**		**1,609**	

When a doctor prescribes medicine for you or a family member, what do you do?	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
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%
Total Responses	**453**		**223**		**770**		**164**		**1,223**		**387**		**1,610**	

Which healthcare services are difficult to get in your County? Check all answers that apply.	Escambia County General Pop. Count	% of Total	Escambia County Vulnerable Pop. Count	% of Total	Santa Rosa County General Pop. Count	% of Total	Santa Rosa County Vulnerable Pop. Count	% of Total	COMBINED Escambia/Santa Rosa Counties General Pop. Count	% of Total	COMBINED Escambia/Santa Rosa Counties Vulnerable Pop. Count	% of Total	COMBINED Escambia/Santa Rosa Counties GRAND TOTAL Count	% of Total
Alternative therapies (acupuncture, herbals, 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%
Total Responses	**892**		**536**		**1,664**		**390**		**2,556**		**926**		**3,482**	

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 General Pop. Count	% of Total	Escambia County Vulnerable Pop. Count	% of Total	Santa Rosa County General Pop. Count	% of Total	Santa Rosa County Vulnerable Pop. Count	% of Total	COMBINED Escambia/Santa Rosa Counties General Pop. Count	% of Total	COMBINED Escambia/Santa Rosa Counties Vulnerable Pop. Count	% of Total	COMBINED Escambia/Santa Rosa Counties GRAND 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%
Total Responses	**591**		**369**		**1,000**		**281**		**1,591**		**650**		**2,241**	

When you or someone in your family is sick, where do you go for healthcare?	Escambia County General Pop. Count	% of Total	Escambia County Vulnerable Pop. Count	% of Total	Santa Rosa County General Pop. Count	% of Total	Santa Rosa County Vulnerable Pop. Count	% of Total	COMBINED Escambia/Santa Rosa Counties General Pop. Count	% of Total	COMBINED Escambia/Santa Rosa Counties Vulnerable Pop. Count	% of Total	COMBINED Escambia/Santa Rosa Counties GRAND 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%
Total Responses	**455**		**222**		**770**		**163**		**1,225**		**385**		**1,610**	

If you felt that you or someone in your family needed mental health services, where would you	Escambia County General Pop. Count	% of Total	Escambia County Vulnerable Pop. Count	% of Total	Santa Rosa County General Pop. Count	% of Total	Santa Rosa County Vulnerable Pop. Count	% of Total	COMBINED Escambia/Santa Rosa Counties General Pop. Count	% of Total	COMBINED Escambia/Santa Rosa Counties Vulnerable Pop. Count	% of Total	COMBINED Escambia/Santa Rosa Counties GRAND 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%
Total Responses	**453**		**216**		**769**		**162**		**1,222**		**378**		**1,600**	

	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
Overall, how would you rate the quality of healthcare services available in your County?	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%
Total Responses	456		221		773		165		1,229		386		1,615	

	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
Do you currently use any tobacco products?	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%
Total Responses	453		223		766		165		1,219		388		1,607	

	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 would you rate your own health today?	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%
Total Responses	448		223		766		166		1,214		389		1,603	

	Escambia County				Santa Rosa County				COMBINED Escambia/Santa Rosa Counties					
	General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		General Pop.		Vulnerable Pop.		GRAND TOTAL	
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.	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%
Disagreee	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%
Total Responses	454		220		767		163		1,221		383		1,604	

	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 are the top three (3) reasons that prevent you from eating healthier foods and being active? Check only three.	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	11	1%	10	2%	34	2%	1	0%	45	2%	11	1%	56	2%
membership	46	5%	57	13%	102	7%	51	15%	148	6%	108	14%	256	8%
Do not want to change what I eat	43	5%	12	3%	71	5%	9	3%	114	5%	21	3%	135	4%
Do not want to be more active	14	2%	9	2%	28	2%	5	1%	42	2%	14	2%	56	2%
It is not safe to exercise in my neighborhood	25	3%	22	5%	24	2%	12	3%	49	2%	34	4%	83	3%
It is too expensive to cook / eat healthy foods	138	15%	97	22%	214	14%	72	21%	352	14%	169	21%	521	16%
Do not have time to be more active	138	15%	31	7%	252	16%	33	10%	390	16%	64	8%	454	14%
Do not have time to cook or shop for healthy foods	101	11%	19	4%	161	11%	27	8%	262	11%	46	6%	308	10%
I am happy the way I am	64	7%	46	10%	122	8%	27	8%	186	8%	73	9%	259	8%
I already eat healthy and am active	186	21%	60	13%	303	20%	38	11%	489	20%	98	12%	587	18%
Total Responses	899		446		1,529		345		2,428		791		3,219	

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

PARTNERSHIP
FOR A HEALTHY COMMUNITY

"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

Nora Bailey, President	Strategic Management Initiatives
John B. Clark, Vice President	Council on Aging of West Florida
Freddie Cattouse	Consumer Advocate
Krystle Galace	Baptist Health Care Corporation
Andrea Krieger	United Way of Escambia County
John Lanza, MD	Florida Department of Health in Escambia County
Lumon May	Escambia County Commission
Sandra Park-O'Hara, ARNP	Florida Department of Health in Santa Rosa County
Debra Vinci, PhD, RDN, LDN	University of West Florida
JoAnn Vanfleteren	Ascendant Healthcare Partners
Shirley Cornett	Interfaith Ministries/Good Samaritan Clinic
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

ASSOCIATE MEMBERS

Enid Siskin, PhD	University of West Florida
Martha Zimmerman	Healthy Start Coalition of Santa Rosa County
Brunie Emmanual	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
Enid Sissken, PhD	University of West Florida
Julie Burger	Florida Department of Health in Escambia County
Krystle Galace	Baptist Healthcare Corporation
Nora Bailey	Partnership for a Healthy Community
Versilla Turner	Florida Department of Health in Escambia County
Becky Washler	Sacred Heart Health System
JoAnn Vanfleteren	Florida Department of Health in Santa Rosa County

Facilitator

JoAnn Vanfleteren, Ascendant Healthcare Partners

TABLE OF CONTENTS

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**
• 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 messages	• Proactive messaging through social media
• Digital Divide increased isolation of lower income families; increased opportunity gap in a techcentric 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
Santa Rosa County only • Inadequate transportation structure • No dedicated public transportation funding or service	• Opportunities to change transportation culture

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 of the safety net 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 to community resources; resiliency

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

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

Healthy Weight	
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

APPENDICES

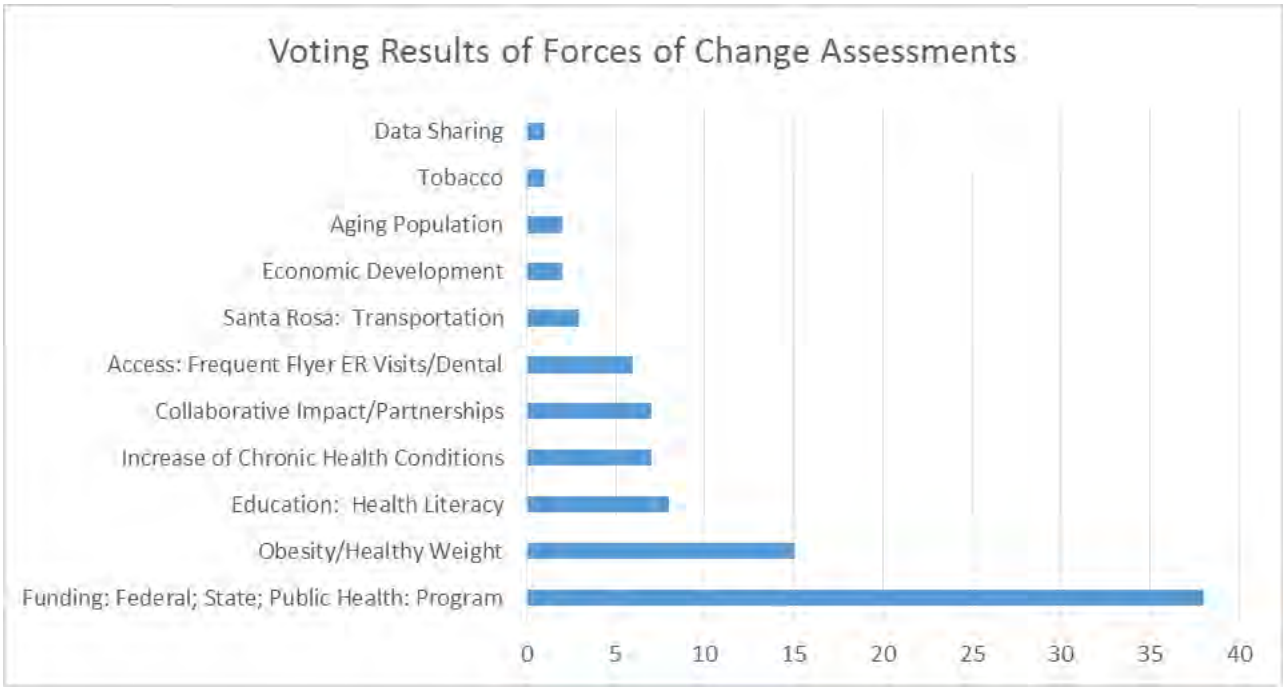
Appendix A

	TRENDS	EVENTS	FACTORS
RECENT PAST OR CURRENT	• Failure of state to expand coverage for uninsured under PPACA- continued high uninsured rate (20%) • 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 • Integrated Services: Behavioral Health is being integrated with Medical Care; Social Services are being integrated with Primary Health Care • The percentage of families living in poverty and the number of homeless families are increasing • Difficult to reach homeless population who do not have a primary care home resulting in crisis ER visits • Lack of adequate access to health care---including preventive health • Securing adequate medical providers who will accept Medicaid for reimbursement of care • Continued decreases in public health funding • Climate change - increasing heat in the summer that restricts outdoor activities • SRC: poor public transportation system • Lack of walking and biking options • High obesity rates among adults and children; obesity very slow to decrease despite many efforts in schools • STD rates rising amongst teens • The increased use of tobacco among teens, especially the E-Cigarettes • The improved relationship and collaboration among community partners • Poor air quality	• 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 • Homeless Heath 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 • The impact of the Oil Spill co-occurring with the economic crisis is still being felt • Changes in workforce • Weather - hurricanes, flooding • 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	• Low self-care competency; health literate • Low workforce preparedness • High poverty • Limited economic development efforts that impact lower wage earner • The ability of our hospitals to navigate the "frequent users" of ER services • All major providers of health and social services must have a combined data-sharing system • Failure to expand health insurance • Decreasing funding streams and staffing to provide health education and health services • Lack of transportation for disadvantaged families and members • Sedentary lifestyle, smoking • Provide wrap-around street outreach services to the most vulnerable homeless population, which includes healthcare, mental health, and social services • Escalation of children with allergies who need additional assistance • Food deserts

	TRENDS	EVENTS	FACTORS
ANTICIPATED IN FUTURE	• Consolidation of health insurance companies - shift in health care payment to value based system will reduce margins and potentially negatively impact safety net providers. • Failure to expand health insurances in Florida. • Continued conversion of those with health insurance to high deductible/out of pocket risk - which results in delayed preventive care • Rise in the chronic health conditions of the homeless resulting in preventable deaths coupled with the lack of affordable housing. • State budgets being reduced due to Low Income Pool financial cost • Imperative to educate the young on behaviors directly impacting health • New requirement: demonstrating outcomes-based collaborative impacts across multiple agencies for a given population. • Obesity will increase chronic diseases earlier in life of these youth. • STD's will increase chronic health issues and decrease fertility or increase infant mortality rates. • Increased mortality rate of youth and teens with risk behaviors and poor access to healthcare for homeless, unaccompanied youth. • Sustainability for Dental services. • Obesity or Heathiest Weight is taking the lead right now even though tobacco issues still rank at the top. • Santa Rosa County public transportation • Workforce: Low wage employment growing at a faster rate than high paying, professional jobs. • Failure to set aside adequate land for parks in neighborhoods.	• Presidential and federal election in 2016; Governor Election in 2017 - continued efforts to privatize and/or eliminate PPACA provisions. • Determination of how those RESTORE funds are combined will be critical to their long-term impact on the health & well-being of our people. • Failure of policy makers to address the growing poverty rates in our community for the very young and the very old • Private providers in partnership taking previous traditional public health roles. • Homeless Day of Service is an annual event. Attendance in 2014 was 241; 2015 was 340. • Continued emphasis on prevention, focus on the community by healthcare providers. • Increasing obesity rate among pre-school and middle school age groups. • Increasing tobacco use among our teens, especially the E-Cigarettes. • Loss of Public Health Funding: - Teen Outreach Program funding and implementation will impact high school students learning reduced risk taking behaviors. - DREAM team STD/Pregnancy prevention program will impact teen high risk sexual behaviors - School nurses have been cut, health department employees are being cut.	• Policy advocacy. • Budget and our government • Our social norm- what is acceptable and what is not! • More education, especially toward the low income minority. • Increased economic development. • Threats to federal or state funding always exists. • A growing aging population and growing population living in poverty. • Additional burden on our systems that cannot be handled by our current processes. • Continued decrease in public health resources.

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.

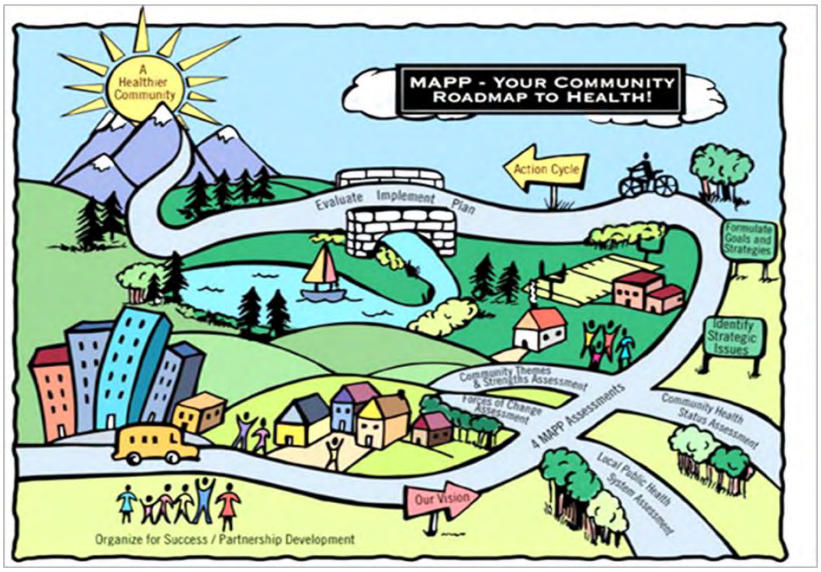


Fig 1: MAPP Process Roadmap to Improved Health

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.

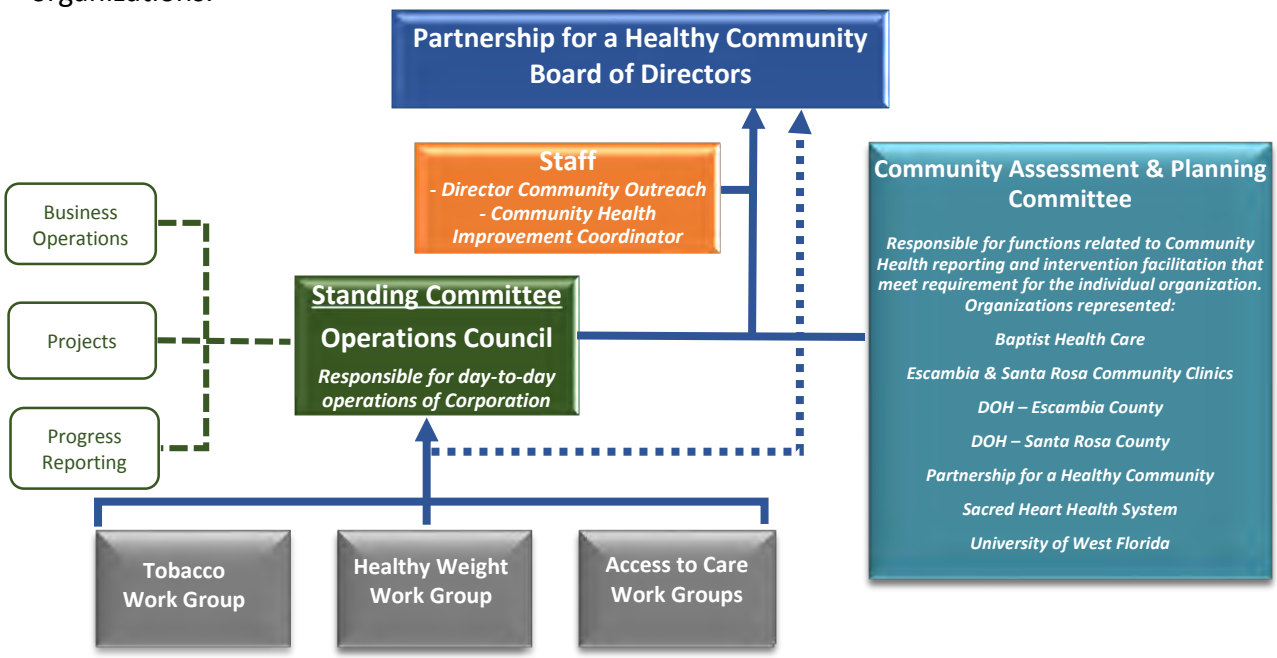


Fig 2: MAPP Organizational Structure (2015-2016)

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

1

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	Gulf Coast Community Clinic / Interfaith Ministries	imministries@bellsouth.net	934-6844
Martha Zimmerman	Healthy Start of SEC	mzimmerman@healthystartsantarosa.org	626-475.
Andrea Krueger	United Way of Escambia	andrea@unitedwayescambia.org	444-7110
JOHN CLARK	COUNCIL ON AGE OF W. FL.	JCLARK@COAWFLA.ORG	266-2501
Kim Wyrosdick	SRCSB	wyrosdickk@santarosa.k12.fl.us	7777762
Debra Munn	UWF	dvinci@uwf.edu	377-6701
Denise Barton	Sacred Heart Health System	dbarton@shhpens.org	416-7022
Jennifer Wonk-Ward	SRCHD, WIC	jennifer.wonk-ward@flhealth.gov	983-5250
Pat Quinn	Partnership for a Healthy Com	PFAHC@cs.com	438-6644
Krystle Galace	Baptist Health Care	kgalace@bhcpns.org	434-4085
Karen Barber	Santa Rosa Schools	barberK@santarosa.k12.fl.us	232-8231
Versilla Turner	FDOH-Escambia	versilla.turner@FLhealth.gov	595-6100 x 180
Chadra Smiley	ECC	csmiley@ecc-clinic.org	472-0053
Sandra Park-Ortega	Florida Dept of Health - Santa Rosa	Sandra.Park@flhealth.gov	850-983-5206 x 108
John J. Lanza	FDOH-Escambia	JohnJ.Lanza@FLHEALTH.gov	595-6500 x 1000
Debbie Stilphen	DOH-Santa Rosa	Deborah.Stilphen@flhealth.gov	850-983-5200
Pam Chesser	S.R. Med Ctr	Pamela.Chesser@srmcfl.com	626-5503
Becky Washler	SHHS	becky.washler@SHHPENS.org	416-2840
Alyssa Curtis	PFAHC	alyssa.c@pfahc.org	815-210-9295
N Bailey	PFAHC + SRCCHISC	nbailey@smiconsultants.com	291-6410
J Vanfleteren	Partnership of ~~ECCCH~~ Ascendent Healthcare Partners	joann@ascendenthealthcarepartners.com	221-5384

1

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 Cornett	Good Samaritan Clinic Interfaith Ministries	ministries@bellsouth.net	934-6844
Martha Newman	Healthy Start of SRC	mnewman@healthystartsantarosa.org	626 6751
John Clark	Council on Age of W.F.L.	JCLARK@COAWFLA.ORG	2662501
Andrea Krieger	United Way of Escambia	andrea@unitedwayescambia.org	444-7110
Tim Wyrosdick	SRCSB	wyrosdickt@santarosa.k12.fl.us	
Dennis Goodspeed	Lakeview Center	dgoodspeed@bhcpns.org	469-3831
Debra Vinci	UWF	dvinci@uwf.edu	377-6701
Denise Barton	Sacred Heart Health System	dbarton@shhpens.org	416-7022
Jennifer Wark-Ward	SRCHD, WIC	jennifer.warkward@flhealth.gov	983-5350
Pat Dunn	Partnership for a Healthy Comm	PFAHC@cs.com	438-6644
Krystle Gaulace	Baptist Health Care	kgaulace@bhcpns.org	434-4095
Karen Barber	Santa Rosa School Dist.	barberk@santarosa.k12.fl.us	232-8223
Versille Turner	FDOH-Escambia	versilla.turner@FLhealth.gov	595-6500 #1800
Chandra Smiley	ECC	csmiley@ecc-clinic.org	472-0053
John J. Lanza	FDOH-ESCAMBIA	JohnJ.Lanza@FLHealth.gov	595-6500 x1000
Sandra Park-O'Hara	FDOH- Santa Rosa	Sandra.Park@flhealth.gov	850-983-5200 x108
Debbie Stilphen	DOH-Santa Rosa	Deborah.Stilphen@flhealth.gov	850-983-5200
Pam Chesser	S.R. Med Ctr	Pamela.Chesser@srmcfl.com	626-5003
Becky Washler	SHHS	becky.washler@SHHPENS.ORG	416-2840
Alyssa Curtis	PFAHC	alyssac@pfahc.org	815-210-9295
Nora Bailey	PFAHC + SRCCHISC	nbailey@smiconsultants.com	291-6410
JoAnn VanFleteren	Partnership + FL DOH Ascendant Healthcare Partners		

1

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

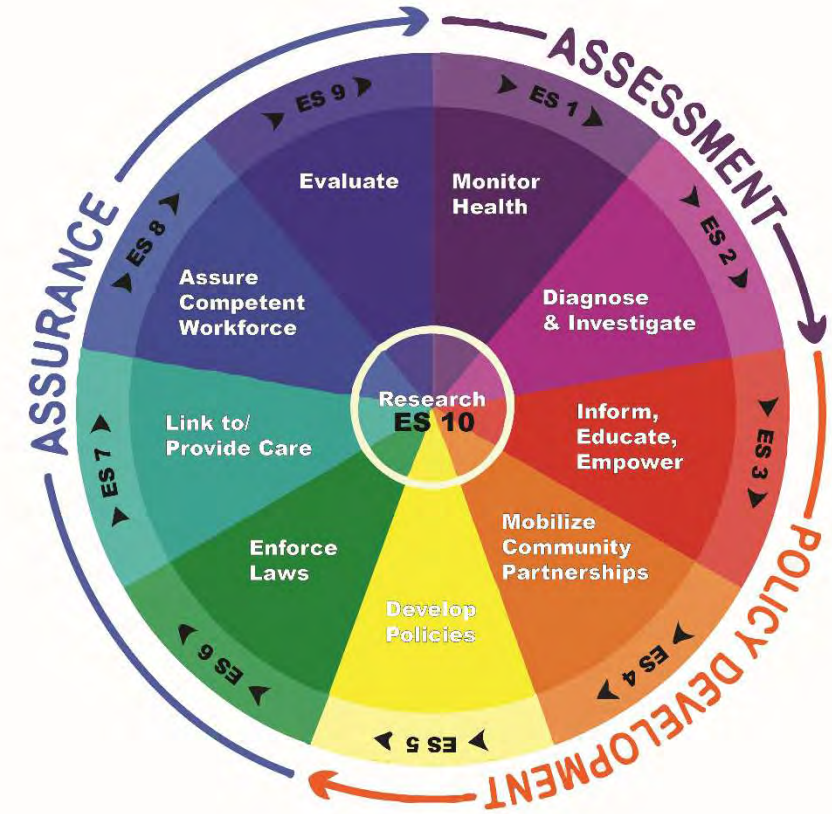
Escambia County

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

Table of Contents

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 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

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

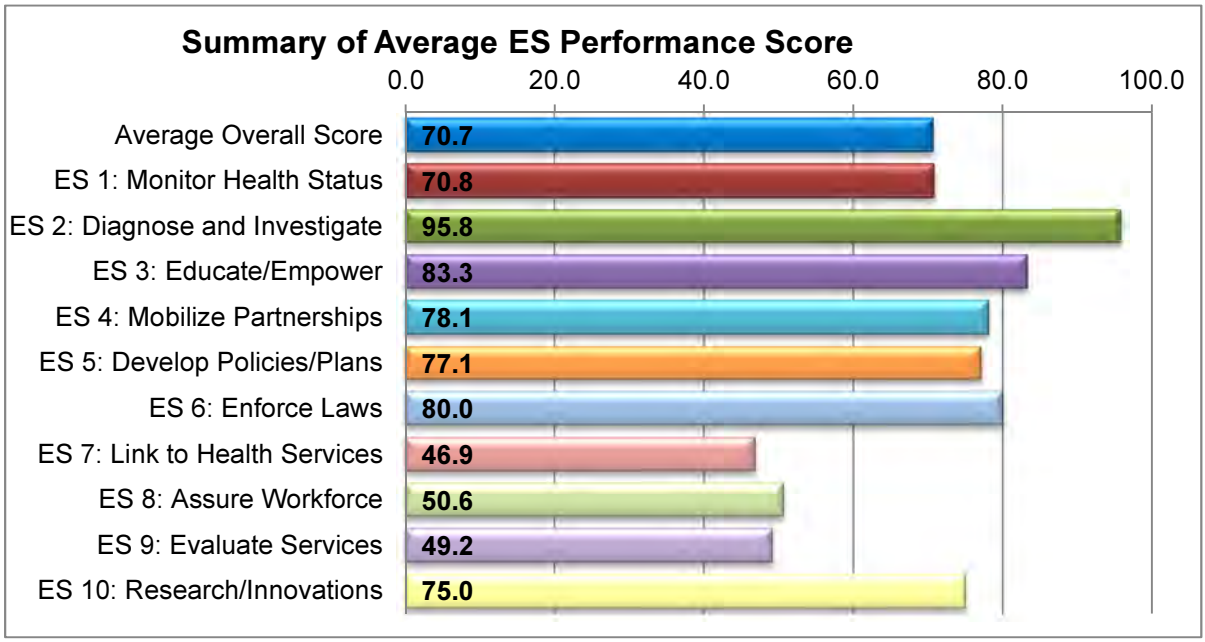
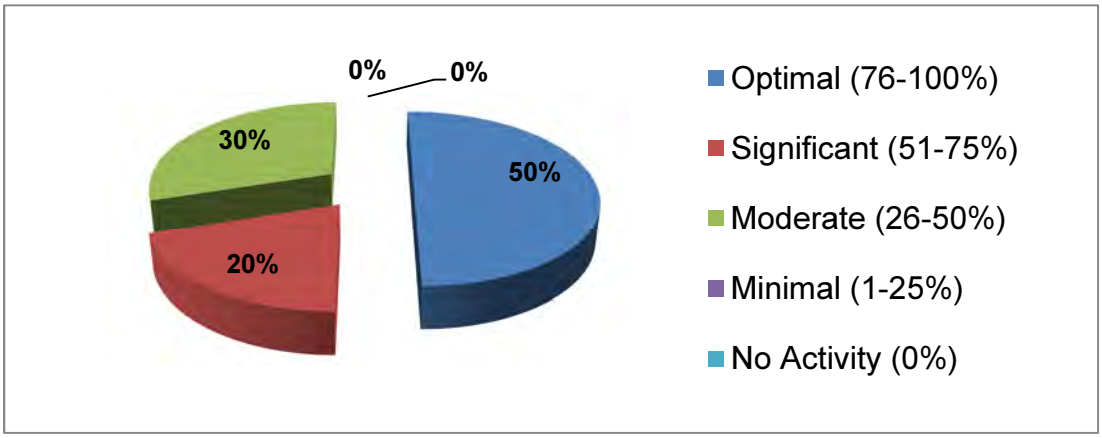


Figure 5. Percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides a bird's-eye view of the information found in Figure 4, summarizing the composite performance measures for all 10 Essential Services.



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 or call 850-595-6500 ext. 1818. We look forward to seeing you.

Florida HEALTH Escambia County

Appendix 2
Preparatory Document

ESSENTIAL SERVICE #1: Monitor the Health of the Community
• Conduct community health assessment to identify public health risks and inform public health planning • Review available health data to determine most prevalent health problem • 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 • Establish website to provide community information about persistent health problems within community and how to prevent these problems
ESSENTIAL SERVICE #2: Diagnose and Investigate Community Health Problems and Hazards in the Community
• Investigate foodborne outbreaks • Communicate serious health threats to community in timely manner • Develop emergency response plans for public health emergencies and respond to public health emergencies including disease outbreaks or terrorism • Ensure access to laboratory with capacity for sampling
ESSENTIAL SERVICE #3: Inform, Educate and Empower
• Provide health information that is easy for people to get and understand • 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 • Provide health promotion activities like cholesterol screening, BP screening, flu clinics • Support legislation that will improve the community's health, such as clean indoor air legislation
ESSENTIAL SERVICE #4: Mobilize Community Partnerships
• Convene other health organizations (e.g., hospital) within community to develop community-wide health improvement plan • Coordinate agreements between other community health organizations to determine specific roles and responsibilities toward improving community's health
ESSENTIAL SERVICE #5: Policy Development
• 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
ESSENTIAL SERVICE #6 Enforce Laws and Regulations
• Enforce public health code; protect drinking water supplies • Conduct timely inspections (i.e., restaurants, tattoo parlors, campgrounds, day care) • Conduct timely environmental inspections (i.e., septic systems, pools, lead abatement); follow up on hazardous environmental exposures and preventable injuries • Serve quarantine/isolation order to individual infected with infectious diseases such as Tb, SARS, Smallpox • Assist in revising outdated public health laws and development of proposed public health legislation
ESSENTIAL SERVICE #7 Link People to Health Services
• 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 • Distribute mass quantities of antibiotics or vaccines in event of widespread disease outbreak or bioterror-related attack • Identify and locate underserved populations such as low-income families, minorities, and the uninsured • Provide culturally and language appropriate materials so that special groups of people can be linked with preventive services
ESSENTIAL SERVICE #8 Assure a Competent Workforce
• Test emergency response plan during mock event to evaluate performance; fund professional development opportunities for staff
ESSENTIAL SERVICE #9 Evaluate Quality
• Monitor trends in disease rates to assess effectiveness of disease prevention activities • Monitor trends in risk factors (i.e., unprotected sex, drinking-and-driving, smoking) to assess effectiveness of health promotion activities • Evaluate effectiveness of public health programs and services
ESSENTIAL SERVICE #10 Research for New Insights
• Monitor rapidly changing disease prevention research and health promotion research • Revise practices in order to remain current with recommended practices resulting from evidenced-based research

Appendix 3
Meeting Agenda

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

Meeting Agenda

Florida HEALTH

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

Activity	Time
Essential Service 5	3:15
Essential Service 6	3:30
Essential Services 7	3:45
Essential Service 8	4:00
Essential Service 8	4:15
Essential Service 9	4:30
Essential Service 10	4:45

Appendix 4
Participants

Local Public Health System Assessmnet Attendees and affiliated organization

	Name	Affiliation
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

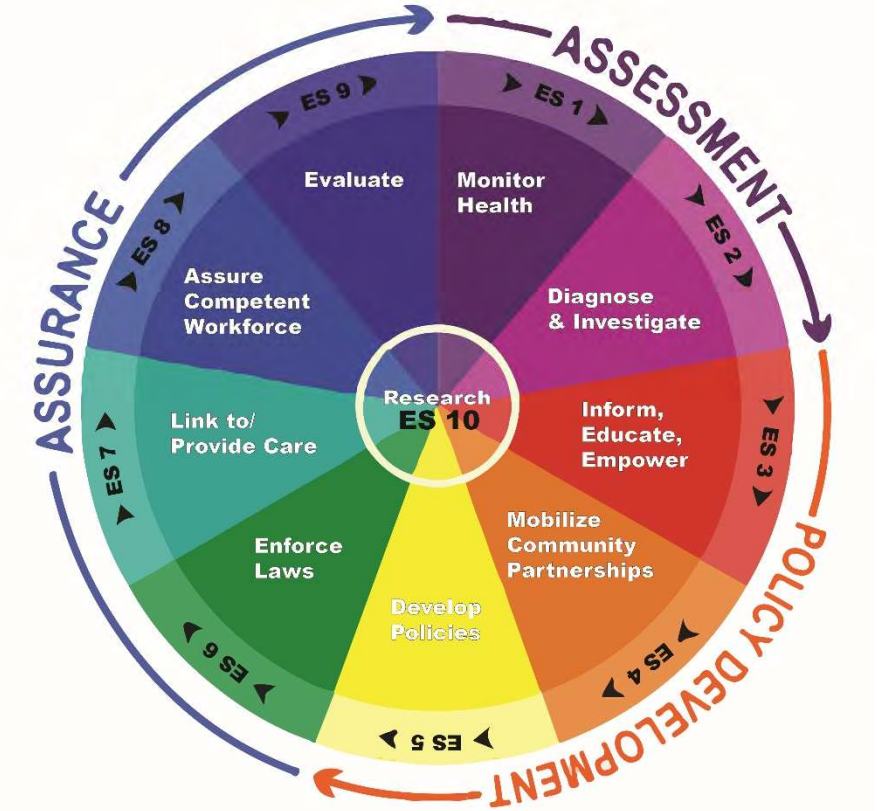
Santa Rosa County

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

Table of Contents

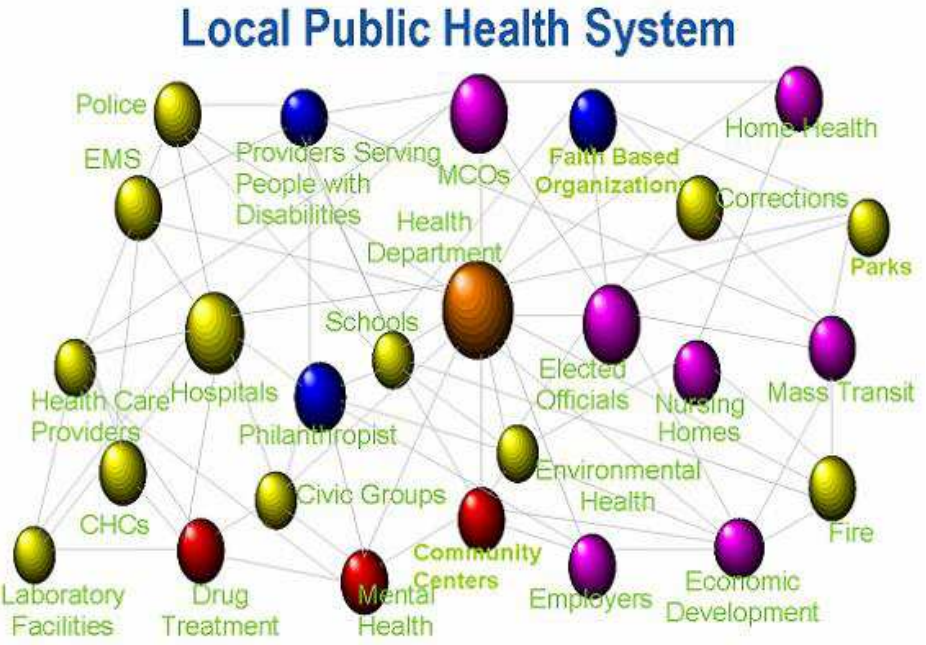
Introduction

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.FlHealth.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

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.

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 3. 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.

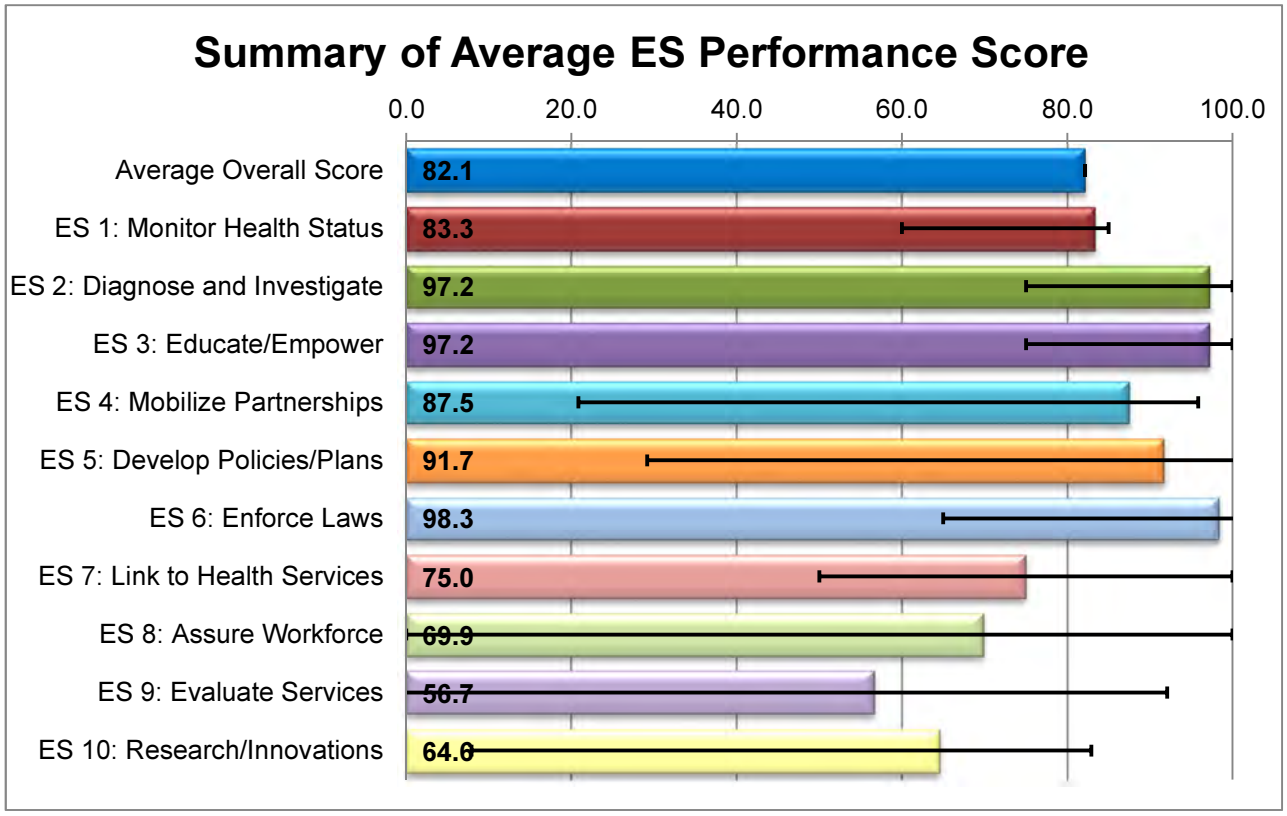
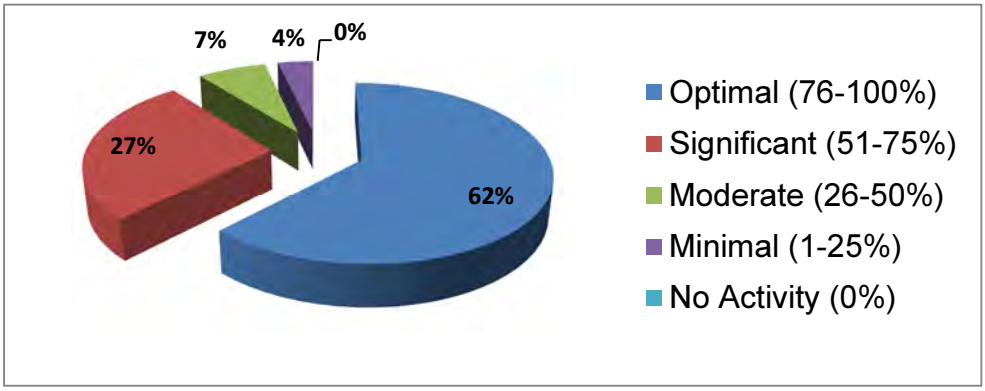


Figure 4. Percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides a bird's-eye view of the information found in Figure 4, summarizing the composite performance measures for all 10 Essential Services.



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 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.

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 Santa Rosa County, Florida local public health system.
2. The local public health system in Santa Rosa 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 Santa Rosa 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

Appendix 2
Preparatory Document

ESSENTIAL SERVICE #1: Monitor the Health of the Community
• Conduct community health assessment to identify public health risks and inform public health planning • Review available health data to determine most prevalent health problem • 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 • Establish website to provide community information about persistent health problems within community and how to prevent these problems
ESSENTIAL SERVICE #2: Diagnose and Investigate Community Health Problems and Hazards in the Community
• Investigate foodborne outbreaks • Communicate serious health threats to community in timely manner • Develop emergency response plans for public health emergencies and respond to public health emergencies including disease outbreaks or terrorism • Ensure access to laboratory with capacity for sampling
ESSENTIAL SERVICE #3: Inform, Educate and Empower
• Provide health information that is easy for people to get and understand • 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 • Provide health promotion activities like cholesterol screening, BP screening, flu clinics • Support legislation that will improve the community's health, such as clean indoor air legislation
ESSENTIAL SERVICE #4: Mobilize Community Partnerships
• Convene other health organizations (e.g., hospital) within community to develop community-wide health improvement plan • Coordinate agreements between other community health organizations to determine specific roles and responsibilities toward improving community's health
ESSENTIAL SERVICE #5: Policy Development
• 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
ESSENTIAL SERVICE #6 Enforce Laws and Regulations
• Enforce public health code; protect drinking water supplies • Conduct timely inspections (i.e., restaurants, tattoo parlors, campgrounds, day care) • Conduct timely environmental inspections (i.e., septic systems, pools, lead abatement); follow up on hazardous environmental exposures and preventable injuries • Serve quarantine/isolation order to individual infected with infectious diseases such as Tb, SARS, Smallpox • Assist in revising outdated public health laws and development of proposed public health legislation
ESSENTIAL SERVICE #7 Link People to Health Services
• 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 • Distribute mass quantities of antibiotics or vaccines in event of widespread disease outbreak or bioterror-related attack • Identify and locate underserved populations such as low-income families, minorities, and the uninsured • Provide culturally and language appropriate materials so that special groups of people can be linked with preventive services
ESSENTIAL SERVICE #8 Assure a Competent Workforce
• Test emergency response plan during mock event to evaluate performance; fund professional development opportunities for staff
ESSENTIAL SERVICE #9 Evaluate Quality
• Monitor trends in disease rates to assess effectiveness of disease prevention activities • Monitor trends in risk factors (i.e., unprotected sex, drinking-and-driving, smoking) to assess effectiveness of health promotion activities • Evaluate effectiveness of public health programs and services
ESSENTIAL SERVICE #10 Research for New Insights
• Monitor rapidly changing disease prevention research and health promotion research • Revise practices in order to remain current with recommended practices resulting from evidenced-based research

Appendix 3
Meeting Agenda

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

Meeting Agenda

Florida HEALTH

Activity	Time
Intro	9:05
MAPP	9:20
10 Essential Services	9:30
Performance Rating	9:45
Essential Service 1	10:00
Essential Service 2	10:15
Essential Service 3	10:45
Essential Service 4	11:00

Activity	Time
Essential Service 5	11:15
Essential Service 6	11:30
Essential Services 7	11:45
Essential Service 8	12:00
Essential Service 8	12:15
Essential Service 9	12:30
Essential Service 10	12:45

Appendix 4
Participants

Local Public Health System Assessmnet Attendees and affiliated organization

	Name	Affiliation
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

Trend:

↑ - Improving Trend
Desired Performance Direction: High/Increase
(ex.: # of Former Smokers)

↓ – Worsening Trend
Desired Performance Direction: High/Increase
(ex.: # of Former Smokers)

↓ – Improving Trend
Desired Performance Direction: Low/Decrease
(ex.: *Decreasing* deaths from smoking related cancer

↑ – Worsening Trend
Desired Performance Direction: Low/Decrease
(ex.: Decreasing deaths from smoking related cancer

-- Neutral Trend; No Change

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. *Florida Charts*
Cancer Deaths	ICD-10 Code(s): C00-C97; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
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. *Florida Charts*
Chronic Lower Respiratory Disease Deaths	ICD-10 Code(s): J40-J47; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Colon, Rectal or Anus Cancer Deaths	Colorectal Cancer Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
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. *Florida Charts*
Diabetes Deaths	ICD-10 Code(s): E10-E14; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
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. *Florida Charts*
HIV/AIDS Deaths	ICD-10 Code(s): B20-B24; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Homicide	Homicide (All Means) Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Infant Mortality	Deaths occurring within 364 days of birth; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Injury Deaths	Unintentional Injuries Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Lung Cancer Deaths	ICD-10 Code(s): C33-C34; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Motor Vehicle Accident Deaths	Motor Vehicle Crashes Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*
Pneumonia, Influenza Deaths	CD-10 Code(s): J09-J18; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
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. *Florida Charts*

Health Outcomes – Mortality (Length of Life) - *Continued*	
Indicator	**Definition; Data collection period and type; Source**
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 *County Health Rankings.*
Prostate Cancer Deaths	ICD-10 Code(s): C61; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Stroke Deaths	ICD-10 Code(s): I60-I69; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Suicide Deaths	Suicide (All Means) Deaths; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*

Health Outcomes – Morbidity (Quality of Life)	
Indicator	**Definition; Data collection period and type; Source**
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 & Perfor mance Management. *Florida Charts,* 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. *Florida Charts.*
Asthma (Adult)	Adults who currently have asthma; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* 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. *Florida Charts.* 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. *Florida Charts.* 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. *Florida Charts*
Colon and Rectum Cancer Incidence	Colorectal Cancer Incidences; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts.* 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. *Florida Charts,* 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 *Dartmouth Atlas Project.* Original Data Source: 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. *Florida Charts,* Florida BRFSS

Health Outcomes – Morbidity (Quality of Life) - *Continued*	
Indicator	**Definition; Data collection period and type; Source**
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. *Florida Charts*
High Blood Pressure (Adult)	Adults who have ever been told they had hypertension; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts,* 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. *Florida Charts,* 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. *Florida Charts,* 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. *Florida Charts.*
Low birth weight	Live Births under 2,500 Grams; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Lung Cancer Incidence	ICD-10 Code(s): C33-C34; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts.* 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. *Florida Charts.* 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. *Florida Charts*
Poor or fair health	Adults who said their overall health was "fair" or "poor"; Triennial rate; FL DOH, Division of Public Health Statistics & Perfor mance Management. *Florida Charts,* Florida BRFSS
Prostate Cancer Incidence	ICD-10 Code(s): C61; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts.* 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. *Florida Charts*
Total Cancer Incidence	Cancer Incidence; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts.* 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. *Florida Charts*
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. *Florida Charts,* Florida BRFSS

Health Outcomes – Morbidity (Quality of Life) - *Continued*	
Indicator	**Definition; Data collection period and type; Source**
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. *Florida Charts*
Whooping Cough	Pertussis. ICD-9-CM: 033.90; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*

Health Behaviors	
Indicator	**Definition; Data collection period and type; Source**
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. *Florida Charts - Healthiest Weight Profile*
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. *Florida Charts - Healthiest Weight Profile,* 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 - FL Department of Children and Families*
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 - FL Department of Children and Families*
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. *Florida Charts*
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. *Florida Charts*
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 - FL Department of Children and Families*
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. *Florida Charts*
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. *Florida Charts.*
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. *Florida Charts.*
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 - FL Department of Children and Families*
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. *Florida Charts - Pregnancy and Young Child Profile*

Health Behaviors *(Continued)*	
Indicator	**Definition; Data collection period and type; Source**
Cigarette Use (Adolescents)	Ages 10-17 who reported having used Cigarettes in the past 30 days; Biennial rate; FL DCF *FYSAS - FL Department of Children and Families*
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; CHR *County Health Rankings*
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. *Florida Charts - Healthiest Weight Profile*
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; CHR *County Health Rankings*
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; Feeding America *Map the Meal Gap 2015: Food Insecurity and Child Food Insecurity Estimates at the County Level*
Former Smokers (Adult)	Currently quit smoking; Triennial rate; FL DOH, Division of Public Health Statistics & Perfor mance Management. *Florida Charts,* Florida BRFSS
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. *Florida Charts - Healthiest Weight Profile,* Florida BRFSS
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. *Florida Charts,* Florida Department of Agriculture and Consumer Services, U.S. Census Bureau, FDOH, Environmental Public Health Tracking.
Infectious Syphilis	3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Live births where mother smoked during pregnancy	Resident live births; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Marijuana or Hashish Use (Adolescents)	Ages 10-17 who reported having used alcohol in the past 30 days; Biennial rate; FL DCF *FYSAS - FL Department of Children and Families*
Never Smoked (Adult)	Adults who reported smoking less than 100 cigarettes in their lifetime; Triennial rate; FL DOH, Division of Public Health Statistics & Perfor mance Management. *Florida Charts,* Florida BRFSS
Obesity (Adolescents)	Middle and High School Students; Biennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile*
Obesity (Adult)	Body Mass Index (BMI) 30.0 or higher; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile,* Florida BRFSS
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. *Florida Charts - Healthiest Weight Profile*
Overweight (Adult)	Body Mass Index (BMI) 25.0 to 29.9; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts - Healthiest Weight Profile,* Florida BRFSS
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. *Florida Charts,* FYTS
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. *Florida Charts - Healthiest Weight Profile,* Florida BRFSS
Sexually transmitted infections	Total gonorrhea, chlamydia, infectious syphilis cases; Annual rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
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. *Florida Charts,* FYTS

Health Behaviors *(Continued)*	
Indicator	**Definition; Data collection period and type; Source**
Smokers (Adult)	Combination of everyday smoker and some day smoker; Triennial rate; FL DOH, Division of Public Health Statistics & Perfor mance Management. *Florida Charts,* Florida BRFSS
SNAP Participants	Supplemental Nutrition Assistance Program (SNAP); Annual rate per population; USDA Economic Research Service *Food Environment Atlas*
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 & Perfor mance Management. *Florida Charts,* 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. *Florida Charts,* Florida BRFSS

Clinical Care	
Indicator	**Definition; Data collection period and type; Source**
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. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*

Clinical Care *(Continued)*	
Indicator	**Definition; Data collection period and type; Source**
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. *Florida Charts,* Florida BRFSS
Adults who have a personal doctor	Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*
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

Clinical Care *(Continued)*	
Indicator	**Definition; Data collection period and type; Source**
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. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*
Medicaid births	Births covered by Medicaid; 3-year rolling rate; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
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 *County Health Rankings*
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. *Florida Charts*

Clinical Care *(Continued)*	
Indicator	**Definition; Data collection period and type; Source**
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. *Florida Charts*
Pediatric psychiatric beds	Child and Adolescent Psychiatric Beds; 3-year rolling rate per 100,000; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*
Pneumonia Vaccination (Adult)	Adults who have ever received a pneumococcal vaccination, Overall; Triennial percentage; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts*
Population Receiving Medicaid	Medicaid Program Enrollment Totals (Including Medikids population); Monthly rate; AHCA *Comprehensive Medicaid Managed Care Enrollment Reports*
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. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*
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. *Florida Charts*
Uninsured Adults	Percent Uninsured (ages < 65); Annual percentage; US Census *SAHIE Interactive Data Tool*
Uninsured Children	Percent Uninsured (ages < 19) ; Annual percentage; US Census *SAHIE Interactive Data Tool*
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. *Florida Charts*

Social & Economic Factors	
Indicator	**Definition; Data collection period and type; Source**
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 *Crime in Florida, Florida uniform crime report, 2014*
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; *Common Core of Data*
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 *Fact Finder*
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 *Crime in Florida, Florida uniform crime report, 2014*
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 *Crime in Florida, Florida uniform crime report, 2014*
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. *Florida Charts*
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 *Fact Finder*
Median Household Income	Annual dollar amount; US Census *Fact Finder*

Social & Economic Factors *(Continued)*	
Indicator	**Definition; Data collection period and type; Source**
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 *Crime in Florida, Florida uniform crime report, 2014*
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. *Florida Charts*
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 *Fact Finder*
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 *Fact Finder*
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 *Crime in Florida, Florida uniform crime report, 2014*
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 *Crime in Florida, Florida uniform crime report, 2014*

Physical Environment	
Indicator	**Definition; Data collection period and type; Source**
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) National Environmental Public Health Tracking Network (NEPHTN) Air Quality Data web page*
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) National Environmental Public Health Tracking Network (NEPHTN) Air Quality Data web page*

Physical Environment *(Continued)*	
Indicator	**Definition; Data collection period and type; Source**
Drinking water violations	Percentage of population potentially exposed to water exceeding a violation limit during the past year; Annual percentage; CHR *County Health Rankings*
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 *Fact Finder*
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 *CHAS Data Query*
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 *Fact Finder*

Demographics	
Indicator	**Definition; Data collection period and type; Source**
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. *Florida Charts*
Disability (Any)	Disability Status; Annual percentage; US Census *Fact Finder*
Families with Children	Households with one or more people under 18 years. Annual percent per total households; US Census *Fact Finder*
Median Age	Annual; FL DOH, Office of Health Statistics and Assessment in consultation with the FL EDR
Population by Race	Annual count; US Census *Fact Finder*
Total Births (resident)	Number of infants born to residents regardless of county of birth; Annual count; US Census *Fact Finder*
Total Population (ACS)	Annual count; US Census *Fact Finder*
Total Population (FL CHARTS); Female/Male Population	Annual count; FL DOH, Division of Public Health Statistics & Performance Management. *Florida Charts.*
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 *Fact Finder*

Abbreviations and Acronyms

ACSC	Ambulatory Care Sensitive Conditions - ICD-9-CM Codes http://www.floridacharts.com/charts/documents/ACS_Conditions_Definition_UPDATE.pdf
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

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

Baptist Health Care

See next page.

Baptist Health Care
Implementation Strategy - Evaluation

Approach to Community Health

Goals	- Achieve collective impact to improve the health of Escambia and Santa Rosa County residents through the implementation of community interventions. - Improve the health of Baptist Health Care (BHC) employees through the implementation of system wide and hospital led interventions.
Actions	

Community Interventions driven by Community Collaborations

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.

- **Partnership for a Healthy Community (Partnership)**: 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.
- **Santa Rosa Health Improvement Steering Committee (SRHISC)**: 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.

Team Member Focused

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.

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.

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

Goal	**Facilities: BH, GBH, JH** - Build infrastructure for collective impact
Objective	**Facilities: BH, GBH, JH** - Provide leadership to community organizations and resources sufficient to coordinate and facilitate collaborative community-wide health improvement initiatives.

Actions

- 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:
  - Conducted *The Community Health Summit 2013* with the theme: *Healthy Community, Healthy Economy* to bring cross-sector awareness of the impact community health has on the local economy.
  - At *The Community Health Summit 2013*, organizations were encouraged to sign a *community health improvement compact* 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.
  - Increased community awareness through a coordinated communications plan
  - Created priority health need centered work groups with members representing both counties.
  - Published the *Roadmap to Wellness* in 2014, a community document outlining evidence-based interventions for impacting the priority health needs.
  - Conducted the *Community Health Summit 2014* with the theme: *Healthy Workplace, Healthy Economy* focusing on workplace interventions that impact tobacco use and healthy weight.
  - Developed and distributed *Healthy Workplace Tool Kit* 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 *take-the-stairs* campaigns). Distributed to attendees of the Community Health Summit 2014 and provided free of charge as a downloadable document on the Partnership website.
- 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.
- 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.

Impact

- The Community Health Summit 2013: Healthy Community, Healthy Economy
  - 200 community members were in attendance representing over 70 local organizations
  - Event garnered media coverage before, during, and after the event.
- Community health improvement compact
  - As of January 2016, 125 organizations have signed the compact.
- Coordinated communications plan included:
  - Social Media Presence: Facebook, Twitter, Pinterest
  - Radio Broadcasted Public Services Announcements
  - Articles in the Pensacola News Journal's Living Well health-oriented section
  - Creation and maintenance of stand-alone Partnership website with informational resources about priority health needs, blogs, and a community event calendar
- Roadmap to Wellness in 2014
  - Over 500 copies distributed at various public events free of charge
- Community Health Summit 2014: Healthy Workplace, Healthy Economy
  - Over 200 attendees
- Healthy Workplace Tool Kit:
  - Over 700 downloads from website

- 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

Partnership for a Healthy Community & Santa Rosa Health Improvement Steering Committee	
Goals	- Reduce the rate of new tobacco users in Escambia and Santa Rosa Counties - Increase tobacco cessation rates for residents of Escambia and Santa Rosa Counties.
Objectives	- Increase employers with tobacco-free policies and campuses - Increase the number of employers offering low cost or no-cost tobacco cessation services to employees.
Actions	
- Conducted the *Community Health Summit 2014* with the theme: *Healthy Workplace, Healthy Economy* focusing on workplace interventions that impact tobacco use and healthy weight. - Developed and distributed *Healthy Workplace Tool Kit* 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. - Advocated for the utilization of tobacco cessation to employer sponsored classes and classes open to the public provided by DOH-Escambia and AHEC	
Impact	
- 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 (>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). - Community Health Summit 2014: Over 200 in attendance - Healthy Workplace Tool Kit: Over 700 downloads from website - DOH-Escambia: Targeting 10 requests for Technical Assistance (3 currently and 4 contemplating) - SRHISC: six employers adopted smoke-free policies	

Baptist Health Care: Baptist Hospital, Gulf Breeze Hospital, Jay Hospital	
Goals	- Reduce tobacco use in Escambia and Santa Rosa Counties.
Objectives	**Facilities: BH, GBH, and JH** - Adopt a tobacco free hire policy to reduce tobacco use by team members. - BHC should provide cessation resources and support for team members and dependents through health plan benefit design at the lowest possible cost. - Reinforce BHC's tobacco free campus policy for patients and visitors through signage, communications, and information regarding available interventions. **Facility: JH** - Provide community health education and school programs focusing on tobacco-use prevention and cessation.
Actions	
Facilities: BH, GBH, and JH - BHC implemented a system-wide *tobacco-free hire* policy on January 1, 2014 in conjunction with SHHP. The policy affected all employees across the system. - BHC's employee wellness program *Healthy Lives* provided health coaching, nicotine cessation classes and a menu of individual and group interventions to promote healthy living - New signage has been placed around campus to alert all customers of the tobacco-free campus initiative - Team Members are encouraged to share information about the policy with customers smoking on campus **Facility: JH** - Worked with Partnership, West Florida Area Health Education Center (AHEC), and DOH-Escambia to develop and distribute the Healthy Workplace Tool Kit that included health education focused on tobacco use prevention and cessation. - Worked with the SRHISC on their tobacco coalition to increase awareness of SWAT, Students Working Against Tobacco, to diverse youth populations	

Impact

Facilities: BH, GBH, and JH

- 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.
- Over the past three years, there has been a decrease in number of BHC employees self-identified as a previous smoker, system wide:
  - In 2013: 753 employees
  - In 2014: 623 employees
  - In 2015: 576 employees, 23% decrease
- System wide there has been an increase in the number of BHC employees actively participating in nicotine cessation, system wide:
  - Tracking began In 2014 : 58 employees
  - In 2015: 83 employees, 43% increase
- About 38% of BHC employees receive a reduction of health insurance premium as an incentive for being nicotine free:
  - In 2013: 2,581 employees
  - In 2014: 2,515 employees
  - In 2015: 2,501 employees

Facility: JH

- Healthy Workplace Tool Kit downloaded over 700 times.
- 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.

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
	↑ – Desired Performance Direction: High/Increase (ex.: # of Former Smokers) ↓ –Desired Performance Direction: Low/Decrease (ex.: *Decreasing* deaths from smoking related cancer	↓ **– Worsening Trend** Desired Performance Direction: High/Increase (ex.: # of Former Smokers) ↑ **– Worsening Trend** Desired Performance Direction: Low/Decrease (ex.: Decreasing deaths from smoking related cancer	-- Neutral Trend; No Change

Escambia County						
		Baseline		Most Recent		
Indicator	Source	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	↑

Santa Rosa County						
		Baseline		Most Recent		
Indicator	Source	Data Period	Results	Data Period	Results	Trend
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	↓
Santa Rosa County *(Continued)*						
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

Partnership for a Healthy Community & Santa Rosa Health Improvement Steering Committee	
Goals	- Increase the number of Escambia and Santa Rosa County residents who achieve a healthy weight through healthy eating and physical activity.

Objectives	- Increase:
	  - Healthy weight programs in the workplace with active participation,
	  - Physical activity to at least 60 minutes a day,
	  - Consumption of healthy foods, and
	  - Doctors talking about healthy weight with their patients.
	- Limit recreational screen time to two hours or less per day.
	- Decrease consumption of sugar sweetened beverages.

Actions	
- 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. - 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. - Distributed 5·2·1·0 Let's Go! material to pediatric and family practice offices - Worked with SRHISC to integrate 5·2·1·0 Let's Go! messaging into Early Learning Center health education programs	
Impact	

- 5·2·1·0 Let's Go!
  - Escambia:
  - Implemented in 15 elementary schools (both public and private schools)
  - Distributed program materials to 8 pediatric & family practice offices
  - Santa Rosa County
  - Program is in 26 of the 27 elementary schools
  - Posters in 17 elementary schools and 1 Pre-K center
  - Implemented in the UF Extension services program at 12 sites in 2nd and 4th grade impacting 1,800 students
- Healthy Workplace Tool Kit downloaded over 700 times.
- 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	

Baptist Health Care: Baptist Hospital, Gulf Breeze Hospital, Jay Hospital	
Goals	**Facilities: BH, GBH, JH** - 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. **Facility: JH** - Improve health knowledge base and awareness regarding the risks and challenges brought about by obesity.
Objectives	**Facilities: BH, GBH, JH** - Provide BHC team members access to related health improvement programs and health coaching available through BHC's Healthy Lives Internal wellness benefit program. **Facility: JH** - Provide health education classes and seminars in the Jay community focusing on obesity prevention, with emphasis on improved nutrition and increased physical activity.

Actions
Facilities: BH, GBH, JH - BHC provided health coaching and goal-setting for health improvement for all employees enrolled in its Healthy Lives program. **Facility: JH** - Worked with SRHISC to implement 5·2·1·0 Let's Go! in elementary school
Impact

- The number of employees actively participating in health coaching has tripled since 2013:
  - 2013: 194 employees
  - 2014: 376 employees
  - 2015: 768 employees – Growth of almost 400% since 2013
- 5·2·1·0 Let's Go!: Santa Rosa County
  - Program is in 26 of the 27 elementary schools
  - Posters in 17 elementary schools and 1 Pre-K center

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
	↑ – Desired Performance Direction: High/Increase (ex.: # of Former Smokers) ↓ –Desired Performance Direction: Low/Decrease (ex.: *Decreasing* deaths from smoking related cancer	↓ **– Worsening Trend** Desired Performance Direction: High/Increase (ex.: # of Former Smokers) ↑ **– Worsening Trend** Desired Performance Direction: Low/Decrease (ex.: Decreasing deaths from smoking related cancer	-- Neutral Trend; No Change

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

Partnership for a Healthy Community & Santa Rosa Health Improvement Steering Committee	
Goals	- 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).
Objectives	- Improve access to health and social services for residents - Reduce inappropriate use of hospital emergency departments.
Actions	
- The Partnership facilitated three work groups to address various aspects to health management: - 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. - 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. - 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.	
Impact	
- 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. - Specialty Provider – The team continues to meet to determine what can be done to fill this critical gap in service. - 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.	
Baptist Health Care: Baptist Hospital, Gulf Breeze Hospital, Jay Hospital	
Goals	**Facilities: BH, GBH, JH** - Improve awareness of available community health and social services resources and improve provider referral patterns. - Improve access to preventive and primary care for underserved residents of Escambia and Santa Rosa Counties. - Reduce inappropriate use of health care resources and associated system costs, and improve patient knowledge and competency in self-care management.
Objectives	**Facilities: BH, GBH, JH** - Support development of automated referral capability between Northwest Florida 211 Program and community health and social service resources in Escambia and Santa Rosa Counties. **Facilities: BH, GBH** - 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. - Strengthen, in collaboration with Escambia and Santa Rosa Community Clinics and Sacred Heart Health System, capability for providing targeted chronic disease care management

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
	↑ – Desired Performance Direction: High/Increase (ex.: # of Former Smokers) ↓ –Desired Performance Direction: Low/Decrease (ex.: *Decreasing* deaths from smoking related cancer	↓ **– Worsening Trend** Desired Performance Direction: High/Increase (ex.: # of Former Smokers) ↑ **– Worsening Trend** Desired Performance Direction: Low/Decrease (ex.: Decreasing deaths from smoking related cancer	-- Neutral Trend; No Change

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

Priority Area:	**Tobacco Use**
Goal:	**Reduce the use of all tobacco products.**
Objective:	Adopt tobacco free hire policy to reduce tobacco use by associates

Activity / Accomplishments:

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.

Impact:

New Associate Tobacco Use Screening (** New associate screening began January 1, 2014)*

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%

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

	FY 2013	FY 2014	FY 2015
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)

	FY 2013	FY 2014	FY 2015	Average
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%
	2013** (benchmark)						
Behavior Risks	**State**	**Escambia**	**Santa Rosa**	**Walton**	**Gulf**		
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.

Area:	Escambia and Santa Rosa Counties
Partnership Objectives:	• Increase the number of employers with tobacco-free policies. • Increase the number of employers offering low cost or no-cost tobacco cessation services to employees.

Activity / Accomplishments:

- Hosted a half-day Employer Summit in November 2014 with over 200 employer participants.
- Developed and distributed a Healthy Workplace Tool Kit to assist employers implement tobacco-free workplaces and hiring policies.
- Healthy Workplace Tool Kit has been downloaded from the PFAHC over 700 times.

Impact:

Major Employers (>65) and Public/Governmental Organizations Adopting Tobacco-free Policies since 2013

	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*	

* of those employers willing to disclose information regarding benefits.

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 >= 25%)

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

Priority Area:	**Improve Awareness of Community Resources**
Goal:	**Utilize 211 for community information and referral**
Objective:	Pilot interface for KidsCare enrollment to improve access to children's health insurance coverage and other programs offered by related to priority needs.

Activity / Accomplishments:

- 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.
- 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.
- 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.
- 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.
- CHWs attended community events to hand out information about CHIP/Medicaid and inform people about the application assistance program.
- Enrollment period under the grant: 10/2012 – 8/2013

Impact:

Number of children for whom an application was submitted

	Enrollment Period	
NEW CHIP/Medicaid Enrollment	379	94.4%
Applications Declined	22	5.6%
Total Applications	401	

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

Priority Area:	**Improve Awareness of Community Resources**
Goal:	Link community residents and Sacred Heart patients to needed services.
Objective:	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.

Activity / Accomplishments:

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:

- Evaluating and Expanding the presence of faith community nursing in areas of need (uninsured).
- Creating an outreach plan aligned with community health needs and areas of need.
- Increasing screening activities through church partnerships.
- Identify and track outcome metrics.
- Partnering with local resources to improve community engagement and access to available resources.

Impact:

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	
Total Conditions Referred for Follow up Care	**254**		**238**		**254**	

** 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%
Total Conditions Referred for Follow up Care	**390**		**212**		**449**	

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

Priority Area:	**Improve Appropriate Use of Health Care Resources**
Goal:	**Improve individual knowledge, confidence, and competency in self-care management.**
Objective:	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.

Activity / Accomplishments:

Through the Partnership for a Health Community:

- 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.
- 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.
- 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.
- 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.

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.

Patients by Insurance Class	
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)
Total Patients	64 (49%)	32 (24%)	36 (27%)
Associated Conditions	• Uncontrolled Chronic Health Condition such as Diabetes, Asthma or HTN • Homeless • Documented Mental Illness • Use of illegal drugs and/or ETOH diagnosis • High Utilization of ERs	• Out of normal BMI Range • Smokes • High Cholesterol • Family History of DM or Heart Disease	• Controlled Chronic Condition • No medical conditions

- 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

Escambia Community Clinics, Inc.
A Federally Qualified Health Center
Proudly providing healthcare since 1992

PARTNERSHIP FOR A HEALTHY COMMUNITY