LIVE WELL & THRIVE

2022 Escambia - Santa Rosa Community Health Needs Assessment
A Summary of Key Findings

ACHIEVE
Healthy EscaRosa
Letter from the Achieve Healthy Escarosa

Community partners,

Achieve Healthy Escarosa (AHER) is honored to share with you the 2022 Community Health Needs Assessment for Escambia and Santa Rosa counties. Our community has been challenged in unimaginable ways over the past two years. The extraordinary circumstances of the pandemic call us now, more than ever, to understand the realities that we face and to focus our community’s precious resources toward improvement for all residents, particularly those who have been historically underserved.

Our community’s hospitals and health systems, health departments, education and non-profit partners are aligning our work through this collective impact effort. The partners in AHER are deeply committed to improving the health and well-being of our community. Our efforts in 2021 focused on the development of two key tools for our community that we invite you to use to inform and guide your work: first, the launch of the Achieve Dashboard—a free, easy-to-use tool that allows users to better access and understand the metrics that demonstrate the challenges and opportunities our community faces, and second, this Community Health Needs Assessment.

Guided by the data and the input received from residents about our community’s health and well-being, we now launch into cross-sector action to bring about improvements in our community. Won’t you join us?

To learn more about how to engage, visit www.achievehealthyescarosa.org.

Achieve Healthy Escarosa Members

On behalf of Ascension Sacred Heart Pensacola: The 2022 Community Health Needs Assessment report was approved by the Ascension Florida and Gulf Coast Board on March 15, 2022 (2021 tax year), and applies to the following three-year cycle: July 2022 to June 2025 (FY 2023 - FY 2025). This report, as well as the previous report, can be found at our public website.
Achieve Healthy Escalosa (AHER) began in 2019 to continue the work of the former LiveWell Partnership. AHER’s Mission is to unite and align resources to improve the health and well-being of Escambia and Santa Rosa counties so that everyone can live well and thrive. This broad-based collaborative has engaged hundreds of key stakeholders throughout the two-county area and is a collective impact effort that seeks to apply the following collective impact principles in the work:

• Provide a common agenda
• Establish shared measurements, fosters mutually reinforcing activities
• Encourage continued communication
• Build strong community support across multiple sectors including health, business, military, education, faith, non-profit, government, and civic partners.

The COVID-19 pandemic impacted our community and world in ways we never anticipated. AHER partners recognized that never has our community needed a coordinated approach to community health improvements more, so the team continued to work diligently using virtual platforms to move the work forward. The pandemic has highlighted health inequities and calls the community to collectively work on the community’s health with an equity-focused lens.

Every three years, community organizations in 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 2022, will outline the actions that the community will take to improve the health status of residents. An overview of the Community Health Improvement Plan (CHIP) is provided in the Next Steps section.

The CHNA is a year-long community-wide undertaking. Health, business, social service, education, and faith organizations across Escambia and Santa Rosa counties provided guidance and input by serving on a CHNA Team. Community residents participated through online and paper surveys. Community stakeholders were engaged through solicitation of feedback and comments from presentations of the findings. The culmination of this first phase is the publication and distribution of this 2022 CHNA report.

Executive Summary

What are the top ten causes of death in the community?

1. Cancer
2. Heart disease
3. Chronic lower respiratory disease
4. Stroke
5. Accidents
6. Chronic liver disease
7. Chronic kidney disease
8. Diabetes
9. Pneumonia
10. Suicide

What health issues and behaviors are most concerning to local citizens and community leaders?

1. Overweight and obesity
2. Mental health issues
3. Substance abuse (drugs or alcohol)
4. Poor eating habits
5. Drug abuse
6. Child abuse
7. Substance abuse
8. Access to healthcare
9. Mental health
10. Food insecurity

What resources exist for residents to achieve better health?

1. Community Health Workers
2. Policy work to support social determinants of health
3. Mental Health outreach/education
4. Engage community in health collaborations
5. Health access bridge toolkit
Introduction

Community Health Needs Assessment (CHNA)

If you have ever wondered about the health of people living in our community, then a CHNA has the answers you are looking for. The CHNA is an ongoing process of systematic collection, assembly, analysis, and distribution of information on the health needs of the community. Our community’s CHNA process was facilitated by the Achieve Healthy EscaRosa partnership, comprised of the Florida Department of health in Escambia and Santa Rosa counties, area hospitals and health providers, educational institutions, area health coalitions, nonprofit organizations and others. The Escambia and Santa Rosa County Community Health Needs Assessment (CHNA) process was launched in February of 2021. The mission for this project was to sponsor a community health status assessment for the two counties to identify priority health challenges. The data collected for the CHNA includes both resident perceptions of and statistics concerning health status, community health indicators including demographic, socioeconomic, and health behaviors that do or could potentially impact health outcomes in Escambia and Santa Rosa counties. By implementing policies and aligning programs and resources targeting these health factors, we can improve the health of the community. This, however, requires broad community collaboration not only this report, but the launch of the Achieve Healthy EscaRosa (AHER) is a collective impact initiative to support and promote collaborative initiatives that address identified priority health challenges. The data collected for the CHNA includes both resident perceptions of and statistics concerning health status, community health needs, strengths, challenges, and assets. This report will be shared with key stakeholders and the community at large with the goal of building community members to work collaboratively towards building a healthier community. The report was written in effort to compile various indicators including demographic, socioeconomic, and health behaviors that do or could potentially impact health outcomes in Escambia and Santa Rosa counties. 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.

Special Consideration - COVID-19

In late 2019, the virus SARS-CoV-2 was identified overseas and eventually led to the deadly COVID-19 pandemic. The virus spread very quickly and claimed millions of lives globally. By March 2020, the nation and world employed pandemic measures in an effort to curb the virus’ spread. The impacts of COVID-19 were severe, widespread, and went beyond the loss of life. Quarantine and restricted movement led to isolation that had an impact on mental health of community residents. Eighteen months into this fight, the third surge of the virus rendered the situation unscathed. The pandemic severely exposed health inequities across the nation, leaving no area unscathed. COVID-19 affected the health of all communities, leaving no area untouched.

The pandemic also limited community health improvement progress made between the 2019 CHNA and the 2022 CHNA. However, the members of Achieve Healthy EscaRosa were committed to continued collaboration and converged virtually to move the work forward. Ultimately, the COVID-19 pandemic severely exposed health inequities across the nation, state, and locally. The contributing factors to health inequity were also observed resulting in clearly identified areas for improvement that the community can address.

This is the seventh iteration of the Community Health Needs Assessment that has been conducted for the ‘EscaRosa’ community over a 30-year period. The AHER collaborative will continue to conduct the needs assessment every three years in an effort to assess progress and direct actions toward meeting the vision of every Escambia resident living well and thriving.

2021 was an integral year for Achieve Healthy EscaRosa. Funding received from key partners in our community has paved the way for not only this report, but the launch of the Achieve Healthy EscaRosa (AHER) is a collective impact initiative created to unite and align resources to improve health equity and outcomes of the residents of Escambia and Santa Rosa Counties. AHER works by engaging businesses, civic leaders, non-profit, healthcare providers, education partners, and faith-based organizations across the two counties to identify a common agenda, establish shared measurements, foster mutually reinforcing activities, and encourage continued communication.

The Escambia and Santa Rosa County Community Health Health outcomes 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.

PROMISE TO THRIVE DONORS

PROMISE TO LIVE WELL DONORS

FRIENDS OF THE COMMUNITY DONORS
Community Profile

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 also known as the Pensacola–Ferry Pass–Brent, FL MSA and includes the two most western counties in Florida—Escambia and Santa Rosa— with Pensacola designated as the urban core. The estimated population of the MSA was 509,905 according to the 2020 census.

Community Profile

The population of Northwest Florida is distinctive from the rest of Florida. Our racial and ethnic composition, age demographics, income, educational attainment, military presence, and occupation distinguish our community from typical Florida communities. All of these factors collectively impact the health of community residents. This CHNA report is intended to present who we are as a community, including the influence of socioeconomic and demographic variables on our health. Throughout this report, Escambia data will be depicted in orange, Santa Rosa in green, and Florida in black.

The following demographics are presented to provide a profile of the Escambia and Santa Rosa communities:

<table>
<thead>
<tr>
<th>Escambia and Santa Rosa Census Data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2000</strong></td>
</tr>
<tr>
<td>Escambia County</td>
</tr>
<tr>
<td>264,410</td>
</tr>
<tr>
<td>117,743</td>
</tr>
</tbody>
</table>

While each county, and the cities or towns within, has its own unique characteristics, the two counties are interrelated. It is common for residents from one county to commute 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.

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**Race, Ethnicity, Veterans**

**2020 Population**
- **Total Population**: 321,905
- **Hispanic Population**:
  - **Escambia**: 5.9%
  - **Santa Rosa**: 5.9%
  - **Florida**: 26.4%

**2010-2019 Growth**
- **Escambia**: 14.2%
- **Santa Rosa**: 7.0%
- **Florida**: 2.6%

**Persons per Household**
- **Escambia**: 2.65
- **Santa Rosa**: 2.65
- **Florida**: 2.46

**Veterans**
- **Escambia**: 14.2%
- **Santa Rosa**: 18.7%
- **Florida**: 17.1%

**Population by Age Group**
- **Medians by County**
  - **Escambia**: 37.2
  - **Santa Rosa**: 39.9
  - **Florida**: 42.0

**Median Age**
- **2019**
  - **Escambia**: 37.2
  - **Santa Rosa**: 39.9
  - **Florida**: 42.0

**Children & Older Population**
- **Children (0-18)**: 20.8%
- **Seniors (65+)**: 21.8%

**Persons per Household**
- **Florida**: 2.46

Sources:
- Population: [Achieve Dashboard](https://www.achievedashboard.org/workforce/population-and-demographics)
- Race & Ethnicity: [Census](https://www.census.gov/quickfacts/fact/table/)
- Median Age: [Data Commons](https://www.datacommons.org/place/geoId/12?utm_medium=explore&mprop=age&popt=Person&hl=en)
- Persons per Household: [Census](https://www.census.gov/quickfacts/fact/table/)
FAMILIES LIVING IN POVERTY

CHILDREN LIVING IN POVERTY

PERSONS LIVING IN POVERTY

INCOME & PROPERTY VALUE

MEDIAN HOUSEHOLD INCOME (2019)

$50,915

$173,100

$55,660

$245,100

MEDIAN HOME VALUE (2019)

$67,949

$199,200

EMPLOYMENT

Unemployment Rate

ESCAMBA

4.8%

SANTA ROSA

4.5%

FLORIDA

5.1%

EDUCATION

Less than High School

High School

Some College or Associate Degree

Bachelor’s Degree or Higher

2.8%

35.4%

36.9%

24.9%

ESCAMBA

2.4%

34.8%

36.0%

26.8%

SANTA ROSA

5.3%

36.8%

30.2%

27.8%

FLORIDA

2019 Total Poverty by Race

24% BLACK

12% WHITE

9% WHITE

19% BLACK

Sources:

Income & Property Value: For more data visit Achieve Dashboard: www.achievedashboard.org/workforce/income-levels-workforce

Unemployment Rate: www.floridajobs.org/workforce-statistics/workforce-statistics-data-releases/latest-statistics#:~:text=Florida’s%20unemployment%20rate%20was%205.1%25%20in%20July%202021

Education: www.census.gov/quickfacts/fact/table/FL/PST120219

Sources: Poverty: For more data visit Achieve Dashboard: www.achievedashboard.org/workforce/poverty
Methodology

Framework

Many health and community organizations in our area are required by accrediting bodies or regulatory agencies to conduct periodic Community Health Needs Assessments (CHNA). 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 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 collaborative approach was embraced by Achieve Healthy EscaRosa (AHER) for the 2022 CHNA. To achieve a unified community health improvement framework, a methodology was adopted that would meet the accrediting and/or regulatory requirements of all participants. This methodology incorporated components from leading health industry experts into a cohesive process that participating organizations embraced. The methodology for the 2022 CHNA process was 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 nonprofit hospitals.
- Community Health Improvement Navigator from the Centers for Disease Control and Prevention (CDC).
- 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.
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Step 1: Reflect and Strategize — 2020
- Review 2019 CHNA
- Discuss impact of COVID-19
- Select methodology
- Develop timeline

Step 2: Identify and Engage Stakeholders — 2020
- Form CHNA Committee
- Recruit new members

Step 3: Define the Community — 2021
- Describe the geographic community
- Identify population groups
- Identify other organizations conducting health assessments

Step 4: Collect and Analyze Data — 2021
- Administer the CHNA Resident Survey
- Administer the CHNA Community Leader Survey
- Analyze survey data
- Assess Community Health Outcome Status
- Assess Local Public Health System

Step 5: Prioritize Community Health Issues — 2021
- Review leading causes of death and illness Review social determinants of health
- Narrow to 5 or 6 priority health issues
- Present the data in the Forces of Change workshop
- Assess Forces of Change results

Step 6: Document and Communicate Results — 2022
- Publicize results of data analysis
- Publicize priority health issues
- Solicit community feedback
- Issue CHNA Report

After facing a pandemic that challenged our entire community and brought awareness to the inequities faced by specific populations, the CHNA played a very critical and timely role. Through collective impact, our AHER members, organizations, and stakeholders were able to address timely issues and begin to seek the causes of this inequity.

The graphic and steps identified on page 15 illustrate the methodology adopted for the 2022 CHNA. Steps 1 through Step 6 are discussed in this report. Steps 7 and 8 are “Next Steps” which will be undertaken in 2022. Step 6, Evaluation of progress will occur throughout 2022-2025 and culminate with the development of the next CHNA in 2025.
Community Health Status

Community Health Framework

Health is more than just the absence of illness or disease. Health is influenced by many other factors including healthcare services, treatment, and medications, but also by our physical environment, by social and economic factors, and by our own behaviors. Factors such as education level, quality of the air, housing conditions, poverty, and employment can have a positive or negative impact on our health. These factors are called Social Determinants of Health.

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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 County Health Ranking and Roadmaps was developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute (UWPHI). The framework, shown below, illustrates the strong influence that Health Factors and Health Outcomes have on health and death.

Health Factors are the things that can be modified to improve the length and quality of life for community members. Health Outcomes represent the overall health of a county, reflecting the physical and mental well-being of residents measured by length of life and quality of life. Health Outcomes are predictors of how healthy our communities can be in the future.

Policies and Programs, such as smoking ordinances 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.

The County Health Rankings are based on a model of population health that emphasizes the many factors that, if improved, can improve health factors, and thus lead to lower rates of disease and better Health Outcomes.

Health Impacts resulting from policies and programs can improve Health Factors, and thus lead to lower rates of disease and better Health Outcomes.

The CHNA report addresses some of the health equity issues so that the root causes can be addressed. Community Health Status

The CHNA looks first at causes of death, disease and disability in our community, then the Health Outcomes to understand those causes. Then Health Factors that could be changed to improve our health and have an impact on Health Outcomes are presented. The Health Outcomes and Health Factors provide a snapshot of our community health status.

Health Equity

According to the U.S. Department of Health and Human Services, “Health equity is the attainment of the highest level of health for all people.” The CDC states that “Population-level factors, such as the physical, built, social, and policy environments, can have a greater impact on health outcomes than individual-level factors.” The root causes of health inequity can be directly linked to a failure to address these population-level factors. In addition, linkages between science, policy, and practice are critical to achieving health equity.

According to the CDC, the momentum to address social determinants of health (SDOH) and health equity has increased over the last decade. Research and national initiatives support the implementation of policies and programs that address SDOH to reduce health disparities, which are the differences in health outcomes and their causes among groups of people.

The World Health Organization states “There is ample evidence that social factors, including education, employment status, income level, gender and ethnicity have a marked influence on how healthy a person is in all countries – and income there are wide disparities in the health status of different social groups. The lower an individual’s socioeconomic position, the higher their risk of poor health. Health inequities are reflected in differences in length and quality of life, quality of life, rates of disease, disability, and death; severity of disease, and access to treatment.”

Health inequity affects many populations, including minorities, women, and children of various backgrounds. The COVID-19 pandemic had many significant impacts on public health. One of the major results was the exposure of health inequities across US communities. The pandemic also helped to reveal the contributing factors to health inequity, identifying areas that can be addressed by community leaders. The U.S. Department of Health and Human Services reports that population-level factors, such as the physical, built, social, and policy environments, can impact health outcomes more than individual-level factors. The Achieva Healthy Escallosa Community Health Assessment (CHIA) report addresses some of the health equity issues so that the root causes can be addressed.

Health Impacts resulting from policies and programs can improve Health Factors, and thus lead to lower rates of disease and better Health Outcomes.

The Health Outcomes and Health Factors provide a snapshot of our community health status.

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LEADING CAUSES OF DEATH

Escambia and Santa Rosa counties have the same top six leading causes of death: cancer, heart disease, chronic lower respiratory disease, stroke, unintentional injury, and Alzheimer’s Disease. The top causes of death for both counties are 1) cancer and 2) heart disease, while in Florida, the top causes are 1) heart disease and 2) cancer.

LENGTH OF LIFE

Who is Impacted?

Blacks, in Escambia County, are more likely to die prematurely (before age 75) than Whites.

According to the County Health Rankings, Escambia is ranked in the lower middle range of all Florida counties (25%-50%) for health outcomes, while Santa Rosa is ranked in the higher middle range (50%-75%).

Source: www.countyhealthrankings.org/app/florida/2021/rankings/escambia/county/outcomes/overall/snapshot
In Escambia County, Black and American Indian & Alaskan Native babies are 2 times more likely to be born at a low birth weight than White babies. We see a similar disparity in Santa Rosa County.

In both counties Black children (<18) have a 2 times higher mortality rate than White children.
According to the County Health Rankings, Escambia is ranked in the higher middle range of counties in Florida (50%-75%) for health factors, and Santa Rosa is ranked among the healthiest counties in Florida (75%-100%).

**HEALTH FACTORS**

**HEALTH BEHAVIORS**

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**CLINICAL CARE**

- **Preventable Hospital Stays**
  - **ESCAMBA**: 4,725
  - **SANTA ROSA**: 4,937
  - **FLORIDA**: 4,848

- **Mammography Screening**
  - **ESCAMBA**: 4,384
  - **SANTA ROSA**: 4,708
  - **FLORIDA**: 4,548

- **Flu Vaccinations**
  - **ESCAMBA**: 38%
  - **SANTA ROSA**: 39%
  - **FLORIDA**: 48%

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**DRUG OVERDOSE DEATHS**

Whites are 2x more likely to overdose than Blacks.

**TEEN BIRTHS**

- **ESCAMBA**: 29
- **SANTA ROSA**: 21
- **FLORIDA**: 20

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**HEALTHIEST**

- 100%
- 75%
- 50%
- 25%
- 0%

**LEAST HEALTHY**

- 0%
- 25%
- 50%
- 75%
- 100%
SOCIAL & ECONOMIC FACTORS

HIGH SCHOOL COMPLETION+

- Escambia: 90%
- Santa Rosa: 91%
- Florida: 88%

SOME COLLEGE+

- Escambia: 67%
- Santa Rosa: 65%
- Florida: 63%

VIOLENT CRIME

- Escambia: 660
- Santa Rosa: 145
- Florida: 484

INJURY DEATHS

- Escambia: 86
- Santa Rosa: 73
- Florida: 82

**CHILDREN IN POVERTY**

- Escambia: 25%
- Santa Rosa: 12%
- Florida: 18%

Who is Impacted?

- In Escambia, 2 out of every 5 Black children live in poverty. Compared to 1 out of every 6 White children will live in poverty.
- In Santa Rosa County, Black children are 1.5 times more likely to be living in poverty than White children.

PHYSICAL ENVIRONMENT

AIR POLLUTION-PARTICULATE MATTER

- Escambia: 7.0
- Santa Rosa: 8.7
- Florida: 7.7

Average daily density of the particulate matter in micrograms per cubic meter (PM2.5)

IDENTIFIED SIGNIFICANT NEEDS

For the 2022 CHNA, priority areas were selected based on the previously identified areas of concern in the 2019 CHNA report, input from the AHER leadership, partner feedback, the Community Resident survey results, and the Community Leader survey results. Collaborative discussion resulted in the following priority health issues and behaviors for Escambia and Santa Rosa counties:

- **High School Completion+**
- **Some College+**
- **Violent Crime**
- **Injury Deaths**
- **Overweight + Obesity**
- **Substance Abuse**
- **Mental Health**
- **Child Abuse**
- **Access to Healthcare**
- **Food Insecurity**

* indicates area of strength
Community Perceptions and Themes

Data Analysis Sources & Methodology
A comprehensive CHNA includes detailed examination of health and socioeconomic data. The primary data source for this CHNA was the Health Survey of Escambia and Santa Rosa Residents conducted in the summer of 2021. The Resident Survey was developed using the 2019 survey format. In total, 3,051 community members participated in the Resident Survey, resulting in 2,937 viable surveys. There were 1503 respondents from Escambia County and 1434 respondents from Santa Rosa County.

Data Collection and Weighting Information
The data analysis for the CHNA Community Resident Survey was available in a digital format and in hard copy. The link to the survey was promoted in the media, emailed to all registered voters on file, and was shared through many agencies and organizations throughout Escambia and Santa Rosa Counties. Hard copies of the survey were also provided at COVID-vaccination sites and various health clinics and civic meetings throughout both counties.

CHNA Community Resident Survey
The data analysis for the CHNA Community Resident Survey was conducted by the University of West Florida Haas Center. The Haas Center provides workforce and research, social media impact modeling, and industrial innovation for the region and state.

Groups Placed at Increased Risk

<table>
<thead>
<tr>
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<th>SANTA ROSA</th>
<th>FLORIDA</th>
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<tbody>
<tr>
<td>Less than High School Education</td>
<td>2.8%</td>
<td>2.4%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Historically Marginalized</td>
<td>15.5%</td>
<td>9.8%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>14.0%</td>
<td>12.0%</td>
<td>16.3%</td>
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<tr>
<td>Black</td>
<td>23.3%</td>
<td>6.5%</td>
<td>19.9%</td>
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<td>5.9%</td>
<td>5.9%</td>
<td>26.4%</td>
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<tr>
<td>Disabled</td>
<td>6.5%</td>
<td>10.9%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>4.8%</td>
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</tr>
</tbody>
</table>

An effort was also made to include individuals from a broad cross-section of the population. The CHNA Community Resident Survey was sent to AHER members with a request that they reach out to community groups, churches, friends, family, coworkers, clients, and patients that live or work in Escambia or Santa Rosa counties. In total, 3,551 community members participated in the Community Resident Survey, resulting in 2,937 viable surveys in the summer of 2021. The approximately 3,500 surveys was an increase from previous CHNA cycles. In 2016, there were 1,744 respondents and in 2019, 2,203 residents responded to the survey. There were 1,503 respondents from Escambia County and 1,434 respondents from Santa Rosa County.

As with the 2019 CHNA report, responses were remarkably consistent across the two counties, especially for the questions regarding significant health issues and unhealthy behaviors. Obesity, mental health, and substance abuse were the more important health issues for both counties, followed by heart disease/stroke, diabetes, and cancer. The top three health behaviors of concern were drug abuse, poor eating habits, and child abuse for respondents in both counties.
The following sections highlight the responses for key areas of the CHNA Community Resident survey:

- Perceived Community Health
- Important Areas of a Healthy Community
- Behaviors of Concern
- Important Areas of a Healthy Community
- Respondent Lifestyle

Perceived Community Health

Question: Overall, how would you rate the health of people who reside in your community?

When asked how you would rate the health of people in the community, the majority rated fair or good with Santa Rosa reporting more favorable than Escambia in all categories. In the 2016 CHNA, 65% reported somewhat healthy for both counties, indicating a downward trend as compared to this CHNA, however, compared to the 2019 CHNA, 41% selected “Good” and 37% selected “Fair” for both counties, which was an upward trend for ‘good’ and about the same for ‘fair’.

Groups Placed at Increased Risk: Black respondents were significantly more likely to report lower levels of overall community health. Respondents without health insurance were marginally less likely to report good overall community health (relative to other groups). Respondents with Medicare and TRIAGE reported the highest overall community health (relative to other groups).

<table>
<thead>
<tr>
<th>MOST IMPORTANT</th>
<th>ESCAMBIA</th>
<th>SANTA ROSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean environment (water, air)</td>
<td>40.6% (1)</td>
<td>34.8% (3)</td>
</tr>
<tr>
<td>Low crime/safe neighborhoods</td>
<td>40.4% (2)</td>
<td>39.1% (2)</td>
</tr>
<tr>
<td>Good medical care</td>
<td>40.3% (3)</td>
<td>37.7% (1)</td>
</tr>
</tbody>
</table>

ADDITIONAL AREAS

| Healthy foods in neighborhoods | 16.7% (1) | 14.6% (2) |
| Safe places to be active | 15.8% (1) | 14.4% (3) |
| Churches and religious organizations | 14.3% (1) | 15.4% (1) |

Perceived Important Health Issues

Question: “What do you think are the most important health issues in your community?”

The most important health issues for both communities were overweight or obesity, mental health issues, and substance use. Over the past few cycles of the CHNA, areas of concern have consistently been obesity/healthy weight, mental health, and substance abuse. Access to healthcare and tobacco use have been top issues in the past, but were not ranked high in the current year in the 2016 CHNA. Healthy weight, access to healthcare, tobacco use, injury prevention, and infant mortality were the top issues. In the 2019 CHNA, diabetes, behavioral health (substance abuse & mental health combined), infant & child health were the top issues.

For the current CHNA, Escambia considered obesity to be the most important issue, at 63% Santa Rosa also considered the issue to be the most important, but only at 54%. Both counties have higher amounts of overweight and obesity now compared to the state average in both categories, overweight and obesity, Santa Rosa has larger issues. Health issues that were significantly negatively associated with perceived overall community health were: overweight or obesity, mental health issues, diabetes, dental problems, sexually transmitted diseases (STDs), HIV/AIDS. Negative association means the higher the rank of the issue, the lower the perception of community health and vice versa.

Groups Placed at Increased Risk: The factors significantly more important to black respondents were diabetes, early childhood sexual transmission, sexually transmitted diseases, teen pregnancy, infectious diseases (Hepatitis, TB, etc.), and HIV/AIDS. The factors significantly more important to respondents with high school or less education were cancer, breathing or lung problems (asthma, COPD, etc.), dental problems, teen pregnancy, and infant death or premature birth.

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Health Outcomes Related To The Top 3 Most Important Health Issues

| MOST IMPORTANT ESCAMBIA SANTA ROSA |
|----------------|----------|------------|
| Clean environment (water, air) | 40.6% (1) | 34.8% (3) |
| Low crime/safe neighborhoods | 40.4% (2) | 39.1% (2) |
| Good medical care | 40.3% (3) | 37.7% (1) |

ADDITIONAL AREAS

| Healthy foods in neighborhoods | 16.7% (1) | 14.6% (2) |
| Safe places to be active | 15.8% (1) | 14.4% (3) |
| Churches and religious organizations | 14.3% (1) | 15.4% (1) |

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Responses for ‘Most important health issues in your community’

<table>
<thead>
<tr>
<th>MOST IMPORTANT</th>
<th>ESCAMBIA</th>
<th>SANTA ROSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight or obesity</td>
<td>36.7% (1)</td>
<td>34.6% (1)</td>
</tr>
<tr>
<td>Mental health issues</td>
<td>30.6% (2)</td>
<td>41.6% (1)</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>42.5% (3)</td>
<td>39.3% (3)</td>
</tr>
<tr>
<td>Heart disease or stroke</td>
<td>31% (4)</td>
<td>28.6% (5)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>30.7% (5)</td>
<td>27.6% (8)</td>
</tr>
<tr>
<td>Cancer</td>
<td>24.0% (6)</td>
<td>29.8% (4)</td>
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</tbody>
</table>
Behaviors of Concern
Question: Which of the following behaviors in the community concern you the most?

Both communities ranked drug abuse, poor eating habits, and child abuse as health behaviors that were most concerning. Drug abuse and poor eating habits have been top behaviors of concern over the last two CHNA cycles. Excess weight (2016 CHNA) and lack of exercise (2019 CHNA) were included in the behaviors of concern.

The following behaviors were significantly negatively associated with perceived overall community health. Negative association means the higher the rate of the behavior, the lower the perception of community health and vice versa.

- Poor eating habits (eating “junk” food, not eating vegetables)
- Domestic violence
- Seeing a doctor or dentist
- Lack of affordable daycare

Groups Placed at Increased Risk: For this population, the behaviors significantly more concerning to Black respondents were child abuse, age 5-11, and poor eating habits (eating “junk” food, not eating vegetables). Drug abuse as health behaviors that were most concerning. Drug abuse and poor eating habits have been top behaviors of concern over the last two CHNA cycles. Excess weight (2016 CHNA) and lack of exercise (2019 CHNA) were included in the behaviors of concern.

The following behaviors were significantly negatively associated with perceived overall community health. Negative association means the more difficult the service is to obtain, the lower the perception of community health and vice versa.

- Mental health services
- Family doctor/primary care
- Dental care
- Family planning (including birth control)

The following issues were significantly negatively associated with problems acquiring healthcare. Significant negative association means the higher the issue was ranked, the lower the perception of community health and vice versa.

- Wait time to get an appointment is too long
- Doctor or clinic not taking my insurance
- I cannot afford my insurance copay or deductible
- I don’t trust the healthcare system
- I don’t have health insurance

Difficult to Find Care
Question: Which healthcare services are difficult to get in your community?

Respondents in both counties indicated mental health services and drug abuse treatment as the top two services that were difficult to obtain. Services for the elderly ranked third and fourth for Escambia County and Santa Rosa County respectively.

Mental health services were ranked third for Santa Rosa and eighth for Escambia. It is important to note that there are many different services people may be considering for services for the elderly and specialty medical care, from adult day cares to assisted living for the elderly and orthopedists to urologists for specialty care.

Difficult in obtaining mental health services has consistently been ranked high in the last few CHNA reports. In the 2016 CHNA, the other services were dental care and don’t know/no response. In the 2019 CHNA, the services difficult to get were dental care and alcohol/drug abuse treatment.

Problems Acquiring Care
Question: What are the problems with acquiring healthcare for yourself or your family members?

The majority of respondents in both communities indicated they had no issues acquiring healthcare, though the number was higher in Escambia compared to Santa Rosa. The top issues were the same: wait times for an appointment, availability, insurance, and cost.

A significant association was found between difficulty getting dental and mental health care due to cost and lack of insurance. There was also a significant association between doctors not taking new patients and difficulty getting mental health care.
How Care is Accessed

Question: When you or someone in your family is sick, where do you go for healthcare?

The top three services for both counties were my family doctor/primary care, urgent care clinic, and hospital emergency room. The VA or military health services were also indicated by both counties, with Santa Rosa reporting a higher percentage than Escambia. Respondents without health insurance were significantly more likely to report use of Health Centers and Free Clinics and more likely to go without healthcare or use an ER relative to other groups. Respondents with employer provided healthcare were significantly more likely to use urgent care clinics relative to other groups.

Groups Placed at Increased Risk: Respondents without health insurance were significantly more likely to report use of Health Centers and Free Clinics and more likely to go without healthcare or use an ER relative to other groups. Respondents with employer provided healthcare were significantly more likely to use urgent care clinics relative to other groups.

Influence of COVID

Question: Have you delayed medical care due to COVID-19?

The demographic variables of income, education, and identifying as White or Asian were significantly positively associated with “your overall health.” A positive association means the higher the factor, the higher the view of overall health. Age was significantly negatively associated with “your overall health.” Nearly all factors were significantly positively associated with perceived overall community health. However, the following items had the strongest associations: access to basic health care for you and your family, your neighborhood as a safe place to live, and the overall quality of life in the community.

Community Assessments

Question: Please rank the following categories within your community, with 1 being poor and 5 being excellent.

Respondents were asked to rank certain categories in the community, with 1 being poor and 5 being excellent. Escambia County residents ranked the following areas high (range of 4 – 3.8):

- Access to basic health care for you and your family
- Your neighborhood as a safe place to live
- Your overall health
- The way you are accepted in your neighborhood

Santa Rosa County residents ranked the following areas high (range of 4.1 – 3.9):

- Your neighborhood as a safe place to live
- Access to basic health care for you and your family
- Your community as a place to raise children
- Community as a safe place to live

The demographic variables of income, education, and identifying as White or Asian were significantly positively associated with “your overall health.” A positive association means the higher the factor, the higher the view of overall health. Age was significantly negatively associated with “your overall health.” Nearly all factors were significantly positively associated with perceived overall community health. However, the following items had the strongest associations: access to basic health care for you and your family, your neighborhood as a safe place to live, and the overall quality of life in the community.

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- Your community as a place to raise children
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Respondent Lifestyle (3 questions below): Three questions on the survey referred to respondent lifestyle in the areas of physical activity, fruit and vegetable consumption, and regular health screenings and check-ups. 1=Extremely Difficult and 5=Extremely Easy. Residents from both counties rated getting regular health screenings and check-ups as “somewhat easy.” Respondents from both counties rated the difficulty of being physically active and eating five fruits and vegetables a day between “Neither easy or difficult” and “somewhat easy.”

Groups Placed at Increased Risk: Respondents identifying as Asian and those with higher incomes reported significantly greater ease in eating fruits and vegetables. Respondents identifying as Black reported significantly less ease in getting regular health check-ups. Respondents with higher incomes reported greater ease in getting physical activity. Respondents with higher incomes and higher age reported greater ease in getting regular health check-ups.
RESIDENT DEMOGRAPHICS

The respondents were primarily female (67%), married (67%), Caucasian (68.0%) and between the ages 55-64 years (24.8%). The education level of the respondents was very high with 30.9% having a graduate degree or higher, followed by 25.4% with a 4-year college degree. The respondents were also high earning with 22.4% earning $100,000 or more, followed by the $50,001–$75,000/year range and $75,001–$100,000/year range at 16.8% and 15.7% respectively. 27.7% work in Health Care and Social Assistance, followed by Educational Services at 21.1%

Community Leader Survey

Community leaders were surveyed using a survey that was similar to the CHNA Community Residents survey. A total of 30 leaders participated in the online survey. The majority (55.56%) of respondents operate in Escambia County, and 27.67% operate in both Escambia and Santa Rosa counties. 16.67% provide services in Santa Rosa County. 31.25% of the respondents work in Healthcare and Social Assistance, with 30.73% from the areas of Educational Services, Professional, Scientific, and Technical Services, Public Administration, and Other Services. Most (44.44%) of the respondents represented small organizations (1 to 49 employees), followed by an equal number from medium-sized organizations (50 to 199 employees) and large organizations (200 or more employees). 66.67% of the respondents had the position of Owner, CEO, COO, or Executive Director, followed by Vice President or other senior operations officer and Department Director or other managerial position at 11.1%.

The community leaders shared many of the same concerns as reported by the residents as outlined below.

Most Important Health Problems

• Mental Health
• Overweight/Obesity
• Drug Abuse
• Diabetes

Most Concerning Unhealthy Behaviors

• Poor Eating Habits
• Lack of Exercise
• Tobacco Use
• Drug Abuse
The workshop also provided an opportunity for AHER members to identify the priority areas of focus that have the greatest impact on improving through our work together. The workshop was attended by 34 members of AHER participated in the workshop, representing local organizations including CDAC Behavioral Healthcare, Baptist Health Care, Ascension Sacred Heart Healthcare, West Florida Health Care, Community Health in Northwest Florida, Florida Department of Health in Escambia County, Florida Department of Health in Santa Rosa County, Gulf Coast Minority Chamber of Commerce, Lakeview Center, Nemours, Gulf Coast Minority Chamber, University of West Florida, Simply Healthcare, and the United University of West Florida.

Through a facilitated consensus building methodology and using the priority areas identified in the 2019 CHNA report as a basis, the most compelling forces at work in our two-county community were identified.

The goal of the workshop was to create a comprehensive, prioritized list that identified key opportunities for Action. To accomplish this goal, there were two questions posed:

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

The objectives for the FOC workshop were:

- Brainstorm external forces out of our control (positive or negative) that affect our community
- Identify the associated threats and opportunities
- Prioritize health issues
- Pinpoint our priority focus areas

The types of Forces were discussed as broad all-encompassing categories that may include:

- Trends – patterns over time; unemployment, aging population, migration in/out of community; population growth/decline; technological improvements
- Factors – distinct features or elements: large military presence; race; income levels
- Issues – large scale problems, events that are of interest
- Finalize our key priority focus areas
- Factors – distinct features or elements: large military presence; race; income levels
- Issues – large scale problems, events that are of interest
- Finalize our key priority focus areas

The types of Forces were discussed as broad all-encompassing categories that may include:

1. **Force 1** – Overweight/Obesity
2. **Force 2** – Substance Abuse
3. **Force 3** – Mental Health
4. **Force 4** – Food Insecurity
5. **Force 5** – Child Abuse
6. **Force 6** – Access to Healthcare

The six Forces of Change groups was assigned a facilitator. Each of the six Forces of Change groups was assigned a facilitator. The facilitators received instructions on how to guide the discussions during the workshop.

**STEP 1: Discuss:** What is occurring or might occur (forces: events, trends, factors) that affect the health of Escambia or Santa Rosa County residents and our community?

- Write the responses on the worksheet

**STEP 2: Identify Threats** to health/health care system concerning the health issue

- Brainstorm threats to the health issue
- Write the responses on the worksheet

**STEP 3: Prioritize Threats** Prioritize top 3 threats (impact & feasibility)

- Select the top 3 threats taking into consideration impact and feasibility
- Write the responses on the worksheet

**STEP 4: Identify Opportunities that correspond to the threat** to improve health/health care system by addressing Overweight/Obesity

- There might be several opportunities associated with each threat
- Write the responses on the worksheet

**STEP 5: Prioritize Opportunities for Action** (Impact & Feasibility)

- Select the top 3 specific opportunities taking into consideration impact and feasibility
- Write the responses on the worksheet
- Write the responses on the flip chart

Opportunity-related questions that may help foster discussions:

1. What has occurred recently that may affect our local public health system or community?
2. What are the trends that you see in the near future?
3. Are there any trends occurring that will have an impact? Describe the trends.
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What opportunities are emerging that may pose a barrier to achieving the shared vision?

After discussing the threats and corresponding opportunities, the following key opportunities were identified:

- **Opportunities for Action**
- **Opportunities for Planning**
- **Opportunities for Collaboration**
- **Opportunities for Improvement**

**GOVERNMENT**

- **National** – federal policies
- **Statewide** – new legislation
- **Local** – impacts one county, town or neighborhood
- **Regional** – impacts both counties or surrounding areas
- **Statewide** – legislation
- **National** – federal policies

**COMMUNITY**

- **Substance Abuse** – identify opportunities for community efforts to collaborate – grassroots, OD prevention, MAT, Peer support, Narcan
- **Mental Health** – Identify opportunities for community efforts to collaborate – substance abuse, treatment, education
- **Access to Healthcare** – health access bridge tool kit – pediatrics to adult, including military
- **Substance Abuse** – education and outreach
- **Mental Health** – improve shared communication between health care providers
- **Community outreach**/education
- **Substance Abuse** – education and outreach
- **Mental Health** – improve shared communication between health care providers
- **Community outreach**/education
- **Health** – improve shared communication between health care providers
- **Education and communication** – provider, patient, community, fluency

**FOOD INSECURITY**

- **Develop a marketing/communication plan to address stigma, access, best practices**
- **Develop advocacy plan to impact funding (policy at local/state levels)**
- **Substance Abuse** – develop a marketing/communication plan to address stigma, access, best practices
- **Mental Health** – develop advocacy plan to impact funding (policy at local/state levels)
- **Substance Abuse** – develop a marketing/communication plan to address stigma, access, best practices
Local Public Health System Survey

The local Public Health System (PHS) includes all entities that contribute to the delivery of public or personal health. Public health departments are typically at the center of the system as seen in the graphic (direction on page). This system includes, but is not limited to, county health departments, hospitals, community clinics, federally qualified health centers, elected officials, schools, faith-based, nonprofit organizations, public transit, civic and neighborhood groups, and the military.

Due to the COVID-19 pandemic the format included a coordinated survey developed by the CHNA planning team and distributed to the different community organizations in the public health system assessment. The assessment looks at the Ten Essential Public Health Services that were developed by the National Association of County and City Health Officials. The essential services are provided in the graphic (add direction on page). The PHS assessment is designed to determine the capacity of the local public health system. The survey was sent to AHER members, asking them to share it with faith based Organizations, corrections facilities, elected officials, law enforcement, schools, nonprofit organizations, neighborhood organizations, employers, behavioral health, and transit facilities.

Ten Essential Health Services

1. Monitor community health and identify health problems
2. Diagnose and investigate health problems and hazards
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health issues
5. Develop policies that support individual and community efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services
8. Assure competent public health and personal work force
9. Promote access to effective and quality of personal and population based health services
10. Research innovative solutions to health problems

THE TEN ESSENTIAL SERVICES OF PUBLIC HEALTH ARE:

- Monitor community health and identify health problems
- Diagnose and investigate health problems and hazards
- Inform, educate, and empower people about health issues
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- Link people to needed personal health services
- Assure competent public health and personal work force
- Promote access to effective and quality of personal and population based health services
- Research innovative solutions to health problems

Community Priorities

The prioritization process gives clear direction on what health outcomes are most important for our community to address over the next three years. Overweight/obesity, substance abuse, mental health, food insecurity, child abuse, and access to healthcare are the priority issues for AHER. The actions for opportunities determined by discussion and consensus building include training Community Health Workers, reviewing policy on transportation and telehealth, collaboration on substance abuse issues, and creating toolkits to bridge programs and services.

Prioritized Opportunities for Actions:
1. Community Health Worker (Force of Change: Food Insecurity)
2. Policy – transportation, telehealth (Force of Change: Access)
3. Mental Health (Force of Change: Mental Health)
4. Substance Abuse – collaboration (Force of Change: Substance Abuse)
5. Bridge Toolkit (Force of Change: Access)
6. Equity Action Labs (Force of Change: Overweight/Obesity)
7. Technology Use (Force of Change: Child Abuse)
8. Substance Abuse (education & Marketing (Force of Change: Substance Abuse)
9. Increase Awareness of Mental Health (Force of Change: Mental Health)
10. 360 educators (Force of Change: Access)

The Opportunities for Action that were designated as high priority included training community health workers, media and marketing campaigns to raise awareness, build upon existing resources and partnerships to increase reach; creating toolkits to help standardize care in the community. Certified Community Health Workers were discussed to become the “boots on the ground” – the socially and culturally trusted connectors to promote healthy eating habits and identify food resources.

OVERWEIGHT/OBESITY

- Partner with and replicate CA Weiss on engaging neighborhoods and families in healthy living
- Host facilitators a health equity action lab to identify perceptions and barriers around health living – potential to add as a component to CHIP program
- Create a toolkit to educate organizations and community on noori family friendly fun and healthy events – distribution identified through faith-based organizations...

After each group presented their Opportunities for Action, participants were given three sticky dots to vote on what they considered to be the top three Opportunities for Action. The results of the voting are listed below:

1. Community Health Worker
2. Policy – transportation, telehealth
3. Mental Health
4. Substance Abuse
5. Bridge Toolkit
6. Equity Action Labs
7. Technology Use
8. Substance Abuse (education & Marketing)
9. Increase Awareness of Mental Health
10. 360 educators

The Opportunities for Action that were designated as high priority included training community health workers, media and marketing campaigns to raise awareness, build upon existing resources and partnerships to increase reach; creating toolkits to help standardize care in the community. Certified Community Health Workers were discussed to become the “boots on the ground” – the socially and culturally trusted connectors to promote healthy eating habits and identify food resources.
The LPHS survey contained 14 items covering topics such as access to population health data, educational activities, evaluation, and communication strategies. The majority of organizations provide services in both Escambia and Santa Rosa counties.

The majority of organizations (83%) assess community needs to prioritize your organization services. In response to collaboration with other partners in the local public health system (to include hospitals, home health, behavioral health, etc.) to deliver information and education, 63% indicated “Yes, frequently”, 31% “Yes, occasionally”, and 6% responded “No”. The question was posed to see if the organization already provides resources for any of the six priority areas identified by AHER. The results are as follows:

- **Overweight/Obesity**: 11%
- **Poor eating habits**: 19%
- **Substance abuse**: 19%
- **Mental health**: 22%
- **Child abuse**: 13%
- **Access to Healthcare**: 15%
- **Other**: 4%

Some questions asked in the LPHSA Survey required a narrative or short answer. These responses were used to help prioritize the major health concerns and areas of action for Escambia and Santa Rosa Counties. The majority of respondents (83%) assess community needs to prioritize your organization services.

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
- Identified health outcomes and factors that disproportionately impact one race group over another
- Identified priority areas for focused, strategic action
- Confirmed that there are more likely to report poorer health overall and in their community
- Confirmed that local health resources related to health priority areas
- Confirmed that groups placed at increased risk have difficulty finding care due to health insurance issues i.e. no insurance, doctor not accepting insurance, cannot afford deductible
- Discovered that a lack of adequate transportation is a barrier to health care throughout the two-county area

Through data analyses of CHNA Resident Survey and the CHNA Leader Survey informed the selection of the 2022 health priorities, which are (in no particular order):

- **Overweight & Obesity**
- **Mental Health and Wellbeing**
- **Substance Abuse**
- **Food Insecurity**
- **Child Abuse**
- **Access to Healthcare**

When asked if they or someone in the organization would be interested in participating in AHER’s work in each area, 14% were interested in helping with the area of child abuse, 7% in substance abuse and access to healthcare.
The Community Health Improvement Plan (CHIP) is a three-year plan that sets goals for the county public health system. The CHIP is developed and revised through a collaborative process that includes a wide range of stakeholders including local government agencies, health care providers, employers, community groups, schools, not-for-profit organizations, and advocacy groups. This collaborative planning process fosters shared ownership and responsibility for the plan’s implementation and promotes efficient and targeted collective action to improve the health of all county residents.

The CHIP contains community priorities for action that are outlined throughout the plan. Each priority contains a goal(s) and system level changes for the alleviation of identified health inequities are featured in the plan.

The Community Health Improvement Plan (CHIP) is a “living document” that may expand in scope to reflect changes in the community public health priorities that are highlighted in the CHNA.

The CHIP is intended to be a practical, descriptive document designed to be used by our community in the coming years to make decisions about resources and prioritization. The Community health improvement Plan is a “living document” that may expand in scope to reflect changes in the community, as well as changes in systems and support that address the well-being of the community we serve. The collaborative efforts we have forged through Achieve Healthy Escalosa will help improve our impact as we feel we will be stronger together.

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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. Achieve Healthy Escalosa will seek to partner with these organizations during the improvement planning and action planning process. The CHIP utilizes 2-1-1 as a referral service, to guide residents who call with resources to help them. The majority of the organizations counted on the resource page can be accessed by calling 2-1-1.

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Building and maintaining a culture of health requires on-going partnerships among a wide range of partners from all sectors of a community. The 2022 Escambia-Santa Rosa CHNA is the result of a collaborative community-wide effort involving a variety of organizations serving both counties. Achieve Healthy Escalosa would like to thank all the following for their participation to promote, protect, and improve the health of all people in Escambia and Santa Rosa counties.

AHER Membership

Adrienne Maygarden, AHER Vice-Chair, Ascension Sacred Heart
Amanda Bekolay, Lakeview Center
Bethany Miller, Ascension Florida and Gulf Coast
Brent Couch, Simply Healthcare Plans
Brianna Houghton, Baptist Health Care
Chandini Srinivasa, Community Health Northwest Florida
Christina Kuehler, Ascension Sacred Heart
Claire Kirchharr, AHER Data Chair, Escambia County Healthy Start Coalition
Daveni Monoseos, CDAC Behavioral Healthcare, Inc.
Dr. Debra Vinci, Ascension Sacred Heart
Dr. Debra Vinci, University of West Florida
Dr. Potry Barrington, AHER Secretary, University of West Florida
Dr. Steve Brown, University of West Florida
Jen Grove, AHER Chair, Digital Health Care
Joy Sharp, Baptist Health Care
Karen Croom, Florida Department of Health - Santa Rosa
Kimberly Pace, Baptist Health Care

AHCC Planning Team

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Dr. Patricia Barrington, University of West Florida
Jen Grove, Baptist Health Care
Joy Sharp, Baptist Health Care
Kimberly Pace, Florida Department of Health - Escambia

ACKNOWLEDGMENTS

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Claire Kirchharr, Chair, Escambia County Healthy Start Coalition
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Kimberly Pace, CHNA, Florida Department of Health - Escambia

Data Team

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Kathryn Croom, Florida Department of Health - Santa Rosa
Nicole Gleason, University of West Florida

Communications Team

Amanda Bekolay, Lakeview Center
Claire Kirchharr, Chair, Escambia County Healthy Start Coalition
Daveni Monoseos, CDAC Behavioral Healthcare, Inc.
Dr. Potry Barrington, University of West Florida
Kimberly Pace, Chair, Florida Department of Health - Escambia
Evaluation of Impact from the Previous CHNA Implementation Strategy
Ascension Sacred Heart Pensacola’s previous CHNA implementation strategy was completed in August 2020 and addressed the following priority health needs: Access, Mental Health, and Healthy Living.

The table below describes the actions taken during the 2020-2022 CHNA to address each priority need and indicators of improvement.

Note: At the time of the report publication, the third year of the cycle will not be complete.

### Priority Needs

<table>
<thead>
<tr>
<th>Priority Need</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions Taken</td>
<td>In process</td>
</tr>
<tr>
<td>Status of Actions</td>
<td>● # of screenings on track to meet goal</td>
</tr>
<tr>
<td>Results</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority Need</th>
<th>Child Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions Taken</td>
<td>In process</td>
</tr>
<tr>
<td>Status of Actions</td>
<td>● Progress was slowed due to COVID pandemic, on track to meet goal</td>
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<tr>
<td>Results</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority Need</th>
<th>Infant Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions Taken</td>
<td>In progress</td>
</tr>
<tr>
<td>Status of Actions</td>
<td>● Exceeded goal of having bike helmet fittings at community events</td>
</tr>
<tr>
<td>Results</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority Need</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions Taken</td>
<td>Completed</td>
</tr>
<tr>
<td>Status of Actions</td>
<td>● Exceeded goal of # of associates trained as certified bike helmet fitters</td>
</tr>
<tr>
<td>Results</td>
<td></td>
</tr>
</tbody>
</table>

Since the previous CHNA, no public comments were submitted for consideration.