

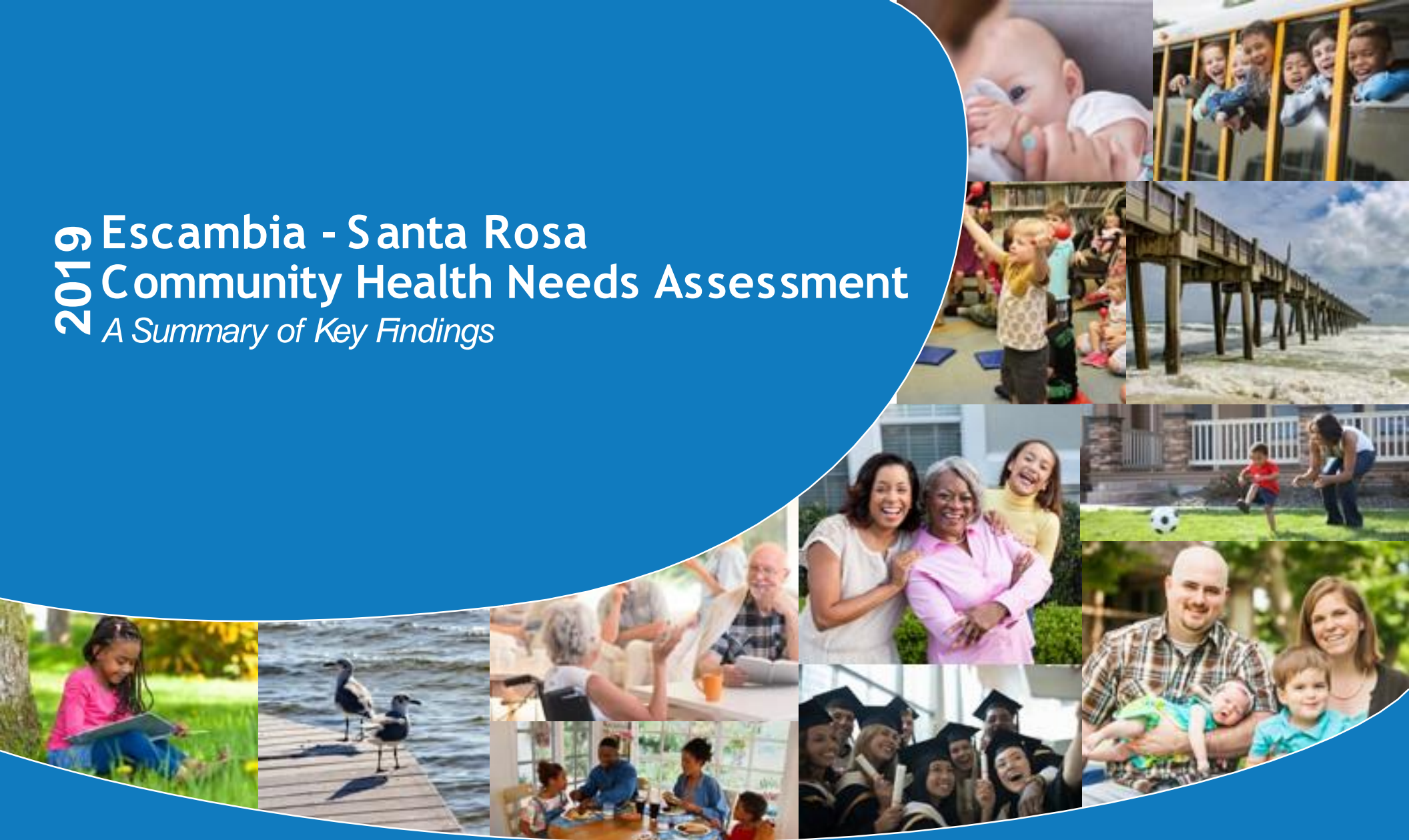


Ascension Sacred Heart Pensacola

2019 Community Health Needs Assessment

2019 Escambia - Santa Rosa Community Health Needs Assessment

A Summary of Key Findings



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Ascension Sacred Heart Executive Statement Tom VanOsdol, President and CEO, Ascension Florida



“At Ascension Sacred Heart and across Ascension Florida, we are called to provide compassionate, personalized care to everyone, and the information gathered in the Community Health Needs Assessment helps us better understand the evolving needs of those we are so privileged to serve. As healthcare providers, we recognize that we must work together to meet the needs of our community. We must also work in both traditional and innovative ways to increase access to care. This assessment allows us to hear directly from members of our community about what they need most, but we must also demonstrate that we are listening by providing our patients with the care they need, when and where they need it. We look forward to our collaborative work to make this a better, healthier place for all people.”

About Ascension Sacred Heart Pensacola



Ascension Sacred Heart Pensacola is the hub of a health system that provides services across the Gulf Coast from Gulf Shores, AL to Apalachicola, FL. The hospital is a 566-bed, acute care hospital in Pensacola that includes the Studer Family Children's Hospital at Ascension Sacred Heart -- region's only Children's Hospital -- as well as a regional Level II Trauma Center, a Cancer Center affiliated with the MD Anderson Cancer Network, a Heart and Vascular Institute, and the area's leading Stroke Center. In 2018, Ascension Sacred Heart was named by IBM Watson as one of the 50 Top Cardiovascular Hospitals in the nation.

Ascension Sacred Heart was founded by the Daughters of Charity in 1913 and originally called "Pensacola Hospital," when its doors opened officially on September 1, 1915 on 12th Avenue. Today, Sacred Heart is part of Ascension, the nation's largest Catholic, nonprofit health system and is still committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Every three years Escambia County and Santa Rosa County work collaboratively on a two-step process to understand and respond to health problems within our community. The first phase of this process involves identifying local health issues and resources through a Community Health Needs Assessment (CHNA). The second phase, which will launch in early 2019, will outline the actions that the community will take to improve the health status of residents.

A CHNA examines the health of community residents and answers the questions:

- ▶ What are the major causes of illness, injury and death in the community?
- ▶ What health issues and behaviors are most concerning to local citizens and community leaders?
- ▶ What barriers and resources exist for residents to achieve better health?

The CHNA is a year-long community-wide undertaking. Health, business, social service, education and faith organizations across Escambia and Santa Rosa provided guidance and input by serving on a CHNA Steering Committee. Community residents participated through on-line and paper surveys as well as through solicitation of public comments on the CHNA findings posted on the websites of Live

Well Partnership and its community partners. The culmination of this first phase is the publication and distribution of this 2019 CHNA report.

This report concludes the following:

1. Public and community leaders agree on the most important health issues:

- Overweight and Obesity
- Mental Health
- Diabetes

2. Public and community leaders agree on the most concerning unhealthy behaviors:

- Poor Eating Habits
- Lack of Exercise
- Drug Abuse

3. Forces in the community that are promising approaches to health improvement:

- Community Schools Providing On-Site Health Services for Neighborhood
- Faith Community Engaging Members on Health Issues

4. Forces in the Community that hinder health Improvement:

- Low Health Literacy
- Drug and Alcohol Abuse
- Poor Access to Health Care at the Lowest Appropriate Level of Care

5 Top Health Priorities in Escambia and Santa Rosa:

- Diabetes
- Infant Health
- Mental Health

6. County-Specific Health Priority:

- Escambia - Child (age 1 – 5) Health
- Santa Rosa - Drug Abuse



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

Community Health Needs Assessment (CHNA) Defined

If you have ever wondered about the health of people living in our community, then a CHNA has the answers you are looking for. A CHNA examines disease and death statistics for the community and then compares the health of our community to Florida and the nation. The CHNA also explores resources available to residents and perceptions about health and health services. Finally, a CHNA identifies major health problems within the community and, with input from community leaders, narrows those health issues to a manageable set of priorities. The goal of a CHNA is to identify key health problems and community assets.

Many organizations, such as non-profit hospitals and health departments, are required to conduct community health assessments. In most communities, the assessment is conducted with limited involvement from the public or other organizations. Through Live Well Partnership, the health of our community is assessed through a collaborative, community-wide process. A collaborative CHNA with broad community representation not only reduces duplicative efforts, but also ensures the entire community has a voice in identifying and addressing important health issues. This collaborative

process is also used to develop community-wide goals and strategies to address the health priorities identified by the CHNA. This CHNA was sponsored by and complies with the regulatory or accreditation requirements for the following organizations: Baptist Hospital, Gulf Breeze Hospital, Jay Hospital, Ascension Sacred Heart, Florida Department of Health in Escambia County, Florida Department of Health in Santa Rosa County, and Community Health Northwest Florida.

The following pages summarize the findings of a year-long process to investigate the health of people residing in Escambia and Santa Rosa counties and the underlying demographic, social, economic and environmental factors that impact health. We encourage individuals and organizations to use this information to work together to reduce premature death and illness and to make our community a healthier place to live, work, and play.

Live Well Partnership

Partnership for a Healthy Community, Inc. (DBA Live Well Partnership for a Healthy Community) was founded in 1994 as a not-for-profit 501(c)3 organization by Baptist Health Care and Ascension Sacred Heart. Baptist and Ascension Sacred Heart have continued to provide financial and leadership support throughout the organization's 24-year history.

Since its inception the mission of Partnership for a Healthy Community (hereafter referred to as Live Well Partnership) has been to measure the health of Escambia and Santa Rosa County residents and to identify community health problems. Community Health Needs Assessments (CHNA) were conducted in 1995, 2000, and 2005. Beginning in 2013, Live Well Partnership changed the frequency of needs assessments to every three years with CHNA's completed in 2013 and 2016. The 2019 CHNA marks the sixth health assessment conducted by the organization.

To fulfill its mission, Live Well Partnership works collaboratively with health departments, hospitals, community health organizations, social service agencies and area businesses. Its 2018 Board of Directors is comprised of the following organizations:



Community



Navarre Beach Bridge
courtesy of Kimberly Pace

Community Definition

A Metropolitan Statistical Area (MSA) is defined by the US Census Bureau as a geographical area that has a central urban core with economic ties to the surrounding area. The Pensacola MSA is comprised of Escambia County and Santa Rosa County with Pensacola designated as the urban core. While each county and the cities or towns within each has its own unique characteristics, the two counties are intertwined. It is common for residents from one county to flow to and from the other county for jobs, entertainment, education and health care. For this reason, the entire Pensacola MSA was selected as the “community” covered by the CHNA.

Although this assessment covers the Pensacola MSA, individual collaborating partners may serve subareas of the MSA as noted in the following table:

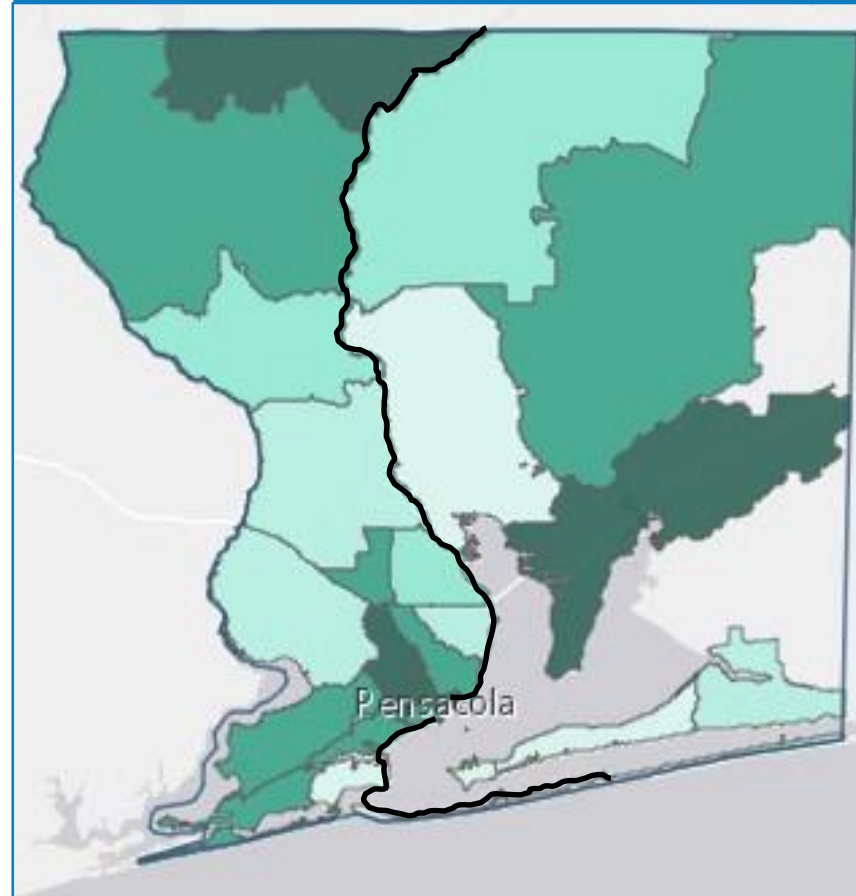
Collaborating Partner	Communities Served
Baptist Health Care	
Baptist Hospital	Escambia County and Santa Rosa County
Gulf Breeze Hospital	Gulf Breeze, Santa Rosa County
Jay Hospital	Jay, Santa Rosa County
Community Health Northwest Florida	Escambia County and Santa Rosa County
Florida Department of Health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

SocioNeeds Index

Although this CHNA covers a two-county area, we understand that counties are not homogeneous. Some neighborhoods are more affluent while others struggle with poverty, have low educational attainment, or have low access to food. As we seek to understand the health of our residents, we must identify areas that are socioeconomically vulnerable.

The **2018 SocioNeeds Index**, created by Conduent Healthy Communities Institute (Conduent HCI), is a measure of socioeconomic need that is correlated with poor health outcomes. Those with the highest values have the highest socioeconomic need which is correlated with preventable hospitalizations and premature death. To illuminate the areas of highest need in our community, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value.

2018 SocioNeeds Index Map

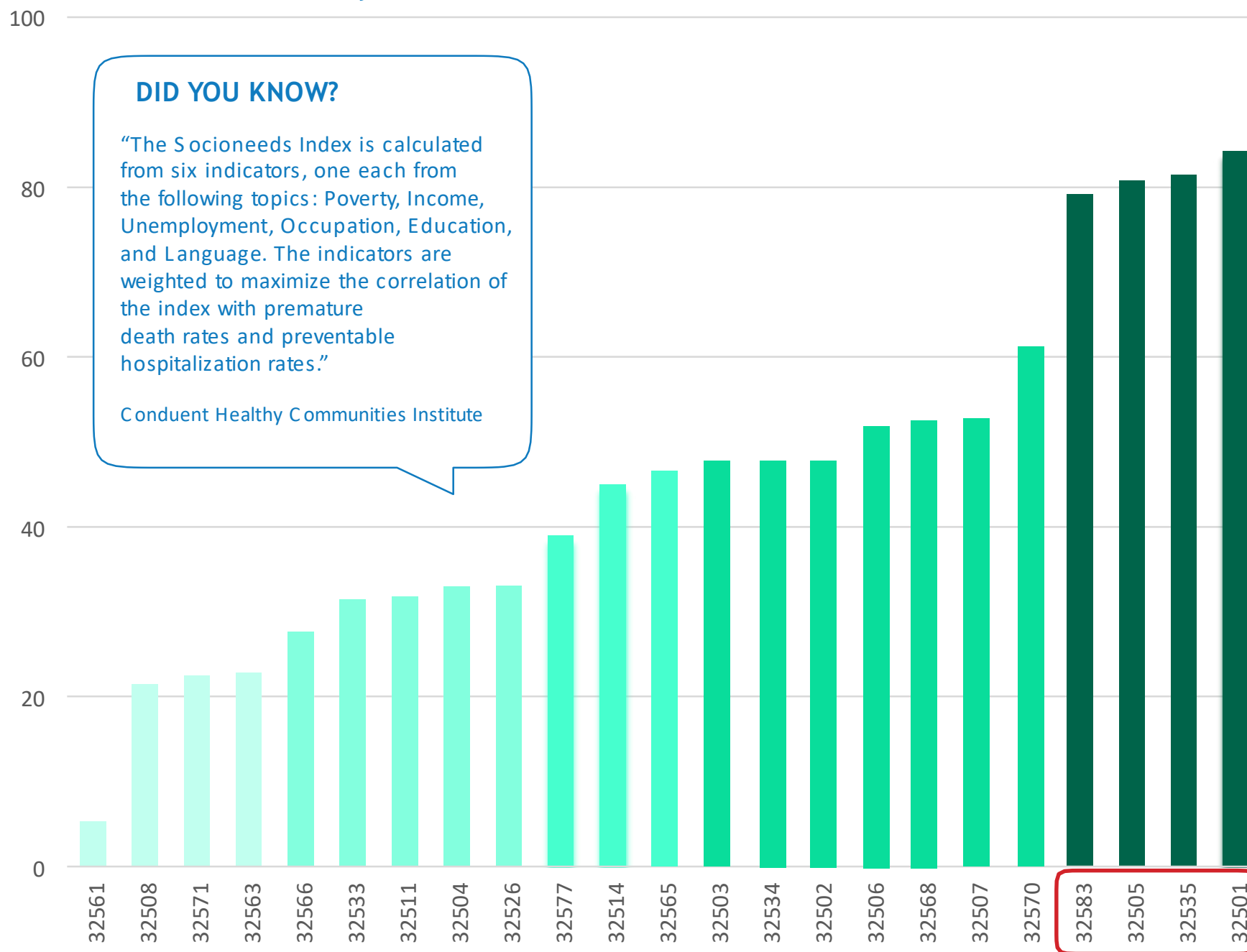


MAP LEGEND

greater need →



2018 SocioNeeds Index by ZIP Code



The highest need ZIP Codes are 32501, 32505, and 32535 in Escambia and 32583 in Santa Rosa.

Community Profile

Northwest Florida's population is distinctive from the rest of Florida. Our racial and ethnic composition, age, demographics, income, educational attainment, military presence and occupation stand apart from typical Florida communities. These factors impact the health of community residents. The following pages help us to better understand who we are as a community, and the influence of socio-economic and demographic variables on our health. Throughout this report, **Escambia data will always be depicted in orange** and **Santa Rosa in green**.

POPULATION

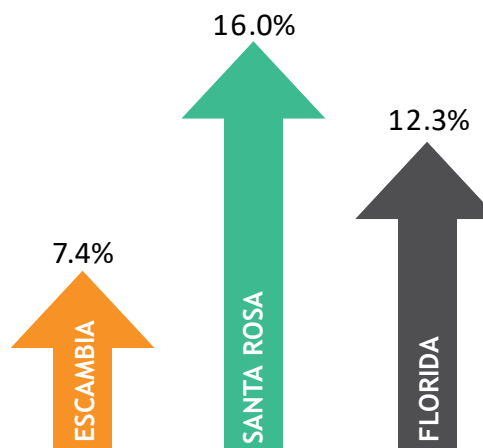
Compared to Florida...

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

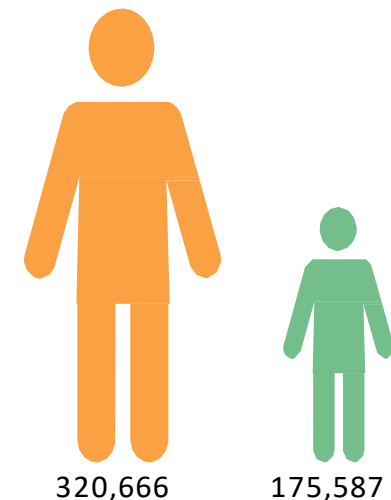
Compared to Florida...

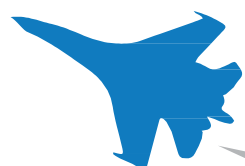
...Santa Rosa County is growing at a much faster rate and is not as racially diverse, and still has a strong military presence from the surrounding armed forces bases.

2010-2018 Growth



2018 Population





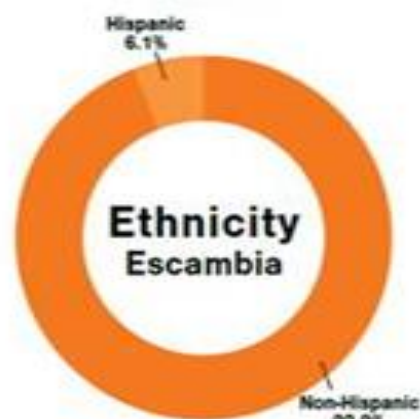
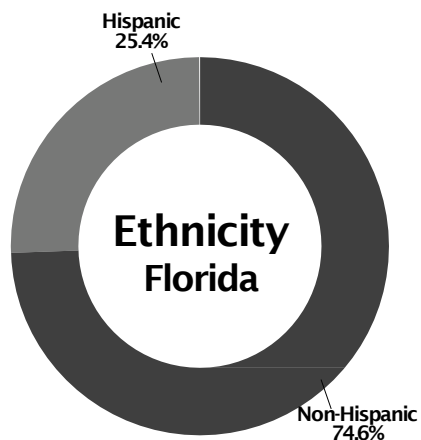
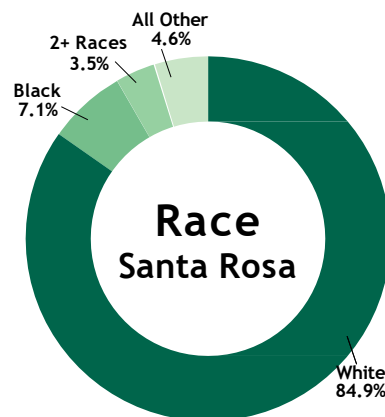
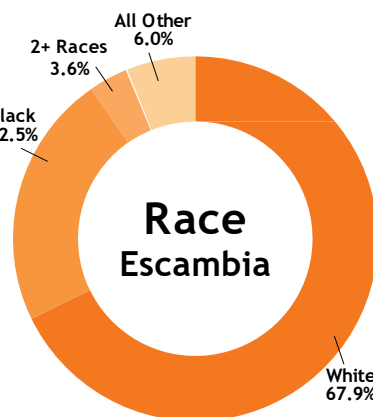
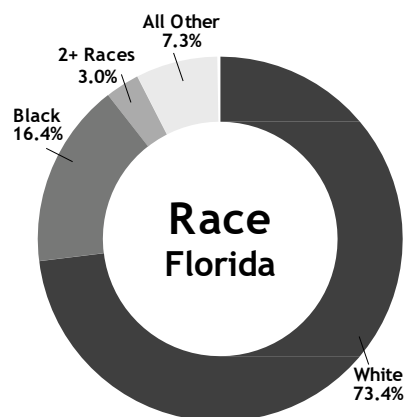
10,138
Members of the Armed Forces
live in Escambia

3,102
Members of the Armed Forces
live in Santa Rosa



12.6% of Escambia
residents are Veterans

14.2% of Santa Rosa
residents are Veterans



AGE

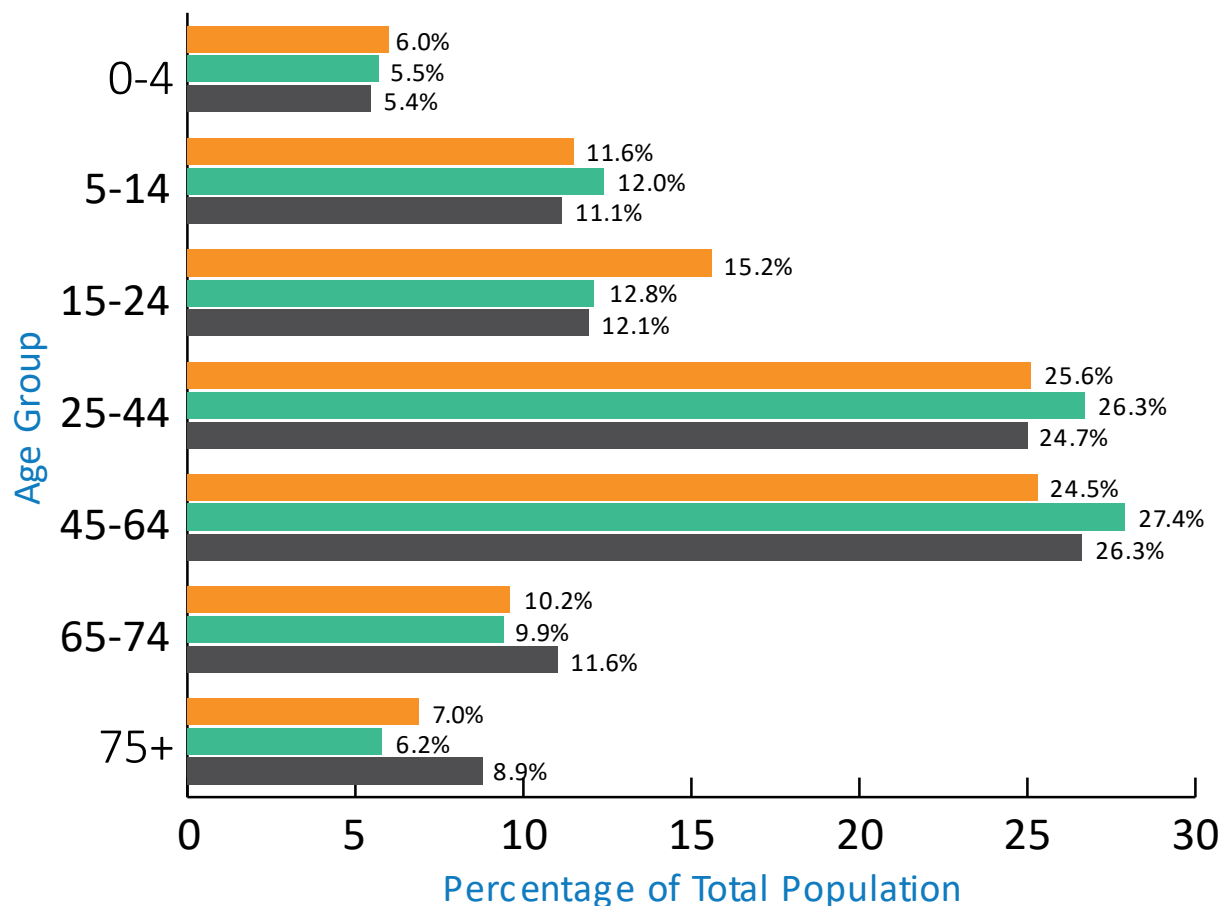
Compared to Florida...

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

Compared to Florida...

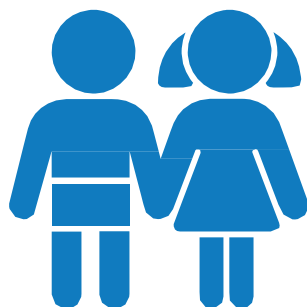
...Santa Rosa County has more children and fewer seniors, slightly larger families and a lower median age by two years in 2016.

Percentage of Population by Age Group



17.6%
ESCAMBIA

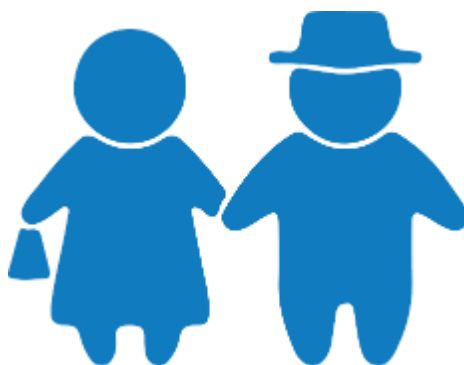
17.5%
SANTA ROSA



of total population are children
(0-14 years)

17.2%
ESCAMBIA

16.0%
SANTA ROSA



of population are 65+



5-2-1-0 celebrates with young runners
at the Pensacola Seafood Run
courtesy of Marie Mott

INCOME

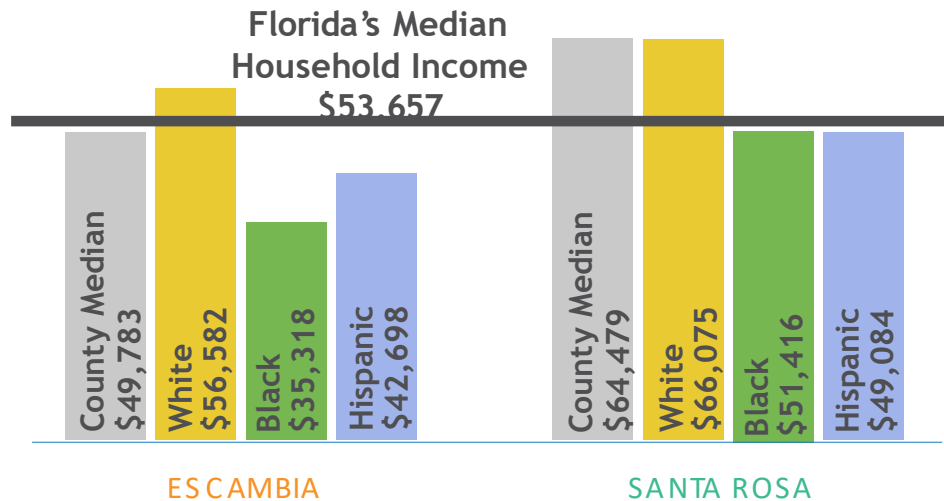
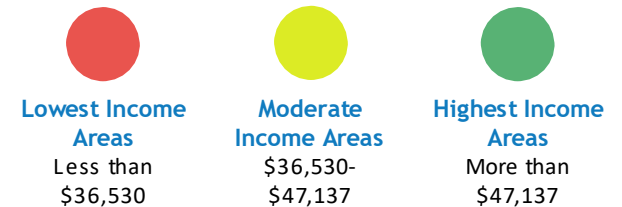
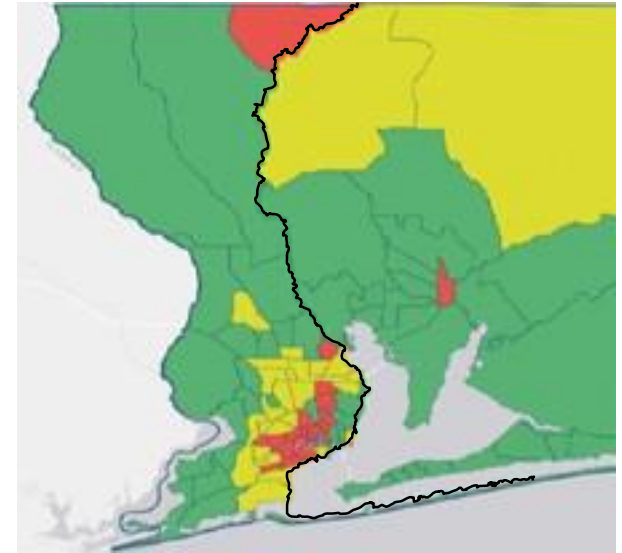
Compared to Florida...

...Escambia County's median household income is 7% less; the median home value is \$50K less.

Compared to Florida...

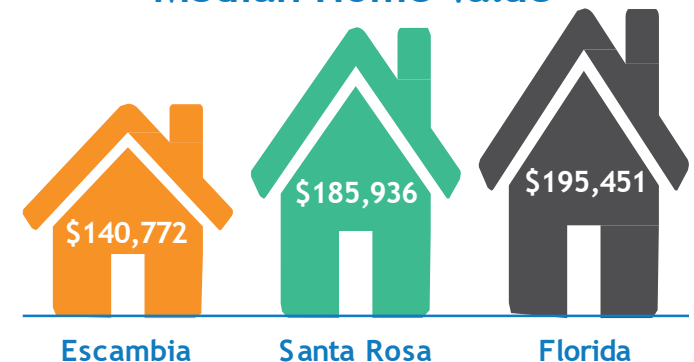
...Santa Rosa County's median household income is 20% greater; the median home value is only \$10K less.

Median Household Income



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

Median Home Value



POVERTY

Compared to Florida...

...the poverty rate in Escambia County is slightly less.

HEALTH
DISPARITY

in ESCAMBIA, the
black poverty rate is
2.5 times greater
than the white poverty rate.

Compared to Florida...

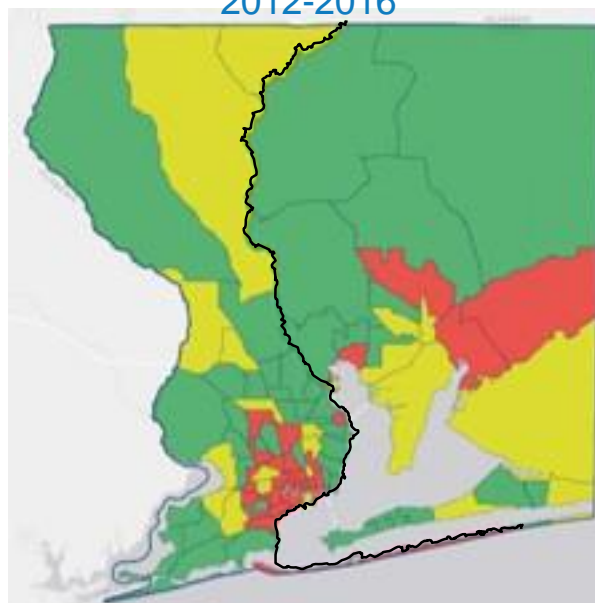
...the poverty rate in Santa Rosa County is significantly less than Escambia's.

HEALTH
DISPARITY

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

Children living in Poverty

2012-2016



Highest Rates
More than 34.3%



Moderate Rate
18.9% - 34.3%



Lowest Rate
Less than 18.9%

QUICK FACT

Federal Poverty Level (FPL) is an economic measure that is used to decide whether the income level of an individual or family qualifies them for certain federal benefits and programs. The FPL for a family of three is a household income of \$20,420.

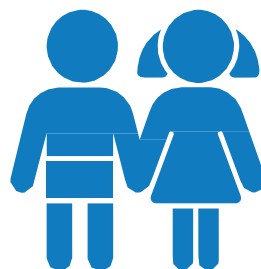
28.0%

ESCAMBIA

19.3%

SANTA ROSA

of children (0-4) live in poverty



7.1%

ESCAMBIA

6.5%

SANTA ROSA

of seniors 65+ live in poverty



EMPLOYMENT AND EDUCATION

Compared to Florida...
...the white-collar employment is slightly worse while educational attainment is lower in Escambia county.

Compared to Florida...
...the white-collar employment rate is slightly better while educational attainment is greater in Santa Rosa County.

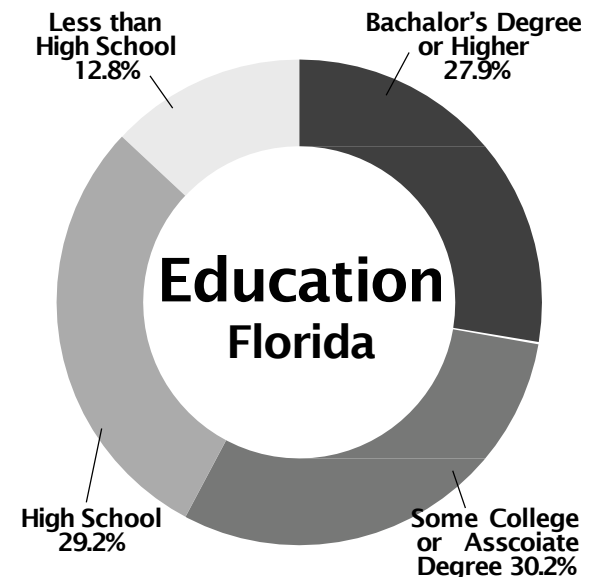
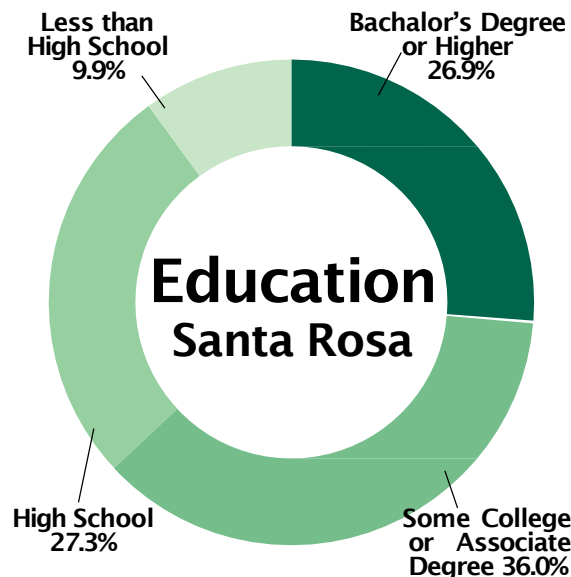
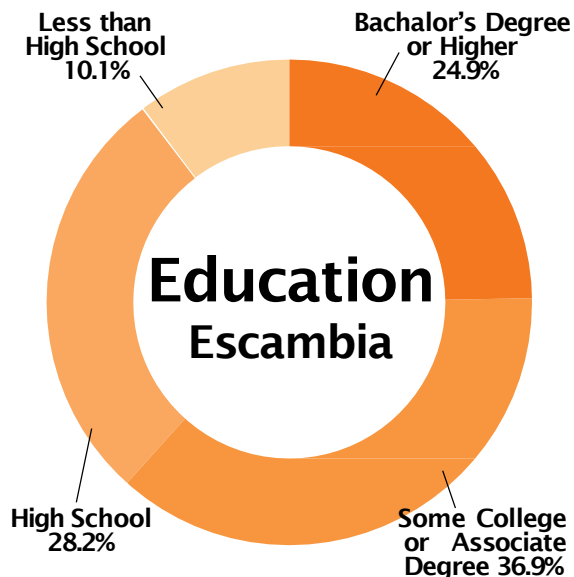
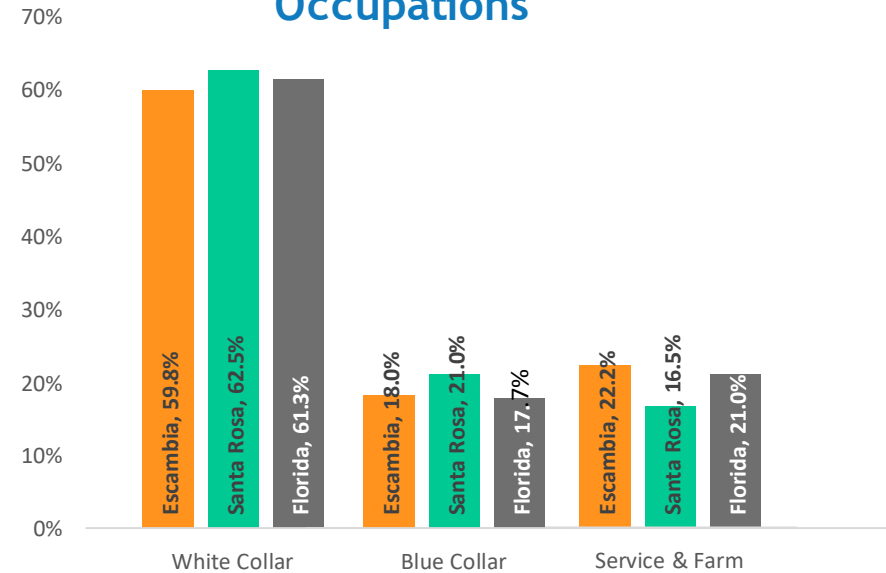
7.5%
ESCAMBIA

6.9%
SANTA ROSA

7.6%
FLORIDA

Unemployment Rate January 2018

Occupations





Public Art Mural in Downtown Milton
courtesy of Jenea Wood

Framework

Many health and community organizations in our area are required by accrediting bodies or regulatory agencies to conduct periodic community health assessments. For example, to retain accreditation, the Florida Department of Health must assess health status within each county every five years, while the Internal Revenue Service requires not-for-profit hospitals to identify and address community health needs every three years. In most communities, these assessments overlap each other in time, people involved, and content. This duplication results in the creation of narrowly-focused assessments and unaligned health improvement efforts.

In 2015, the Centers for Disease Control and Prevention (CDC) recommended communities adopt a “unified community health improvement framework supporting multiple stakeholders.” The CDC’s approach encourages hospitals, health departments and other community organizations to work together to identify and address community health needs. This approach was embraced by Live Well Partnership in the current 2019 CHNAs, as well as all previous assessments.

To achieve a unified community health improvement framework, it was necessary to adopt a methodology that would meet the

accrediting and/or regulatory requirements of all participants. The methodology adopted for the 2019 CHNA melds components from leading health industry experts into a cohesive process that participating organizations could embrace. The methodology adopted by Live Well Partnership is based on processes recommended by:

- ▶ **Mobilizing for Action through Planning and Partnerships (MAPP)** recommended by the National Association of County and City Health Officials (NACCHO) and used by local health departments
- ▶ **Engaging Patients and Communities in Community Health Assessments** from the Association for Community Health Improvement (ACHI) and the American Hospital Association (AHA) followed by many non-profit hospitals such as Baptist Health Care
- ▶ **Assessing and Addressing Community Health Needs (2015 Edition II)** from the Catholic Health Association (CHA) adopted by Ascension and Ascension Sacred Heart
- ▶ **HCI Community Health Needs Assessment Guide** from Conduent/Healthy Communities Institute (HCI)

Pensacola Beach Pier
courtesy of Jenea Wood

▶ **Community Health Improvement Navigator** from the Centers for Disease Control and Prevention (CDC)

The graphic and steps identified at the right illustrate the methodology adopted for the 2019 Escambia– Santa Rosa Community Health Needs Assessment. Steps 1 through Step 5 are discussed in this report. Step 6 and Step 7 are “Next Steps” which will be undertaken in 2019. Evaluation of progress (Step 8) will occur throughout the next three years and culminate with the development of the next CHNA in 2022.



Step 1: Organize and Plan

- Select Methodology
- Develop time line

Step 2: Identify and Engage Partners and Stakeholders

- Form CHNA Steering Committee

Step 3: Collect and Analyze Data:

- Define and Describe the Community
- Assess Community Themes & Strengths:
 - Community Survey
 - Community Leader Survey & Interviews
 - Resource Mapping
- Assess Forces of Change

- Assess Local Public Health System
- Assess Community Health Status
 - HCI/Conduent Health Data
 - Florida Charts Data

Step 4: Prioritize Issues

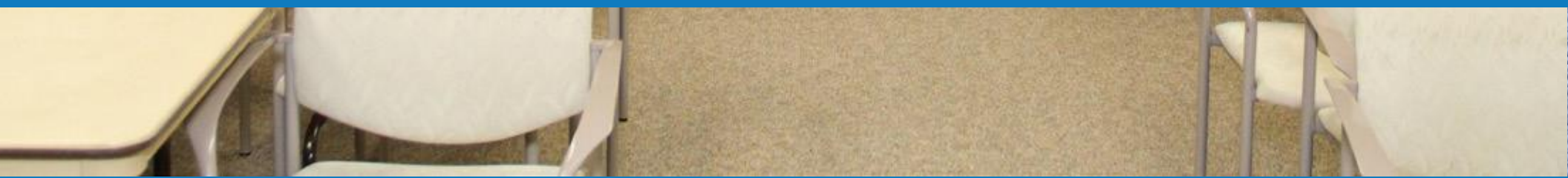
- Review leading causes of death and illness
- Review social determinants of health
- Narrow to 3 or 4 priority health issues

Step 5: Communicate Results

- Publicize results of data analysis
- Publicize priority health issues
- Solicit community feedback
- Issue CHNA Report



The Community Health Needs Assessment (CHNA) Steering Committee



Partners and Stakeholders

An effort was made to involve individuals from many different sectors of the local economy in developing this CHNA. The Live Well Partnership Board, which includes health providers, social service organizations and business interests formed the backbone of the CHNA process. A Steering Committee, consisting of the Live Well Board and other community organizations, was established to provide guidance and input throughout data gathering and analysis. The Steering Committee provided input on their perceptions of health and health services, reviewed health outcomes, narrowed the focus to the top four priorities in each county, and approved this report.

Public Communication

Local hospitals and county health departments participating in the CHNA are required to share the results of the assessment with the public and respond to comments. The prior CHNA (2016 – 2019) was placed on the websites of Live Well Partnership, Florida Department of Health in Escambia and Santa Rosa counties, Baptist Health Care, Ascension Sacred Heart and Community Health Northwest Florida. During the 2016 – 2019 period, no comments or questions were submitted to any of the partners.

The preliminary findings of this CHNA report were communicated in September 2018 through a Pensacola News Journal article and an interview on WUWF radio. Additionally, a document describing the major causes of disease and death, perceptions discovered through surveys, and the selection of the top health priorities were placed on the websites of Live Well Partnership, Community Health Northwest Florida, Florida Department of Health in Escambia, Florida Department of Health in Santa Rosa, Baptist Health Care, and Ascension Sacred Heart. This final CHNA report will also be posted on these websites. The public was invited to provide comments to or ask questions of any of these partners.



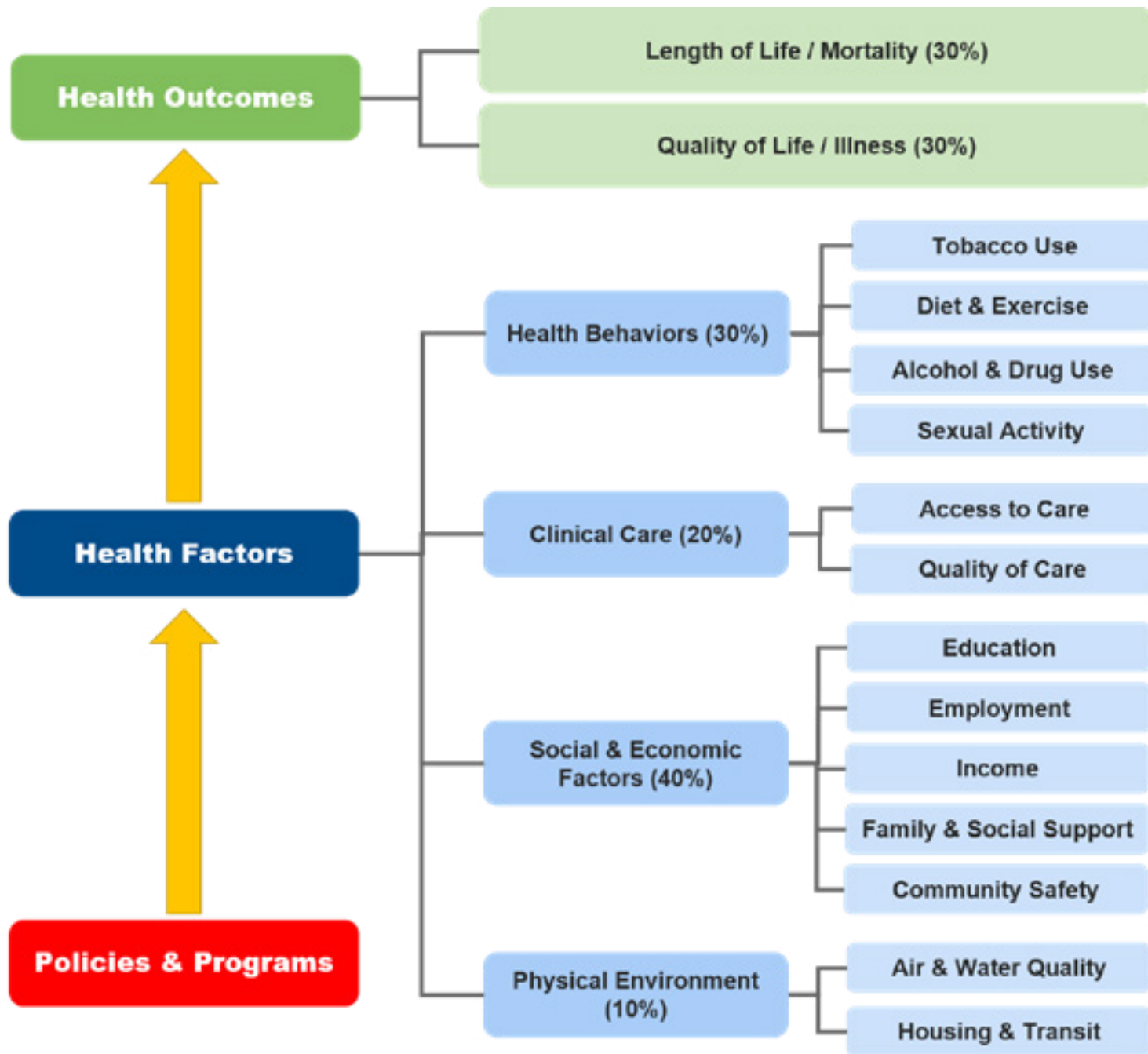


Veteran's Memorial Park in Milton
courtesy of Jenea Wood

Community Health Framework

Health is more than the care you receive from your doctor, treatment at a hospital, or even the medicines you take. Health is affected not only by healthcare services, but also by the environment we live in, by social and economic factors, and by our own behaviors. Factors such as education level, safety of the neighborhood, quality of the air, housing conditions, poverty and employment all affect our health, for either good or bad. These factors are called **social determinants of health**. A collaborative effort between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute (UWPHI) developed County Health Ranking and Roadmaps as a way to measure health within a community by looking at social determinants of health, access to and quality of health care and personal health behaviors. The framework, shown on next page, illustrates the strong influence that **Health Factors** have on illness and death, otherwise known as **Health Outcomes**. **Policies and Programs**, such as the federal Clean Air Act, which limits the amount of harmful cancer-causing agents in our air, or a diabetes prevention program hosted by a hospital or health department, can improve **Health Factors**, and thus lead to lower rates of disease and better **Health Outcomes**.

Live Well Partnership has adopted the County Health Rankings framework. This CHNA looks first at **Health Outcomes** within our community to understand the causes of death, disease and disability. The next step after the CHNA will be to examine the **Health Factors** contributing to poor **Health Outcomes** and **Policies and Programs** that could be changed to improve our health. These issues will be addressed in the 2019 Community Health Improvement Plans.



County Health Rankings Model
© 2014 UWPHI

Data Analysis Sources and Methodology

A comprehensive CHNA includes detailed examination of health and socioeconomic data. The primary source of data for this CHNA was Conduent Healthy Communities Institute (Conduent HCI). Conduent HCI provided approximately 200 key health, economic, and quality-of-life indicators for each county. Additionally, many indicators were available at a zip code or census tract level allowing for a more in-depth view. These indicators were continuously updated ensuring access to the most up to date information.

Conduent HCI compares each indicator to other Florida counties, the Florida average, national average, and when available, Healthy People 2020 targets; it also indicates whether the indicator is improving, worsening or is unchanged.

In addition to Conduent HCI data, data was pulled from other sources, including but not limited to:

- ▶ Florida Department of Health, FloridaHealthCHARTS.com,
- ▶ Agency for Health Care Administration
- ▶ Claritas

The challenge in dealing with thousands of points of data is to turn the data into useful information. That is, what does the data tell us about the health of our community? And, what are the most important health problems to address? Conduent HCI's Data Scoring Tool helped Live Well Partnership make sense of the indicators. The Data Scoring Tool assigned a score for each indicator from one to three along six dimensions:

- ▶ Value compared to Florida,
- ▶ Value compared to the United States,
- ▶ Distribution within Florida,
- ▶ Distribution within the United States, and
- ▶ Trend over time.

Next, the HCI Scoring Tool generated an overall, or Composite Score, for each indicator. Guided by the Composite Score generated by Conduent HCI's Data Scoring Tool, Live Well Partnership identified 24 leading causes of death and illness/disability in Escambia and Santa Rosa Counties. The 24 leading causes of death and illness fell into five major categories: chronic disease, maternal/child health, behavioral health, infectious disease, and unintentional injury.

The 24 leading causes of death, illness, and disability were then further analyzed using a Criteria Weighting Methodology to find the 10 health outcomes of greatest concern within the community. The steps of the Criteria Weighting Methodology were:

- ▶ Priority-setting criteria were established (see table on the following page)
- ▶ Based on secondary or primary data, each health condition was rated 0 to 4 on each criterion, with 0 indicating the condition performed well on that criterion, while a 4 signaled the health condition performed poorly on that criterion
- ▶ Ratings were entered on a matrix
- ▶ Each rating was multiplied by the corresponding criterion weight. Secondary data criteria were weighted as a group at 0.75, while primary data criteria were weighted at 0.25
- ▶ The final score for each health condition was summed, and the top 10 health needs for each county were identified based on the final score

Health Outcomes -

24 Leading Causes of Death, Illness, & Disability

Chronic Disease

- ▶ 4 Heart Diseases
- ▶ 6 Types of Cancer
- ▶ 2 Lung Diseases
- ▶ Diabetes
- ▶ Stroke
- ▶ Oral Health

Behavioral Health

- ▶ Mental Disorders
- ▶ Drug Abuse
- ▶ Alcohol Abuse
- ▶ Alzheimer's Disease

Maternal/Child Health

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

Injury

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

Infectious Disease

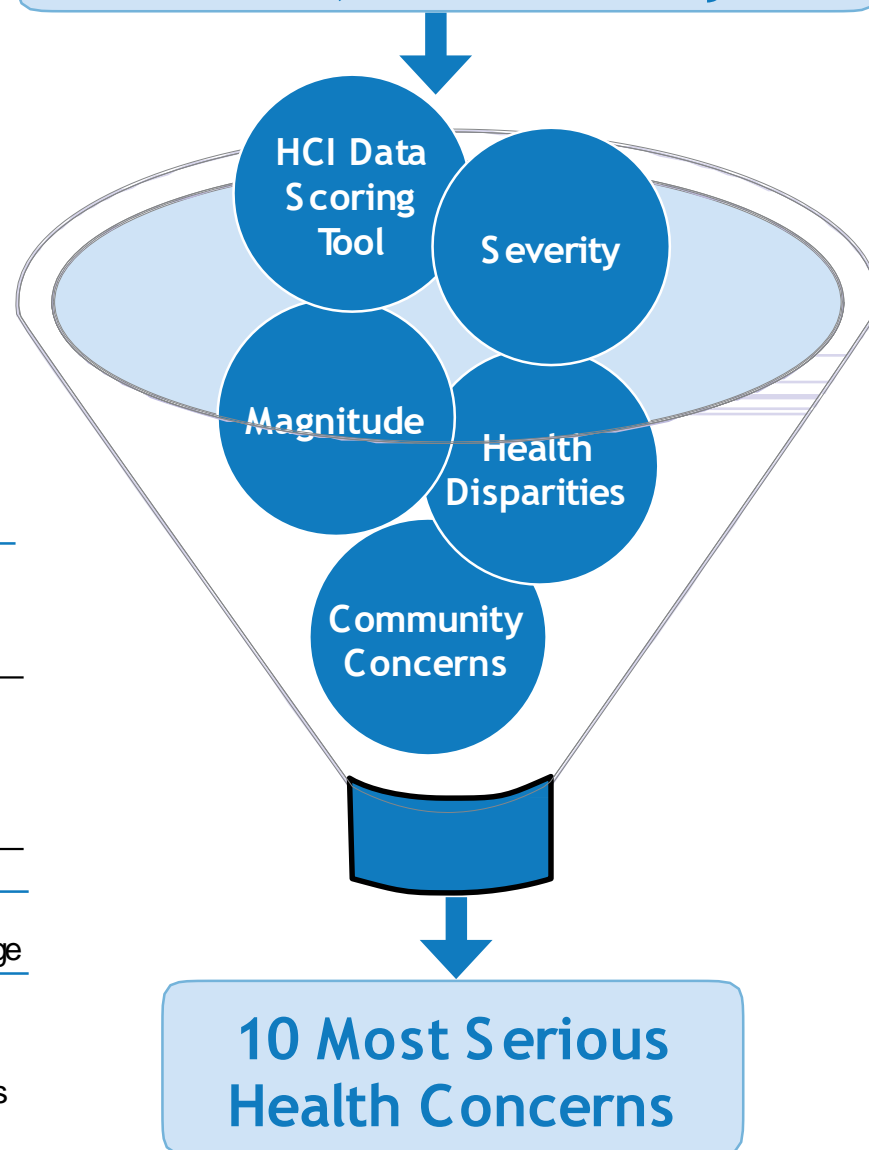
- ▶ Sexually Transmitted Diseases including HIV/AIDS

Priority Setting Criterion

Description

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

24 Leading Causes of Death, Illness, and Disability



Health Outcomes

By applying the weighted priority selection criteria, the 24 leading causes of death and illness were narrowed to top 10 health outcomes of greatest concern in each community. Seven of these outcomes are the same for Escambia and Santa Rosa. Each county also has three health outcomes that are unique to that community.

Top 10 Most Serious Health Concerns

Health Concerns in Escambia County

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

Health Concerns in Santa Rosa County

Heart Disease
Diabetes
Heart Attack
Infant Health
Lung Cancer
Mental Health
Stroke
Alcohol Abuse
Drug Abuse
Prostate Cancer

Data Analysis Sources

The following pages summarize the results of the data analysis process. Data was collected from the following sources:

- Florida Department of Health, FLHealthCHARTS, flhealthcharts.com/charts/Default.aspx
- Florida Department of Health, FLHealthCHARTS, 2016 Behavioral Risk Factor Surveillance Survey, flhealthcharts.com/charts/Brfss.aspx
- Florida Agency for Health Care Administration, Quarter 4 2016 – Quarter 3, 2017, inpatient and outpatient ED data, Escambia County and Santa Rosa County
- HCI/Conduent Community Dashboard, livewellnwfl.org/the-data?hcn=CommunityDashboard
- Years Productive Life Lost calculated based on an average life span of 74.5 years
- Florida Department of Health, FLHealthCHARTS, Florida Death Query, flhealthcharts.com/FLQUERY/Death/DeathRate.aspx
- Florida Department of Health, FLHealthCHARTS, 2016 Florida Youth Substance Abuse Survey, flhealthcharts.com/charts/Default.aspx



River Walk in Downtown Milton
courtesy of Jenea Wood

Top 10 Health Concerns in Both Escambia and Santa Rosa



Heart Disease

a *LEADING CAUSE* of Hospitalizations

2015 - 2017

1,539

RESIDENTS

DIED

in our two
county area



8,571
YEARS

of
POTENTIAL
LIFE
LOST

2016

7.0%

SANTA ROSA

3.8%

ESCAMBIA

versus

4.7% FLORIDA

of adults have been told they have heart disease



Trend is
IMPROVING

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

Heart Attack

2015 - 2017

460

RESIDENTS

DIED

in our two
county area



3,081
YEARS

of
POTENTIAL
LIFE
LOST

2016

6.6%

SANTA ROSA

3.9%

ESCAMBIA

versus

5.2% FLORIDA

of adults have been told they have had a heart attack

HEALTH
DISPARITY

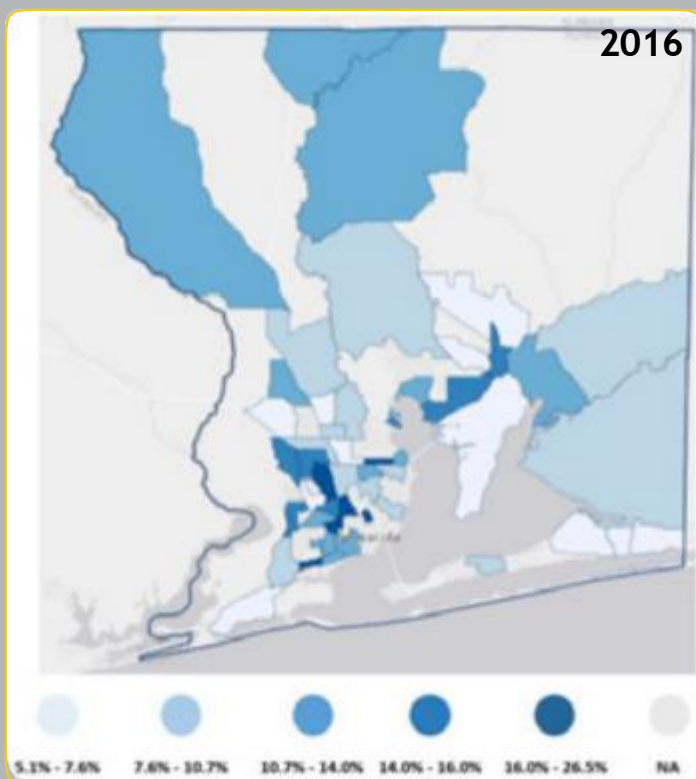
2015 - 2017
in SANTA ROSA, blacks are
1.5x more likely to die from
a heart attack than whites

Top 10 Health Concerns in Both Escambia and Santa Rosa



Infant Health (0-364 days of life)

Babies with Low Birth Weight



2015 - 2017
1,700
LOW
BIRTHWEIGHT
BIRTHS
under 5 lbs, 8 oz.

2015 - 2017
2,143
PRETERM
BIRTHS
before 37 weeks

2015 - 2017

119

INFANTS
DIED

in our two
county area

8,866
YEARS

= of
POTENTIAL
LIFE
LOST

2015 - 2017
4.5 SANTA ROSA
versus
7.9 ESCAMBIA
6.1 FLORIDA
infant deaths per 1,000 births

**HEALTH
DISPARITY**

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

Top 10 Health Concerns in Both Escambia and Santa Rosa



Diabetes

2015 - 2017

404

RESIDENTS

DIED

in our two
county area



3,556
YEARS

of
POTENTIAL
LIFE
LOST

2016

13.7%

SANTA ROSA

versus

16.4%

ESCAMBIA

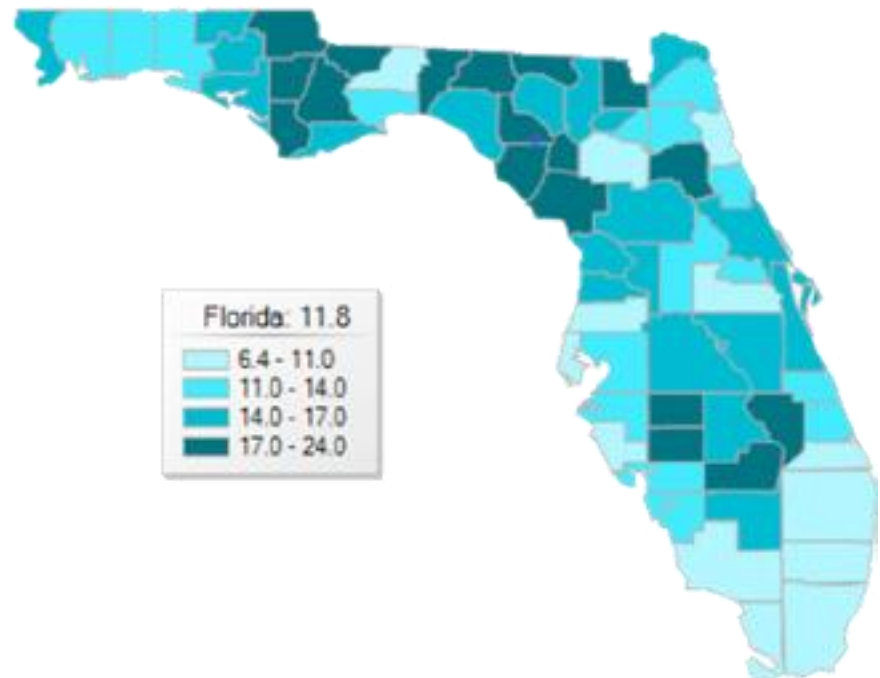
11.8% FLORIDA

adults who have been told they have diabetes

**HEALTH
DISPARITY**

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

2016 Percent of Adult Population Diagnosed with Diabetes



1,700+
ER VISITS
are due to
DIABETES
2017



Trend is
WORSE

Top 10 Health Concerns in Both Escambia and Santa Rosa



Lung Cancer

2015 - 2017

893

RESIDENTS

DIED

in our two
county area



6,646
YEARS

of
POTENTIAL
LIFE
LOST

2015 - 2017

44.9

SANTA ROSA

52.8

ESCAMBIA

versus

38.6

FLORIDA

Lung Cancer rate per 100,000 population

Highest Rates

87.3

WHITE MALES

per 100,000 population in

ESCAMBIA



Trend is
IMPROVING



Mental Health

2017

5,900
ER VISITS

for

MENTAL DISORDERS

excluding drug- or
alcohol- related

2017

6,630
HOSPITALIZATIONS

for

MENTAL DISORDERS

excluding drug- or
alcohol- related

2016

15.3%

SANTA ROSA

11.3%

ESCAMBIA

versus

9.7

FLORIDA

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

2016

20%

SANTA ROSA

18.1%

ESCAMBIA

Adults have been told they have a depressive disorder

Top 10 Health Concerns in Both Escambia and Santa Rosa



Stroke

2015 - 2017

733

**RESIDENTS
DIED**
in our two
county area



3,244

YEARS

**of
POTENTIAL
LIFE
LOST**

2016

4.6%

SANTA ROSA

4.9%

ESCAMBIA

versus

3.5%

FLORIDA

adults who have been told they ever had a stroke

Death from stroke

50% HIGHER

for blacks in
ESCAMBIA

2015-2017

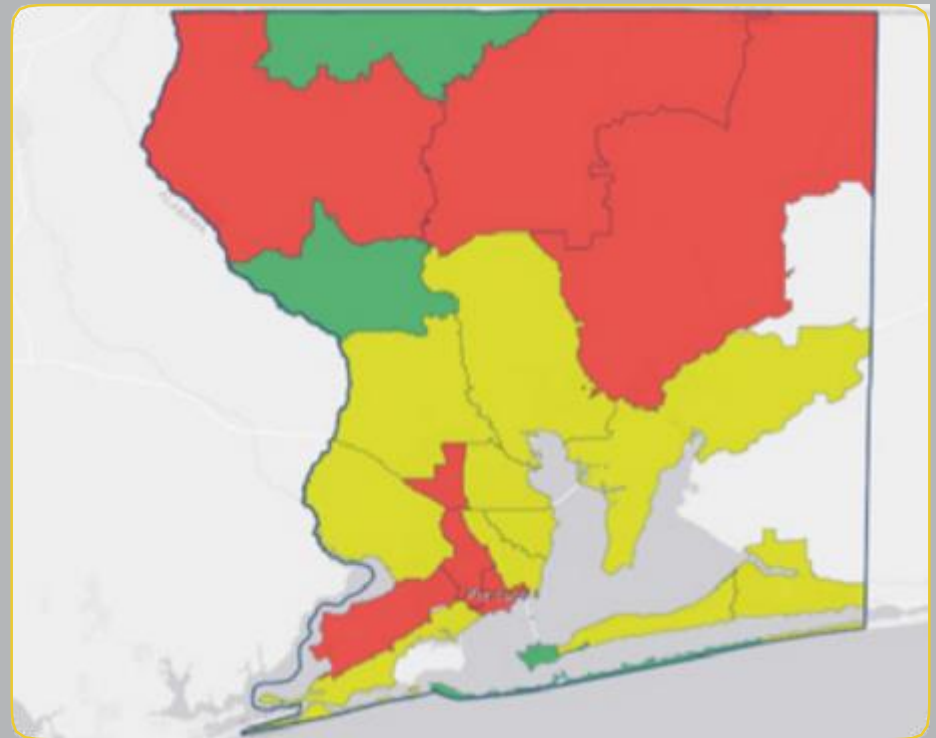
4,922

HOSPITALIZATIONS

due to stroke

in both counties

Age Adjusted Death Rate Due to Stroke



Worst

More than 50.5
deaths / 100,000

Moderate

39.4 – 50.5
deaths / 100,000

Best

Less than 39.4
deaths / 100,000



Trend is
WORSE for
Santa Rosa



Trend is
IMPROVING
for Escambia



Annual Seafood Run
courtesy of FDOH-Escambia

Top 10 Health Concerns in Escambia Only



STD's

2015 - 2017
43
RESIDENTS
DIED
from HIV



979
YEARS
of
POTENTIAL
LIFE
LOST

2017
958 **versus** **653**
ESCAMBIA FLORIDA
chlamydia, gonorrhea and syphilis infection rate/100,000

HEALTH
DISPARITY

2017
Gonorrhea infection rates
among blacks are **8 times**
that of whites

2015 -
2017

6,139
Chlamydia
cases

2,152
Gonorrhea
cases

165
New HIV
cases

Top 10 Health Concerns in Escambia Only



Injury

2015 - 2017

449

**RESIDENTS
DIED**

from unintentional
injuries of all types

=

**YEARS
of
POTENTIAL
LIFE
LOST**

11,851

2015 - 2017

189

**RESIDENTS
DIED**

from SUCIDES

=

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

2015 - 2017

139

**RESIDENTS
DIED**

MOTOR VEHICLE
ACCIDENTS

=

**3,188
YEARS
of
POTENTIAL
LIFE
LOST**

Top 10 Health Concerns in Escambia Only



Child Health 1 to 5 years

2015 - 2017
21
CHILDREN
DIED
in Escambia



1,521
YEARS
of
POTENTIAL
LIFE
LOST

2014-2016

53,918
ER VISITS
for children
age 0-5

2014-2016

24.3*
for children
age 1-5
receive
mental health
services
*rate per 1000

2015-2017

37.8
Escambia

versus

26.6
FLORIDA

Death rate per 100,000 children

2015-2017

48% of CHILD
DEATHS
are from unintentional injuries

HEALTH
DISPARITY

Black child mortality from
unintentional injury is
3X GREATER
than for white children



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

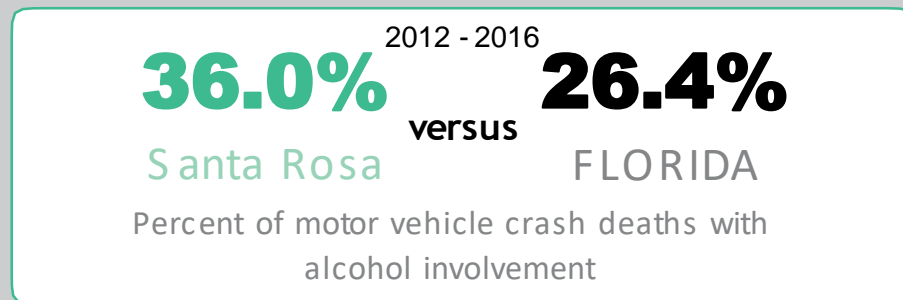
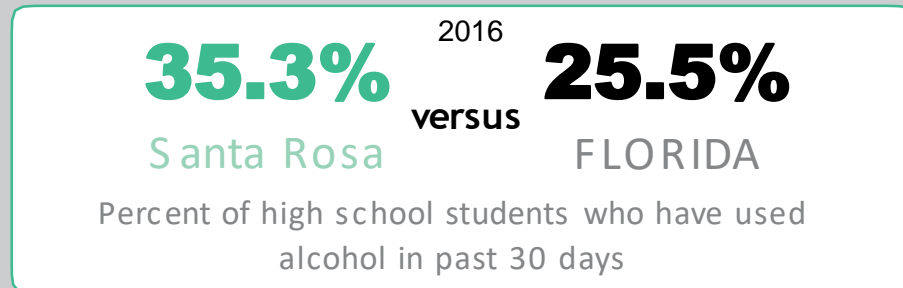
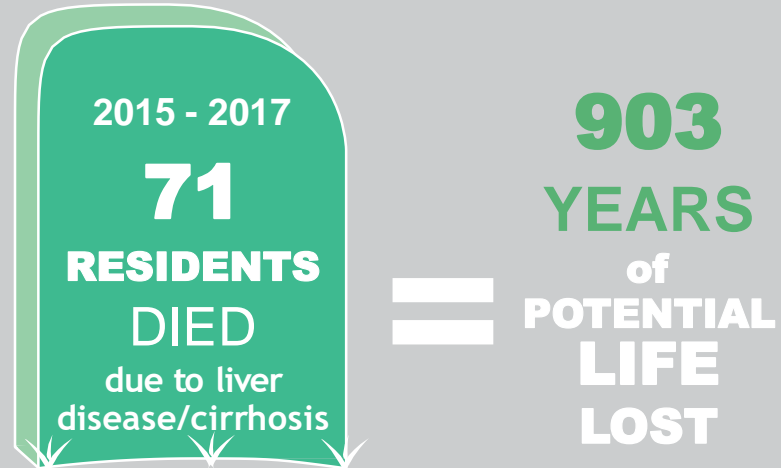


Historic Pensacola Beach sign in Gulf Breeze
courtesy of Jenea Wood

Top 10 Health Concerns in Santa Rosa Only



Alcohol-Use Related Conditions



Top 10 Health Concerns in Santa Rosa Only



Drug-Related Conditions



Trend is WORSE
and
ACCELERATING

2015 - 2017
69
RESIDENTS
DIED
due to drug
poisoning



1,956
YEARS
of
POTENTIAL
LIFE
LOST

2016
1.2% versus **0.8%**
Santa Rosa FLORIDA
Teens who have used methamphetamines

2017
108.0 versus **92.6**
Santa Rosa FLORIDA
Emergency Room use rate due to
substance abuse/100,000 population



Historic Milton

Historic Post Office in Downtown Milton
courtesy of Jenea Wood

Top 10 Health Concerns in Santa Rosa Only



Prostate Cancer

2015 - 2017
Prostate
Cancer Claimed
39
LIVES
in Santa Rosa

=

128
YEARS
of
POTENTIAL
LIFE
LOST

**HEALTH
DISPARITY**

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

2016
51.2% **54.9%**
Santa Rosa **versus** FLORIDA
Men who have had a PSA test in past 2 years

DID YOU KNOW?

A PSA test is a test that measures the levels of the protein in the blood. The results are typically given in nanograms of PSA per milliliter of blood (ng/mL). A measurement of 4 ng/mL is considered to be normal, but this baseline changes with age. As a man ages, his PSA levels naturally rise.

www.cancer.gov/types/prostate/psa-fact-sheet



Public Art by James Priddy across from the Historic Imogene Theater in Downtown Milton
courtesy of Jenea Wood



5-2-1-0 Day of Play
courtesy of Jenea Wood

Community Survey

More than 2,200 residents of Escambia and Santa Rosa counties were surveyed in the spring of 2018 about their perceptions of health and health care services. The survey was conducted on-line as well as by paper. A concerted effort was made to include individuals from a broad cross-section of the population. This included outreach efforts to obtain the perceptions of vulnerable populations, such as low income, minority, and health care insecure residents (shown in the table below).

Vulnerable Populations	Escambia	Santa Rosa	Total
Less than High School Education	6.3%	9.5%	7.6%
Income less than \$15,000	20.8%	22.3%	21.4%
Uninsured	20.5%	36.9%	27.3%
Black or African American	31.5%	4.9%	20.5%
Hispanic	4.8%	6.2%	5.4%
Disabled	5.6%	4.3%	5.1%
Unemployed	5.4%	9.6%	7.2%

Responses were remarkably consistent across the two counties and between all respondents. This was particularly true for the questions regarding important health issues and unhealthy behaviors. Obesity, mental health, and heart disease/stroke were important issues within both counties. Drug abuse, poor eating habits, and not seeing a doctor or dentist were unhealthy habits of high concern for all respondents.

Vulnerable populations differed from other respondents in two ways. First, vulnerable respondents were concerned with dental health, while for all respondents, diabetes fell into the top four most important health issues. This may reflect the difficulty that the uninsured or under-insured have in accessing physician and dental services. Vulnerable respondents ranked child abuse in the top four unhealthy behaviors, while overall responses included lack of exercise among the top four.

Most Important Health Problems

All Respondents	Vulnerable Population
<ul style="list-style-type: none"> • Overweight/ Obesity • Mental Health Problems • Heart Disease/ Stroke • Diabetes 	<ul style="list-style-type: none"> • Overweight/ Obesity • Mental Health Problems • Heart Disease/ Stroke • Dental Problems

Question: "What do you think are the most important health issues in your County? (That is, what are the problems that have the greatest impact on overall health?) Select 4."

Most Concerning Unhealthy Behaviors

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

Question: "Which of the following unhealthy behavior in the community concern you the most? (That is, which behaviors have the greatest impact on health within the community?) Select 4."

33 Community Leaders

24% Healthcare
24% Business
21% Social Service or Charitable
15% Government
12% Education
3% Faith-based

65% serve both
Escambia and Santa Rosa

21% Escambia only

15% Santa Rosa only

Community Leader Survey

Community leaders were also surveyed using a similar questionnaire to the community survey. A total of 33 leaders participated in the on-line survey. The leaders shared many of the same concerns as voiced in the community survey. As with the community survey, leaders identified obesity, mental health, and diabetes as the most important health issues. Leaders also shared the community's concern that poor eating habits, lack of exercise and drug abuse were unhealthy behaviors. Leaders, however, differed from the community in ranking drug abuse in the top four most important health issues facing residents and in ranking tobacco use among the top unhealthy behaviors.

Most Important Health Problems

Leader Survey

- Mental Health Problems
- Overweight/Obesity
- Drug Abuse
- Diabetes

Most Concerning Unhealthy Behaviors

Leader Survey

- Poor Eating Habits
- Lack of Exercise
- Tobacco Use
- Drug Abuse



City of Milton Downtown Fountain
courtesy of Jenea Wood

Forces of Change Assessment

The CHNA Steering Committee participated in a process to identify the Forces of Change at work within our community. The purpose of this assessment was to answer two questions:

- ▶ What is occurring or might occur that affects the health within Escambia and Santa Rosa counties?"
- ▶ What specific threats or opportunities are generated by these occurrences?

Through a facilitated consensus building methodology, the Steering Committee identified the five most compelling forces at work in our two-county community. The themes of Community Schools and the Faith Community represent promising approaches to health improvement, while the other three forces reflect issues of grave concern that should be addressed.

Community School

Health related services for students, their families and surrounding neighborhoods are made available within a school. C.A. Weis Elementary in Escambia is a local example.

Health Literacy

Health literacy is the ability to understand basic health information and services needed to make appropriate health decisions, such as following doctor's orders, taking medicine as prescribed, or knowing how to access services.

Drug Abuse

Drug abuse is the overindulgence in or dependence on drugs or alcohol. It does not necessarily mean addiction to the substance.

Access to Appropriate Level of Care

The ability to obtain health care in a timely manner at lowest appropriate level. Access may be limited due to no or inadequate insurance, few close-by providers, transportation difficulties, or high out-of-pocket deductibles.

Faith Community

Many faith-based organizations actively engage their members on health issues or health screening and are an asset in improving community health.

After identifying the five major forces of change, the CHNA Steering Committee explored the threats and opportunities posed by each.

Community School	Health Literacy	Substance Abuse	Access to Appropriate Care	Faith Community
<p>THREATS</p> <ul style="list-style-type: none"> • Building trust with neighborhood • Financial sustainability • Resistance to change from faculty and parents • Preference for status quo in education and healthcare • Lack of space • Not scalable-lack of adequate Staff <p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Pilot provides model to follow • Better health leads to better educational outcomes • Access to appropriate level of care for low income, transportation disadvantaged families • Address behavioral health issues • Faculty and parental support/engagement 	<p>THREATS</p> <ul style="list-style-type: none"> • Health system complexity • Cultural literacy of providers • Fear and mistrust • Use of Internet for self-diagnosis • Miscommunication between provider and patient • Generational influence on behavior <p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Provider training on culture and appropriate communication • Patient education • Partnership with faith-based to educate members • Use of navigators • Use internet, social media, and mobile devices to educate • Medical home • Telemedicine 	<p>THREATS</p> <ul style="list-style-type: none"> • Increasing social acceptance • Limited treatment options, particularly for low income or under-insured • Stigma • Denial or commitment to change • Mental health co-morbidity • Peer pressure • Dysfunctional families <p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Public awareness of opioid crises • Improved screening, intervention and treatment (SBIRT) • Potential for increased funding • Range of treatment options • Early education (K-2) • Better community education 	<p>THREATS</p> <ul style="list-style-type: none"> • Poverty • Transportation issues • Poor geographic dispersion of providers • Transactional care • Misuse of emergency ER and ambulances • Low health literacy • High deductibles • Medicaid reductions • Mixed messages from hospitals that advertise short wait times <p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Medical homes • Taking services into communities of need • Dental van • Better transportation • Education on resources availability • Improved health literacy • Better coordination of care and information sharing • Telemedicine • Education and prevention 	<p>THREATS</p> <ul style="list-style-type: none"> • Volunteer led <ul style="list-style-type: none"> -Too few volunteers -Limited time • Limited resources • Communication and information sharing • Duplication of services • Lack of coordination between churches <p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Know and have trust of community • Faith models available to follow • Provide them with education and training to meet health needs of parishioners • Do a pilot with a congregation



Pensacola Lighthouse
courtesy of Elaine Cox

Priority Selection Methodology

It would be impossible to tackle all 10 health issues at the same time across two counties and attain measurable improvement. Addressing a small number of health issues in a coordinated, rigorous manner is more effective than uncoordinated efforts aimed at multiple problems. As the saying goes, “if everything is important, then nothing is.”

Identifying a few priorities will allow our community to concentrate limited resources to achieve the greatest impact on what is most important. A Relative Worth Methodology was used to select the top three health issues that jointly effect both counties and an additional issue in each county that is unique to it. The CHNA Steering Committee, which is comprised of 38 health, social service, business and governmental entities, participated in the prioritization process. The Steering Committee represents a cross-section of organizations and individuals with experience and knowledge of the health problems across our two-county community. The steps in the Relative Worth Method are as follows:

- ▶ Prior to voting, the Steering Committee received a detailed presentation on the results from the community survey,

key leader survey and data analysis and discussed the findings

- ▶ Participants were initially given three votes
- ▶ Criteria for consideration during voting included magnitude of the problem and existence of health disparities
- ▶ Participants distributed their votes among the seven health conditions that impact both counties
- ▶ Participants were next given two additional votes and were instructed to vote for one health need that is unique to Escambia and one health need unique to Santa Rosa
- ▶ The health concerns with the greatest number of votes were selected as the top priorities for the community
- ▶ This was followed by discussion and consensus building around the priorities

Priorities - Focusing on What's Important

The prioritization process gives clear direction on what health outcomes are most important for our community to address over the next three years. Diabetes, infant health, and mental health are priorities for both Escambia and Santa Rosa, while child health is a priority for Escambia and drug abuse is an urgent concern in Santa Rosa.

BOTH COUNTIES

Diabetes
Infant Health
Mental Health

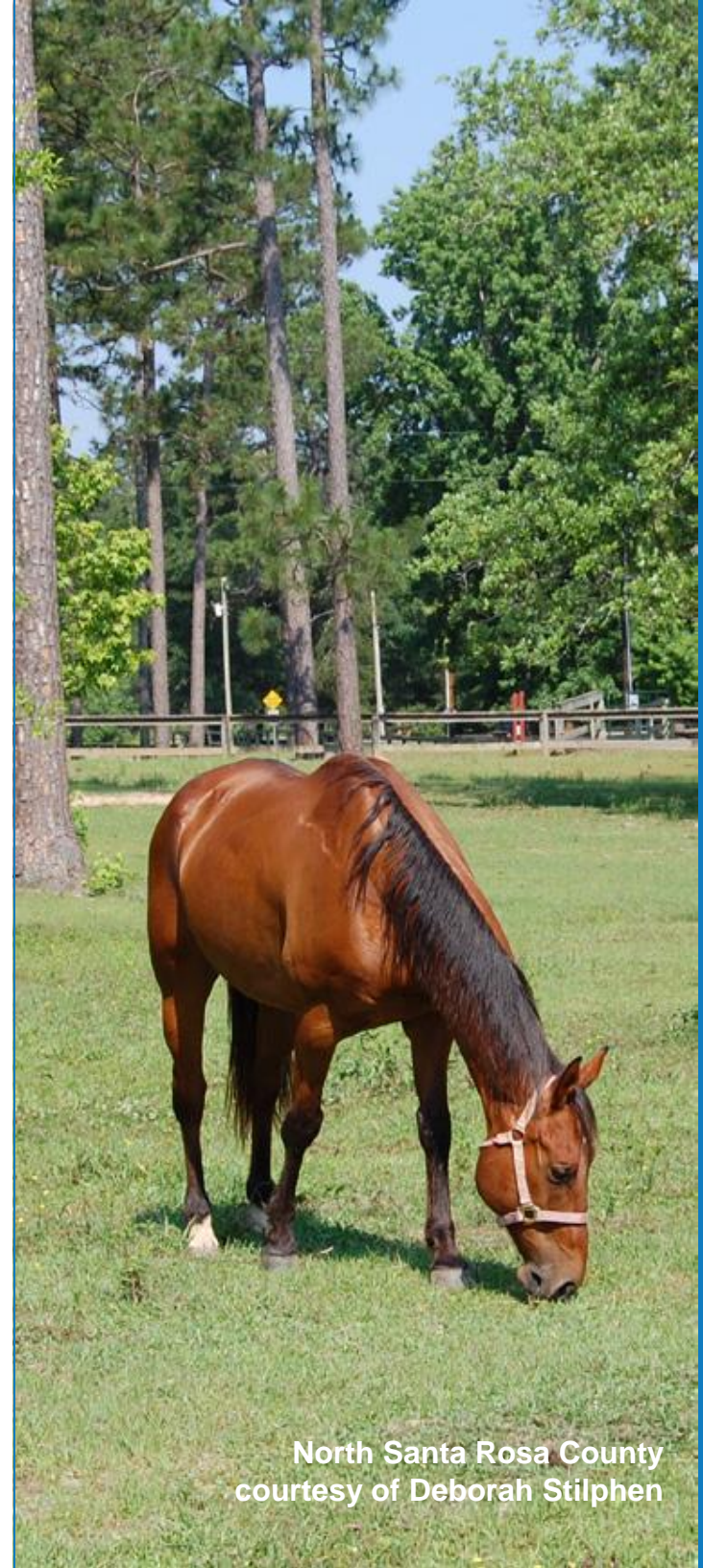
ESCAMBIA

and

Child Health

SANTA ROSA

Drug Abuse



North Santa Rosa County
courtesy of Deborah Stilphen

Conclusions

The County Health Rankings framework, which depicts how health factors within a community determine the quality and length of life of residents, guided this CHNA process and helped to organize our findings. Through analysis of statistical data and the collection of primary data, the CHNA:

- ▶ Identified the top 10 causes of disease, disability and death within Escambia and Santa Rosa counties;
- ▶ Found that behaviors that lead to obesity or that involve use of drugs and tobacco are of high concern among residents;
- ▶ Ascertained that mental health, dental care, elderly services and drug abuse treatment are difficult to obtain due primarily to poor geographic distribution of services and affordability;
- ▶ Confirmed that vulnerable populations seek routine care from hospital emergency rooms;
- ▶ Mapped local health resources related to health priority areas;
- ▶ Identified the top four zip codes with highest rates of poverty and other socioeconomic needs that are associated with poor health outcomes; and,
- ▶ Discovered that a lack of adequate transportation is a barrier to health care throughout the two-county area.

These conclusions and other information informed the selection of the top health priorities, which are:

- ▶ Diabetes (both counties)
- ▶ Infant Health with a focus on infant mortality (both counties)
- ▶ Mental Health (both counties)
- ▶ Child Health (in Escambia)
- ▶ Drug Abuse (in Santa Rosa)

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

HEALTH OUTCOMES		MAJOR FINDINGS	HEALTH PRIORITIES
TOP 10 Health Outcomes		Heart Disease Diabetes Heart Attack Infant Health Lung Cancer Mental Health Conditions Child Health (<i>only Escambia</i>) STD's (<i>only Escambia</i>) Unintentional Injuries (<i>only Escambia</i>) Alcohol-Related Disease/Deaths (<i>only Santa Rosa</i>) Drug Use-Related Disease/Deaths (<i>only Santa Rosa</i>) Prostrate Cancer (<i>only Santa Rosa</i>)	<u>Both Counties</u> Diabetes Infant Health Mental Health <u>Escambia</u> Child Health <u>Santa Rosa</u> Drug Abuse
HEALTH FACTORS	Health Behaviors	Poor Eating Habits Lack of Exercise Drug Use Tobacco Use	
	Clinical Care	Not Seeing a Doctor or Dentist Access to Appropriate Level of Care/ Use of ER for Basic Care Availability of Mental Health Services Availability and Affordability of Substance Abuse Care Availability of Dental Care Availability of Services for Seniors Identification of Community Health Resources	
	Social & Economic Factors	Areas with Highest Socioeconomic Need that Impacts Health: 32501 32505 32535 32583 Lack of Health Insurance/Health Insurance Affordability Low Health Literacy Affordability of Healthy Food/Food Insecurity	
	Physical Environment	Transportation to Services	



Downtown Milton
courtesy of Jenea Wood



Veteran's Memorial Park in Milton
courtesy of Jenea Wood

Community Health Improvement Plan

Identification of community health priorities is the final step in the development of this CHNA report to the community. However, it is the beginning of a community-wide, collaborative effort to improve the health of Escambia and Santa Rosa residents. In early 2019, Work Groups will be formed for each health priority to develop a Community Health Improvement Plan (CHIP). Each CHIP Work Group will be responsible for:

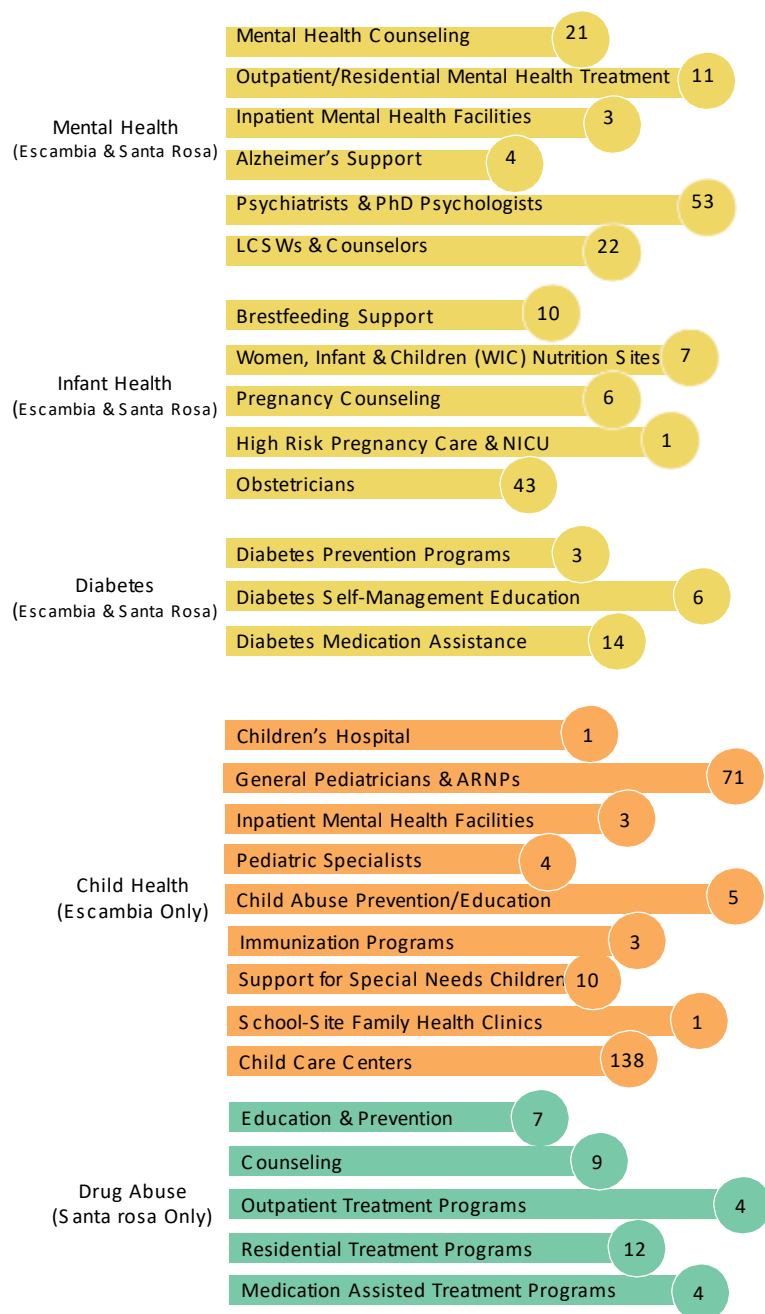
- ▶ Exploring in greater depth the Health Factors contributing to increased rates of death and disease,
- ▶ Establishing the desired goals and the strategies for reaching the goals,
- ▶ Creating action plans detailing the specific action steps that will occur over the next three years, and
- ▶ At least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



Community Resources

Many extraordinary healthcare providers and service organizations serve Escambia and Santa Rosa residents. These organizations form the backbone of our local public health system and are crucial partners in addressing priority health issues. Many of these organizations will be asked to participate in developing goals and strategies and implementing the action plans. To get a sense of what organizations exist as potential community health partners in the next phase, Live Well Partnership has identified healthcare and community resources. This preliminary asset inventory will be expanded upon during the next step.

Escambia and Santa Rosa Health Care Facilities



Emergency Medical Services

- Baptist Life Flight
- Escambia County EMS
- LifeStar Ambulance (Santa Rosa County)

Florida Department of Health

- Escambia County
 - Downtown Pensacola
 - Fairfield
 - Molino
 - Navy Hospital, WIC Clinic
 - Northside
- Santa Rosa County
 - Jay
 - Milton
 - Midway

Hospice

- Covenant Care, Inc.
- Emerald Coast Hospice
- Regency Hospice of Northwest Florida
- Vitas Healthcare

Hospitals

- Baptist Health Care, Inc.
 - Baptist Hospital
 - Gulf Breeze Hospital
 - Jay Hospital
- Ascension Sacred Heart
 - Ascension Sacred Heart Pensacola
 - Studer Family Children's Hospital at Ascension Sacred Heart
 - Women's Hospital at Ascension Sacred Heart
- Santa Rosa Medical Center
- West Florida Healthcare
 - Rehabilitation Institute
 - West Florida Hospital

Needs-Based Clinics

- Community Health Northwest Florida
 - 12th Avenue Pediatrics
 - Airport (First Step Pediatrics)
 - CA Weis Elementary Community School
 - Cantonment Medical Center
 - Cantonment Pediatrics and Pediatric Dental Clinic
 - Healthcare for the Homeless
 - Lakeview Medical Pediatric and Adult Clinic
 - Milton
 - West Jackson Street
 - Women's Care
- Health and Hope Clinic
 - Downtown Pensacola
 - Olive Road
- Good Samaritan Clinic, Gulf Breeze
- Our Lady of Angels St Joseph Medical Clinic, Medical and Dental Clinic, Downtown Pensacola

Military

- Veterans Affairs, Joint Ambulatory Care Clinic
- Naval Hospital Pensacola

Mental Health/Substance Abuse Facilities

- Baptist Behavioral Health
- Lakeview Center - Avalon Center
- Lakeview Center, Main Campus
- The Friary
- West Florida Healthcare, Pavilion Psychiatric Hospital

Urgent Care

- Baptist Walk-in Care/Urgent Care
 - Airport
 - Navarre
 - Nine Mile Road
 - Pace
- Community Health Northwest Florida, Urgent Care, Jordan Street
- CVS Minute Clinic
 - Cantonment
 - Davis Highway
 - Gulf Breeze
 - Milton
 - Pace
- Pace Primary Care & Walk-in Clinic
- ProHealth Walk-in Clinic
 - Airport
 - Gulf Breeze
- Quality Urgent Care & Wellness, Palafox Street
- Sacred Heart Clinic at Walgreens
 - Navarre
 - Ninth Avenue
 - Pace
 - Pine Forest
- Ascension Sacred Heart Urgent Care
 - Pace
 - Pensacola Boulevard

Acknowledgements

Pace High School NJROTC future pilot in a T-6B flight simulator at Whiting Field courtesy of NAS Whiting Field Public Affairs Office

Partners and Stakeholders

The 2019 Escambia– Santa Rosa Community Health Needs Assessment (CHNA) is the result of a collaborative community-wide effort involving a variety of organizations serving both counties. Live Well Partnership thanks the following for their participation.

CHNA Planning Committee / CHNA Sponsors – responsible for planning, data collection/analysis, communication and report writing

- Brett Aldridge, *Baptist Health Care*
- Myesha Arrington, *Community Health Northwest Florida*
- Amy Barron, *Ascension Sacred Heart*
- Nora Bailey, *Live Well Partnership*
- Paula Bides, *Ascension Florida*
- John Clark, *Council on Aging of Northwest Florida*
- Carter Craddock, *Baptist Health Care*
- Denice Curtis, *University of West Florida*, Usha Kundu, MD, *College of Health*
- Matt Dobson, *Florida Department of Health - Santa Rosa*
- Krystle Fernandez, *Baptist Health Care*
- John Hartman, *University of West Florida*, Usha Kundu, MD, *College of Health*
- Michelle Hill, *Florida Department of Health - Santa Rosa*
- Bethany Miller, *Ascension Sacred Heart*
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- Sandra Park-O'Hara, *Florida Department of Health - Santa Rosa*
- Patrick Shehee, *Florida Department of Health – Escambia*
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- Versilla Turner, *Florida Department of Health – Escambia*
- Debra Vinci, *University of West Florida*, Usha Kundu, MD, *College of Health*

CHNA Steering Committee - responsible for guiding CHNA process, reviewing data, providing feedback and setting priorities

- Achieve Escambia
- Ascension Florida
- Baptist Health Care
- Baptist Hospital
- Children's Home Society of Florida
- Community Clinics Northwest Florida
- Community Drug & Alcohol Council
- Council on Aging of Northwest Florida
- Covenant Care
- Emerald Coast Utility Authority
- Escambia County School District
- Ever'man Cooperative Grocery & Café
- Feeding the Gulf Coast
- FL Department of Children and Families
- Florida Department of Health - Escambia
- Florida Department of Health - Santa Rosa
- Good Samaritan Clinic
- Gulf Breeze Hospital
- Gulf Coast African American Chamber
- Health & Hope Clinic
- Jay Hospital
- J.L. Maygarden Company
- Lakeview Center
- Live Well Partnership for a Healthy Community
- Manna Food Pantries
- Opening Doors Northwest Florida
- Pensacola Bay Baptist Association
- Pensacola News Journal
- Ascension Sacred Heart
- Santa Rosa County
- Santa Rosa County School District
- Santa Rosa Medical Center
- Town of Century
- United Way of Escambia
- University of West Florida
- Walmart
- Waterfront Mission

Evaluation



Blue Angel's Air Show
courtesy of Elaine Cox

Community Feedback

The most recent prior Community Health Needs Assessment (CHNA) was issued in 2016 by Live Well Partnership and its affiliates. Those organizations included Baptist Hospital, Escambia Community Clinics (d.b.a. Community Health Northwest Florida), Florida Department of Health in Escambia, Florida Department of Health in Santa Rosa, Gulf Breeze Hospital, Jay Hospital, and Ascension Sacred Heart Pensacola. The 2016 CHNA was published in print and digital versions. Digital copies of the CHNA and the subsequent Community Health Improvement Plans (CHIP) were posted on the Live Well Partnership site as well as the websites for the above-mentioned partnering providers. Each organization invited public to submit comments, questions, and concerns on the CHNA and CHIP. No comments were received on the 2016 CHNA by any of the participating partners.

Evaluation of Progress Since Prior CHNA

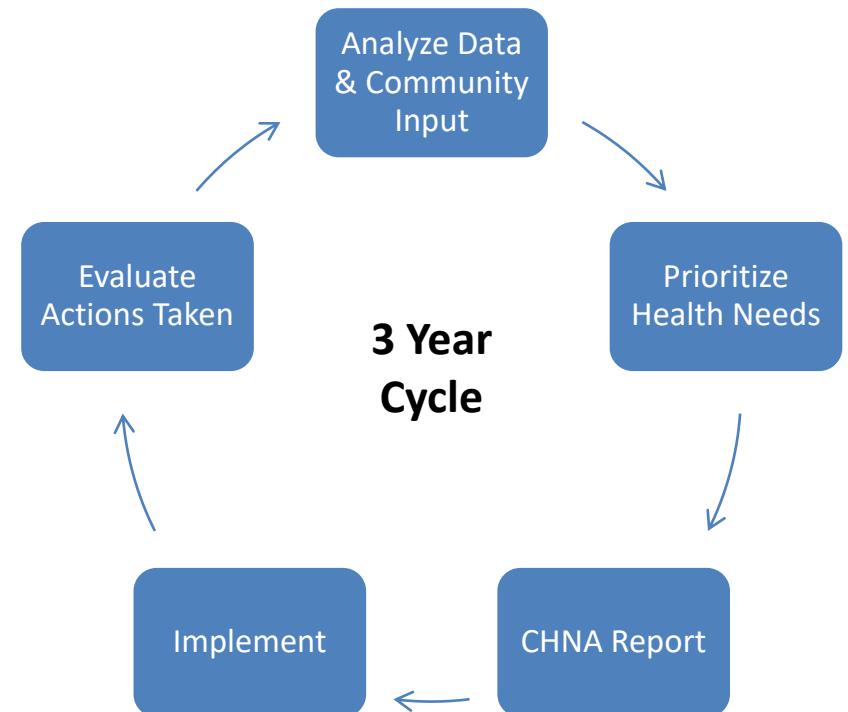
The CHNA process should be viewed as a three-year cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

Priority Health Needs from Preceding CHNA

Ascension Sacred Heart Pensacola's priority health areas for years 2016-2018 were:

- Access to Care
- Healthy Weight
- Tobacco Use

Detailed tables describing the strategies/action steps and indicators of improvement for each of the preceding priority health topics can be found in the following pages.



Prior CHNA Impact Report & Comments

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes.no)	Results, Impact & Data Sources
Access to Care	<ul style="list-style-type: none"> • Host Mission in Motion at church and community sites • Recruit and provide ongoing training Faith Community Nurses • Develop resource tool kit for FCN • Conduct FCN education on AADE seven self-care behaviors • Conduct pre- and post- tests on FCN client understanding of the AADE7 Self Care Behaviors • Develop resource guide and tools for FCN to work with low resourced diabetic patients • Provide medical home referrals and follow up to clients needing more directed care • Encourage health behavior messaging from Parish clergy • Collaborate and host Medical Mission at Home 	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>85 church and community sites in FY18</p> <p>Six trainings per year</p> <p>Developed</p> <p>Education conducted</p> <p>Test administered</p> <p>Disseminated as needed</p> <p>170 referrals, 100 follow-up contacts in FY18</p> <p>Message delivered 5x during FY18</p> <p>Event held in April 2018</p>

Prior CHNA Impact Report & Comments

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Healthy Weight	<ul style="list-style-type: none"> Promote DPP to community, ASHP patients and ASHP associates 	Yes	Press releases, Snips, ASHMG, newspaper ads
	<ul style="list-style-type: none"> Conduct HLC classes in ASH facilities per CDC curriculum 	Yes	Cohort #3 (52-week program) beginning in January 2019. One cohort conducted at a time
	<ul style="list-style-type: none"> Determine feasibility of implementing tele-education classes for patients in remote areas or barriers to attending physical classes 	Yes	

Prior CHNA Impact Report & Comments

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes.no)	Results, Impact & Data Sources
Tobacco Use	• Conduct inpatient tobacco user contacts	Yes	350 inpatient bedside contacts per quarter
	• Provide information on patient cessation intervention options to first year residents (OB/GYN, Peds, Family Medicine)	Yes	Presentations twice per year
	• Promote outpatient counseling referrals from SHMG, Mission in Motion and other community health providers	Yes	AHEC facilitates five 6-week tobacco cessation classes annually Class flyers sent to SHMG, etc.
	• Promote outpatient quit resources to community via media releases and social media	Yes	Media release 5x/year Health fairs