

## Sacred Heart Hospital Pensacola Implementation Strategy 2017 - 2019

### Overview

In 2015, 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.

The area of the needs assessment was defined as the population of Escambia and Santa Rosa Counties. 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. 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, reflecting a more rural landscape. The southern portion of Santa Rosa County is geographically separated from the north by Pensacola Bay.

The Partnership conducted a Community Health Survey with a total of 1,621 respondents from Escambia and Santa Rosa Counties and found the following 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.

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).

The 2015-16 Community Health Needs Assessment - Escambia and Santa Rosa Counties, Florida (CHNA) report (available on-line at [www.sacred-heart.org/CHNA](http://www.sacred-heart.org/CHNA)) details the processes and data used to identify the following the top priority health issues identified for the two county area:

- Healthiest Weight and Nutrition
- Tobacco Use
- Access to Care

## Implementation Strategy

HEALTHY WEIGHT	
<b>GOAL:</b>	Improve skills and access for healthy weight.
<b>STRATEGY/ ACTIONS:</b>	Prevent type 2 diabetes by educating patients on self-monitoring of diet and physical activity, building self-efficacy and social support to maintain lifestyle changes, and problem-solving to overcome common weight loss, physical activity, and healthy eating challenges.
<b>BACKGROUND:</b>	<ul style="list-style-type: none"> <li>• The target population is adults who are overweight or obese (BMI 25.0 or greater) and are at risk for type 2 diabetes (determined by American Diabetes Association Risk Assessment Test)</li> <li>• Sacred Heart Diabetes Prevention Program (DPP) is a 52 week program that addresses healthy lifestyle choices, including a focus on achieving and maintaining a healthy weight.</li> <li>• DPP includes evidence based curricula from the Centers of Disease Control (CDC) Diabetes Prevention Program which consists of a series of 16 weekly classes, 8 biweekly and 6 monthly classes.</li> <li>• Classes are promoted community-wide and participants may self-refer or be referred by their medical team.</li> </ul>
<b>RESOURCES / COMMUNITY PARTNERS:</b>	SHHPS Patient Education Department (SHPED); Sacred Heart Medical Group (SHMG), Live Well Partnership for a Healthy Community
<b>OUTCOMES/ ANTICIPATED IMPACT:</b>	<p>I. By June of 2017, 50% of participants will achieve a minimum of 150 minutes of moderate activity per week at completion of first 16 weeks.</p> <p>II. By June of 2017, 50% of participants will have a minimum of 5% total weight loss at 6 month check-in per logs.</p>
TOBACCO USE	
<b>GOAL:</b>	Reduce adult tobacco use
<b>STRATEGY/ ACTIONS:</b>	Provide tobacco cessation classes/ counseling targeting Sacred Heart inpatients and outpatients.
<b>BACKGROUND:</b>	<ul style="list-style-type: none"> <li>• When medically appropriate, bed-side information and counseling is provided for inpatient tobacco users identified through the admission process. Patients identified during inpatient stays receive more targeted follow up assistance and may be enrolled in classes, receive one on one counseling and nicotine replacement therapy (as appropriate) following their inpatient stay.</li> <li>• Physicians may identify and refer patients during outpatient visits to participate in classes offered on campus free of charge to the public and/or for one-on-one tobacco cessation counseling. Classes are also promoted community wide and do not require a referral.</li> <li>• Free nicotine replacement therapy (available through classes) is available for most cessation options</li> <li>• All classes and counselling follow the Agency for Health Care and Quality clinical guidelines best practices for treating tobacco use.</li> </ul>
<b>RESOURCES / COMMUNITY PARTNERS:</b>	Sacred Heart Patient Education (SHPE), Area Health Education Center (AHEC), Sacred Heart Medical Group (SHMG), Sacred Heart Residency Support, Sacred Heart Marketing (SHM), Live Well Partnership for a Healthy Community

OUTCOMES/ ANTICIPATED IMPACT:	<p>I. By June 2017, one year quit rates for participants (inpatient origin) will increase by 3% to 65% quit.</p> <p>II. By June 2017, one year quit rates for participants (community/outpatient origin) will increase by 3% to 88% quit.</p>
<b>ACCESS TO CARE</b>	
GOAL:	Promote early intervention and health management
STRATEGY/ ACTIONS:	Providing community health screenings, health promotion education and support through community based outreach services to reduce ED and Inpatient admissions and length of stay due to unmanaged conditions.
BACKGROUND:	<ul style="list-style-type: none"> <li>• Early intervention, self-care education and access to a medical home can reduce the onset and severity of ambulatory sensitive conditions such as diabetes and congestive heart failure.</li> <li>• Mission in Motion (MIM) provides free health screenings at sites in Escambia and Santa Rosa counties. The MIM targets persons who are poor, uninsured, or elderly and provides blood screenings to measure blood pressure, blood sugar, total cholesterol and blood count.</li> <li>• Sacred Heart's Faith Community Nursing Program (FCN) is available to churches of all faiths. It supports the efforts of <u>volunteer</u> nurses who choose to assist church members in a variety of way. Faith community nurses are state licensed RNs, often retired or semi-retired, who feel a calling to this special role. Parish nurses do not act as home health nurses or provide hospital-style nursing care, but they may make home visits to persons with health care needs, organize a health care screening through Sacred Heart, initiate referrals to physicians or community agencies, or provide other health education or spiritual support to church members.</li> <li>• AADE7 Self Care Behaviors™ is evidence based intervention developed by the American Association of Diabetic Educators (AADE).</li> <li>• Escambia and Santa Rosa uninsured rates are 18.5%. In FY 2015, the highest volume of uninsured IP admissions were from the 32505 zip code.</li> <li>• Additional focus of the Community Wellness Outreach will target recruitment and outreach efforts in the 32505 zip code.</li> </ul>
RESOURCES / COMMUNITY PARTNERS:	Community Wellness Outreach (CWS): Faith Community Nursing (FCN), Mission in Motion (MIM), Local churches and community centers. Funding for Escambia Community Clinics - ECC. Live Well Partnership for a Healthy Community
OUTCOMES/ ANTICIPATED IMPACT:	<p>I. By January 2017, 90% of MIM clients over the age of 65 will have received a flu shot.</p> <p>II. By December of 2017, 50% of FNC clients tested will score higher than 80% on the AADE7 Self Care Behaviors™ Post test</p> <p>III. By December of 2017, total cost of uncompensated SHHP Emergency Department admissions in FY 2015 from zip code 32505 will be reduced by 10%.</p>