

Community Health Needs Assessment 2016

Escambia County & Santa Rosa County

You



Your
Family



Your
Neighborhood



Your
Community



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Your
Family



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Your
Community



TABLE OF CONTENTS

EXECUTIVE SUMMARY	2
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Community Health Needs Assessment 2016 – Report

INTRODUCTION	5
Collaborating Partners	
Community Definition	
METHODOLOGY	8
SUMMARY OF FINDINGS	
Community Strengths & Themes Assessment	9
Forces of Change Assessment	10
Local Public Health System Assessment.....	12
Escambia County	
Santa Rosa County	
Community Health Status Assessment	16
2016 COMMUNITY HEALTH PRIORITIES	22
Tobacco Use	24
Healthiest Weight.....	28
Access to Care	33
Additional Health Concerns:	
Escambia County: Infant Mortality.....	39
Escambia County: Sexually Transmitted Disease	41
Santa Rosa: Injury Deaths.....	43
COMMUNITY HEALTH PARTNERS	45

EXECUTIVE SUMMARY

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

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

Community Definition

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

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

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

Methodology & Summary of Findings

Framework: Mobilizing for Action through Planning & Partnerships

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

Community Themes & Strengths Assessment (CTSA)

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

Results

Themes and Community Concerns:

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

Forces of Change Assessment (FOCA)

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

Results

Top 5 Themes

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

Local Public Health System Assessment (LPHSA)

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

Results

Escambia County

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

Santa Rosa County

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

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

The 10 Essential Public Health Services

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

Community Health Status Assessment (CHSA)

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

Results

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

Tobacco Use

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

Healthy Weight/Obesity

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

Access to Care

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

2016 Community Health Priorities

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

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

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

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

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

INTRODUCTION

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

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

Collaborating Partners

Baptist Health Care, Escambia and Santa Rosa County

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

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

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

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

Escambia Community Clinics, Escambia and Santa Rosa Counties

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

Florida Departments of Health in Escambia and Santa Rosa Counties

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

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

Escambia County

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

Santa Rosa County

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

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

Sacred Heart Hospital, Pensacola, Escambia County

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

University of West Florida, Escambia County

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

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

Community Definition

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

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

Escambia & Santa Rosa Counties – Pensacola MSA

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

Escambia County

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

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

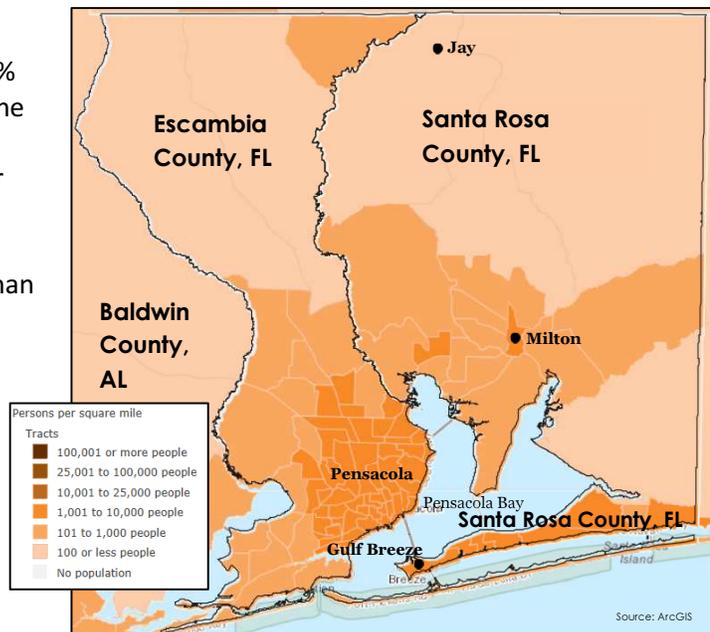
There is a strong military presence with four naval facilities located within the county, which include Naval Air Station Pensacola, Corry Field Station, Saufley Field Station, and Naval Hospital Pensacola. Military and civil service, tourism, retail, construction, education, and health care are the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

Santa Rosa County

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

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

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



Gulf Breeze, Southern Santa Rosa County

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

Jay, Northern Santa Rosa County

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

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

METHODOLOGY

Process: Assessment

Framework: Mobilizing for Action through Planning & Partnerships

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

The MAPP process is comprised of four individual assessments:

Community Themes & Strengths Assessment (CTSA)

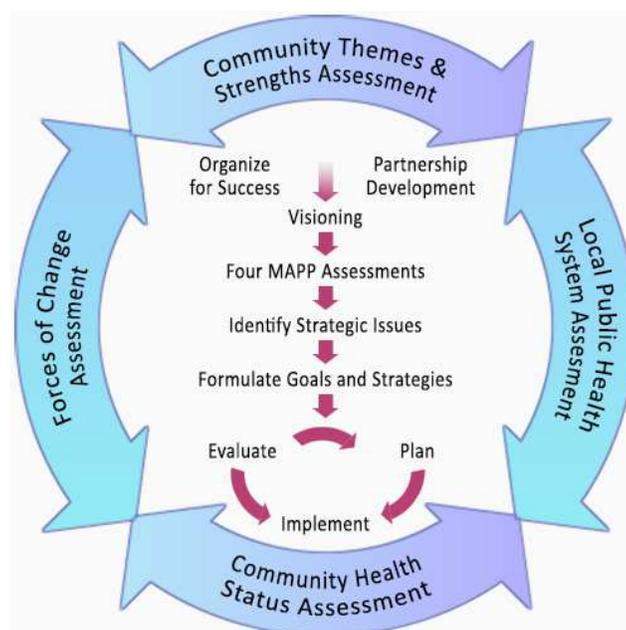
The CTSA Assessment answers questions such as: "What is important to our community?" and "How is quality of life perceived in our community?" This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life and a map of community assets.

Forces of Change Assessment (FOCA)

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

Local Public Health System Assessment (LPHSA)

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



Community Health Status Assessment (CHSA)

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

SUMMARY OF FINDINGS

Community Strengths & Themes Assessment

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

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

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

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

Summary of Responses

The top responses of each population grouping are shown below.

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

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

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

Forces of Change Assessment

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

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

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

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

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

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

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

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

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

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

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

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

Local Public Health System Assessment

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

Escambia County - September 8, 2015

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

Santa Rosa County, FL – October 14, 2015

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

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

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

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

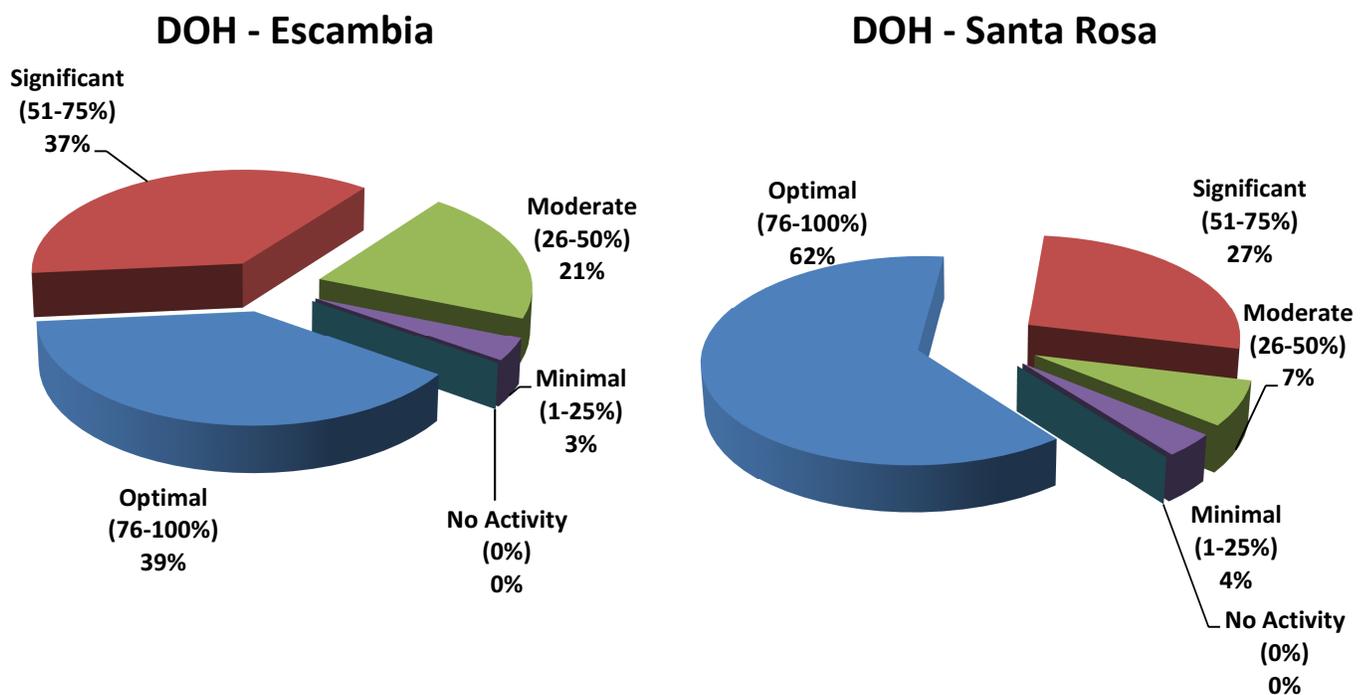
The 10 Essential Public Health Services

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

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

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.

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



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

DOH-Escambia

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

DOH-Santa Rosa

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

Community Health Status Assessment

Indicator Selection

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

Data Sources

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

Framework for Analysis

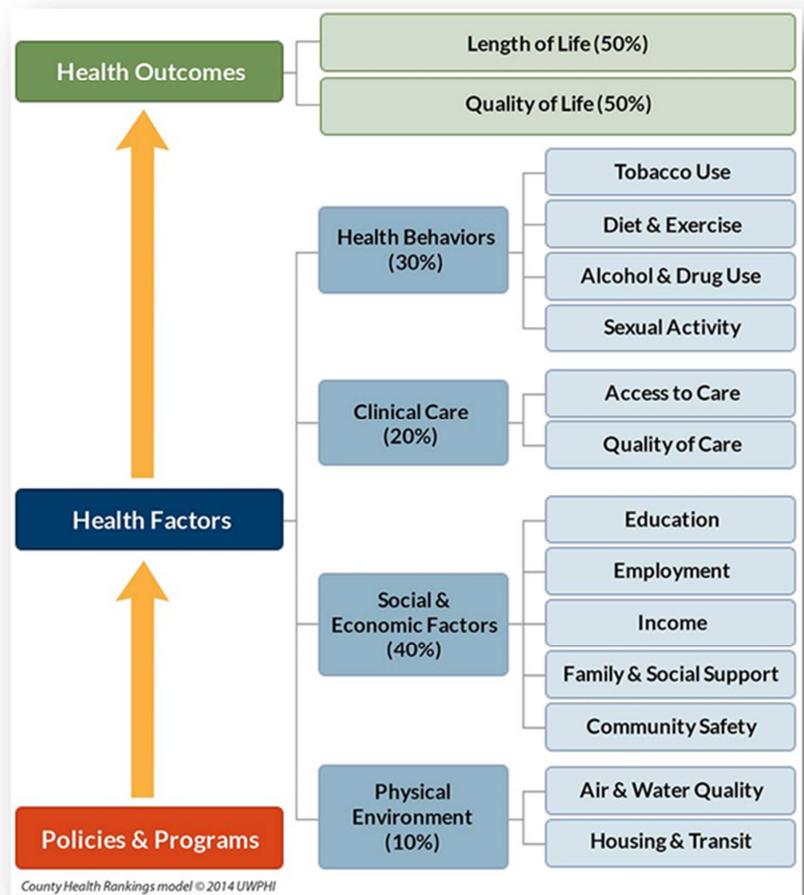
To identify the issues that hold the greatest priority for the community, the indicator results were evaluated within the framework of the **County Health Rankings Model** created by the *University of Wisconsin Population Health* and the *Robert Wood Johnson Foundation*. The framework emphasizes factors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

Health Outcomes

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

Health Factors

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



Programs and Policies

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

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

Benchmarking

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

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

Source: United Health Foundation

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

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

Source: County Health Rankings

Results

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

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

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

UNFAVORABLE HEALTH FACTORS

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

Health Behaviors

UNFAVORABLE Both Counties

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

UNFAVORABLE Escambia

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

UNFAVORABLE Santa Rosa

- Binge Drinking (Adolescents)

Clinical Care

UNFAVORABLE Both Counties

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

UNFAVORABLE Escambia

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

UNFAVORABLE Santa Rosa

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

Social & Economic Factors

UNFAVORABLE Both Counties

- Real Per Capita Income

UNFAVORABLE Escambia

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

UNFAVORABLE Santa Rosa

- Population 18-25 without a high school diploma

Physical Environment

UNFAVORABLE Both Counties

- Air pollution - Particulate Matter
- Use of Public Transportation

UNFAVORABLE Escambia

- NA

UNFAVORABLE Santa Rosa

- Driving alone to work
- Households with No Motor Vehicle

FAVORABLE HEALTH OUTCOMES

The indicators below performed *better* than the state.

Mortality – Length of Life

Morbidity – Quality of Life

FAVORABLE Both Counties

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

FAVORABLE Escambia

- Colon, Rectal or Anus Cancer Deaths

FAVORABLE Santa Rosa

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

FAVORABLE Both Counties

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

FAVORABLE Escambia

- Asthma (Adult)
- Melanoma Cancer Incidence
- Salmonellosis

FAVORABLE Santa Rosa

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

FAVORABLE HEALTH FACTORS

The indicators below performed *better* than the state.

Health Behaviors

FAVORABLE Both Counties

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

FAVORABLE Escambia

- Binge Drinking (Adolescents)

FAVORABLE Santa Rosa

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

Clinical Care

FAVORABLE Both Counties

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

FAVORABLE Escambia

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

FAVORABLE Santa Rosa

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

Social & Economic Factors

FAVORABLE Both Counties

- Housing Cost Burden
- Unemployment

FAVORABLE Escambia

- Population 18-25 without a high school diploma

FAVORABLE Santa Rosa

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

Physical Environment

FAVORABLE Both Counties

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

FAVORABLE Escambia

- Driving alone to work
- Households with No Motor Vehicle

FAVORABLE Santa Rosa

- NA

COMMUNITY HEALTH PRIORITIES

Process

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

Step 1: Identify potential health issues.

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

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

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

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

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

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

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

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

2016 Community Health Priorities

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

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

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

Staying the Course from 2012

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

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

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

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

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

Community Health Priority: Tobacco Use

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

Community Health Priority: Healthiest Weight

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

Community Health Priority: Access to Care

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

Mental Health

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

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

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

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

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

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

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

COMMUNITY HEALTH PRIORITY: Tobacco Use

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

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

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

Smoking is estimated to increase the risk of:

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

Smokeless tobacco users have:

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

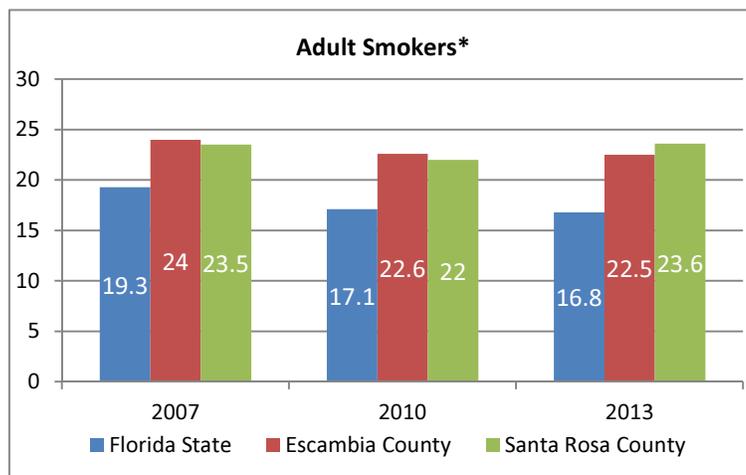


Figure 1. Although smoking rates have generally declined in the two county area over the last eight years. The counties’ rates are significantly higher than the state, and Santa Rosa County rates may actually be increasing. *Survey collection methods were modified in 2013 therefore caution is suggested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

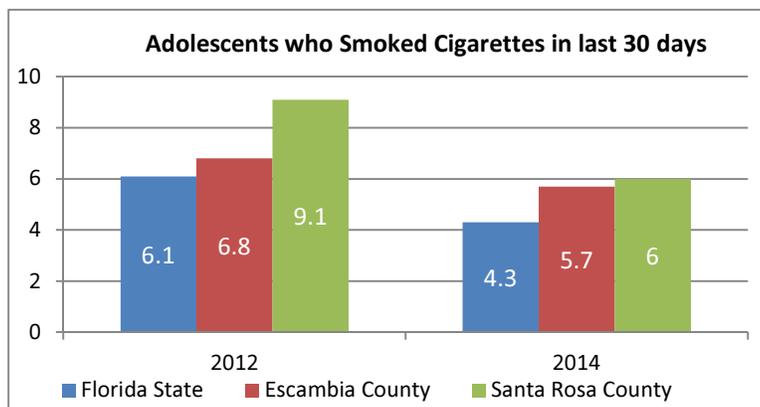
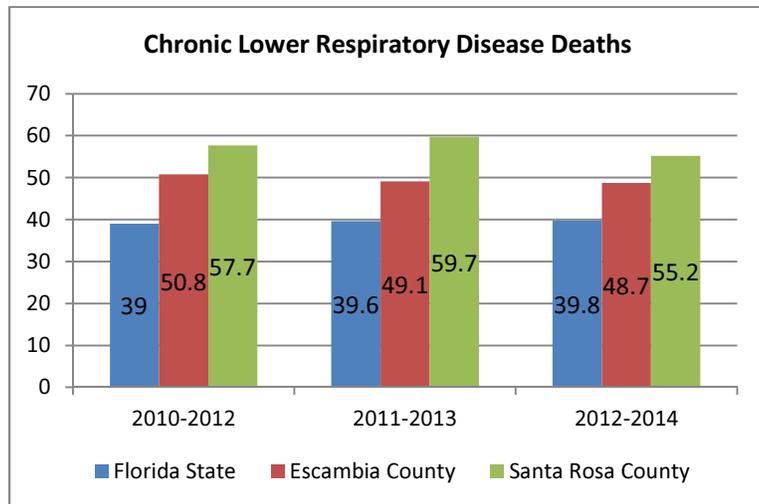


Figure 2. Adolescent smoking rates in both counties exceed the state average. Counties have seen improvement with the most significant improvement in Santa Rosa County.

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



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

References

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

Resources Potentially Available to Address Priority

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

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

E-cigarettes

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

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

Tobacco Use and Related Indicators

Legend

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

Health Outcomes

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

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

Health Factors

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

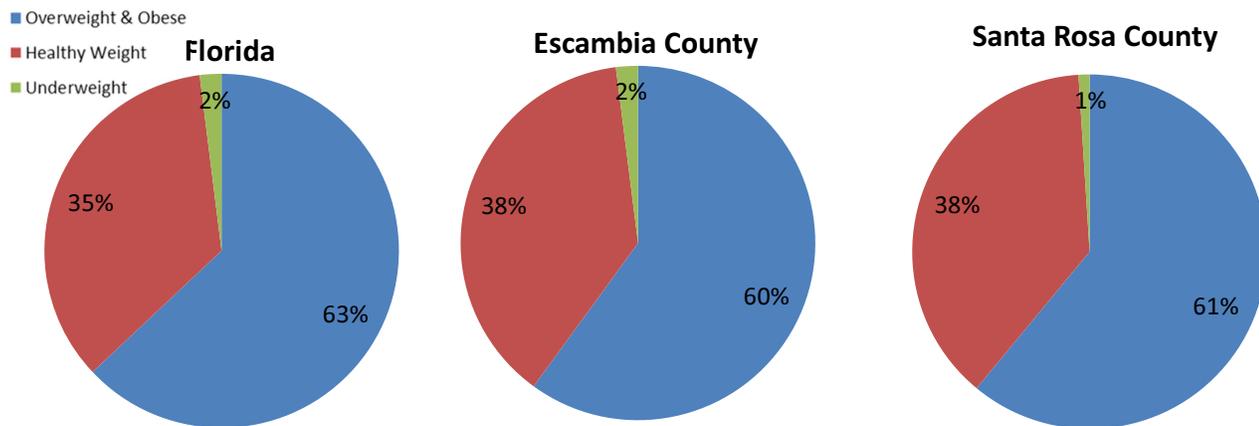
Clinical Care		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
ED Visits - Chronic Conditions - Asthma	2014	13.3	↑	7.8	↓
ED Visits - Chronic Conditions – Congestive Heart Failure	2014	2.0	↓	1.4	↑
ED Visits - Chronic Conditions - Hypertension	2014	7.2	↓	7.0	↓

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

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

COMMUNITY HEALTH PRIORITY: Healthiest Weight

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



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

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

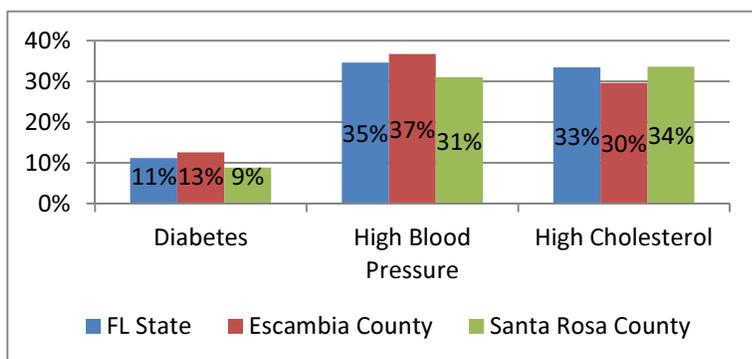
Survey data collected in 2013* suggests that weight status of Escambia and Santa Rosa County adults may show slight improvement; however, with the majority of residents either overweight or obese and the slow progress of improvement, the poor health outcomes from unhealthy weight in individuals and the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

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

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

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

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



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

Influences on Weight

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

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

References

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

Resources Potentially Available to Address Priority

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

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

Healthiest Weight and Related Indicators

Legend

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

Health Outcomes

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

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

Health Factors

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

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

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

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

COMMUNITY HEALTH PRIORITY: Access to Care

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

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

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

Coverage

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

Services

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

Timeliness

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

Workforce

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



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



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

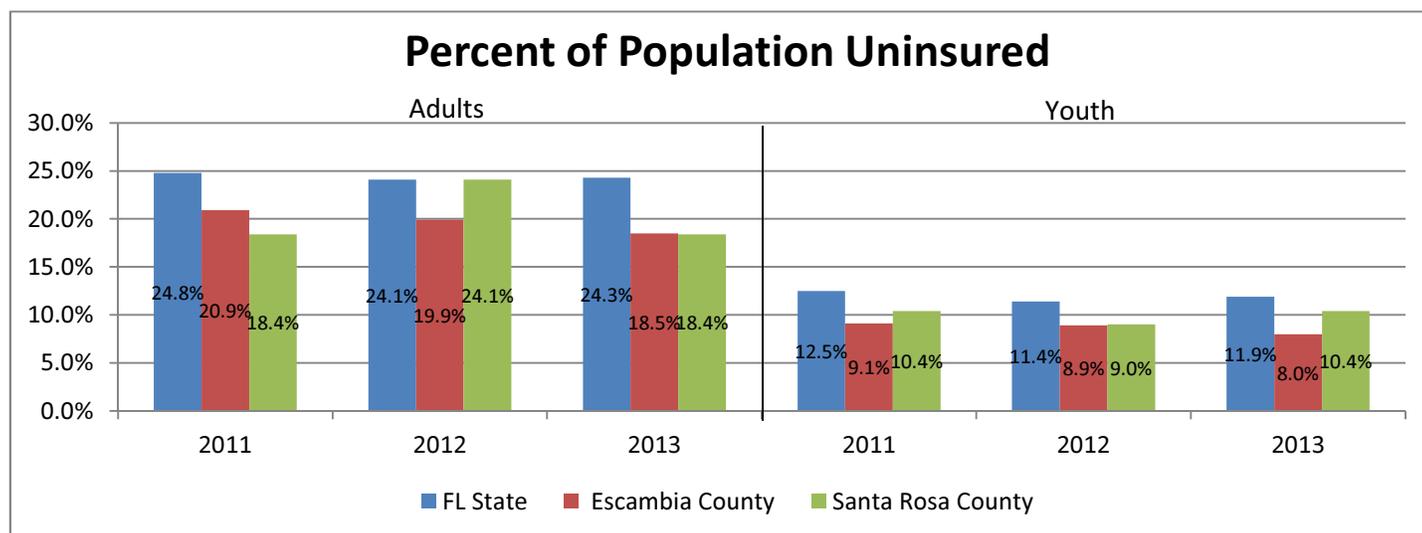


Figure 3 – In Escambia, there has been a decrease in the percent of population uninsured while the trend in Santa Rosa County has fluctuated.

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

The top nonfinancial barriers include:

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

References

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

Resources Potentially Available to Address Priority

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

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

Access to Care and Related Outcome Indicators

Legend

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

Health Outcomes

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

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

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

Health Factors

Health Behaviors		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
NA					

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

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

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

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

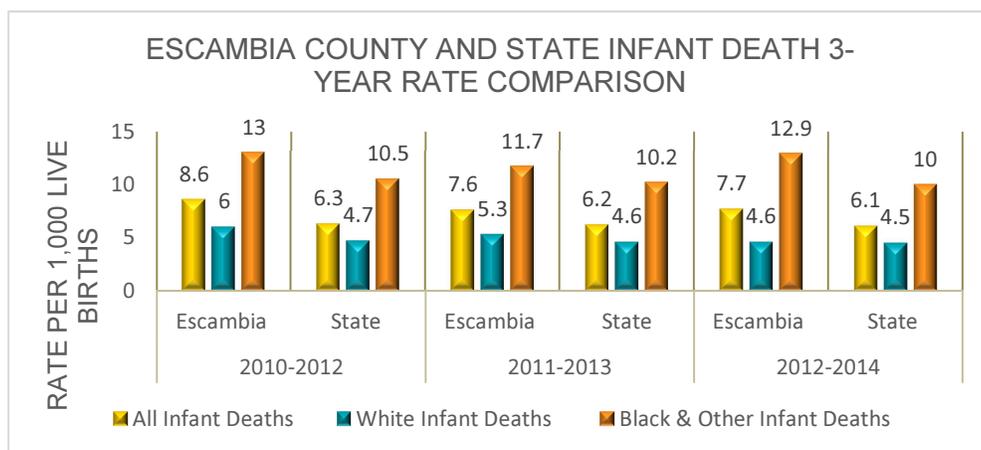
Physical Environment		Escambia		Santa Rosa	
Indicator	Latest Data Period	Performance	Trend	Performance	Trend
Use of Public Transportation	2013	0.7%	↑	0.2%	↓
Households with no motor vehicle	2013	7.4%	↓	3.6%	↑

ESCAMBIA COUNTY HEALTH CONCERN: Infant Mortality

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

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

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



Maternal Behaviors

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

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

Social Factors

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

Preterm Birth

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

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

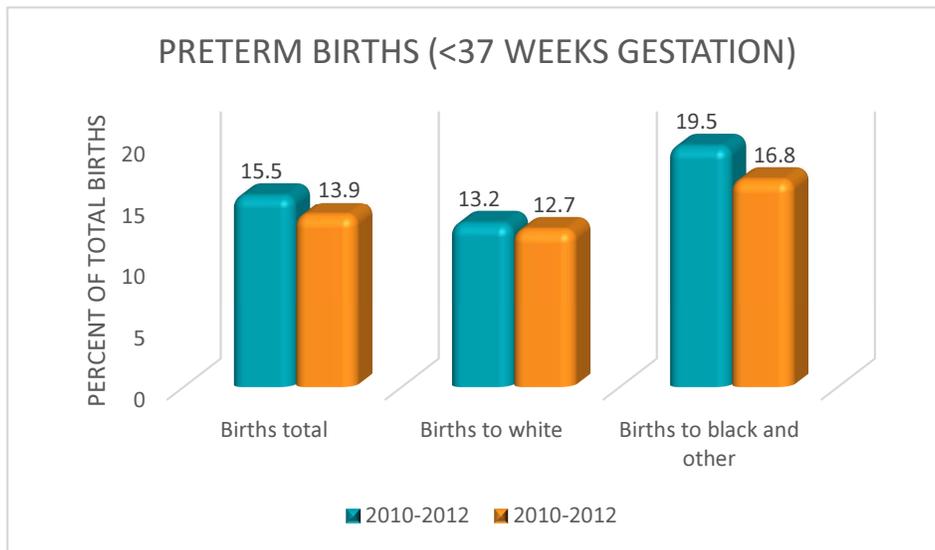


Figure 2. This graph compares the percentage of total births under 37 weeks gestation from Escambia County for 2010-2012. These births are broken down by race and compared to the state of Florida. Source: Florida Charts: Preterm Births (<37 weeks gestation), 3-year rolling rates.

Sudden Infant Death Syndrome

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

Conclusion

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

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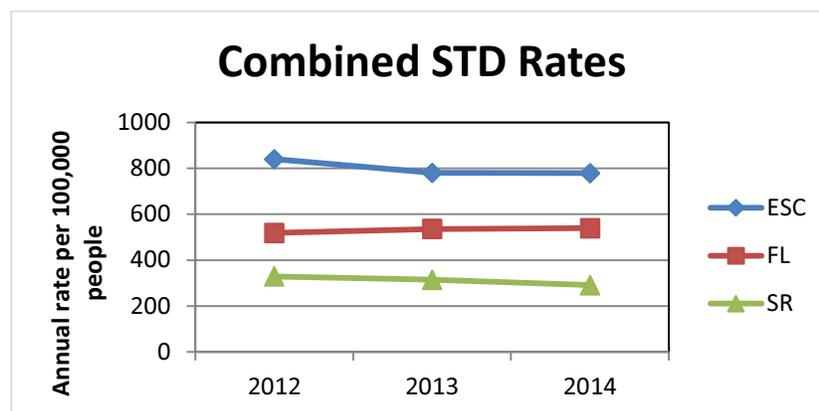
ESCAMBIA COUNTY HEALTH ISSUE: Sexually Transmitted Disease

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

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

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

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



Source: Florida Charts

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

Statistics and Trends

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

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

Prevention and Treatment

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

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

Special Focus Profiles

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

Conclusion

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

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SANTA ROSA COUNTY HEALTH ISSUE: Injury Deaths

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

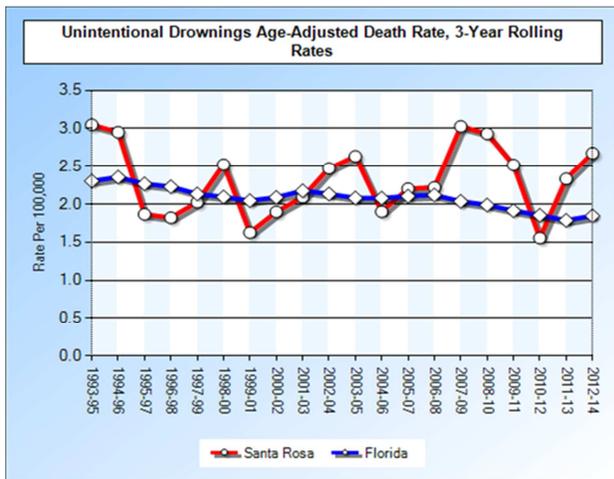
Injuries, including all causes of unintentional and violence-related injuries combined, account for 59% of all deaths among people 1-44 years of age in the U.S.—that is more deaths than non-communicable diseases and infectious diseases combined. Injuries killed more than 192,000 in 2013—one person every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

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

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

Cost of Injuries and Violence in the United States

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



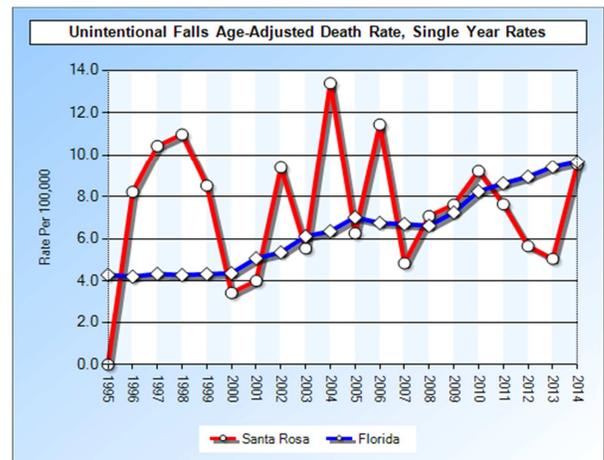
1. Drowning

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

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

2. Falls

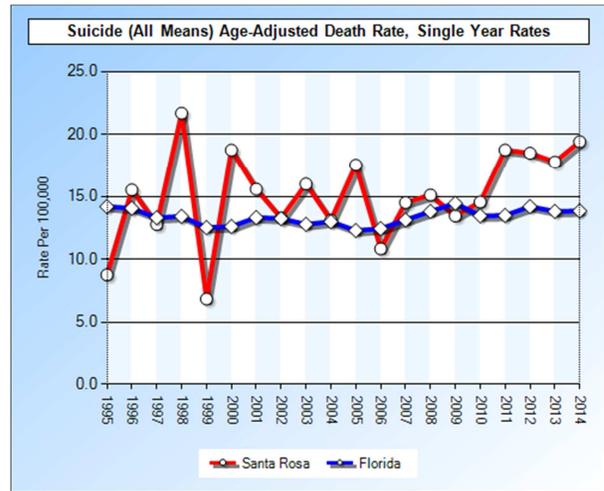
Falls are the leading cause of death from injuries in Floridians 65 and older, and the fourth leading cause of death from injuries overall. As with drowning, Florida Charts tracks deaths as opposed to all falls. From this data, deaths caused by unintentional falls, Santa Rosa County is below the State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



3. Suicide

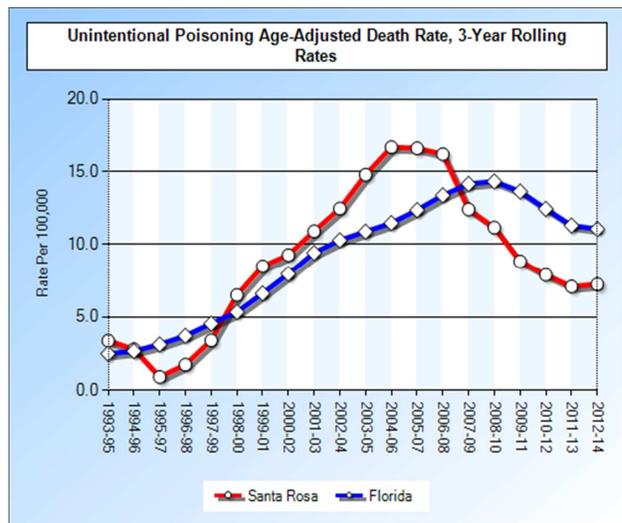
Suicide was the tenth leading cause of death for all ages in 2013. Suicide results in an estimated \$51 billion in combined medical and lost work costs.

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



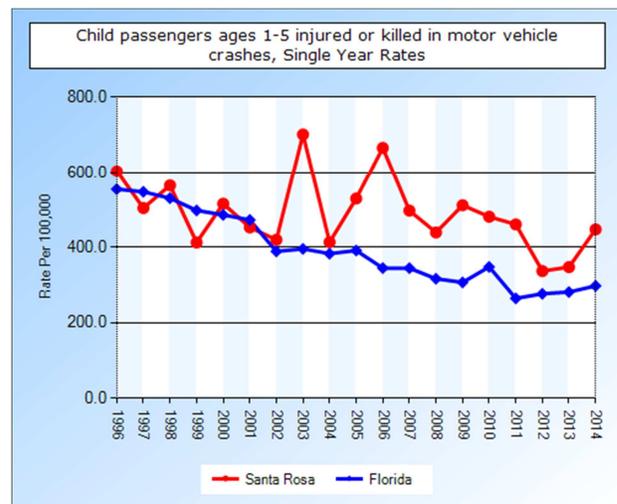
4. Poisonings

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



5. Motor Vehicle Injury: Child Passenger

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



Community Health Partners

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

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

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

*Members of United Way of Escambia County Agency Directors Association

Collaborating Partners



Sacred Heart Hospital
-Pensacola



Baptist Hospital
Gulf Breeze Hospital
Jay Hospital

