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 EscaRosa

Escambia - Santa Rosa Community Health Needs Assessment
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Table of Contents

Executive Summary

Achieve Healthy EscaRosa (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.

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

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

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

3 What 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 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.

Report Conclusions

1

MOST IMPORTANT HEALTH ISSUES

- Overweight and Obesity
- Mental Health issues
- Substance abuse (drugs or alcohol)

2

MOST CONCERNING UNHEALTHY BEHAVIORS

- Poor Eating Habits
- Drug Abuse
- Child abuse

3

SIGNIFICANT IDENTIFIED NEEDS FOR BOTH ESCAMBIA & SANTA ROSA COUNTIES

- Overweight/obesity
- Child abuse
- Substance abuse
- Access to healthcare
- Mental health
- Food Insecurity

4

LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT

- Results from a system capacity survey

5

AREAS OF OPPORTUNITY FOR ACTION

- Community Health Workers
- Policy work to support social determinants of health
- Mental Health outreach/education
- Engage community in health collaborations
- 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 and 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, gaps, challenges, and assets. This report will be shared with key stakeholders and the community at large with the goal of mobilizing community members to work collaboratively towards building a healthier community.

The report was written in an 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. 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 of healthcare providers and public health officials, but many others in the community. With input from community residents and leaders we can narrow the health issues to a manageable set of priorities. This assessment is the product of an ongoing comprehensive strategic approach to community health improvement.

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 of lockdowns 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 in our community just as critical as at the beginning. Our front-line caregivers and those in healthcare throughout the community continue to tirelessly fight the battle. COVID-19 affected the health of all communities, leaving no area unscathed.

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 convened 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 exposed, resulting in clearly identified areas for improvement that the community can address.

Achieve Healthy EscaRosa

Created in 2019 as an evolution of the former LiveWell Partnership, 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.

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 EscaRosa 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 Dashboard** and resulting improvement projects for 2022. We would like to recognize our 2021 Healthy EscaRosa Founders for their contributions to our collective impact effort.

2021 Achieve Healthy EscaRosa Founders

PROMISE TO LIVE WELL DONORS

Ascension Sacred Heart

BAPTIST HEALTH CARE

community health northwest florida
HealthcareWithinReach.org

Florida HEALTH Santa Rosa County

PROMISE TO THRIVE DONOR

Florida HEALTH Escambia County

BACKBONE CONVENER

UNIVERSITY of WEST FLORIDA

FRIENDS OF THE COMMUNITY DONORS

EscaRosa SUICIDE PREVENTION Coalition

Escambia County Healthy Start

LAUREN ANZALDO

Simply healthcare

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.

Escambia and Santa Rosa Census Data

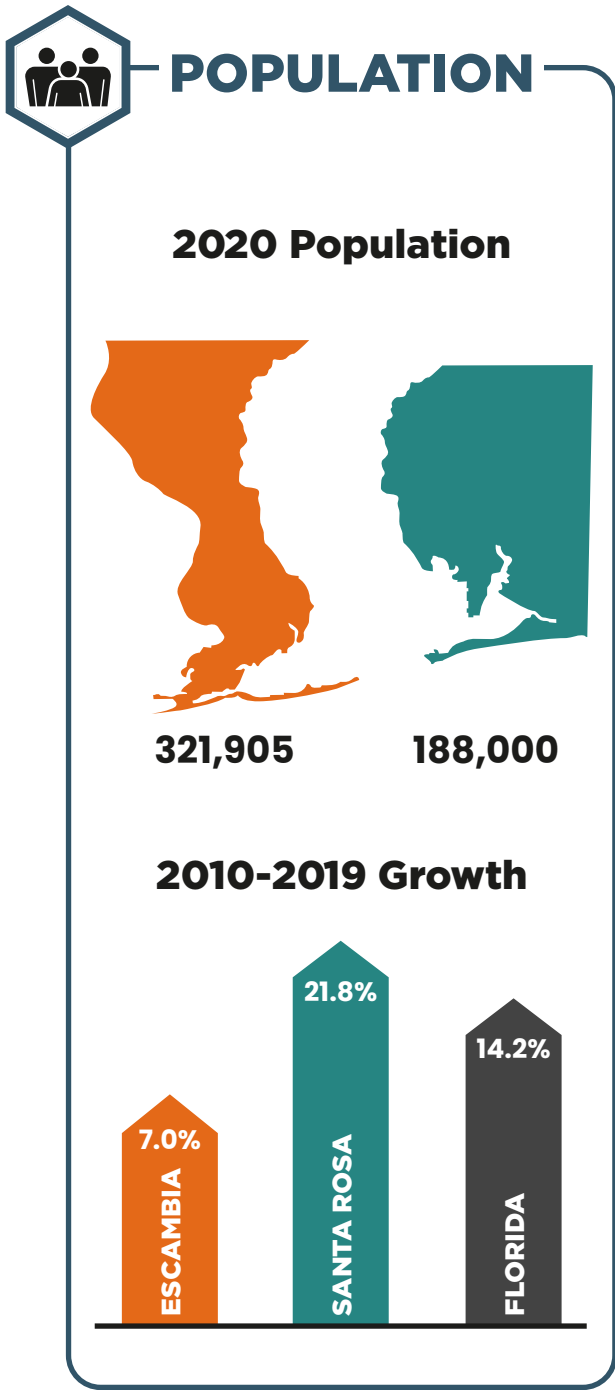| Year	Escambia	Santa Rosa	Total
2000	294,410	117,743	412,153
2010	297,619	151,372	448,991
2020	321,905	188,000	509,905

Escambia County

Santa Rosa County
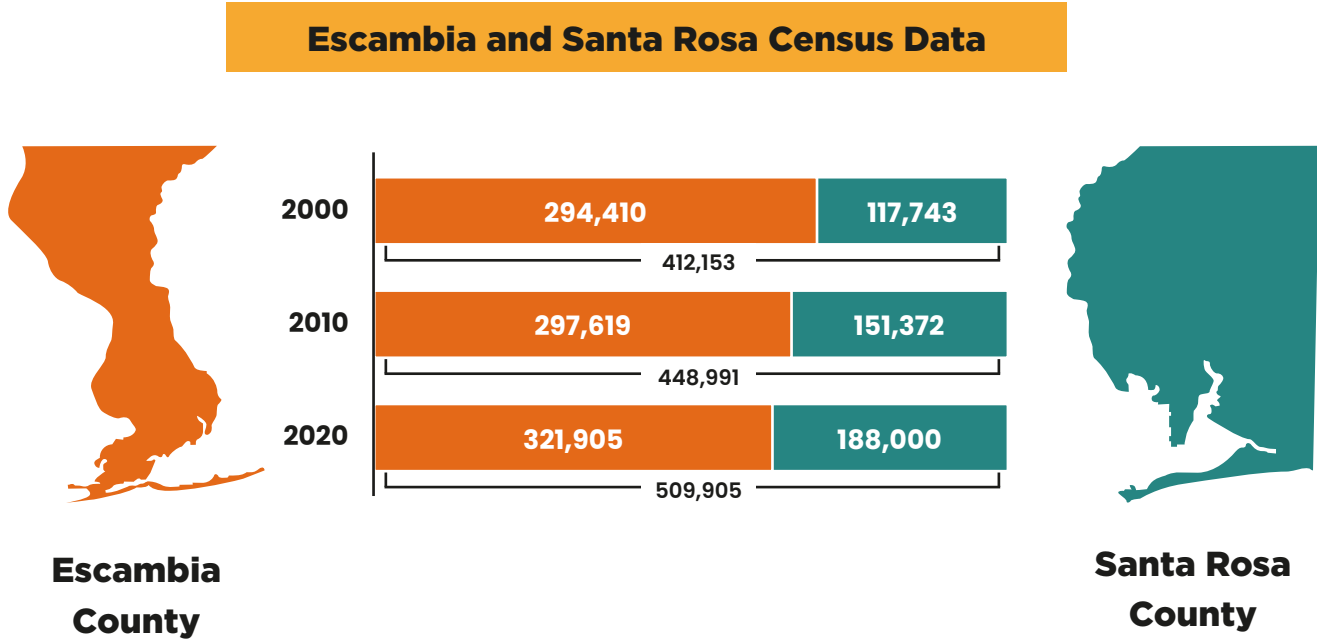
While each county, and the cities or towns within, has its own unique characteristics, the two counties are intertwined. It is common for residents from one county to commute to and from the other county for jobs, entertainment, education, and health care. For this reason, the entire Pensacola MSA was selected as the "community" covered by the CHNA. Although this assessment covers the Pensacola MSA, individual collaborating partners may serve subareas of the MSA.
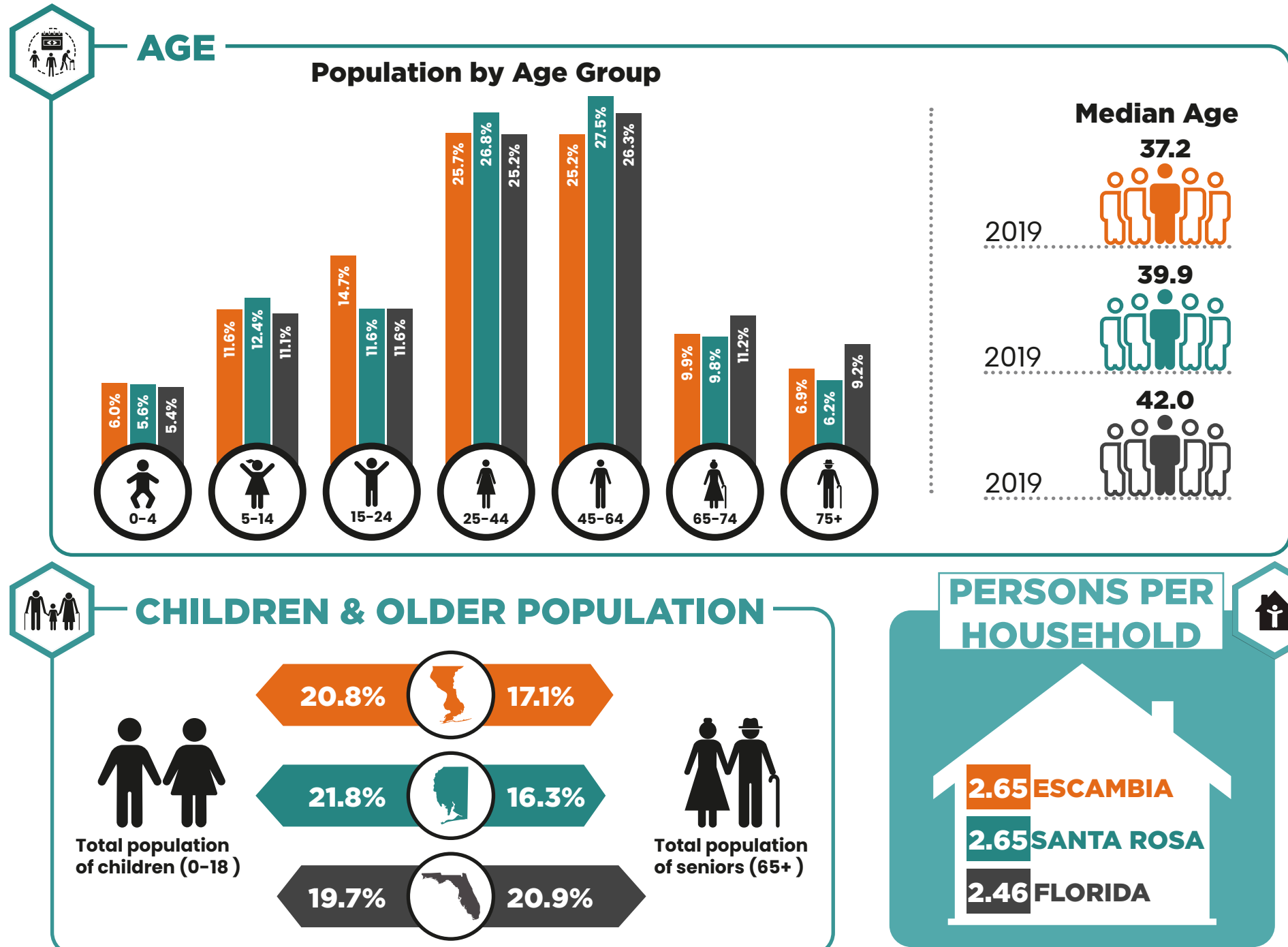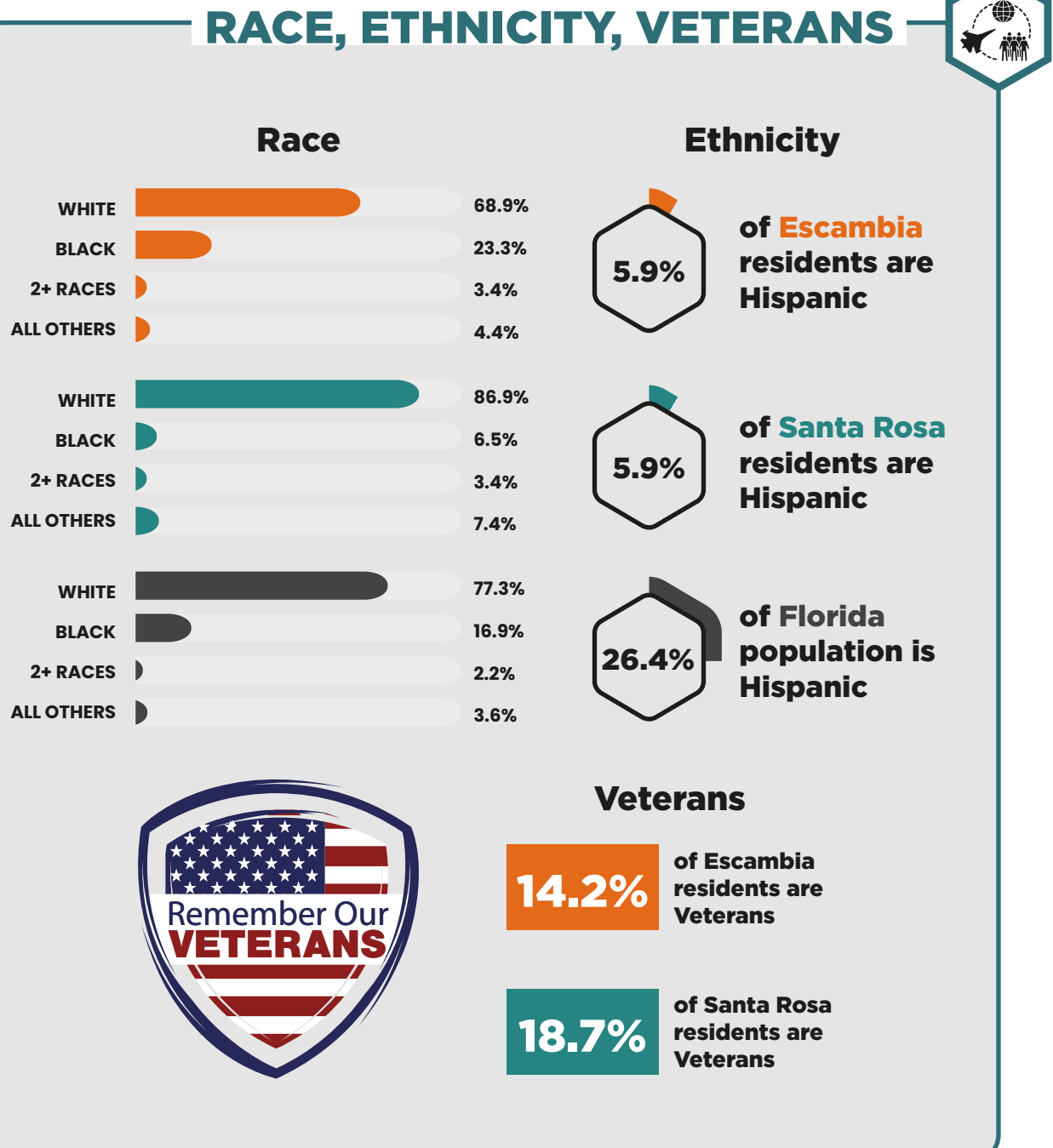
Community Profile

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:

POPULATION

RACE, ETHNICITY, VETERANS

AGE

CHILDREN & OLDER POPULATION

PERSONS PER HOUSEHOLD

INCOME & PROPERTY VALUE

POVERTY

EMPLOYMENT

EDUCATION

POPULATION

RACE, ETHNICITY, VETERANS

2020 Population

321,905   **188,000**

2010-2019 Growth

- ESCAMBIA 7.0%
- SANTA ROSA 21.8%
- FLORIDA 14.2%

Race

WHITE	68.9%
BLACK	23.3%
2+ RACES	3.4%
ALL OTHERS	4.4%

WHITE	86.9%
BLACK	6.5%
2+ RACES	3.4%
ALL OTHERS	7.4%

WHITE	77.3%
BLACK	16.9%
2+ RACES	2.2%
ALL OTHERS	3.6%

Ethnicity

5.9% of **Escambia** residents are Hispanic

5.9% of **Santa Rosa** residents are Hispanic

26.4% of **Florida** population is Hispanic

Veterans

Remember Our VETERANS

14.2% of Escambia residents are Veterans

18.7% of Santa Rosa residents are Veterans

AGE

Population by Age Group

Age Group			
0–4	6.0%	5.6%	5.4%
5–14	11.6%	12.4%	11.1%
15–24	14.7%	11.6%	11.6%
25–44	25.7%	26.8%	25.2%
45–64	25.2%	27.5%	26.3%
65–74	9.9%	9.8%	11.2%
75+	6.9%	6.2%	9.2%

Median Age

- 2019: 37.2
- 2019: 39.9
- 2019: 42.0

CHILDREN & OLDER POPULATION

	Children (0–18)	Seniors (65+)
	20.8%	17.1%
	21.8%	16.3%
	19.7%	20.9%

Total population of children (0–18)   Total population of seniors (65+)

PERSONS PER HOUSEHOLD

- **2.65** ESCAMBIA
- **2.65** SANTA ROSA
- **2.46** FLORIDA

INCOME & PROPERTY VALUE

$50,915	$173,100
$67,949	$199,200
$55,660	$245,100

MEDIAN HOUSEHOLD INCOME (2019)

MEDIAN HOME VALUE (2019)

EMPLOYMENT

Unemployment Rate

4.8%
ESCAMBIA

4.5%
SANTA ROSA

5.1%
FLORIDA

EDUCATION

ESCAMBIA
2.8% | 35.4% | 36.9% | 24.9%

SANTA ROSA
2.4% | 34.8% | 36.0% | 26.8%

FLORIDA
5.3% | 36.8% | 30.2% | 27.8%

- Less than High School
- High School
- Some College or Associate Degree
- Bachelor's Degree or Higher

POVERTY

9% FAMILIES LIVING IN POVERTY

24% CHILDREN LIVING IN POVERTY

16% PERSONS LIVING IN POVERTY

7% FAMILIES LIVING IN POVERTY

18% CHILDREN LIVING IN POVERTY

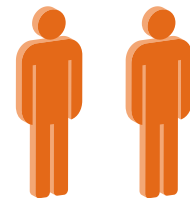**10%** PERSONS LIVING IN POVERTY

10% FAMILIES LIVING IN POVERTY

22% CHILDREN LIVING IN POVERTY

13% PERSONS LIVING IN POVERTY
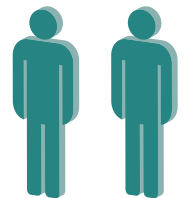
2019 Total Poverty by Race

24% BLACK
12% WHITE
9% WHITE
19% BLACK

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).

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 9, Evaluation of progress will occur throughout 2022-2025 and culminate with the development of the next CHNA in 2025.

2022 CHNA Methodology

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.

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, safety of the neighborhood, 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.
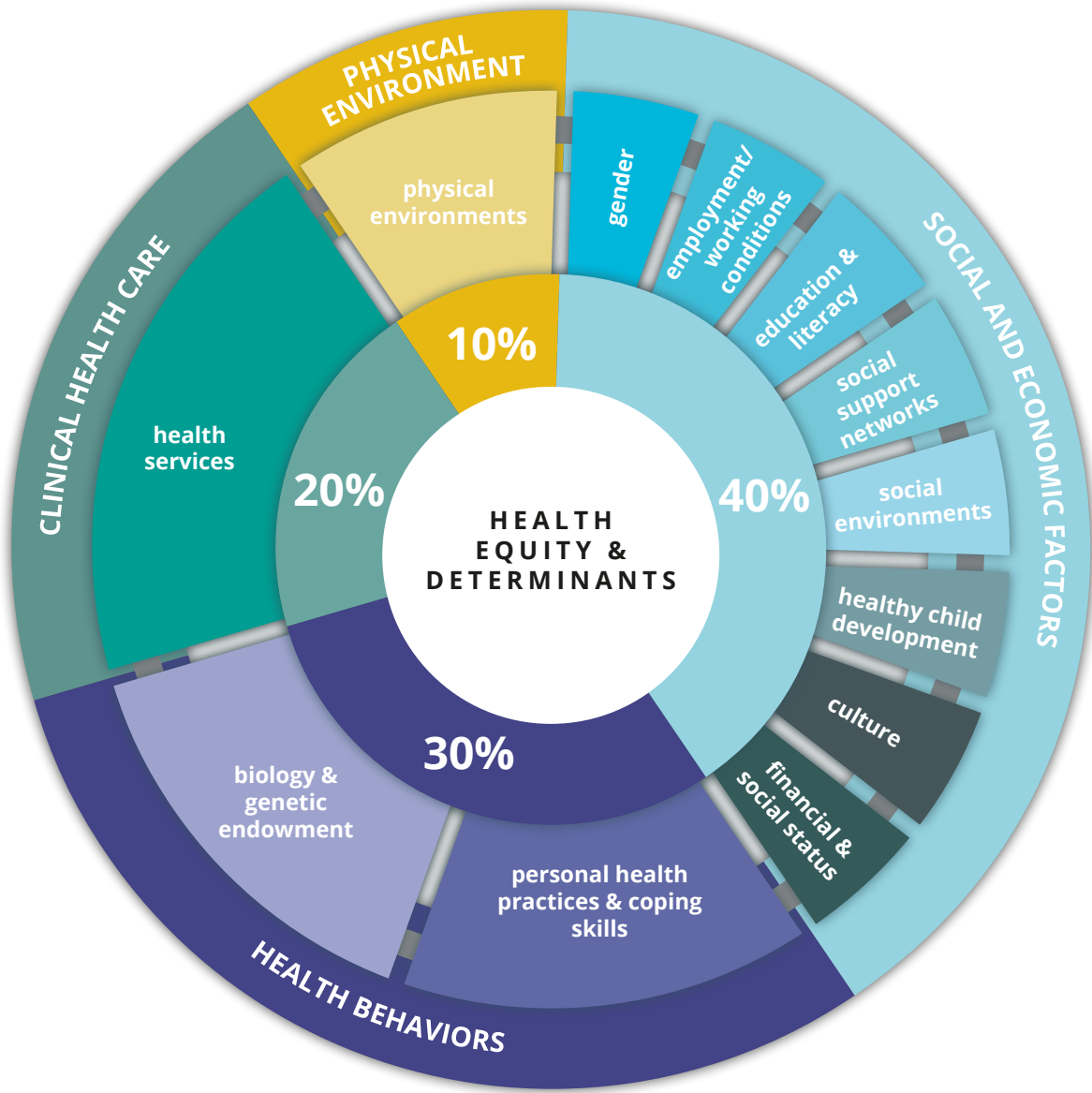
To measure health within a community by looking at Social Determinants of Health, access to and quality of health care, and personal health behaviors, the County Health Ranking and Roadmaps was developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute (UWPHI). The framework, shown below, illustrates the strong influence that Health Factors and Health Outcomes have on illness 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 help make communities healthier places to live, learn, work and play. Achieve Healthy EscaRosa (AHER) has adopted the County Health Rankings framework.

This 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 incomes – 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 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 Achieve Healthy EscaRosa CHNA report addresses some of the health equity issues so that the root causes can be addressed.

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.

	ESCAMBIA	SANTA ROSA	FLORIDA
1	CANCER	CANCER	HEART DISEASE
2	HEART DISEASE	HEART DISEASE	CANCER
3	CHRONIC LOWER RESPIRATORY DISEASE	CHRONIC LOWER RESPIRATORY DISEASE	STROKE
4	UNINTENTIONAL INJURY	STROKE	UNINTENTIONAL INJURY
5	STROKE	UNINTENTIONAL INJURY	CHRONIC LOWER RESPIRATORY DISEASE
6	ALZHEIMER'S DISEASE	ALZHEIMER'S DISEASE	ALZHEIMER'S DISEASE
7	NEPHRITIS, NEPHROTIC SYNDROME, & NEPHROSIS	DIABETES	DIABETES
8	DIABETES	NEPHRITIS, NEPHROTIC SYNDROME, & NEPHROSIS	SUICIDE
9	SEPTICEMIA	SEPTICEMIA	NEPHRITIS, NEPHROTIC SYNDROME, & NEPHROSIS
10	CHRONIC LIVER DISEASE & CIRRHOSIS	CHRONIC LIVER DISEASE & CIRRHOSIS	CHRONIC LIVER DISEASE & CIRRHOSIS

HEALTH OUTCOMES

LEAST HEALTHY — 0% 25% 50% 75% 100% — HEALTHIEST

LEAST HEALTHY — 0% 25% 50% 75% 100% — HEALTHIEST
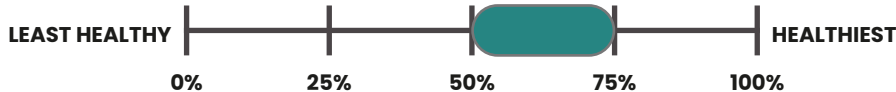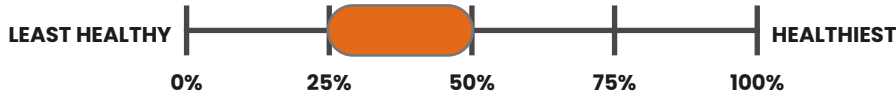
According to the County Health Rankings, Escambia is ranked in the lower middle range of all Florida counties (25%-50%) for health outcomes, while Santa Rosa is ranked in the higher middle range (50%-75%).

LENGTH OF LIFE

PREMATURE DEATH

Measured as years of potential life lost and tracked for every death before the age of 75. Is used to measure preventable deaths.

ESCAMBIA	SANTA ROSA	FLORIDA
10,100 Years	7,400 Years	7,200 Years

Who is Impacted?

12,800 BLACK	9,800 WHITE

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

Source: www.countyhealthrankings.org/app/florida/2021/rankings/escambia/county/outcomes/overall/snapshot

LOW BIRTH WEIGHT

10% ESCAMBIA

8% SANTA ROSA

9% FLORIDA

17% AM INDIAN & ALASKA NATIVE

16% BLACK

8% WHITE

14% BLACK

8% WHITE

Who is Impacted?

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**.

CHILD MORTALITY RATE

80 ESCAMBIA

50 SANTA ROSA

50 FLORIDA

Number of deaths among children under age 18 per 100,000 population

Who is Impacted?

110 Black

60 White

100 Black

50 White
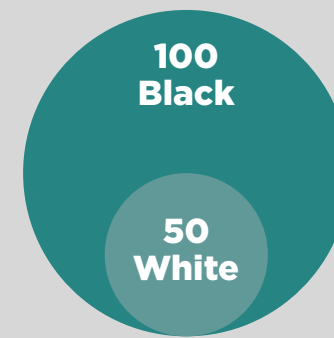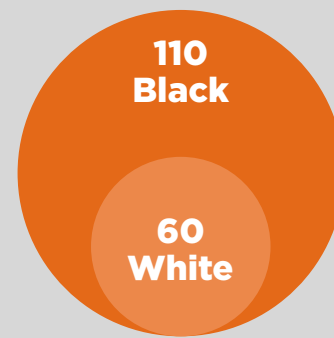
In both counties Black children (<18) have a 2 times higher mortality rate than White children.

INFANT MORTALITY RATE

8 ESCAMBIA

6 SANTA ROSA

6 FLORIDA

14 BLACK

5 WHITE

Number of all infant deaths (within 1 year) per 1,000 live births

LIFE EXPECTANCY

75.3 ESCAMBIA

77.7 SANTA ROSA

80.2 FLORIDA

DIABETES PREVALENCE

13% ESCAMBIA

12% SANTA ROSA

11% FLORIDA

prevalence slightly higher than FL, but lower cause of death

HEALTH FACTORS

LEAST HEALTHY | HEALTHIEST
0%   25%   50%   75%   100%

LEAST HEALTHY | HEALTHIEST
0%   25%   50%   75%   100%

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 BEHAVIORS

ADULT SMOKING

| 20% ESCAMBIA | 21% SANTA ROSA | 15% FLORIDA |

ADULT OBESITY

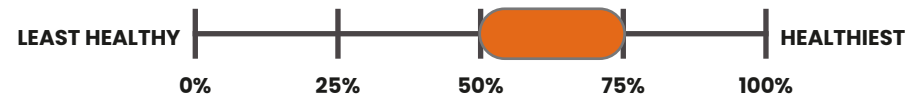| 29% ESCAMBIA | 31% SANTA ROSA | 27% FLORIDA |

SEXUALLY TRANSMITTED INFECTION

| 673.7 ESCAMBIA | 277.2 SANTA ROSA | 499.2 FLORIDA |

*Number of newly diagnosed chlamydia cases per 100,000 population

DRUG OVERDOSE DEATHS

| 24% ESCAMBIA | 17% SANTA ROSA | 24% FLORIDA |

Whites are 2x more likely to overdose than Blacks.

TEEN BIRTHS

| 29 ESCAMBIA | 21 SANTA ROSA | 20 FLORIDA |

*Number of births per 1,000 female population ages 15-19

CLINICAL CARE

UNINSURED+

| 12% ESCAMBIA | 13% SANTA ROSA | 16% FLORIDA |

MAMMOGRAPHY SCREENING

| 38% ESCAMBIA | 41% SANTA ROSA | 43% FLORIDA |

PREVENTABLE HOSPITAL STAYS

| 4,725 ESCAMBIA |
| 4,937 SANTA ROSA |
| 4,684 FLORIDA |

*Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees

FLU VACCINATIONS

GET YOUR FLU SHOT

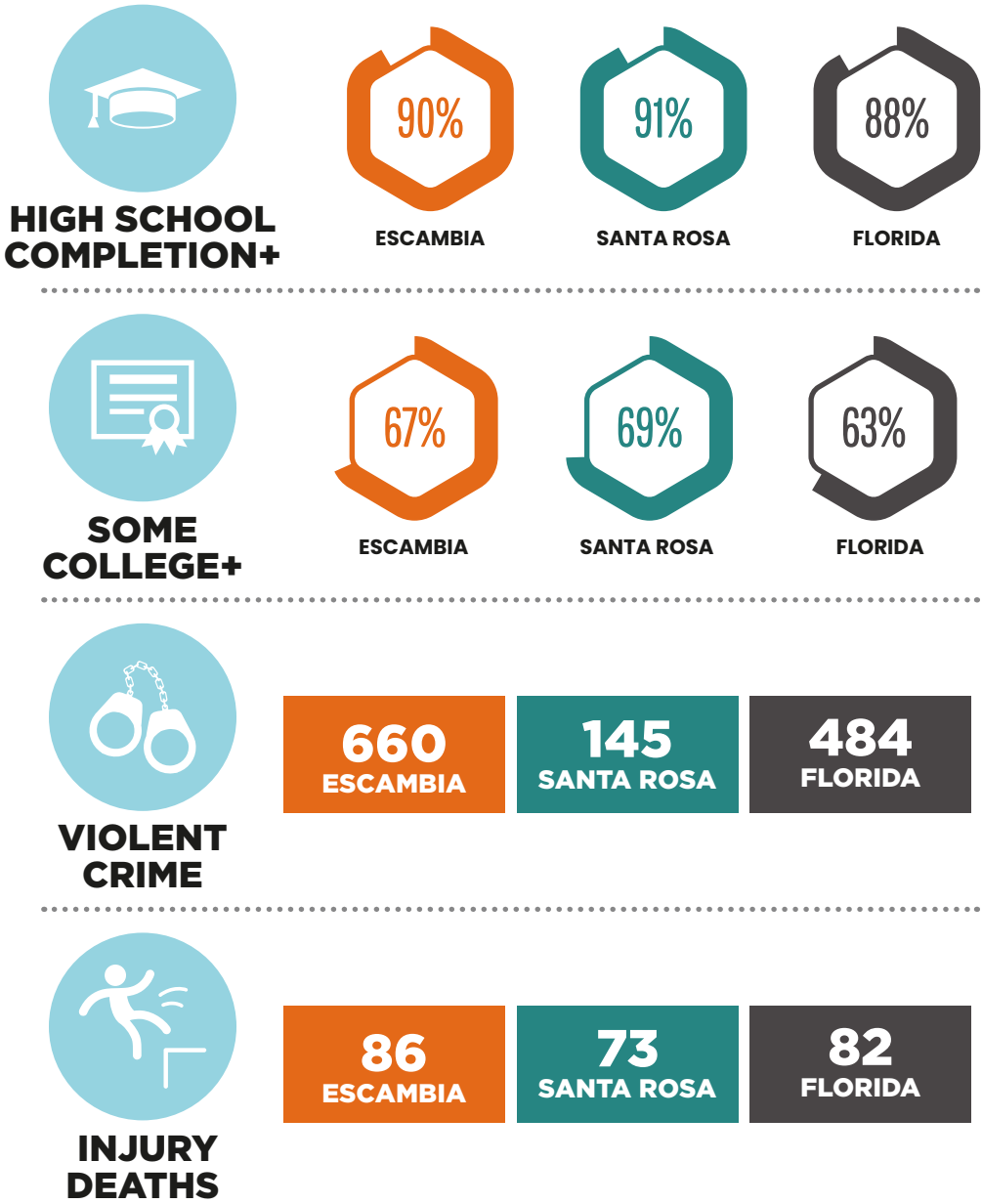| 39% ESCAMBIA | 39% SANTA ROSA | 46% FLORIDA |

*Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
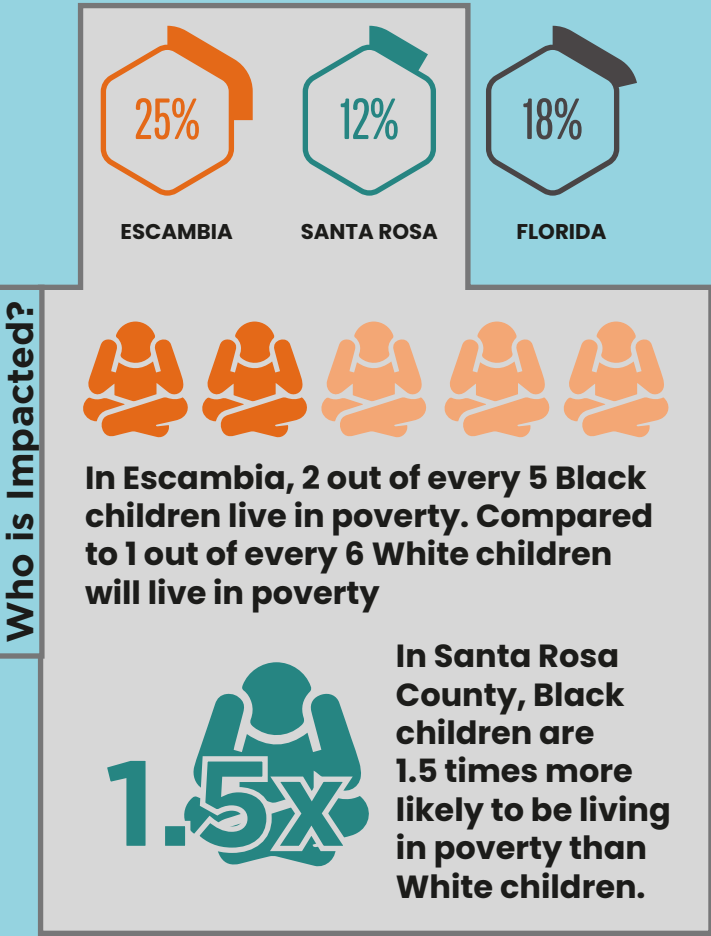
ⓘ **+** indicates area of strength

SOCIAL & ECONOMIC FACTORS

HIGH SCHOOL COMPLETION+

| 90% ESCAMBIA | 91% SANTA ROSA | 88% FLORIDA |

SOME COLLEGE+

| 67% ESCAMBIA | 69% SANTA ROSA | 63% FLORIDA |

VIOLENT CRIME

| 660 ESCAMBIA | 145 SANTA ROSA | 484 FLORIDA |

INJURY DEATHS

| 86 ESCAMBIA | 73 SANTA ROSA | 82 FLORIDA |

ℹ **+** indicates area of strength

CHILDREN IN POVERTY

| 25% ESCAMBIA | 12% SANTA ROSA | 18% FLORIDA |

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

1.5x

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 CO_2

| 7.0 ESCAMBIA | 8.7 SANTA ROSA | 7.7 FLORIDA |

Average daily density of fine 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:

- OVERWEIGHT + OBESITY
- SUBSTANCE ABUSE
- MENTAL HEALTH
- CHILD ABUSE
- ACCESS TO HEALTHCARE
- FOOD INSECURITY

Community Perceptions and Themes

CHNA

The main focus of Achieve Healthy EscaRosa (AHER) is to improve the quality of life for all and to collectively design solutions that focus on sub-populations and sub-geographies of our community. AHER is tasked with aligning resources within the community to help improve health outcomes for Escambia and Santa Rosa residents.

AHER, a group of local hospitals, health departments and nonprofits, along with the University of West Florida, set out to better understand the health needs of all residents in Escambia and Santa Rosa counties, including those whose voices are often underrepresented. To gather the input from the community, AHER conducted a Community Health Needs Assessment (CHNA) that is updated every three years.

Gathering community input on their perception of health issues, concerns, and health services are a major portion of the CHNA. Trying to capture the voice of those we are intending to impact with policy and programs was a key driver for the process of conducting the survey and analyzing the results. Two versions of the CHNA were administered – the CHNA Community Resident Survey and the CHNA Community Leader Survey.

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 as a foundation. The survey items were reviewed by the CHNA committee and vetted for content. The majority of the 2019 survey items were retained. A few additional items on transportation, commute time, and delayed medical care were included to address the unique pandemic situation of 2020 and 2021. The result of the collaborative effort was a 32-item survey that was distributed in electronic and paper format. In total, 3,051 community members participated in the Resident Survey, resulting in 2,937 viable surveys. There were 1,503 respondents from Escambia County and 1,434 respondents from Santa Rosa County.

Data Collection and Weighting Information

In each county, the data were further separated into five zones, based on the participants' home zip code. The zones were created to roughly mirror each county's districts in order to better understand the needs of specific communities and to provide area officials and stakeholders with more tailored information to inform their decision making and policy work. In an attempt to provide results which reflected the opinions and needs of Escambia and Santa Rosa residents, the completed surveys from each county were weighted by gender, race, and ethnicity according to 2019 population estimates from census.gov.

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 survey research, economic impact modeling, and industrial innovation for the region and state. The data analysis from the Haas Center included weighting for underrepresented voices.

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.

AHER included more diverse respondents to the CHNA Community Resident Survey by partnering with organizations like the NAACP and the Gulf Coast Minority Chamber of Commerce to help get the word out about the survey. AHER also began encouraging responses at COVID-19 vaccine clinics while patients were under their 15-minute observation period. The intent was to ensure that opportunities were provided for the voice of communities that are disproportionately impacted by circumstances such as the pandemic and other challenges in our community. These impacted residents are groups of people who have been historically marginalized through systemic and social factors. These groups are often noted in research to have higher sickness and death rates than other groups, for this document we will be referring to them as "groups placed at increased risk." Outreach efforts were made to obtain the perceptions of groups placed at increased risk, such as low income, minority, and health care insecure residents (shown in the table). Significant findings for these groups are noted in the summary of the survey items.

Groups Placed at Increased Risk

	ESCAMBIA	SANTA ROSA	FLORIDA
Less than High School Education	2.8%	2.4%	5.3%
Historically Marginalized	15.5%	9.8%	12.7%
Uninsured	14.0%	12.0%	16.3%
Black	23.3%	6.5%	19.9%
Hispanic	5.9%	5.9%	26.4%
Disabled	11.5%	10.9%	8.6%
Not currently employed	4.8%	4.5%	5.1%

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, 3,051 community members participated in the Community Resident Survey, resulting in 2,937 viable surveys in the summer of 2021. The approximately 3,000 surveys was an increase from previous CHNA cycles. In 2016, there were 1,744 respondents and in 2019, 2,200 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
- Perceived Health Issues
- Behaviors of Concern
- Difficult to Find Care
- Problems Acquiring Care
- How Care is Accessed
- Influence of COVID
- Community Assessment
- 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 noted fair or good with Santa Rosa reporting more favorably 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. Higher household income was significantly associated with higher 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 TRICARE reported the highest overall community health (relative to other groups).

	ESCAMBIA	SANTA ROSA
Poor	6.6%	3.3%
Fair	35.9%	25.8%
Good	42.6%	52.9%
Very Good	12.7%	14.7%
Excellent	2.0%	3.3%

Important Areas of a Healthy Community

Question: What do you think are the most important areas of a "healthy community"?

The top three most important areas of a healthy community for both counties were clean environment, low crime/safe neighborhoods, and good medical care. However, Escambia ranked clean environment as the top area and Santa Rosa ranked good medical care as the top area. The same type of ranking occurred with the least important aspects of a healthy community. Both counties indicated healthy foods in neighborhoods, safe places to be active, and churches and religious organizations as the top three areas. However, healthy foods in neighborhoods was number one for Escambia and churches and religious organizations were top priority for Santa Rosa.

MOST IMPORTANT	ESCAMBIA	SANTA ROSA
Clean environment (water, air)	40.6% (1)	34.8% (3)
Low crime/safe neighborhoods	40.4% (2)	36.1% (2)
Good medical care	40.3% (3)	37.7% (1)
ADDITIONAL AREAS	ESCAMBIA	SANTA ROSA
Healthy foods in neighborhoods	18.7% (1)	14.6% (2)
Safe places to be active	15.8% (2)	14.4% (3)
Churches and religious organizations	14.3% (3)	16.5% (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 numbers compared to the state overage. 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 development, 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.

Responses for 'Most important health issues in your community'

	ESCAMBIA	SANTA ROSA
Overweight or obesity	63.7% (1)	54.3% (1)
Mental health issues	50.6% (2)	41.6% (2)
Substance abuse	42.5% (3)	39.3% (3)
Heart disease or stroke	31.1% (4)	28.9% (5)
Diabetes	30.7% (5)	27.8% (6)
Cancer	24.0% (6)	29.8% (4)

Health Outcomes Related To The Top 3 Most Important Health Issues

	ESCAMBIA	SANTA ROSA	FLORIDA
Overweight (Overweight/ Obesity)	36.2% (2019)	38.4% (2019)	35.8% (2019)
Obese (2019) (Overweight/ Obesity)	28.0% (2019)	31.6% (2019)	27.4% (2019)
Baker Act Rate (Mental Health)	1,023 per 100,000 (2017/18)	649 per 100,000 (2017/18)	1,005 per 100,000 (2017/18
Fatal Overdose (Substance Abuse)	31.3 per 100,000 (2019)	16.2 per 100,000 (2019)	16.2 per 100,000 (2019)
Drug related Non Fatal Overdose ER Visits (Substance Abuse)	202 per 100,000 (2019)	140.5 per 100,000 (2019)	187.7 per 100,000 (2019)

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, not seeing a doctor or dentist, and unprotected or unsafe sex. The behaviors significantly concerning to respondents with high school or less education were drug abuse, child abuse, and domestic violence.

Responses for 'Most concerning behaviors'

BEHAVIOR	ESCAMBIA	SANTA ROSA
Drug abuse	45.8% (1)	44.4% (1)
Poor eating habits	37.8% (2)	32.3% (2)
Child abuse	32.2% (3)	32.4% (3)

Health Outcomes Related To The Top 3 Most Concerning Behaviors

	ESCAMBIA	SANTA ROSA	FLORIDA
Unintentional Injury by Drug Poisoning (Drug abuse)	42.2 per 100,000 population (2020)	29.59 per 100,000 population (2020)	32.9 per 100,000 population (2020)
Food Insecurity Rate (Nutrition)	13.6% (2019)	11.6% (2019)	13.0% (2019)
Children experiencing abuse ages 5–11 (Child Abuse)	14.89 per 1,000 population (2019)	10.29 per 1,000 population (2019)	6.62 per 1,000 population (2019)

Difficult to Find Care

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

Respondents in both counties indicated mental health services and alcohol or 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. Specialty medical care was 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.

Difficulty 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/none. In the 2019 CHNA, the services difficult to get were dental care and alcohol/drug abuse treatment.

The following services 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)
• Prescriptions

Groups Placed at Increased Risk: The services that were significantly more concerning to Black respondents were family doctor/primary care, and dental care. The services significantly more concerning to respondents with high school or less education were dental care, and vision care (eye exam and glasses).

	ESCAMBIA	SANTA ROSA
Mental Health Services	48.9% (1)	41.1% (1)
Alcohol or drug abuse treatment	31.1% (2)	26.2% (2)
Services for the elderly	24.3% (3)	21.9% (4)
Specialty medical care	15.7% (8)	24.3% (3)

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.

The following issues were significantly negatively associated with perceived overall community health. A 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 not taking new patients
• 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
• Lack of transportation (couldn't get a ride)

Groups Placed at Increased Risk: Problems acquiring healthcare that were significantly more concerning to respondents with high school or less education included "I don't have health insurance" and "the doctor or nurse does not speak my language". There were no factors significantly more concerning to Black respondents on problems acquiring care.

	ESCAMBIA	SANTA ROSA
I am able to get quality healthcare without problems	43.0%	36.1%
Wait time to get an appointment is too long	31.8%	26.6%
Doctor not taking new patients	22.5%	19.4%
Doctor or clinic not taking my insurance	18.2%	17.7%
I cannot afford my insurance copay or deductible	13.4%	13.4%

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.

	ESCAMBIA	SANTA ROSA
My family doctor/primary care	77.2% (1)	71.6% (1)
Urgent care clinic	42.2% (2)	32.62% (2)
Hospital emergency room	22.6% (3)	19.2% (3)
VA or military	7.5% (4)	11.1% (4)
I usually go without healthcare	7.5% (4)	6.9% (5)

Influence of COVID

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

	ESCAMBIA	SANTA ROSA
YES	29.7%	27.6%

Question: Which of the following were impacted due to COVID-19?

	ESCAMBIA	SANTA ROSA
Routine hospital visit for you or your family	14.3% (1)	11.5% (1)
Other medical procedure	9.5% (2)	8.6% (3)
Elective surgeries	9.1% (3)	9.1% (2)

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 = poor and 5=excellent.

Escambia County residents ranked the following areas high (range of 4.0 – 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.

	ESCAMBIA	SANTA ROSA
Access to basic health care for you and your family	4.0 (1)	4.0 (2)
Your neighborhood as a safe place to live	3.9 (2)	4.1 (1)
Your overall health	3.8 (3)	3.7 (5)
The way you are accepted in your neighborhood	3.8 (3)	3.8 (4)
Your community as a place to raise children	3.4 (5)	3.9 (3)
Community as a safe place to live	3.4 (5)	3.9 (3)

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

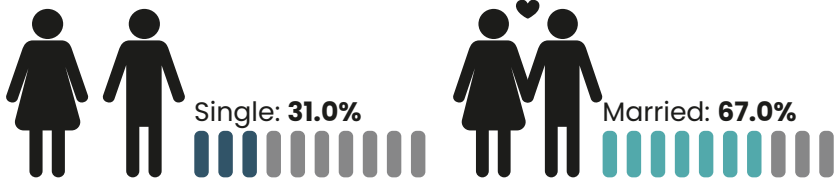|	ESCAMBIA	SANTA ROSA
Q23 How hard is it for you to get regular health screenings and check-ups?	3.8	3.7
Q21 How hard is it for you to be physically active every day?	3.3	3.2
Q22 How hard is it for you to eat 5 fruits or vegetables each day?	3.3	3.4

SUMMARY: Health outcome data is critical to the work of AHER, but so are lived experiences. When the community perceptions were compared to actual health outcomes, there were similar results from both counties. For the most part, the perceptions of areas of concern are actual areas of concern based on the health indicators. Perceptions that parallel the health outcome data is a critical piece for strategic planning in our work at AHER. Neither perceptions nor health outcomes tell the full story, only when both are considered in tandem do we build true understanding of how to move forward.
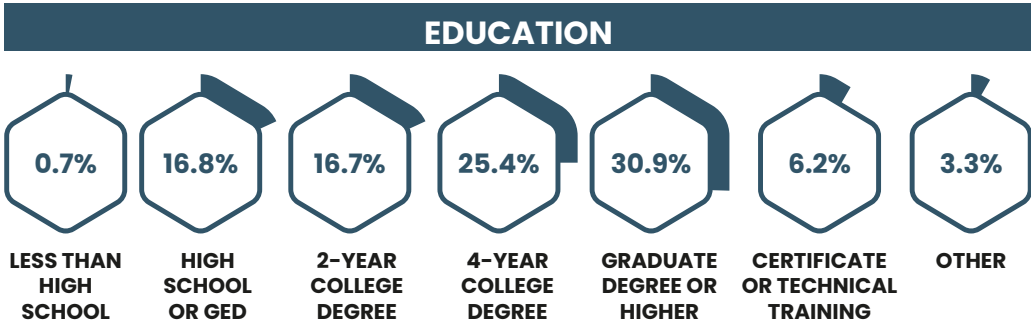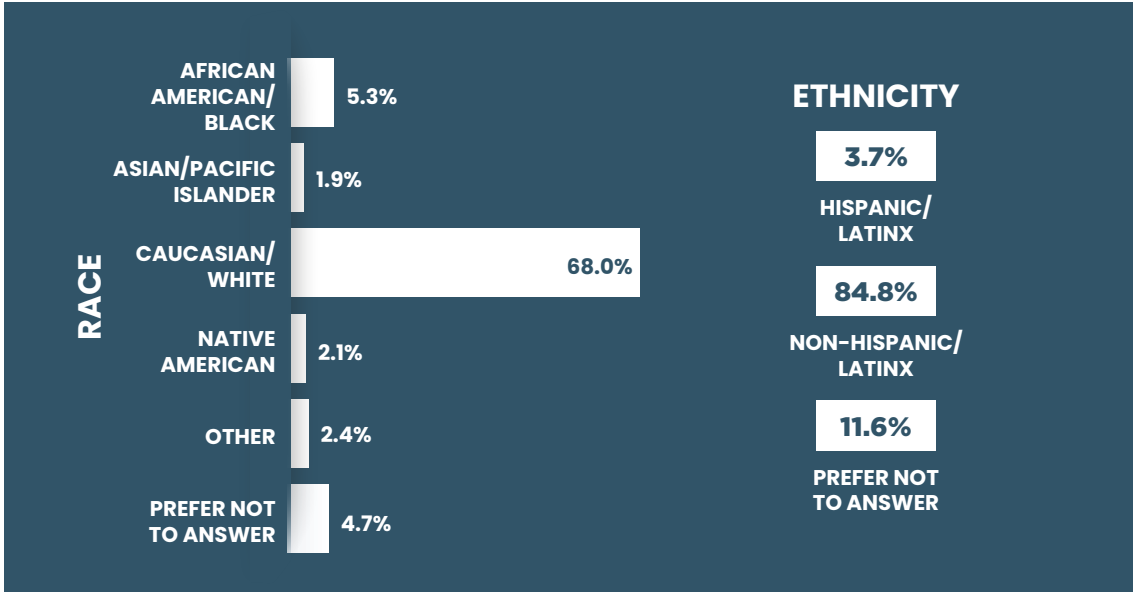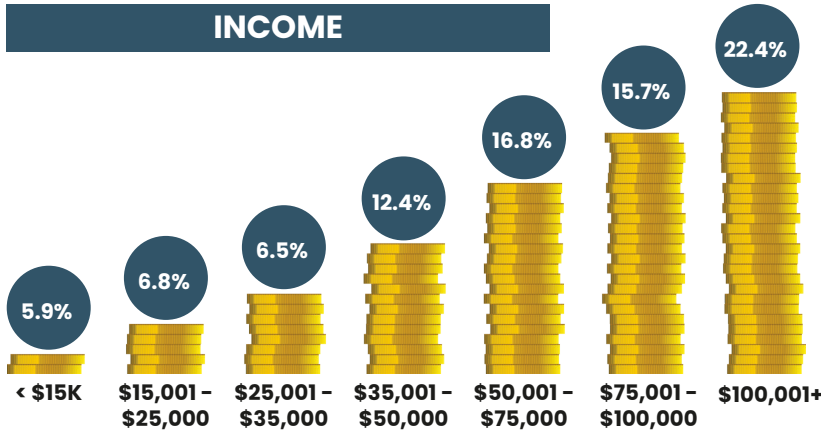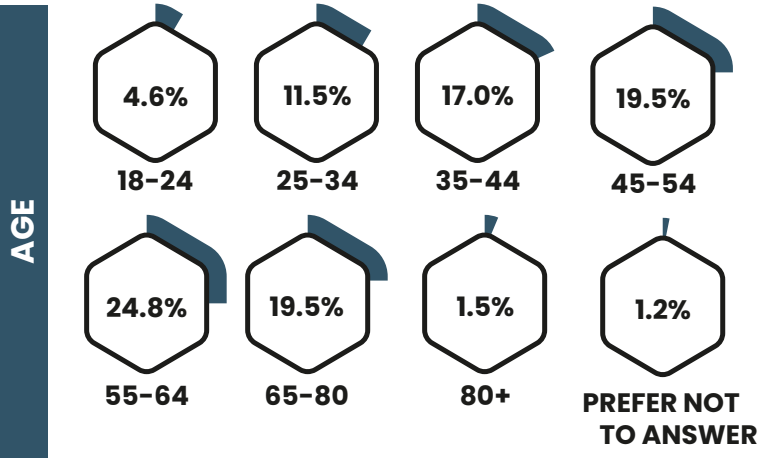
RESPONDENT DEMOGRAPHICS

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%.

Female: **67.0%** Male: **31.0%**
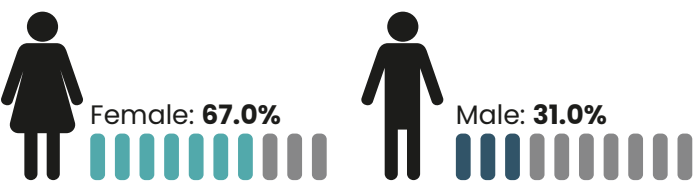
Prefer not to answer: **1.7%** Non-binary/ third gender: **0.3%**

Single: **31.0%** Married: **67.0%**

Divorced: **1.7%**, Living with significant other: **0.3%**, Widowed: **0.0%**

AGE

4.6%	11.5%	17.0%	19.5%
18-24	25-34	35-44	45-54
24.8%	19.5%	1.5%	1.2%
55-64	65-80	80+	PREFER NOT TO ANSWER

RACE

AFRICAN AMERICAN/ BLACK	5.3%
ASIAN/PACIFIC ISLANDER	1.9%
CAUCASIAN/ WHITE	68.0%
NATIVE AMERICAN	2.1%
OTHER	2.4%
PREFER NOT TO ANSWER	4.7%

ETHNICITY

HISPANIC/ LATINX	3.7%
NON-HISPANIC/ LATINX	84.8%
PREFER NOT TO ANSWER	11.6%

INCOME

5.9%	6.8%	6.5%	12.4%	16.8%	15.7%	22.4%
< $15K	$15,001 - $25,000	$25,001 - $35,000	$35,001 - $50,000	$50,001 - $75,000	$75,001 - $100,000	$100,001+

EDUCATION

0.7%	16.8%	16.7%	25.4%	30.9%	6.2%	3.3%
LESS THAN HIGH SCHOOL	HIGH SCHOOL OR GED	2-YEAR COLLEGE DEGREE	4-YEAR COLLEGE DEGREE	GRADUATE DEGREE OR HIGHER	CERTIFICATE OR TECHNICAL TRAINING	OTHER

30 Community Leaders

44% Small Organizations
31% Healthcare & Social Assistance
13% Educational Services, Professional, Scientific, and Technical Services, Public Administration, and Other Services
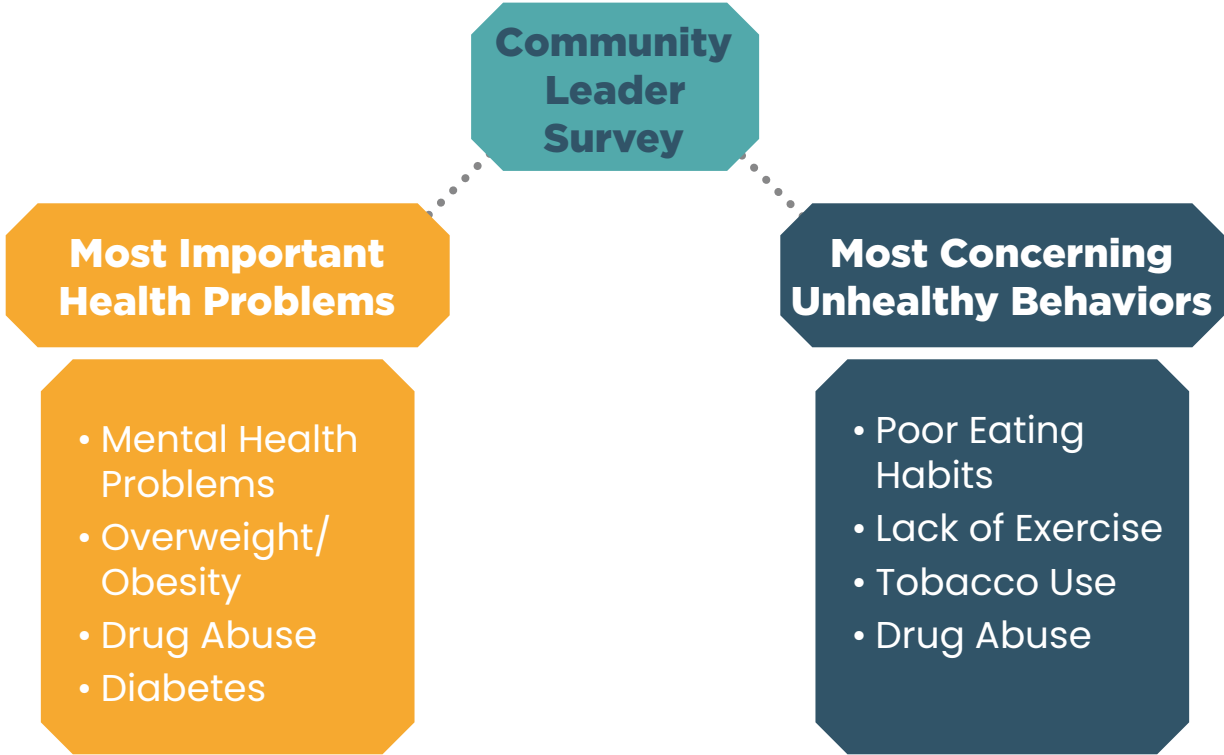
28% serve both Escambia and Santa Rosa

56% Escambia only

17% Santa Rosa only

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 12.50% 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.

Community Leader Survey

Most Important Health Problems

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

Most Concerning Unhealthy Behaviors

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

Forces of Change Assessment

A Forces of Change (FOC) workshop held on July 21, 2021. Community partner organizations convened to discuss the results of the Community Resident Survey, health data outcomes, and threats and opportunities for action.

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.

34 members of AHER participated in the FOC workshop, representing local organizations including CDAC Behavioral Healthcare, Inc., Baptist Health Care, Ascension Sacred Heart Healthcare, West Florida Health Care, Community Health Northwest Florida, Florida Department of Health in Escambia County, Florida Department of Health in Santa Rosa County, Gulf Coast Kid's House, Pensacola Chamber of Commerce, Lakeview Center, Nemours, Gulf Coast Minority Chamber, United Way of West Florida, Simply Healthcare, and the 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.

Force 1 – Overweight/Obesity

Force 2 – Substance Abuse

Force 3 – Mental Health

Force 4 – Food Insecurity

Force 5 – Child Abuse

Force 6 – Access to Healthcare

The goal of the FOC 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 within 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
- Finalize our key 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, technological improvements
- Factors - distinct features or elements: large military population or location on Gulf
- Events - a one-time occurrence: hurricane, COVID, a new law

Forces of Change could also be:

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

Each of the six Forces of Change groups was assigned a facilitator. The facilitators received instructions on how to guide the discussions on their designated Force. To help guide the discussion, a worksheet was provided that included the following steps:

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 1 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

Other related questions that may help foster discussion:

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

After discussing the threats and corresponding opportunities, the **Opportunities for Action** were recorded on the worksheet and a scribe wrote the opportunities on a flip chart. Then the designated group speaker shared the results with the entire group and answered any questions for clarification. The resulting Opportunities for Action from the facilitated group discussion for each of the Forces is listed below.

CHILD ABUSE

- Technology Use – Education and outreach
- Generational Abuse – Community collaboration, organization sat all age levels
- Substance Abuse – focus on family and support system to protect the child

FOOD INSECURITY

- Deploy Certified Community Health Workers to become the "boots on the ground" – the socially and culturally trusted connectors to promote healthy eating habits and identify food resources.
- Build upon existing resources (food bank/drives) to build food equity
- Be creative with partnering with local convenience stores that reside in food deserts to offer healthy options.

ACCESS TO HEALTHCARE

- Health access bridge tool kit – pediatrics to adult, incoming military
- Policy – telehealth priority/community sites and broadband' transportation, quality metrics and evaluation of process
- Education and communication – provider, patient, community, literacy

MENTAL HEALTH

- Improve shared communication between health care providers
- Community outreach/education
- Increase awareness and education among foster parents and guardian ad litem

SUBSTANCE ABUSE

- Develop a marketing/communication plan to address stigma, access, best practices.
- Develop advocacy plan to impact funding /policy at local/state levels – workforce, funding, access
- Identify opportunities for community efforts to collaborate – grassroots, OD prevention, MAT, Peer support, Narcan

OVERWEIGHT/OBESITY

- Partner with and replicate CA Weiss on engaging neighborhoods and families in health living
- Host/facilitate a Health Equity action lab to identify perceptions and barriers around health living – potential to add as a component to CHW program
- Create a toolkit to educate organizations and community on hosting family friendly fun and healthy events – distribution identified through faith-based organizations first

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:

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 Lab (Force of Change: Overweight/Obesity) Technology Use (Force of Change: Child Abuse)
7. Substance Abuse Education & Marketing (Force of Change: Substance Abuse)
8. Increase Awareness of Mental Health (Force of Change: Mental Health)
9. 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.

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 opportunity 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.

LOCAL PUBLIC HEALTH SYSTEM SURVEY

The Local Public Health System (LPHS) includes all entities that contribute to the delivery of public or personal health. Public health departments are typically at the center of this 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.

Local Public Health System
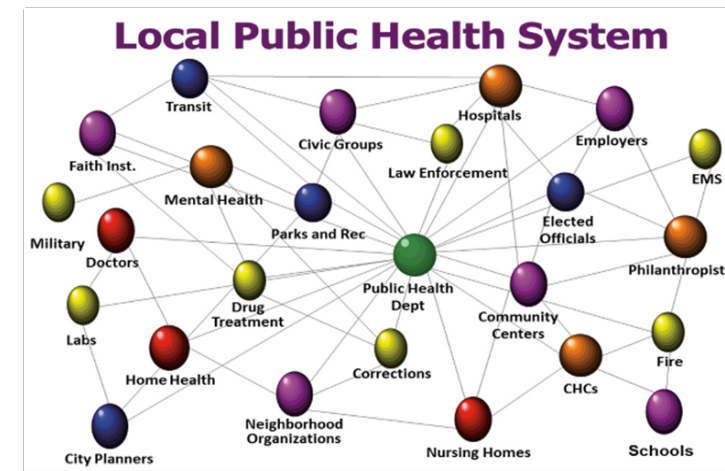
To assess our local public health system, the Florida Department of Health in each county uses the 10 Essential Public Health Services framework developed by the National Association of County and City Health Officials.

THE TEN ESSENTIAL SERVICES OF PUBLIC HEALTH ARE:

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 workforce
9. Evaluate effectiveness and quality of personal and population based health services
10. Research innovative solutions to health problems

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 LPHS 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.

10 Essential Health Services

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.

Escambia	25%
Santa Rosa	15%
Escambia and Santa Rosa	60%

80% of the organizations often access population health data often to inform their work.

100% of the organizations responded that they would like greater access/understanding of how to use population health data to improve impact.

43% use GIS or other mapping technology to better understand their data, while 57% do not.

88% conduct activities that inform, educate, and empower people about health issues.

81% of the respondents customize education and information for those at higher risk of negative health outcomes (i.e. language barriers, cultural competence).

75% of the organizations work to connect people to health services (insurance programs, health screenings, direct care with physicians, and other healthcare providers)?

88% use communication strategies to build awareness of the importance of public health (both community and individual health needs).

69% engage local government officials in community health improvement activities.

69% have a process to help enroll individuals into public benefit programs such as Medicaid, WIC, EBT, etc.

94% identify and stay current with best practices.

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.
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	20%
Child abuse	13%
Access to healthcare	15%
Other*:	4%

Linking frail elders to necessary services to remain in their own homes; Smoking cessation

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.

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
- Identified health outcomes and factors that disproportionately impact one race group over another
- Identified priority areas for focused, strategic action
- Ascertained that mental health, specialty care, elderly services and drug abuse treatment are difficult to obtain due primarily to poor geographic distribution of services and affordability
- Confirmed that are more likely to report poorer health overall and in their community
- Identified 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

Next Steps

The next step following the completion of the Community Health Needs Assessment (CHNA) is the formation of the Community Health Improvement Plan (CHIP). All AHER partners involved in the CHNA planning will participate in a community collaborative implementation plan addressing the community public health priorities that are highlighted in the CHNA.

A community's health affects its economic competitiveness. Escambia and Santa Rosa counties share many assets, and residents move routinely across county borders to live, work, play, shop, and obtain medical care. Although different in many social and demographic factors, there is significant commonality in health challenges, available assets, and community leadership.

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, non-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) to provide a desired measurable outcome with a specific indicator. Considerations of social determinants of health, causes of higher health risks, poorer health outcomes, and health inequities are featured in the plan.

The CHIP broadly, but sometimes specifically, plans for policy and system level changes for the alleviation of identified causes of health inequity. Priority areas addressed in the CHIP seek to reduce causes of health inequities through goals, strategies, and objectives.

The CHNA helps identify priority areas where health equity is being addressed. The CHIP spotlights the designation of individuals and organizations that have accepted responsibility for implementing strategies.

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 EscaRosa will help improve our impact as we feel we will be stronger together.

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 EscaRosa will seek to engage these organizations during the improvement planning and action portions of this process. United Way of West Florida utilizes 2-1-1, 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.

Escambia and Santa Rosa Resources

Santa Rosa County	Food Pantries	16
	Hot Meal Deliveries	1
	Medical Clinics	5
	Hospital	3
	Family support	1
	Child wellbeing support	1
Escambia County	Food Pantries	19
	Hot Meal deliveries	6
	Medical Clinics	6
	Prescription/Substance Help	2
	Family/peer support	5
	Nutrition assistance	2
Both Counties	Behavioral/mental health	21
	Family/peer support	4
	Child wellbeing support	15
	Substance abuse	19
	Hospitals	6
	Clinics	18
	Telephone support	17

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
  – Navy Hospital, WIC Clinic
  – Northside, WIC Clinic
- **Santa Rosa County**
  – Milton
  – Midway

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

Hospitals
- **Baptist Health Care**
  – Baptist Hospital
  – Gulf Breeze Hospital
  – Jay Hospital
- **Ascension Sacred Heart**
  – Pensacola Hospital
  – Studer Family Children's Hospital
  – Women's Hospital
- **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**

Veterans
- **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**
- **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
  – Perdido
  – Tiger Point
  – Walgreens – Ninth Avenue
  – Walgreens – Nine Mile Road
  – Walgreens – Navarre
  – Walgreens – Pace

ACKNOWLEDGMENTS

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 EscaRosa 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.

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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

PRIORITY NEED	Diabetes	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Increase # of Diabetes Risk Assessment Screenings	In process	● #s of screenings on track to meet goal
Provide outreach encounters to educate on prediabetes educational programs	In process	● # of encounters on track to meet goal

PRIORITY NEED	Child Health	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Market Safe Sitter classes to community organizations	In process	● Progress was slowed due to COVID pandemic, on track to meet goal
Conduct bike helmet fittings at community events	Completed	● Exceeded goal of having bike helmet fittings at community events
Increase # of associates who are certified bike helmet fitters	Completed	● Exceeded goal of # of associates trained as certified bike helmet fitters

PRIORITY NEED	Infant Health	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Educate maternity patients on safe sleep practices and provide materials	In progress	● 100% of maternity patients trained in safe sleep practices and provided materials

PRIORITY NEED	Mental Health	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Appointments for Pediatric Counseling from AMG to be scheduled within 2 business days	Completed	● Exceeded goal of 85% of counseling appointments scheduled within 2 business days

Public Feedback

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

ACHIEVE
Healthy EscaRosa