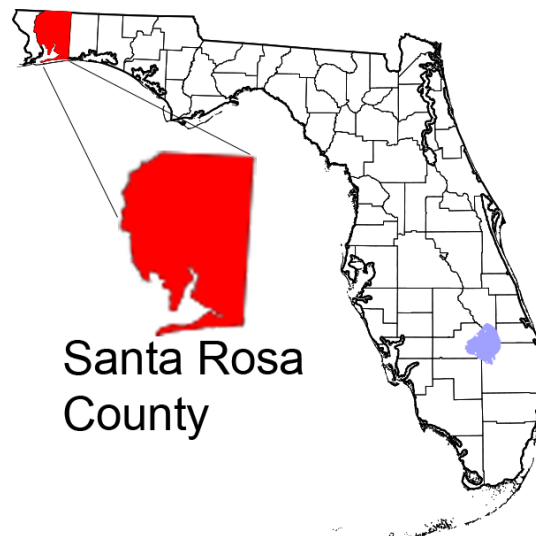


Community Health Assessment

Santa Rosa County 2013



Contributors

The following organizations participated in the Community Health Improvement project:

Children's Medical Services	Health Alliance Institute	Santa Rosa Emergency Management
Community Drug & Alcohol Council, Inc.	Lifeguard Ambulance Services	Santa Rosa Health Start Coalition
Covenant Hospice	MANNA Food Bank	Santa Rosa Medical Center
Department of Children & Families	Milton High School	The Awareness Academy
Early Learning Coalition of Santa Rosa	Northwest Florida Rural Health Network	United Way of Santa Rosa County
Escambia Community Clinic	Pensacola State College	University of West Florida
Families Count	Sandy Ridge Health & Rehabilitation	UWF Allied Health & Life Sciences
Favor House	Santa Rosa Chamber of Commerce	West Florida Community Care Center
Florida Black Chamber	Santa Rosa County Extension Service	Workforce Escarosa
Good Samaritan Clinic	Santa Rosa County School District	YMCA
Gulf Breeze Hospital	Santa Rosa County Sheriff's Office	



We would also like to thank Leah Roberts who wrote the original grant and the Senior Leadership Team of the Florida Department of Health in Santa Rosa County:

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Disclaimer

While statistics and data for the indicators were, to the best of the author's knowledge, current as the Community Health Profile Report 2012 was drafted, there may be subsequent data and developments, including recent legislative actions, that could alter the information provided herein.

This report does not include statistical tests for significance and does not constitute medical advice. Individuals with health problems should consult an appropriate health care provider. This report does not constitute legal advice.

For more information, contact Deborah Stilphen at the Santa Rosa County Health Department: phone (850) 983-5200, ext. 175 or email Deborah_Stilphen@doh.state.fl.us.

INTRODUCTION



This Community Health Assessment (CHA) provides a snapshot in time of the community strengths, needs, and priorities. Guided by the Mobilization for Action through Planning and Partnerships (MAPP) process, this report is the result of a collaborative and participatory approach to community health planning and improvement.

A Community Health Assessment is a collaborative process involving community partners to identify strengths, capacity, and opportunity to better address the many determinants of health. Improving the health of the community is critical to enhancing Santa Rosa County residents' quality of life and supporting its future prosperity and well-being.

The Santa Rosa County Community Health Assessment serves to inform the community decision making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans. The overarching goals of this report include:

- Examination of the current health status across Santa Rosa County as compared to Florida.
- Identification of the current health concerns among Santa Rosa County residents within the social and economic context of their community.
- Documentation of community strengths, resources, forces of change, and opportunities for health service provision to inform funding and programming priorities of Santa Rosa County.

Four broad focus areas were used in the CHA process:

1. Community Health Status Profile
2. Local Public Health System Assessment
3. Forces of Change
4. Community Strengths and Themes

Distribution

The Santa Rosa Community Health Status Profile was distributed to the Community Health Improvement Committee for review and comment in 2012. In addition, the partnership with the Santa Rosa County Health Department, Santa Rosa County Emergency Management, the Support Alliance for Emergency Readiness (SAFER), and the Santa Rosa Healthy Start Coalition reviewed the data and have been on small working groups throughout the MAPP process.

The Community Health Assessment (CHA) findings will be distributed and population at large, community health partners, stakeholders, other agencies will have opportunity to review and provide input. In addition, the CHA will be distributed to the Santa Rosa Community Health Improvement Committee, as well as, posted to the Santa Rosa County Health Department (CHD) website (<http://www.healthysantarosa.com>). This report will also be printed and distributed at the Santa Rosa County Health Department and Community Health Improvement Committee partner sites.

DATA SOURCES

Behavioral Risk Factor Surveillance System (BRFSS)

<http://www.floridacharts.com/charts/brfss.aspx>

This state-based telephone surveillance system is designed to collect data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality.

County Health Rankings <http://www.countyhealthrankings.org/#app/florida/2012>

The County Health Rankings rate the health of nearly every county in the nation. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to provide this database.

Florida Cancer Registry

http://www.doh.state.fl.us/disease_ctrl/epi/cancer/Background.htm

The Florida Cancer Data System (FCDS) is Florida's legislatively mandated, population-based, statewide cancer registry. The FCDS is a joint project of the Florida Department of Health and the University of Miami Miller School of Medicine.

Florida CHARTS <http://www.floridacharts.com>

The Florida Department of Health, Office of Statistics and Assessment maintains the Community Health Assessment Resource Tool Set (CHARTS) is commonly used to conduct community health assessments, prioritize health issues at the state and local level, and monitor changes in health indicators over time.

Florida HealthFinder, Florida Agency for Health Care Administration (AHCA)

<http://www.floridahealthfinder.gov/QueryTool/Results.aspx>

The Inpatient Data Query provides performance and outcome data and information on selected medical conditions and procedures in Florida health care facilities.

Florida Youth Tobacco Survey (FYTS)

http://www.doh.state.fl.us/disease_ctrl/epi/Chronic_Disease/FYTS/Intro.htm

The FYTS tracks indicators of tobacco use and exposure to second-hand smoke among Florida public middle and high school students, and provides data for monitoring and evaluating tobacco use among youth in the Florida Tobacco Prevention and Control Program.

United States Census Bureau <http://quickfacts.census.gov/qfd/states/12000.html>

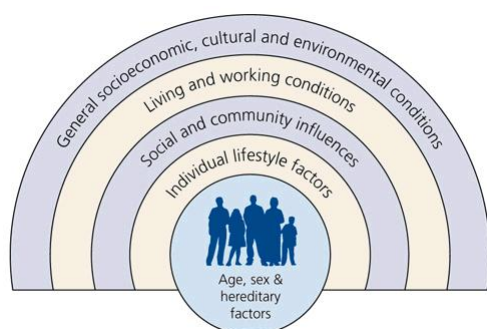
The U.S. Census Bureau collects detailed information on population demographics including age, sex, race, education, employment, income, and poverty.

METHODS

The Community Health Assessment followed the MAPP process to examine the community health status of Santa Rosa County. Factors at multiple levels were analyzed – from lifestyle behaviors (e.g., diet and exercise) to clinical care (e.g., access to health care services) to social and economic factors (e.g., employment opportunities) to the physical environment (e.g., rural community aspects). Each factor in conjunction with all the others impacts the health of Santa Rosa County residents. A social determinant of health perspective was adopted to guide the CHA process.

Social Determinants of Health Framework

It is recognized that health is influenced by a number of factors in the dynamic relationship between people and their environments. The social determinant of health framework addresses the distribution of wellness and illness within a population. The communities in Santa Rosa County, represented by the data within this report, live and work within an economic, social, and political context that is enabled and constrained by the rich network constructed by its multitude of relationships. Individual lifestyle factors are influenced by and influence health outcomes throughout the Santa Rosa County community. The social determinant of health framework focuses attention on the factors which most impact health within the larger social and economic context.



Process and Engagement of Community Health Partners

The Community Health Assessment relied on a participatory, collaborative approach guided by the Mobilization for Action through Planning and Partnerships (MAPP) process. The Santa Rosa Health Department worked with a number of community health partners and community residents from 2011 to 2013. Meetings and workshops were held to identify and assess perceptions, health concerns, strengths, weaknesses, and other related issues about the health programs and services available within Santa Rosa County. These community health partners included both public and private organizations, and are acknowledged on page 2 of this report and individual members are identified throughout this report. The Forces of Change workshop occurred in October 2012 and included 22 community health partners. The Community Themes and Strengths workshops were held in April 2012 and January 2013, with a total of 41 community health partners participating.

In addition to the four assessments for the MAPP process, Santa Rosa County community health partners conducted three other evaluations – Community Health

Needs Assessment, Partnership for Health Assessment, and Santa Rosa Collaborative Assessment survey. These reports are located in the Appendices.

Quantitative Data

Data for this report was drawn from county, state, and national sources in order to develop a social, economic and health snapshot in time of Santa Rosa County. Sources of data included, but were not limited to, the U.S. Census, County Health Rankings, and Florida Department of Health. Types of data included self-report of health behaviors using the Behavioral Risk Factor Surveillance System (BRFSS), public health surveillance data from Florida Department of Health's Community Health Assessment Resource Tool Set (CHARTS), as well as vital statistics based on birth and death records.

Qualitative Data

During 2011 to 2013, meetings and workshops were conducted with Santa Rosa County residents and members of the health community to assess their perceptions of the community, their health concerns, and the programs, services, and/or initiatives which would best address those concerns.

Limitations

Several limitations related to this assessment's research methods should be acknowledged. As a snapshot in time, the data may not represent the "current" population within Santa Rosa County and should not be interpreted as definitive. While the most current BRFSS and CHARTS data was used, this data is at least one year old due to the nature of the reporting systems used. In some cases, data from CHARTS is aggregated across multiple years to increase sample size (e.g., rolling three-year rates). In other cases, CHARTS and BRFSS data could not provide information stratified by race/ethnicity, gender, or age due to small sample sizes.

Self-report data, such as BRFSS, should be interpreted with caution. While the Florida Department of Health, who conducts the telephone interviews for BRFSS, strives to eliminate sampling bias, respondents may not accurately report behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. Recall bias may also limit the risk factor or health outcome data.

Finally, the results of the forums and workshops should not be generalized as being representative of the larger Santa Rosa County community due to the non-random recruiting techniques and small sample size. Recruitment for these events was conducted with community health partners, and participants may have already been involved and/or interested in community health issues.

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Community Health Status Profile

Santa Rosa County



Santa Rosa County Health Department conducted a Community Health Status Profile in 2012. The goal of the report was to define the current health status of Santa Rosa County residents, and can be used as a tool for local planners to develop strategies for meeting the health care needs of Santa Rosa County residents.

Santa Rosa County Health Department

Community Health

Status Report 2012

Created by



January 12, 2013

Santa Rosa County

Community Health Assessment

EXECUTIVE SUMMARY

"How healthy are our residents?" and "What does the health status of our community look like?" were the essential questions that the Community Health Assessment Report for Santa Rosa County answered based from indicators, surveys and the overall public health findings of the county. The primary goal was to address the major health and social issues affecting our county. A secondary goal of the report was to provide insight into some areas that the county health department and community partners may wish to consider focusing strategic efforts to improve the health of Santa Rosa County citizens.

Our goal in developing this Community Health Assessment Report is to provide an overview of key health indicators for Santa Rosa County. The community health needs assessment has a central part to play by enabling community partners and policy makers to identify and address the needs within our community to ensure health resources are maximized. Communities must collectively take action to ensure that citizens remain healthy.

Major Findings

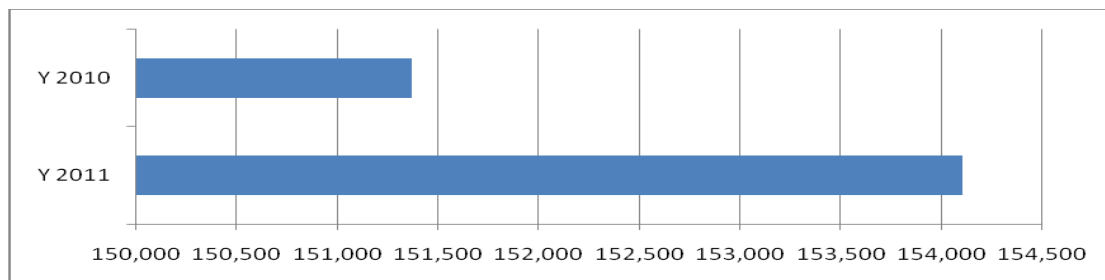
- Santa Rosa County has a median household income of \$51,208; exceeding the state average and accounts for a lower number of households living in poverty.
- Over 88% of residents in Santa Rosa County graduated from high school, technical school or college.
- 85% of adults have some type of health coverage.
- The number of primary care physicians to patient ratio is 1,474:1. The national benchmark is 631:1.
- Preventable hospital stays within- the county exceeded the state and national averages by more than 40%.
- In 2010, in Santa Rosa County the sexually transmitted diseases rate in 15 to 24 year olds was 1,488 per 100,000 while the Department of Health Target is 2,771.
- The number of Santa Rosa County residents identified as obese or overweight were 33%.
- Cancer is Santa Rosa County's leading cause of death which is attributed to lung cancer caused by the high rate of tobacco consumption.

- The number of children moved to licensed foster care or adoption placement average 100, according to the Florida Department of Children and Families. Children in relative and non-relative placements in Santa Rosa County averaged 147 for 2011.
- Domestic Violence cases increased by more than 50% from 2009 to 2011.

POPULATION CHARACTERISTICS

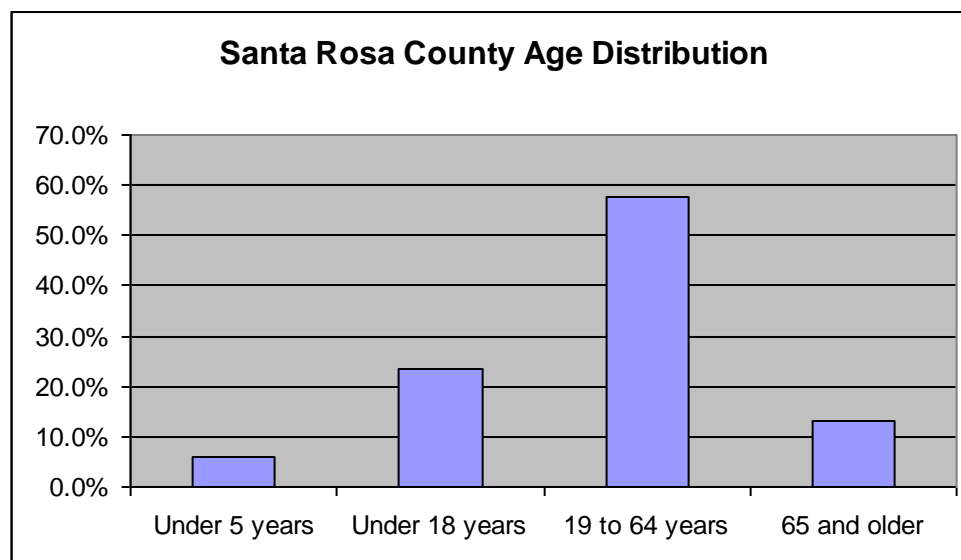
Santa Rosa County has an estimated population of 154,104 individuals, which accounts for a 1.8% growth from April 1, 2010 to July 1, 2011. This represents 0.81% of Florida's population growth over the past decade.

Santa Rosa County Population

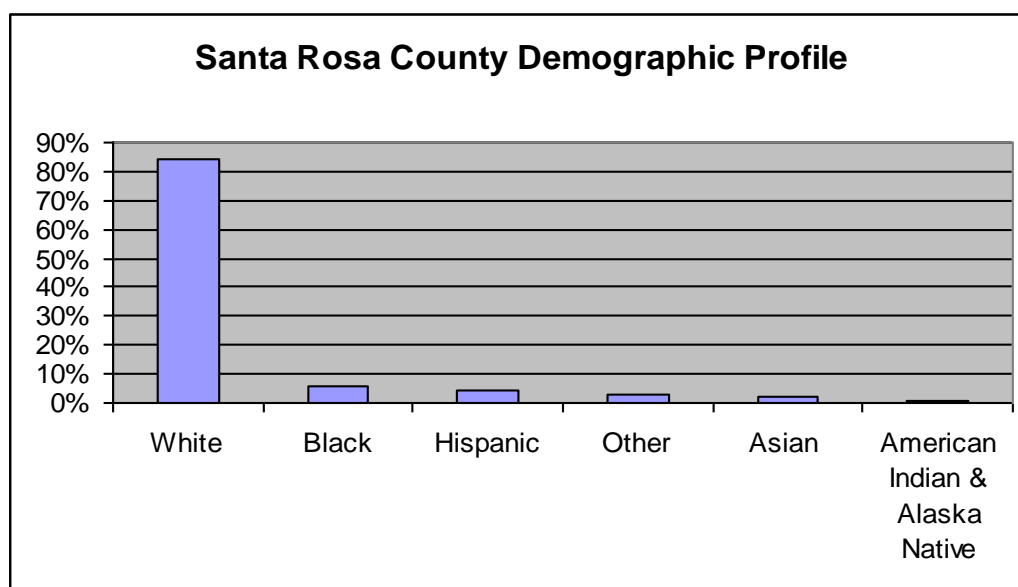


The percentage of children less than five years in the total population in Santa Rosa County is 5.9% which is more when compared with Florida at 5.6%. Among adults, 23.4% are 18 and under, while only 21% of Floridians are in this age group. According to the 2011 Census, Santa Rosa has fewer people 65 years and older (13.2%) as compared to Florida (17.6%).

Santa Rosa County Age Distribution



The predominant race group in Santa Rosa County is white (84.3%) followed by black or African American (6%). Santa Rosa County's predominant ethnicity is non-Hispanic. The Hispanic population is 4.6%,; this is a significantly smaller percentage of the population than in Florida (22.9%). The remainder of the population consists of Asian (2%), American Indian and Alaska Natives (1%). The group classified as "other" consists of people reporting two or more races (2.8%) and Native Hawaiian and/or other Pacific Islander (0.2%).¹



¹ United States Census, Santa Rosa County; 2011

QUALITY OF LIFE AND HEALTH BEHAVIORS

The health of our community is strongly influenced by people's perceptions of the quality of their life and the choices that impact their health. Community health is impacted by education, employment, environmental and social behaviors.

Socio-Economic Characteristics

There were 54,840 households in Santa Rosa County. The average household size was 2.63 people.

Per capita income, also known as income per person, is a measure of all sources of income in an economy. It does not measure income distribution; rather it is used to measure the standard of living within a community. The per capita income is \$25,384. The median household income is widely accepted as an indication of the economic distribution of income. The median household income for Santa Rosa County is \$55,129, which is higher than Florida (\$47,661).

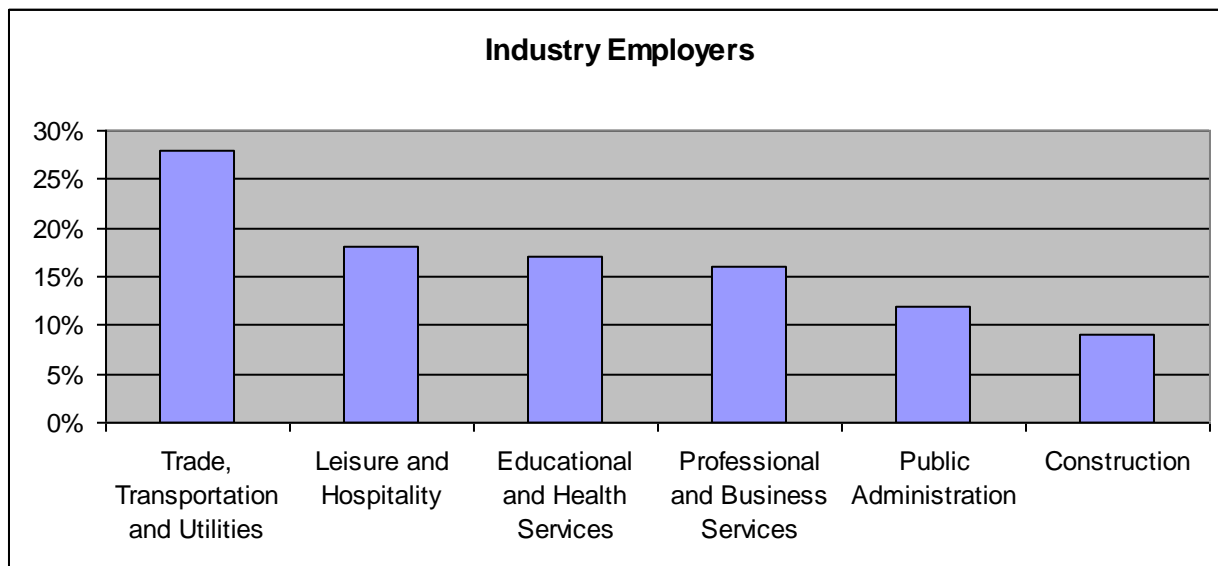
Living in poverty means a family of four has a gross annual income of less than \$22,351 in 2011. Santa Rosa County has a lower percentage of people living at or below poverty (11.3%) than Florida (13.8%).²

² U.S. Census American Community Survey 2006-2010

Industry Profile

In Santa Rosa County, the major industry employers are: trade, transportation and utilities, leisure & hospitality, education and health services, and professional and business services. Veterans accounted for 20,737 of Santa Rosa County's population (7.43%). The industries with at least 5% of the civilian employed labor force are, in order:

- Trade, Transportation and Utilities, 28%
- Leisure and Hospitality, 18%.
- Educational and Health Services, 17%
- Professional and Business Services, 16%
- Public Administration, 12%
- Construction, 9%³



Educational Attainment

In Santa Rosa County, the adult population 25 years and over has a high school graduation rate of 88.4% compared to a high school graduation rate in Florida of 85.3%. Santa Rosa County residents who have a Bachelor's degree or higher accounted for 24.7% of the population, compared to Florida (25.9%).

³ TEAM Santa Rosa Florida, Economic Development Website

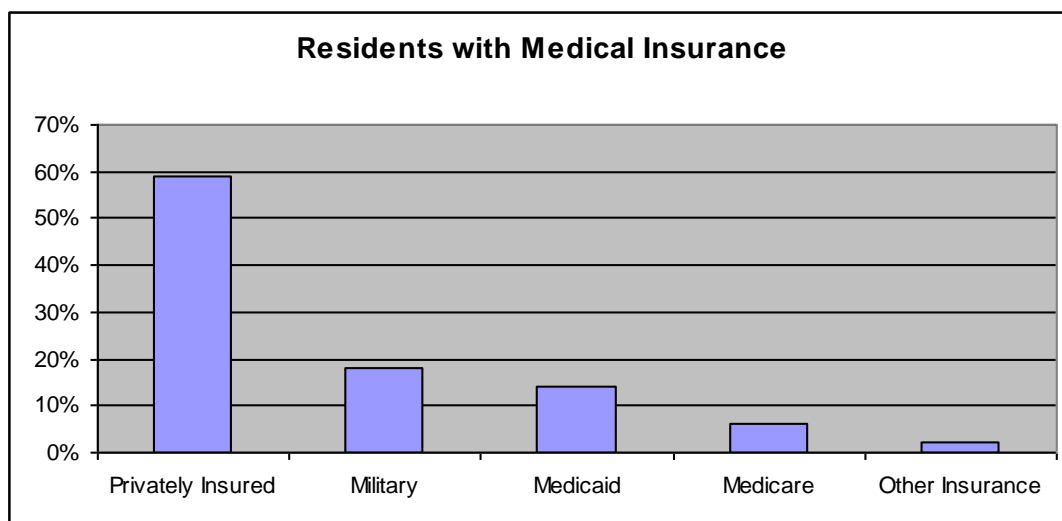
Health Insurance Coverage

The 2010 Behavior Risk Factor Surveillance Survey (BRFSS) for Santa Rosa reports that 85.1% of adults had any type of health insurance coverage. This reflects a 2.7% reduction in access to health insurance coverage since 2007 BRFSS report.

Over 85.5% of adults report having a personal doctor; this number varies by age, education level, income and marital status. Over 92% of Santa Rosa adults with an income over \$50,000 reported having a personal doctor; a significant increase from 2007 adults when 87.3% in this income range reported having a personal doctor. In contrast, 72.8% people earning less than \$25,000 reported having a personal doctor. Married couples who had a personal doctor were 87.8% compared to 78.8% of unmarried couples. Similarly, people 18-44 are less likely to report having a personal doctor (77%) compared to middle-aged 45-64 (92.1%), and those 64 and older (94%).

In 2010, the Healthy Start Coalition of Santa Rosa County commissioned a survey to assess the community health needs for county residents; Santa Rosa County Needs Assessment (SRCNA). A total of 990 surveys were collected at thirteen locations throughout the county for the assessment.

For those surveyed who indicated they had medical insurance, 59% were privately insured, which means they had insurance through Blue Cross Blue Shield or another private carrier. Eighteen percent were military, 14% were on Medicaid; 6% were on Medicare; and 2% had other insurance, consisting of Wellcare and Medipass.



Fifty six percent of people in Santa Rosa County have dental insurance. The county performance snapshot indicates a 1.2% improvement from 2011 of low income persons with access to dental care.

HEALTH RESOURCE AVAILABILITY

Health Care Resources

Santa Rosa County has three hospitals: Santa Rosa Medical Center, Santa Rosa Breeze Hospital and Jay Hospital. Santa Rosa Medical Center, in Milton, is a full-service 129-bed hospital facility. Santa Rosa Breeze Hospital is an acute care hospital facility with 77-beds. Jay Hospital is a 55-bed critical access hospital, with a 10-bed LifeBridge, Senior Behavioral Health Unit.

There are 27 licensed family physicians in Santa Rosa County, and 73 licensed dentists. The number of Medicaid eligibles in Santa Rosa County as of February 29, 2012 is 18,260, which accounts for 8.4% of the overall population.

Overall Health Status

In Santa Rosa County, 16.4% of all adults engage in heavy or binge drinking. This number is deceptive as it ranges in age group, education, income and marital status. Adults aged 18-44 represented 21.1% of those who engaged in heavy or binge drinking. Those with an income over \$50,000 or more represented 21.7%; married couples represented the largest percentage of overall groupings, 18.6%.

Overweight and obesity are both terms for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identified ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems. Overall, Santa Rosa County residents who were overweight (33%) had a three percent decrease, while those who were identified as obese (29.8%) had significantly increased from the 2007 county measure (8.5%).

According to the Santa Rosa Health Department Snapshot for 2012, middle and high school students who reported using tobacco in the past 30 days was 18.4% which was higher than the state and DOH targets. In addition, adults who smoke in Santa Rosa County was 22%, with the state at 17%, and the DOH target at 12%.

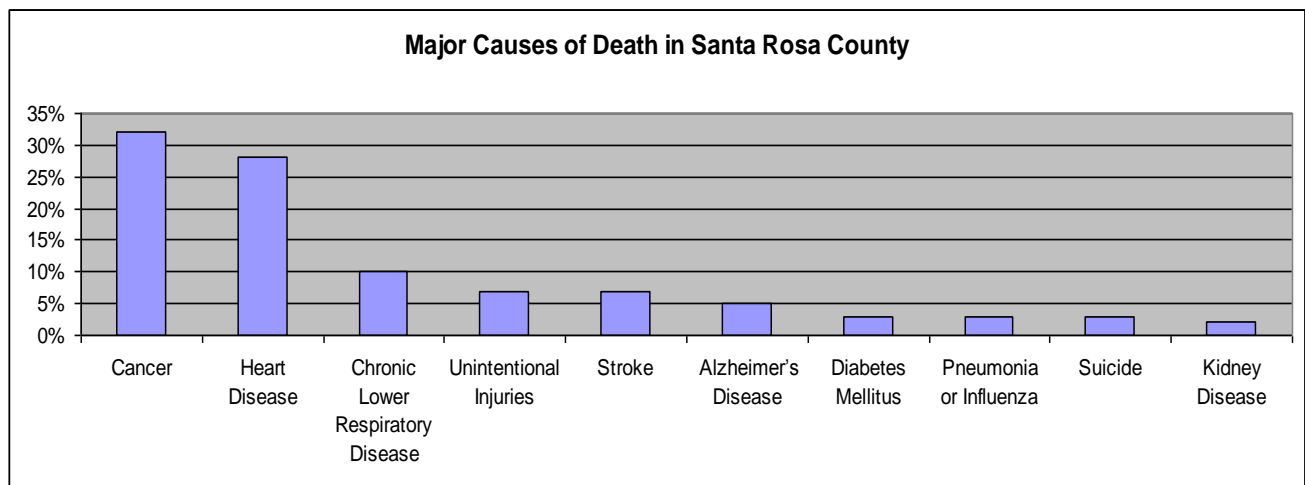
In Florida each year, there are between 9,000 and 10,000 children who are removed from their homes. According to the Santa Rosa County Children Subject of Maltreatment Reports during October 2010 through September 2011, 211 children were moved to Foster Care, with the largest number of removals (130) being attributed to caretaker drug or alcohol use.

CHRONIC DISEASE: MAJOR CAUSE OF DEATH AND PREMATURE DEATH

The leading cause of death in Santa Rosa County is cancer, whereas the leading cause of death in Florida and the United States is heart disease. Chronic diseases such as heart disease, cancer and diabetes are among the most prevalent, costly of health problems.

In 2010, there were 1,149 deaths in Santa Rosa County. The top 10 major causes of death in rank order:

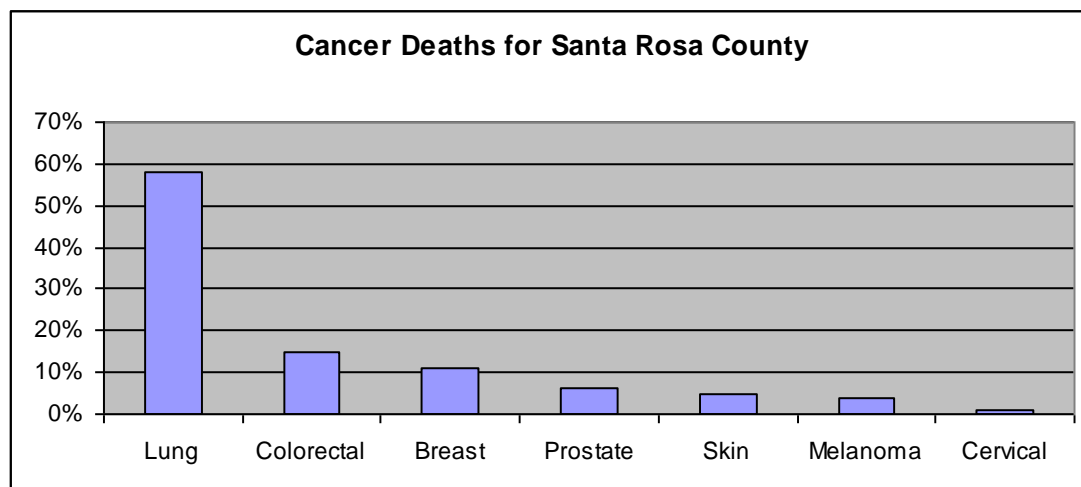
- Cancer, 32%
- Heart disease, 28%
- Chronic lower respiratory disease, 10%
- Unintentional injuries, 7%
- Stroke, 7%
- Alzheimer's disease, 5%
- Diabetes Mellitus, 3%
- Pneumonia/influenza, 3%
- Suicide, 3%
- Kidney disease, 2%



Cancer

Cancer is the leading cause of death in Santa Rosa County. The goal of reducing cancer is focused on early detection. The top seven causes of cancer death in Santa Rosa County, in rank order, were:

- Lung, 58%
- Colorectal, 15%
- Breast, 11%
- Prostate, 6%
- Skin, 5%
- Melanoma, 4%
- Cervical, 1%



Heart Disease

Heart disease is the second leading cause of death in Santa Rosa County and first in Florida. Heart disease continues to be a major cause of disability. The goals to reduce heart disease involve education and outreach. There is a continued need for increased awareness of healthy diet, exercise, and monitoring individual health indicators through routine doctor's visits.

Chronic Lower Respiratory Disease (including asthma)

The third leading cause of death in Santa Rosa County and in Florida is chronic lower respiratory disease, accounting for 82 deaths. Chronic lower respiratory disease refers to chronic (ongoing) disease that affects the lower respiratory tract. The most prevalent causes are chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, and smoking-related disorders.

Unintentional Injuries

According to 2009-2011 Florida Department of Health, Vital Statistics in Florida, injuries are the number one cause of fatalities for ages 1–44, and the third leading cause of death overall after heart disease and cancer. In 2011, injuries claimed 12,364 lives and accounted for 7.2% of all resident deaths.

Santa Rosa County's unintentional injuries age-adjusted death rate was 43.6 per 100,000 which is higher than the *Healthy People* goal of 36. Motor vehicle crash age-adjusted death rate was 16.4 per 100,000 and the *Healthy People* goal is 12.4.

Stroke

Stroke was the fifth leading cause of death in the state of Florida and Santa Rosa County (60). High blood pressure is one of the most common causes of stroke because it puts unnecessary stress on blood vessel walls, causing them to thicken and deteriorate, which can eventually lead to a stroke. High blood pressure may be controlled through diet, exercise, weight reduction and medication.

COMMUNICABLE DISEASES

Vaccine Preventable Diseases

In our mobile society, over a million people each day travel to and from other countries. Many of the viruses and bacteria are circulating in this country and are transferred by the movement of modern day society. It continues to be important for infants and children to receive the recommended immunizations to reduce the probability of unnecessary illness, disability and death.

Florida law mandates childhood vaccinations for childcare and school entry. In Florida, the following vaccine preventable disease vaccinations (VPDs) are required: Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Influenza Type B, Hepatitis B, Measles, Mumps and Rubella, and Varicella (chicken pox). According to the Florida Department of Health, Santa Rosa County immunized 95% of kindergartners in 2010 which accounted for 1,826 students; the remaining 5% had exemptions.

Sexually Transmitted Diseases (STDs)

There are approximately 19 million new cases of STDs in the United States every year. Although many STDs are easily treated and cured, most doctors do not automatically test for Chlamydia or other STDs during an annual check-up or routine pelvic exam. Most males who get an STD never develop any symptoms or health problems. While chlamydia and gonorrhea reports remained relatively constant in 2011, Santa Rosa County experienced increases in infections of early and latent syphilis by 13.7% and 10.4% respectively. Briefly, comparing weeks 1- 40 (January-October) with the percent of change from 2011 with 2012 in Santa Rosa County:

- Chlamydia increased by 4.5%.
- Gonorrhea increased by 76.5%.
- Early Latent Syphilis increased by 200% (change from one to three cases).
- Total Early Syphilis increased by 900% (change from one to ten cases).

HIV/AIDS

Of the 455,000 plus adults, adolescents and children who are living with AIDS, approximately 40% live in the South and the state of Florida ranks second in the nation for Pediatric HIV/AIDS cases. The rate of HIV/AIDS cases in Santa Rosa County is significantly lower than the state overall. According to the Florida Department of Health, as of October 2012, there were 148 Santa Rosa County residents living with HIV/AIDS. In 2011, Santa Rosa County had seven HIV cases

and in 2012 there were five new cases – which accounts for a 71% increase. The AIDS cases that were reported in 2011 was seven, 2012 was five cases – which accounts for -29% decrease during the 2011-2012 time period.

Tuberculosis

Tuberculosis (TB) is a bacterial infection caused by *Mycobacterium tuberculosis*. The TB bacteria usually attack the lungs, but can attack any part of the body. If not treated properly the TB virus can be fatal. TB can affect anyone but occurs in people with a low or depressed immune system which is generally associated to the lower economic groups. The rate of TB in Florida has been decreasing in the last 20 years. In Santa Rosa County, there are no communicable reported cases at this time.

MATERNAL AND CHILD HEALTH

The health of women of child-bearing age, infants and children is of great importance to a community's well-being. These individuals make up 27,304 of the population in Santa Rosa County. The health of this segment of the population predicts the health of the next generation. Maternal and child health addresses many issues.

Women of Child-bearing Age: Birth Rates

In Santa Rosa County in 2008-10 there were 1,798 births. White mothers gave birth to 1,624 infants. Births to mothers of other races accounted for 174 infants.

Prenatal Care

Women in Santa Rosa County who were pregnant had a substantially better outcome than the state average for poor birth outcomes. The concerning factor for Santa Rosa County is the number of infants entering Foster Care which was 29 and the state comparison is 11.

Infant Mortality

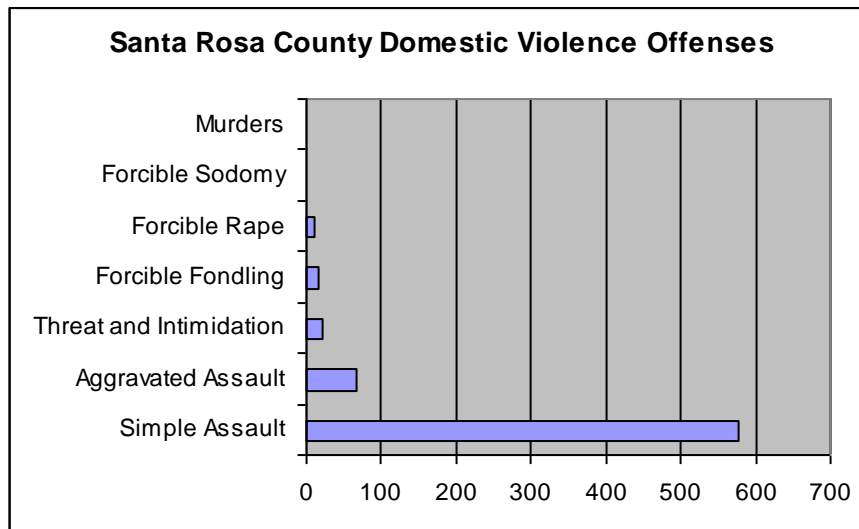
Infant mortality is defined as the death of any child less than one year of age. Infant mortality and birth rate statistics are used extensively in public health. According to Infant, Maternal & Reproductive Health (IMRH) Indicators and Statistics in 2009-2011, the actual infant death rates were 4.8 per 1,000 in Santa Rosa County, which were lower than the state average at 6.6.

Birth to Teens

In 2009-2011, the birth rate to teens in Santa Rosa County was 30.2 which was less than the state average who reported 32.9 per 1,000. Also, the percentage of repeat births in Santa Rosa County to teenagers between 15 – 19 years of age (10.9%) was substantially below the state average (18.1%). However, in both instances Santa Rosa County is above the national average.

DOMESTIC VIOLENCE

The Florida Department of Law Enforcement, Crime in Florida, Florida Uniform Crime Reports, 2011 there were a reported 695 instances of Domestic Violence within Santa Rosa County, a breakdown of the types of domestic violence reported are in the chart below:



During 2011, in Santa Rosa County, there were 21 instances of threat and intimidation, 576 instances of simple assault, 68 instances of aggravated assault, 16 instances of forcible fondling, two instances of forcible sodomy, 10 instances of forcible rape, and two murders reported during the period.

FavorHouse of Northwest Florida provided annual statistics from July 2011-June 2012 regarding the following shelter and outreach programs statistics for Santa Rosa County based on their service levels and the statistics provided by local law enforcement which is outlined above:

- Shelter: 422 (241 women, 179 children and 2 men)
- Nights of Shelter: 6,339
- Crisis Calls: 744
- Victims Counseled: 1,091
- Counseling Hours: 4,079.5

Community Education and temporary assistance provided for the Needy Families Program (Federal Funds) totaled 1,443 (937 Children; 493 women; and 13 men—reported below the Federal Poverty Guidelines).

ENVIRONMENTAL HEALTH

Septic Systems

The Santa Rosa County Health Department Environmental Health team performs site evaluations, issues construction permits, and performs inspections on all On-site Sewage Treatment and Disposal Systems, (OSTDS), commonly called septic systems. Septic systems are a component of wastewater management in Santa Rosa County. The following table shows the decline of new septic system permits that have been issued within the last six years:

New Septic System Installations, Santa Rosa County

Year	2007	2008	2009	2010	2011	2012
New Systems	626	322	314	297	255	160

All septic systems have a limited life expectancy; therefore it is understood that they will fail at some point in time. Failing systems may cause leakages that have the potential of leaking into bays, lakes, streams and affecting the water supply system which in turn can lead to disease.

Food Hygiene

The regulatory supervision of food operations in Florida is divided between four agencies.

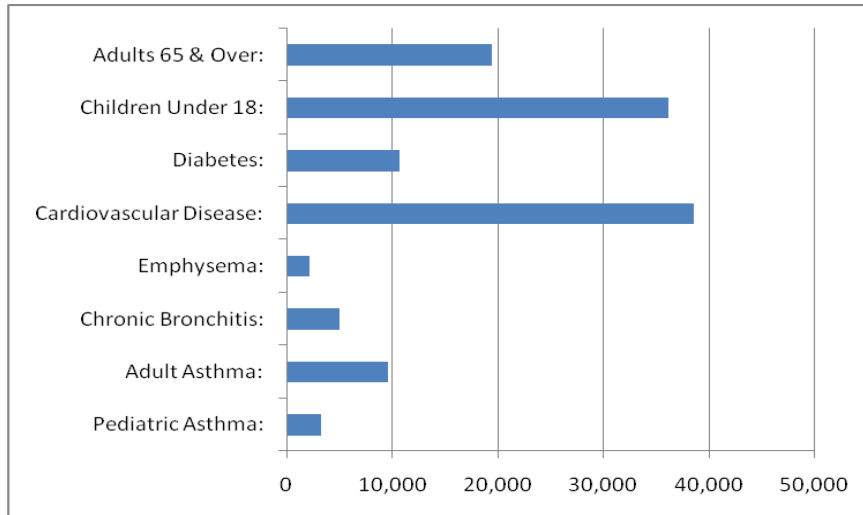
1. The Environmental Health monitors the food operations located within some of the institutional settings such as schools, correctional facilities, movie theaters as well as bars and lounges that do not prepare food.
2. The Department of Children and Families monitors food operations in child care centers and foster care centers.
3. The Department of Agriculture and Consumer Services inspect grocery and convenient stores.
4. The Department of Business and Professional Regulation (DPR) inspect restaurants.

In Santa Rosa County, Environmental Health permitted 90 food facilities and will conduct over 230 inspections in the 2012-2013 fiscal year.

Air Quality

The air quality affects people's quality of life. With the risks from airborne pollution so great, the American Lung Association seeks to inform people who may be in danger. Many people are at greater risk because of their age or because they have asthma or other chronic lung diseases, cardiovascular diseases or diabetes. The following list identifies each at-risk group:

Groups at Risk from High Ozone Days in Santa Rosa County



Environmental Epidemiology

Rabies is a deadly virus and every year there is an estimated 40,000 people in the U.S. receive a series of shots known as Post-Exposure Prophylaxis (PEP) due to potential exposure to rabies. The U.S. public health cost associated with rabies is more than \$300 million per year.

In 2011 and 2012, 777 animal bite cases were reported to the Santa Rosa County Health Department. Of those reported in 2011, 24 cases at a cost of \$25,176.11 and in 2012, nine cases at a cost of \$4,789 were treated with PEP. The difference in cases is due to a new policy which refers patients to hospitals for immune globulin to begin PEP treatment for possible exposure.

Florida Healthy Beaches Program

Beginning with a 1998 pilot program, 11 Florida coastal counties, including Santa Rosa County began conducting beach water sampling every two weeks and reporting the results here and in local news media.

Beach Water Sampling Results for the week of 9/17/2012

Sample Point (SP)	Location <i>* Entries indicate re-sampling events.</i>	Enterococcus	Enterococcus Geometric Mean	Fecal Coliform	Advisory / Warning Issued
1	Shoreline Park	Good	Good	N/A	No
3	Navarre Beach West	Good	Good	N/A	No
5	Navarre Park Highway 98	Good	Good	N/A	No
6	Navarre Beach Pier	Good	Good	N/A	No
7	Juana's Beach	Good	Good	N/A	No

Good Rating

0-35 *Enterococcus sp* per 100 ml of marine water

0-35 CFU/100 mL *Enterococcus sp* Geometric Mean

0-199 fecal coliform organisms per 100 ml of marine water

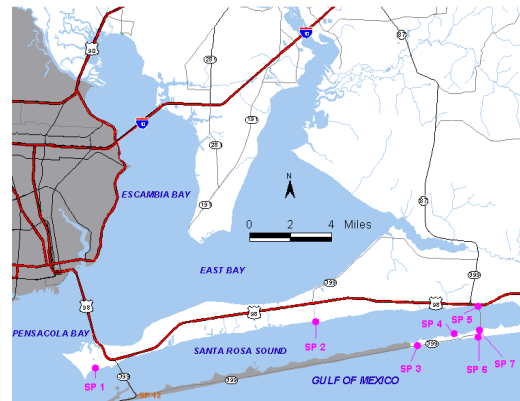
The coastal beach water samples collected by the county health department are analyzed for enterococci and fecal coliform bacteria. High concentrations of these bacteria may indicate the presence of microorganisms that could cause disease, infections, or rashes. County health departments will issue health advisories or warnings when these conditions are confirmed.

Public Swimming Pools, Spas, Bathing Areas and Tanning Facilities

The Santa Rosa Health Department Environmental Health division licenses and inspects public swimming pools, spas, bathing areas and tanning facilities with the purpose of minimizing the risk of illness and safety hazards resulting in accidents or maintenance issues.

The Health Department licenses approximately 110 public pools, spas and bathing areas annually. The department conducts over 300 inspections per annum. Year-around pools are inspected twice per annum and seasonal pools are inspected annually. The routine inspections provide education and identify problems as well as site violations to state rules. If a violation occurs, a written notice is provided for necessary corrections. Public pools, spas and bathing

areas focus on safety, supervision and life-saving equipment. In addition, Environmental Health Specialists check the chemicals, operation filtration equipment and maintenance. Environmental Health also inspected 45 tanning facilities.



CONCLUSION

Our government is faced with the rising costs and demands of health care, limited resources and increasing inequalities in health. The Santa Rosa County Health Department health needs assessment has a central part to play in enabling practitioners, managers and policy makers to identify those in greatest need and to ensure that our health care resources are utilized and maximized to ensure improvement. The health status report is a vital health care planning tool to be used by the Santa Rosa County health system and its community to help target resources to address areas and needs for improvement. It also allows us as a community to celebrate the positive outcomes and conditions that lead to good health within our community with the ability to build on these successes.

Positive Outcomes

- Residents have a good sense of community.
- Median household income is higher than the national average.
- High number of educated residents.
- Health coverage of adults is 85%.
- Infant mortality rate is low.
- Immunization rate for children is 95%.
- No reported communicable Tuberculosis cases.

Needs for Improvement

- Cancer is the leading cause of death.
- High usage of tobacco in comparison to the state average.
- Third and fourth quartile for chronic lower respiratory disease.
- Preventable hospital stays within the county exceed the state and national averages by more than 40%. Over utilization of hospital emergency room in most areas greater than the state average.
- Low primary care physicians to patient ratio 1,474:1 the national benchmark is 631:1.
- Residents identified as obese or overweight is 33%.
- Increasing number of STD cases.
- Low access to dental care.
- Foster care, crime, and domestic violence.
- Limited repository referrals, resources and information.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Santa Rosa County



The NPHPSP is a partnership effort with all community, public and medical health agencies to improve the practice of public health and the performance of public health systems within a community. The NPHPSP assessment instruments guide local jurisdictions in evaluating their current performance against a set of nationally established standards.

LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE ASSESSMENT

The Local Public Health Performance Standards Program (LPHPSP) was conducted in August 2012. The *10 Essential Public Health Services* provides the framework for the NPHPSP instrument, and is divided into ten sections (one for each Essential Service). The 10 Essential Services are:

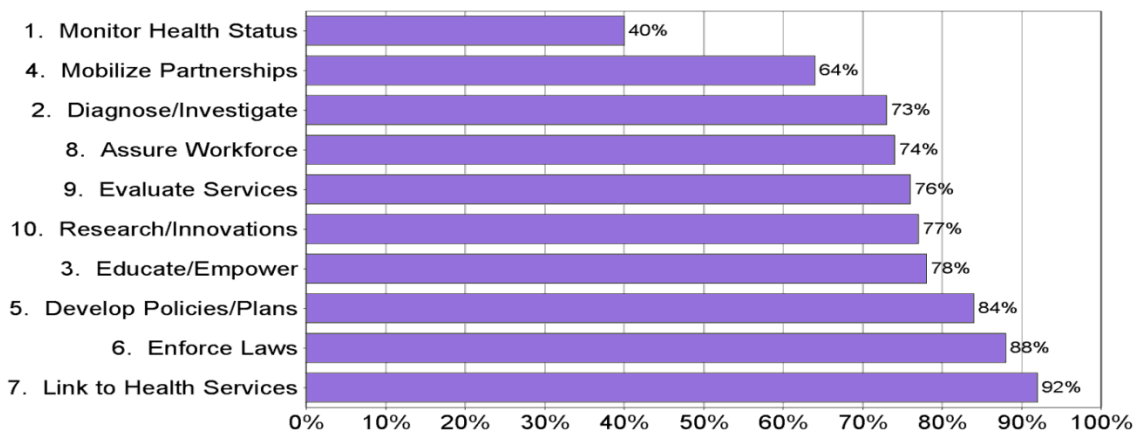
1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop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

The scoring methodology for the LPHPSP is based on a quartile scoring system for each area. Fourteen members of the Community Health Improvement Committee (CHIC) reviewed the areas within each Essential Service and reached consensus regarding the level of activity (or performance) within that area. CHIC members were given rating cards (No Activity, Minimal Activity, Moderate Activity, Significant Activity, and Optimal Activity) and evaluated Santa Rosa's public health system's level of response for each of the 10 Essential Services. In addition, the CHIC members also identified the agency/organization which was primarily responsible for addressing each service.

The 2012 LPHPSP report indicated the Santa Rosa County community health programs and services contributed to the provision of the 10 Essential Public Health Services, with an overall score of 75%. This score represents the average performance level across all 10 Essential Services, and indicates that there is significant activity in these areas. The chart below provides a quick overview of the Santa Rosa health system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

The Essential Service area that had the lowest performance score was *Monitor Health Status* (40%) and the highest performance score was in the area of *Link to Health Services* (92%).

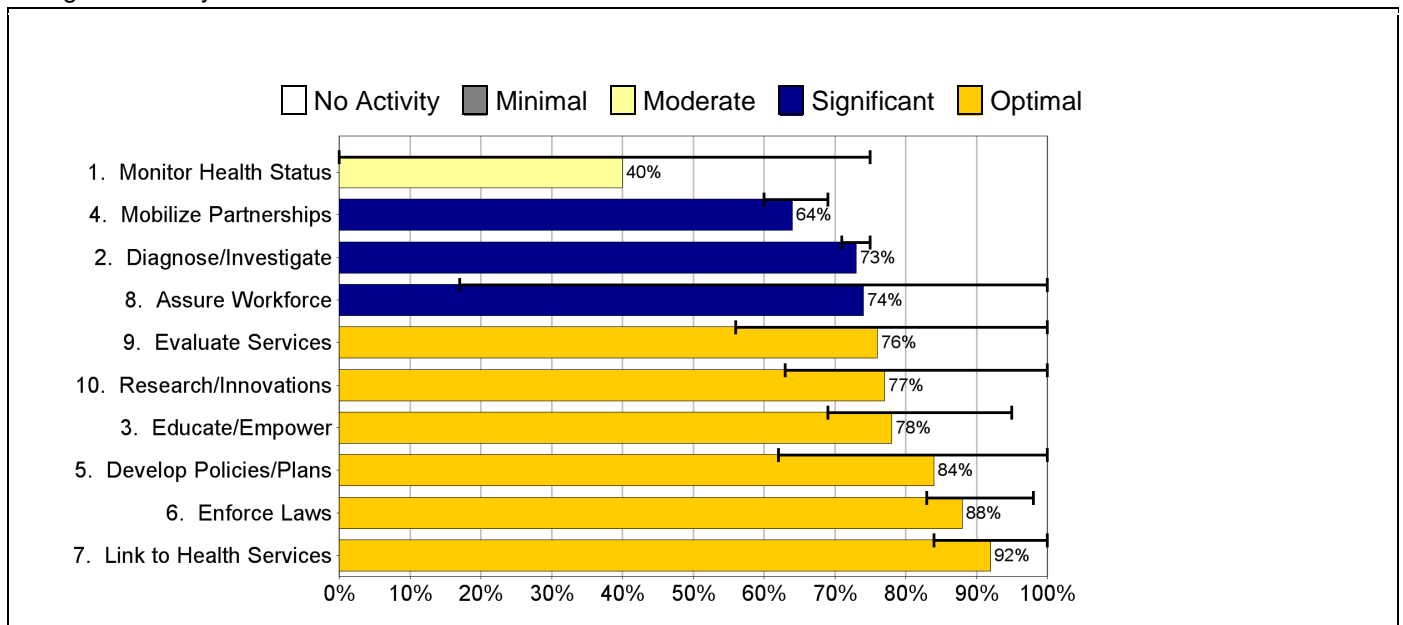
Summary of 2012 LPHPSP Performance and Overall Scores



Source: 2012 Santa Rosa County NPHPSP Report

The graph below provides a composite picture of Local Public Health Assessment for Santa Rosa County. The range lines show the range of responses within an Essential Service. The color coded bars identify which of the Essential Services fall in the five categories of performance activity (i.e., no activity, minimal activity, moderate activity, significant activity, and optimal activity). Santa Rosa County has one Essential Service area which had *Moderate* activity, three areas with *Significant* activity, and six Essential Service areas with *Optimal* activity.

Range of Activity for 2012 LPHPSP Essential Services Overall Scores



FORCES OF CHANGE

Santa Rosa County



Santa Rosa County Health Department conducted a Forces of Change assessment in October 2012. This assessment focuses on identifying the trends, factors, and events that are likely to influence the community health and quality of life, or impact the work of the local public health system.

Background

As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in Santa Rosa County, the Forces of Change Assessment workshop was held on October 31, 2012. The purpose of the Forces of Change workshop was to identify what is occurring or might occur that impacts the health of the community and local public health system.

A total of 22 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, and other public health system agencies. Participants represented a cross-section of the community and input provided was based on their knowledge, awareness and perceptions of related health concerns with Santa Rosa County. The list of participants can be found in at the end of this section.



Methods

Three weeks prior to the scheduled Forces of Change workshop, community health partners were contacted by e-mail from the Santa Rosa County Health Department regarding the date, time, and purpose of the workshop. The email is located at the end of this section.

The participants were welcomed to the workshop by the Santa Rosa County Health Department Administrator, Sandra Park-O’Hara. The facilitator presented a brief overview of MAPP, reviewed the LPHSA results and 10 Essential Services. The committee then broke up into five small groups. Each group reviewed two of the 10 Essential Services and recorded their thoughts on the challenges and opportunities presented. The groups presented their findings to the committee as a whole, and results were compiled to complete the Forces of Change worksheet.

Identification of Forces

The Forces of Change workshop provided an overview of key trends, events or factors that participants identified as currently or potentially affecting the quality of the overall health and wellness of Santa Rosa County. The following themes emerged:

- Economic
- Health
- Geography
- Social

These *Forces* and their corresponding *Threats* are displayed on the following pages.

Santa Rosa County Forces of Change	
FORCE (Trends, Events, Factors)	THREATS
Economic	
Household income	<ul style="list-style-type: none"> Median household income \$55,129.
Unemployment	<ul style="list-style-type: none"> >8% Unemployment.
Poverty	<ul style="list-style-type: none"> 11.3% families below poverty level.
Business closures, relocations, downsizing	<ul style="list-style-type: none"> Contributing to increase in under or unemployment. Less sales tax generated. Vacant buildings. Community blight.
Budget cuts to police, schools and prevention programs, county personnel, health departments	<ul style="list-style-type: none"> Less workforce. Decreased or compromised services. Increase in risky behaviors among students. Stressed local public health system. Less police/law enforcement presence.
Healthcare delivery changing rapidly	<ul style="list-style-type: none"> Increased government control of healthcare on the horizon. Potentially more underinsured or uninsured will be able to purchase healthcare. Potential for decreased effectiveness, number of providers unable to deliver care to eligible.
State budget	<ul style="list-style-type: none"> Continued decreases in funding/budgetary allowance predicted.

Santa Rosa County Forces of Change	
FORCE (Trends, Events, Factors)	THREATS
Health	
High rates of insured residents	<ul style="list-style-type: none"> ○ Continue to support, push prevention strategies.
Decreased funding to County Health Departments	<ul style="list-style-type: none"> ○ Educate legislature regarding public health funding. ○ Sole Medicaid provider for dental care in children. ○ Surveillance of disease unable to delegate to other agencies.
Increasing rates of Sexually Transmitted Infections (STIs), marijuana use, risky behaviors among youth	<ul style="list-style-type: none"> ○ School administration and parental support varies within county for sex education and Youth Risk Behavior Survey (YRBS) surveillance in schools.
Low rates of dental coverage	<ul style="list-style-type: none"> ○ Adults unable to access affordable dental care. ○ Youth eligible for Medicaid not utilizing services.
Decreased Medicaid payments	<ul style="list-style-type: none"> ○ Secure alternate funding sources to support services
Inadequate number of primary care providers	<ul style="list-style-type: none"> ○ Work with economic development to recruit primary care providers.
Increased rates for obesity and chronic diseases	<ul style="list-style-type: none"> ○ Increase physical activity in the school systems. ○ Increase prevention efforts.
Decreasing rates of death from cardiac events	<ul style="list-style-type: none"> ○ Continue to fund prevention efforts, handouts for heart attack, stroke, Hypertension (high blood pressure) at health fairs.
High adult smoking rates	<ul style="list-style-type: none"> ○ Increase awareness of local adult smoking cessation classes by focusing on Primary Care Physician (PCP) office referrals.
Access to technology or inability to navigate the system creates barriers to receiving social services/education/access to care	<ul style="list-style-type: none"> ○ Assist parents with signing up for Medicaid dental. ○ Find out reason for low dental enrollment. ○ Work with community leaders to locate and train individuals that can help identify those at risk for lapses in social services due to technical issues.
Use of Emergency Department as primary care	<ul style="list-style-type: none"> ○ Promote use of urgent care.

Santa Rosa County Forces of Change	
FORCE (Trends, Events, Factors)	THREATS
Geography	
Rural county	<ul style="list-style-type: none"> o Food deserts, poverty pockets within county.
Limited public transportation	<ul style="list-style-type: none"> o Difficulty in getting to medical appointments, jobs, universities or job interviews for lower income individuals. o Sidewalks and bike lanes could become mandatory for communities developed in the future.
Population centers split north and south	<ul style="list-style-type: none"> o Poor walkability of cities, rural areas disconnected with poor access.
Uneven distribution of assets	<ul style="list-style-type: none"> o Allocation of resources difficult due to various population centers mixed with rural communities. o Unincorporated population areas.
Poor walkability, lack of mixed-use lands	<ul style="list-style-type: none"> o Grants available through Florida Department of Transportation to fund expansion of sidewalks around elementary schools
Wetlands to woodlands	<ul style="list-style-type: none"> o Diverse county; integration of cultures can be difficult.
Transportation plans	<ul style="list-style-type: none"> o Develop and seek funding for transportation plans.

Santa Rosa County Forces of Change	
FORCE (Trends, Events, Factors)	THREATS
Social	
Residents perceive a high quality of life	<ul style="list-style-type: none"> ○ Continue bringing services to those in need.
High rates of marijuana use in middle school students. Increased risky behavior in youth. (Youth Risk Behavior Survey)	<ul style="list-style-type: none"> ○ Drug Abuse Resistance Education (DARE) program funding could be reinstated or provided in an alternate method (volunteers). ○ Expand volunteer-based programs to address risky behaviors, expand Awareness Academy.
High rates of high school graduation	<ul style="list-style-type: none"> ○ Continued support of parents and school systems. ○ Mentoring programs for students at risk of dropping out. ○ Increase access to trade schools, universities, online education and career planning.
High rates of children in foster care	<ul style="list-style-type: none"> ○ Domestic Violence linked to drug/alcohol abuse. ○ Domestic Violence leads to children in foster care. ○ Difficulty in finding foster homes for placement. ○ Work with churches to increase foster parent participation. ○ Foster care children likely to have children who will enter foster care.
High rates of domestic violence	<ul style="list-style-type: none"> ○ Empower women and children. ○ Talk about Domestic Violence. ○ Help bring services to those in need. ○ Teen dating violence education could be increased.
Increasing population within county	<ul style="list-style-type: none"> ○ Inadequate number of primary care physicians available. ○ Higher enrollment in school system could strain budget, space. ○ May increase education and skill level of workforce. ○ Increase in tax base. ○ Overburden law enforcement. ○ Stressing current budgets on all fronts.
Largest population between ages 45-64	<ul style="list-style-type: none"> ○ Largest population on the cusp of retirement. ○ Limited specialty medical services available.

Santa Rosa County Forces of Change	
FORCE (Trends, Events, Factors)	THREATS
Social (continued)	
Large Military population	<ul style="list-style-type: none"> Population needs continued growth and support.
Percentage of adults with Bachelor's degree about 25%	<ul style="list-style-type: none"> Large number of skilled workforce. Limited skilled jobs available. Unemployment rate above 8%.
Families living together to avoid homelessness	<ul style="list-style-type: none"> Additional support and resources necessary.

Summary/Key Findings

The information gathered during the Forces of Change workshop is an important component of the MAPP comprehensive community assessment process. These findings can be used in conjunction with the other three MAPP assessments to identify key strategic priorities and goals for action within the Santa Rosa County public health system.

Nationally, the current economic climate will continue to affect the local public health system and overall community throughout Santa Rosa County and the state of Florida. Budget cuts and limited grant opportunities have led to a decrease in funding for various services, from social services to charity care, mental illness and Medicaid. With local, state, and federal budget cuts, public health systems are challenged to find creative ways of continuing services and leveraging resources through collaboration and partnership with more non-traditional partners. The Economic Conditions were identified as a key force.

There were other forces of change noted that are reflective of many issues on the national agenda. For example, health care reform, regulation of medical malpractice, increase in obesity and chronic disease rates, and access to and use of technology are health issues being considered on the national level, but they would also have an impact on local and state health care and social service delivery systems.

Population growth and changing demographics also contribute to an increase in the need for services and programs. Santa Rosa County is a rural community, and as such, challenges to both access to healthcare and the transportation infrastructure result. Changing demographics within Santa Rosa County and the state of Florida also present the need to address language and cultural barriers. High school graduation rates, use of drugs among youth, a large military population, and high rates of domestic violence impact the community's health.

In summary, the results of this Forces of Change workshop should be reviewed in the next phase of the MAPP process when strategic priorities and goals are identified. Those Forces that are identified as impacting multiple sectors of the community and appear within this report and the other community health assessments should be prioritized. Additionally, the relationship between Forces should also be considered during strategic planning. Integration of the forces into the Community Health Improvement Plan (CHIP) is critical as these Forces will impact the community's ability to implement action plans and impact (positively) the health of the Santa Rosa County community.

Next Steps

Community health improvement planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities. The next step in the Santa Rosa County process is to conduct the Priorities & Strategies phase of the MAPP process, wherein the results from this report will be reviewed in conjunction with Community Health Status Assessment, the Forces of Changes Assessment, and the Local Public Health System Assessment. This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model.

Forces of Change Workshop Email

From: Stilphen, Deborah P

Sent: Tuesday, October 09, 2012 10:57 AM

Subject: Community Health Improvement Committee Meeting

The Santa Rosa County Health Department is one of many county health departments in the State of Florida participating in the CDC's National Public Health Performance Standards Program. The goal of the program is to identify the strategies necessary to strengthen our local health systems.

As our Community Partner, your participation in this process is vital to adequately measure the performance of our local health systems. We would like to invite you, or a representative of your organization, to join us for our next meeting as we move forward in the planning process by examining the Forces of Change, Threats and Opportunities.

We look forward to having you join us!

October 31, 2012
9:00 a.m. - 11:00 a.m.

at the

Santa Rosa County Health Department
5527 Stewart Street
Milton, Florida

Please RSVP to
Debbie Stilphen (850) 983-5200, ext. 175
or
Deborah_Stilphen@doh.state.fl.us

Forces of Change Workshop Participants

Name/Title	Organization
Glenda Spears	Alliance Institute
Glenda Thomas	Children's Medical Services
Lisa Reese	Department of Children and Families/Families Count
Sandy Peloke	Early Learning Coalition
Sue Hand, Manager	Favor House
Eugene Franklin	Florida Black Chamber of Commerce
Del W. Lewis, Administrative Services Director	Florida Department of Health –Santa Rosa County
Kim Nelson	Florida Department of Health –Santa Rosa County
Sandra Park-O'Hara, Administrator	Florida Department of Health –Santa Rosa County
Leah Roberts, Public Health Nutritionist	Florida Department of Health –Santa Rosa County
Deborah Stilphen, Operations Analyst II	Florida Department of Health –Santa Rosa County
Fred Cornett, Executive Director	Good Samaritan Clinic
Ary Habig	Gulf Breeze Hospital
Martha Zimmerman, Executive Director	Healthy Start of Santa Rosa County
*Eric Baumgartner	Louisiana Public Health Institute, Gulf Region Health Outreach Program
*Heather Farb	Louisiana Public Health Institute, Gulf Region Health Outreach Program
*Tiffany Netters	Louisiana Public Health Institute, Gulf Region Health Outreach Program
Gloria Gibson, Guidance Counselor	Milton High School
Tamie Peterson	Santa Rosa County Sheriff's Office
Pilar Martin	University of West Florida
Fiona Mowbray	University of West Florida
Vanessa Porter	YMCA of Northwest Florida, Pullum Branch

*Representatives of the Gulf Region Health Outreach Program of the Louisiana Public Health Institute attended the CHIC meeting to discuss their role in determining how best to use funds from the Gulf oil spill settlement.

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COMMUNITY THEMES & STRENGTHS

Santa Rosa County



Community perceptions of the health care system are a critical part of the MAPP process. Experiences with and knowledge of the public health system provide information for identifying health priorities.

Background



Community health partners were invited to participate in the Community Themes & Strengths workshop as part of the MAPP process on March 28, 2012. The meeting was re-scheduled for April 11, 2012. An email invitation was sent two weeks prior to the meeting. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.

Methods

Seventeen (17) participants attended the meeting. They were provided a copy of the *Santa Rosa County Community Needs Assessment Report – June 2010* and the *Santa Rosa County Performance Snapshot 2011*. The performance snapshot rates the health status of the county based on identified performance measures.



Using the Local Public Health System Assessment (LPHSP) which ranked the *10 Essential Public Health Services* for Santa Rosa County, each group assigned two or three measures for which the ranking indicated opportunities for improvement and identified opportunities for that area of ranking. The following tables summarize this part of the workshop.

This activity is being done well. We need to maintain our current level of effort in this area. (Success – Maintain effort.)

<u>Essential Service Indicator Numbers</u>	<u>Summary of Opportunity</u>
<p>9. Evaluate effectiveness, accessibility and quality of personal and population-based health services. (76%)</p> <p>10. Research for new insights and innovative solutions to health problems. (77%)</p> <p>3. Inform, educate and empower people about health issues. (78%)</p>	<ul style="list-style-type: none"> • Health fairs • Faith based groups • School outreach (letters, call-outs) • Awareness Academy • One point of contact • Public service announcements • Casual business placement of educational materials • Marketing • Community educators and support groups • Town hall type meetings to distribute information

This activity is being done well. We can withdraw some resources from this activity to devote to some of the higher priority activities. (Success – Cut back resources.)

<u>Essential Service Indicator Numbers</u>	<u>Summary of Opportunity</u>
<p>5. Develop policies and plans that support individual and community health efforts. (84%)</p> <p>6. Enforce laws and regulations that protect health and ensure safety. (88%)</p> <p>7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable. (92%)</p>	<ul style="list-style-type: none"> • Central point of information • Pharmacy • Preventive care • Transportation Specifics in health care • More resources needed for addiction • smoking cessation • Care for diabetes and epilepsy • What does research say is the best way to offer? Do we have a "best practices"? • Available and affordable public transportation • Enforcing laws and regulations • Emergency plan • "We can't see an opportunity to redirect resources without impacting performance in this area."

This activity requires improvement. More activity needs to be done in this area. (Challenge – Requires increased activity.)

<u>Essential Service Indicator Numbers</u>	<u>Summary of Challenge</u>
1. Monitor health status to identify community health problems. (40%)	<ul style="list-style-type: none"> • Access to care • Better marketing of services at street level

This activity requires improvement. Better coordination needs to occur among partners. (Challenge – Requires increased coordination.)

<u>Essential Service Indicator Numbers</u>	<u>Summary of Challenge</u>
4. Mobilize community partnerships to identify and solve health problems. (64%) 2. Diagnose and investigate health problems and health hazards. (73%) 8. Assure a competent public and personal health care workforce. (74%)	<ul style="list-style-type: none"> • Access to care • Expanding partnerships • Dissemination of needs assessment information to all stakeholders • Lack of participation/involvement • Geography • Single parent families

Ten (10) opportunities for improvement and challenges were identified by the participants. These include:

- Demographics
- Insurance
- Healthcare and Healthcare Providers
- Tobacco Use
- Maternal and Child Health
- Communicable Diseases
- Environmental Health
- Injury and Violence
- Social and Mental Health
- Health Resources Availability

Themes and Strengths

Participants then identified the community's strengths and weaknesses in addressing the opportunities for improvement and challenges that affect overall health status.

Strengths	Weaknesses
Large military population with health insurance.	Alcohol abuse may play a role in domestic violence rates.
Low infant mortality.	Low income residents suffer higher asthma rates.
Decreasing rates of high school youth smoking cigarettes.	Drinking and driving is linked to higher education and income in Santa Rosa County.
High overall percentage of youth graduating from high school.	Low health literacy may contribute to rates of chronic disease.
Residents perceive high quality of life.	Low primary care availability.
Good HIV testing rates for those over 44 years of age.	Higher rates of unintentional injuries and death for children ages one to five years.
	Low participation in Early Learning Coalition.
	Low graduation rates among minority youth, specifically African American.
	High incidence of children ages birth to 18 months in foster care.
	High rates of domestic violence.
	High rates of heart attack, high cholesterol, obesity, hypertension, and diabetes (chronic diseases).
	High rates of marijuana use in middle school students.
	Lung cancer rates are high, cancer is the number one cause of death, poor screening.
	Low rates of dental care coverage in adults.

Community Themes & Strengths Emails

From: Deborah_Stilphen@doh.state.fl.us

Sent: Wednesday, March 07, 2012 11:52 AM

Subject: CHIC (Community Health Improvement Committee) Meeting

The next meeting of the Community Health Improvement Committee will be March 28 at 9:00 a.m., in the main conference room of the Santa Rosa County Health Department on Stewart Street. Breakfast will be provided.

We know how valuable your time is, and we appreciate your participation in this process. In this meeting, we will focus on Assessments 1 and 4 of the planning process. In addition to identifying and discussing community strengths and assets, we will review the quality of life questionnaires and the Community Health Status Report, compiled by Leah Roberts.

You may RSVP by return email or by calling the telephone number below.

We look forward to seeing you.

From: Deborah_Stilphen@doh.state.fl.us

Sent: Thursday, March 29, 2012 3:16 PM

Subject: April meeting

The Community Health Improvement Committee meeting has been rescheduled for April 11 at 9:00 a.m. in the conference room at the Santa Rosa County Health Department. The focus of the meeting will be Assessments 1 & 4 of the planning process, identifying and discussing community strengths and assets and a review of the quality of life questionnaires and the Community Health Status Report.

Breakfast will be provided.

You may RSVP by email or call 983-5200, ext. 175.

We look forward to seeing you!

Community Themes & Strength Workshop Participants – April 11, 2012

Name/Title	Organization
Kiara West	Americorps Vista
Elizabeth Foster, Director of Health & Safety	Covenant Hospice
Mary Beverly, Epidemiologist	Florida Department of Health, Santa Rosa County
Mary Clanton, Operations Analyst I	Florida Department of Health, Santa Rosa County
Jeff Etheridge, Tobacco Educator Consultant	Florida Department of Health, Santa Rosa County
Del Lewis, Administrative Services Director	Florida Department of Health, Santa Rosa County
Barbara McMillion, Director of Nursing	Florida Department of Health, Santa Rosa County
Sandy Park-O'Hara, Administrator	Florida Department of Health, Santa Rosa County
Dianne Pickens, WIC Director	Florida Department of Health, Santa Rosa County
Debbie Price, Nursing Program Specialist	Florida Department of Health, Santa Rosa County
Leah Roberts, Public Health Nutritionist	Florida Department of Health, Santa Rosa County
Deborah Stilphen, Operations Analyst II	Florida Department of Health, Santa Rosa County
Fred Cornett, Executive Director	Good Samaritan Clinic
Martha Zimmermann, Executive Director	Healthy Start of Santa Rosa County
Shawn Bradberry, Assistant Operations Manager	Lifeguard Ambulance Service
Maxine Ivey, Executive Director	Northwest Florida Rural Health Network
Daniel Hahn, Preparedness Planner	Santa Rosa Emergency Management

EMAIL INVITATION

From: Stilphen, Deborah P
Sent: Friday, January 11, 2013 4:42 PM
Subject: Community Health Improvement Meeting
Importance: High

We would like to invite you to attend the next Community Health Improvement Committee meeting on Wednesday, January 30, 2013, from 9:00 a.m. - 12:00 Noon. The meeting will be held in the main conference room of the Santa Rosa County Health Department's Milton location, 5527 Stewart Street. The focus of the meeting will be to identify strategic issues that must be addressed if we are to achieve our goal of improving the overall health of our communities.

The participation of our community partners is very important at this stage of the community health improvement planning process. Even if you are unable to attend the whole two hours, please consider joining us for part of the meeting, as your ideas and input are very important to us. Please also feel free to invite another member of your organization to join us or attend in your place if you are unavailable.

You may RSVP by email or by calling the number below.

We look forward to having you join us!

Deborah Stilphen
Operations Analyst II
Administration Division
Florida Department of Health at Santa Rosa County
P. O. Box 929
Milton, Florida 32572-0929
Phone: (850) 983-5200, ext. 175
iPhone: (850) 554-1643
Fax: (850) 983-4540

WORKSHOP PARTICIPANTS – January 30 ,2013

NAME / TITLE	ORGANIZATION
Donna Tucker, Executive Director	Santa Rosa Chamber of Commerce
Eugene Franklin, President/CEO	Florida Black Chamber
Lisa Carden, Registered Clinical Social Worker	Children's Medical Services
Denise Manassa, Environmental Prevention Coordinator	Community Drug & Alcohol Council, Inc.
Mary Beverly, Epidemiologist	Florida Department of Health, Santa Rosa County
Jenea Highfill, Nursing Program Specialist	Florida Department of Health, Santa Rosa County
Del Lewis, Administrative Services Director	Florida Department of Health, Santa Rosa County
Barbara McMillion, Director of Nursing	Florida Department of Health, Santa Rosa County
Sandra Park-O'Hara, Administrator	Florida Department of Health, Santa Rosa County
Dianne Pickens, WIC (Women, Infants & Children Nutrition Program) Director	Florida Department of Health, Santa Rosa County
Bill Sirmans, Environmental Manager	Florida Department of Health, Santa Rosa County
Deborah Stilphen, Operations Analyst II,	Florida Department of Health, Santa Rosa County
Ary Habig, Infection Control Director	Gulf Breeze Hospital
Hilma Jones, Social Worker	Gulf Breeze Hospital
Jimmie Melvin, Marketing Director	Sandy Ridge Health & Rehabilitation Center
Martha Zimmerman, Executive Director	Santa Rosa Healthy Start Coalition
Dr. Karen Barber, Director of Federal Programs	Santa Rosa County School District
Daniel Hahn, Plans Chief	Santa Rosa Emergency Management
Kelli Selwyn, Intern	Santa Rosa County Emergency Management
Aleta Hoodless, Marketing Director	Santa Rosa Medical Center
Tamie Peterson, Executive Assistant	Santa Rosa County Sheriff's Office
Angela Hahn, Assistant Director	University of West Florida Allied Health & Life Sciences
Maria Pilar Martin, Faculty	University of West Florida
Justice Mbizo, Faculty	University of West Florida Public Health
Enid Sisskin, Faculty	University of West Florida
Dottie Thomas, Branch Director	Betty Pullum YMCA

Community Health Strategic Planning

Santa Rosa County



The Community Health Assessment defines the health of a community using a Social Determinants of Health model which recognizes numerous factors at multiple levels impact a community's health. This report serves as the foundation in the final step in the Community Health Improvement efforts – the Action Plan.

SUMMARY FROM MAPP ASSESSMENTS

Health is affected by a number of factors such as, where and how we live, work, play, and learn. The Community Health Assessment (CHA) attempts to identify these factors and create an understanding about how they influence the health of the community. The CHA recognizes lifestyle behaviors, physical environment, clinical care, and social and economic factors all have an impact on community residents' health. Efforts to improve the health of Santa Rosa County need to address those factors through a comprehensive plan for action which includes working collaboratively with community health partners.

The key findings from each of the four MAPP assessments were used to identify the strategic issues for addressing community health issues. The Community Health Status Profile, Local Public Health System Assessment, Forces of Change, and Community Strengths and Themes all serve to inform Santa Rosa County public health partners and residents about the best ways to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action. The key issues from each assessment displayed on the following page.

Community Health Status Profile <ul style="list-style-type: none"> ○ Median household income exceeded the state average. ○ Most adults have some type of health coverage. ○ Low primary care physicians to patient ratio. ○ Preventable hospital stays exceeded state average. ○ Low sexually transmitted diseases rate in 15 to 24 year olds. ○ One-third of residents are obese or overweight. ○ Cancer is leading cause of death which is attributed to lung cancer caused by the high rate of tobacco consumption. ○ Domestic Violence cases increased by more than 50% from 2009 to 2011. 	Community Themes & Strengths Assessment <div> <div> Strengths <ul style="list-style-type: none"> ○ Evaluate effectiveness, accessibility and quality of personal and population-based health services. ○ Research for new insights and innovative solutions to health problems. ○ Inform, educate and empower people about health issues. ○ Develop policies and plans that support individual and community health efforts. ○ Enforce laws and regulations that protect health and ensure safety. ○ Link people to needed personal health services and assure the provision of health care when otherwise unavailable. </div> <div> Opportunities for Improvement <ul style="list-style-type: none"> ○ Monitor Health Status ○ Mobilize Community Partnerships to Identify and Solve Health Problems ○ Diagnose and investigate health problems and health hazards in the community ○ Assure a component of public and personal health care workforce </div> </div>
Local Public Health System Assessment <ul style="list-style-type: none"> ○ ES #1: Monitor Health Status ○ ES #4: Mobilize Community Partnerships to Identify and Solve Health Problems ○ ES #2: Diagnose and investigate health problems and health hazards in the community ○ ES #8: Assure a component of public and personal health care workforce 	Forces of Change Assessment <ul style="list-style-type: none"> ○ Economic ○ Health ○ Geography ○ Social

Strategic Issues

High use of tobacco

Foster care

Preventable hospital stays

Domestic violence and crime

Sexually Transmitted Diseases (STDs)

Unintentional injuries

Dental care

Limited repository for referrals

Transportation

Health Issues & Distribution - Health Disparities, Equity, or High-Risk Populations

Health disparities exist when one group of people becomes sick or dies more often than another group. Understanding health disparities as they contribute to Santa Rosa health issues is important because health disparities lead to increased healthcare costs, increased incidence of disease, and increased mortality. In addition, it is important to monitor health disparities in order to reduce the disease burden by identifying high-risk groups, formulating appropriate health care policy, and evaluating progress in eliminating health disparities.

According to the *Institute of Medicine Report: Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* health disparities may persist because of differences in access to medical care for racial and ethnic groups and differences in the quality of care received by racial and ethnic groups.

The Office of Minority Health at the Florida Department of Health reports that health disparities can occur due to:

- Lack of Health Insurance
- Lack of Routine Care
- Health Literacy and Language Barriers
- Provider Prejudices and Stereotyping
- Patient Mistrust and Refusal of Services
- Medically Underserved Communities
- Lack of Participation of Minorities in the Health Professions

Source: Florida Department of Health, Office of Minority Health

When available, health disparities will be identified for each of the Strategic Issues identified in the Community Health Improvement process. It should be noted that data only exists on health disparities for White and Black-African American populations within Santa Rosa County.

STRATEGIC ISSUE 1: High use of tobacco.

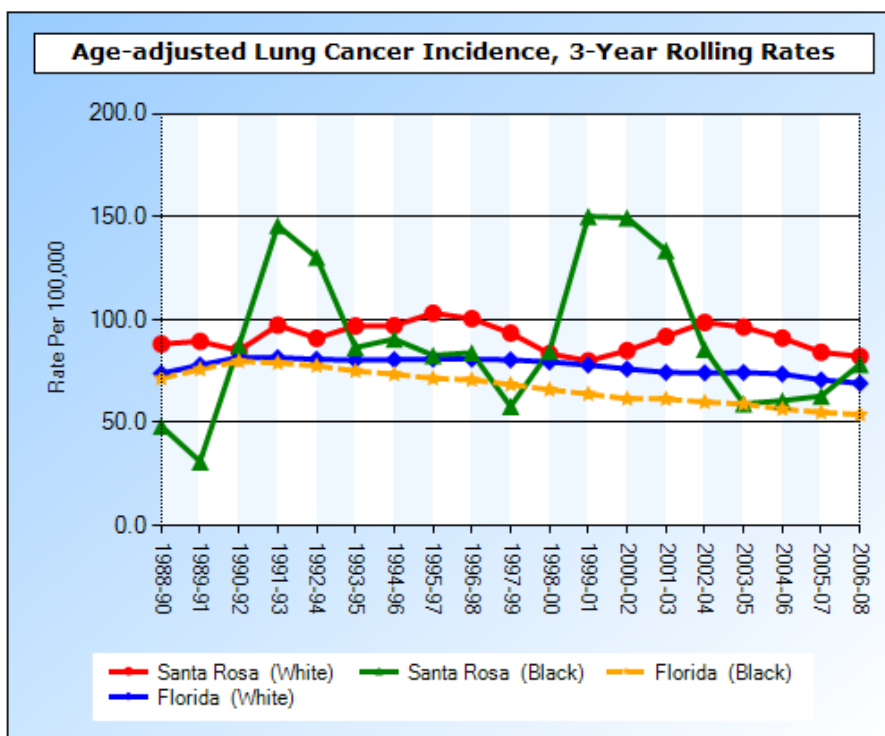
Based on the data review and assessments associated with this report, Santa Rosa Non-Hispanic White Men reported being a current smoker more frequently than Non-Hispanic White Women (29.6% versus 17.8%). The table below from the 2010 BFRSS summarizes these differences.

2010 Florida BRFSS Data Report

Santa Rosa

Tobacco Use & Exposure									
Percentage of adults who are current smokers									
		2010 County			2010 State			2007 County	
		Measure	95% CI		Measure	95% CI		Measure	
ALL	Overall	22.0	16.8	27.2	17.1	16.1	18.1	23.5	
SEX	Men	26.9	18.5	35.4	18.4	16.7	20.0	25.8	
	Women	17.2	11.2	23.1	16.0	14.9	17.0	21.3	
RACE/ETHNICITY	Non-Hisp. White	23.7	17.8	29.6	18.4	17.4	19.5	24.3	
	Non-Hisp. Black				13.7	10.9	16.5		
	Hispanic				13.8	10.1	17.5		
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	29.6	19.9	39.2	17.9 *	16.3	19.6	26.8	
	Non-Hisp. White Women	17.8	11.1	24.5	18.9	17.6	20.2	21.9	

In addition, the age-adjusted death rate for *Lung Cancer* is higher than the state rate for White and African American residents (White rate - 66.4 versus 47.6; African American rate – 54.0 versus 37.4). The most recent data from Florida CHARTS (2006-2008) is displayed below.



STRATEGIC ISSUE 2: Preventable hospital stays.

This issue emerged as critical in Santa Rosa County because preventable hospital stays exceeded the state and national averages by more than 40% (over utilization of hospital emergency room in most areas greater than the state average). There is a low primary care physician-to-patient ratio 1,474:1, with the national benchmark at 631:1.

Health disparities which contribute to this issue include:

- White residents have a higher age-adjusted *asthma* hospitalization rate as compared to the state rate (823.0 versus 662), and a higher rate for *Emergency room visits due to asthma* than the state rate (457.0 versus 159.7).
- Black residents had a higher rate for *Emergency room visits due to asthma* than the state rate (385.4 versus 256.2).
- Non-Hispanic White Women reported having asthma more frequently than Non-Hispanic White Men (17.7% versus 6.1%). This is summarized in the table below.

2010 Florida BRFSS Data Report

Santa Rosa

Asthma

Percentage of adults who currently have asthma

		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	10.7	6.8	14.6	8.3	7.6	9.0	5.9
SEX	Men	5.1	1.5	8.7	6.5	5.4	7.6	2.4
	Women	16.3	9.7	22.9	10.0	9.2	10.9	9.3
RACE/ETHNICITY	Non-Hisp. White	11.9	7.4	16.4	8.3	7.6	9.0	6.3
	Non-Hisp. Black				8.0	5.8	10.1	
	Hispanic				9.9	6.8	12.9	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	6.1	1.8	10.4	6.1	5.1	7.1	2.2
	Non-Hisp. White Women	17.7	10.2	25.2	10.3	9.3	11.3	10.4

- White residents had a higher age-adjusted hospitalization rate, as compared to the state rate, for *Coronary Heart Disease* (464.1 versus 358.9), *Stroke* (302.1 versus 235.3), *Congestive Heart Failure* (146.7 versus 106.0), and *Diabetes* (2618.9 versus 1889.0).
- White residents' *Emergency room visits due to diabetes* was nearly double the state rate (588.1 versus 327.7).

The table on the following page displays the most current data for White and Black residents in Santa Rosa County for the differences discussed above.

Age-adjusted Hospitalizations From or With Coronary Heart Disease, Single Year Rates				
	Santa Rosa		Florida	
	White	Black	White	Black
Year	Rate	Rate	Rate	Rate
2009	555.6	260.7	395.9	375.8
2010	444.7	296.9	356.2	352.9
2011	397.7	480.5	327.3	319.3
Coronary Heart Disease Age-Adjusted Death Rate, Single Year Rates				
2009	116.2	125.7	105.1	118.2
2010	123.1	143.1	107.8	120.4
2011	131	110.7	104	109.9
2012	98.5	46	103.6	108.7
Age-adjusted Hospitalizations from Congestive Heart Failure, Single Year Rates				
2009	156.6	163.2	123.2	309.6
2010	154.3	312.1	107.2	264.9
2011	131.6	205	88.5	226.9
Age-adjusted Hospitalizations From Stroke, Single Year Rates				
2009	312.4	411.4	240.1	418.1
2010	299.1	180.9	235.1	408.2
2011	298.8	201.4	231.8	408.6
Age-adjusted Hospitalizations From Or With Diabetes, Single Year Rates				
2009	2552.7	2903.2	1882.4	4208.8
2010	2688.3	2837.3	1888	4259.5
2011	2632.2	3386.5	1903.5	4212.6

Source: Florida CHARTS

STRATEGIC ISSUE 3: Sexually Transmitted Diseases (STDs).

There was an increased number of STD cases in the 15 to 19 year old population in Santa Rosa County. While below the associated state rate, the bacterial STDs in women ages 15 to 34, increased from 672 cases in the 2007-2009 reporting period to 751 cases in 2009-2011. Chlamydia cases increased for the same periods from 838 to 990.

Data for minority populations was not available.

STRATEGIC ISSUE 4: Dental care.

Santa Rosa County has poor access to dental care for uninsured and low income residents. In 2011, there were 46 dentists in Santa Rosa County. This represents a half the state rate (29.5 versus 63.0). The 2010 Santa Rosa Community Needs Assessment found that 45% percent of all survey respondents went to the dentist in the last 6 months, while 16% indicated they went to the dentist within the last 6 to twelve months, 13% had been to the dentist within 1 to 2 years, and 23% had last been seen by a dentist over 2 years ago.

The 2010 BRFSS provides limited insight into differences based on race or ethnicity. More Non-Hispanic White Women in Santa Rosa County reported visiting a dentist or dental clinic in the past year and having their teeth cleaned in the past year.

2010 Florida BRFSS Data Report

Santa Rosa

Oral Health									
Percentage of adults who visited a dentist or a dental clinic in the past year									
		2010 County			2010 State			2007 County	
		Measure	95% CI		Measure	95% CI		Measure	
ALL	Overall	64.2	58.4	70.1	64.7	63.5	65.9		
	SEX	Men	63.6	54.5	72.8	64.0	62.1	66.0	
		Women	64.9	57.7	72.1	65.3	63.8	66.8	
RACE/ETHNICITY	Non-Hisp. White	65.5	59.2	71.8	68.2	67.0	69.4		
	Non-Hisp. Black				55.2	50.7	59.7		
	Hispanic				58.1	53.6	62.6		
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	64.3	54.2	74.4	66.4	64.5	68.4		
	Non-Hisp. White Women	66.7	59.3	74.1	69.9	68.4	71.3		

2010 Florida BRFSS Data Report

Santa Rosa

Oral Health								
Percentage of adults who had their teeth cleaned in the past year								
		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
ALL	Overall	60.0	54.0	66.1	60.9	59.6	62.1	
SEX	Men	59.5	50.2	68.8	59.5	57.5	61.5	
	Women	60.6	53.1	68.1	62.2	60.7	63.7	
RACE/ETHNICITY	Non-Hisp. White	60.4	53.9	66.8	64.2	63.0	65.4	
	Non-Hisp. Black				49.6	45.1	54.2	
	Hispanic				57.0	52.4	61.5	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	59.3	49.0	69.6	62.3	60.3	64.3	
	Non-Hisp. White Women	61.4	53.6	69.2	66.0	64.5	67.5	

Source: Florida BRFSS

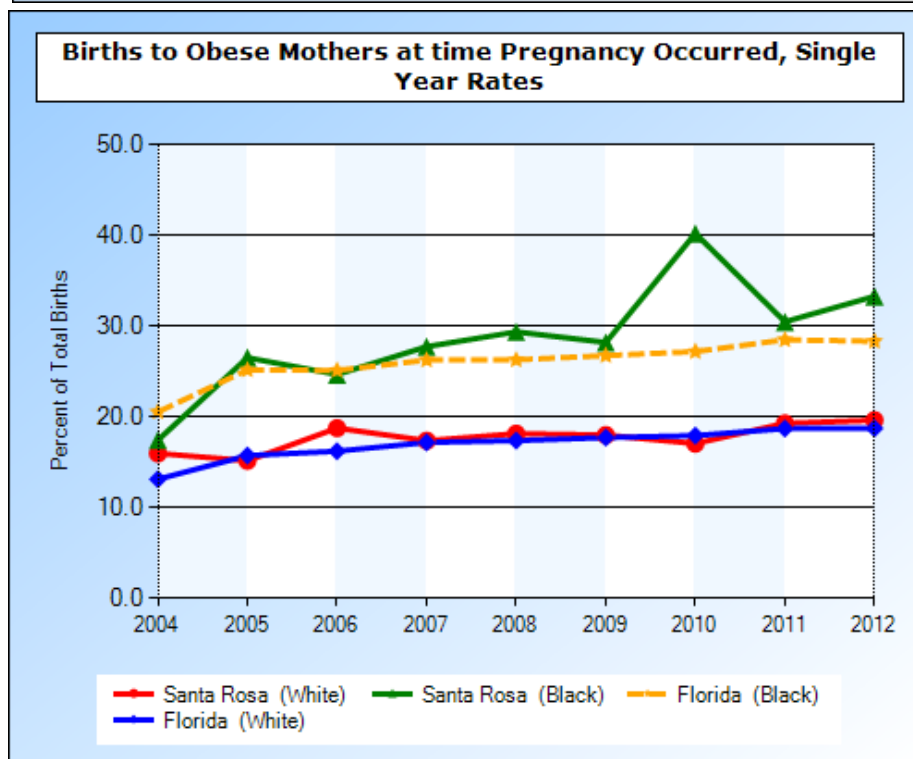
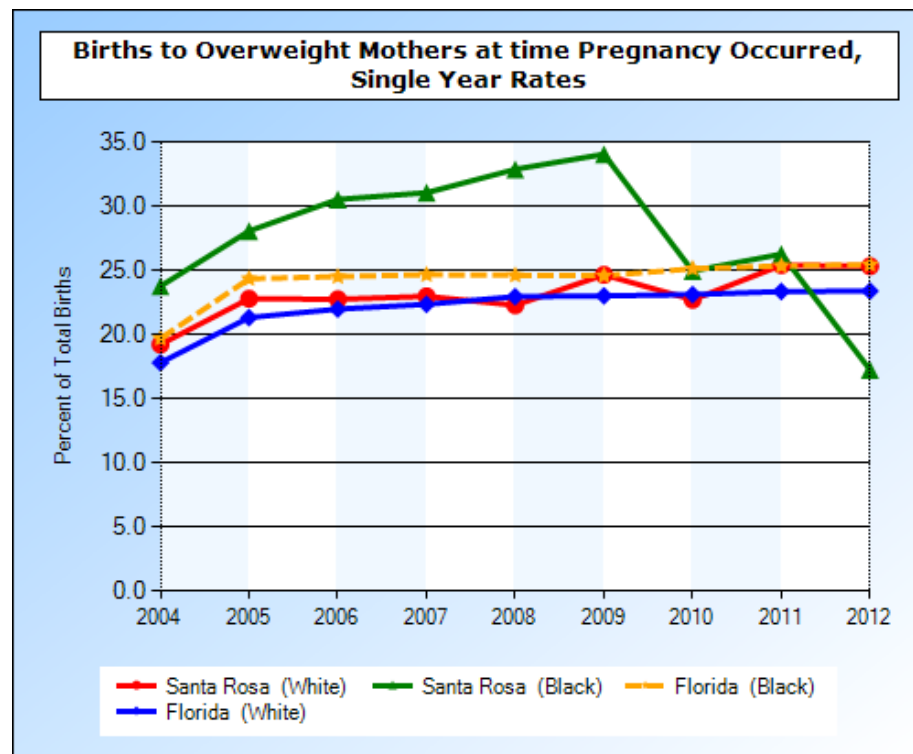
STRATEGIC ISSUE 5: Obesity.

The obesity rate for Santa Rosa County is 33% or 1/3 of the population. According to the 2010 BFRSS report, 34.9% of male respondents reported being obese as compared to 29.8% of state male respondents. The tables below display the results from the 2010 BRFSS survey for race/ethnicity, age group, education level, and annual income.

2010 Florida BRFSS Data Report							Santa Rosa	
Overweight & Obesity								
Percentage of adults who are overweight								
		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
	ALL Overall	33.3	27.8	38.8	37.8	36.6	39.0	36.3
	SEX Men	41.9	32.8	50.9	43.8	41.8	45.8	41.6
	Women	24.1	18.3	29.9	31.8 *	30.4	33.3	30.9
	RACE/ETHNICITY Non-Hisp. White	32.1	26.2	38.0	37.9	36.7	39.2	34.6
	Non-Hisp. Black				36.3	31.9	40.8	
	Hispanic				37.3	32.7	41.8	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	40.2	30.4	50.0	45.5	43.4	47.5	39.6
	Non-Hisp. White Women	23.4	17.2	29.5	30.5	29.0	31.9	29.5
	Non-Hisp. Black Men				34.9	27.8	41.9	
	Non-Hisp. Black Women				37.5	31.8	43.1	
	Hispanic Men				39.7	32.4	47.0	
	Hispanic Women				34.8	29.4	40.2	
AGE GROUP	18-44	27.9	18.6	37.1	33.8	31.5	36.2	33.6
	45-64	39.6	31.6	47.6	39.3	37.2	41.3	37.4
	65 & Older	34.4	26.0	42.8	41.5	39.8	43.1	41.2
EDUCATION LEVEL	<High School				31.7	27.5	35.9	
	H.S. / GED	39.7	28.8	50.7	37.5	35.2	39.9	38.8
	>High School	31.7	25.0	38.3	38.7	37.1	40.2	35.3
ANNUAL INCOME	<\$25,000	32.3	21.0	43.7	34.5	32.1	37.0	29.5
	\$25,000-\$49,999	33.5	22.6	44.4	38.0	35.5	40.6	37.0
	\$50,000 or More	37.2	27.8	46.6	40.4	38.4	42.5	42.0
Percentage of adults who are obese								
		2010 County			2010 State			2007 County
		Measure	95% CI		Measure	95% CI		Measure
	ALL Overall	29.8	24.1	35.5	27.2	26.1	28.4	21.3
	SEX Men	34.9	25.5	44.2	29.8	27.9	31.7	23.4
	Women	24.4	18.4	30.4	24.7	23.3	26.1	19.2
	RACE/ETHNICITY Non-Hisp. White	28.9	22.7	35.1	25.2	24.0	26.3	22.8
	Non-Hisp. Black				42.7	38.1	47.3	
	Hispanic				29.2	25.0	33.4	
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	33.3	23.1	43.5	28.6	26.7	30.5	25.4
	Non-Hisp. White Women	24.1	17.7	30.5	21.8	20.5	23.1	20.1
	Non-Hisp. Black Men				45.3	37.5	53.0	
	Non-Hisp. Black Women				40.7	35.3	46.2	
	Hispanic Men				31.2	24.4	38.0	
	Hispanic Women				27.2	22.1	32.3	
AGE GROUP	18-44	31.1	20.4	41.9	26.9	24.7	29.0	18.8
	45-64	25.3	18.7	31.8	30.6	28.6	32.5	23.9
	65 & Older	36.4	27.8	44.9	22.2 *	20.8	23.7	23.1
EDUCATION LEVEL	<High School				37.7	33.1	42.3	
	H.S. / GED	33.3	22.4	44.2	29.0	26.8	31.1	22.0
	>High School	28.1	21.1	35.2	25.4	24.0	26.8	21.3
ANNUAL INCOME	<\$25,000	36.8	25.4	48.3	31.7	29.3	34.0	17.3
	\$25,000-\$49,999	37.3	23.6	50.9	28.9	26.4	31.3	25.3
	\$50,000 or More	24.4	15.8	32.9	24.4	22.6	26.3	19.4

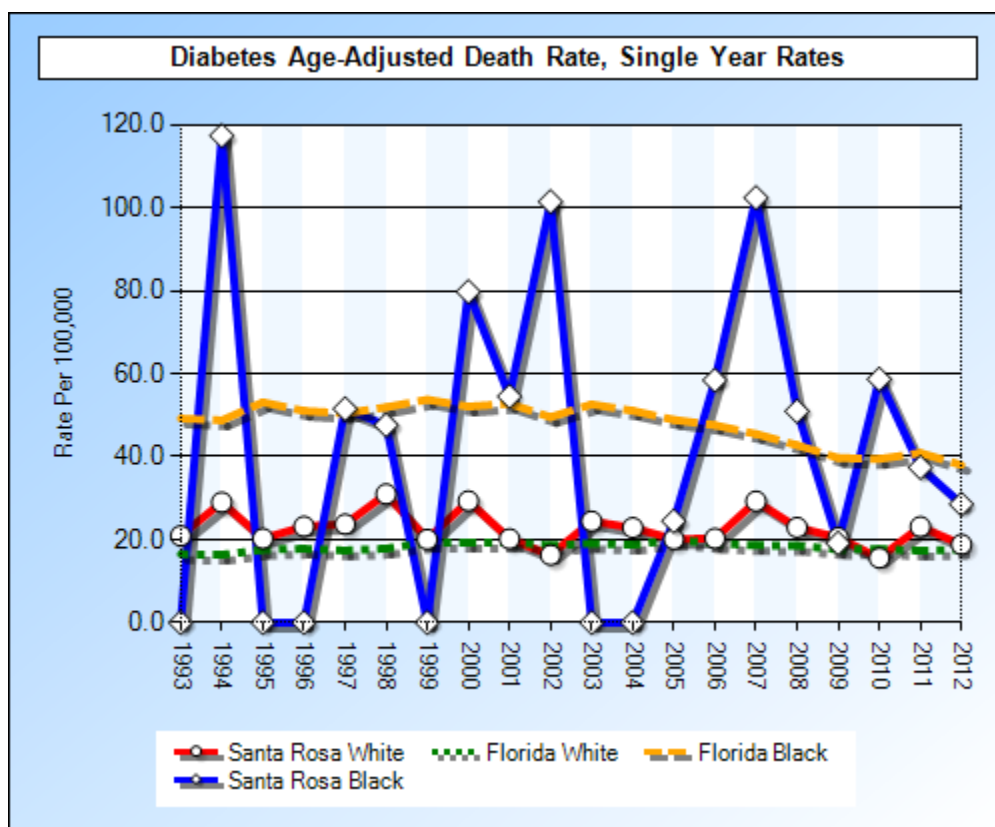
Source: Florida BRFSS

Births to mothers who were *Overweight* at the time pregnancy occurred were higher for both White and African American residents as compared to the state rates (White – 24.3% versus 23.2%; African American – 28.6% versus 25.1%). Births to mothers who were *Obese* at the time pregnancy occurred were also higher for African American residents as compared to the state rates (32.5% versus 27.5%). This data is displayed in the graphs below from Florida CHARTS.



The percentage of Middle and High School students who had a BMI at or above the 95th percentile or *Obese* was higher than the percentages for the same state population (Middle School – 12.1% versus 11.1%; High School – 15.4% versus 14.3%).

In addition, the percentage of males who reported they had been diagnosed with *Diabetes* was higher than the associated state percentages (15% versus 11.7%). The *Diabetes Age-Adjusted Death Rate* for White residents has consistently been higher than the associated state rate for the past 10 years. The same indicator for African American residents has been both higher and lower than the state rate for the same time period. This data is displayed in the graph below from Florida CHARTS.



Source: Florida CHARTS

Data on fruit and vegetable consumption and physical activity levels were not available for minority populations. The BRFSS data from 2007 was available, but only reported for Non-Hispanic White residents.

STRATEGIC ISSUE 6: Foster care.

The number of 5 to 17 year old children entering the foster care system in Santa Rosa County exceeded the state average. The rate for children ages 1 to 5 years of age in foster care was 9.2 as compared to the state rate of 5.7. The rate of children in foster care for 5 to 11 years old was 5.5 versus 3.5 for the state, and for children ages 12 to 17, the rate for Santa Rosa County was 6.9 versus 4.5 for the state. This data was not available from Florida CHARTS by race/ethnicity.

STRATEGIC ISSUE 7: Domestic violence and crime.

The rate of domestic violence and crime in Santa Rosa County exceeds the state average. There were 695 total cases of domestic violence in 2011 in Santa Rosa County. *Domestic Violence Offenses* were higher than the state rate (806.2 versus 605.0). The incidence of *Forcible Fondling* increased from 28 in 2010 to 36 in 2011. In addition, *Burglary* and *Larceny* increased over the same time period. This data was not available from Florida Department of Law Enforcement by race/ethnicity.

STRATEGIC ISSUE 8: Unintentional Injuries.

The age-adjusted death rate for unintentional injuries in Santa Rosa County was nearly double the state rate for 2011 (56 versus 37.2). Motor vehicle accidents are the number one cause of fatalities and Injuries for those under the age of 21 in Santa Rosa County. Data for minority populations was not available.

Health disparities which contribute to this include:

- Male and Female residents had a slightly higher age-adjusted death rate for *Motor Vehicle Crashes* than the state rate.
- White residents had a slightly higher age-adjusted death rate for *Motor Vehicle Crashes* than the state rate.
- Male and Female residents had a slightly higher age-adjusted death rate for *Unintentional Injuries*.
- Female residents' age-adjusted death rate for *Unintentional Drownings* was double the state rate (2.2 versus 1.1).
- In 2010, the age-adjusted death rate for African Americans from *Falls* was 10 times the state rate (35.2 versus 3.6).
- Male residents had a higher age-adjusted death for *Firearms Discharge* than the state rate (26.4 versus 20.5), as did White residents (14.5 versus 10.9).

Differences between the White and Black Santa Rosa residents are displayed in the table on the following page for the issues discussed above. This data is from Florida CHARTS.

Motor Vehicle Crashes Age-Adjusted Death Rate,				
	Santa Rosa		State	
	White	Black	White	Black
Years	Rate	Rate	Rate	Rate
2010	17.9	31.8	13	12.3
2011	13.7	7.5	13	12.4
2012	14.4	32	12.5	11.8
Unintentional Injuries Age-Adjusted Death Rate,				
2010	44	67.1	45.4	28.8
2011	40.1	7.5	43.6	27.4
2012	31.1	32	42.5	27.9
Unintentional Drownings Age-Adjusted Death Rate,				
2010	2.9	0	1.9	2.2
2011	1.9	0	1.7	1.8
2012	0.5	0	1.7	2
Unintentional Falls Age-Adjusted Death Rate,				
2010	8.7	35.2	8.7	3.6
2011	8	0	9.1	3.6
2012	6	0	9.5	3.6
Firearms Discharge Age-Adjusted Death Rate,				
2010	14	0	10.5	13.9
2011	14.5	8.6	10.9	16.1
2012	13.6	0	10.7	18.2

Source: Florida CHARTS

STRATEGIC ISSUE 9: Limited repository for referrals.

Based on the knowledge and expertise of the community health partners, it was determined there was no central repository for health referrals, resources and information in Santa Rosa County.

Contributing factors may include:

- There were less *Children in School Readiness programs (subsidized child care)* than the state (65.4% versus 82.6%) and less *Children participating in voluntary pre-K programs* (60.4% versus 79.2%).

The 2010 BFRSS asked Santa Rosa County residents if they had a personal doctor. Only 77% of those residents between the ages of 18-44 reported having a personal doctor as compared to

over 90% of those residents ages 45 and older. In addition, 72.8% of those residents reporting an annual income of under \$25,000 reported having a personal doctor, as compared to over 80% of those residents reporting an annual income over \$25,000. This data is summarized below.

Percentage of adults who have a personal doctor									
		2010 County			2010 State			2007 County	
		Measure	95% CI		Measure	95% CI		Measure	
ALL	Overall	85.5	81.0	90.1	81.7	80.6	82.8	79.7	
SEX	Men	82.9	75.6	90.2	78.7	76.9	80.5	75.0	
	Women	88.2	82.7	93.7	84.5	83.3	85.8	84.3	
RACE/ETHNICITY	Non-Hisp. White	86.7	81.9	91.4	84.6	83.6	85.6	80.6	
	Non-Hisp. Black				79.2	75.1	83.3		
	Hispanic				70.7	66.4	75.0		
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	85.5	78.5	92.6	81.2	79.4	82.9	76.4	
	Non-Hisp. White Women	87.9	81.5	94.2	87.9	86.8	89.0	84.8	
	Non-Hisp. Black Men				75.5	68.5	82.6		
	Non-Hisp. Black Women				82.0	77.2	86.7		
	Hispanic Men				68.1	61.1	75.2		
	Hispanic Women				73.2	68.2	78.3		
AGE GROUP	18-44	77.0	67.7	86.2	67.5	65.2	69.9	66.8	
	45-64	92.1	88.5	95.7	86.2 *	84.8	87.7	88.3	
	65 & Older	94.0	89.9	98.2	96.0	95.4	96.6	96.5	
EDUCATION LEVEL	<High School				68.0	63.2	72.8	84.1	
	H.S. / GED	81.7	72.3	91.1	76.8	74.5	79.1	77.4	
	>High School	86.4	80.9	91.9	85.3	84.1	86.6	80.2	
ANNUAL INCOME	<\$25,000	72.8	60.3	85.3	71.0	68.4	73.6	71.8	
	\$25,000-\$49,999	82.6	72.7	92.4	80.8	78.4	83.1	73.2	
	\$50,000 or More	92.6	87.1	98.1	89.0	87.7	90.3	87.3	
MARITAL STATUS	Married/Couple	87.8	82.9	92.8	85.3	84.1	86.5	81.7	
	Not Married/Couple	78.8	68.4	89.2	75.3	73.2	77.4	76.1	

Source: Florida BRFSS

STRATEGIC ISSUE 10: Transportation.

There is no public transportation system in Santa Rosa County. The mean travel time to work in 2011 was 27.6 minutes. Nearly 50% of county residents travel outside the county for work. Slightly more the 7% of all families had income in the past 12 months below the poverty level.

Data for specific race/ethnicity, age group, education level, annual income or marital status were not available for this health issue..

Health Assets and Resources

Health Insurance Coverage

Access to health resources is often impacted by an individual's health insurance coverage. Health insurance may be obtained privately through an employer or purchased independently. Individuals who meet specific eligibility requirements may also qualify for government subsidized or other publicly funded health coverage programs such as Medicare, Medicaid, Military and/or VA benefits. There are also those individuals who are uninsured, including full and part-time employees whose employers do not offer health insurance benefits, low-income persons who do not qualify for Medicaid, early retirees, and others who simply cannot afford the cost for adequate coverage.

Responses from Santa Rosa County residents in the 2010 county-level BRFSS indicate that 85.1% of residents overall reported having some type of health insurance coverage at the time of the survey; compared to 83.0% statewide. This was not considered to be a statistically significant difference from the state average. Additionally, there was not a significance difference in the 84.2% of men reported having health insurance, compared to 86.1% of women. However, there were some specific differences in coverage noted among specific groups. For example, 88.4% of persons who had attended additional schooling beyond obtaining a high school degree reported having coverage, compared to only 80.6% of persons with no formal education beyond high school. Similarly, 96.8% of persons making \$50,000 or more per year had insurance, compared to only 64.5% among persons making less than \$25,000.

Data reported by the U.S. Census Bureau from the 2010 Small Area Health Insurance Estimates indicate that as many as 19.7% of Santa Rosa County residents were uninsured at that time among all races, age groups, and genders. Additional data obtained and reported by the Florida Hospital Association (FHA) indicates that during 2011, at least 20.7% of Santa Rosa County residents between ages 18 and 64 were uninsured; with an additional 11.0% of minors under the age of 18 also being uninsured. Among seniors, the FHA reports 0.0% of residents over the age of 65 were without health insurance.

Florida's Agency for Health Care Administration (AHCA) administers the Medicaid program for the state. The agency records and tracks various types of enrollment data, and many of these figures are available on their website at:

<http://ahca.myflorida.com/Medicaid/index.shtml>.

The table on the following page shows the reported enrollments in Medicare, Medicare HMO, Medicaid, Medicaid HMO, and Commercial HMO insurance programs. Please note that significant numbers of insured residents are not reported because commercial insurance enrollment figures are not available and the number of employees who are self-insured is unknown.

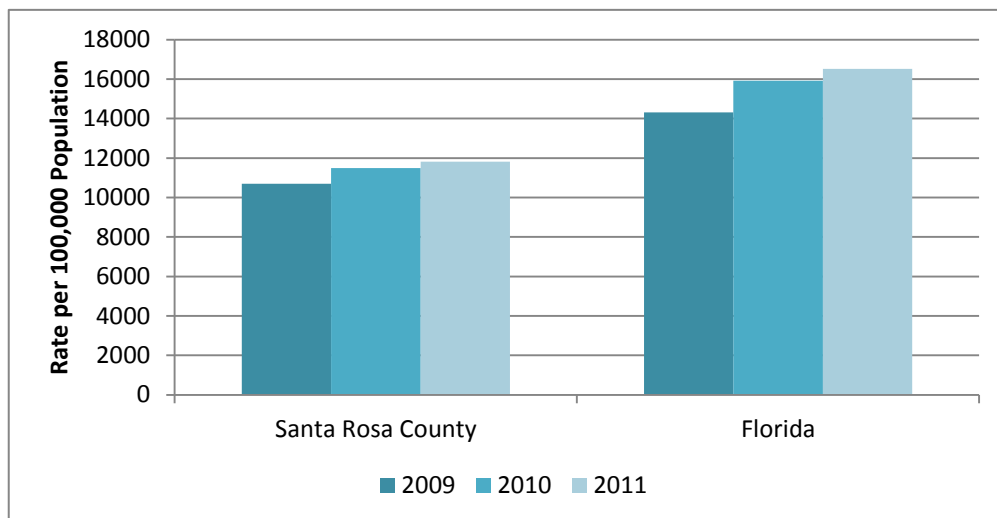
Hospital Discharges by Principal Payer, Florida, 2011

Payer	Frequency	Total Charges	Percent (%) of Total Charges	Average Total Charges
Medicare	1,191,973	60,087,179,782	53.5	50,409
Commercial Insurance	608,602	23,885,222,141	21.3	39,246
Medicaid	539,458	16,995,162,048	15.1	31,504
Self Pay/Non-Payment	218,615	7,249,092,392	6.5	33,159
Tricare or Other Federal	36,584	1,211,196,568	1.1	33,107
Other State/Local Government	24,639	1,188,134,815	1.1	48,221
VA	12,877	636,803,169	0.6	49,452
Other	9,878	368,605,723	0.3	37,315
Workers' Compensation	8,426	509,491,711	0.5	60,466
KidCare	4,627	169,376,976	0.2	36,606
Total	2,655,679	112,300,265,325	100	42,286

Source: Florida Health Finder Store

A comparison of health insurance coverage was not available solely for Santa Rosa County. The median monthly Medicaid enrollment has increased in Santa Rosa County and in Florida during recent years. This trend is displayed below.

Median Monthly Medicaid Enrollment, Santa Rosa County and Florida, 2009-2011



Source: Florida Agency for Healthcare Administration (AHCA), 05/21/2013

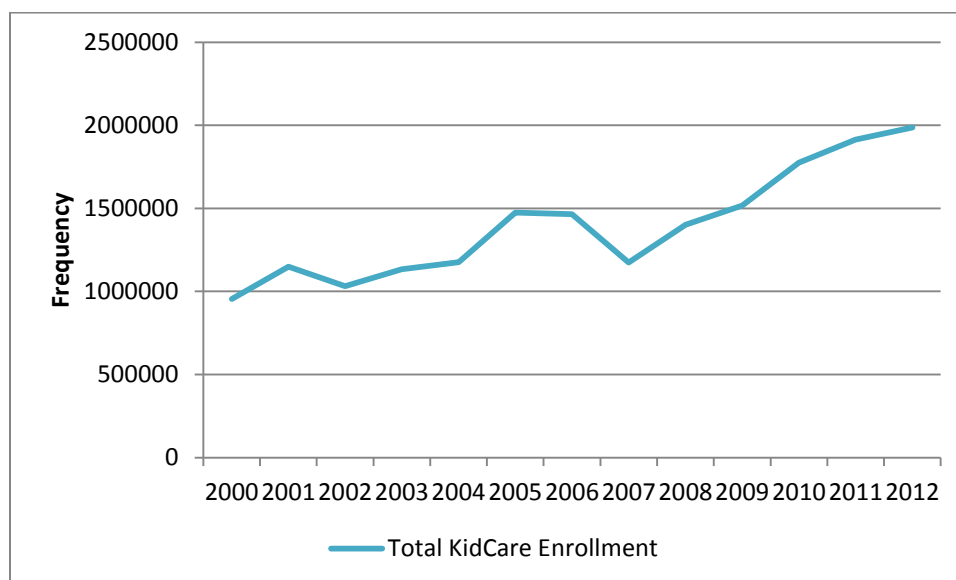
Coverage for Children

Federal government provisions for children's health coverage include Medicaid and Title XXI of the Social Security Act. In Florida, the KidCare Act of 1997 established eligibility requirements for coverage as well as created the Healthy Kids Program and the MediKids program for children ages 0-5. There are four general categories of children's coverage in Florida:

1. Medicaid covers children birth through 18 years, and eligibility is based on the age of child and household income. For example, children under age 1 are covered if the household income is below 200% of FPL; children aged 1-5 are covered if household income is less than 133% of FPL; and children aged 6 through 18 are covered if household income is below 100% of FPL.
2. MediKids covers children age 1 –5 whose income is between 133-200% of the federal poverty level.
3. The Healthy Kids program provides medical coverage for children ages 5 up to 19 in households whose income is between 100 – 200% of the federal poverty level (FPL).
4. Children's Medical Services covers children from birth through 18 who have special behavioral or physical health needs or chronic medical conditions.

The total Florida KidCare enrollment in January from 2000 through 2012 is shown in the figure below. County-level data was unavailable.

Total KidCare Enrollment (MediKids + Medicaid), Florida, January 2000 – January 2012



Source: Florida Agency for Healthcare Administration, 5/31/2013

Primary Care

Primary Care Providers (PCP's) offer routine medical care for the prevention, diagnosis, and treatment of common medical conditions. Primary care providers often serve as “gatekeepers” for the health care system, as they are intended to be the entry point into the health care system for non-emergent services, and refer patients requiring additional care to specialists for treatment. In this way, The U.S. Health Resources and Services Administration (HRSA) considers general and family practitioners, internists, pediatricians, obstetricians and gynecologists, physician assistants, and nurse practitioners all as primary care providers. Additionally, public health nurses and school nurses provide primary care services to designated populations.

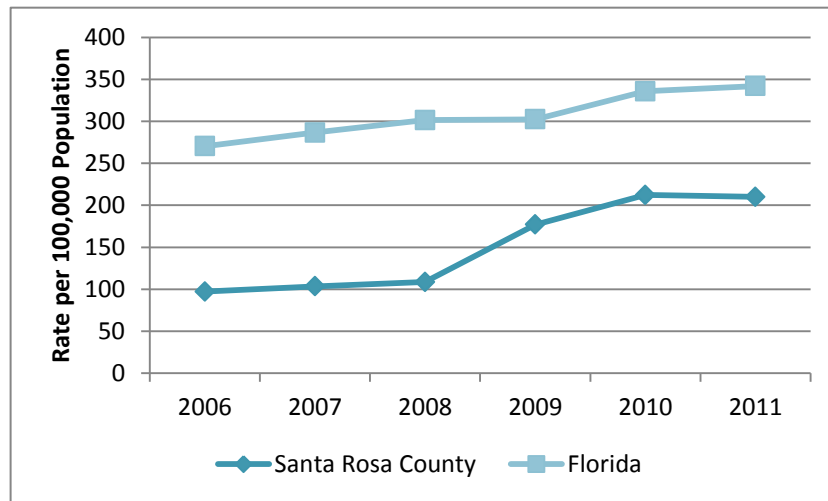
Due to their central role in the health services system, a shortage of primary care providers can negatively impact the health of a community. For this reason, the Federal government has established specific criteria to determine whether an area has a shortage of providers; and also criteria to help determine whether a specific area is underserved. The HRSA Shortage Designation Branch is responsible for setting the criteria and ultimately deciding whether or not a geographic area, population group or facility is a **Health Professional Shortage Area (HPSA)** or a **Medically Underserved Area or Population (MUA/MUP)**. Health Professional Shortage Areas (HPSA's) may be designated as having a shortage of primary medical care, dental, or mental health providers. They may be urban or rural areas, population groups or specific medical or other public facilities.

HRSA considers a primary care physician-to-population ratio of 1:3,500 persons adequate for most communities; except in areas where more than 20% of the population lives in poverty, where the ratio is increased to 3,000 persons per primary care physician. The primary care HPSA designation is also based on the availability of care in nearby areas, documented infant mortality rates, birth rates, and poverty level. Currently, there are two Primary Care HPSA designations for Santa Rosa County.

Additionally, the federal administration defines Medically Underserved Areas (MUA's) as a whole county or a group of contiguous counties in which residents have a shortage of personal health services; and Medically Underserved Populations (MUP's) as groups of persons who face economic, cultural or linguistic barriers to health care. The current MUA/MUP designations for Santa Rosa County include only the Santa Rosa Service Area (as defined by HRSA).

While the gap has closed slightly within recent years, Santa Rosa County has a significantly lower rate (210 per 100,000 population) of licensed physicians when compared to the state (342 per 100,000 population) in 2011. The graph on the following page displays a comparison of the number of licensed physicians in Santa Rosa County and the state of Florida.

Physicians, Santa Rosa County and Florida, 2006-2011



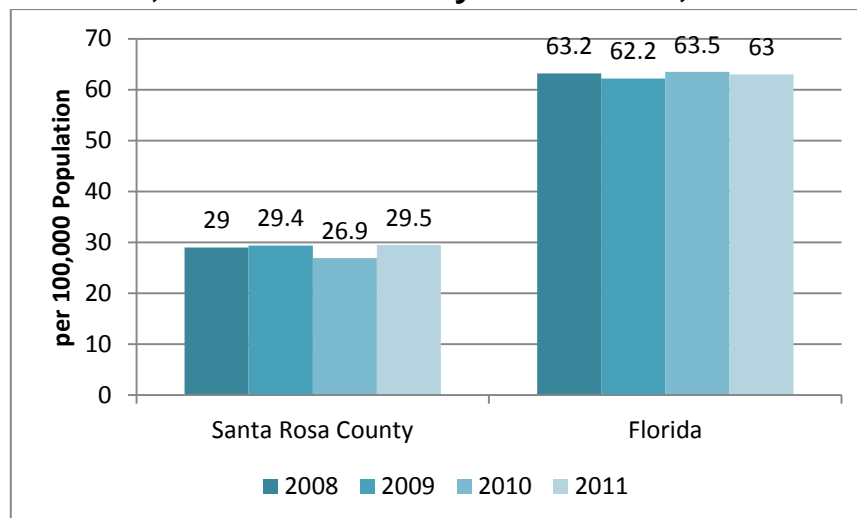
Source: Florida Department of Health

One important note: When looking at physician coverage rates in Santa Rosa County, the data reflects only those physicians who list a Santa Rosa County address for their licensure. This data does not account for physicians who have a primary office location in a neighboring county but who have satellite offices or otherwise provide services in Santa Rosa County.

Dental Care

Santa Rosa County has less dentists per 100,000 population as compared to the state. In 2011, Santa Rosa County had 29.5 licensed dentists per 100,000 residents, while the state average was 63 dentists per 100,000 residents. The table below displays this distribution.

Dentists, Santa Rosa County and Florida, 2008-2011



Source: Florida Department of Health, Division of Medical Quality Assurance

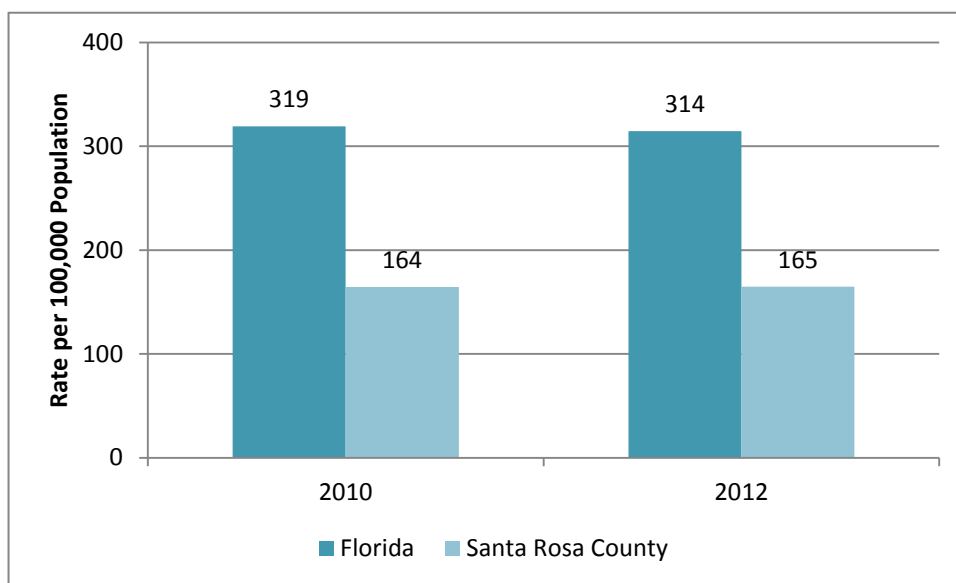
Health Care Facilities

Acute Care

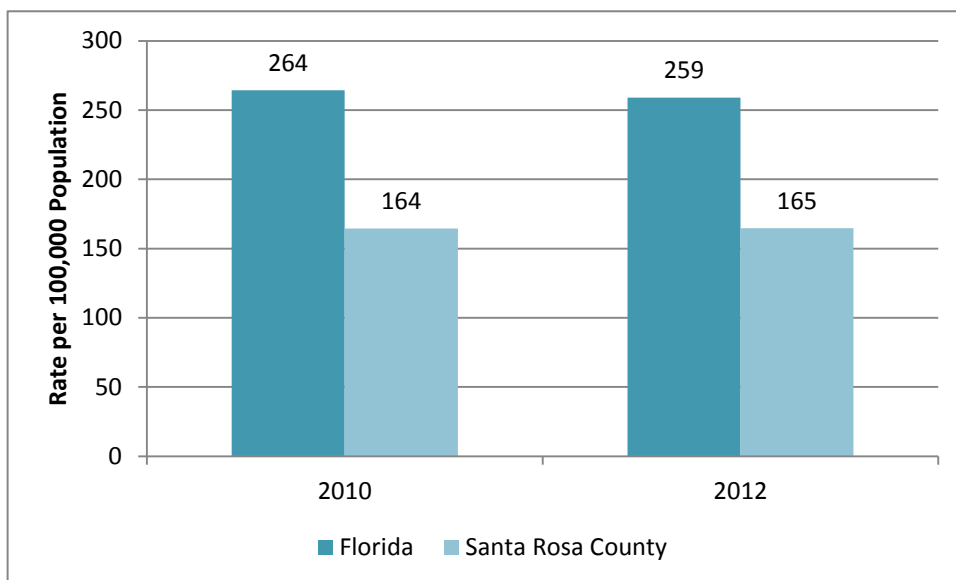
Acute care hospitals play a key role in the delivery of health care services, especially in more rural communities where primary and specialist outpatient care shortages may exist. In addition to providing traditional inpatient services, hospitals may also provide extensive diagnostic and treatment services on an outpatient basis.

Overall, Santa Rosa County has a lower rate of available hospital beds when compared to Florida. This is especially true for acute care beds and neonatal intensive care unit hospital beds when compared to the rest of the state.

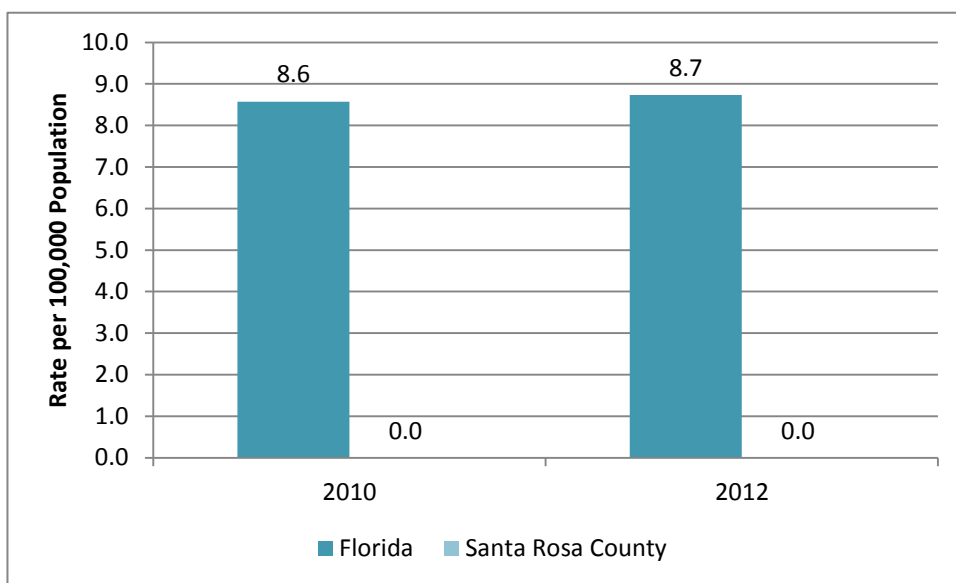
Total Hospital Beds (All Facilities), Santa Rosa County and Florida, July 2010-July 2012



Acute Care Hospital Beds (All Facilities), Santa Rosa County and Florida, July 2010 & July 2012



NICU Hospital Beds (All Facilities), Santa Rosa County and Florida, July 2010 & July 2012



Gulf Breeze Hospital is one of the primary hospitals for Santa Rosa County, and provides a full range of services, including anesthesia, burns, cardiology, cardiovascular surgery, colon & rectal surgery, emergency medicine, endocrinology, gastroenterology, general surgery, gynecology, hematology, internal medicine, nephrology, neurology, neurosurgery, ophthalmology, oral/maxillo-facial surgery, orthopedics, otolaryngology,

plastic surgery, podiatry, psychiatry, pulmonary medicine, radiology, thoracic surgery, urology, vascular surgery. The hospital currently has 77 licensed beds, all of which are acute care beds. The facility currently provides an inpatient diagnostic cardiac catheterization program.

Data on discharge diagnosis solely for Santa Rosa County was not available. The two tables below display the Top 5 Diagnosis Related Group, MS-DRGs (Hospitalizations) in 2011 for Females and Males.

Top 5 Diagnosis Related Group, MS-DRGs (Hospitalizations) in Florida during 2011 for Females

Diagnosis	Discharges	Percent of Female Discharges	Average Length of Stay (days)	Average Total Charges (\$US)
Vaginal Delivery	125,050	9.1	2.4	12,937
Cesarean Delivery	79,919	5.8	3.3	24,251
Psychoses	55,407	4	7.2	15,830
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders	51,778	3.8	3.3	27,802
Chronic Obstructive Pulmonary Disease	38,098	2.8	4.7	31,984

Top 5 Diagnosis Related Group, MS-DRGs (Hospitalizations) in Florida during 2011 for Males

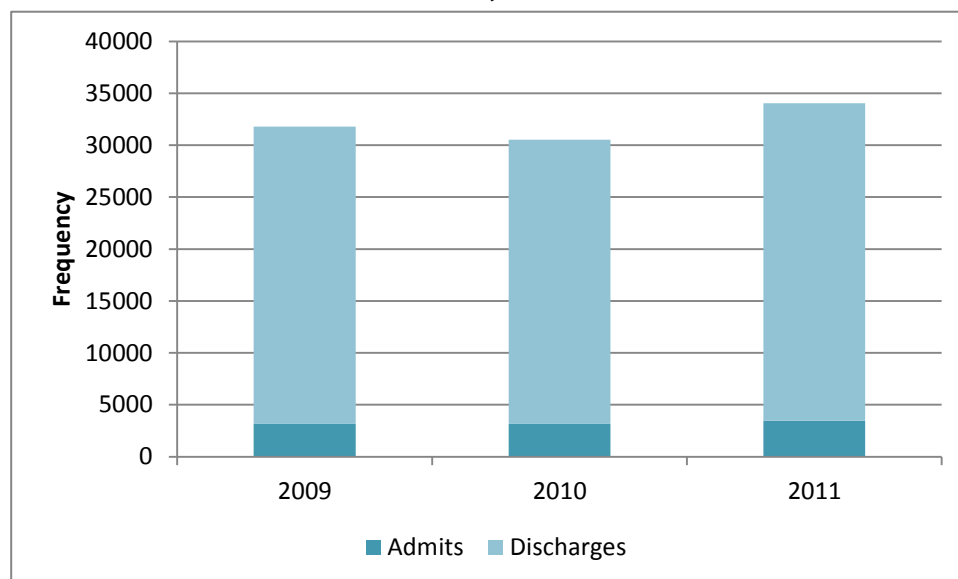
Diagnosis	Discharges	Percent of Female Discharges	Average Length of Stay (days)	Average Total Charges (\$US)
Psychoses	61,129	5.9	7.5	15,581
Heart Failure and Shock	32,286	3.1	4.6	33,448
Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders	30,456	2.9	3	25,774
Percutaneous Cardiovascular Procedure	29,546	2.8	3.1	83,800
Simple Pneumonia and Pleurisy	27,729	2.7	4.5	32,205

Emergency Room Care

Local hospital Emergency Room (ER) utilization rates can be an indicator of the availability and accessibility of health care services within an area. Many ER visits are preventable, or involve conditions that may be more appropriately cared for in a primary care setting.

The graph on the following page displays the number of ER visits to Santa Rosa Medical Center, along with the corresponding number of inpatient admissions from the ER during 2009 to 2012 period. The number of ER visits has increased by at 120% during the past 4 years. During 2009-2012, an average of 10.9% of Emergency Room visits at Santa Rosa Medical Center resulted in an inpatient admission.

Total Emergency Department Visits by Disposition Status at Santa Rosa Medical Center, 2009-2012



Source: ESSENCE, Florida Department of Health

Hospital data submitted to AHCA regarding the primary diagnosis at discharge from the ER (regardless of whether released or admitted as inpatient) provides the top ten reasons for emergency room visits among Santa Rosa County residents. The table on the following page displays selected non-fatal injury emergency department visits by mechanism in Santa Rosa County during 2011.

Select Non-fatal Injury Emergency Room Diagnoses, Santa Rosa County & Florida, 2011

Injury Mechanism	Santa Rosa County		Florida
	N	County Age Adjusted Rate per 100,000 Population	Florida Age Adjusted Rate per 100,000 Population
Firearm	51	34	2374
Suffocation	25	18	1313
Pedalcyclist, Other	217	144	812
Motor Vehicle - Pedalcyclist	187	122	783
Fall	11	7	640
Drowning, Submersion	1,271	836	435
Other Spec & NEC	429	286	404
Overexertion	2,233	1489	320
Cut, Pierce	822	552	209
Motor Vehicle - Pedestrian	21	14	100

Source: Florida CHARTS

Long-Term Care

Long-term care is defined by HRSA as "those services designed to provide diagnostic, preventive, therapeutic, rehabilitative, supportive, and maintenance services for individuals who have chronic physical and/or mental impairments, in a variety of settings ranging from home to institutional settings, to ensure the quality of life."

Santa Rosa Health & Rehabilitation Center is a long term care facility located in Milton that offers physician services, infusion therapy, wound care, enteral therapy, portable diagnostics, inpatient rehabilitation, outpatient rehabilitation, respiratory therapy, occupational, physical and speech therapies, pastoral care, dietary services, pharmaceutical services, social services, sub-acute care, long term care, respite care, hospice care (registered nurse on staff 24 hours/day), COPD quick recovery program, post-acute cardiac recovery program, Wii fitness program, and advanced balance program. Admissions trend information was not available for this facility.

Long-term care also includes nursing home care. Medicaid is the primary funding source of nursing home care, paying for more than half (66.0%) of all nursing home

days in Santa Rosa County. Medicaid typically pays for long-term care; while Medicare covers short-term care following hospital discharge. Many nursing homes limit the number of dedicated Medicaid beds in their facilities in order to control the number of low-reimbursing, long-term Medicaid patients admitted.

There are four free standing skilled nursing facilities in Santa Rosa County. The rate of available nursing home beds (265 per 100,000 population) is lower than the state average (435 per 100,000 population). The table below summarizes the number of nursing home beds, average occupancy rates, and percent of days covered by both Medicaid and Medicare for Santa Rosa County's free standing nursing homes.

Skilled Nursing Home Information, Santa Rosa County and Florida, 2011

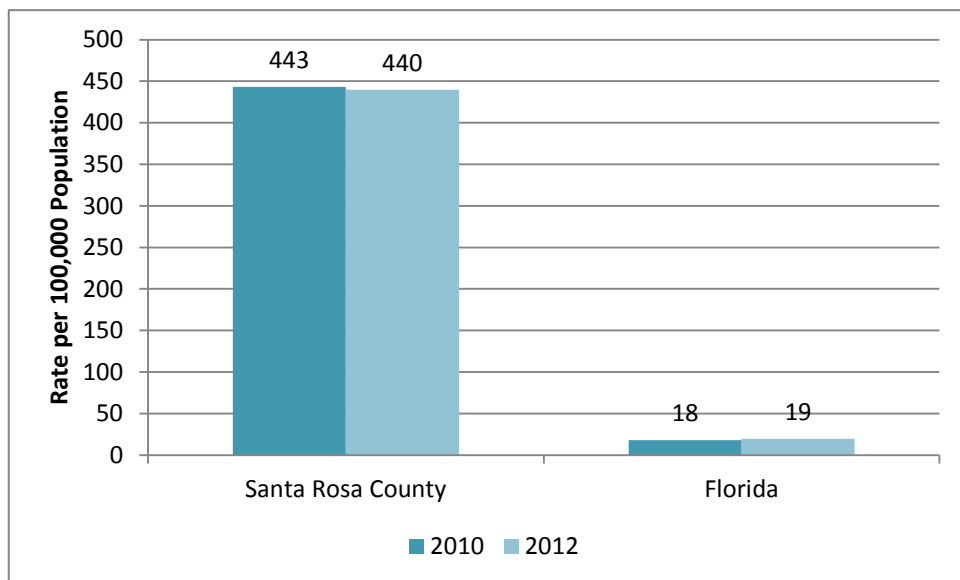
	Santa Rosa County	Florida
Community Bed Days (per 100,000 population)	96,610	153,055
Community Patient Days (per 100,000)	89,204	133,892
Medicaid Patient Days (per 100,000)	58,839	82,196
Occupancy Rate	92.3%	87.5%
Percent Medicaid	66.0%	61.7

Source: Florida Department for Elder Affairs

Mental Health and Substance Abuse

Santa Rosa County has a higher rate of available adult psychiatric beds when compared to the state as a whole – Santa Rosa County 440 per 100,000 population versus Florida 19 per 100,000 population in 2012. Western Florida Community Care Center has 100 licensed adult psychiatric beds within its facility, and is a receiving center for involuntary referrals initiated under the Florida Mental Health Act, more commonly referred to as the Baker Act.

Adult Psychiatric Beds, Santa Rosa County and Florida, 2010 & 2012



Avalon Center offers outpatient services for both adults and children dealing with mental health and/or substance misuse/abuse problems. The center is located in Milton and offers a full range of services including counseling, outpatient therapy, detoxification, crisis intervention, inpatient care, day treatment, case management, and multiple levels of residential programs.

Santa Rosa County Physical Assets

There are a number of physical assets and resources within Santa Rosa County which can be mobilized to address the health issues identified in the Community Health Assessment. These are summarized in the table below and on the following page.

Parks	Schools
Blackwater River State Park	Central High School
Lower Escambia River Water Management Area	Gulf Breeze High School
Floridatown Park	Jay High School
Garcon Point Water Management Area	Milton High School
Woodland Park	Navarre High School
Shoreline Park	Pace High School
Navarre Beach Park	
	Public Libraries
Walking Trails	Gulf Breeze Library
Florida National Scenic Trail	Milton Library
Blackwater River State Park	Pace Library
Lower Escambia River Water Management Area	Jay Library
Floridatown Park	Navarre Library
Garcon Point Water Management Area	Santa Rosa County Library Admin Center
Woodland Park	
Shoreline Park	Athletic Field
Navarre Beach Park	Dolphin Baseball/Softball Field
	Jim Spooner Field
Recreational Bodies of Water	
Escambia Bay	Pharmacy
Escambia River	Target Pharmacy
Santa Rosa Sound	Winkles Pharmacy
Gulf of Mexico	Baptist Medical Park-Pharmacy
Blackwater River	Walgreens
Blackwater Bay	CVS/pharmacy
East Bay	

Recreation Center	Dental
Gulf Breeze Recreation Center	Woodbine Family Dentistry
Acceleration Fitness Center	Advanced Dental Concepts
Abhaya Yoga Center	Affordable Dentures
Tammy's Fitness Center	Parkway Dental
The Funplex of Gulf Breeze	Spanish Trail Dentistry
Betty J Pullum Family YMCA	
Miracle League of NE Pensacola	Medical Care Centers
	Gulf Breeze Hospital
Rehab Centers	Andrews Institute for Orthopaedics & Sports Medicine
Consulate Health Care	Jay Hospital
Santa Rosa Health & Rehabilitation Center	Santa Rosa Medical Center
Sacred Heart Rehab Center	West Florida Community Care Center
Center for Pediatric Rehabilitation Inc	
Pensacola Spinal Rehab Center	Mental Health Services
Sacred Heart Rehab Center	Kadampa Meditation Center
	The Friary of Lakeview Center
Long-Term Care Facilities	Florida Therapy Services Inc.
Rosewood Manor	Avalon Center of Lakeview
Select Specialty Hospital	FamiliesFirst Network
Health Center of Pensacola	
Alpine Adult Care Center	
Westminster Village	

Health Policies

Within the state of Florida, there are numerous policies which can be used to impact health issues within Santa Rosa County. The table below and on the following pages summarized those policies most relevant to the issues identified in this Community Health Assessment.

Health Risk Factors	Florida Law	Description
Chronic Disease & Mortality		
Cancer (e.g., lung prostate, breast)	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Cluster/Outbreak
	FS 385.202	Requires Providers To Report To Florida Cancer Registry
	FS 385.103	Chronic Disease Community Intervention Programs
	FS 385.206	Hematology-Oncology Care Center Program
Heart Disease and Stroke	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities For The CMS Network On A Statewide Basis.
	FS 385.103	Chronic Disease Community Intervention Programs
Chronic Lower Respiratory Disease (CLRD)	FS 385.103	Chronic Disease Community Intervention Programs
Cerebrovascular Disease	FS 385.103	Chronic Disease Community Intervention Programs
Diabetes	FS 385.203	Diabetes Advisory Council; Creation; Function; Membership
	FS 385.204	Insulin; Purchase, Distribution; Penalty For Fraudulent Application For And Obtaining Of Insulin
	FS 385.103	Chronic Disease Community Intervention Programs
Unintentional injuries	FS 385.103	Chronic Disease Community Intervention Programs
	FAC 64B-7.001	Pain Management Clinic Registration Requirements
	FAC 64K-100(1, 2, 3, 4, 5, 6 , 7)	Establishment Of Florida's Prescription Drug Monitoring Program
	FS Title XXIX, Chapter 397	Substance Abuse Services
	FS 316.613	Child restraint requirements
	FS 316.614	Safety belt usage
	FS 316.1936	Possession of open containers of alcoholic beverages in vehicles prohibited; penalties.
	FS 327.35	Boating under the influence; penalties; "designated drivers"
Overweight and Obesity	FS 385.103	Chronic Disease Community Intervention Programs

Health Risk Factors	Florida Law	Description
Communicable Diseases		
Arboviral Diseases	FS 388	Control of Arthropods in Florida
Tuberculosis	FS 392	Tuberculosis Control.
Enteric Diseases	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD (e.g., Hepatitis A)
	FS 381.0072	Food Service Protection
Influenza and Pneumonia	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case (Novel Strain Or Pediatric Death) /Cluster/Outbreak
Vaccine Preventable Disease	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools
	FS 402.305 and FAC 65C-22.006	Daycare Facility Requirements For Compulsory Immunizations For Admittance And Attendance
	FS 402.313 and FAC 65C-20.011	Licensed Family Daycare Homes Requirements For Compulsory Immunizations For Admittance And Attendance
	FS 402.305 and FAC 65C-25.002 and FAC 25.008	Licensed Specialized Childcare Facilities For The Care Of Mildly-Ill Children Requirements For Compulsory Immunizations For Admittance And Attendance
Hepatitis	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools, Including Exemptions
Sexually Transmitted Infections	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FS Title XXIX, Chapter 384	STIs: Department Requirements
HIV/AIDS	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting To FDOH By Laboratories & Licensed Providers Of Newly Diagnosed Or Suspected Case/Cluster/Outbreak
	FAC 64D-200(2, 3, 4, 6)	Outlines With Respect To HIV The Definitions, Confidentiality, Testing Requirements, And Registration Of HIV Testing Programs
	FS 381.004	HIV Testing

Health Risk Factors	Florida Law	Description
Maternal & Child Health		
Birth Rates	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Low Birth Weight	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Infant Mortality	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities For The CMS Network On A Statewide Basis.
	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
Teen Pregnancy	FAC 64F-23.001	Informed Consent - Abortion
	FS 63.053 and 63.054	Unmarried Father Registry
	FS Title XXIX, Chapter 390	Termination Of Pregnancies
	Florida Constitution, Article X, Section 22	Parental Notice Of Termination Of A Minor's Pregnancy
	FS Title XXIX, Chapter 384.31	STI: Testing Of Pregnant Women; Duty Of The Attendant
Infant and Child Injuries	FS Title XXIX, Chapter 391	Children's Medical Services
Health Resource Availability (Access & Resources)		
Access to Health Care	FS Title XXX	Social Welfare (Unknown Effect Due To Federal Affordable Care Act Implementation) (E.G., Medicaid, Blind Services, Etc.)
	FAC 64D-3.046	Policy On Vaccines Provided In Florida CHD; Determines Vaccination Policy For Admission To Florida Public Schools
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities For The CMS Network On A Statewide Basis.
	FAC 64F-16.006	Sliding Fee Scale
	FS 296.31	VETERANS' NURSING HOME OF FLORIDA ACT

Health Risk Factors	Florida Law	Description
Social & Mental Health		
Education (Access & Completion)	FL Constitution, Article X, Section 27	Comprehensive Statewide Tobacco Education And Prevention Program
	FL Constitution, Article IX, Section 1	Public Schools; Education Of All Students
	FS Title XLVIII	K-20 Education Code (FS 1007 - Access)
Foster Care	FS Title XXIX, Chapter 402.47	Foster Grandparent And Retired Senior Volunteer Services To High-Risk And Handicapped Children
	FS Title XXX, Chapter 409	Social And Economic Assistance, Part I
Mental Health Treatment	FS Title XXX, Chapter 430	Elderly Affairs: Alzheimer's Disease Services
	FS Title XXIX, Chapter 394	Mental Health
Disability	FS Title XXX, Chapter 410	Aging And Adult Services
	FS Title XXX, Chapter 430	Elderly Affairs
	FS Title XXIX, Chapter 393	Developmental Disability
Crime	FS Title XLVI	Crimes In Florida
	FAC 64B-7.002	Pain Clinic / Physician Disciplinary Guidelines
	FAC 64B-3.005	Requires Counterfeit-Proof Prescription Pads Or Blanks For Controlled Substance Prescribing
	FAC 64B21-504.001	School Psychology Disciplinary Guidelines
	FS 767.04	Dog owner's liability for damages to persons bitten (e.g., PEP)
Suicide	FAC 64K-100(1, 2, 3, 4, 5, 6 , 7)	Establishment Of Florida's Prescription Drug Monitoring Program – In Response To Overdose/Suicide Rates
	FS 406.11	Examinations, Investigations, And Autopsies
Nutrition and Physical Activity	FS 381.0053	Comprehensive Nutrition Program
	FS Title XXIX, Chapter 383	Maternal And Infant Health Care
	FS 1003.455	Physical education; assessment
Alcohol Use	FS Title XXXIV	Alcoholic Beverages And Tobacco Regulations
Tobacco Use	FS 386.201 and FAC 64-I4	Florida Clean Indoor Air Act: DOH Shall Regulate All Facilities That DBPR Does Not With Respect To This Act.
	FL Constitution, Article X, Section 20	Workplaces Without Tobacco Smoke
	FS Title XXXIV, Chapter 569	Tobacco Product Regulations

The next step in the Santa Rosa County process is to conduct the *Community Health Improvement Planning (CHIP)* phase of the MAPP process, wherein the results from this report will be reviewed by community health partners. By understanding that the Santa Rosa County community's health is affected by where its residents live, work, and play, a comprehensive action plan can be developed.



This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.

The MAPP model utilizes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments (Community Health Status Assessment, Community Strength and Themes Assessment, Local Public Health System Assessment, Forces of Change Assessment)
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

It is recommended that the data sources in this report serve as the “measures of success” for the Community Health Improvement Action Plan. Many of the health indicators can be used as baseline and post-implementation evaluation measures for impact. In addition, other county and state successful Health Improvement initiatives can act as “Best Practices” and provide a foundation for the Community Health Improvement Plan’s activities.

APPENDICES

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SANTA ROSA COMMUNITY HEALTH STATUS PROFILE DATA SOURCES

- Santa Rosa Florida Department, Behavior Risk Factor Surveillance Survey (BRFSS); 2010.
- Department of Health Bureau of Environmental Health, Animal Bite, Santa Rosa County; 01/11/2013.
- Division of Public Health Statistics and Performance Management Report Center, County Health Department, Service Profile by Program; 2011-2012.
- FavorHouse of Northwest Florida, Annual Report; July 2011-June 2012.Florida Department of Children & Families; Santa Rosa County Collaborative Assessment Survey; January 2011.
- Florida Department of Health, County Health Rankings & Roadmaps, Santa Rosa County; 2012
- Florida Department of Health, Santa Rosa County Health Department 2012
- Florida Department of Health, Vital Statistics; 2009-2011.
- Florida Department of Law Enforcement, Crime in Florida, Florida Uniform Crime Reports; 2011.
- Infant, Maternal & Reproductive Health (IMRH) Indicators and Statistics; 2009-2011.
- On-site Sewage Treatment and Disposal Systems, (OSTDS)
- Santa Rosa County Health Department, Santa Rosa County Health Needs Assessment, June 2010
- United States Census, Santa Rosa County; 2011.
- U.S. Census American Community Survey; 2006-2010.

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COMMUNITY NEEDS ASSESSMENT

Santa Rosa County



As part of Santa Rosa County Community Health Improvement Project, a community-wide survey was implemented to assess perceptions of the quality and accessibility of healthcare in Taylor County, Florida. A total of 990 residents responded to the hard-copy survey in 13 locations within Santa Rosa County.

Santa Rosa County Community Needs Assessment

Final Report

Prepared for:
Healthy Start Coalition of Santa Rosa County, Inc.
Santa Rosa County Health Department

June 2010

Prepared by : Bethany Lohmiller, MPH and Julie Klein, MBA



**Santa Rosa County Health Department
Milton, Midway, and Jay, FL**

ACKNOWLEDGEMENTS AND SURVEY LOCATIONS

The Healthy Start Coalition of Santa Rosa County and the Santa Rosa County Health Department would like to offer special thanks to the residents of Santa Rosa County who took the time to fill out the survey. We would also like to thank the following businesses and events that allowed us to attend the events and directly survey resident attendees. Included are: Senior Expo at the Milton Community Center, Santa Rosa County Health Department, Santa Rosa County Fair, Walk for Mommy and Me, Relay for Life Navarre, Relay for Life Milton, Kids Day at T.R. Jackson, Scratch Ankle Festival, Navarre Fun Fest, Pic N Save in Milton, Food World in Milton, Local Yokel in Milton, employee health fair at the Santa Rosa County Auditorium, Greer's in Jay, and physicians in Santa Rosa County.

INTRODUCTION

Healthy Start Coalition of Santa Rosa County commissioned a survey study and report designed to assess the health needs of Santa Rosa County residents. The purpose of this report is to provide an overview of the community health needs of county residents in the areas of: general demographics, medical and dental insurance, healthcare providers, pregnancy, tobacco use and H1N1 Swine Flu vaccinations.

Data collection and survey methodologies used to support this report reflect standard industry approaches. The survey research was conducted from March 2010 through May 2010 at various locations around the county.

OVERVIEW OF SANTA ROSA COUNTY

Santa Rosa County is located on the Florida panhandle, bordered on the east by Okaloosa County, west by Escambia County and on the south by the Gulf of Mexico.



(Map source: UWF Haas Center for Business Research and Economic Development)

According to the Census Bureau's 2008 American Community Survey, Santa Rosa County has an estimated population of 144,904 with 50,626 households and a median household income of \$54,174. The number of persons living at or below the poverty line makes up 10.6 percent of the population. Over twenty-two percent of the population is under the age of eighteen.

Average annual employment for the area is 33,223. The largest industry sector is the service industry, which employs over 12,000 residents, followed by retail trade (5,118) and construction (3,436).¹ Wal-Mart is the area's largest employer.

Public Health Overview²

The roots of public health can be traced back to ancient times. In the early days of mankind, it was recognized that polluted water and improper waste disposal spread diseases. As civilizations grew, religions became the first regulators of public health by regulating food, sex and alcohol. As governments were established, the responsibility of public health fell to political leaders. The modern era of public health emerged in the 1880's when Louis Pasteur invented the germ theory and production of vaccines began.

In 1920, Charles-Edward Amory Winslow, an American bacteriologist and public health expert, defined public health as "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals." From that point on, public health in the United States was born.

Currently, public health is concerned with threats to the overall health of a community based on population health analysis. State and local health departments, such as the Santa Rosa County Health Department, are considered the front lines in public health. For example, when the threat of the H1N1 Swine Flu virus emerged, public health organizations responded by educating the public on how to protect themselves and ensuring all residents had access to the free vaccine. The goal was to protect the community by limiting the spread of the disease.

¹ Source: www.teamsantarosa.com

² Source: www.wikipedia.org/public_health

Public Health and the Economy

Public health is about more than just preventing the spread of disease and creating a healthy community. Public health affects local economies as well. For example, when unhealthy residents become healthier, they contribute more to society. However, the classic “supply and demand” principle of economics does not apply to public health. In public health, “demand” is driven by citizen demands and “supply” is set by development of service delivery systems and ability to pay.

Because political mechanisms are designed to link citizen demands for government services to policies, it creates an asymmetrical market in public health. Individuals do not share information equally; therefore, some citizens and groups are better equipped to monitor and actively participate in the government process while clearly expressing their demands. As public health issues become more complex and abstract, the size of the attentive public decreases and the role of experts from the public and private sector increases. The public’s ability to express demands is hampered by its poor attention to issues³.

Evaluating public health from an economic standpoint is essential for an organization to make the best use of their allocated resources. The benefit of incorporating economic aspects into evidence-based decision making creates more cost-effectiveness which will produce more health with a given budget. In order to increase efficiency in public health intervention, more decision makers have to be provided with advanced knowledge of how to best make use of the economic evidence.

³ “The Political Economy of State Medicaid Policy” by Barrilleaux, C.J. and Miller, M.E., 1988, The American Political Science Review, Vol., 82, No.4.

Generally, healthier individuals create healthier communities. A study by the Robert Wood Johnson Foundation (2008) showed how large health disparities across socioeconomic groups in the United States affect populations. For example, the study found that adults ages 25-50 that have a college degree will, on average, live 5 years longer than those with less than a high school education. Further, seventy-five percent of college educated adults report being in “very good” or “excellent” health, compared to forty percent of those with less than a high school education.

Public Health in Santa Rosa County⁴

The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. It is the people along with the environment that has an effect on public health in the community. A community’s health can be improved through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise, which reduces heart disease risk. Additionally, people who live in communities with smoke-free laws are less likely to smoke or be exposed to second-hand smoke, which reduces lung cancer risk. Overall, there are big differences in health across communities, with some places being healthier than others.

The Robert Wood Foundation and the University of Wisconsin Population Health Institute administered the 2010 County Health Rankings that contain multiple reports that reflect the overall health of counties in every state in the U.S. This report ranks Florida counties according to their summary measures of health outcomes and health factors, as well as the components used to create each summary measure.

⁴ www.countyhealthrankings.org/florida

The summary health outcome rankings are based on an equal weighing of mortality and morbidity measures. Additionally, the rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental.

Health outcomes are what influence the health of a county. Santa Rosa County is ranked number ten out of sixty-seven counties for both health outcomes and health factors.

Health Outcomes and Health Factors Rankings

Rank	Health Outcomes	Rank	Health Factors
1	Collier	1	St. Johns
2	St. Johns	2	Broward
3	Seminole	3	Okaloosa
4	Sarasota	4	Martin
5	Martin	5	Leon
6	Indian River	6	Seminole
7	Clay	7	Sarasota
8	Leon	8	Alachua
9	Okaloosa	9	Palm Beach
10	Santa Rosa	10	Santa Rosa
11	Miami-Dade	11	Collier
12	Palm Beach	12	Indian River
13	Flagler	13	Clay
14	Broward	14	Brevard
15	Hardee	15	Monroe

Health outcome ratings are based on measures of morbidity and mortality. The morbidity rates have four component measures, including self-reported fair or poor health; poor physical health days; poor mental health days; and the percent of births with low birth weight. Mortality rates are based on premature deaths, which are considered death before the age of seventy-five. Morbidity and mortality rates in Santa Rosa County are ranked twelfth out of sixty-seven counties.

Mortality and Morbidity Rankings

Rank	Mortality	Morbidity
1	Seminole	Martin
2	Collier	Sarasota
3	St. Johns	Collier
4	Leon	St. Johns
5	Miami-Dade	Clay
6	Okaloosa	Indian River
7	Flagler	Monroe
8	Sarasota	Seminole
9	Broward	Hardee
10	Indian River	Hendry
11	Orange	Franklin
12	Santa Rosa	Santa Rosa
13	Clay	Palm Beach
14	Osceola	Okaloosa
15	Palm Beach	Lee

SURVEY RESULTS

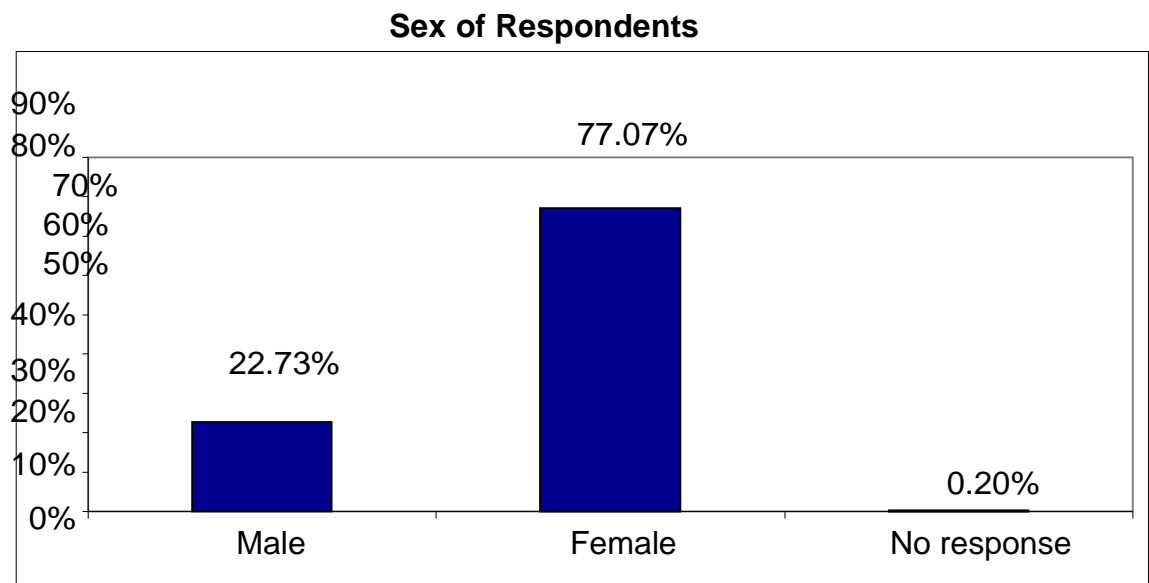
The data that were supplied in order to complete the community needs assessment came from surveys directly administered to Santa Rosa County residents at various locations and events around the county. The following summarizes the surveys taken from the time period of March 2010 to May 2010. The events and locations were selected by Healthy Start with representation from all areas of the county.

During the duration of the project, Healthy Start had 13 events and locations selected as survey sites. They were:

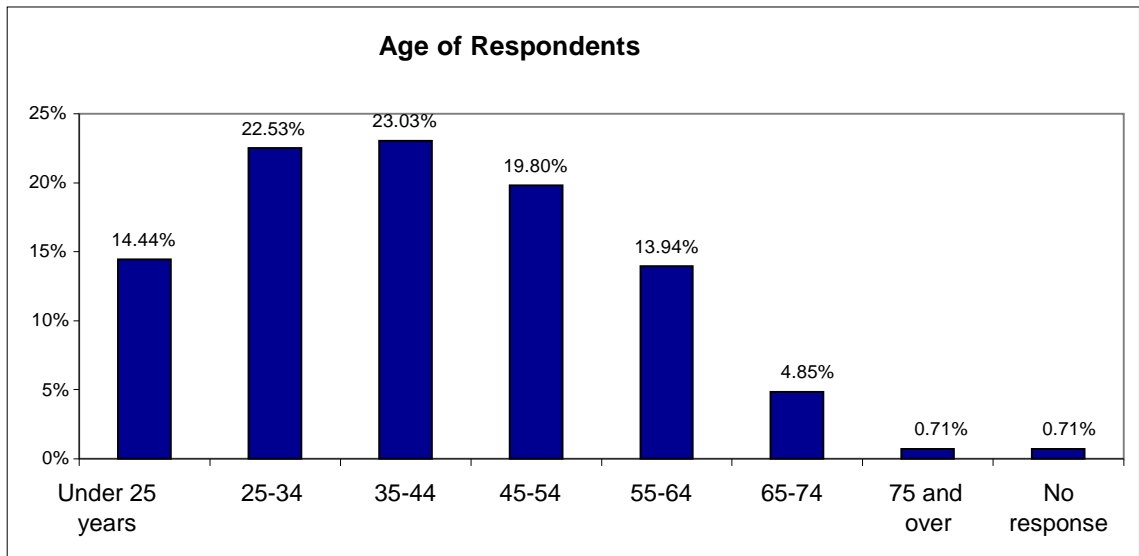
- Senior Expo at Milton Community Center
- Santa Rosa County Health Department
- Santa Rosa County Fair
- Walk for Mommy and Me
- Relay for Life, Navarre
- Relay for Life, Milton
- Kid's Day at T.R. Jackson Pre-K Center
- Scratch Ankle Festival, Milton
- Pic 'N Save, Milton
- Food World, Milton
- Local Yokel, Milton
- Greer's, Jay
- Navarre Fun Fest
- Local physicians

A copy of the survey instrument can be found after this report. There were a total of 990 surveys collected for the assessment. The answers below illustrate the survey results.

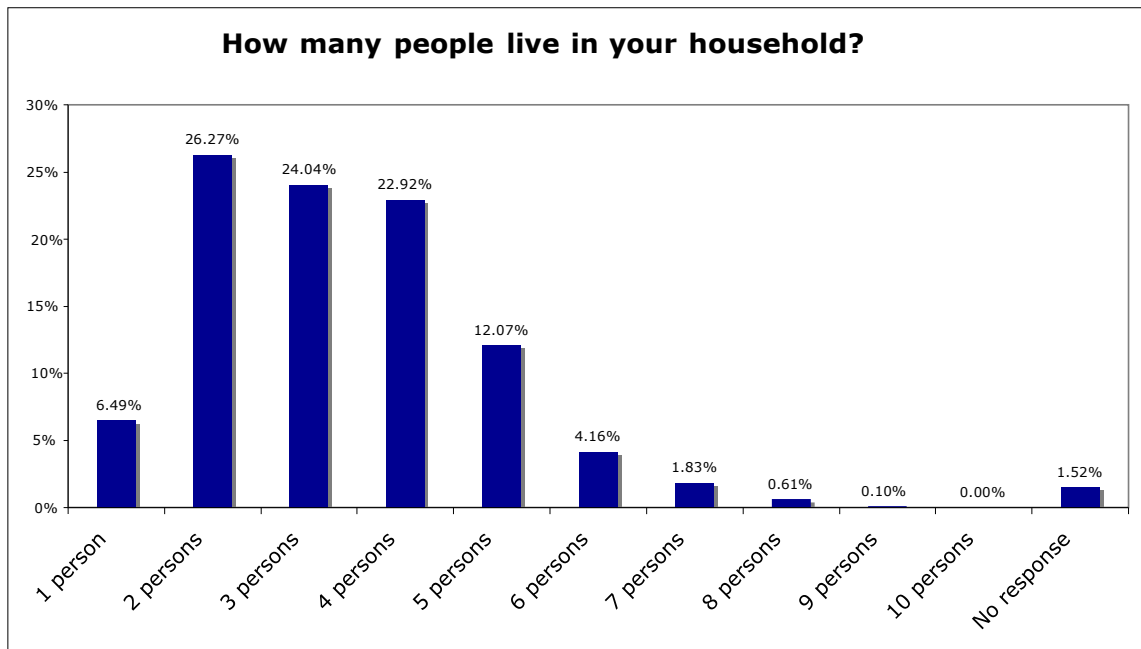
Demographics



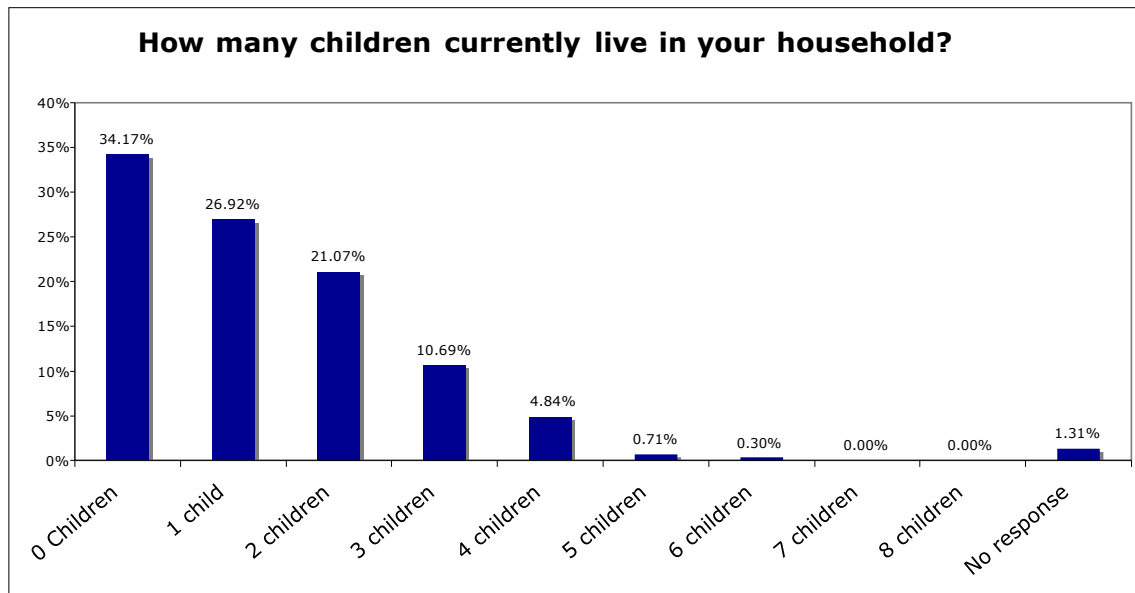
Most survey respondents, or seventy-seven percent, were female. The other twenty-three percent were male.



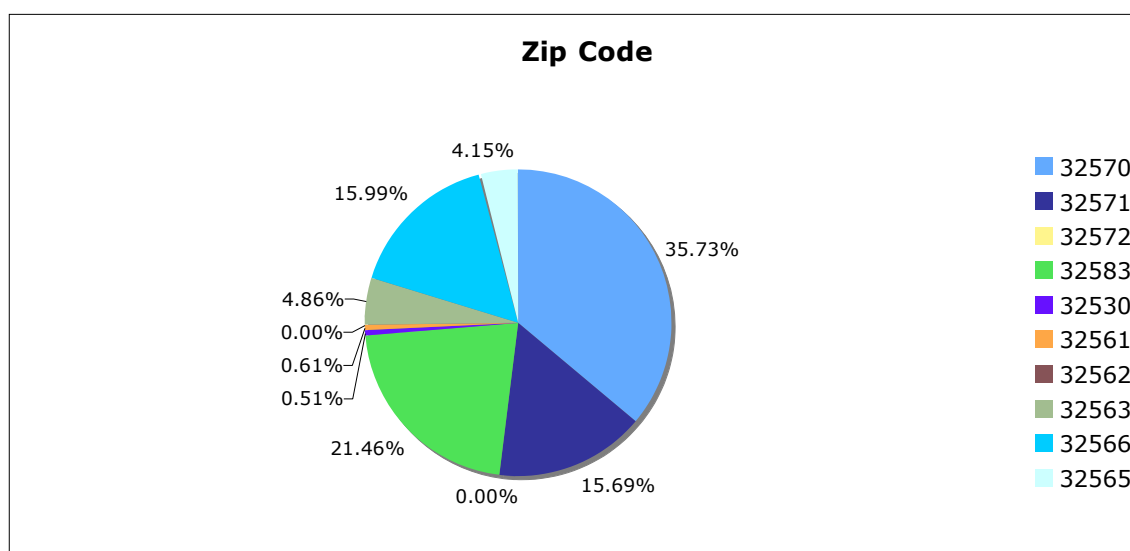
The largest responding age group was between the ages of 35 and 44 with twenty-three percent of total responses. The 25 to 34 age group had almost as many respondents with almost twenty-three percent of total responses. The 45 to 54 age group had a response rate of twenty percent; under 25 years of age had a fourteen percent response rate; the 65 to 74 age group had a 5 percent response rate. The remaining 75 and over group answered less than 1 percent of the surveys administered.



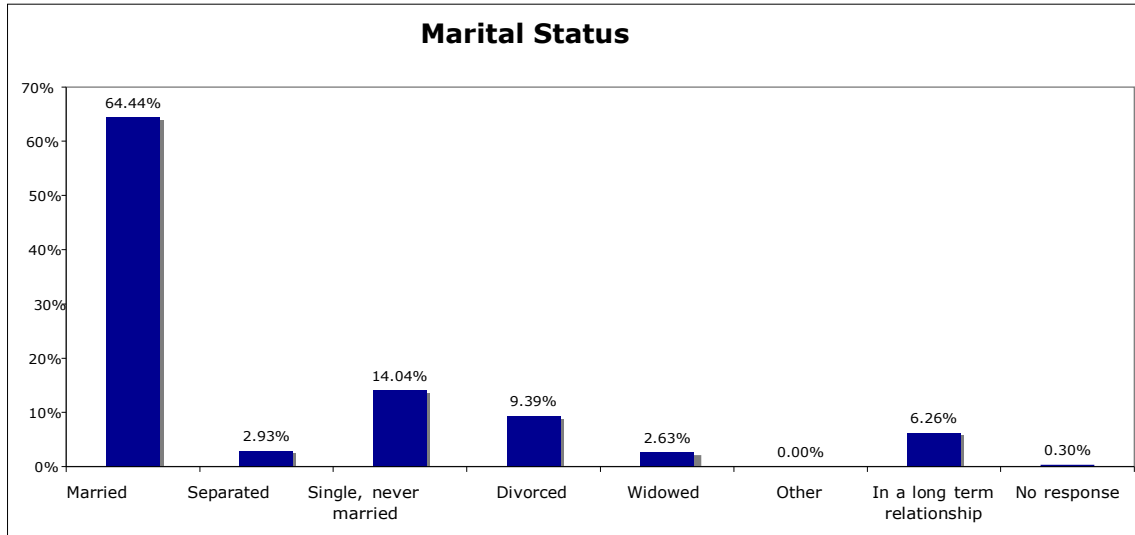
Most of the survey respondents were from households that had 2 to 4 people, for a total of seventy-three percent. Households with 2 persons were 26 percent; 3 persons twenty-four percent; and 4 persons twenty-three percent. Five person households made up twelve percent of survey respondents. One person households were 6 percent of all respondents; 6 person households were 4 percent; and 7 person households were 2 percent. Very few respondents had 8 or 9 person households (0.61 percent and 0.10 percent, respectively) and no respondents had a household of ten members.



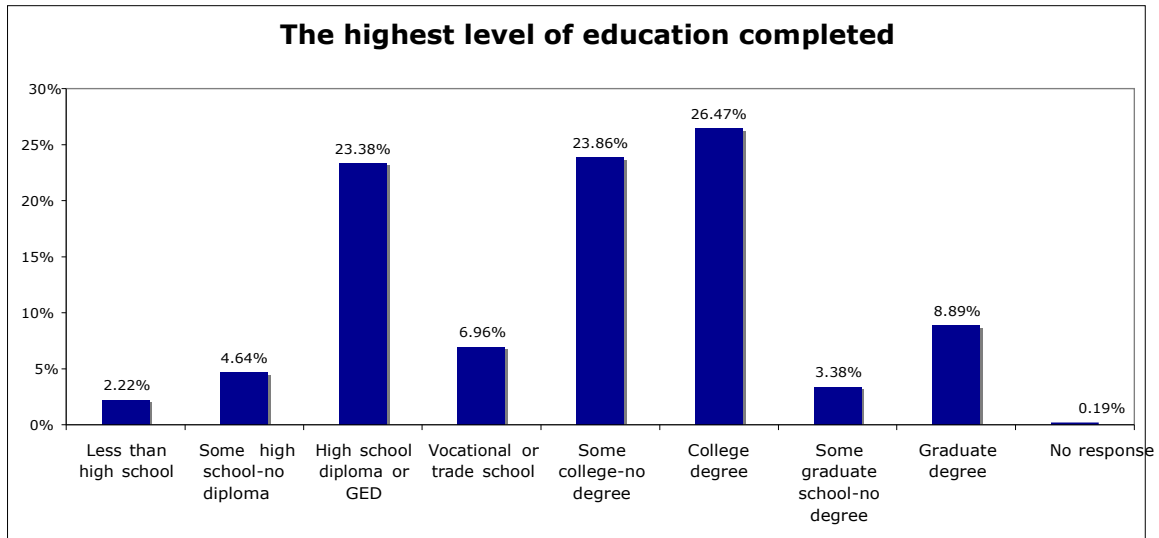
Thirty-four percent of those surveyed came from a household with no children. Of the survey respondents who had children, many had only 1 child (twenty-seven percent), and households with 2 children were close behind (twenty-one percent). Households with 3 children were over eleven percent and those with 4 children were almost 5 percent. Responses fell dramatically for households with 5 and 6 children at less than 1 percent each. There were no households that reported 7 or more children.



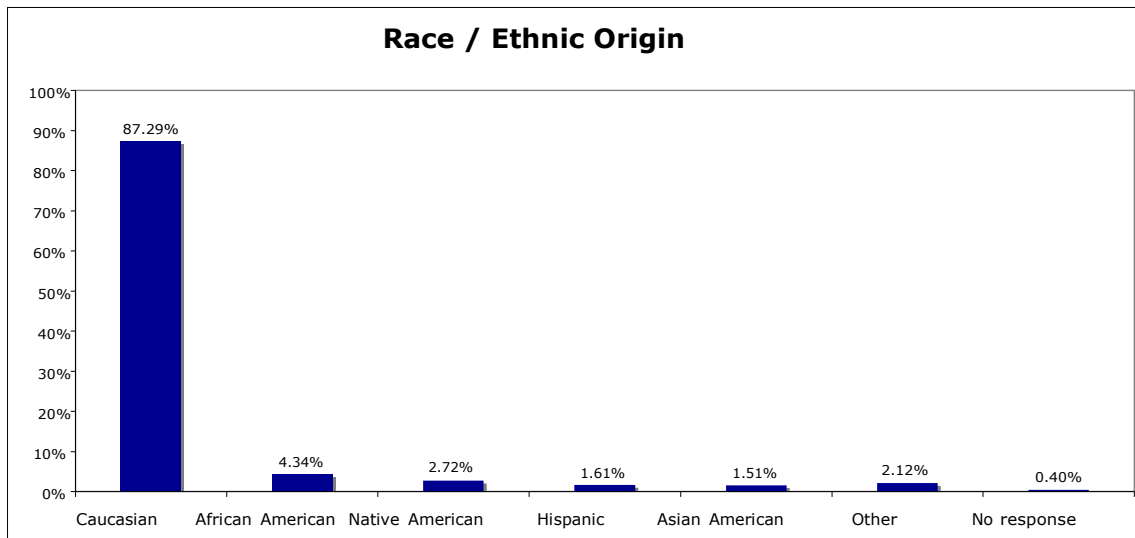
Survey respondents were asked to identify their home zip code. Thirty-six percent of all respondents were from the 32570 zip code in Milton. Twenty-one percent were also from Milton and Pace zip code 35283. In the south end of Santa Rosa County, sixteen percent of respondents claimed 32566 (Gulf Breeze and Navarre) as home. The 32571 zip code for Pace and Milton areas represented over fifteen percent of respondents. Gulf Breeze zip codes 32561 and 32563 were reported by less than 1 percent and 5 percent of residents, respectively. Jay zip code 32565 had over 4 percent of the respondents and Bagdad was less than 1 percent response rate. There were zero responses for Milton 32572 and Gulf Breeze 32562, as they are zip codes for post office boxes and not household locations.



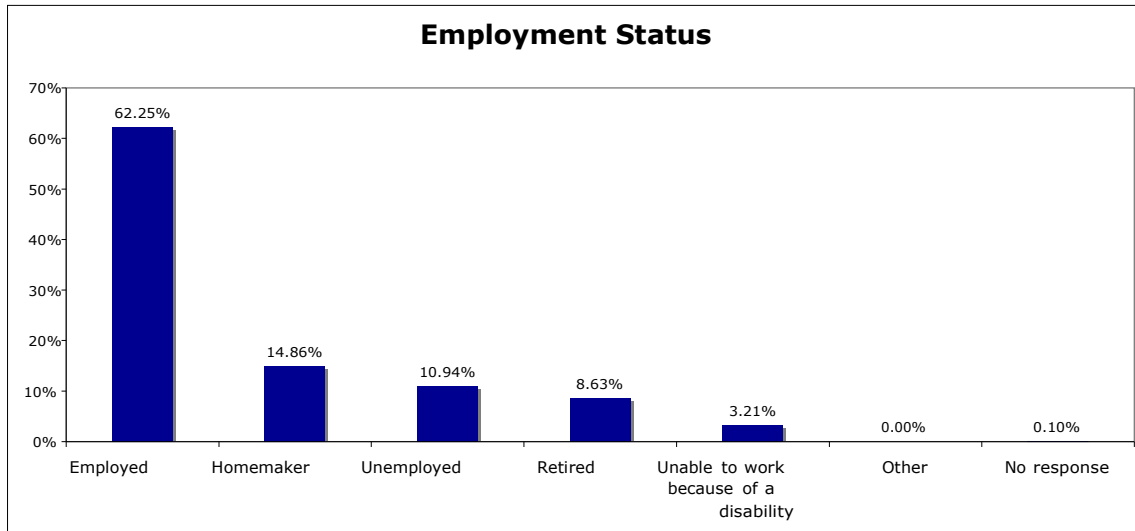
Most, or sixty-four percent, of survey respondents reported their marital status as married. Over fourteen percent self-identified as single, never married; 9 percent claimed to be divorced; over 6 percent were in a long-term relationship; 3 percent were separated; and over 2 percent were widowed.



Survey respondents were asked what their highest completed level of education was. Respondents who had a college degree made up twenty-six percent of those surveyed. High school diploma or GED was twenty-four percent. Nine percent had a graduate degree, while 7 percent went to a vocational or trade school. Five percent had some high school but no diploma; 3 percent had some graduate school; and 2 percent had less than a high school education.

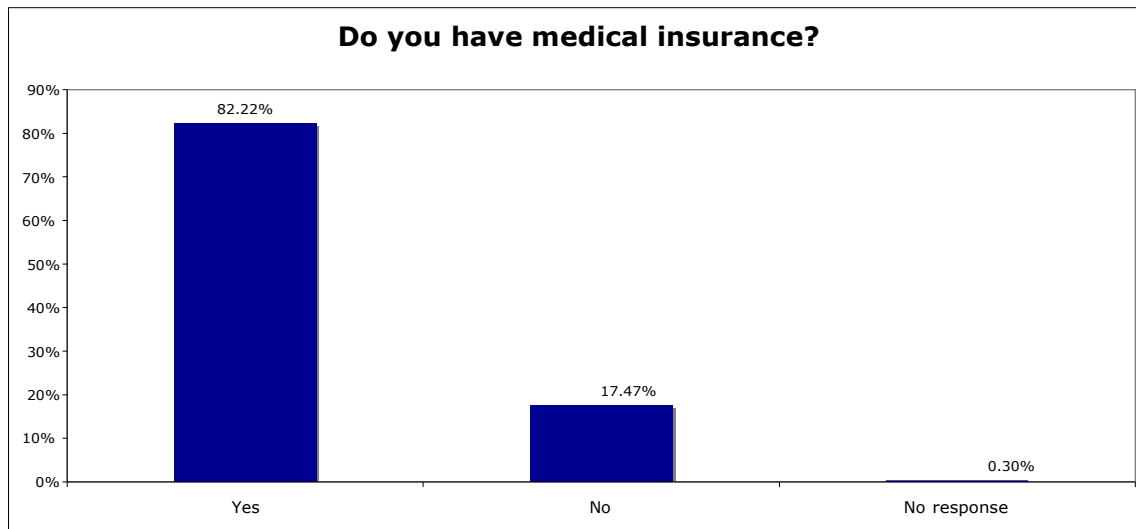


Survey respondents were asked to self-identify their race or ethnic origin. The majority of those surveyed identified themselves as white, or Caucasian (eighty-seven percent). The next largest group was African American (4 percent); Native American (3 percent); Hispanic (2 percent); Asian American (2 percent); and other (2 percent). Other races or ethnicities included Thai, Pacific Islander, Portuguese, Guam, Filipino and mixed.

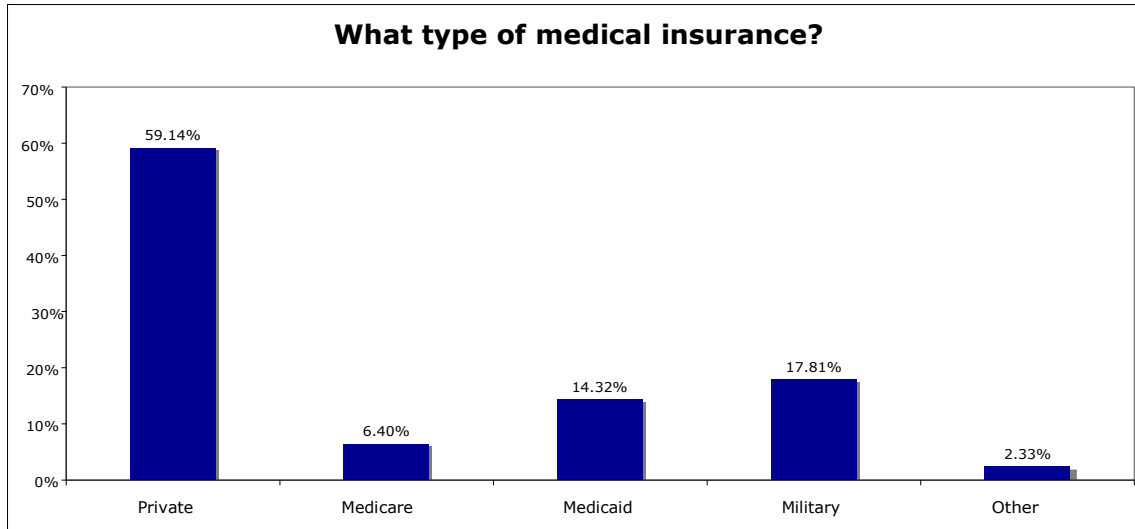


The majority of those surveyed were employed at the time the survey was administered, with sixty-two percent claiming employment. Fifteen percent were homemakers, eleven percent were unemployed, 9 percent were retired, and 3 percent were unable to work because of a disability. It is important to note that the “unemployed” category includes students.

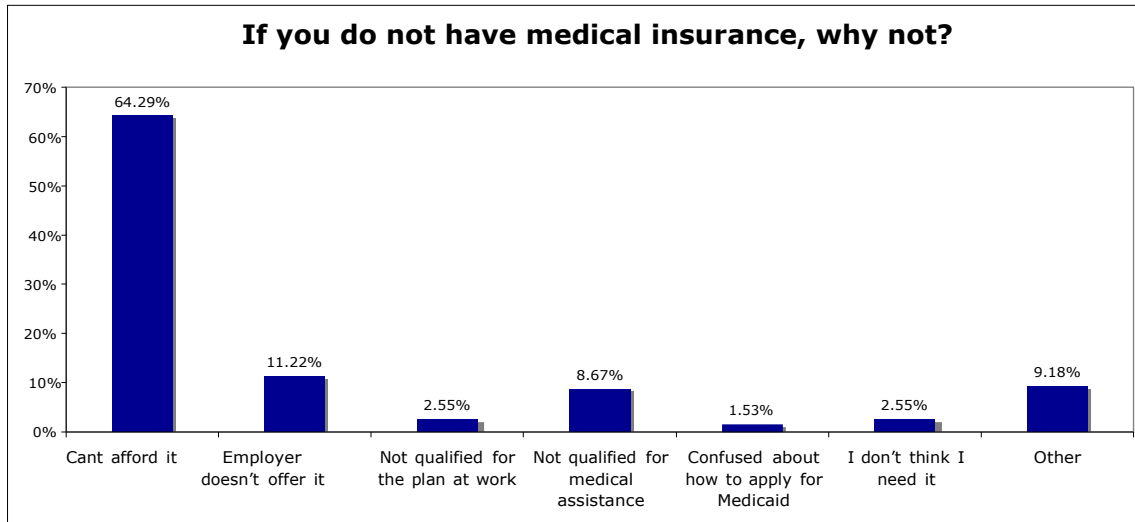
Medical and Dental Insurance



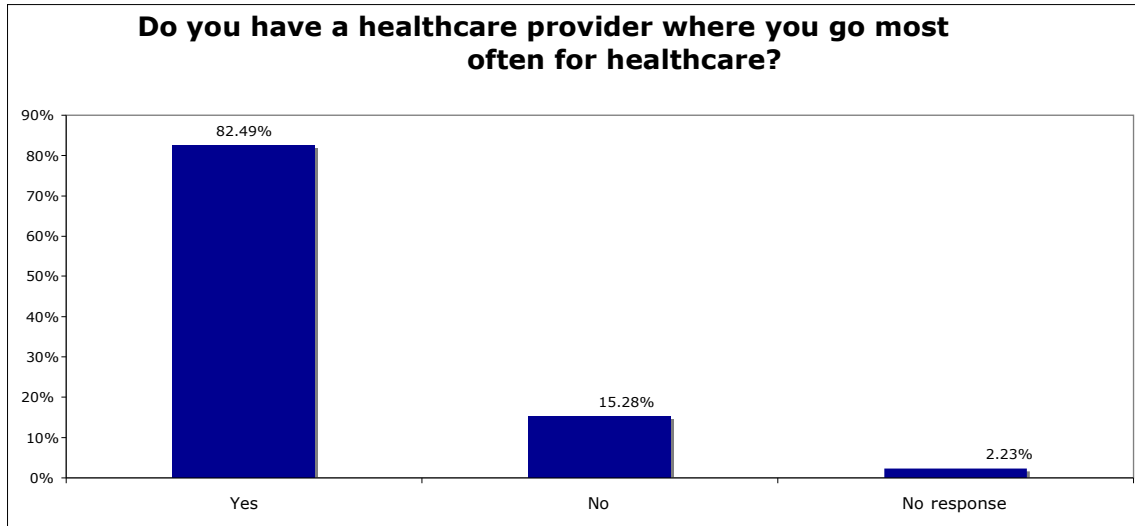
Survey respondents were asked if they have medical insurance. Most, or eighty- two percent, indicated they were insured medically. Eighteen percent were not.



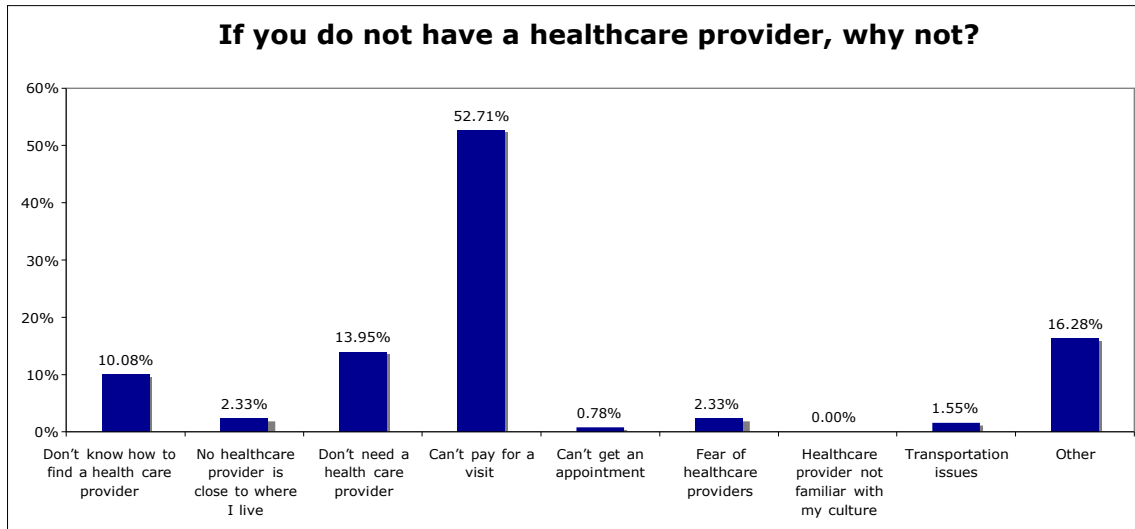
For those surveyed who indicated they had medical insurance, fifty-nine percent were privately insured, which means they had insurance through Blue Cross Blue Shield or another private carrier. Six percent were on Medicare; fourteen percent were on Medicaid; eighteen percent were military and 2 percent wrote in other insurance, consisting of Wellcare and Medipass.



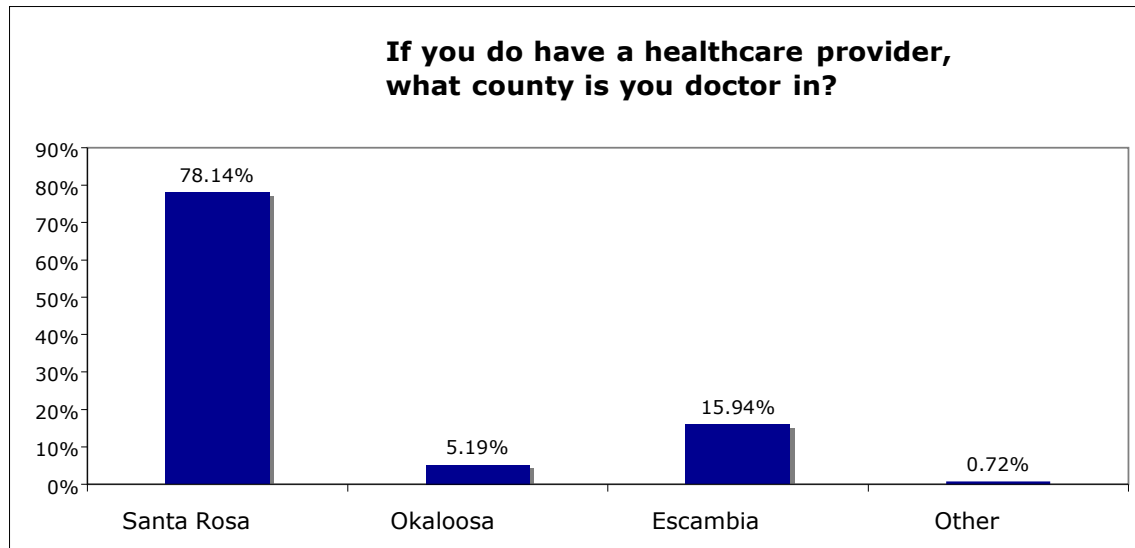
Of the survey respondents who indicated they had no insurance, sixty-four percent said it was because they could not afford medical insurance. Eleven percent indicated their employer does not offer it at their place of work. Nine percent were not qualified for medical assistance. Two percent stated that they do not have medical insurance because they are confused about how to apply for Medicaid, and three percent did not think they needed medical insurance. Nine percent claimed other, which includes “turned down for pre-existing medical conditions”, “unemployed”, “have not applied”, “currently looking”, “never thought about it”, and “can’t afford when Medicaid ends.”



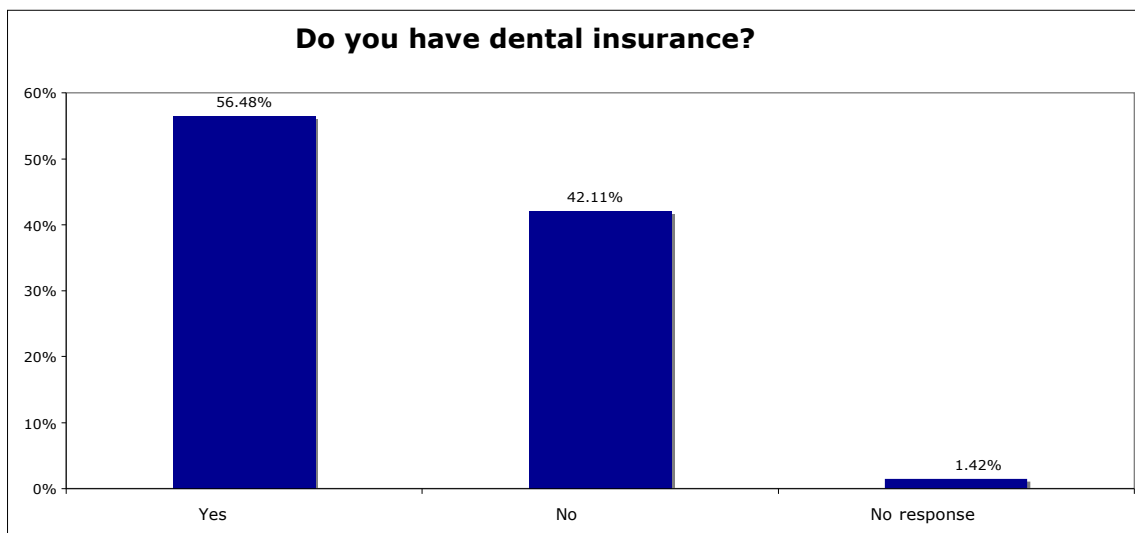
Eighty-two percent of those surveyed said they had a healthcare provider where they go most often for healthcare. Fifteen percent did not.



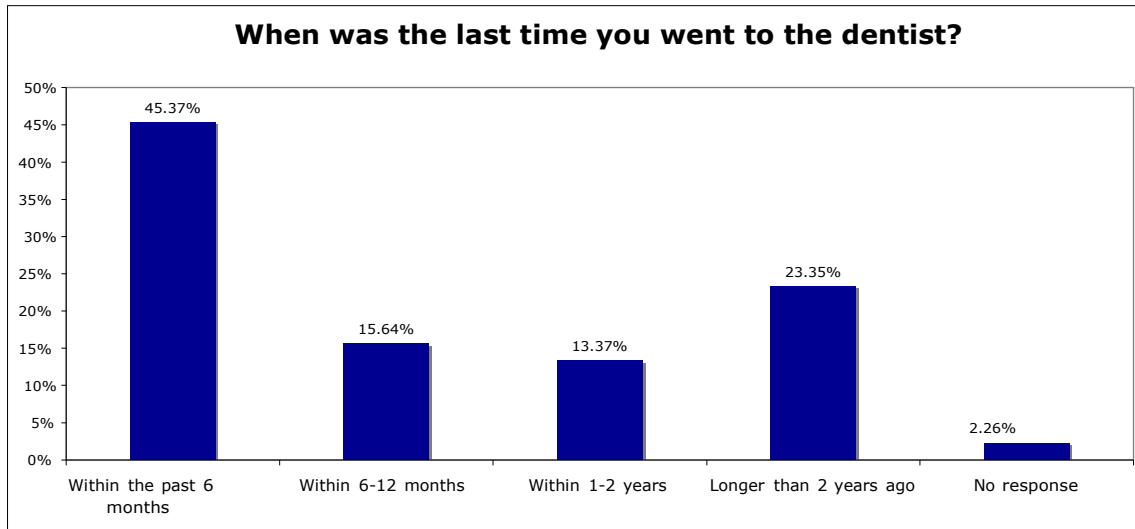
Fifty-three percent of survey respondents stated they were unable to pay for a visit as the reason why they do not have a healthcare provider. Fourteen percent said they do not need a healthcare provider, while ten percent did not know how to find a healthcare provider. Other responses included no healthcare provider is close to where I live (two percent); can't get an appointment (1 percent); and transportation issues (2 percent). Fear of healthcare providers was 2 percent. The "other" category made up sixteen percent of the responses and consisted of: "no insurance", "deductible too high", "just moved here", and "just got on Medicaid."



Among the survey respondents that do have a regular healthcare provider, seventy-eight percent are in Santa Rosa County, followed by 5 percent in Okaloosa County, sixteen percent in Escambia County, and one percent indicated “other.” Many respondents that go to another county to see their healthcare provider were in the military.

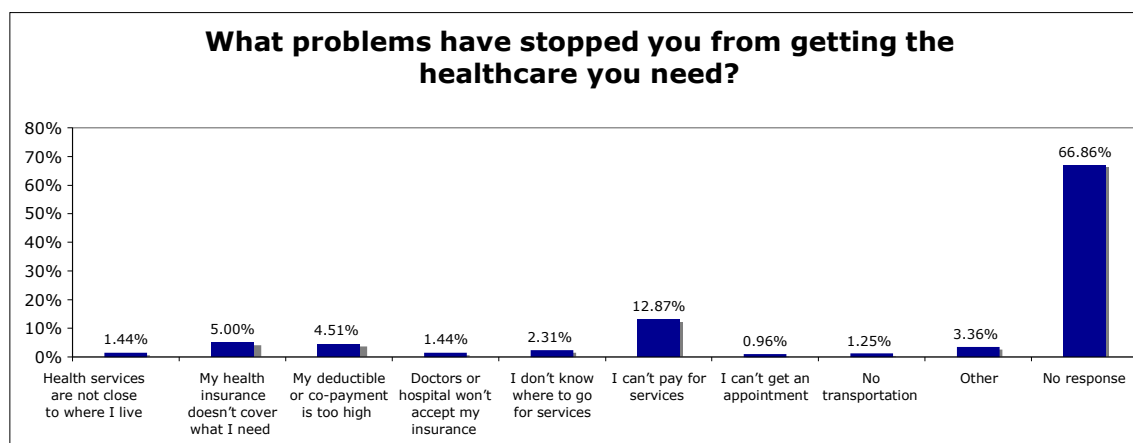


Fifty-six percent of those surveyed indicated they did have dental insurance, while forty-two percent said they did not have dental insurance.

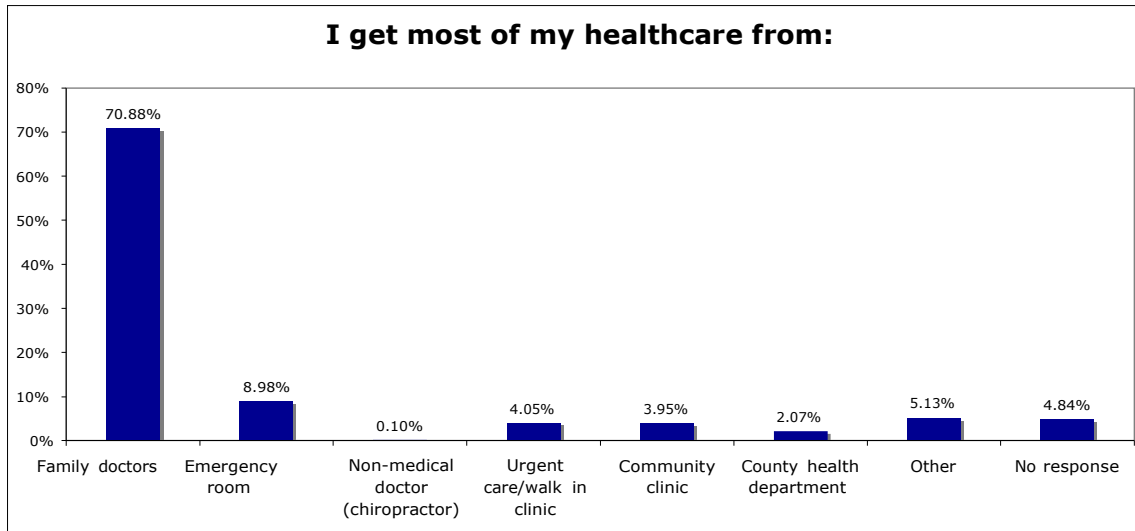


Forty-five percent of all survey respondents went to the dentist in the last 6 months, while sixteen percent indicated they went to the dentist within the last 6 to twelve months. Thirteen percent had been to the dentist within 1 to 2 years, and twenty-three percent had been longer than 2 years ago.

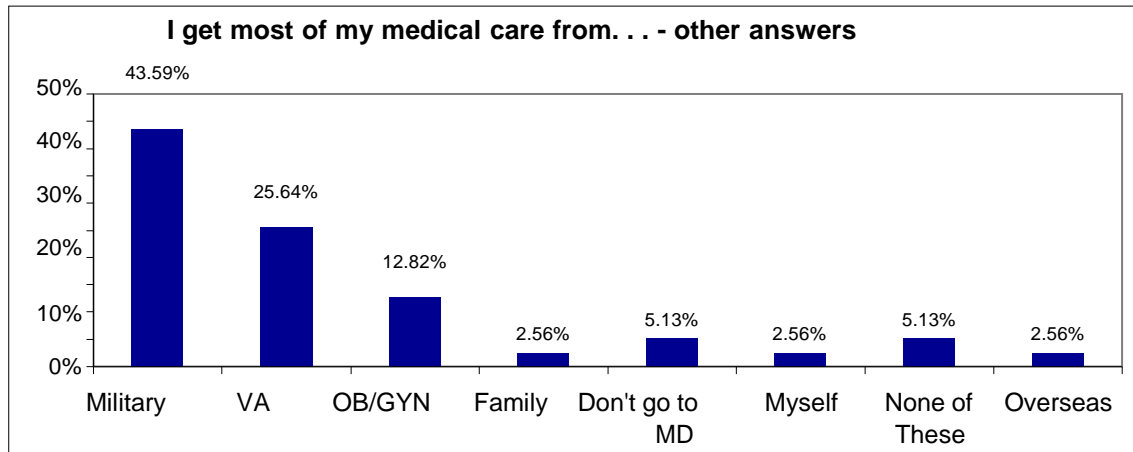
Healthcare and Healthcare Providers



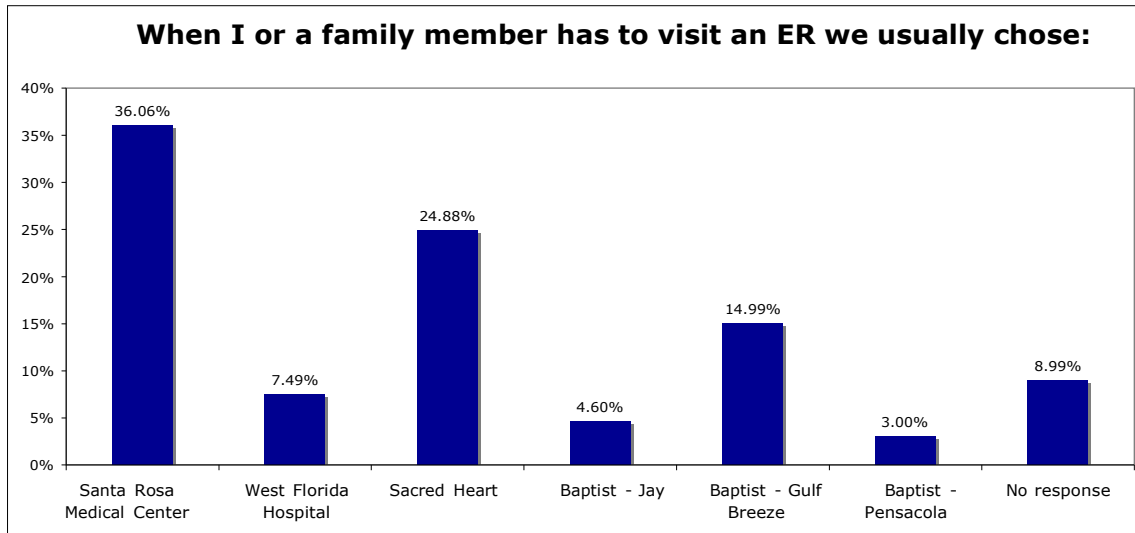
The majority of survey respondents (sixty-seven percent) indicated they had no problem receiving the healthcare they need. Of those who did report problems, thirteen percent stated they could not pay for services; 5 percent said their health insurance did not cover what they needed; and 5 percent said their deductible or co-payment was too high. One percent said that health care services were not close to where they live; 1 percent said their insurance was not accepted; 2 percent said they do not know where to go for services; 1 percent could not get an appointment, and another 1 percent had no transportation.



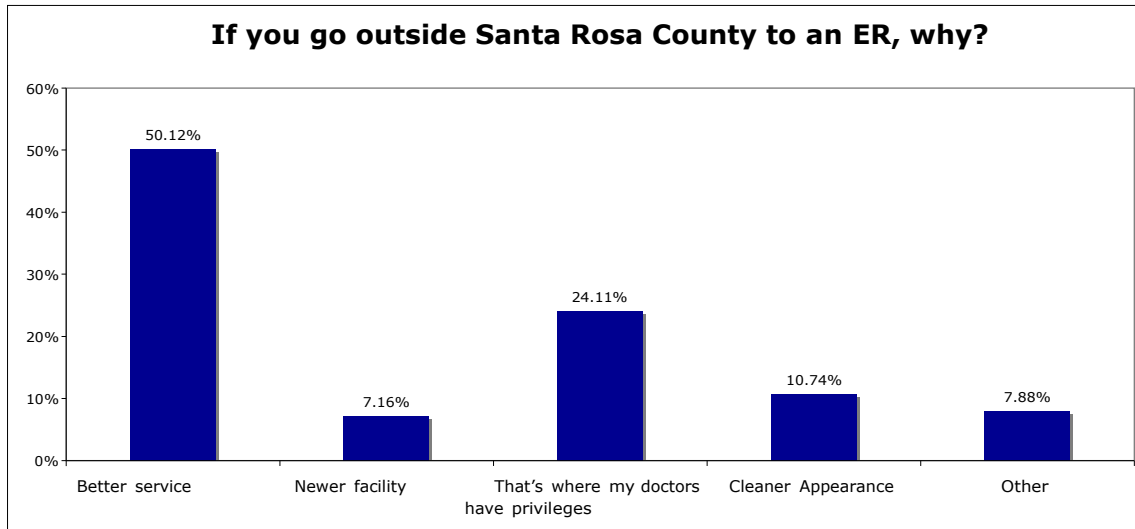
Most of the survey respondents, or seventy-one percent, indicated they get most of their healthcare from family doctors. Nine percent receive most of their healthcare from the emergency room; 4 percent from an urgent care clinic; 4 percent from the community clinic; 2 percent from the health department and five percent said “other.”



Of the survey respondents who stated “other” as their response, sixty-nine percent reported they receive their medical care from the military or VA. Thirteen percent reported their OB/GYN as their main source of medical care. Also included were family (3 percent); myself (3 percent); overseas (3 percent); and 5 percent said “none of these.” Another 5 percent stated they do not need to go to an MD.

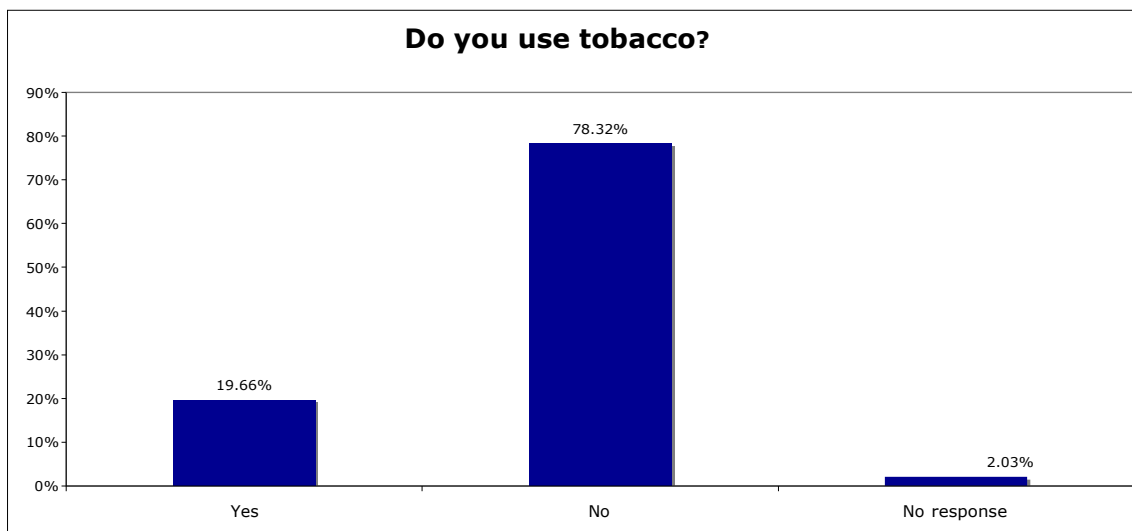


Santa Rosa Medical Center was chosen as the location most often chosen if an emergency room trip is necessary with thirty-six percent of survey respondents indicating it as their emergency room of choice. West Florida Hospital was preferred by 7 percent; Sacred Heart was preferred by twenty-five percent; Baptist – Jay was preferred by 5 percent; Baptist – Gulf Breeze was chosen by fifteen percent; and Baptist – Pensacola was preferred by 3 percent of survey respondents.

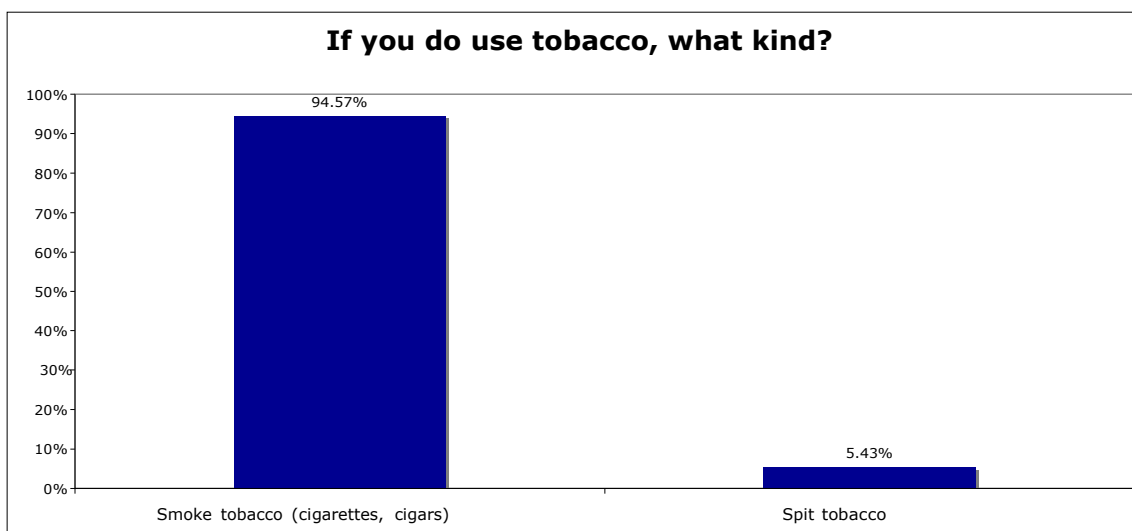


For those residents who choose to go outside of Santa Rosa County for emergency care, fifty percent claimed it was because the other emergency room had better service. Another big draw, at twenty-four percent, was because the location is where their doctor has privileges. Others cited cleaner appearance (eleven percent) and newer facility (7 percent).

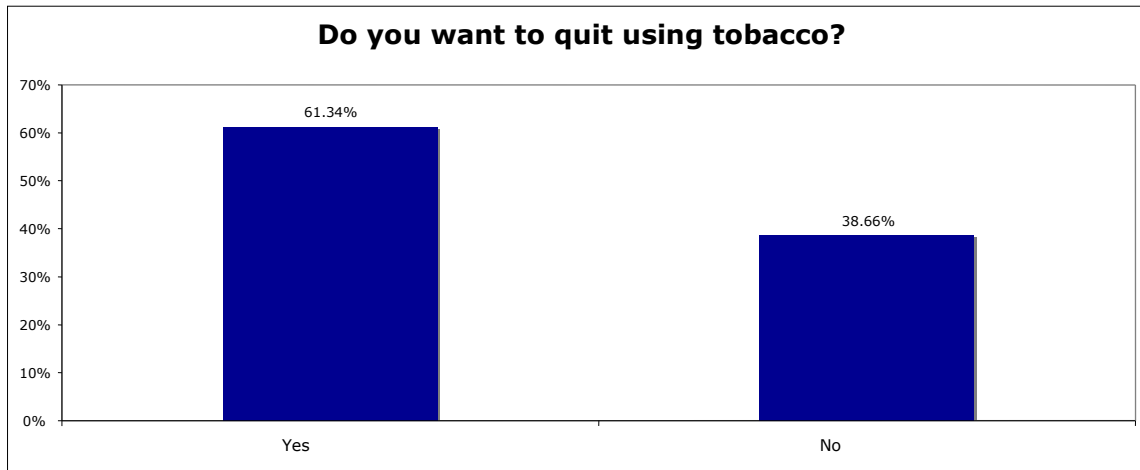
Tobacco Use



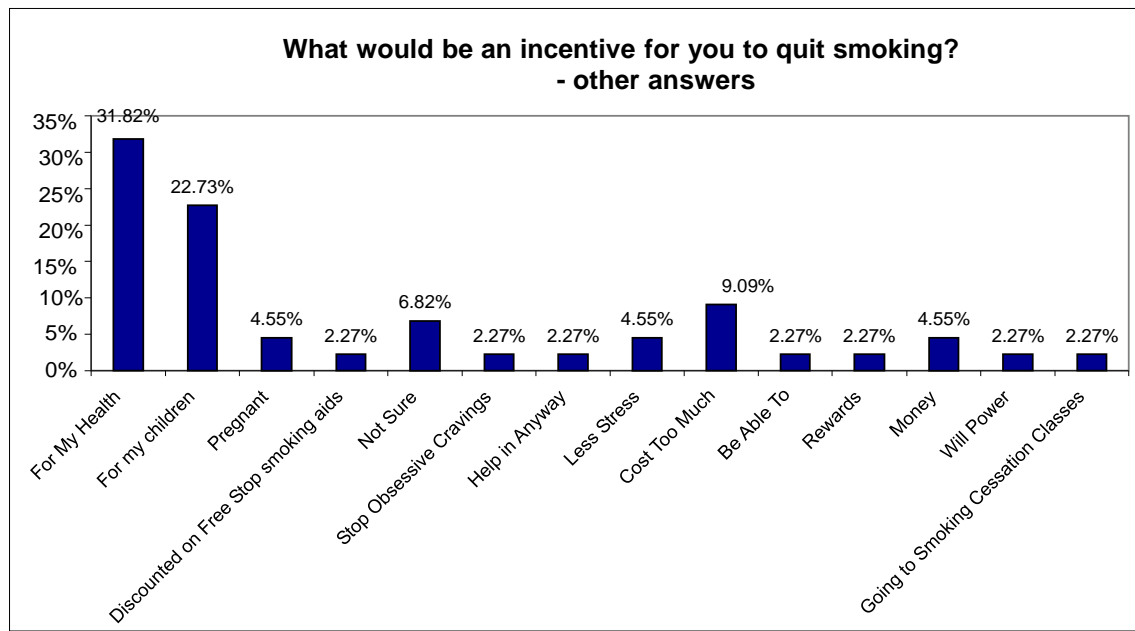
Seventy-eight percent of those surveyed do not use tobacco products, while twenty percent do.



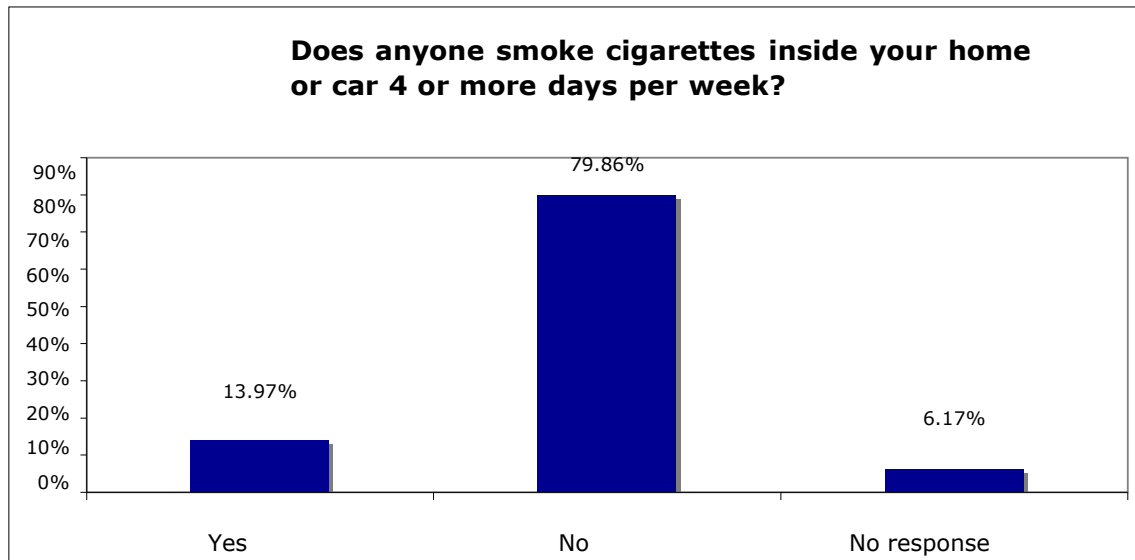
The majority, or ninety-five percent, of the survey respondents that use tobacco prefer to use smoke tobacco, such as cigarettes and cigars. Five percent would rather use spit tobacco.



Sixty percent of the surveyed tobacco users would like to quit using tobacco; forty percent would rather not quit.

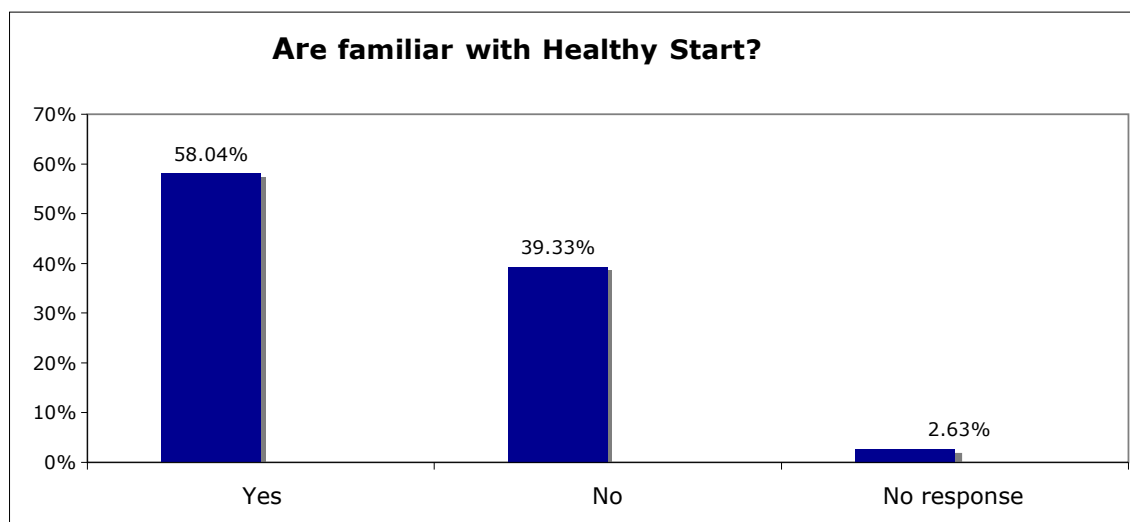


Those that were interested in quitting smoking were asked what would be an incentive for them to quit. Thirty-two percent stated they wanted to quit smoking for their health; twenty-three percent wanted to quit for their children; pregnancy as a reason to quit was 5 percent; discounted or free stop smoking aids was incentive for 2 percent; 7 percent were not sure; those who want to stop obsessive cravings for nicotine was 2 percent; outside help in any way was incentive for 2 percent; less stress was incentive for 5 percent; cost too much was incentive for 9 percent; the ability to quit was 2 percent; rewards were incentive for 2 percent; money was incentive for 5 percent; and will power was incentive for at 2 percent. Two percent were already or planning to attend free smoking cessation classes.

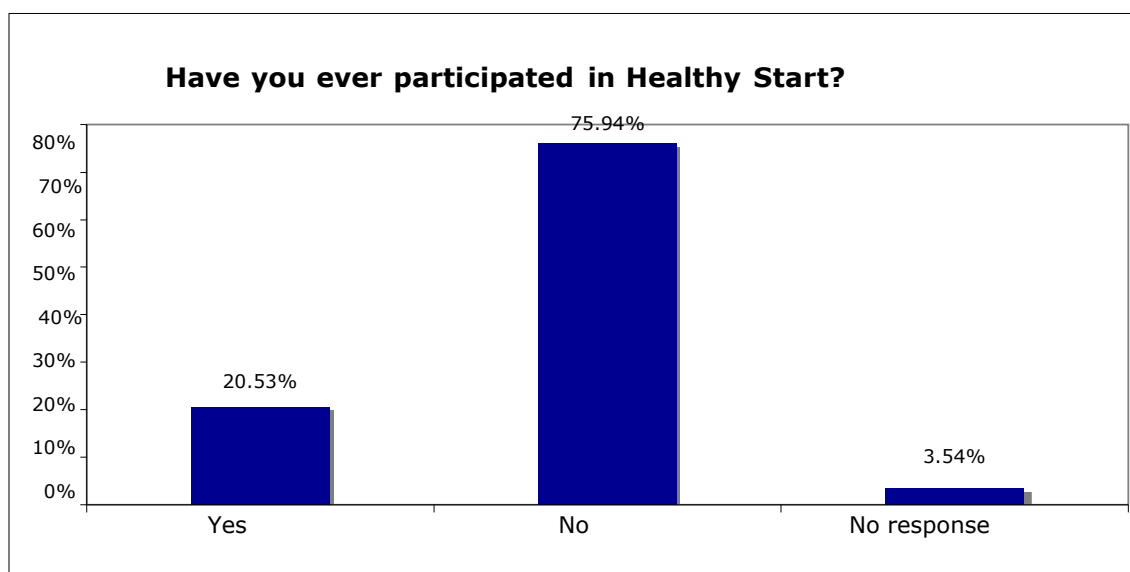


As many as fourteen percent of survey respondents indicated that someone smokes tobacco inside their home or car more than 4 days a week. Eighty percent do not have anyone smoking in their home or car.

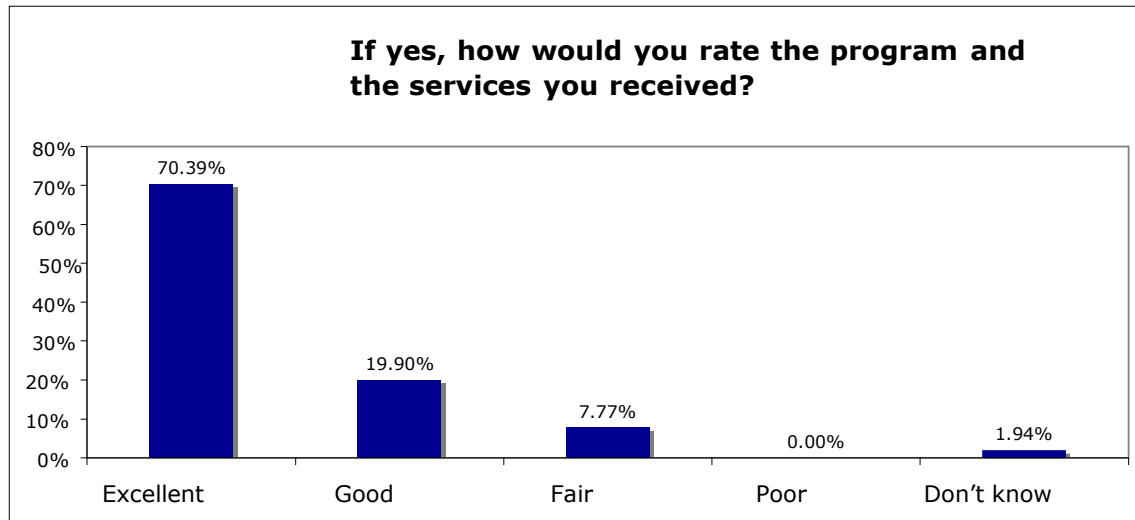
Pregnancy



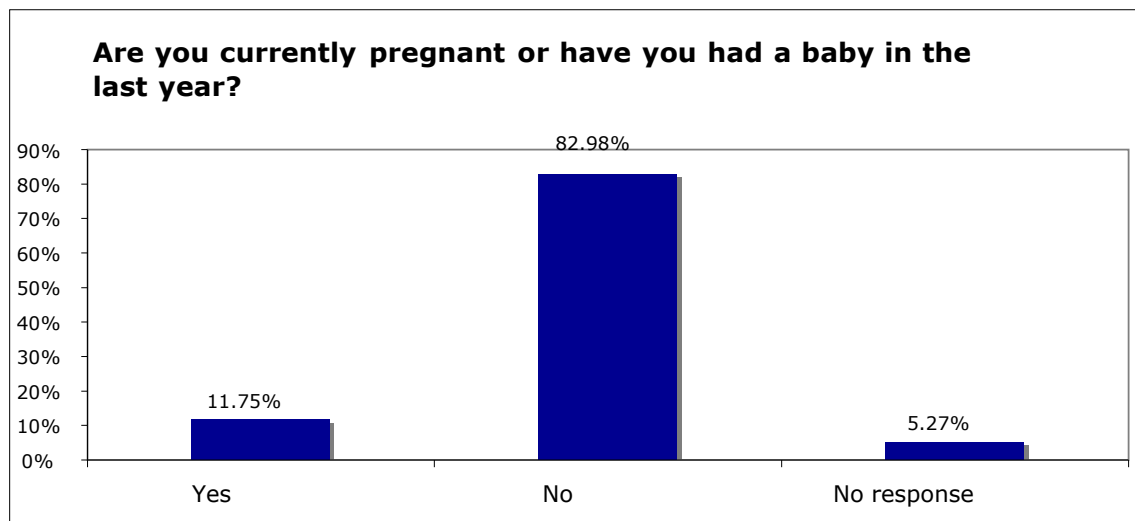
Fifty-eight percent of survey respondents were familiar with Healthy Start. Thirty-nine percent were not familiar with Healthy Start.



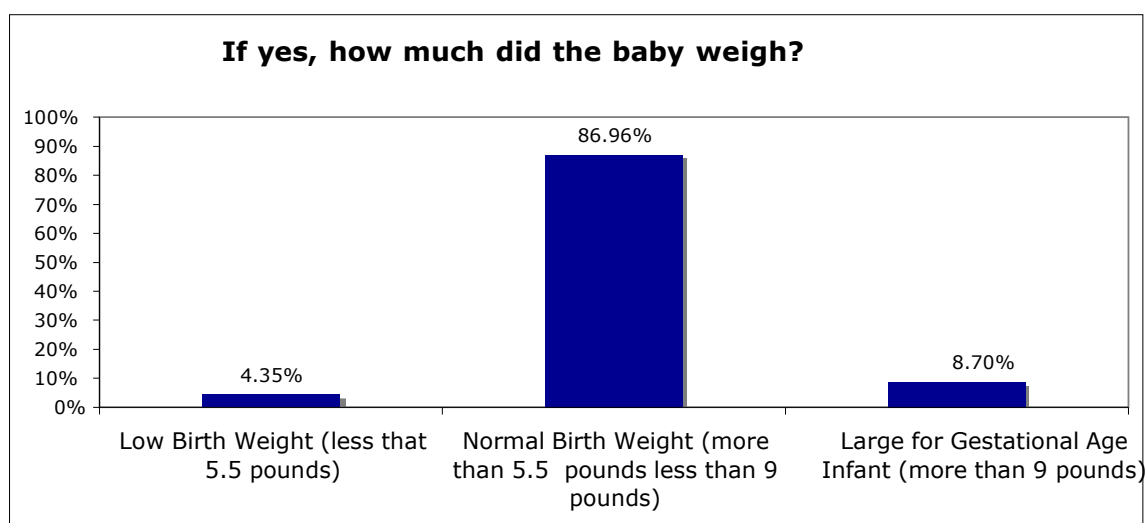
Twenty percent of survey respondents have participated in Healthy Start while seventy-six percent have not participated in Healthy Start.



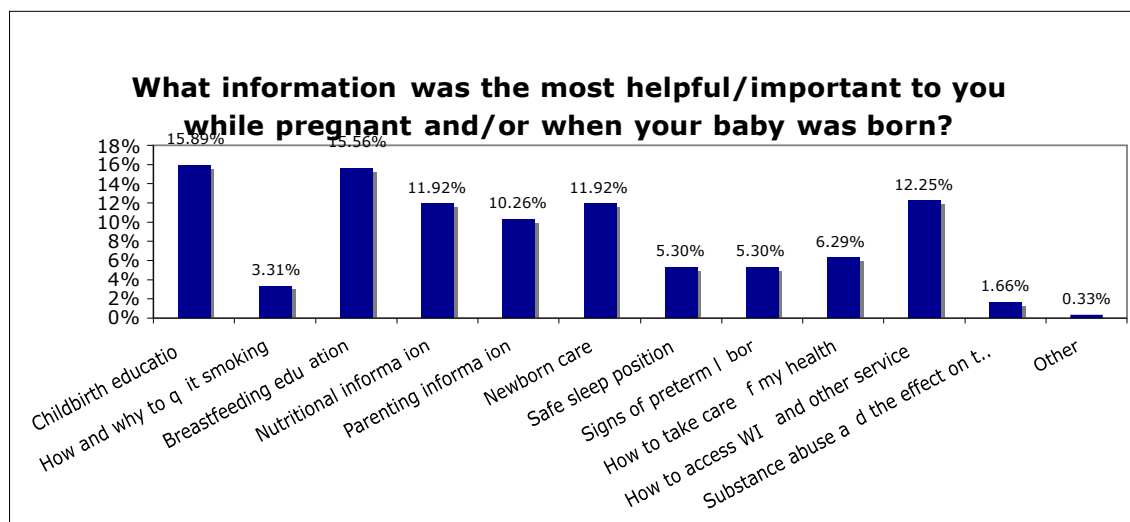
Those that participated in Healthy Start were asked how they would rate the program and the services received. Seventy percent of survey respondents indicated that Healthy Start services were excellent. Twenty percent indicated they were good. Eight percent indicated that the services were fair. Zero reported that Healthy Start services were poor while two percent did not know.



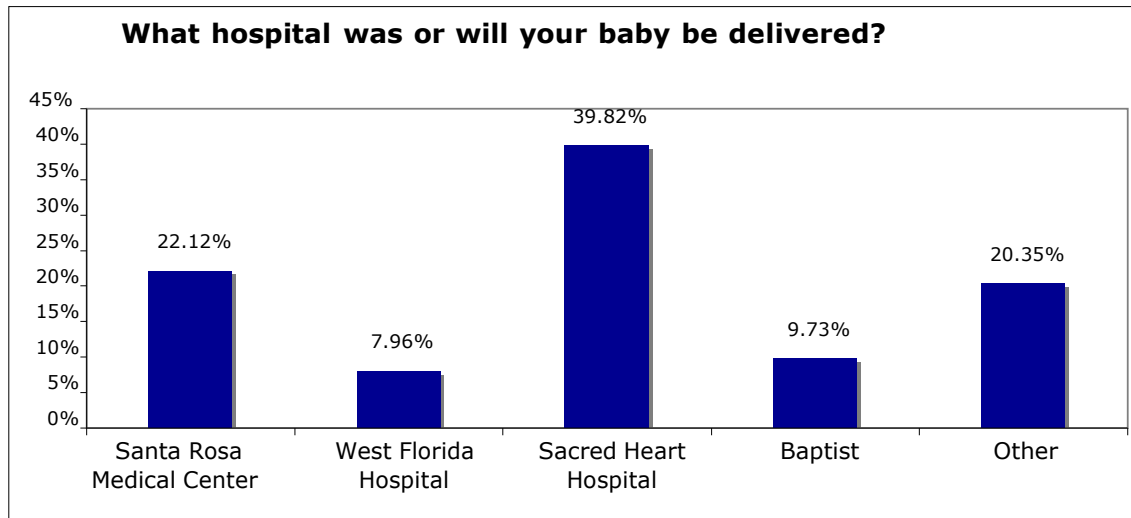
Twelve percent of survey respondents indicated they are currently pregnant or have had a baby within the past year. Eighty-three percent were not pregnant or have not had a baby within the past year.



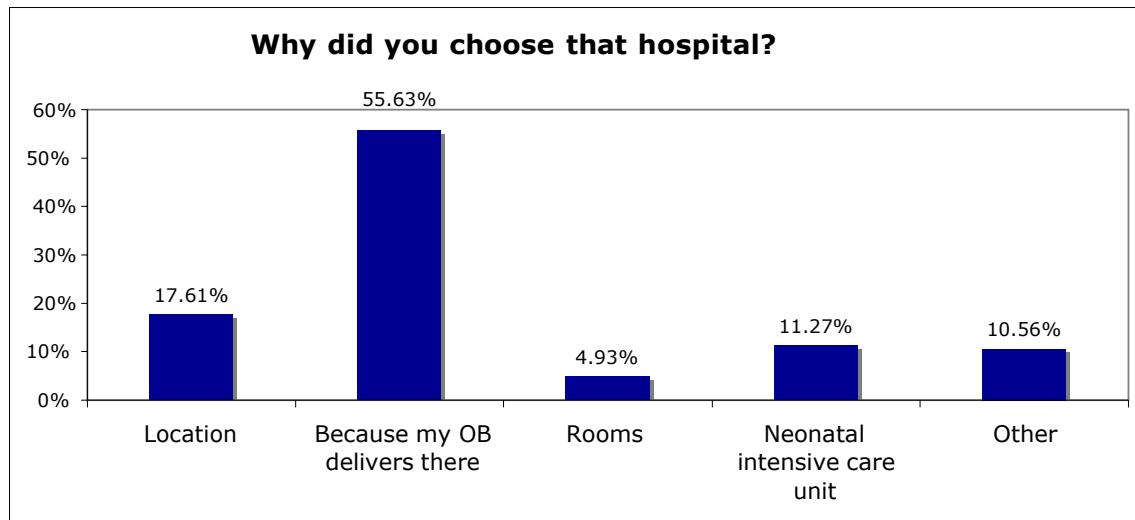
Of those that indicated they had a baby within the past year, eighty-seven percent were of normal birth weight (more than five and a half pounds and less than nine pounds). Four percent were of low birth weight (less than five and half pounds) and nine percent were large for gestational age (more than nine pounds).



Survey respondents that indicated they were currently pregnant or have had a baby within the past year were asked what information was the most helpful or important to them while pregnant and/or when the baby was born. Both childbirth education and breastfeeding education were both considered most helpful by fifteen percent of those surveyed and how to access WIC and other services was twelve percent. Nutritional information and newborn care made up twelve percent of all responses. Parenting information was considered important by ten percent of those surveyed. How and why to quit smoking, safe sleep position, signs of preterm labor, how to take care of my health, and substance abuse all fell below the tenth percentile each.

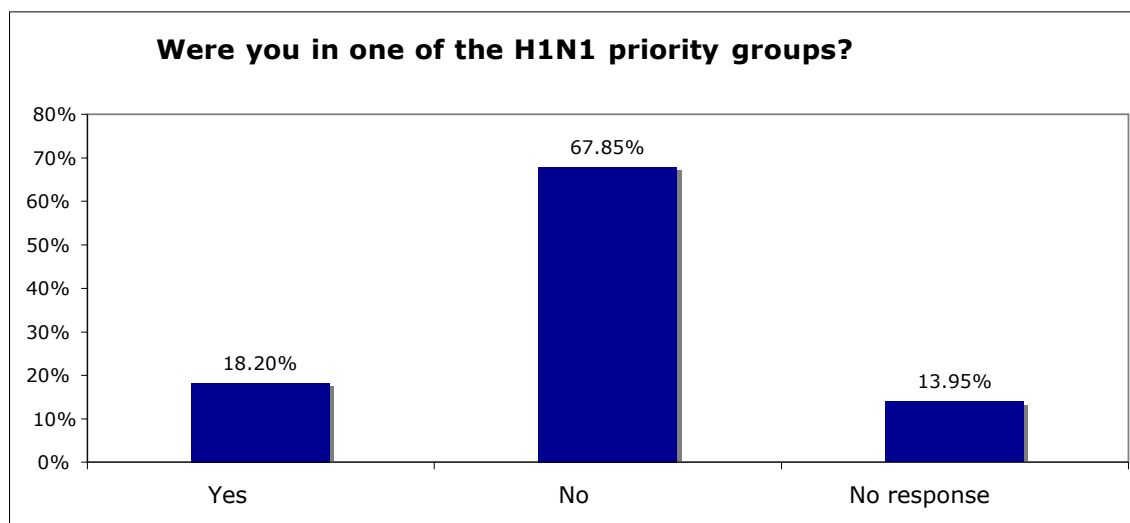


Forty percent of survey respondents that indicated they were currently pregnant or have had a baby in the past year stated they will or did deliver at Sacred Heart Hospital. Twenty-two percent indicated Santa Rosa Medical Center; ten percent indicated Baptist Hospital; and eight percent indicated West Florida Hospital. Twenty percent indicated other, which consisted of Fort Walton Beach Medical Center and military hospitals.

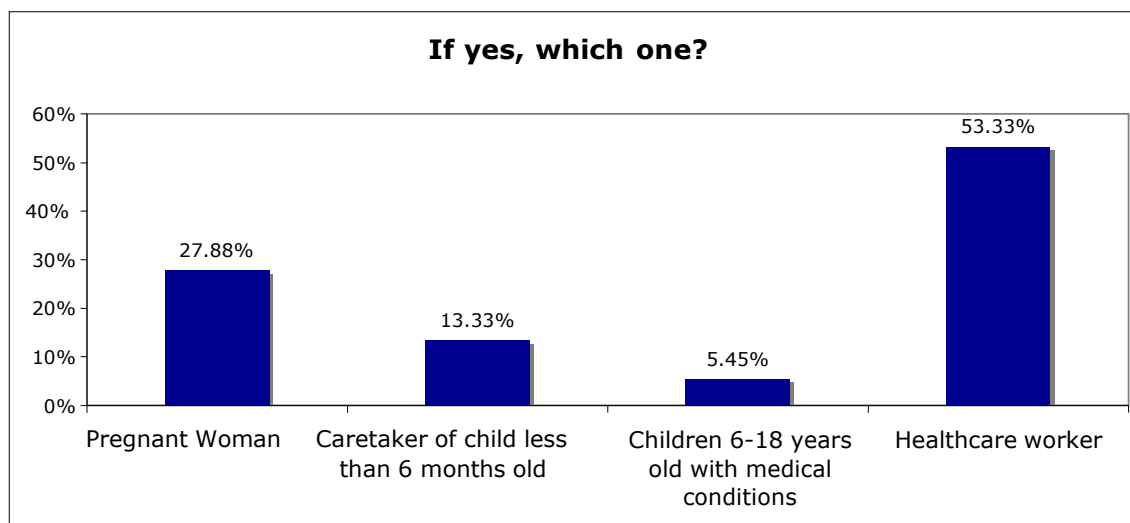


Fifty-six percent of survey respondents indicated they chose a particular hospital because that was where their obstetrician delivers. Eighteen percent indicated location as their reason for choosing the hospital their baby will be delivered or was delivered. Eleven percent indicated their hospital preference was because of the neonatal intensive care unit. Five percent preferred the rooms at the hospital they chose for delivery. Other reasons consisted of military and where they work or worked.

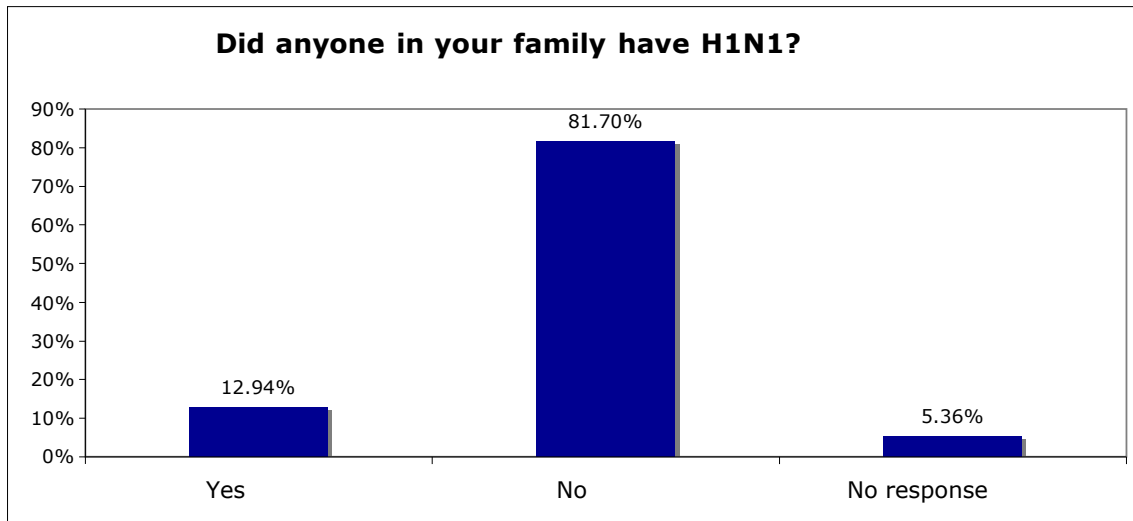
H1N1 Swine Flu Vaccinations and Perceptions



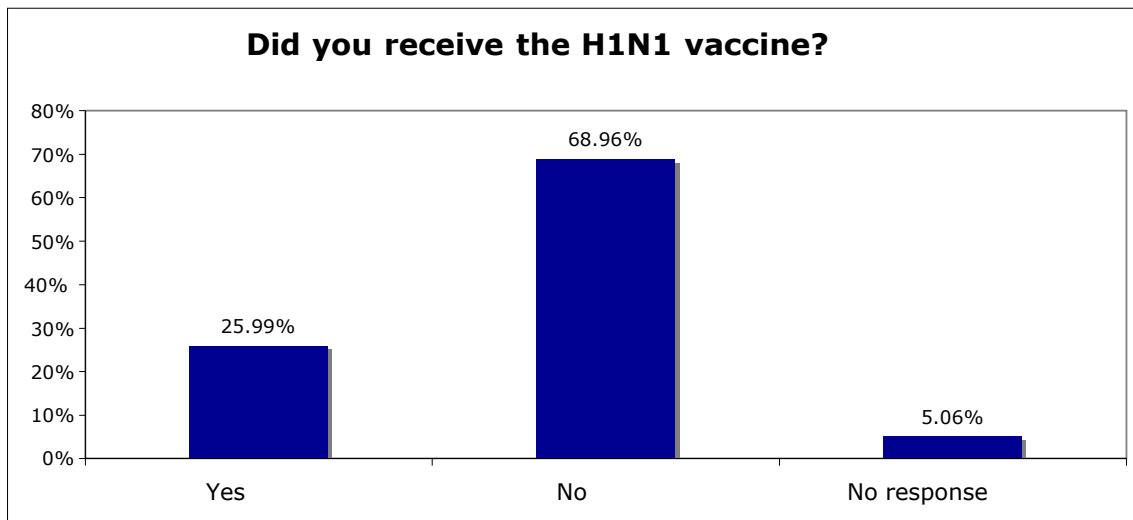
Eighteen percent of respondents indicated they were in one of the H1N1 priority groups, while sixty-eight percent were not.



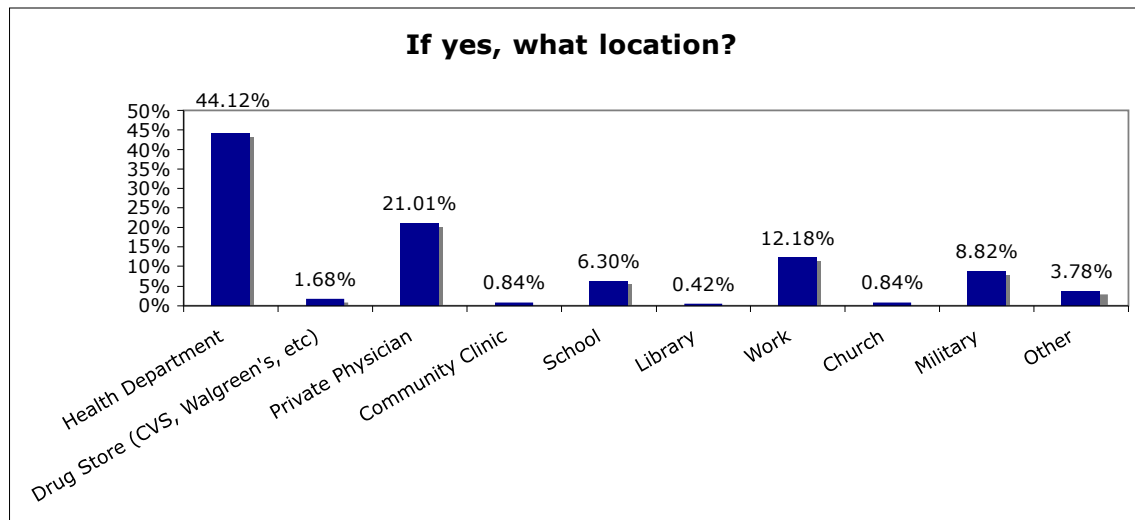
Of the eighteen percent who indicated they were in one of the H1N1 priority groups, almost twenty-eight percent were pregnant; thirteen percent were a caretaker of a child less than six months old; 5 percent were children 6 to eighteen years old with medical conditions; and fifty-three percent were healthcare workers.



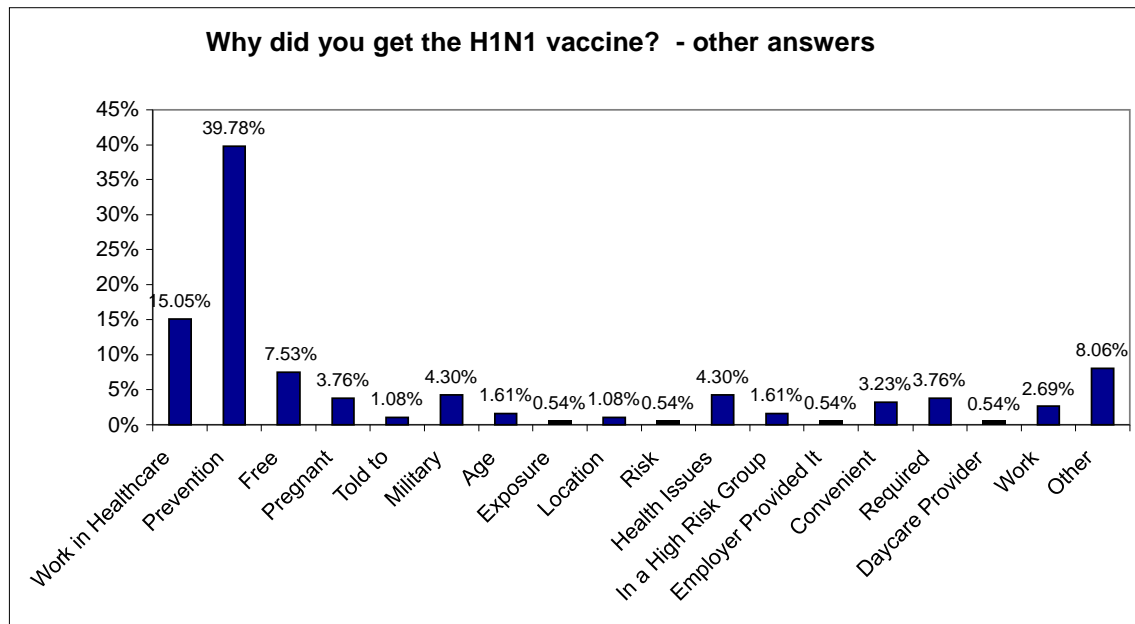
Thirteen percent of survey respondents indicated that someone in their family had H1N1 Swine Flu while eighty-two percent indicated that no one in their family contracted H1N1 Swine Flu.



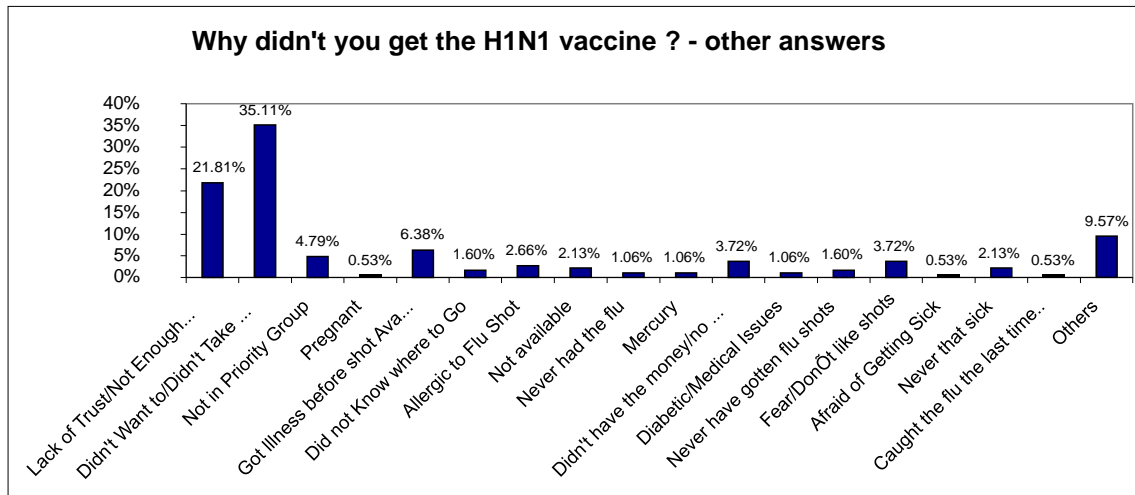
Twenty-six percent of all survey respondents indicated they received the H1N1 Swine Flu vaccine while sixty-nine percent declined the H1N1 Swine Flu vaccine.



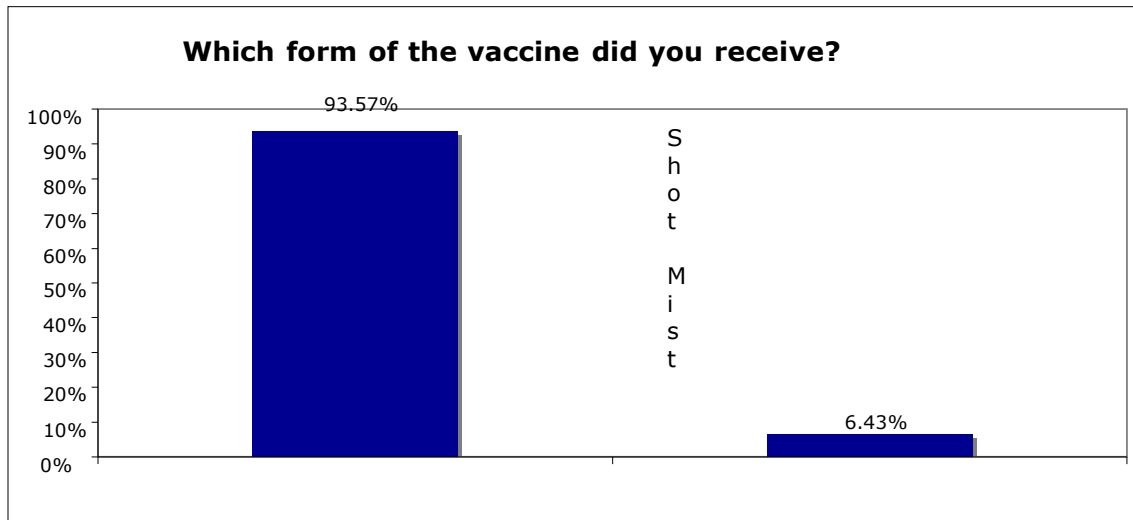
Of that twenty-five percent of those surveyed that indicated they received the H1N1 Swine Flu vaccine, forty-four percent received their vaccine at Santa Rosa County Health Department or other public health department. Twenty-one percent received their vaccine at their private physician's office. Twelve percent received theirs at their place of employment and 9 percent of the respondents indicated getting their vaccines from military locations. Other places for receiving the H1N1 Swine Flu vaccine that fell below the tenth percentile were drug stores such as Walgreen's or CVS, community clinic, school, church, or library.



Over 2 percent of survey respondents stated a reason why they chose to get the H1N1 Swine Flu vaccine. Almost forty percent of those survey respondents stated prevention was their reason for getting the H1N1 Swine Flu vaccine. Other reasons consisted of working in healthcare (fifteen percent), mandatory for military personnel (4 percent), being pregnant (4 percent), vaccine was free (8 percent), age (2 percent), health issues (4 percent), and being in a priority group (2 percent).



Of the survey respondents who stated a reason why they did not get the H1N1 vaccine, thirty-five percent didn't want to/didn't take the time/thought it unnecessary. Twenty-two percent did not want it because there was lack of trust/not enough research/not safe. Other reasons why some refused the H1N1 Swine Flu vaccine consisted of not being in a priority group, allergic to ingredients in the H1N1 vaccine, contracted illness before the vaccine was available, being pregnant, did not know where to go, vaccine was unavailable, never had the flu, mercury, did not have the money, medical issues, fear of shots, and afraid of getting sick. All of those responses fell below the tenth percentile.



The majority, or ninety-four percent, of survey respondents who received the H1N1 Swine Flu vaccine said they received the shot, versus 6 percent who received the H1N1 vaccine mist.

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COMMUNITY NEEDS ASSESSMENT SURVEY INSTRUMENT

Healthy Start Coalition of Santa Rosa County, Inc. & Santa Rosa County Health Department Community Health Needs Assessment 2010

1. You are: _____ Female _____ Male
2. You are: _____ years old
3. How many people live in your household (including yourself)? _____
4. How many children currently live in your household? _____
5. Zip code where you live? _____
6. Are you?
_____ Married
_____ Separated
_____ Divorced
_____ Widowed
_____ Single, never married
_____ In a long term relationship
7. What is the highest level of education you have completed?
_____ Less than high school
_____ Some high school-no diploma
_____ High school diploma or GED
_____ Vocational or trade school
_____ Some college-no degree
_____ College degree
_____ Some graduate school-no degree
_____ Graduate degree
8. You would describe your race or ethnic origin as (check all that apply):
_____ Caucasian (white)
_____ African American
_____ Native American

_____ Hispanic
_____ Asian American
_____ Other _____

9. You are:

_____ Employed
_____ Unemployed
_____ Homemaker
_____ Retired
_____ Unable to work because of a disability

10. Do you have medical insurance?

_____ Yes
_____ No

11. If yes, what type?

_____ Private
_____ Military
_____ Medicare
_____ Medicaid
_____ Other _____

12. If no, why not?

_____ Can't afford it
_____ Employer doesn't offer it
_____ Not qualified for the plan at work
_____ Not qualified for medical assistance
_____ Confused about how to apply for Medicaid
_____ I don't think I need it
_____ Other _____

13. Do you have a healthcare provider where you go most often for healthcare?

_____ Yes
_____ No

14. If you don't have a healthcare provider, why not?

_____ Don't know how to find a health care provider

- ☐ No healthcare provider is close to where I live
- ☐ Don't need a health care provider
- ☐ Can't pay for a visit
- ☐ Can't get an appointment
- ☐ Fear of healthcare providers
- ☐ Healthcare provider not familiar with my culture
- ☐ Transportation issues
- ☐ Other _____

15. If you do have a healthcare provider, what county is your doctor in?

- ☐ Santa Rosa
- ☐ Escambia
- ☐ Okaloosa
- ☐ Other _____

16. If you go outside of Santa Rosa County for your doctor, why?

- ☐ Don't like doctors in the area
- ☐ Go to a doctor near my last home
- ☐ Other _____

17. Do you have dental insurance?

- ☐ Yes
- ☐ No

18. When was the last time you went to a dentist?

- ☐ Within the past 6 months
- ☐ Within 6-12 months
- ☐ Within 1-2 years
- ☐ Longer than 2 years ago

19. What problems have stopped you from getting the healthcare you need:
(check all that apply)

- ☐ Health services are not close to where I live
- ☐ My health insurance doesn't cover what I need
- ☐ My deductible or co-payment is too high

- _____ Doctors or hospital won't accept my insurance
- _____ I don't know where to go for services
- _____ I can't pay for services
- _____ I can't get an appointment
- _____ No transportation
- _____ Other _____

20. I get most of my medical care from (check only one):

- _____ Family doctors
- _____ Emergency room
- _____ Non-medical doctor (chiropractor)
- _____ Urgent care/walk in clinic
- _____ Community clinic
- _____ County health department
- _____ Other _____

21. When I or a family member has to visit an ER we usually chose:

- _____ Santa Rosa Medical Center
- _____ West Florida Hospital
- _____ Sacred Heart
- _____ Baptist (what location)
- _____ Jay _____ Gulf Breeze _____ Pensacola

22. If you go outside Santa Rosa County to an ER, why?

- _____ Better service
- _____ Cleaner appearance
- _____ Newer facility
- _____ That's where my doctors have privileges
- _____ Other _____

23. Do you use tobacco?

- _____ Yes
- _____ No

If yes, what kind?

- _____ Smoke tobacco (cigarettes, cigars)
- _____ Spit tobacco

24. Do you want to quit?

_____ Yes

_____ No

If yes, what would be an incentive for you to quit? _____

25. Does anyone smoke cigarettes inside your home or car 4 or more days per week?

_____ Yes

_____ No

26. Are you familiar with Healthy Start?

_____ Yes

_____ No

27. Have you ever participated in Healthy Start?

_____ Yes

_____ No

28. If yes, how would you rate the program and the services you received?

_____ Excellent

_____ Good

_____ Fair

_____ Poor

_____ Don't know

29. Are you currently pregnant, or have you had a baby in the past year?

_____ Yes

_____ No

If yes, how much did the baby weigh? _____

30. What information was the most helpful/important to you while pregnant and/or when your baby was born?

_____ Childbirth education

_____ How and why to quit smoking

_____ Breastfeeding education

- ☐ Nutritional information
- ☐ Parenting information
- ☐ Newborn care
- ☐ Safe sleep position
- ☐ Signs of preterm labor
- ☐ How to take care of my health
- ☐ How to access WIC and other services
- ☐ Substance abuse and the effect on the baby
- ☐ Other _____

31. Which hospital was or will your baby be delivered?

- ☐ Santa Rosa Medical Center
- ☐ West Florida Hospital
- ☐ Sacred Heart Hospital
- ☐ Baptist
- ☐ Other _____

32. Why did you choose that hospital? (check all that Apply)

- ☐ Location
- ☐ Because my OB delivers there
- ☐ Rooms
- ☐ Neonatal intensive care unit
- ☐ Other _____

33. Were you in one of the H1N1 priority groups?

- ☐ Yes
- ☐ No

If yes, which one?

- ☐ Pregnant Woman
- ☐ Caretaker of child less than 6 months old
- ☐ Children 6-18 years old with medical conditions
- ☐ Healthcare worker

34. Did anyone in your family have H1N1?

- ☐ Yes
- ☐ No

35. Did you receive the H1N1 vaccine?

_____ Yes

_____ No

If yes, at what Location? _____

If yes, why? _____

If no, why not? _____

36. Which form of the vaccine did you receive?

_____ Shot

_____ Mist

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COMMUNITY HEALTH NEEDS ASSESSMENT – SURVEYED EVENTS AND LOCATIONS

Date	Event	Place	Number of Surveys Completed
March 18 th	Senior Expo	Milton Community Center	20
March 19 th	Employee Health Fair	Santa Rosa County Health Department	60+
March 20 th	Tobacco Event	UWF-Cannon Green	8
March 30 th	Santa Rosa County Fair	Santa Rosa County Fair Grounds	14
March 31 st	Santa Rosa County Fair	Santa Rosa County Fair Grounds	30+
April 1 st	Santa Rosa County Fair	Santa Rosa County Fair Grounds	40+
April 2 nd	Santa Rosa County Fair	Santa Rosa County Fair Grounds	50+
April 6 th	Grocery Shopping	Food World – Milton	3
April 10 th	Walk for Mommy and Me	Blackwater Trail	86
April 13 th	Convenience Store	Local Yokel	19
April 16 th	Grocery Shopping	Greer's – Jay	12
April 16 th	Relay for Life – Navarre	Navarre High School	47
April 24 th	Kids Day	TR Jackson	61
April 24 th	Scratch Ankle	Downtown Milton	41
April 25 th	Scratch Ankle	Downtown Milton	127
April 30 th	Relay for Life	PJC Milton Campus	50+
May 14 th	Navarre Fun Fest	Navarre Pier	15
May 15 th	Navarre Fun Fest	Navarre Pier	50+
May 19 th	County Employee Health Fair	Santa Rosa County Auditorium	156

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COMMUNITY HEALTH NEEDS ASSESSMENT – Demographics of Santa Rosa County by Zip Code

Santa Rosa County Zip Code Demographics							
	32561 Gulf Breeze	32563 Gulf Breeze	32565 Jav	32566 Navarre	32570 Milton	32571 Milton	32583 Milton
2009 Demographics							
Total Population	8,314	23,076	5,841	32,082	30,271	30,229	23,675
Total Households	3,675	9,632	2,303	12,287	11,856	11,373	8,695
Female Population	4,424	12,369	3,072	16,754	16,369	16,138	11,610
% Female	53.2%	53.6%	52.6%	52.2%	54.1%	53.4%	49.0%
Male Population	3,890	10,707	2,769	15,328	13,903	14,092	12,065
% Male	46.8%	46.4%	47.4%	47.8%	45.9%	46.6%	51.0%
Population Density (per Sq. Mi.)	778.2	1,248.0	25.7	942.7	91.0	257.9	190.8
Age:							
Age 0 - 4	3.4%	5.2%	5.5%	6.8%	6.8%	6.1%	5.9%
Age 5 - 14	9.9%	11.3%	10.8%	13.2%	11.2%	13.2%	10.5%
Age 15 - 19	5.9%	6.9%	7.5%	7.3%	7.4%	8.4%	6.9%
Age 20 - 24	3.3%	5.0%	6.3%	5.6%	8.0%	6.6%	7.9%
Age 25 - 34	7.2%	10.2%	11.9%	13.9%	13.2%	11.6%	14.3%
Age 35 - 44	12.4%	14.3%	12.2%	16.7%	11.9%	14.6%	14.2%
Age 45 - 54	20.0%	18.0%	15.9%	14.0%	14.2%	17.0%	15.8%
Age 55 - 64	16.2%	14.0%	15.3%	12.1%	12.8%	12.2%	13.8%
Age 65 - 74	12.1%	9.5%	8.3%	7.3%	8.4%	6.6%	6.9%
Age 75 - 84	7.5%	4.3%	4.5%	2.6%	4.3%	3.0%	3.1%
Age 85 +	2.1%	1.2%	1.9%	0.5%	1.8%	0.7%	0.8%
Median Age	49.0	43.2	41.7	36.9	38.0	38.1	38.5
Housing Units							
Total Housing Units	5,162	9,672	2,334	13,660	12,313	11,484	8,854
Owner Occupied Housing Units	54.8%	74.4%	78.0%	68.5%	63.8%	78.3%	76.8%
Renter Occupied Housing Units	16.4%	25.2%	20.7%	21.4%	32.5%	20.7%	21.4%
Vacant Housing Units	28.8%	0.4%	1.3%	10.1%	3.7%	1.0%	1.8%

	32561 Gulf Breeze	32563 Gulf Breeze	32565 Jay	32566 Navarre	32570 Milton	32571 Milton	32583 Milton
Race and Ethnicity							
American Indian, Eskimo, Aleut	0.5%	0.7%	1.5%	0.8%	1.1%	1.1%	1.2%
Asian	0.9%	1.6%	0.5%	2.9%	2.2%	1.6%	1.2%
Black	1.4%	1.9%	2.1%	5.1%	10.1%	2.4%	10.1%
Hawaiian/Pacific Islander	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%
White	94.0%	90.8%	92.1%	82.3%	79.9%	89.5%	80.8%
Other	0.6%	1.5%	0.2%	2.9%	1.4%	1.0%	1.8%
Multi-Race	2.6%	3.5%	3.6%	6.0%	5.3%	4.3%	4.9%
Hispanic Ethnicity	2.2%	4.1%	1.5%	6.8%	3.8%	3.4%	4.2%
Not of Hispanic Ethnicity	97.8%	96.0%	98.5%	93.2%	96.2%	96.6%	95.8%
Marital Status:							
Age 15 + Population	7,211	19,264	4,891	25,683	24,825	24,389	19,784
Divorced	10.5%	9.9%	9.6%	9.4%	11.2%	9.8%	13.5%
Never Married	17.9%	16.3%	18.3%	17.1%	19.3%	19.1%	21.5%
Now Married	60.3%	66.4%	58.7%	67.1%	57.3%	64.0%	53.3%
Separated	2.9%	2.8%	4.2%	2.9%	5.6%	2.9%	5.9%
Widowed	8.4%	4.7%	9.2%	3.6%	6.6%	4.2%	5.8%
Educational Attainment:							
Total Population Age 25+	6,450	16,514	4,090	21,530	20,146	19,858	16,275
Grade K - 8	0.7%	1.4%	5.6%	2.4%	4.0%	1.9%	4.5%
Grade 9 - 12	1.8%	3.4%	12.7%	4.4%	8.6%	5.3%	11.4%
High School Graduate	17.5%	24.0%	43.0%	30.3%	33.7%	33.2%	36.0%
Associates Degree	9.2%	11.4%	7.1%	13.0%	8.2%	11.4%	9.0%
Bachelor's Degree	30.4%	24.1%	8.8%	17.1%	14.6%	17.5%	11.9%
Graduate Degree	20.8%	12.8%	4.0%	9.1%	5.2%	6.4%	5.1%
Some College, No Degree	19.5%	22.9%	18.8%	23.7%	25.6%	24.5%	22.0%

	32561 Gulf Breeze	32563 Gulf Breeze	32565 Jay	32566 Navarre	32570 Milton	32571 Milton	32583 Milton
Household Income:							
Income \$ 0 - \$9,999	4.6%	4.3%	11.9%	4.2%	7.6%	5.5%	7.9%
Income \$ 10,000 - \$14,999	3.3%	3.1%	6.6%	2.9%	6.4%	4.1%	4.9%
Income \$ 15,000 - \$24,999	7.5%	7.6%	12.9%	8.7%	12.7%	9.0%	10.7%
Income \$ 25,000 - \$34,999	8.0%	9.8%	14.6%	9.7%	11.9%	10.3%	13.6%
Income \$ 35,000 - \$49,999	13.0%	12.7%	14.3%	17.3%	16.1%	15.0%	18.1%
Income \$ 50,000 - \$74,999	16.8%	19.8%	18.9%	25.2%	22.7%	21.1%	22.7%
Income \$ 75,000 - \$99,999	14.8%	15.6%	10.1%	16.0%	12.1%	15.9%	11.0%
Income \$100,000 - \$124,999	8.2%	10.9%	5.7%	6.5%	5.1%	9.9%	4.8%
Income \$125,000 - \$149,999	5.9%	4.9%	2.3%	4.3%	2.2%	3.4%	2.6%
Income \$150,000 +	18.0%	11.2%	2.9%	5.3%	3.1%	5.9%	3.8%
Average Household Income	\$103,888	\$74,181	\$48,210	\$57,949	\$47,938	\$62,590	\$49,875
Median Household Income	\$69,894	\$64,305	\$39,571	\$55,722	\$45,400	\$55,433	\$44,968
Per Capita Income	\$45,694	\$31,250	\$19,468	\$22,505	\$20,481	\$23,709	\$19,024
Vehicles Available:							
0 Vehicles Available	2.9%	1.8%	3.8%	1.9%	4.6%	2.5%	3.7%
1 Vehicle Available	34.8%	28.3%	28.8%	25.3%	34.0%	25.6%	28.2%
2+ Vehicles Available	62.3%	69.9%	67.4%	72.7%	61.4%	71.9%	68.1%

	32561 Gulf Breeze	32563 Gulf Breeze	32565 Jay	32566 Navarre	32570 Milton	32571 Milton	32583 Milton
Average Vehicles Per Household	1.90	2.00	2.00	2.00	1.90	2.00	2.00
Total Vehicles Available	6,823	19,188	4,682	24,776	22,419	23,226	16,991
Business and Employment:							
Number of Employees	5,805	6,304	1,538	5,248	8,857	7,701	5,373
Number of Establishments	648	868	209	811	951	917	608

2014 Demographic Forecast							
	32561 Gulf Breeze	32563 Gulf Breeze	32565 Jay	32566 Navarre	32570 Milton	32571 Milton	32583 Milton
Total Population	9,958	24,364	5,917	34,916	32,747	34,697	24,447
Total Households	3,918	9,957	2,279	13,106	12,572	12,783	8,786
Female Population	5,373	14,047	3,355	19,658	19,031	19,918	13,025
% Female	54.0%	57.7%	56.7%	56.3%	58.1%	57.4%	53.3%
Male Population	4,585	10,317	2,561	15,257	13,716	14,779	11,422
% Male	46.1%	42.3%	43.3%	43.7%	41.9%	42.6%	46.7%
Age:							
Age 0 - 4	3.2%	5.1%	5.4%	6.8%	6.6%	6.1%	5.9%
Age 5 - 14	8.7%	10.4%	9.7%	12.3%	10.2%	12.3%	9.8%
Age 15 - 19	4.6%	5.9%	6.4%	6.4%	6.3%	7.4%	6.0%
Age 20 - 24	3.2%	5.5%	6.9%	6.3%	8.8%	7.4%	8.8%
Age 25 - 34	7.9%	10.3%	11.8%	14.2%	13.0%	11.8%	14.2%
Age 35 - 44	11.2%	12.4%	10.4%	14.5%	10.1%	12.8%	12.3%
Age 45 - 54	19.0%	16.9%	14.8%	13.3%	13.3%	16.2%	14.9%
Age 55 - 64	17.4%	15.3%	16.9%	13.5%	14.1%	13.5%	15.1%
Age 65 - 74	14.1%	11.5%	10.1%	8.9%	10.3%	8.1%	8.4%
Age 75 - 84	8.5%	5.1%	5.4%	3.1%	5.2%	3.6%	3.9%
Age 85 +	2.2%	1.4%	2.2%	0.7%	2.1%	0.9%	0.9%
Median Age	51.0	45.2	44.5	37.6	40.5	39.4	39.8
Housing Units Trend							
Total Housing Units	6,334	10,046	2,321	14,782	13,083	12,916	8,997

	32561 Gulf Breeze	32563 Gulf Breeze	32565 Jay	32566 Navarre	32570 Milton	32571 Milton	32583 Milton
Owner Occupied Housing Units	46.9%	68.6%	72.1%	62.5%	58.6%	72.9%	70.8%
Renter Occupied Housing Units	15.0%	30.5%	26.1%	26.2%	37.5%	26.1%	26.9%
Vacant Housing Units	38.1%	0.9%	1.8%	11.3%	3.9%	1.0%	2.3%
Race and Ethnicity							
American Indian, Eskimo, Aleut	0.5%	0.7%	1.4%	0.7%	1.0%	1.1%	1.1%
Asian	0.8%	1.7%	0.8%	2.7%	2.2%	1.7%	1.3%
Black	2.9%	3.1%	3.6%	6.2%	11.4%	3.7%	11.5%
Hawaiian/Pacific Islander	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%
White	91.8%	85.6%	90.0%	74.6%	76.5%	86.0%	75.3%
Other	0.9%	2.6%	0.3%	5.2%	2.1%	1.7%	4.7%
Multi-Race	3.0%	6.2%	4.0%	10.5%	6.7%	5.7%	5.9%
Hispanic Ethnicity	2.3%	5.0%	2.0%	8.4%	4.8%	4.2%	5.2%
Not of Hispanic Ethnicity	97.7%	95.0%	98.0%	91.6%	95.2%	95.8%	94.8%
Marital Status:							
Age 15 + Population	8,774	20,578	5,019	28,239	27,239	28,316	20,614
Divorced	11.1%	10.2%	9.6%	9.5%	11.3%	9.9%	13.4%
Never Married	17.4%	16.1%	17.9%	17.0%	19.0%	18.9%	21.1%
Now Married	59.2%	66.0%	58.7%	67.0%	57.3%	64.0%	53.7%
Separated	3.3%	2.8%	4.1%	2.9%	5.5%	3.0%	5.8%
Widowed	9.0%	4.9%	9.7%	3.7%	7.0%	4.3%	6.1%
Educational Attainment:							
Total Population Age 25+	7,996	17,780	4,235	23,793	22,299	23,196	17,015
Grade K - 9	0.5%	1.4%	5.3%	2.3%	3.6%	1.7%	4.2%
Grade 9 - 12	1.7%	3.2%	11.6%	4.2%	7.8%	4.8%	10.4%
High School Graduate	16.1%	24.2%	43.3%	30.4%	33.4%	33.3%	36.1%
Associates Degree	8.0%	10.7%	6.9%	12.3%	7.9%	10.7%	8.7%
Bachelor's Degree	32.1%	25.2%	9.8%	18.4%	16.2%	18.8%	13.2%
Graduate Degree	21.1%	12.8%	4.2%	9.2%	5.7%	6.6%	5.4%
Some College, No Degree	20.5%	22.5%	18.9%	23.3%	25.4%	24.1%	22.0%

	32561 Gulf Breeze	32563 Gulf Breeze	32565 Jay	32566 Navarre	32570 Milton	32571 Milton	32583 Milton
Household Income:							
Income \$ 0 - \$9,999	4.3%	4.0%	11.0%	3.9%	6.6%	5.0%	7.3%
Income \$ 10,000 - \$14,999	2.9%	2.9%	6.3%	2.7%	5.7%	3.7%	4.5%
Income \$ 15,000 - \$24,999	6.9%	6.7%	11.7%	7.6%	11.7%	8.0%	9.6%
Income \$ 25,000 - \$34,999	7.5%	9.2%	13.7%	8.7%	11.0%	9.3%	12.2%
Income \$ 35,000 - \$49,999	11.2%	11.9%	13.6%	14.7%	15.0%	14.1%	17.5%
Income \$ 50,000 - \$74,999	16.5%	19.4%	20.1%	25.9%	23.0%	20.7%	23.1%
Income \$ 75,000 - \$99,999	14.7%	15.0%	9.7%	17.2%	13.2%	15.8%	12.4%
Income \$100,000 - \$124,999	9.2%	11.7%	7.4%	7.8%	6.9%	11.4%	5.8%
Income \$125,000 - \$149,999	6.2%	6.2%	2.9%	4.6%	2.9%	4.8%	2.9%
Income \$150,000 +	20.7%	13.0%	3.6%	7.0%	4.0%	7.2%	4.7%
Average Household Income	\$91,731	\$62,972	\$40,281	\$49,655	\$41,430	\$53,523	\$42,156
Median Household Income	\$76,352	\$68,915	\$41,951	\$59,896	\$50,053	\$60,083	\$48,824
Per Capita Income	\$36,036	\$26,037	\$15,998	\$18,896	\$17,548	\$19,850	\$15,869
Vehicles Available							
0 Vehicles Available	3.2%	2.2%	4.3%	2.2%	5.1%	2.6%	4.1%
1 Vehicle Available	36.5%	30.0%	30.1%	26.9%	35.8%	27.1%	29.0%
2+ Vehicles Available	60.3%	67.8%	65.7%	70.9%	59.1%	70.3%	66.9%
Average Vehicles Per Household	2.00	2.00	2.00	2.10	2.00	2.30	1.90
Total Vehicles Available	7,184	19,715	4,554	26,065	23,836	25,792	16,945

	32561 Gulf Breeze	32563 Gulf Breeze	32565 Jay	32566 Navarre	32570 Milton	32571 Milton	32583 Milton
Population Trend							
2009	8,314	23,076	5,841	32,082	30,271	30,229	23,675
2014	9,958	24,364	5,917	34,916	32,747	34,697	24,447
Change 2009 to 2014	19.8%	5.6%	1.3%	8.8%	8.2%	14.8%	3.3%
Household Trend							
2009	3,675	9,632	2,303	12,287	11,856	11,373	8,695
2014	3,918	9,957	2,279	13,106	12,572	12,783	8,786
Change 2009 to 2014	6.6%	3.4%	-1.0%	6.7%	6.0%	12.4%	1.0%
Average Household Size Trend							
2009	2.24	2.37	2.46	2.61	2.47	2.66	2.47
2014	2.52	2.42	2.52	2.66	2.52	2.71	2.53
Median Age Trend							
2009	49	43	42	37	38	38	38
2014	51	45	44	38	41	39	40

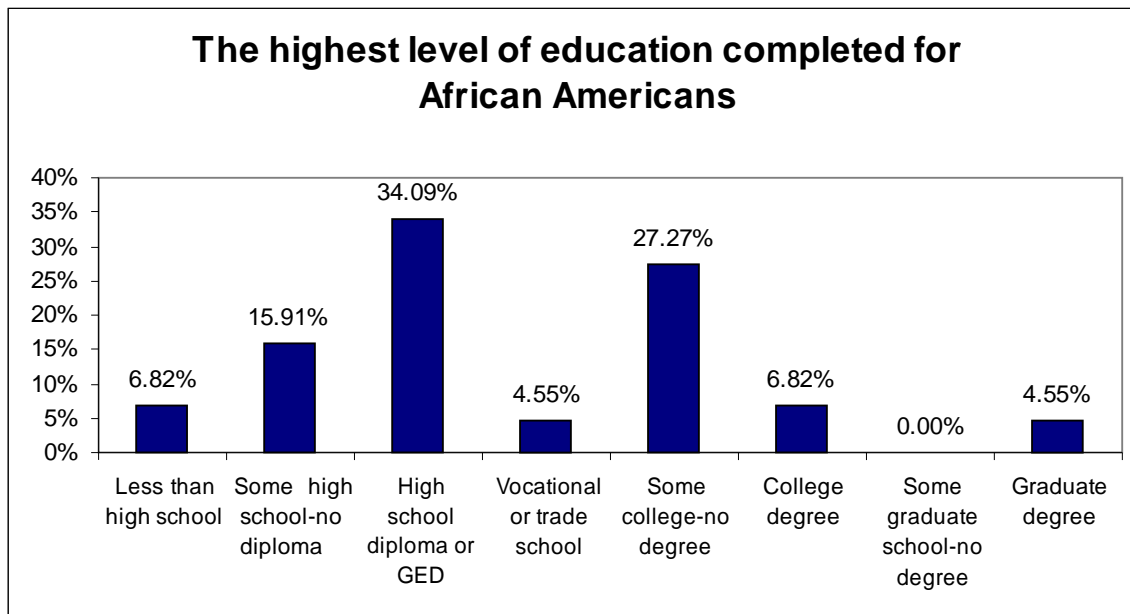
	32561 Gulf Breeze	32563 Gulf Breeze	32565 Jay	32566 Navarre	32570 Milton	32571 Milton	32583 Milton
Change 2009 to 2014	4.2%	4.5%	6.7%	2.0%	6.6%	3.5%	3.6%
Housing Units Trend							
Total Housing Units							
Change 2009 to 2014	22.7%	3.9%	-0.5%	8.2%	6.3%	12.5%	1.6%
Owner Occupied Housing Units							
Change 2009 to 2014	5.0%	-4.1%	-8.0%	-1.3%	-2.3%	4.7%	-6.3%
Renter Occupied Housing Units							
Change 2009 to 2014	12.1%	25.4%	25.3%	32.3%	22.5%	41.5%	27.4%
Vacant Housing Units							
Change 2009 to 2014	62.4%	127.5%	35.3%	22.0%	12.1%	20.0%	33.1%
Race and Ethnicity Trend							
American Indian, Eskimo, Aleut							
Change 2009 to 2014	26.2%	12.1%	-6.2%	2.3%	0.9%	7.9%	-5.3%
Asian or Pacific Islander							
Change 2009 to 2014	7.2%	10.7%	63.5%	2.2%	9.3%	21.9%	11.5%
Black							
Change 2009 to 2014	151.8%	69.7%	71.0%	31.4%	22.6%	74.7%	18.4%
White							
Change 2009 to 2014	16.9%	-0.4%	-1.0%	-1.3%	3.5%	10.4%	-3.7%
Other							
Change 2009 to 2014	72.2%	91.8%	29.9%	97.0%	66.7%	90.7%	180.5%
Hispanic Ethnicity							
Change 2009 to 2014	26.7%	31.0%	32.8%	33.5%	35.1%	42.6%	27.1%
Not of Hispanic Ethnicity							
Change 2009 to 2014	19.6%	4.5%	0.8%	7.0%	7.1%	13.8%	2.2%

Source: University of West Florida Haas Center for Business Research and Economic Development.

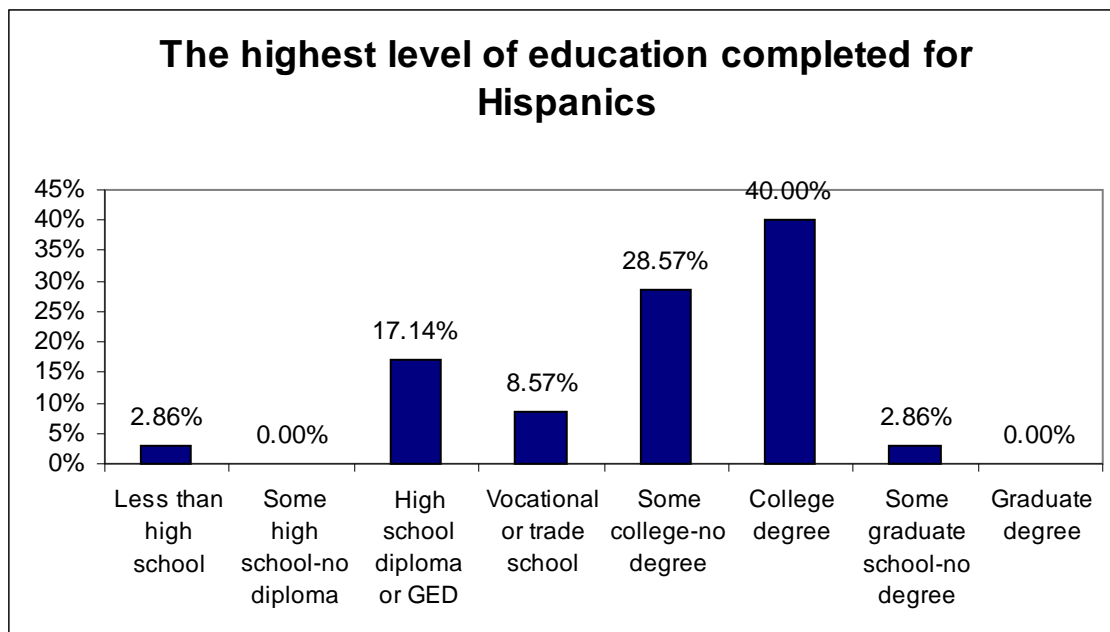
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COMMUNITY HEALTH NEEDS ASSESSMENT – Education Status by Race

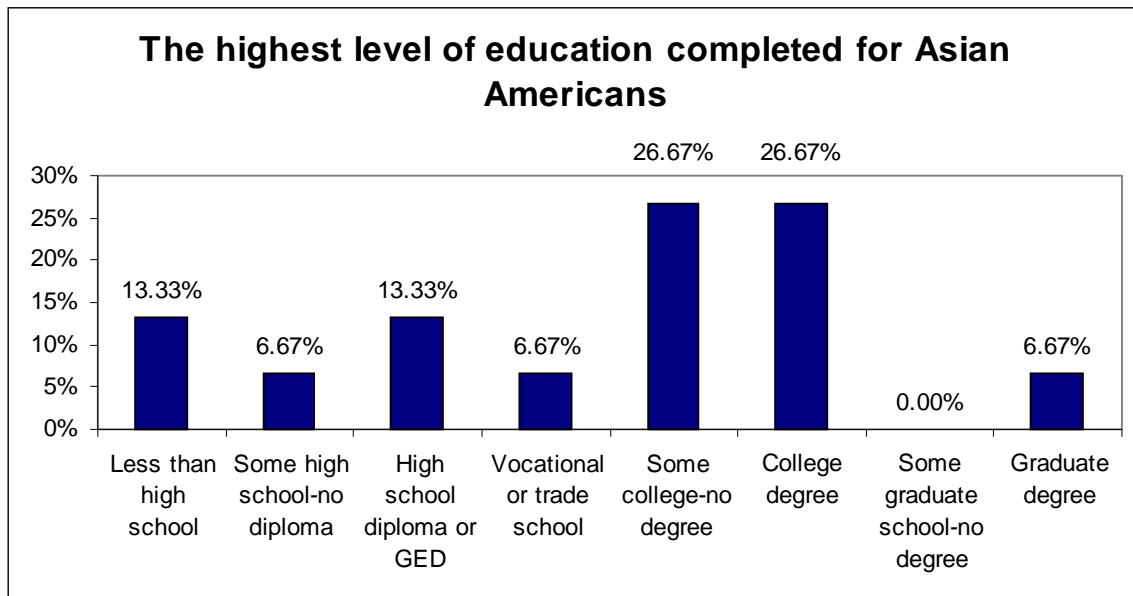
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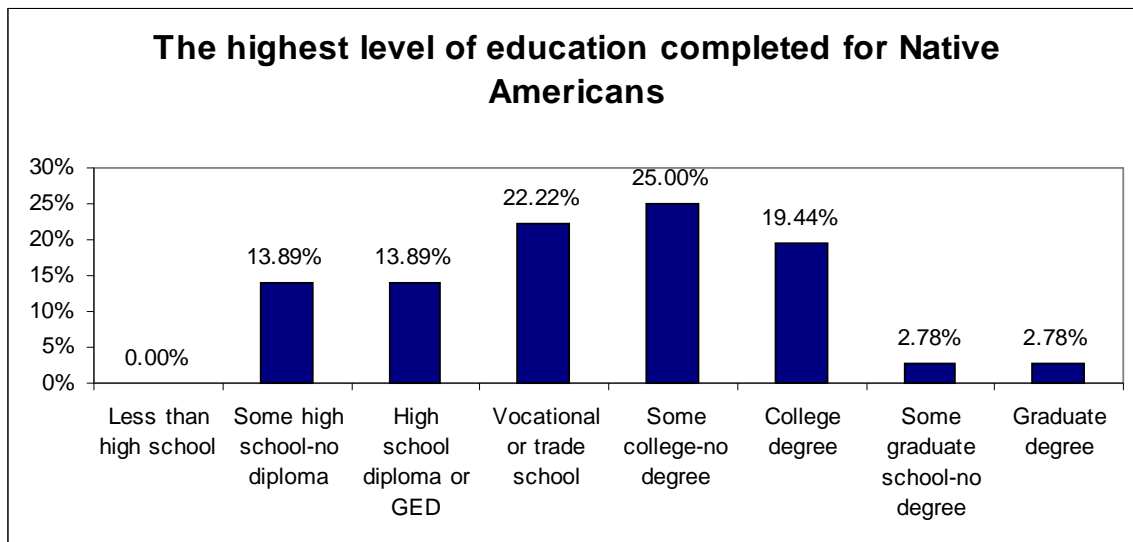
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Asian American

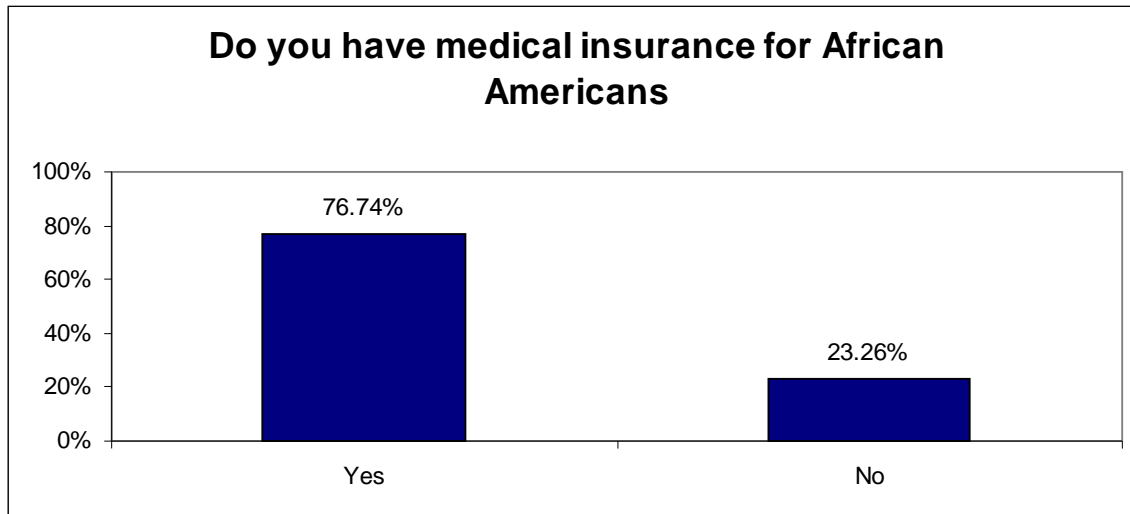


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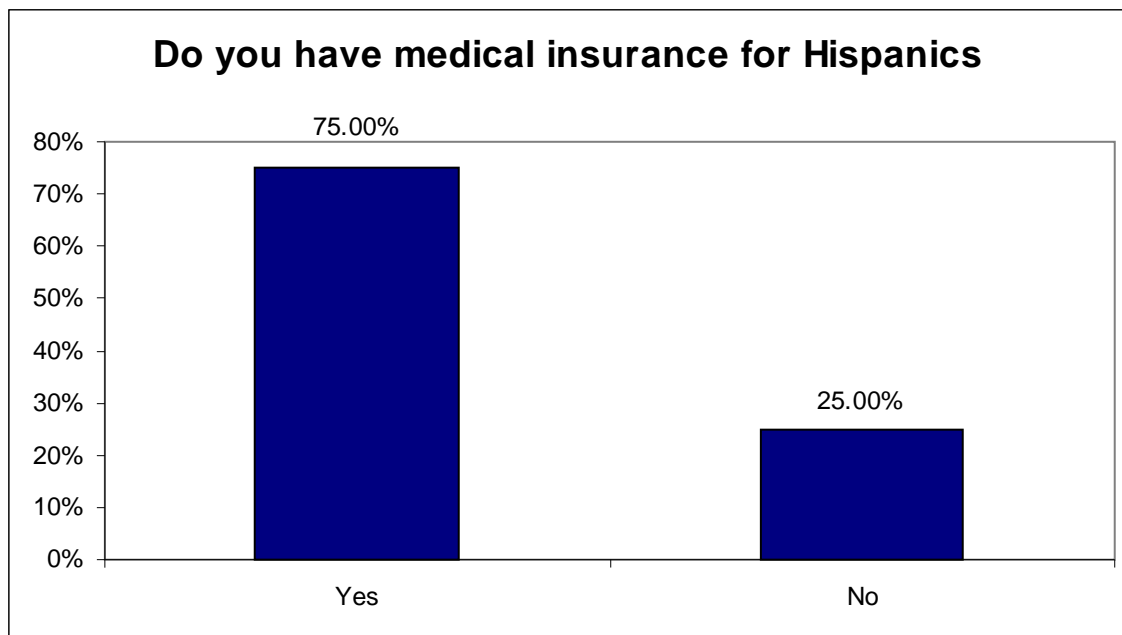


COMMUNITY HEALTH NEEDS ASSESSMENT – Medical Insurance Status by Race

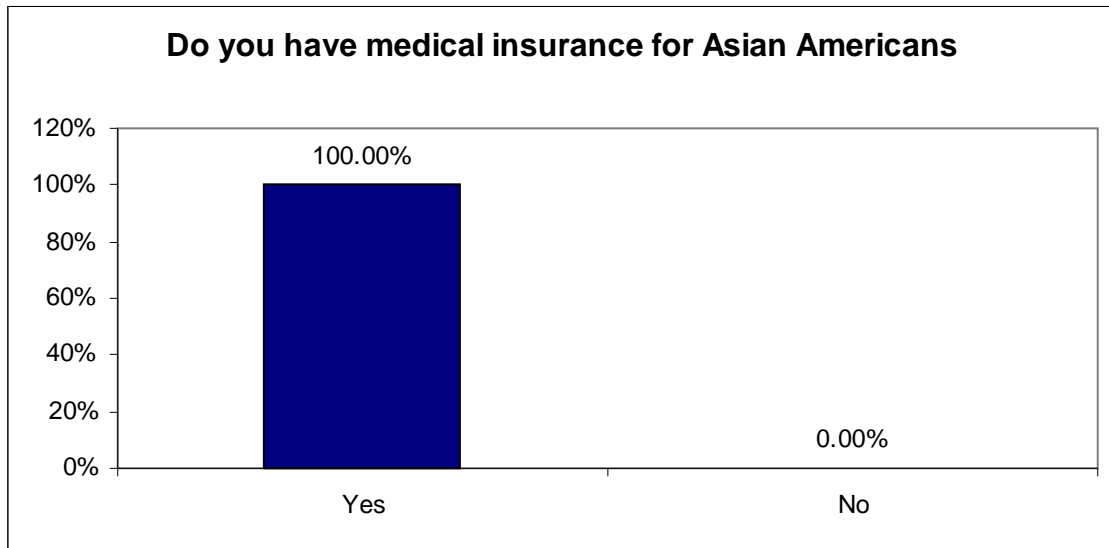
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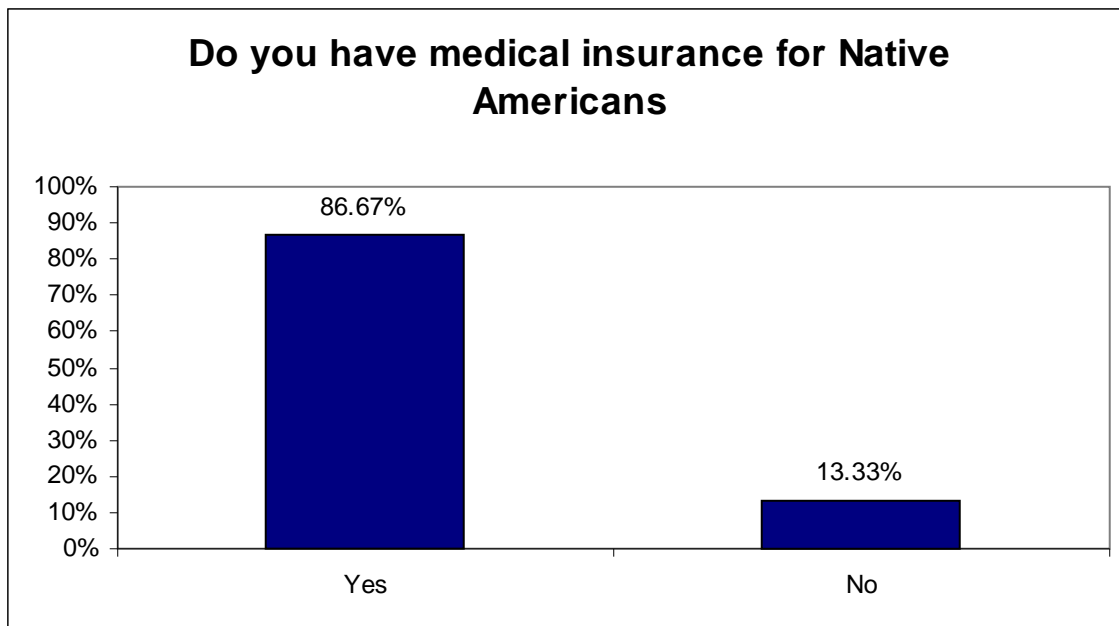
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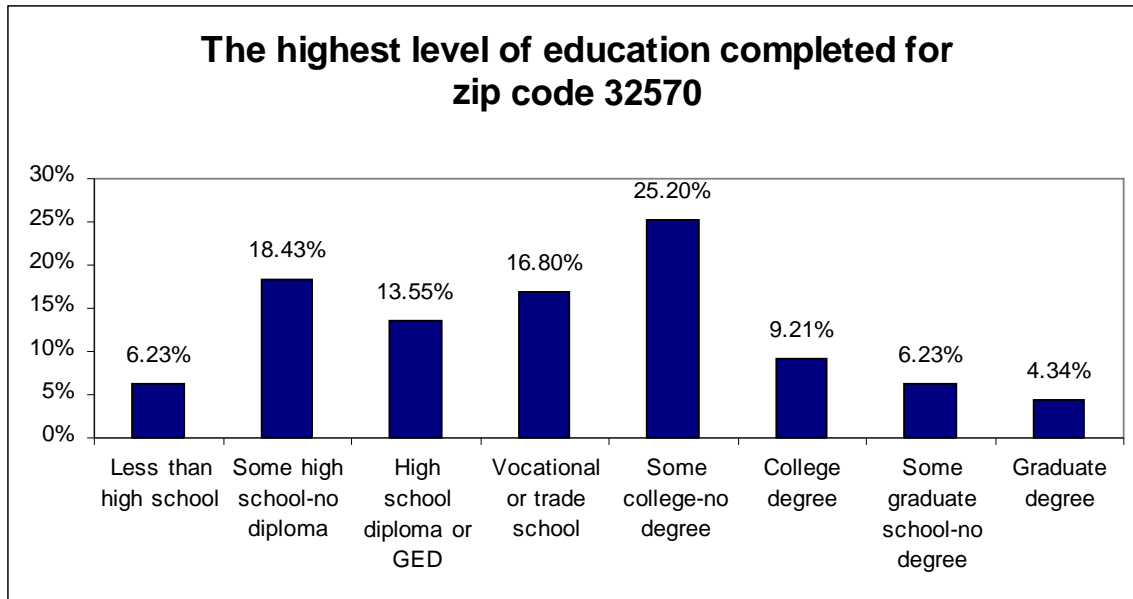


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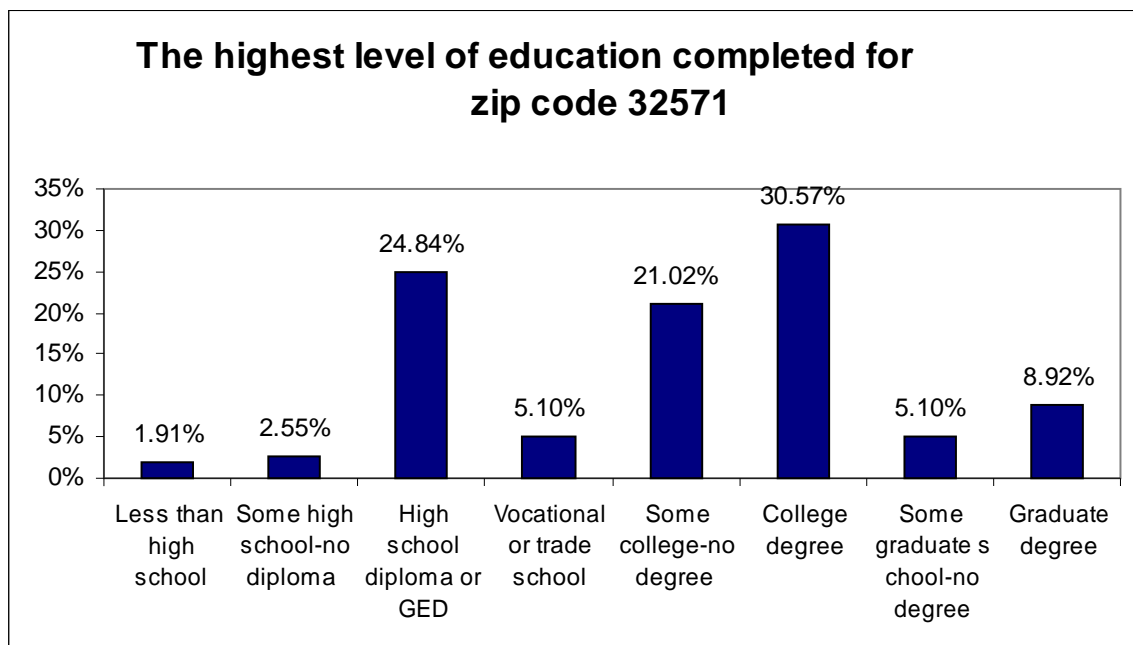


COMMUNITY HEALTH NEEDS ASSESSMENT – Education Status by Zip Code

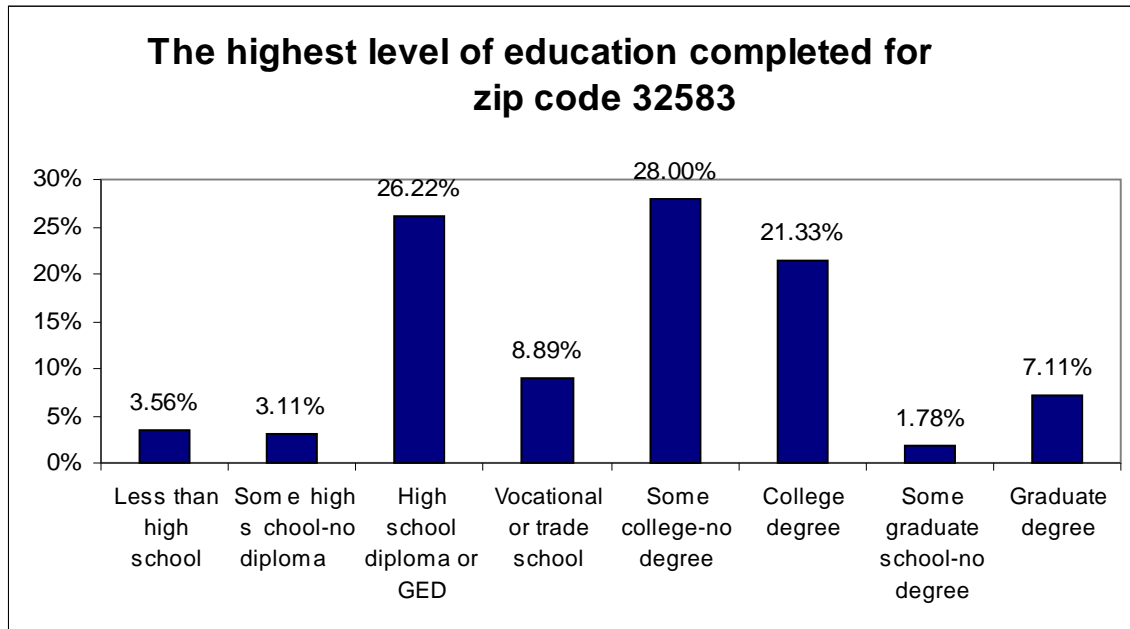
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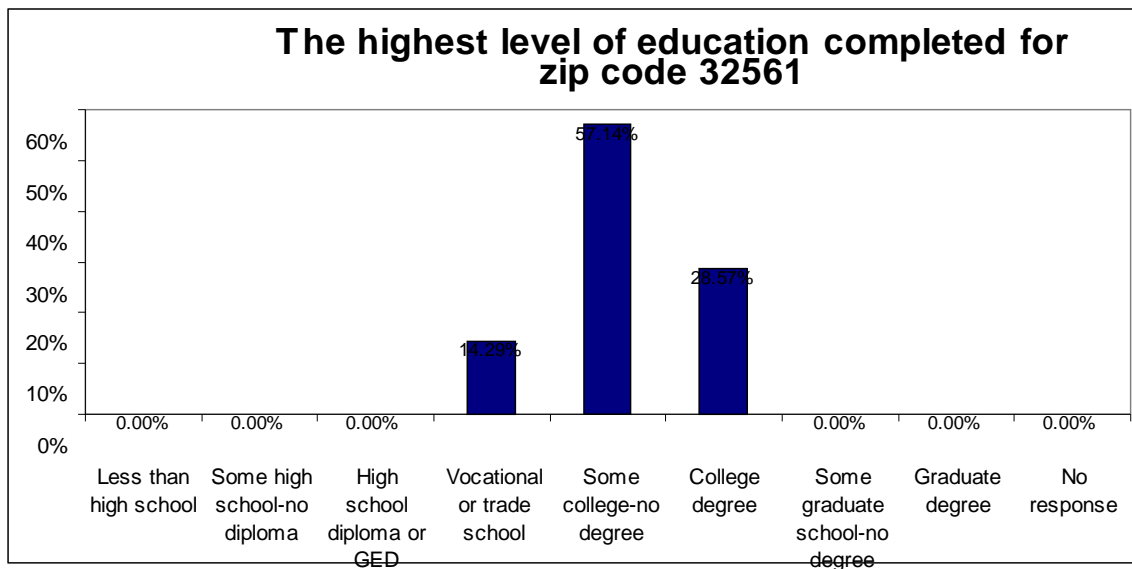
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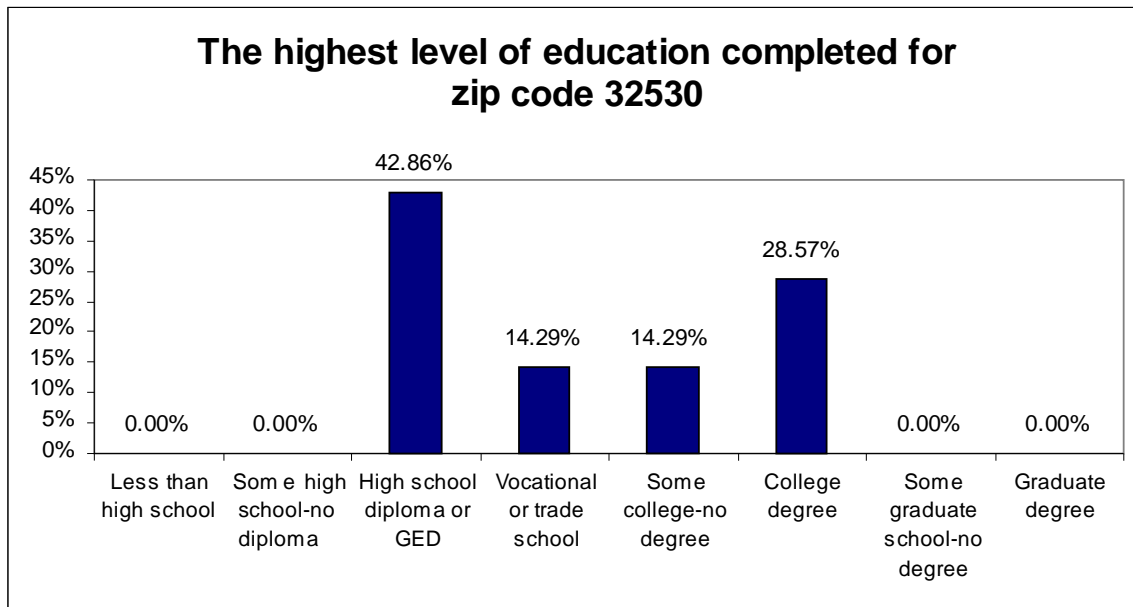
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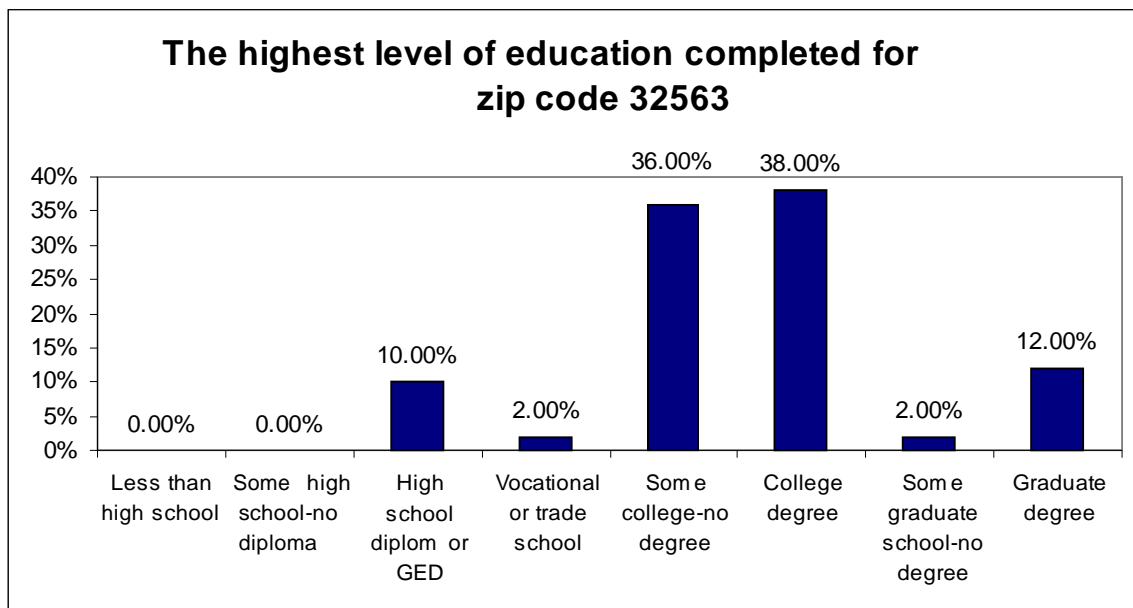
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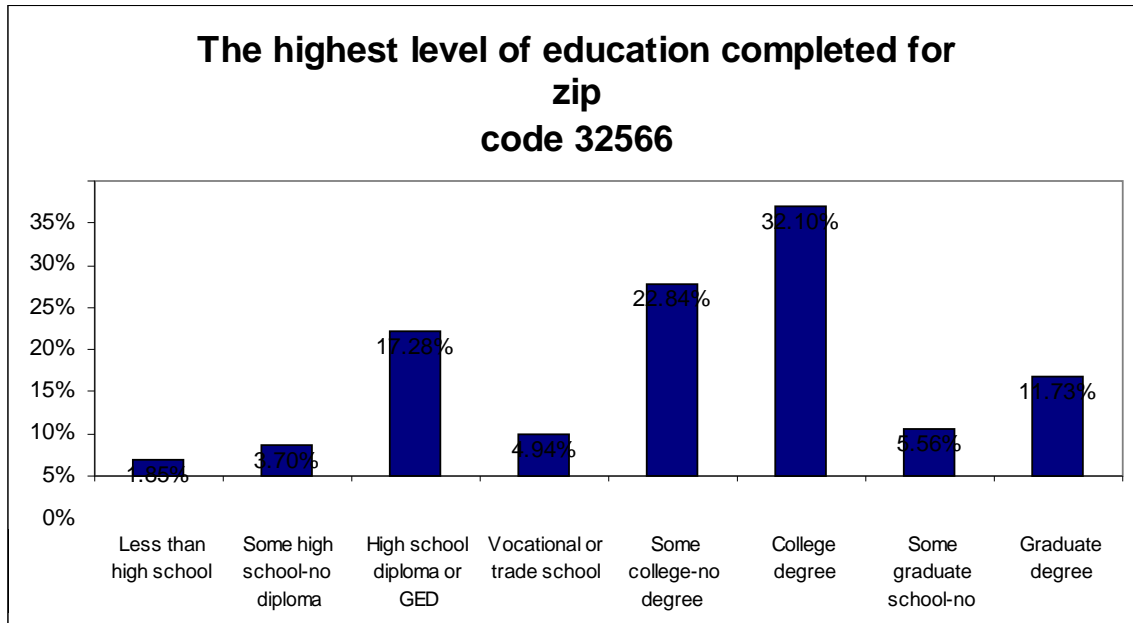
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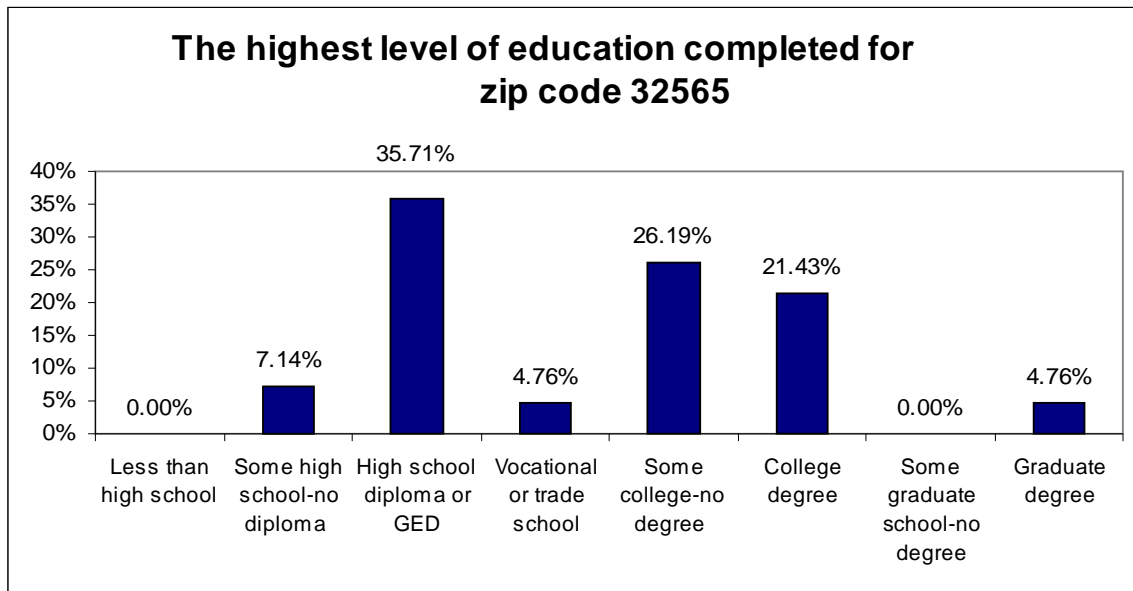
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32566 Zip Code

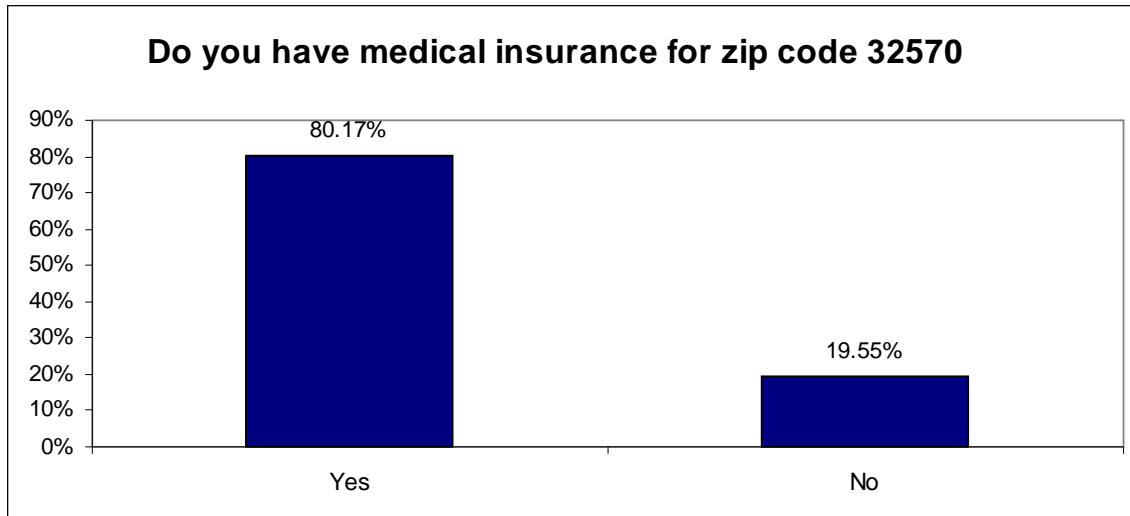


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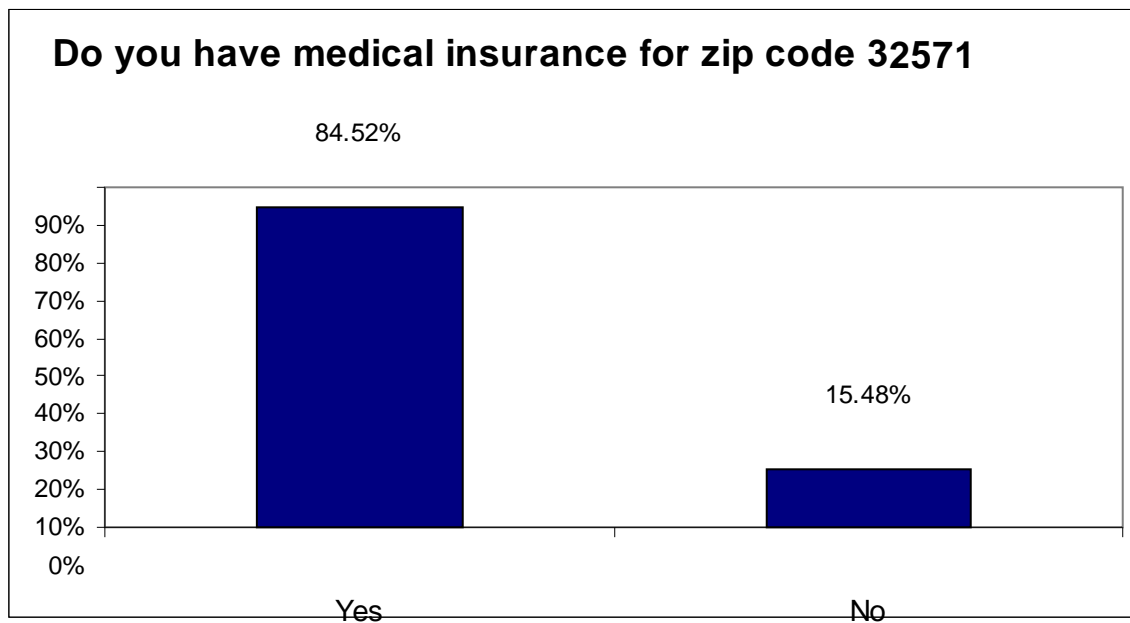


COMMUNITY HEALTH NEEDS ASSESSMENT – Medical Insurance Status by Zip Code

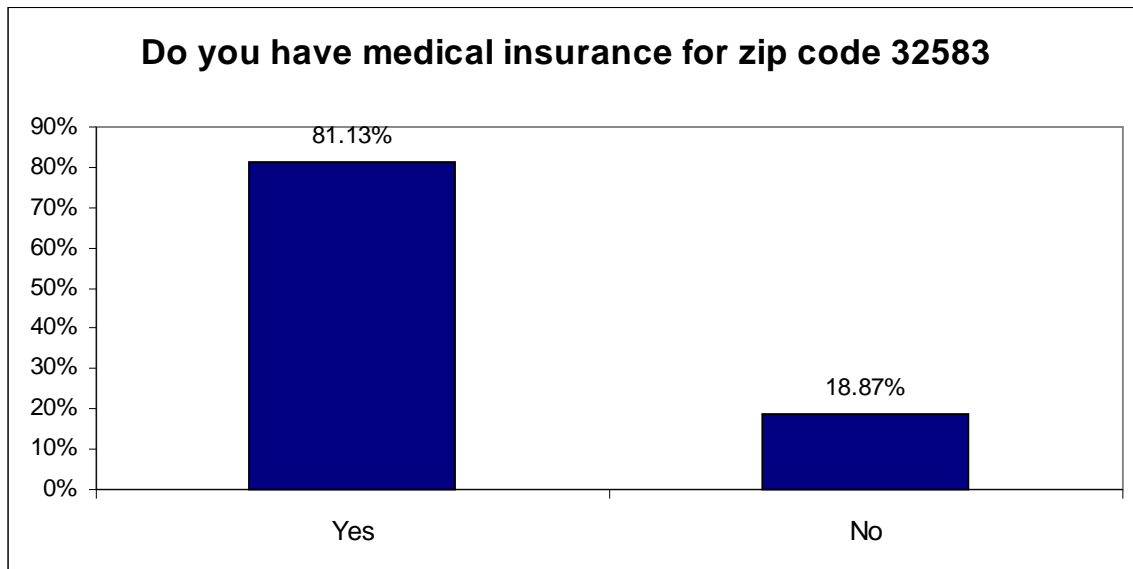
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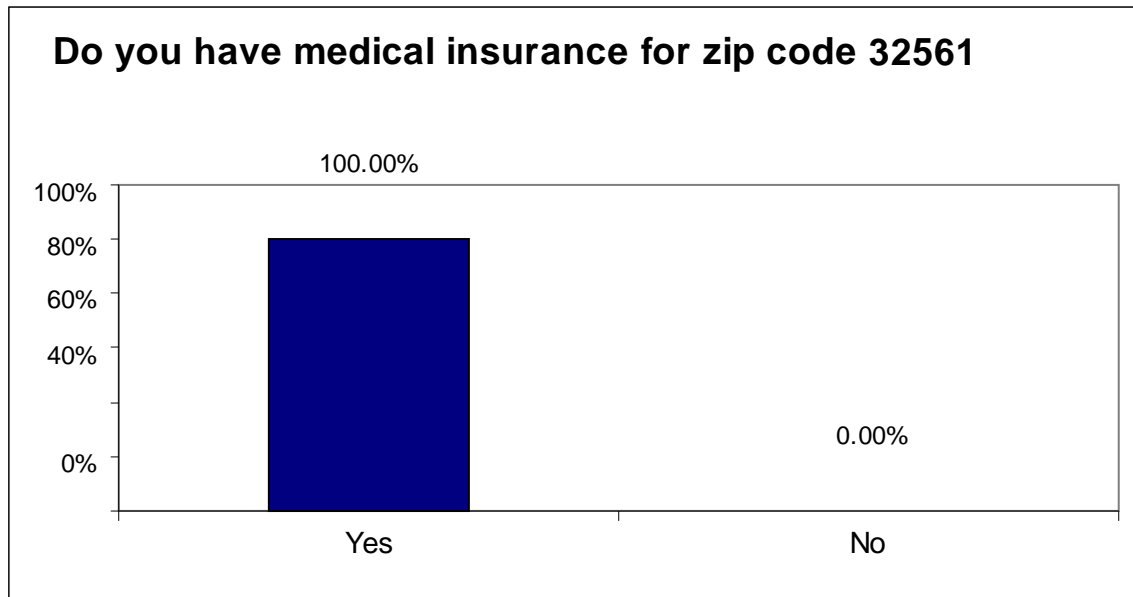
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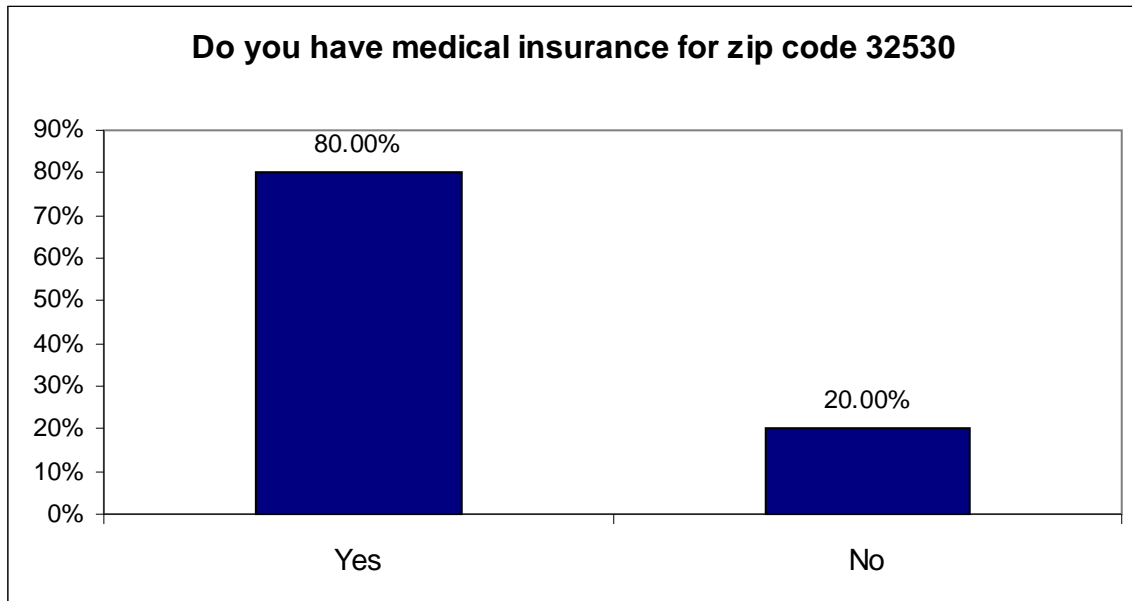
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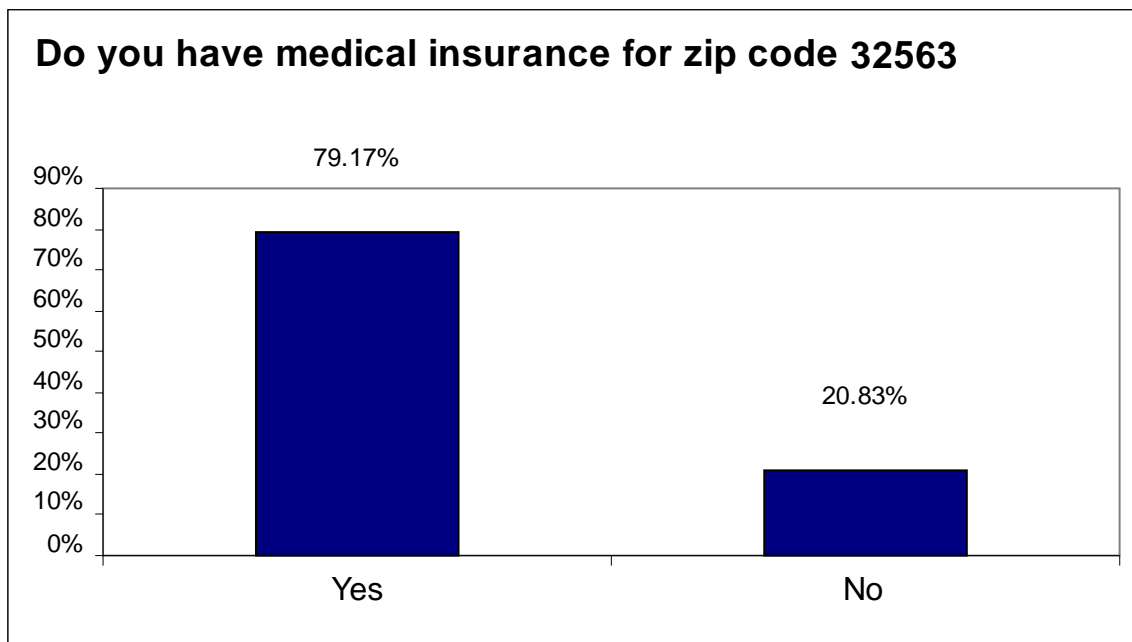
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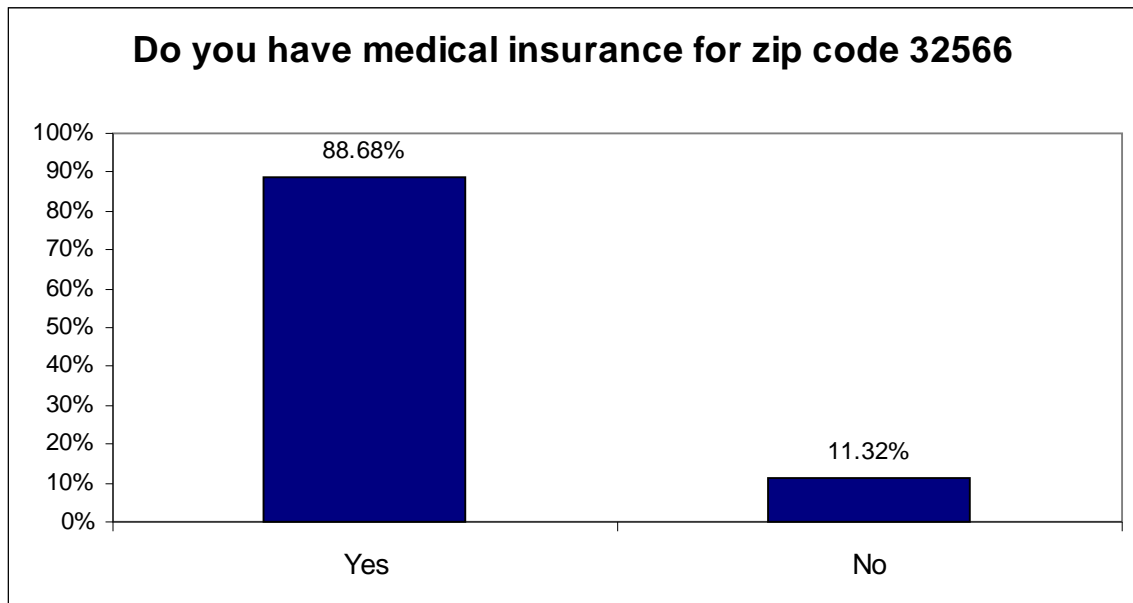
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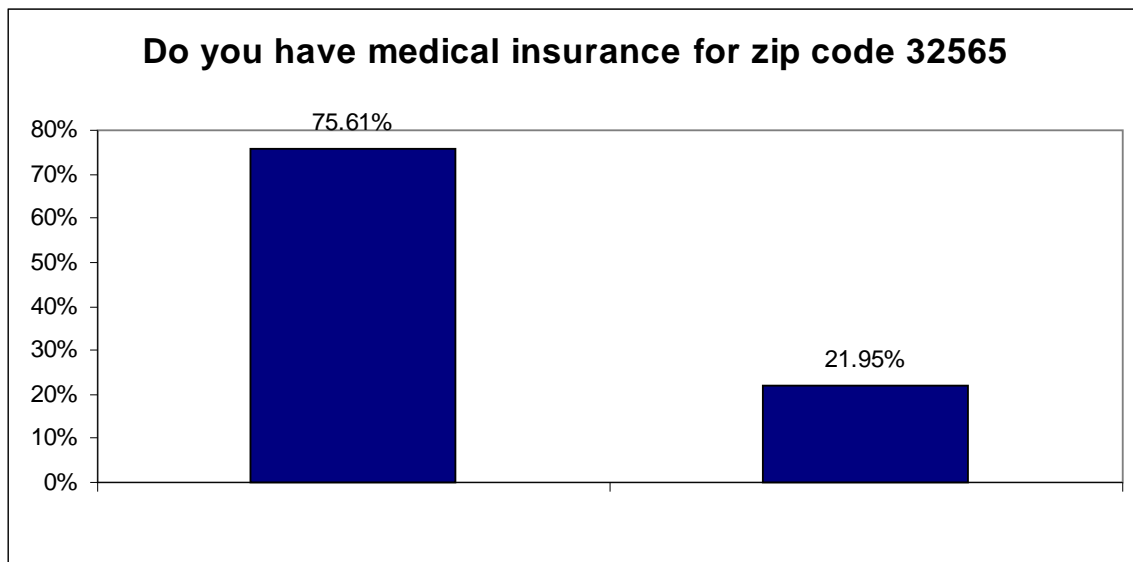
32563 Zip Code



32566 Zip Code



32565 Zip Code



ESCAMBIA COUNTY SANTA ROSA COUNTY

Assessment 2012



PARTNERSHIP
for a Healthy Community

The Comprehensive Assessment for Tracking Health
Executive Summary

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Partnership for a Healthy Community
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Pensacola, Florida 32501
E: info@PFAHC.org

PARTNERSHIP HISTORY

When Escambia County closed University Hospital in 1992, Baptist Health Care Corporation (Baptist) and Sacred Heart Health System (Sacred Heart) worked together to ensure that patients of the county-owned hospital and outpatient clinic continued to receive care. For many for low income residents of Escambia County the Hospital outpatient clinic was the only point of primary care. Thus, Escambia Community Clinics was established to provide a medical home for these patients and other vulnerable populations.

Recognizing that more needed to be done to address key health problems in the market area, Baptist and Sacred Heart formed and initially funded the Partnership for a Healthy Community (the Partnership) in 1994. A primary role of the Partnership was to assess the community health status and to communicate that information to providers and the public. The Partnership has sponsored comprehensive health status assessments for Escambia and Santa Rosa Counties, conducted in 1995, 2000, 2005, and now again, in 2012. Results of the first three assessments were made public, in order to support community organizations in their efforts to plan and develop services, obtain grant funding, and expand organizational infrastructure to address priority needs.

EVOLVING ROLE

The mission of the Partnership, however, has broadened over the years. Through a Board of Directors that has a wide representation, the Partnership has played a key role in facilitating community-wide initiatives that target key health issues and the underlying cause of those problems.

Following the 1995 assessment, the Partnership sponsored community forums on key health problems and provided seed grant funds to area providers to establish programs that targeted those problems. Following the assessment in 2000, the results provided the impetus for the formation of the Escambia Health Care Task Force, appointed by the Northwest Florida Legislative Delegation.

After 18 months of analysis and evaluation, the final report of the Task Force led to the formation of an advocacy organization called *AccessEscambia* and a recommendation for developing a community-based benefit plan for uninsured and underinsured working adult residents. The benefit plan focused on establishing primary care medical homes and more effectively coordinating and managing care for those with chronic health conditions. The impact of the plan would not only improve individual health status, but also contribute to community cost savings, particularly for area employers who subsidize care for the uninsured through their premiums. *AccessEscambia* advocated for a half-cent sales tax referendum to fund its cost-saving initiative in 2004, and again in 2006, but the program was not passed by voters.

EVOLVING ROLE

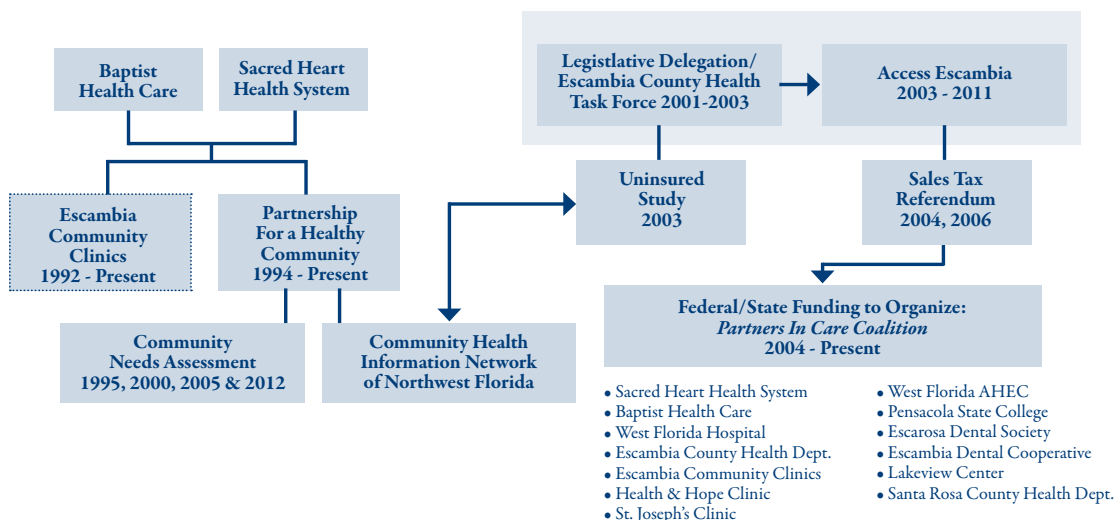
EVOLVING ROLE Continued

During the same period, the Partnership began working with community safety net health care providers to form the *Partners In Care Coalition* (the Coalition). A key goal of the Coalition was to obtain federal and state grant funds to develop an information network to enable participating providers to exchange data and more effectively provide health and social services for underinsured and uninsured residents. These efforts resulted in the formation of the Community Health Information Network of Northwest Florida (CHIN), which today links providers over 200 miles from Escambia County to Gulf County.

Grant funds were also obtained to fund a pilot care management program for uninsured persons with chronic conditions at Escambia Community Clinics. The pilot program enrolled more than 350 residents and was able to demonstrate improved self-care, better individual and group health outcome measures, and significantly reduced emergency department and hospitalization due to uncontrollable health issues.

Today, the outcomes of the Partnership sponsored efforts have resulted in improved connectivity, implementation of care coordination systems and programs, and expanded capacity for medical home and specialty care.

HISTORY OF COMMUNITY COLLABORATION



ASSESSMENT 2012

The 2005 Assessment revealed that overall health status for Escambia County and key health status indicators for the two counties combined have worsened since the study performed in 2000. Unfortunately, results from the 2012 Assessment show no progress in improving health status over the 2005 Assessment.

While health assessments give the community an accurate understanding of its relative health status, there is limited value to reporting the same results in studies updated over a prolonged period of time. Progress toward community health improvement with sustainable change will require a bigger and more collaborative community-wide effort, involving governmental organizations, employers, and many others, to improve results in areas of greatest need.

METHODOLOGY



The Partnership for a Healthy Community has previously conducted comprehensive health status assessments for Escambia and Santa Rosa Counties in 1995, 2000, and 2005.

In 2000 and 2005, the Partnership collaborated with Dr. James Studnicki and Dr. John Fisher at the Center for Health Outcomes at the University of South Florida, using the Comprehensive Assessment for Tracking Community Health technology (CATCH). Following the 2005 studies, Drs. Studnicki and Fisher relocated to the University of North Carolina at Charlotte, and in the intervening years automated and exponentially advanced the technology for performing community health assessments.

In 2011, Partnership, Escambia Community Clinics, Baptist Health Care Corporation, and Sacred Heart Health System entered into an agreement with Drs. Studnicki and Fisher to develop *Florida HealthTrac* to advance the timeliness and functionality of the community needs assessment process.

Florida HealthTrac is a state-of-the-art data warehousing system for analyzing status health for any community in the State of Florida. Over 300 community health status indicators, including additional data drill down sub-sets, are contained in the *Florida HealthTrac* system. What makes *Florida HealthTrac* unique is its powerful analytical capability. The technology includes multiple-dimensional analysis, which provides a means to break down indicator data by race, age, sex, geographic parameters and other variables. This tool gives users the ability to study data at a more granular level, which can inform the development of community strategies and intervention that will result in a demonstrable difference in the health status of the communities they serve.

In the past, assessments could only be performed every five years due to cost and the magnitude of the analytic process. With *Florida HealthTrac*, data can be updated annually, so that the progress of targeted health improvement initiatives can be tracked on a year-to-year basis.

OVERVIEW OF RESULTS

The 2012 Assessment yielded both favorable and unfavorable results for Escambia and Santa Rosa Counties. Key health indicators available on a county basis for Escambia and Santa Rosa Counties were selected as the focus for this study. The analysis includes 234 indicators for Escambia County and 233 Indicators for Santa Rosa County. Indicators that are “like each other,” such as deaths (mortality), incidence of diseases (morbidity), and those which measure behavioral risk factors, are organized and presented in those specific categories.

Results for each county are compared to three “peer counties” in the State of Florida, which are those similar to Escambia County or Santa Rosa County based on demographic and socioeconomic factors. Peer counties for Escambia County include, Alachua, St. Lucie and Bay. Santa Rosa County include St. Johns, Okaloosa and Bay. Results are also compared to the State of Florida as a whole.

The following pages contain a summary of positive results, those which are favorable compared to results for Peer counties and the State, and unfavorable results, those which are unfavorable compared to Peer counties and state rates.

Escambia County

The results are most problematic for Escambia County, which, among Florida’s 67 counties, ranks 18th in total population¹, but 24th in per capita income², and 63rd in government expenditures for health services³. Overall, for Escambia County, slightly less than 34% of the 234 indicators compare favorably to peer and state rates, while 47% are unfavorable to both. Over 15% of the indicators compared unfavorably to peer, but favorable to the state. The remaining 5% were favorable to peer, but unfavorable to the state.

Medicaid enrollment substantially exceeds peer and state rates. For Santa Rosa County, where per capita income is higher, Medicaid enrollment is below peer and the state.

For Escambia County, deaths from cancer and incidence of several types of cancers are below peer and state rates. Deaths from a number of causes, including heart disease, diabetes, strokes, and chronic respiratory diseases are higher than peer counties and state rates. Hospital discharge rates for an array of diseases show that patients in Escambia are hospitalized less for a number of conditions compared to peer and state rates. However, rates for emergency department visits for most of those same conditions, though, are unfavorable to peer and state rates, indicating inappropriate utilization.

Other health status concerns for Escambia County are high rates for sexually-transmitted disease, and indicators related to acts of violence, alcohol-related accidents, sex offenses, and theft. Escambia County also has unfavorable results for key behavioral risk factors, including smoking and obesity.

OVERVIEW OF RESULTS

Santa Rosa County

For Santa Rosa County, nearly 50% of the 233 indicators compare favorably to peer and the state, while less than 26% are unfavorable to both. Approximately 24% of results are split.

Death rates for several types of cancer, diabetes and chronic liver disease for Santa Rosa County are below peer and state rates. Rates are also favorable for the incidence of several types of cancer. Though slightly less pronounced than Escambia County, the same trends hold for Santa Rosa County in terms of lower hospitalization and higher emergency room utilization rates compared to peer and the state.

A number of indicators for sexually-transmitted diseases, violent crimes and theft that were unfavorable for Escambia County, are below peer and state rates for Santa Rosa County.

An unfavorable rate for alcohol-related injuries is high enough to be of concern for Santa Rosa County, and unfavorable behavioral risk factors include smoking and adults diagnosed with diabetes.

¹*University of Florida, Bureau of Economic and Business Research, Population Program, Florida Population: Census Summary 2010.*

²*U.S. Department of Commerce Bureau of Economic Analysis, Regional Economic Information System (REIS), 2009.*

³*Florida Office of Economic and Demographic Research, Florida County Expenditures, 2010*

FAVORABLE RESULTS ESCAMBIA COUNTY

Note: Only indicators with 15+ number affected are listed

	Escambia County	Peer Counties	Florida Rate
Behavioral Risk Factors (Percentage)			
Adults Recvng Sigmoidoscopy/Colonoscopy in Past Five Yrs.....	58.1	57.6	54.1
Adults Who Received Flu Shot in Past Year.....	38.0	35.0	35.5
Adults 65+ Who Have Ever Received Pneumonia Vacc.....	75.9	70.7	69.3
Adults Who Are Former Smokers.....	34.6	31.3	29.1
Adults Who Tried to Quit Smoking at Least Once in Past Yr.....	64.7	61.8	59.4
Women 40+ Who Received Mammogram in the Past Year..	62.8	60.7	57.3

Health Care Access (Rate Per 100,000 Population)

Number of Acute Care Beds.....	404.4	308.3	271.7
Number of Adult Psychiatric Beds.....	40.3	32.3	18.8
Number of Family Practitioners	31.0	28.8	24.1
Number of Nursing Home Beds.....	574.5	443.8	450.5
Number of Specialty Beds.....	110.0	89.5	56.7

Health Status Mortality (Rate Per 100,000 Population)

Cancer Deaths	211.7	217.3	222.7
Chronic Liver Disease, Cirrhosis Deaths.....	10.3	14.1	13.4
Prostate Cancer Deaths Per 100,000 Male Population	8.3	11.4	11.1
Suicide Deaths	12.3	15.8	15.0

Health Status Morbidity (Rate Per 100,000 Population)

Bladder Cancer Cases.....	22.8	27.5	26.7
Colorectal Cancer Cases	48.4	50.9	56.4
Leukemia Cancer Cases.....	10.2	14.6	13.8
Melanoma Cancer Cases.....	18.7	20.2	23.1
Non-Hodgkins Lymphoma Cancer Cases.....	20.1	22.0	22.8
Ovarian Cancer Cases Per 100,000 Female Population	7.5	8.2	8.3
Prostate Cancer Cases Per 100,000 Male Population	65.7	80.1	79.6
Salmonellosis Rate.....	32.0	42.6	33.1
Total Cancer Cases (All Sites).....	540.4	567.8	599.6
Uterus Cancer Cases Per 100,000 Female Population.....	11.2	12.6	14.8

Health Care Utilization (Rate Per 10,000 Population)

Emergency Department (ED) Visits for Appendectomy	1.1	2.3	1.6
ED Visits for Benign, Uncertain and other Neoplasms	3.8	4.3	5.1
ED Visits for Heart Attack/MI.....	1.0	1.2	1.4
Hospital Discharges for Acute Bronchitis/Bronchiolitis.....	3.3	5.0	6.2
Hospital Discharges for Benign/Uncertain/Other Neoplasms.....	53.3	57.4	64.0
Hospital Discharges for Breast Neoplasms	1.3	2.4	2.9
Hospital Discharges for Bronchus/Lung Neoplasms.....	5.1	5.3	5.7
Hospital Discharges for Cerebrovascular Disease	33.5	35.1	35.7
Hosp. Dis.s for Chronic Obstructive Pulmonary Disease	24.9	26.6	29.1
Hospital Discharges for Chronic Renal Failure	0.5	2.8	0.8

FAVORABLE RESULTS ESCAMBIA COUNTY

Note: Only indicators with 15+ number affected are listed

	Escambia County	Peer Counties	Florida Rate
Health Care Utilization, continued <i>(Rate Per 10,000 Population)</i>			
Hospital Discharges for Congenital Anomalies.....	3.2	4.2	4.2
Hospital Discharges for Coronary Arteriosclerosis/Other Heart Disease ...	23.4	36.6	29.9
Hospital Discharges for Diabetes with Complications	16.5	18.0	19.0
Hospital Discharges for Digestive System Diseases.....	117.7	123.7	139.0
Hospital Discharges for Disease of Blood/Blood-Forming Organs	15.4	17.1	20.4
Hospital Discharges for Disease of Circulatory System	228.9	255.1	248.2
Hospital Discharges for Disease of Respiratory System	109.7	114.7	124.2
Hospital Discharges for Heart Attack/Myocardial Infarction .	17.7	18.8	22.4
Hospital Discharges for Heart Disease	156.0	181.3	170.5
Hospital Discharges for HIV	3.0	3.5	3.8
Hospital Discharges for Hypertension.....	11.8	12.6	14.4
Hospital Discharges for Nervous System/Sense Organ Disease	29.0	30.8	35.4
Hospital Discharges for Normal Pregnancy and Childbirth.	5.4	7.8	8.2
Hospital Discharges for Pneumonia.....	30.7	31.6	34.6
Hospital Discharges for Prostate Neoplasm Per 10,000 Male Population ...	2.8	3.8	2.9
Hospital Discharges for Respiratory Infection.....	41.2	42.6	48.0
Hospital Discharges for Symptoms, Signs, and Ill-Defined Conditions	23.7	26.5	31.1
Hospital Inpatient Colorectal Resection Procedures.....	9.6	10.0	10.5
Hospital Inpatient Heart Valve Procedures.....	1.9	2.6	3.9
Hospital Inpatient Ligation or Occlusion of Fallopian Tubes Procedures ...	1.1	1.7	1.5
Hospital Percutaneous Transluminal Coronary Angioplasty (PTCA).....	18.2	20.4	22.5

Injury and Violence *(Rate Per 10,000 Population)*

Unintentional Non-Motor Vehicle Injury Deaths.....	28.7	32.7	32.8
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Maternal/Child Health *(Percentage)*

Births Delivered by Caesarean-Section.....	27.8	33.5	37.8
Kindergarten Students receiving Immunizations	94.1	91.6	91.3
WIC Eligibles in Population.....	85.1	85.7	86.6

UNFAVORABLE RESULTS ESCAMBIA COUNTY

Note: Only indicators with 30+ number affected are listed

**Escambia
County** **Peer
Counties**

Behavioral Risk Factors (Percentage)

Adults 65+ Who Received Flu Shot in Past Year	62.4	64.0	64.6
Adults Who Have Asthma.....	10.6	8.1	8.8
Adults Who Are Current Smokers	22.6	16.5	21.3
Adults Who Have Ever Received Pneumonia Vaccination.....	27.0	29.3	31.5
Adults Who Visited Dentist/Dental Clinic in Past Year	50.6	64.9	58.7
Adults with Activities Limited Due to Physical/Mental/Emotional Problems.....	29.1	27.7	26.6
Adults with Activities Limited Due to Arthritis/Chronic Joint Symptoms.....	21.5	16.2	16.7
Births to Mothers 19 Years of Age or Less.....	11.8	10.2	9.0
Men 50+ with PSA Test in Past Two Years.....	63.8	72.5	70.1
Repeat Births to Teen Mothers.....	2.5	1.7	1.6
Women 18+ who Received a Pap Test in the Past Year	55.1	57.2	56.2

Health Access (Rate Per 100,000 Population)

Number of Dentists.....	49.7	91.0	54.7
Number of Internists.....	44.3	62.3	47.9

Health Status Mortality (Rate Per 100,000 Population)

Abortions.....	585.8	534.3	522.0
Alzheimer's Disease Deaths	32.3	26.6	26.0
Cerebrovascular Disease Deaths.....	58.3	42.9	45.3
Chronic Lower Respiratory Disease Deaths.....	65.7	55.3	56.0
Diabetes Deaths	36.3	26.2	27.2
Heart Disease Deaths.....	240.4	212.9	234.4
Pneumonia, Influenza Deaths	13.0	11.7	12.0
Stroke Deaths.....	45.0	37.1	37.1
Trachea/Bronchus/Lung Cancer Deaths.....	69.0	65.8	64.6

Health Status Morbidity (Rate Per 100,000 Population)

Female Breast Cancer Cases	79.3	68.1	76.1
Kidney Cancer Cases	20.8	19.1	18.5
Varicella Rate	12.0	2.8	5.3

Health Care Utilization (Rate Per 10,000 Population)

Emergency Department (ED) Visits for Acute Bronchitis/Bronchiolitis.....	103.6	56.7	53.5
ED Visits for Asthma.....	62.8	40.4	46.9
ED Visits for Cerebrovascular Disease.....	6.3	5.5	6.0
ED Visits for Chronic Obstructive Pulmonary Disease.....	49.0	46.5	47.7
ED Visits for Congenital Anomalies.....	1.2	0.6	0.9
ED Visits for Congestive Heart Failure	10.9	3.9	3.2
ED Visits for Diabetes with Complications	14.2	10.9	9.5
ED Visits for Diabetes without Complications	18.3	9.6	9.2
ED Visits for Diseases of Blood/Blood-Forming Organs	20.4	10.8	9.7
ED Visits for Diseases of Circulatory System.....	288.6	182.7	195.1

UNFAVORABLE RESULTS ESCAMBIA COUNTY

Note: Only indicators with 30+ number affected are listed

	Escambia County	Peer Counties	Florida Rate
Health Care Utilization, Continued <i>(Rate Per 10,000 Population)</i>			
ED Visits for Diseases of Digestive System	331.4	218.7	217.5
ED Visits for Diseases of Genitourinary System.....	287.4	216.3	224.1
ED Visits for Diseases of Musculoskeletal System/Connective Tissue	346.9	209.8	209.5
ED Visits for Disease of Nervous System/Sense Organs	476.4	286.8	310.1
ED Visits for Diseases of Respiratory System	757.7	458.1	517.0
ED Visits for Endocrine/Nutritional/Metabolic Diseases	59.2	50.8	42.4
ED Visits for Gout and other Crystal Arthropathiesper	6.8	6.0	4.5
ED Visits for Heart Disease.....	218.3	133.1	145.2
ED Visits for Hypertension	40.4	28.1	27.8
ED Visits for Infectious/Parasitic Diseases	102.3	79.0	83.0
ED Visits for Influenza	64.1	32.4	33.6
ED Visits for Injury/Poisoning.....	958.3	787.3	770.4
ED Visits for Liver Disease	2.1	1.9	1.7
ED Visits for Mental Disorders	105.5	80.4	84.3
ED Visits for Pneumonia	36.4	22.4	23.7
ED Visits for Respiratory Infections	521.0	292.6	338.0
ED Visits for Septicemia	1.1	0.5	0.7
ED Visits for Skin and Subcutaneous Tissue Diseases	226.0	160.0	138.4
ED Visits for Symptoms, Signs, and Ill-Defined Conditions	656.5	428.2	444.3
ED Visits for Urinary Tract Infection	111.2	79.7	81.6
Hospital Discharges for Acute/Unspecified Renal Failure	18.1	14.8	14.6
Hospital Discharges for Diseases of Musculoskeletal System/Connective Tissue	71.3	67.5	70.5
Hospital Discharges for Endocrine/Nutritional/Metabolic Diseases	51.7	40.4	45.5
Hospital Discharges for Infectious/Parasitic Diseases	46.6	42.1	37.4
Hospital Discharges for Injury/Poisoning.....	115.1	106.3	111.4
Hospital Discharges for Mental Disorders.....	110.8	79.2	88.3
Hospital Discharges for Pulmonary Heart Disease.....	7.2	5.3	5.8
Hospital Discharges for Septicemia	37.9	32.0	26.4
Hospital Inpatient Coronary Artery Bypass Graft (CABG) Procedures	7.7	6.7	6.9
Hospital Inpatient Hemodialysis	19.4	16.7	13.0
Hospital Inpatient Peripheral Vascular Bypass Procedures	5.0	1.7	2.0

Infectious Diseases *(Rate Per 10,000 Population)*

All Sexually Transmitted Diseases.....	750.2	656.4	538.8
Chlamydia Rate.....	551.8	511.6	407.0
Gonorrhea Rate.....	175.7	135.7	109.8
Infectious Syphilis Rate	13.0	3.6	6.4

Injury and Violence *(Rate Per 10,000 Population)*

Aggravated Assault Rate.....	572.4	455.7	388.9
Alcohol-Related Crashes.....	156.7	118.9	96.7
Alcohol-Related Injuries.....	137.4	74.3	66.3
Burglary Rate	1,063.2	904.1	920.5
Forcible Fondling.....	37.0	18.6	18.2
Forcible Sex Offenses	114.4	90.3	55.8
Forcible Sodomy	12.7	4.3	6.4

Florida HealthTrac
Healthy People, Healthy Communities



UNFAVORABLE RESULTS ESCAMBIA COUNTY

*Note: Only indicators with 30+ number
affected are listed*

**Escambia
County**

**Peer
Counties**

Injury and Violence, Continued *(Rate Per 10,000 Population)*

Larceny Rate	3,105.0	2,497.6	2,495.6
Motor Vehicle Crash Rate.....	1,507.7	1,376.7	1,282.5
Rape by Force.....	69.7	40.4	27.6
Robbery Rate	210.3	144.2	168.5
Total Property Crimes	4,371.3	3,563.4	3,641.8
Total Violent Crimes.....	903.1	693.9	618.7

Maternal/Child Health *(Percentage)*

Births to Obese Mothers	24.4	22.3	19.7
Births to WIC Mothers.....	58.9	56.9	52.8
Births Delivered Pre-Term (<37 Weeks)	16.2	13.1	13.6
Births Delivered Very Pre-Term (<32 Weeks)	2.4	2.2	2.3
Births with Low Birth Weight (<2500 g)	10.8	8.3	8.7
Births with Very Low Birth Weight (<1500 g)	1.8	1.6	1.6
Medicaid Births.....	56.9	54.6	48.8

Non-Health Status *(Rate Per 100,000 Population)*

Medicaid Enrollment	18,499.4	15,909.1	16,305.9
Students Eligible for Free/Reduced Lunch.....	59.5	55.0	56.0

FAVORABLE RESULTS SANTA ROSA COUNTY

Note: Only indicators with 15+ number affected are listed

	Santa Rosa County	Peer Counties	Florida Rate
Behavioral Risk Factors (Percentage)			
Adults Who are Overweight.....	33.3	37.8	36.9
Adults Who Have Ever Received Pneumonia Vaccination.....	33.5	31.9	31.5
Adults Who Received Flu Shot in Past Year.....	40.1	39.7	35.5
Adults Who Tried to Quit Smoking at Least Once in Past Year.....	71.8	55.6	59.4
Adults Whose Activities Limited due to Arthritis or Chronic Joint Pain.....	14.3	14.8	16.7
Births to Mothers 19 Years of Age or Less.....	8.7	9.6	9.0

Health Care Access (Rate Per 100,000 Population)

Number of Family Practitioners.....	34.6	30.4	24.1
Number of Pediatricians.....	21.7	15.3	21.4

Health Status Mortality (Rate Per 100,000 Population)

Breast Cancer Deaths.....	10.8	18.5	15.6
Cancer Deaths.....	187.8	220.4	222.7
Chronic Liver Disease, Cirrhosis Deaths.....	10.8	15.9	13.4
Colon, Rectal and Anus Cancer Deaths.....	15.6	15.9	19.6
Diabetes Deaths.....	19.7	27.1	27.2
Heart Disease Deaths.....	168.8	191.5	234.4
Nephritis, Nephrotic Syndrome and Nephrosis Deaths.....	11.5	20.5	17.8
Prostate Cancer Deaths Per 100,000 Male Population.....	6.8	9.9	11.1
Septicemia Deaths.....	8.1	11.2	10.0
Trachea, Bronchus or Lung Cancer Deaths.....	63.7	67.7	64.6

Health Status Morbidity (Rate Per 100,000 Population)

Bladder Cancer Cases.....	18.8	29.1	26.7
Colorectal Cancer Cases.....	41.0	52.1	56.4
Melanoma Cancer Cases.....	19.5	24.5	23.1
Non-Hodgkins Lymphoma Cancer Cases.....	18.1	21.0	22.8
Prostate Cancer Cases Per 100,000 Male Population.....	71.6	85.3	79.6
Total Cancer Cases (All Sites).....	538.1	584.0	599.6
Uterus Cancer Cases Per 100,000 Female Population.....	9.0	9.5	14.8

Health Care Utilization (Rate Per 10,000 Population)

Emergency Department (ED) Visits for Appendectomy.....	35.5	41.3	46.9
ED Visits for Asthma.....	1.4	3.2	1.6
ED Visits for Benign/Uncertain/Other Neoplasms.....	3.0	3.9	5.1
ED Visits for Diseases of Blood/Blood-Forming Organs.....	6.3	10.9	9.7
ED Visits for Hypertension.....	26.6	29.3	27.8
ED Visits for Infectious/Parasitic Diseases.....	79.1	84.1	83.0
Hospital Discharges for Acute Bronchitis/Bronchiolitis.....	4.6	4.8	6.2
Hospital Discharges for Benign/Uncertain/Other Neoplasm.....	51.1	52.7	64.0
Hospital Discharges for Cerebrovascular Disease.....	33.7	35.4	35.7
Hospital Discharges for Colon, Rectum, Anus Neoplasm.....	3.9	4.0	5.2
Hospital Discharges for Congenital Anomalies.....	4.1	4.2	4.2
Hospital Discharges for Congestive Heart Failure.....	28.2	34.8	37.5
Hospital Discharges for Disease of Blood/Blood-Forming Organs.....	13.2	14.1	20.4

FAVORABLE RESULTS SANTA ROSA COUNTY

Note: Only indicators with 15+ number affected are listed

	Santa Rosa County	Peer Counties	Florida Rate
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Health Care Utilization, continued *(Rate Per 100,000 Population)*

Hospital Dis. for Disease of Blood/Blood-Forming Organs..	13.2	14.1	20.4
Hospital Discharges for Disease of Circulatory System	239.7	266.4	248.2
Hospital Discharges for Disease of Respiratory System	118.9	121.9	124.2
Hospital Discharges for Heart Disease	170.9	193.7	170.5
Hospital Discharges for Hypertension.....	6.1	9.3	14.4
Hospital Discharges for Infectious/Parasitic Diseases	34.6	37.4	37.4
Hospital Discharges for Mental Disorders.....	82.2	85.7	88.3
Hospital Discharges for Neoplasm of Bronchus/Lungs.....	3.9	5.0	5.7
Hospital Discharges for Normal Pregnancy and Childbirth..	4.1	6.2	8.2
Hospital Discharges for Pneumonia.....	32.9	38.0	34.6
Hospital Discharges for Pulmonary Heart Disease.....	5.0	5.6	5.8
Hospital Discharges for Respiratory Infection.....	45.6	48.1	48.0

Infectious Diseases *(Rate Per 100,000 Population)*

All Sexually Transmitted Diseases.....	269.2	437.6	538.8
Chlamydia Rate.....	241.4	363.7	407.0
Gonorrhea Rate.....	23.7	71.1	109.8

Injury and Violence *(Rate Per 100,000 Population)*

Aggravated Assault Rate.....	332.0	365.4	388.9
Burglary Rate	412.9	711.7	920.5
Forcible Sex Offenses	28.9	76.6	55.8
Larceny Rate	912.7	2379.7	2495.6
Motor Vehicle Crash Rate.....	893.7	1,126.1	1,282.5
Motor Vehicle Theft Rate.....	50.9	143.3	225.7
Robbery Rate	50.3	120.8	168.5
Total Property Crimes	1,376.4	3,234.7	3,641.8
Total Violent Crimes.....	413.3	568.5	618.7

Maternal/Child Health *(Percentage)*

Births Delivered by Caesarean-Section.....	29.2	32.7	37.8
Births Delivered by Pre-Term (<37 Weeks)	11.6	12.4	13.6
Births to Obese Mothers	18.0	18.5	19.7
Births to WIC Mothers.....	46.2	50.4	52.8
Births with Inadequate Prenatal Care.....	8.3	14.4	11.6
Births with Low Weight (<2500 g)	7.4	7.6	8.7
Kindergarten Students Receiving Immunizations	95.0	91.2	91.3
Medicaid Births.....	40.5	43.5	48.8

Non-Health Status *(Rate Per 100,000 Population)*

Medicaid Enrollment	11,858.4	12,285.5	16,305.9
WIC Eligibles in Population.....	82.8	89.0	86.6

Behavioral Risk Factors *(Percentage)*

Adults 65+ Who Have Ever Received Pneumonia Vacc.....	64.5	72.0	69.3
Adults Who Are Current Smokers	22.0	15.6	21.3
Adults Who Are Former Smokers.....	27.7	28.5	29.1

UNFAVORABLE RESULTS SANTA ROSA COUNTY

Note: Only indicators with 30+ number affected are listed

	Santa Rosa County	Peer Counties	Florida Rate
Behavioral Risk Factors (Indicator: Percentage)			
Adults with Diagnosed Diabetes	12.5	8.3	11.2
Men 50+ Who Received PSA Test in Past Year	69.4	77.0	70.1

Health Access (Rate Per 100,000 Population)

Access to Dental Care by Low Income Persons	21,997.8	24,799.6	36,429.4
Number of Acute Beds	177.0	209.7	271.7
Number of Internists	26.4	44.2	47.9
Number of Nursing Home Beds	278.0	502.1	450.5

Health Status Mortality (Rate Per 100,000 Population)

Alzheimer's Disease Deaths	27.1	25.4	26.0
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Health Status Morbidity (Rate Per 100,000 Population)

Breast Cancer Cases Per 100,000 Female Population	89.0	73.5	76.1
Pertussis	21.0	0.4	1.8

Health Care Utilization (Rate Per 10,000 Population)

Emer. Dept.(ED) Visits for Acute Bronchitis/Bronchiolitis	113.1	66.2	53.5
ED Visits for Cerebrovascular Disease	7.9	6.2	6.0
ED Visits for Congestive Heart Failure	5.4	3.7	3.2
ED Visits for Coronary Atherosclerosis/Other Heart Disease.....	5.6	2.9	4.8
ED Visits for Diabetes with Complications	14.0	7.0	9.5
ED Visits for Diseases of Circulatory System	224.1	176.6	195.1
ED Visits for Diseases of Digestive System	303.3	264.4	217.5
ED Visits for Diseases of Musculoskeletal Sys./Conn. Tissue	322.4	264.4	209.5
ED Visits for Diseases of Respiratory System.....	666.4	564.4	517.0
ED Visits for Endocrine/Nutritional/Metabolic Diseases.....	53.3	52.8	42.4
ED Visits for Gout/Other Crystal Arthropathies.....	6.8	5.4	4.5
ED Visits for Heart Attack/Myocardial Infarction.....	4.3	1.4	1.4
ED Visits for Heart Disease.....	170.5	123.2	145.2
ED Visits for Influenza	47.9	33.8	33.6
ED Visits for Injury/Poisoning.....	1,090.6	930.6	770.4
ED Visits for Disease of Nervous System/Sense Organs	447.4	346.0	310.1
ED Visits for Pneumonia	35.6	28.0	23.7
ED Visits for Respiratory Infections	488.7	372.7	338.0
ED Visits for Symptoms, Signs and Ill-Defined Conditions.....	522.2	476.2	444.3
Hospital Discharges for Appendectomy.....	10.8	8.9	10.2
Hosp. Dis. for Disease of Chronic Obstructive Pulmonary.....	33.8	30.7	29.1
Hospital Dis. for Diseases of Genitourinary System	72.8	68.0	68.9
Hosp. Dis. for Endocrine/Nutritional/Metabolic Diseases	56.7	41.8	45.5
Hospital Discharges for Heart Attack/Myocardial Infarction.....	23.6	19.2	22.4
Hospital Discharges for Influenza.....	3.0	1.7	2.9
Hospital Inpatient Peripheral Vascular Bypass Procedures.....	3.7	2.5	2.0

Injury and Violence (Rate Per 100,000 Population)

Alcohol-Related Injuries.....	103.1	93.3	66.3
Unintentional Non-Motor Vehicle Injury Deaths.....	21.0	11.4	14.5



COMPARISON

Of all indicators available through *Florida HealthTrac*, 279 were selected as most relevant for a comprehensive assessment of community health status. Without giving more weight to any of these indicators relative to others, and before applying objective criteria to determine which should be given priority consideration, the following is a comparison of performance across all indicators for which data is available to rates for peer counties and the state of Florida.

Overall for Indicators for Escambia County – Total 234 Indicators

Favorable to Peers Favorable to State	Favorable to Peers Unfavorable to State	Unfavorable to Peers Favorable to State	Unfavorable to Peers Unfavorable to State
79 (33.8%)	12 (5.1%)	33 (14.3%)	110 (47.0%)

Overall for Indicators for Santa Rosa County – Total 233 Indicators

Favorable to Peers Favorable to State	Favorable to Peers Unfavorable to State	Unfavorable to Peers Favorable to State	Unfavorable to Peers Unfavorable to State
115 (49.4%)	20 (8.6%)	39 (16.7%)	59 (25.3%)

Note: Discrepancies in total number of indicators associated with unavailability of data for some indicators for given county.

CONCLUSIONS

Florida ranks in the bottom third of U.S. states in key indexes of health and well-being for residents. In the United Health Foundation's America's Health Rankings, through 2011, Florida ranks 33rd among the 50 states, and in the Gallup Healthway Well-Being Index, also through 2011, Florida ranks 42nd.

The fact that a significant number of important health status indicators in Escambia and Santa Rosa Counties do not compare favorably to peer and state results, is *unquestionably* cause for public concern.

While collaborative initiatives have been undertaken and accomplished over that 17-year period, they have not been on a scale that enabled any sustainable progress in improving the health status of residents of the two counties.

Moving forward, it is the intent of the Partnership to use the analytical capability available with *Florida HealthTrac* to further study and identify a set of priority health problems for the two counties, and encourage area health providers, individually and collaboratively, to focus on improving results for those problems, at an unprecedented level.

Clearly, however, following the release of this assessment, that will not be enough. The overall health status for the area is unfavorable to an extent that the efforts of health providers alone cannot assure that substantive progress can be made.

Government, educators, business leaders, civic groups, and individuals residing in Escambia and Santa Rosa must recognize that improving health status must be a collective priority. Improvement cannot be achieved without policy, system and environmental changes - addressing a limited number of the highest priority problems simply won't work.

What must also be recognized is that there are substantial costs associated with poor health status that are *already* being born by government, employers, and residents. These same stakeholders must become involved in charting a course for improvement. Health insurers set rates for geographic areas actuarially, charging higher premiums in areas where resident health status results in a higher number of actual or expected claims. Poor health status among employees results in higher absenteeism, lower productivity, and higher health plan expenditures for employers. Emergency rooms rank among the costliest setting for health care delivery, and data from this assessment show that there is inappropriately high utilization of emergency rooms in both Escambia and Santa Rosa County. Populations with chronic conditions that experience barriers to access to care, prevalent in both counties, develop problems which must typically be dealt with in longer episodes of care in costlier settings.

CONCLUSIONS

There are also additional consequences for the area's economy – businesses which evaluate locating in the area, or possibly expanding, have access to similar data used to complete this assessment, which may be considered in evaluating costs.

In addition to identifying and working with providers to target priority health needs, the Partnership will make an effort to convene a Health Care Summit in 2013, to involve the key organizations and community leaders whose participation is essential to the development of plans to effectively improve the health status of residents of Escambia and Santa Rosa Counties.

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NOTES

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

SANTA ROSA COUNTY COLLABORATIVE ASSESSMENT SURVEY

JANUARY 2011

VancoreJones
Communications, Inc.

Executive Summary

The Santa Rosa County Collaborative Assessment Survey was conducted January 14-18, 2010. This poll was completed to get a snapshot of Santa Rosa County citizens' awareness and perceptions of factors that make for a strong, healthy, community; problems within their community; and the risky behaviors that contribute to those problems. The ultimate goal of the collaborative was to use the findings to better allocate limited resources.

The survey sample consisted of residents in Santa Rosa County, Florida. The list was obtained from a private vendor and is representative of the population in Santa Rosa County; telephone interviews were used to capture the responses of adults over the age of 18 in households. A total of 405 acceptable surveys were recorded. The sample is both random and representative, yielding a general response set with a margin of error of $\pm 4.9\%$ at the 95% confidence level.

One of the most interesting aspects of this poll was the overlap between what respondents say are the most important things that define a "Strong, Healthy, Community" and the most important problems in the community. An example would be "Job/Economy/Healthy Businesses" being listed as an important issue that defines a strong community, while "Poverty/Economy/Jobs" was listed as one of the 5 most important problems in the community. Similarly, "Schools/Education" made both lists.

This executive summary is followed by a short analysis that compares this poll to a similar poll conducted in Escambia County in 2006. Frequency tables along with salient bar graphs and pie charts are included after the comparison. Graphs and charts for questions 1, 2, and 3 do not equal 100% because there were multiple answers that respondents could choose.

Santa Rosa County and Escambia County Poll Comparisons

There are some similarities between the 2011 poll conducted in Santa Rosa County and the 2006 poll conducted in Escambia County. Inexplicably, in the Escambia poll there are differences between numbers shown on the charts and on the corresponding graphs. Because of this, when comparing numbers between the two polls we have used the numbers in the charts.

In both polls, respondents ranked the economy and education as being two of the top five most important things that define a strong healthy community. There were also similarities in what the respondents ranked as the five most important problems in the community. Schools/Education made both lists, as well as Poverty/Economy/Jobs (Santa Rosa) and Low Paying Jobs (Escambia). In both polls, Drugs was the number one most cited risky behavior in the community, followed by Drinking.

When looking back three to five years, in both counties the highest percentage of people said that the community has not changed (36% in Santa Rosa and 32% in Escambia). Respondents in Santa Rosa were more likely to say the community is much better than respondents in Escambia (11% compared to 5%).

In both Santa Rosa and Escambia, a majority of people rated their physical health as either healthy or very healthy (70% in Santa Rosa and 69% in Escambia). Similarly, respondents in both polls overwhelmingly reported that their personal mental health was healthy or very healthy (90% in Santa Rosa and 92% in Escambia).

In Santa Rosa County, 42% of respondents said that they exercise 3-5 times a week. This is almost identical to the 45% of respondents in Escambia who reported the same. Respondents in both counties offered similar responses to how many days per week they eat 5-9 vegetables per day (33% in Santa Rosa and 30% in Escambia said 3-5, while 15% in Santa Rosa and 14% in Escambia said 0 times per week).

In both Santa Rosa and Escambia, there are more people who say they do not volunteer their time to the community than those who do (42% in Santa Rosa and 47% in Escambia said they spend no hours volunteering in the community). Of those that volunteer, respondents in Escambia are slightly more likely to volunteer over 10 hours per month (26% compared to 22%), while respondents in Santa Rosa are slightly more likely to volunteer 1-5 hours per month (22% compared to 17%).

Respondents in Escambia were more likely to say that they pay for health care using private or company insurance than those in Santa Rosa (57% compared to 41%). Respondents in Santa Rosa were slightly less likely to say that they pay using VA or military benefits (16% compared to 21%).

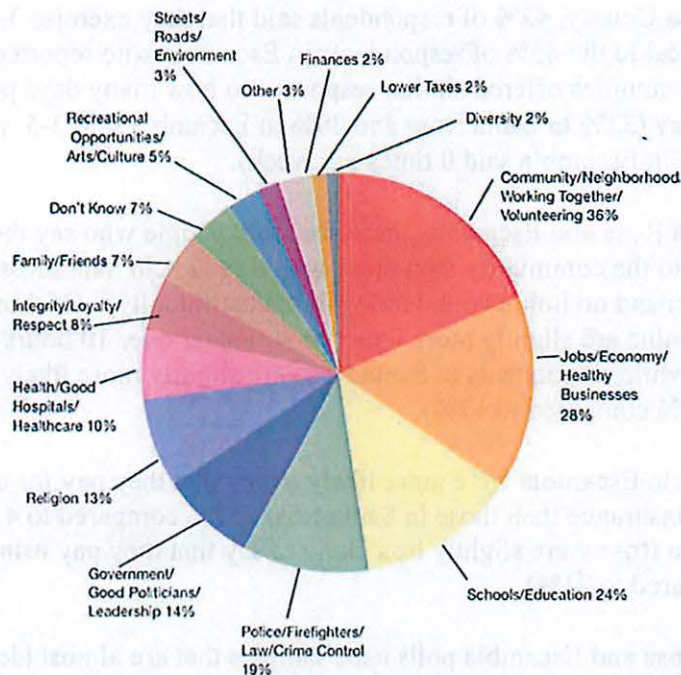
The Santa Rosa and Escambia polls used samples that are almost identical in composition, including height, weight, race, and gender.

Q1: What do you think are the five most important things that define a
“Strong, Healthy, Community?”

Case Processing Summary

The Five Most Important Things That Define a Strong, Healthy, Community	Variables sorted by INCLUDED percent					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
Community/Neighborhood/Working Together/Volunteering	137	34%	268	66%	405	100%
Jobs/Economy/Healthy Businesses	112	28%	293	72%	405	100%
Schools/Education	98	24%	307	76%	405	100%
Police/Firefighters/Laws/Crime Control	76	19%	329	81%	405	100%
Government/Good Politicians/Leadership	56	14%	349	86%	405	100%
Religion	54	13%	351	87%	405	100%
Health/Good Hospitals/Healthcare	40	10%	365	90%	405	100%
Integrity/Loyalty/Respect	34	8%	371	92%	405	100%
Family/Friends	27	7%	378	93%	405	100%
Don't Know	29	7%	376	93%	405	100%
Recreational Opportunities/Arts/Culture	22	5%	383	95%	405	100%
Streets/Roads/Environment	12	3%	393	97%	405	100%
Other	14	3%	391	97%	405	100%
Finances	8	2%	397	98%	405	100%
Lower Taxes	7	2%	398	98%	405	100%
Diversity	7	2%	398	98%	405	100%
Child Care	2	n/a	403	n/a	405	100%
No/None/Nothing	2	n/a	403	n/a	405	100%
Refuse	1	n/a	404	n/a	405	100%

The Five Most Important Things That Define a Strong, Healthy, Community

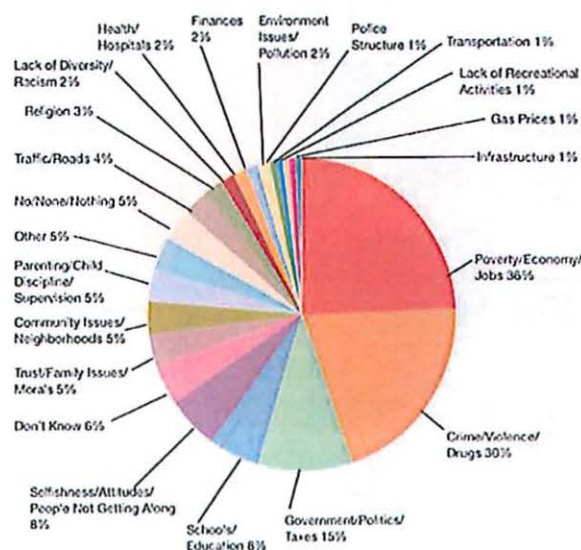


Q2: What do you think are the five most important problems in our community?

Case Processing Summary

5 Most Important Problems in Our Community	Variables sorted by INCLUDED percent					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
Poverty/Economy/Jobs	147	36%	258	64%	405	100%
Crime/Violence/Drugs	123	30%	282	70%	405	100%
Government/Politics/Taxes	59	15%	346	85%	405	100%
Schools/Education	34	8%	371	92%	405	100%
Selfishness/Attitudes/People Not Getting Along	32	8%	373	92%	405	100%
Don't Know	24	6%	381	94%	405	100%
Trust/Family Values/Morals	19	5%	386	95%	405	100%
Community Issues/Neighborhoods	20	5%	385	95%	405	100%
Parenting/Child Discipline/Supervision	19	5%	386	95%	405	100%
Other	19	5%	386	95%	405	100%
No/None/Nothing	19	5%	386	95%	405	100%
Traffic/Roads	16	4%	389	96%	405	100%
Religion	13	3%	392	97%	405	100%
Lack of Diversity/Racism	8	2%	397	98%	405	100%
Health/Hospitals	10	2%	395	98%	405	100%
Finances	10	2%	395	98%	405	100%
Environment Issues/Pollution	7	2%	398	98%	405	100%
Police Structure	6	1%	399	99%	405	100%
Transportation	3	1%	402	99%	405	100%
Lack of Recreational Activities	3	1%	402	99%	405	100%
Gas Prices	5	1%	400	99%	405	100%
Infrastructure	4	1%	401	99%	405	100%
Refuse	0	0%	405	100%	405	100%

The Five Most Important Problems In Our Community

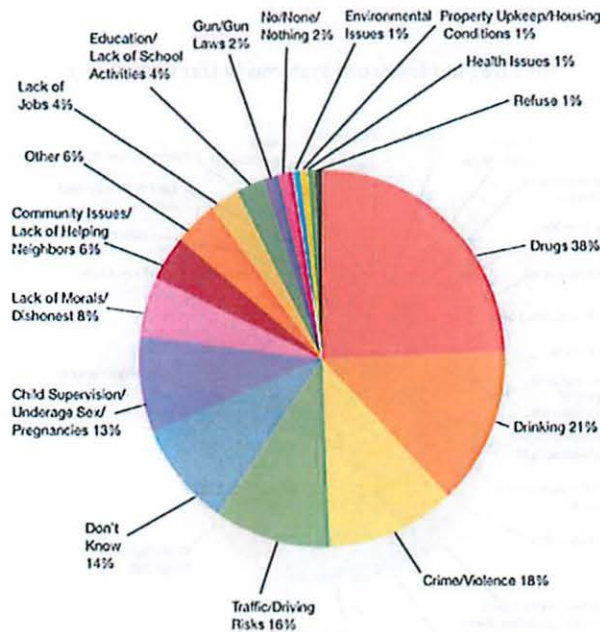


Q3: What do you think are the 5 most important “risky behaviors” in our community?

Case Processing Summary

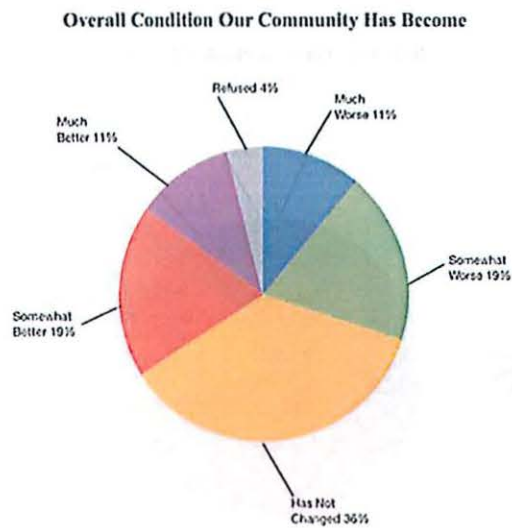
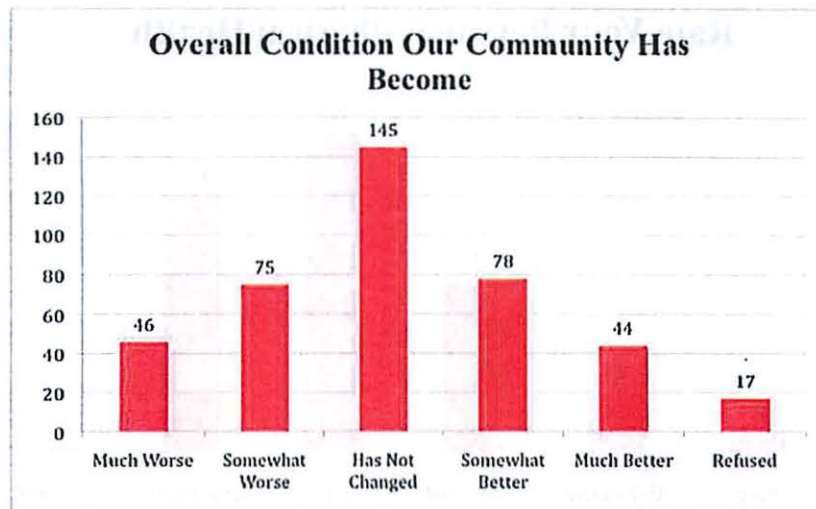
The Five Most Important Risky Behaviors in Our Community	Variable sorted by INCLUDED percent					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
Drugs	153	38%	252	62%	405	100%
Drinking	84	21%	321	79%	405	100%
Crime/Violence	73	18%	332	82%	405	100%
Traffic/Driving Risks	64	16%	341	84%	405	100%
Don't Know	58	14%	347	86%	405	100%
Child Supervision/Underage Sex/Pregnancies	51	13%	354	87%	405	100%
Lack of Morals/Dishonest	33	8%	372	92%	405	100%
Community Issues/Lack of Helping Neighbors	24	6%	381	94%	405	100%
Other	23	6%	382	94%	405	100%
Lack of Jobs	15	4%	390	96%	405	100%
Education/Lack of School Activities	17	4%	388	96%	405	100%
Guns/Gun Laws	7	2%	398	98%	405	100%
No/None/Nothing	10	2%	395	98%	405	100%
Environmental Issues	4	1%	401	99%	405	100%
Property Upkeep/Housing Conditions	4	1%	401	99%	405	100%
Health Issues	4	1%	401	99%	405	100%
Refuse	6	1%	399	99%	405	100%
Lack of Recreational Activities	1	n/a	404	n/a	405	100%
Racism/Discrimination	2	n/a	403	n/a	405	100%

The Five Most Important “Risky Behaviors” in Our Community



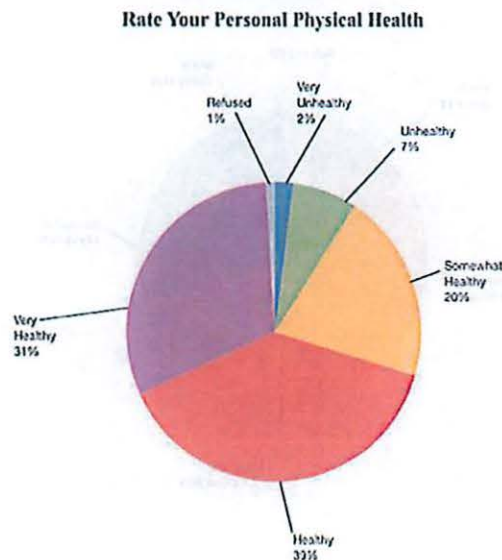
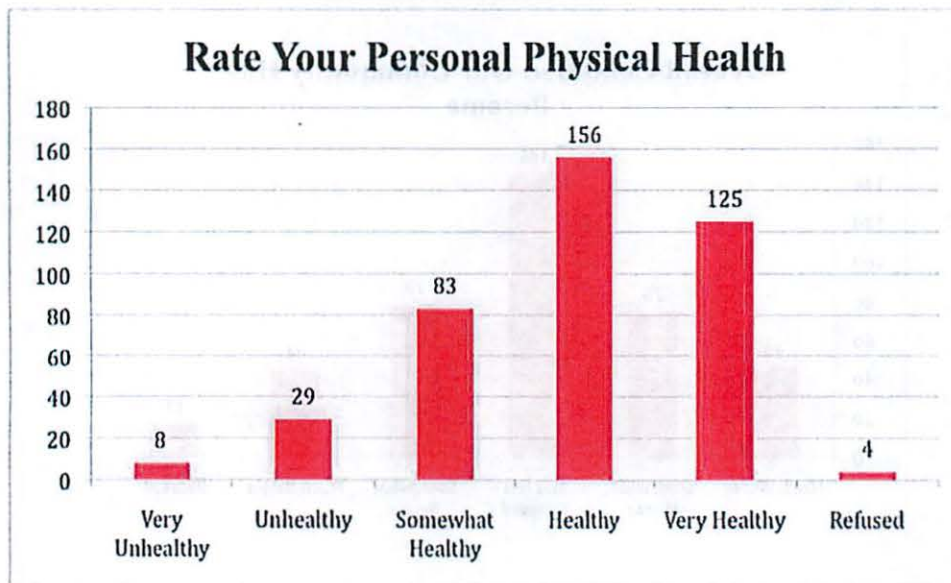
Q4: Thinking back three to five years, how do you feel about the overall condition our community has become, using a scale from 1 to 5, with 5 being “Much Better” and 1 being “Much Worse”?

	Frequency	Percent	Cumulative Percent
Much Worse	46	11%	11%
Somewhat Worse	75	19%	30%
Has Not Changed	145	36%	66%
Somewhat Better	78	19%	85%
Much Better	44	11%	96%
Refused	17	4%	100%
Total	405	100%	



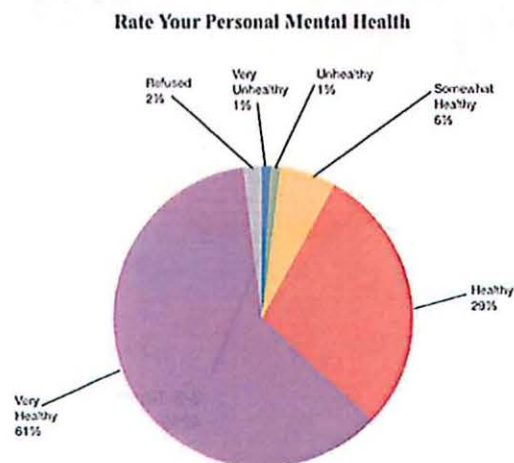
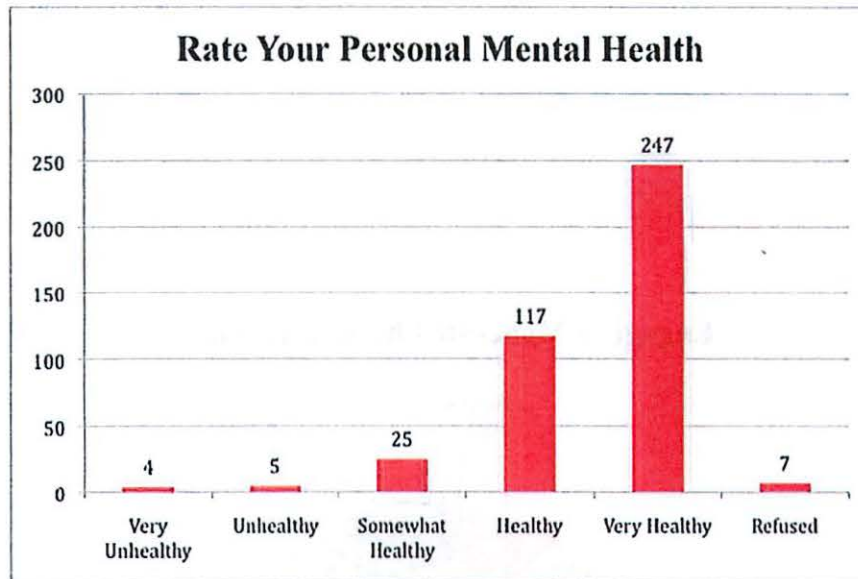
Q5: On a scale from 1 to 5, with 5 being "Very Healthy" and 1 being "Very Unhealthy," how would you rate your personal physical health?

	Frequency	Percent	Cumulative Percent
Very Unhealthy	8	2%	2%
Unhealthy	29	7%	9%
Somewhat Healthy	83	20%	29%
Healthy	156	39%	68%
Very Healthy	125	31%	99%
Refused	4	1%	100%
Total	405	100%	



Q6: Using the same scale, how would you rate your personal mental health?

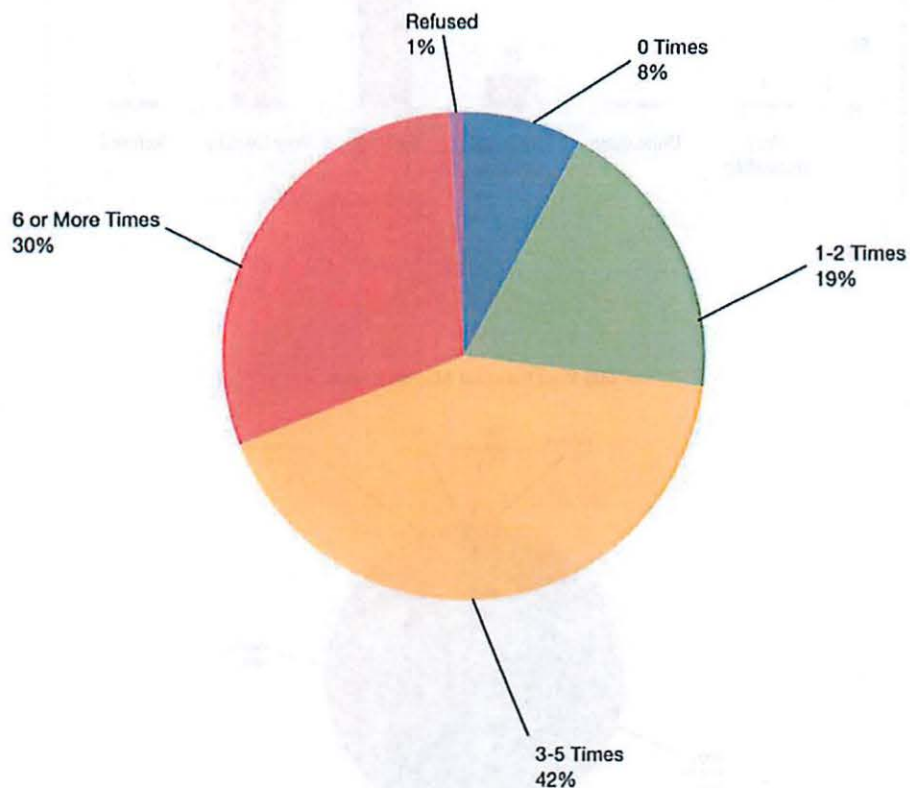
	Frequency	Percent	Cumulative Percent
Very Unhealthy	4	1%	1%
Unhealthy	5	1%	2%
Somewhat Healthy	25	6%	8%
Healthy	117	29%	37%
Very Healthy	247	61%	98%
Refused	7	2%	100%
Total	405	100%	



Q7: How many times/days per week do you engage in moderate physical activity?

	Frequency	Percent	Cumulative Percent
0 Times	32	8%	8%
1-2 Times	79	19%	27%
3-5 Times	171	42%	69%
6 or More Times	120	30%	99%
Refused	3	1%	100%
Total	405	100%	

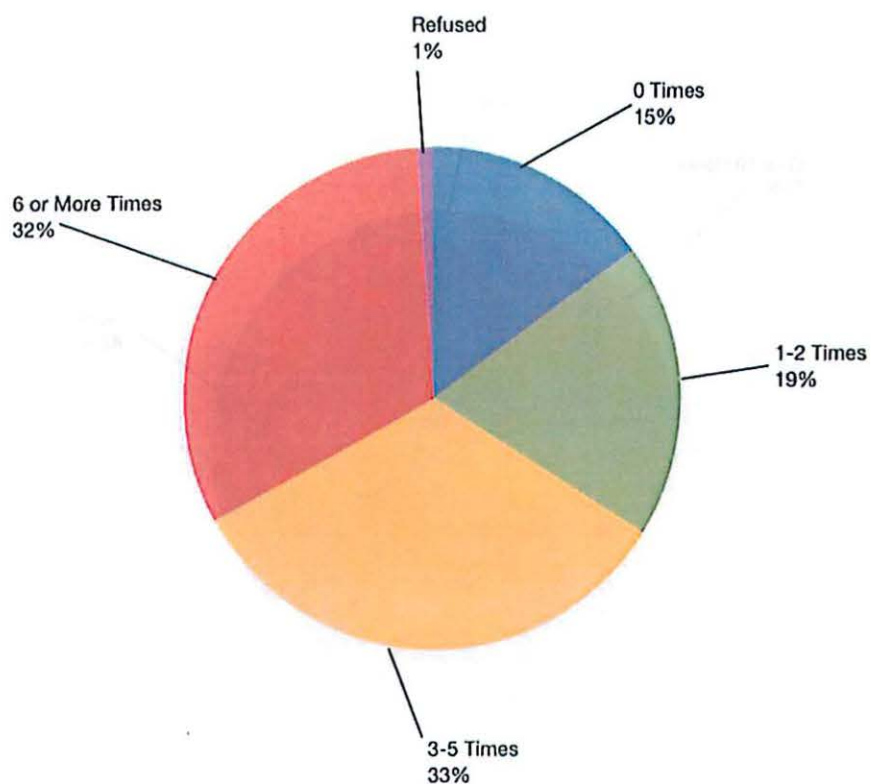
Engage in Moderate Physical Activity



Q8: How many days per week do you 5-9 vegetables each day?

	Frequency	Percent	Cumulative Percent
0 Times	61	15%	15%
1-2 Times	75	19%	34%
3-5 Times	133	33%	67%
6 or More Times	131	32%	99%
Refused	5	1%	100%
Total	405	100%	

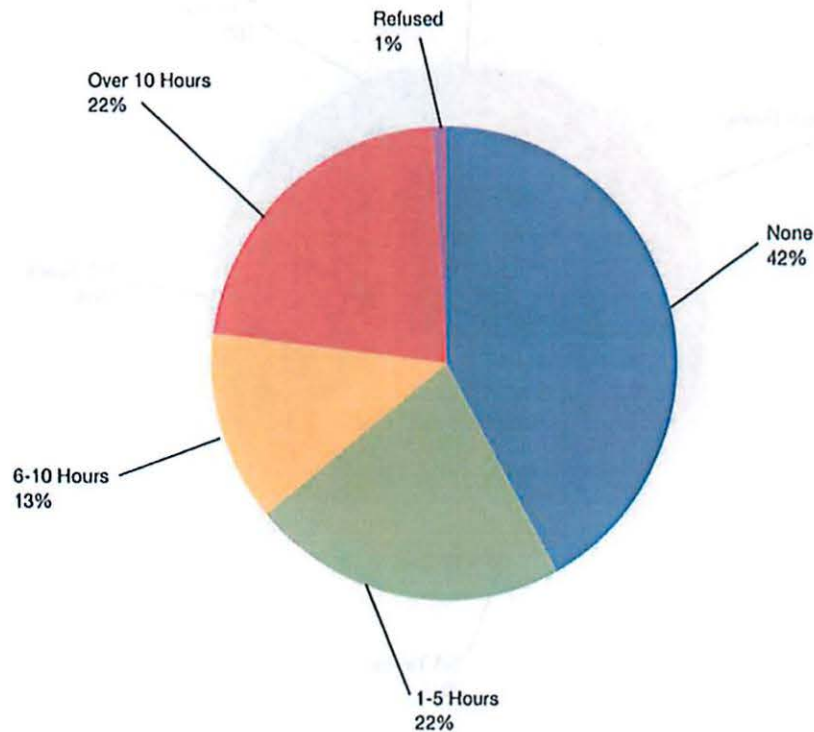
Eat 5-9 Fruits and Vegetables Each Day



Q9: Approximately how many hours per month do you volunteer your time to the community? (Schools, service agencies, churches, hospitals, coaching sports, etc.)

	Frequency	Percent	Cumulative Percent
None	169	42%	42%
1-5 Hours	90	22%	64%
6-10 Hours	52	13%	77%
Over 10 Hours	91	22%	99%
Refused	3	1%	100%
Total	405	100%	

Hours Per Month You Volunteer

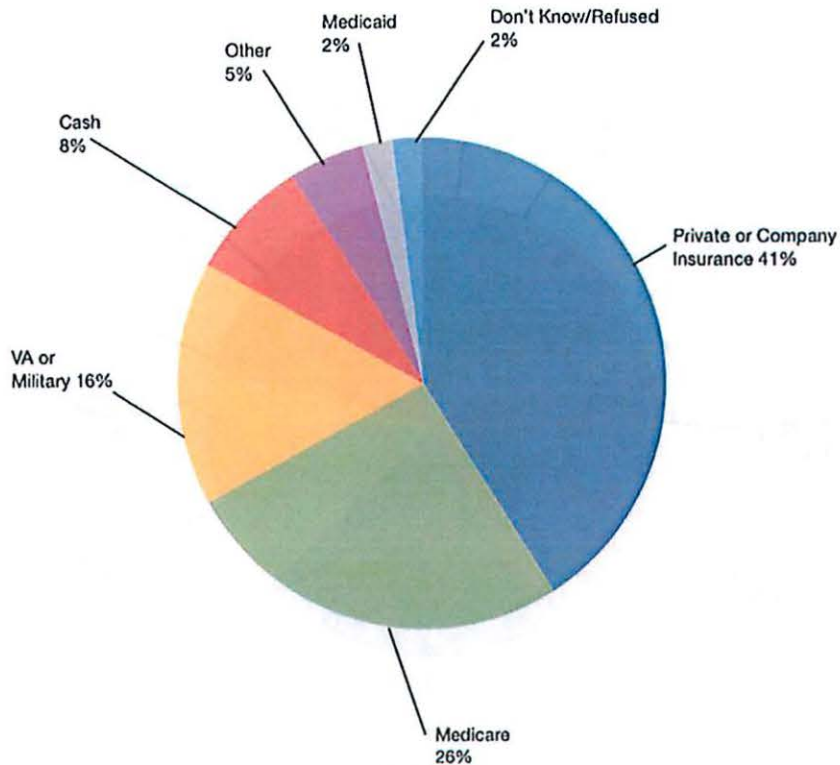


Q10: How do you pay for your health care?

Case Processing Summary

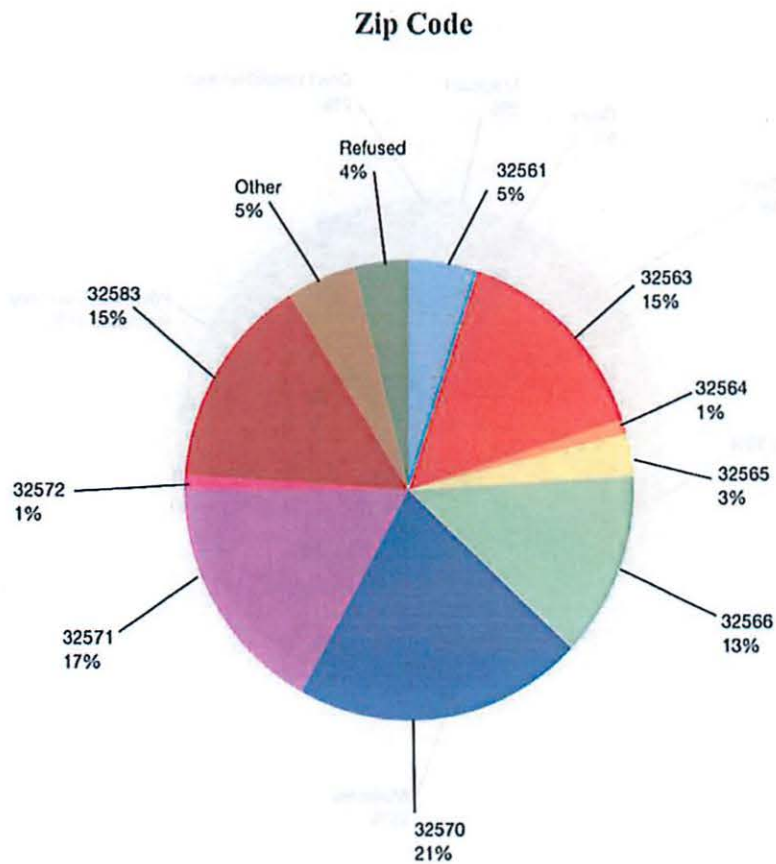
	Variables Sorted by INCLUDED percent					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
Private or Company Insurance	168	41%	237	59%	405	100%
Medicare	104	26%	301	74%	405	100%
VA or Military	64	16%	341	84%	405	100%
Cash	33	8%	372	92%	405	100%
Other	20	5%	385	95%	405	100%
Medicaid	8	2%	397	98%	405	100%
Don't Know/Refused	8	2%	397	98%	405	100%

How Do You Pay For Health Care



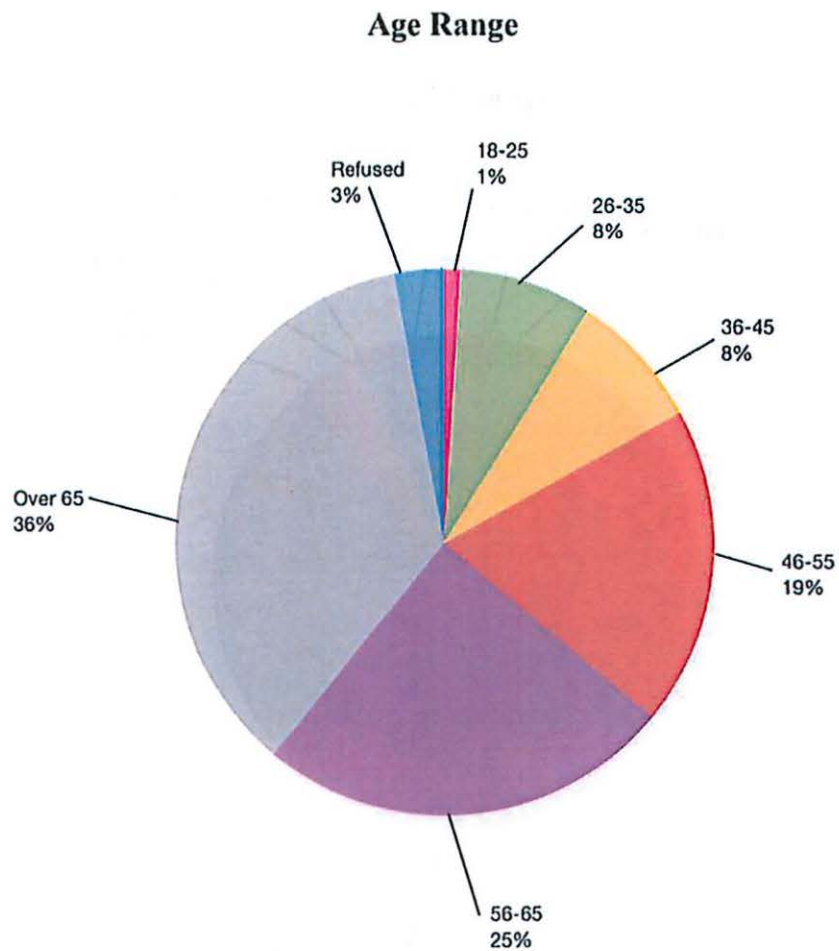
Q11: What is your zip code?

	Frequency	Percent	Cumulative Percent
32561	22	5%	5%
32563	59	15%	20%
32564	2	1%	21%
32565	12	3%	24%
32566	52	13%	37%
32570	87	21%	58%
32571	70	17%	75%
32572	3	1%	76%
32579	1	n/a	76%
32583	59	15%	91%
Other	20	5%	96%
Refused	18	4%	100%



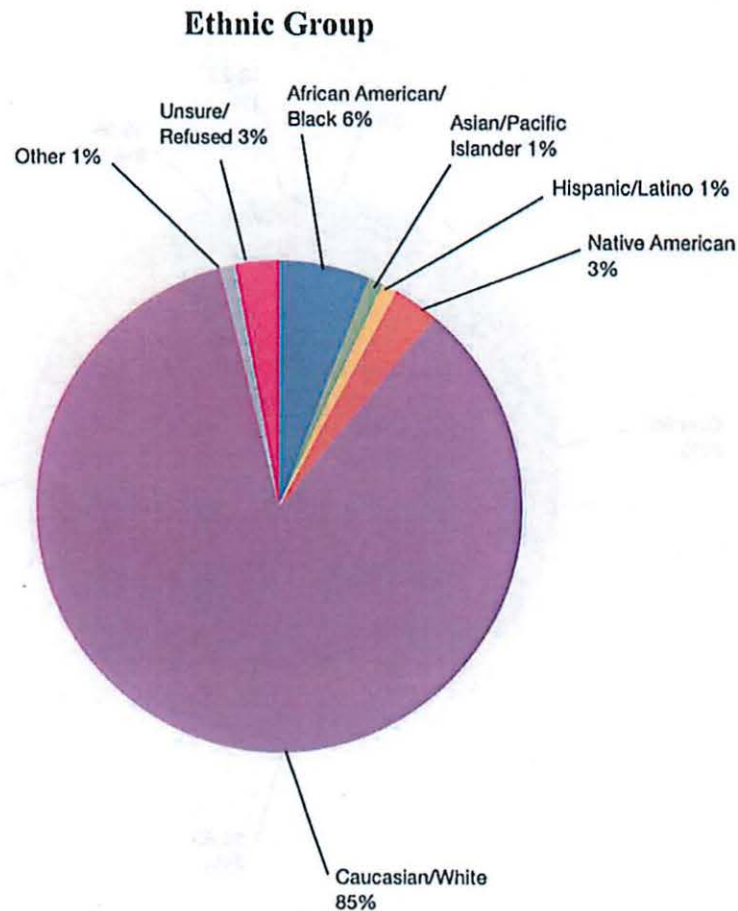
Q12: Which of the following age ranges do you fall into?

	Frequency	Percent	Cumulative Percent
18-25	6	1%	1%
26-35	32	8%	9%
36-45	33	8%	17%
46-55	78	19%	36%
56-65	101	25%	61%
Over 65	145	36%	97%
Refused	10	3%	100%



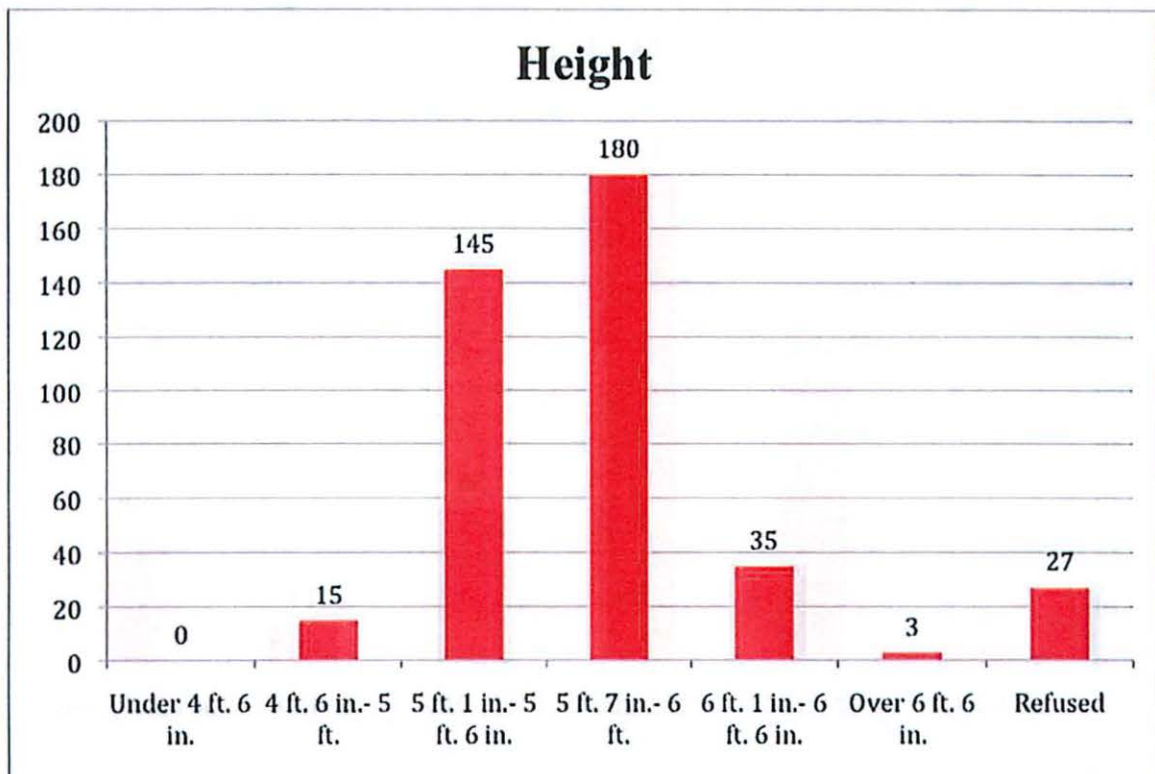
Q13: Which of the following ethnic groups best describes your race?

	Frequency	Percent	Cumulative Percent
African American/Black	24	6%	6%
Asian/Pacific Islander	4	1%	7%
Hispanic/Latino	6	1%	8%
Native American	12	3%	11%
Caucasian/White	346	85%	96%
Other	4	1%	97%
Unsure/Refused	9	3%	100%



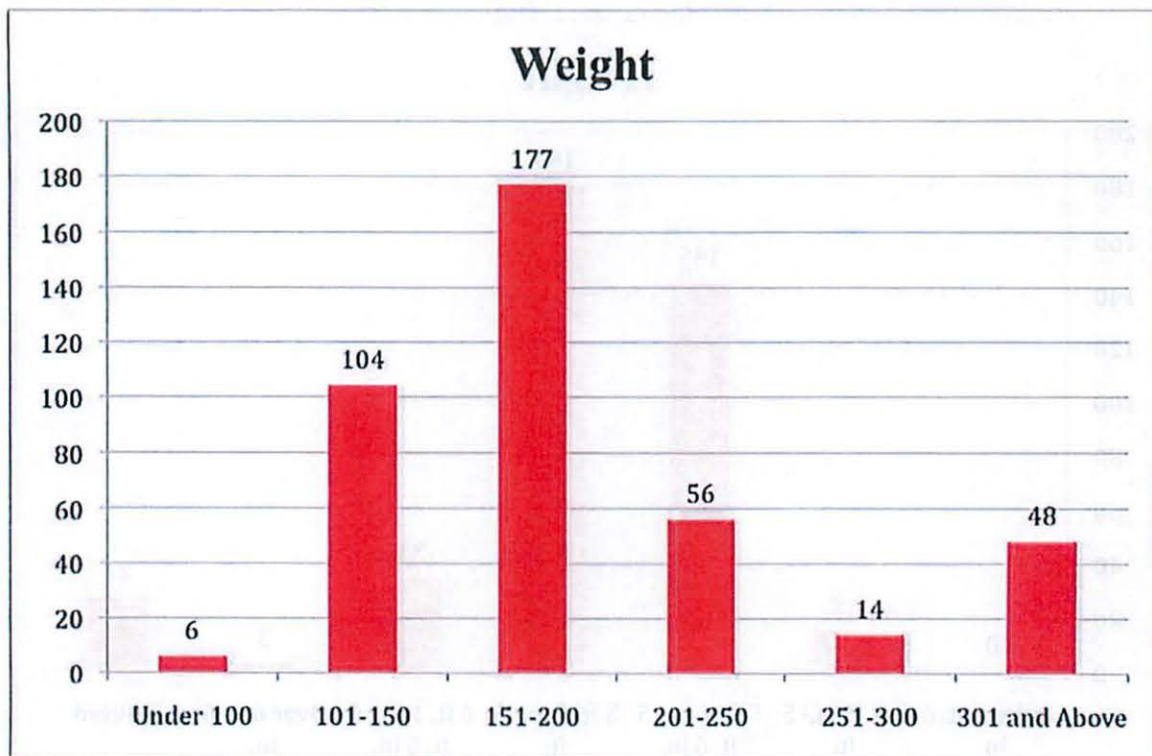
Q14: What is your height in feet and inches?

	Frequency	Percent	Cumulative Percent
Under 4 ft. 6 in.	0	0%	0%
4 ft. 6 in.- 5 ft.	15	4%	4%
5 ft. 1 in.- 5 ft. 6 in.	145	36%	40%
5 ft. 7 in.- 6 ft.	180	44%	84%
6 ft. 1 in.- 6 ft. 6 in.	35	9%	93%
Over 6 ft. 6 in.	3	1%	94%
Refused	27	6%	100%



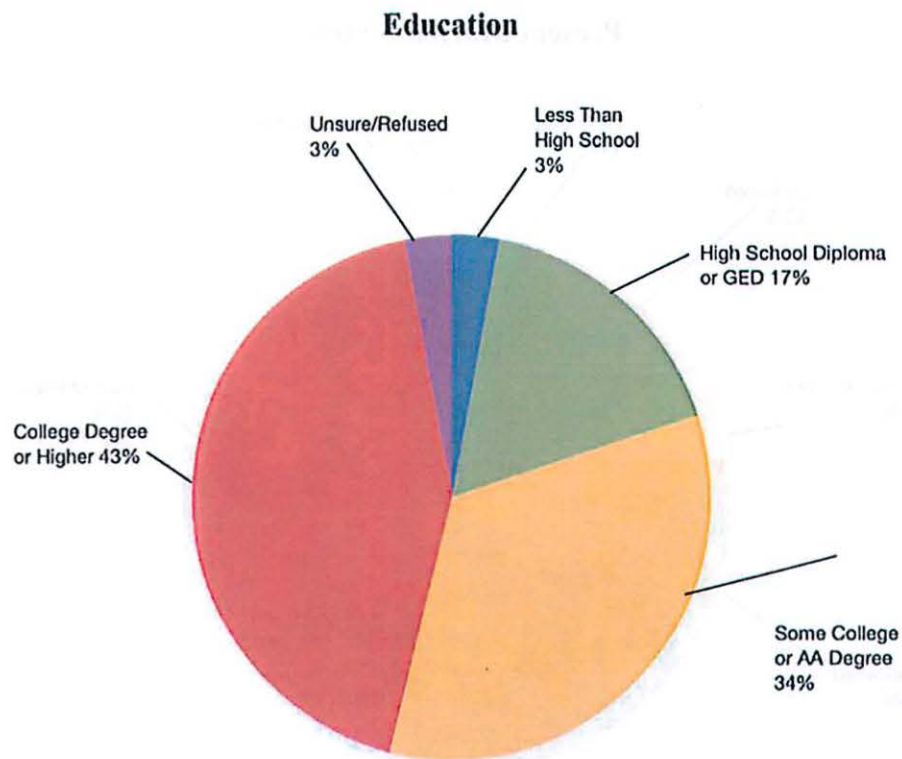
Q15: What is your approximate weight in pounds?

	Frequency	Percent	Cumulative Percent
Under 100	6	1%	1%
101-150	104	26%	27%
151-200	177	44%	71%
201-250	56	14%	85%
251-300	14	3%	88%
301 and Above	48	12%	100%



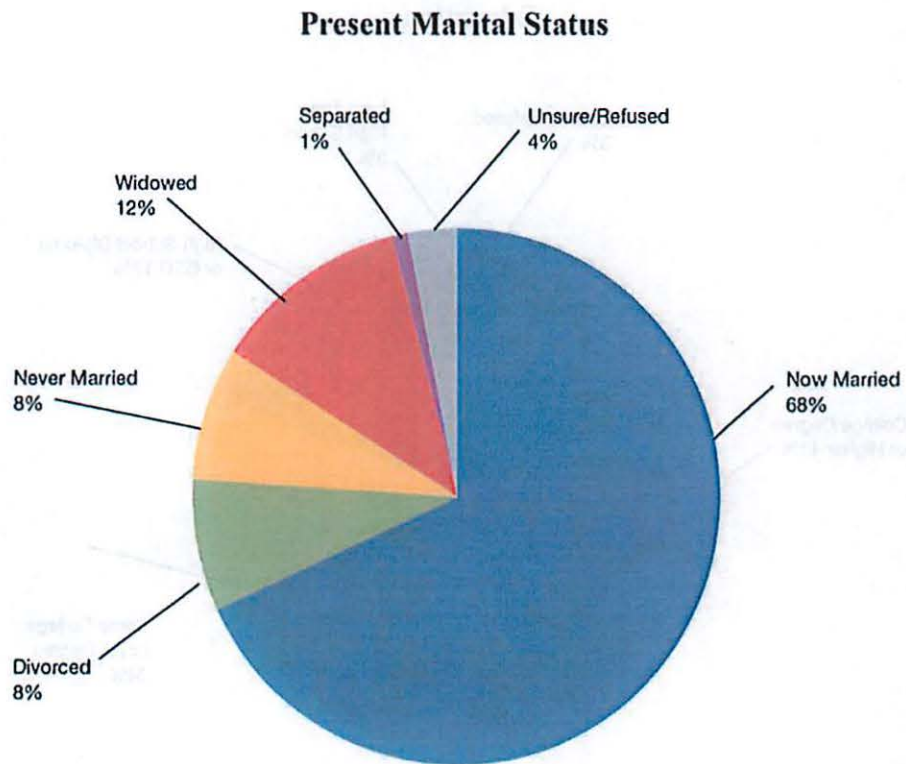
Q16: What is the highest degree or level of school you have completed?

	Frequency	Percent	Cumulative Percent
Less Than High School	12	3%	3%
High School Diploma or GED	67	17%	20%
Some College or AA Degree	137	34%	54%
College Degree or Higher	175	43%	97%
Other	1	n/a	97%
Unsure/Refused	13	3%	100%



Q17: What is your present marital status?

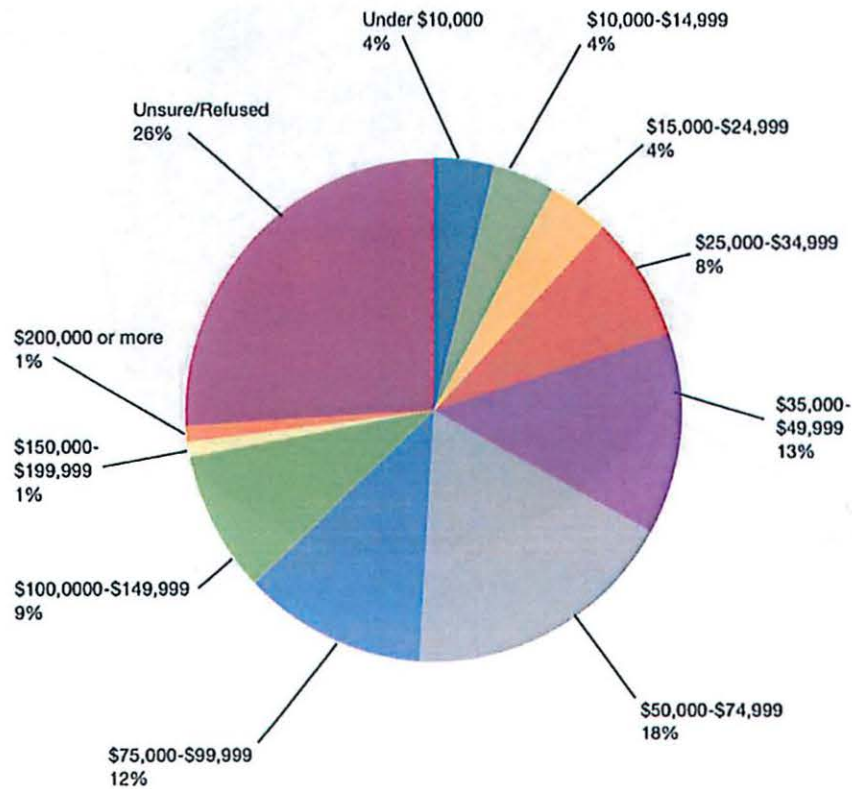
	Frequency	Percent	Cumulative Percent
Now Married	274	68%	68%
Divorced	31	8%	76%
Never Married	32	8%	84%
Widowed	47	12%	96%
Separated	6	1%	97%
Unsure/Refused	15	3%	100%



Q18: Please tell me when I read the category that best describes your total household income before taxes last year?

	Frequency	Percent	Cumulative Percent
Under \$10,000	15	4%	4%
\$10,000-\$14,999	15	4%	8%
\$15,000-\$24,999	18	4%	12%
\$25,000-\$34,999	31	8%	20%
\$35,000-\$49,999	52	13%	33%
\$50,000-\$74,999	71	18%	51%
\$75,000-\$99,999	50	12%	63%
\$100,000-\$149,999	35	9%	72%
\$150,000-\$199,999	6	1%	73%
\$200,000 or more	6	1%	74%
Unsure/Refused	106	26%	100%

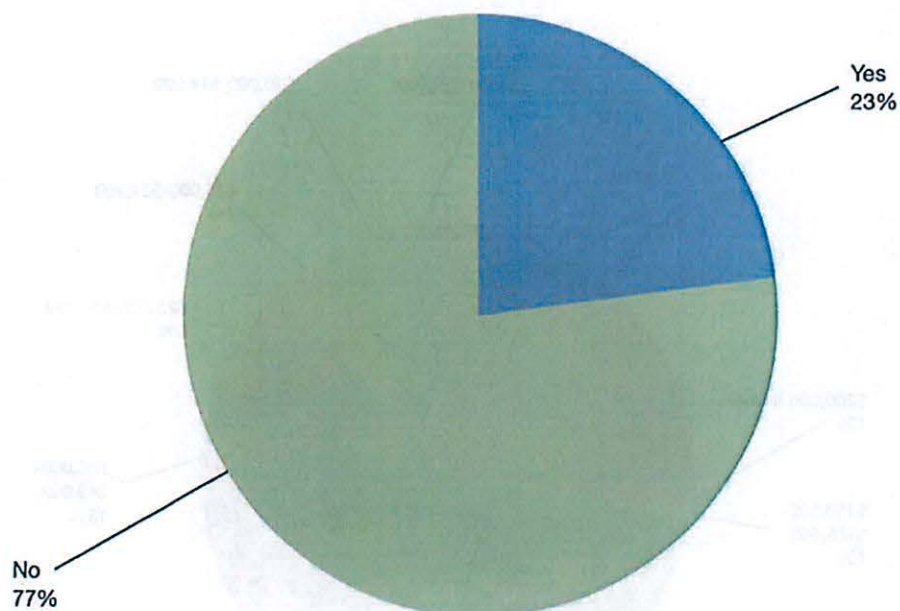
Household Income Before Taxes Last Year



Q19: Do you have school-aged children in your home?

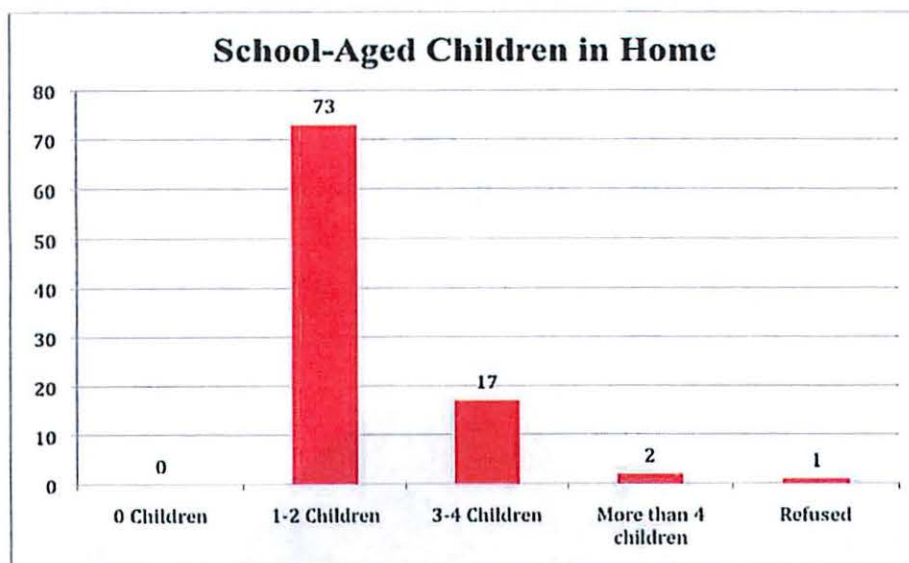
	Frequency	Percent	Cumulative Percent
Yes	93	23%	23%
No	312	77%	100%

School-aged Children in Your Home?

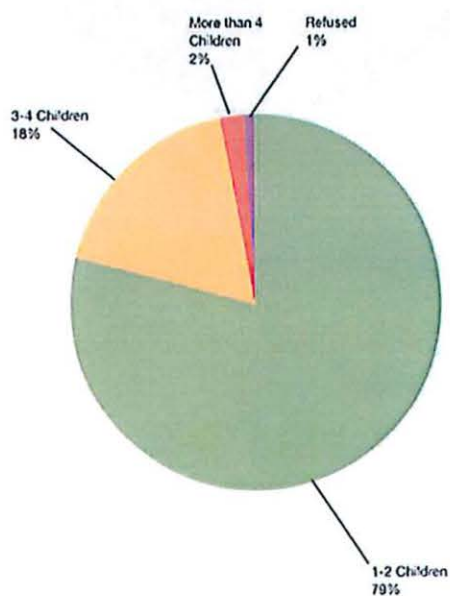


Q20: How many school-aged children do you have in your home?

	Frequency	Percent	Cumulative Percent
0 Children	0	0%	0%
1-2 Children	73	79%	79%
3-4 Children	17	18%	97%
More than 4 children	2	2%	99%
Refused	1	1%	100%

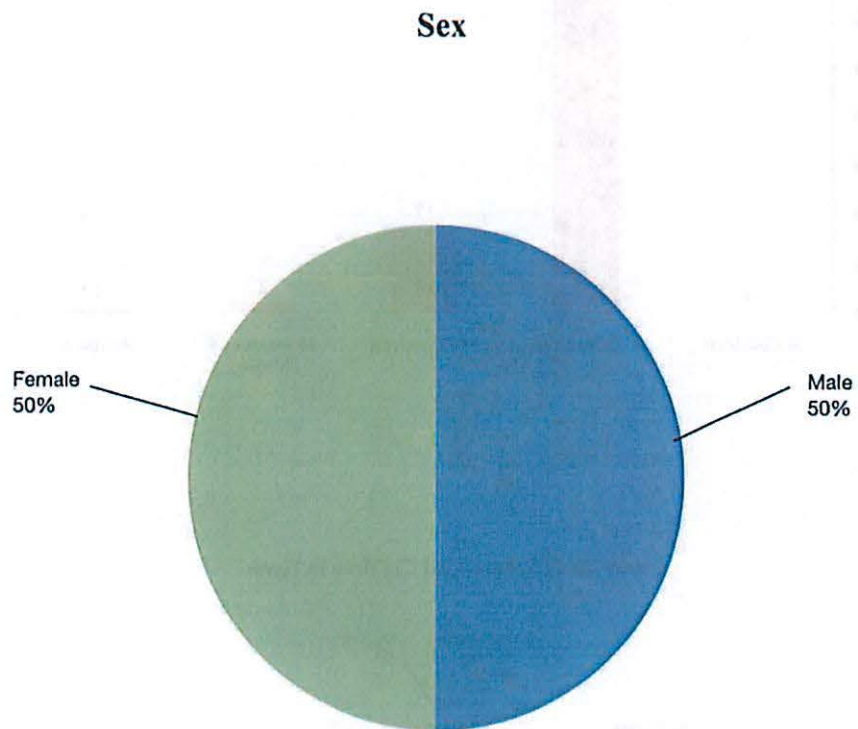


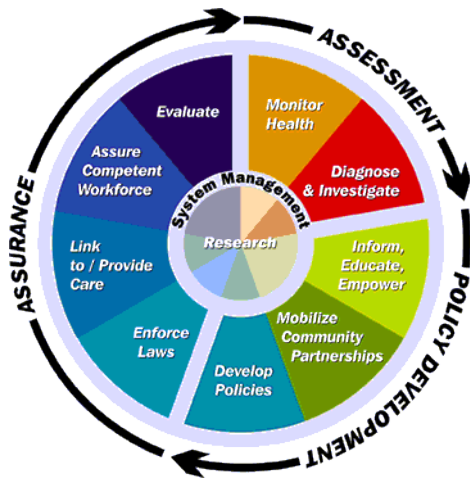
How Many School-aged Children in Home



Q21: Sex by Observation.

	Frequency	Percent	Cumulative Percent
Male	203	50%	50%
Female	202	50%	100%





From:

<http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm>

The fundamental purpose of public health is defined by three core functions: assessment, policy development and assurance. Community health Assessments (CHAs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHAs also help measure how well a public health system is fulfilling its assurance function.

A CHA should be part of an ongoing broader community health improvement process.

A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a Community Health Improvement Plan (CHIP).

The Public Health Accreditation Board's (PHAB's) voluntary, national public health department accreditation program is designed to document the capacity of a public health department to deliver the three core functions of public health and the Ten Essential Public Health Services. PHAB requires completion of a CHA and a CHIP as two of three prerequisites to accreditation program application.

