

NORTHWEST FLORIDA
COMMUNITY HEALTH ASSESSMENTS AND PRIORITIES
ESCAMBIA, OKALOOSA, SANTA ROSA, & WALTON COUNTIES



Northern Mockingbird, Okaloosa County

JUNE 2020
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We hope that this brief summary of the Community Health Assessments conducted
by Escambia, Okaloosa, Santa Rosa, and Walton Counties
will be helpful in developing
Community Health Improvement Plans
throughout Northwest Florida

Questions?
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I. INTRODUCTION

The Florida Department of Health (FDOH) requires local health departments to complete periodic community health assessments (CHAs) in their respective counties. In order to do so, each county health department elicits support and input from a broad range of public and private community sectors including government, business, health, education, social services. This report is a summary of the findings of the most recent community health assessments for Escambia, Santa Rosa, Okaloosa, and Walton Counties. Future reports will describe and summarize follow-up and implementation of the priorities identified in these assessments.

Community Health Assessments (CHAs) are sometimes referred to as “Community Health Needs Assessments” or “CHNAs”. For consistency, this report will generally use the terms “Community Health Assessment” or “CHA”.

While the FDOH commissioned their individual county health departments to conduct assessments to guide state and local health planning, a broad range of public and private organizations participated in the assessment process. See section “II. Overview of the Assessment and Planning Process - Why complete a Community Health Assessment and Improvement Plan?” for more information regarding the purposes for which a CHA is useful, and section “IV. Community Health Assessment Partners” for an extensive list of participants.

Between 2017 and 2019 three CHAs were conducted by the four local health departments in Northwest Florida:

- A joint assessment by Escambia and Santa Rosa Counties in 2019
- Okaloosa County in 2017
- Walton County in 2019

Download original reports at <http://www.floridahealth.gov/provider-and-partner-resources/community-partnerships/floridamapp/state-and-community-reports/index.html>

While each county and therefore each community health assessment is unique, they shared common purposes and methods. The shared purpose was to identify the healthcare needs and priorities of the residents of each area. Shared methods included variations of a process referred to as “Mobilizing for Action through Planning and Partnerships” (MAPP). A more detailed description of MAPP is included in section “III. Methodology”. Additional information about community health planning and links to on-line resources are available in the next section of this report.

II. OVERVIEW OF THE ASSESSMENT AND PLANNING PROCESS

What Is a Community Health Assessment?

The three following descriptions of Community Health Assessments express the purpose, scope, methodology inherent in virtually all Community Health Assessments.

1. A community health assessment (sometimes called a CHA), also known as community health assessment, refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. All community health assessments reflect a commitment to achieve all or most of the following standards:
 - Multisector collaborations that support shared ownership of all phases of community health improvement, including assessment, planning, investment, implementation, and evaluation
 - Proactive, broad, and diverse community engagement to improve results
 - A definition of community that encompasses both a significant enough area to allow for population-wide interventions and measurable results, and includes a targeted focus to address disparities among subpopulations
 - Maximum transparency to improve community engagement and accountability
 - Use of evidence-based interventions and encouragement of innovative practices with thorough evaluation
 - Evaluation to inform a continuous improvement process
 - Use of the highest quality data pooled from, and shared among, diverse public and private sources

Source: [Principles to Consider for the Implementation of a Community Health Needs Assessment Process Cdc-pdf\[PDF – 457KB\]External](#) (June 2013), Sara Rosenbaum, JD, The George Washington University School of Public Health and Health Services, Department of Health Policy.

2. The Public Health Accreditation board defines *community health assessment* as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's

health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation.

Source: Turnock B. Public Health: What It Is and How It Works. Jones and Bartlett, 2009, as adapted in [Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0 Cdc-pdf\[PDF – 536KB\]External](#), July 2011.

3. The Catholic Health Association defines a *community health needs assessment* as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs.”

Source: (Catholic Health Association, [Guide to Assessing and Addressing Community Health Needs Cdc-pdf\[PDF-1.5MB\]External](#), June 2013.)

What is a Community Health Improvement Plan?

A community health improvement plan (or CHIP) is a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. A plan is typically updated every three to five years. The Public Health Accreditation Board defines a *community health improvement plan* as a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community. One of the first steps in developing a CHIP is conducting a Community Health Assessment.

Source: CDC (Public Health Professionals Gateway, Community Health <https://www.cdc.gov/publichealthgateway/cha/index.html>)

Why complete a Community Health Assessment and Improvement Plan?

A community health assessment gives organizations comprehensive information about the community's current health status, needs, and issues. This information can help develop a community health improvement plan by justifying how and where resources should be allocated to best meet community needs.

Benefits include the following:

- Improved organizational and community coordination and collaboration
- Increased knowledge about public health and the interconnectedness of activities
- Strengthened partnerships within state and local public health systems
- Identified strengths and weaknesses to address in quality improvement efforts
- Baselines on performance to use in preparing for accreditation
- Benchmarks for public health practice improvements

Drivers of Health Assessment and Improvement Planning

Numerous drivers have led health agencies and organizations to institutionalize community health assessment and community health improvement planning in recent years. Among those drivers, described below, are national voluntary accreditation requirements, CDC grant requirements, state specific mandates or requirements, and IRS Requirements for Tax-Exempt Healthcare Facilities.

National Voluntary Accreditation Requirements

In 2011, the Public Health Accreditation Board (PHAB), in partnership with key public health organizations, launched a new national voluntary accreditation program for state, tribal, local, and territorial health departments.

The standards and measures encompass 12 domains of performance and include a comprehensive community health assessment (Domain 1, Standard 1.1) and a community health improvement plan (Domain 5, Standard 5.2).

A documented community health assessment and improvement plan are two of the three prerequisites for applying to PHAB. PHAB requires that these processes be conducted collaboratively and that the documents be dated within the last five years.

More information is available from [PHABExternal](#) and [CDC](#).

CDC Grant Requirements

CDC grants often require or encourage completing a community health assessment or improvement plan. In some cases, these plans provide valuable information for identifying priority health issues or needs. Click on the following links for examples:

- [National Public Health Improvement Initiative \(NPHII\)](#)
- [Community Transformation Grants](#)
- [REACH Core](#)

State-Specific Requirements or Mandates

A number of states, including Florida, require and support their local health departments in conducting community health assessments and/or improvement plan.

IRS Requirements for Tax-Exempt Healthcare Facilities

The Patient Protection and Affordable Care Act of 2010 (ACA) revised the federal tax-exempt status requirements for nonprofit hospitals. To claim tax-exempt status, community benefit work must be transparent, concrete, measurable, and both responsive and accountable to identified community need. Therefore, at least once every three years, hospitals must conduct a community health assessment and adopt an implementation strategy—often called community benefit, Schedule H, or Form 990, which refer to the required tax forms.

An implementation strategy for a hospital facility is a written plan that addresses each of the significant community health needs identified through a community health needs assessment. A hospital organization must adopt a separate implementation strategy for each hospital facility it operates.

Collaboration between facilities on community health needs assessment and implementation strategy development is encouraged, and implementation strategies submitted by separate facilities may be substantively similar.

The community health needs assessment and the implementation strategy must take into account input from the following:

- At least one state, local, tribal, or regional governmental public health department.
- Members of medically underserved, low-income, and minority populations in the community.
- Written comments received on the facility's most recent community health needs assessment and implementation strategy.

See the [Federal Register](#)External, the [Federal Register, Volume 78, No. 66 Cdc-pdf](#)[PDF – 320KB]External or this [IRS website](#)External for more information concerning specific requirements.

Source: The CDC Office of Associate Director for Policy's [Resources for Implementing the Community Health Needs Assessment Process](#) lists resources related to community benefit requirements and partnership opportunities.



Northern Cardinal, Santa Rosa County

III. METHODOLOGY

Each community health assessment reviewed for this report examined the health of community residents and attempted to ascertain the following:

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

The methodologies of all the community health assessments were variations of a process referred to as “Mobilizing for Action through Planning and Partnerships” (MAPP). Developed and promulgated by the National Association of County and City Health Officials (NACCHO), MAPP is a community-driven strategic planning process for improving community health. An important aspect of this approach is helping local health departments strategically align their community health assessment efforts with other assessment initiatives. See section IV. Community Health Assessment Partners (starting on Page10) for an extensive list of community partners from each of NW Florida’s four counties.

Facilitated by public health leaders, the MAPP framework helps communities apply strategic thinking to prioritize public health issues and to identify resources to address them. Rather than being an agency-focused assessment process, MAPP is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

This report summarizes some of the key findings across the three reports (four counties) and some of the data relevant to those findings.

For more information about Mobilizing for Action through Planning and Partnerships (MAPP) go to <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>.

IV. COMMUNITY HEALTH ASSESSMENT PARTNERS

As shown in the lists below and on the following pages, representatives of a wide range of community partners and stakeholders participated in these assessment processes.

ESCAMBIA – SANTA ROSA COUNTIES

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

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

Escambia and Santa Rosa Counties explained their joint decision to conduct their assessment together as follows:

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

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

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

OKALOOSA COUNTY

CHA Leadership Team

- Al McDonough, Okaloosa County Sheriff’s Office
- Anthony Sawyer, S4P Synergy, Inc.
- Claude Betene a Dooko, USAF - AFSOC 1 SOAMDS/SGPM
- Dick Rynearson, City of Fort Walton Beach
- Lida Deonarine, North Okaloosa Medical Center
- Renea Black, Early Learning Coalition
- Rick Owen, United Way of Okaloosa and Walton Counties
- Rob Brown, Okaloosa County

Ted Corcoran, Greater Fort Walton Beach Chamber of Commerce
Teri Schroeder, Okaloosa County School District
Tracey Vause, Okaloosa County Emergency Medical Services
Wesley Boles, Fort Walton Beach Medical Center

Data Collaborative Group

Key staff from the Florida Department of Health in Okaloosa County

Focus Groups

Access to Care Roundtable	Healthy Okaloosa Schools Development Team
African American Community Leaders	Sexual Assault Interagency Council

Key Informant Interviews

Bonnie Barlow, Bridgeway Center, Inc. CAO/HRO	Keith Williams, Cinco Bayou Town Manager
Carl Scott, Valparaiso Administrator	Mark Norris, Valparaiso Fire Chief
Chairwoman Carolyn Ketchel, Okaloosa County Board of Commissioners	Mayor Bruce Arnold, Valparaiso
Commissioner Kelly Windes, Okaloosa County	Mayor Chris Stein, Mary Esther
Councilman J. B. Whitten, Crestview	Mayor David Cadle, Crestview
Dan Cobbs, Bridgeway Center, Inc. CEO	Mayor Jean Hood, Cinco Bayou
Dana Williams, Mary Esther City Clerk	Melissa Thrush, Okaloosa County School Board Member
Dave Whalen, Twin Cities Hospital CEO	Mitch Mongell, Fort Walton Beach Medical Center CEO
David Popwell, Niceville Police Department Chief	Ronnie Daves, North Okaloosa Medical Center CEO
David Triana, United for a Good Cause	Tarey Franxman, Fort Walton Beach HR Director
Dr. Marty Walker, Northwest Florida State College, Director of Nursing Education	Superintendent Mary Beth Jackson, Okaloosa County School District
John Hofstad, Okaloosa County Administrator	Thomas Burns, Shalimar Town Manager
Joseph Hart, Valparaiso Police Chief	

WALTON COUNTY

Walton Community Health Improvement Partnership (WCHIP)

Steering Committee & CHA Leadership Team

Kathryn Barley, Florida Department of Health in Walton County
Kay Brady, Walton Okaloosa Council on Aging
Jill Breslawski, UF/IFAS Extension Office - Walton County
Bryan Callahan, Walton County Prevention Coalition
Brandi Gill, Florida Department of Health in Walton County
Holly Holt, Florida Department of Health in Walton County
Ryan Mims, Florida Department of Health in Walton County
Tina Odom, Lakeview Center - Chautauqua Healthcare Services
Cheryl Stacy, Sacred Heart Hospital on the Emerald Coast | Ascension

Walton Community Health Improvement Partnership (WCHIP)

Partners 2018-2019

90 Works	Florida Department of Health in Okaloosa County
Alzheimer's Association	Florida Department of Health in Walton County
AARP Florida	First Baptist Church - Freeport
BeGenerous, Inc.	Habitat for Humanity - Walton County
Big Bend Community Based Care	Healthy Start of Okaloosa & Walton Counties
Boys & Girls Clubs of the Emerald Coast	Homelessness and Housing Alliance
Caring and Sharing of South Walton	Hope Medical Clinic
Catholic Charities of Northwest Florida	Humana
Chautauqua Rehabilitation and Nursing Center	Kindred at Home
CIL Disability Resource Center	Lakeview Center - Chautauqua Healthcare
City of DeFuniak Springs	Lighthouse Health Plan
City of Freeport	Main Street DeFuniak Springs
Early Learning Coalition of the Emerald Coast	Northwest Florida Area Agency on Aging
Emerald Coast Children's Advocacy Center	OASIS Florida
Emerald Coast Hospice	Pancare of Florida
Emerald Coast Technical College	Point Washington Medical Clinic
Florida Department of Children and Families	Sacred Heart on the Emerald Coast
	Shelter House of Northwest Florida

SoWal Community Chaplain
Tri-County Community Council
UF/IFAS Extension Office - Walton County
United Way Emerald Coast
Walton County Board of County
Commissioners
Walton Community Health Center
Walton County Habitat for Humanity

Walton County Housing Agency
Walton County Prevention Coalition
Walton County School District
Walton County Sheriff's Office
Walton County Tax Collector
Walton Okaloosa Council on Aging
West Florida Area Health Education Center

Key Informants

Tony Anderson, Walton County Board of County Commissioners
Bob Campbell, City of DeFuniak Springs
Kathleen Dupuis, Sacred Heart Hospital on the Emerald Coast | Ascension
Mike Goodchild, UF/IFAS Extension Office - Walton County
Johnny Jordan, Walton County Sheriff's Office
Ron Kelley, Healthmark Regional Medical Center
Amy Leath, Boys & Girls Clubs of the Emerald Coast
Barry Lee, Walton County Sheriff's Office - Child Protective Unit
Dianne McManus, Homelessness and Housing Alliance
Trecia Meadows, Walton County School District & Emerald Coast Technical College
Emily Proctor, SoWal Community Chaplain & Caring and Sharing of South Walton
Candi Nowling, Matrix Community Outreach Center
Marti Sherrouse, Walton County Sheriff's Office
Judy Williams, City of Paxton

Data Collection Team

Key staff from the Florida Department of Health in Walton County

Photos throughout the document were provided by:

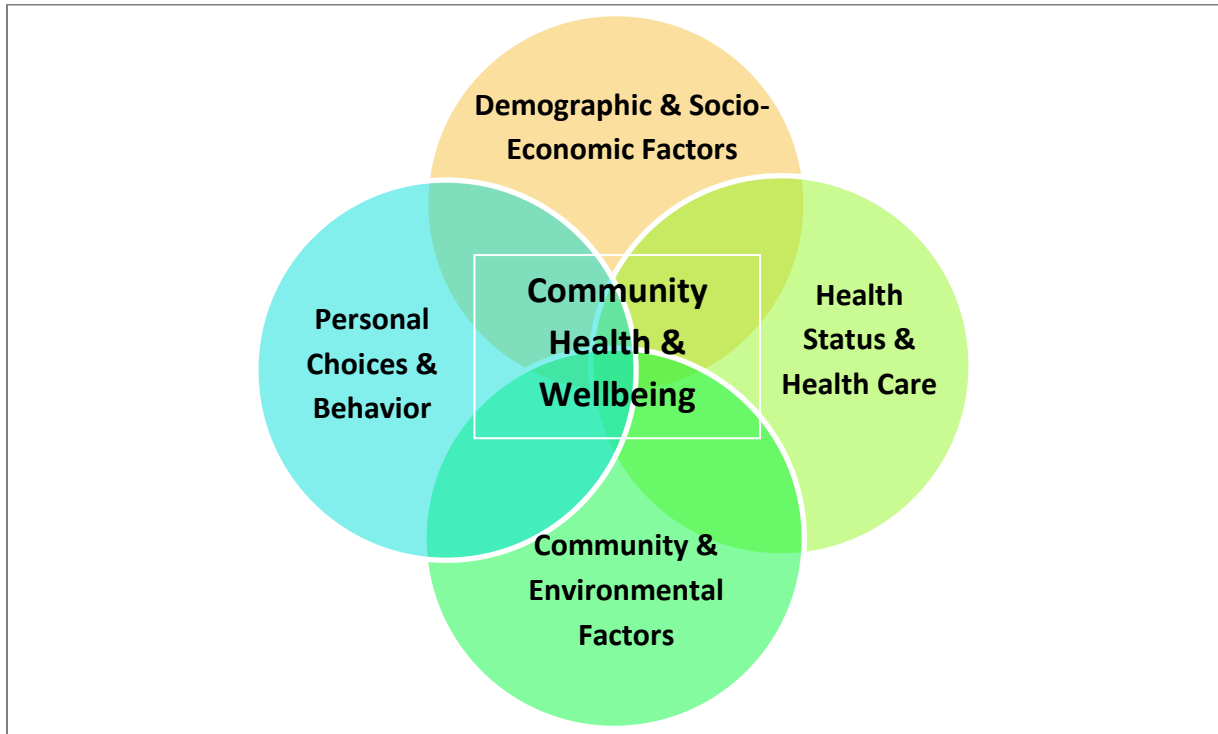
Sandy Hunt Photography
Louis Svehla, Public Information Manager, Walton County Board of County Commissioners
Walton County Tourist Development Council

V. SUMMARY OF PRIORITY HEALTH ISSUES & KEY FINDINGS

Factors that Generally Influence Community Health and Wellbeing

In general, as shown in the following Venn Diagram and table, the most important factors and issues which influence the health of any community are complex and inextricably interdependent.

Determining Factors that Generally Affect Community Health and Wellbeing



Examples of Factors and Related Issues that Any Community's Health and Wellbeing

Demographic & Socio-Economic Factors	Health Status & Health Care	Community & Environmental Factors	Personal Choices and Behavior
Population	Maternal Health	Public safety	Nutrition
Age	Infant Health	Housing	Substance Abuse
Race	Children's Health	Transportation	Alcohol
Ethnicity	Behavioral Health	Access to Nutrition	Other Drugs
Income	Mortality Data	Air & Water Quality	Tobacco
Poverty	Quality Healthcare	Exercise & Recreation, e.g. parks, sidewalks	Safety
Employment	Accessible		STDs
Education	Affordable	Cultural resources	Prevention

Factors that Influence Specific Priority Health Issues in Northwest Florida

After extensive discussions, data collection, and data analysis, each assessment workgroup identified priority health issues in their respective areas. As you can see from the following table, NW Florida’s priority issues can be viewed as elements of the interrelated factors that influence community health and wellbeing. This way of considering the priorities might be helpful in developing and implementing community health improvement plans, but other configurations might be more helpful.

**Determining Factors and Community Health Priorities
in Each of NW Florida’s Community Health Assessments**

Area	Demographic & Socio-Economic Factors	Health Status & Health Care	Community & Environmental Factors	Personal Choices and Behavior
Escambia & Santa Rosa Counties		Infant Health		Mental Health
		Child (age 1-5) Health		Drug Abuse
		Diabetes		
Okaloosa County	Advancing Education	Improving Infant Mortality	Promoting Healthy Lifestyles	Supporting Mental Health
		Protecting Children & Teens	Strengthening Families	Decreasing Drug Use
			Bettering Built Environment	Preventing Injuries
Walton County	Education	Vaccine Preventable Diseases	Healthy Food Access	Mental Health
	Housing			Substance Abuse
	Poverty			Preventable Injuries

Sources: See the original reports for additional details regarding how these priority issues affect specific communities. <http://www.floridahealth.gov/provider-and-partner-resources/community-partnerships/floridamapp/state-and-community-reports/index.html>

- 2019 Escambia – Santa Rosa Community Health Needs Assessment, A Summary of Key Findings, Page 50
- 2017 Okaloosa County Community Health Assessment, Page 36
- 2019 Community Health Assessment Walton County, Florida, Page 8

Key Findings:

- **Escambia and Santa Rosa Counties’ priorities focus on Infant Health, Child Health, and Diabetes as well as Mental Health and Drug Abuse. These priorities may be most closely associated with “Health Status & Health Care” and “Personal Choices and Behavior”, but they**

may also be affected by a variety of “Demographic & Socio-Economic Factors” and “Community & Environmental Factors”.

- Okaloosa County identified priorities in all four categories of determining factors. Specifically, Okaloosa identified Advancing Education, Improving Infant Mortality, Protecting Children and Teens, Promoting Healthy Lifestyles, Strengthening Families, Bettering Built Environment, Supporting Mental Health, Decreasing Drug Use, and Preventing Injuries. Although each of these issues may be generally associated with one factor, they are inextricably linked and affected by all the others as well.
- Likewise, Walton County identified priority issues in all four categories of factors. Specifically, Walton identified Education, Housing, Poverty, Vaccine Preventable Diseases, Healthy Food Access, Mental Health, Substance Abuse, and Preventable Injuries – again, all clearly inextricably linked and affected by one another.
- All Community Health Assessments recognized the pervasive impact of unmet substance abuse and mental health needs and identified these as priority issues in their communities.
- Although the terminology used by each county varied, there were notable similarities across two or more counties, e.g. Education (Okaloosa and Walton), Infants, Children, and Teens (Escambia, Santa Rosa, and Okaloosa), Promoting Healthy Lifestyles, Strengthening Families, Bettering Built Environment, Healthy Food Access (Okaloosa and Walton Counties), Mental Health, Substance Abuse, Preventing Injuries, Preventable Injuries (Escambia, Santa Rosa, Okaloosa, and Walton Counties)

The next section will include recent demographic, socio-economic, health, and related data regarding the counties in NW Florida, individually and aggregated when available. Although each assessment may have used different data sources, elements, and time frames, the data used in this report were chosen to provide, as much as possible, consistency with and support of the priority issues identified in all the Community Health Assessments summarized in this report.

VI. ADDITIONAL DATA SOURCES

DEMOGRAPHIC AND SOCIOECONOMIC FACTORS

This section includes recent demographic and socioeconomic data regarding the counties in NW Florida - individually and aggregated when available, and statewide. These data are consistent with and supportive of the data used to identify priority issues in the community health assessments.

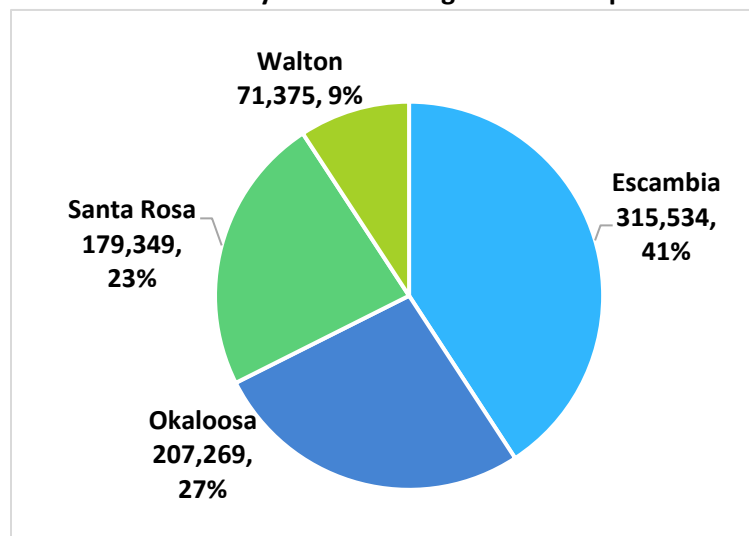
Total Population

The total population of Northwest Florida is 773,527, which is 4.0% of Florida's total population of 21,299,325. Across NW Florida, the size of the population decreases from west to east, with Escambia County having the largest population (315,534) and Walton County having the smallest (71,375).

Area	2018	
	Number	Percent
Escambia County	315,534	41.0% of NW FL
Okaloosa County	207,269	27.0% of NW FL
Santa Rosa County	179,349	23.0% of NW FL
Walton County	71,375	9.0% of NW FL
Northwest Florida	773,527	100% of NW FL
Northwest Florida	773,527	4% of FL
Florida	21,299,325	100.0%

Source: US Census Bureau; QuickFacts, downloaded November 5, 2019 from <http://www.census.gov/quickfacts/>.

Population of Each County as a Percentage of Total Population of NW FL



Population by Age Range

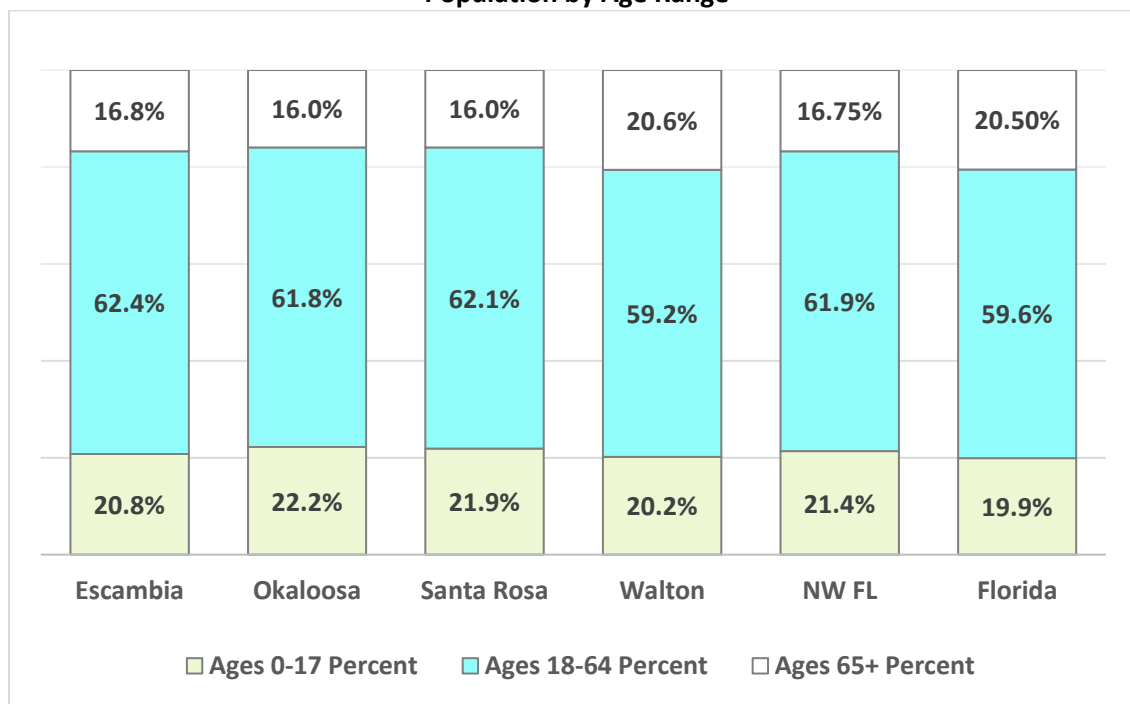
The distributions of age ranges in each county and NW Florida as a whole are similar to those of Florida as a whole. Like the state as a whole, the area's largest age range is 18-24 (478,615, 61.9%) followed by 0-17 (165,340, 21.4%) and 65+ (129,572, 16.8%).

**Population by Age Range
2018**

Area	All Ages		Ages 0-17		Ages 18-64		Ages 65+	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Escambia County	315,534	100%	65,631	20.8%	196,893	62.4%	53,010	16.8%
Okaloosa County	207,269	100%	46,014	22.2%	128,092	61.8%	33,163	16.0%
Santa Rosa County	179,349	100%	39,277	21.9%	111,376	62.1%	28,696	16.0%
Walton County	71,375	100%	14,418	20.2%	42,254	59.2%	14,703	20.6%
NW FL	773,527	100%	165,340	21.4%	478,615	61.9%	129,572	16.8%
Florida	21,299,325	100%	4,238,566	19.9%	12,694,398	59.6%	4,366,362	20.5%

Source: US Census Bureau; downloaded November 5, 2019 from <http://www.census/quickfacts/>.

Population by Age Range



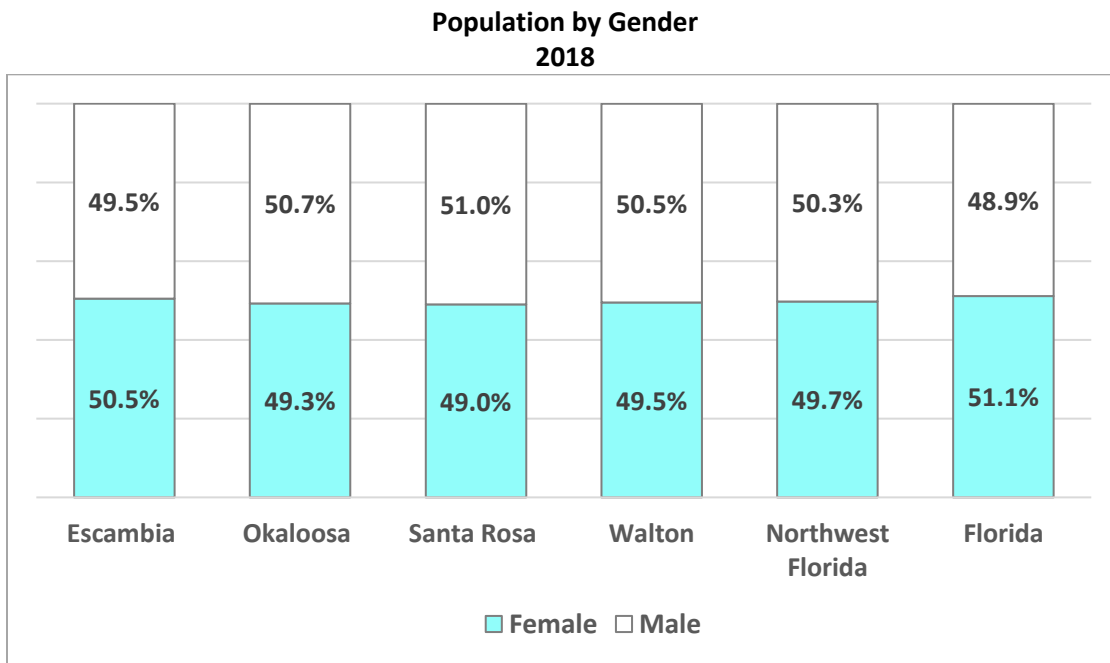
Source: US Census Bureau; downloaded November 5, 2019 from <http://www.census/quickfacts/>.

Population by Gender

The gender distribution of the population of NW Florida, the area as a whole and the state are approximately equally divided between females and males.

Area	Population	Female		Male	
		Number	Percent	Number	Percent
Escambia County	315,534	159,349	50.5%	156,189	49.5%
Okaloosa County	207,269	102,184	49.3%	105,085	50.7%
Santa Rosa County	179,349	87,881	49.0%	91,468	51.0%
Walton County	71,375	35,331	49.5%	36,044	50.5%
Northwest Florida	773,527	384,745	49.7%	388,787	50.3%
Florida	21,299,325	10,883,955	51.1%	10,415,370	48.9%

Source: US Census Bureau; downloaded November 5, 2019 from <http://www.census/quickfacts/>.



Source: US Census Bureau; downloaded November 5, 2019 from <http://www.census/quickfacts/>.

Population by Race

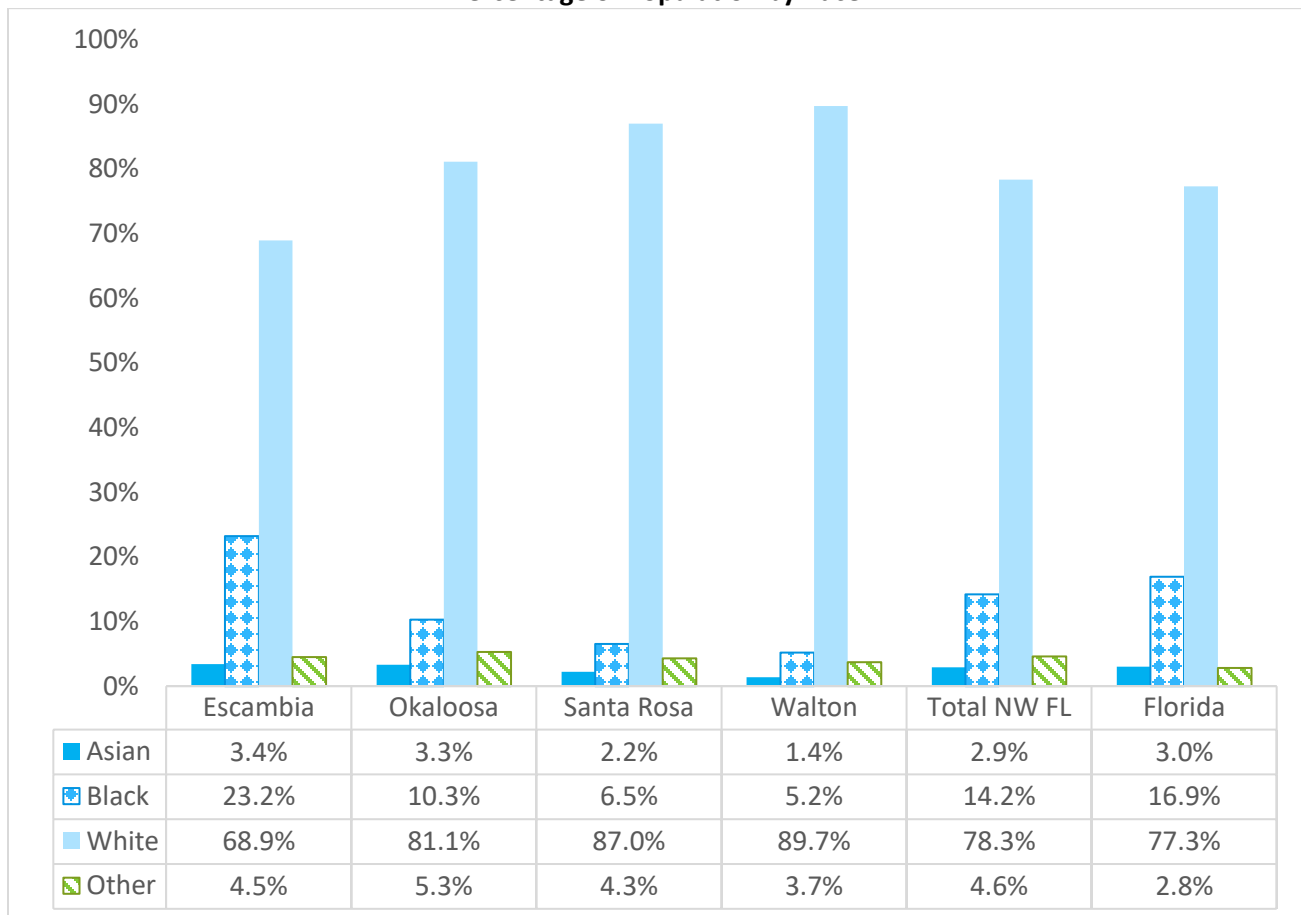
While the distribution of the population by race is similar throughout NW Florida and the state as a whole, Escambia County has a higher percentage of Black residents (23.2%) than other counties in the area and the state (16.9%). Likewise, the population of all the counties except Escambia have rates of whites higher than the state (77.3%).

**Population by Race
2018**

Area	Total Pop	Asian		Black		White		Other	
	Number	Number	%	Number	%	Number	%	Number	%
Escambia	315,534	10,728	3.4%	73,204	23.2%	217,403	68.9%	14,199	4.5%
Okaloosa	207,269	6,840	3.3%	21,349	10.3%	168,095	81.1%	10,985	5.3%
Santa Rosa	179,349	3,946	2.2%	11,658	6.5%	156,034	87.0%	7,712	4.3%
Walton	71,375	999	1.4%	3,712	5.2%	64,023	89.7%	2,641	3.7%
Total NW FL	773,527	22,513	2.9%	109,922	14.2%	605,555	78.3%	35,537	4.6%
Florida	21,299,325	638,980	3.0%	3,599,586	16.9%	16,464,378	77.3%	596,381	2.8%

Source: US Census Bureau; downloaded November 5, 2019 from <http://www.census/quickfacts/>

Percentage of Population by Race



Population by Hispanic Ethnicity

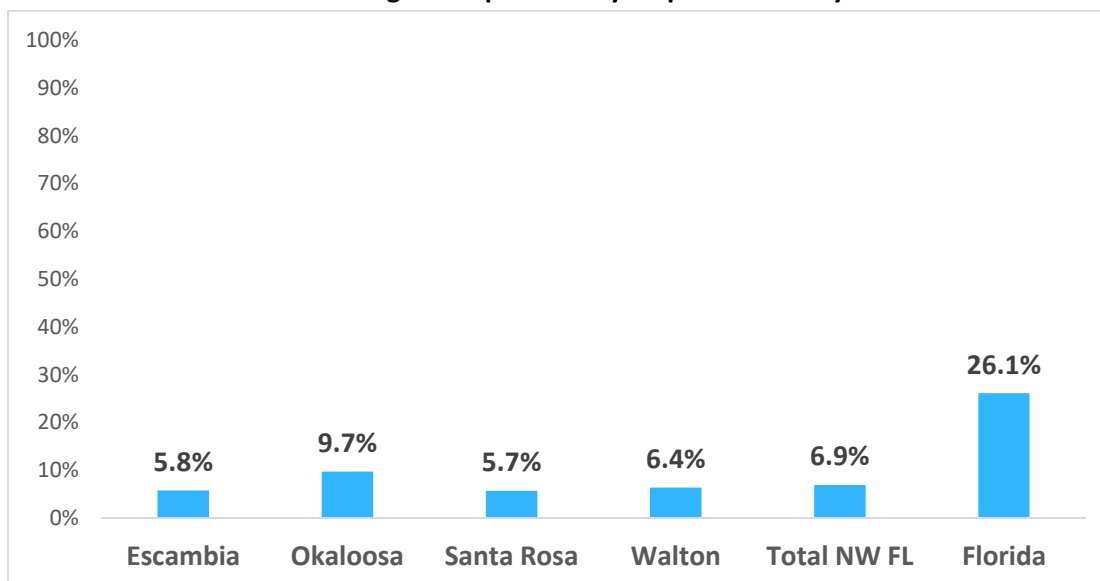
The percentage of Florida’s population which is Hispanic is 26.1%, nearly four times the rate as in NW Florida (6.9%). Okaloosa County, whose Hispanic population accounts for 9.7% of its total population, has the highest rate in NW Florida.

**Population by Hispanic Ethnicity
2018**

Area	Total Population	Hispanic	
	Number	Number	Percent
Escambia County	315,534	18,301	5.8%
Okaloosa County	207,269	20,105	9.7%
Santa Rosa County	179,349	10,223	5.7%
Walton County	71,375	4,568	6.4%
Total NW FL	773,527	53,197	6.9%
Florida	21,299,325	5,559,124	26.1%

Source: US Census Bureau; downloaded November 5, 2019 from <http://www.census/quickfacts/>.

Percentage of Population by Hispanic Ethnicity



Source: US Census Bureau; downloaded November 5, 2019 from <http://www.census/quickfacts/>.

Socioeconomic Indicators

The table on the following page summarizes socioeconomic highlights comparing the counties in the area with the state as a whole. Notable findings include:

- Per capita income: Walton (\$30,853), Okaloosa (\$30,775), and Santa Rosa (\$28,908) had per capita incomes similar to the state (\$28,774) while Escambia’s rate was somewhat lower (\$25,666).
- Median household income: Santa Rosa had the highest (\$62,731) and Escambia the lowest (\$47,361) median household income. Florida’s overall rate was \$50,883.
- % of Persons < 100% of the Federal Poverty Level: Escambia (16.4%) and Walton (15.9%) had rates higher than Okaloosa (10.9%), Santa Rosa (10.2%), and Florida (13.6%).
- Unemployment rate: All the counties and the state had rates in the 2-3% range. Okaloosa had the lowest rate of 2.3%.
- % high school grad or >: All the counties had high school graduation rates very similar to the state rate of 87.6%.
- % bachelor’s degree or >: Likewise, the counties’ rates of bachelor’s degree or > were very similar to the state rate of 28.5%.
- % of students eligible for free/reduced lunch: Escambia’s rate of 74.9% was significantly higher than Florida’s rate of 66% while Okaloosa, Santa Rosa, and Walton had rates significantly lower (46.2%, 44.9%, and 52.8% respectively) than the state.

Socioeconomic Indicators

Indicator	Escambia	Okaloosa	Santa Rosa	Walton	Florida
Per Capita Income ¹	\$25,666	\$30,775	\$28,908	\$30,853	\$28,774
Median Household Income ¹	\$47,361	\$59,955	\$62,731	\$50,619	\$50,883
% of Persons < 100% FPL ¹	16.4%	10.9%	10.2%	15.9%	13.6%
Unemployment Rate ²	2.9%	2.3%	2.7%	2.4%	2.9%
% high school grad or > ¹	90.6%	91.6%	90.7%	85.9%	87.6%
% bachelor's degree or > ¹	26%	29.8%	27.1%	26.7%	28.5%
% of PK-12 Students Eligible for Free/Reduced Lunch ³	74.9%	46.2%	44.9%	52.8%	66%

Sources: ¹Per Capita income in past 12 months (in 2017 dollars) 2013-2017 and Median Household income (in 2017 dollars), 2013-2017; high school grad and bachelor's degree percent of persons age 25 years+ 2013-2017; US Census Bureau, Florida QuickFacts downloaded December 18, 2019.

²U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program, in cooperation with the Florida Department of Economic Opportunity, Bureau of Labor Market Statistics. Published November 15, 2019, October 2019 (not seasonally adjusted). ³Florida Department of Education, Fldoe.org, Lunch Status by District (for Federal Funding) 2018-19 Final Survey 3, downloaded September 27, 2019.

HEALTH STATUS & HEALTH CARE FACTORS

Health Related Quality of Life

Overall, adults reported¹ similar rates of most quality of life indicators across all four counties and the state as a whole. The percentage of adults reporting “good” to “excellent” overall health was approximately 80%. The percentage of adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days ranged from 15% in Escambia to 24.9% in Santa Rosa compared to 18.6% statewide.

Health-Related Quality of Life

Indicator 2016	Escambia	Okaloosa	Santa Rosa	Walton	Florida
Percentage of adults with "good" to "excellent" overall health	80.4%	78.6%	81.3%	79.0%	80.5%
Percentage of adults with good physical health for the past 30 days	86.3%	85.4%	85.4%	84.4%	87.1%
Percentage of adults with good mental health for the past 30 days	88.8%	86.2%	84.7%	88.7%	88.6%
Percentage of adults who had poor physical health on 14 or more of the past 30 days	13.7%	14.6%	14.6%	15.6%	12.9%
Percentage of adults who said their overall health was "fair" or "poor"	19.6%	21.4%	18.7%	21.0%	19.5%
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days (Among adults who have had at least one day of poor mental or physical health)	5.1	6.6	7.2	6.9	5.7
Average number of unhealthy physical days in the past 30 days	4.3	4.6	4.3	5.1	4
Average number of unhealthy mental days in the past 30 days	3.9	4.2	4.3	3.6	3.6
Percentage of adults whose poor physical or mental health kept them from doing usual activities on 14 or more of the past 30 days	15.3%	21.4%	24.9%	22.2%	18.6%
Percentage of adults who sleep at least 7 hours each night	63%	65%	65.3%	72.7%	62.5%

Source: Florida Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2016 County Level Reports. Downloaded from Florida Department of Health CHARTS, June 2020.

¹See Page 33 for more information regarding the Behavioral Risk Factor Surveillance System (BRFSS).

Maternal and Infant Well-Being

- In 2018, the total birth rates in Escambia, Santa Rosa and Walton were slightly higher than the state rate of 10.6. Okaloosa's rate of 13.7 was the highest in the area.
- Except in Santa Rosa County (13.9), the teen birth rate was higher in every county in NW Florida (Escambia, 24.5; Okaloosa, 24.5, and Walton, 27.9) than in Florida as a whole (16.7).
- The repeat teen birth rates were lower in Escambia (13.8%) and Santa Rosa (12.5%), than Walton (15.9%), Okaloosa (18.9%) and Florida as a whole (15%).
- The state rate of low birthweight babies (8.7%) was similar to Okaloosa's rate (8.5%), slightly lower than Escambia (9.2%) and slightly higher than Santa Rosa (7.7%) and Walton (7.1%).
- 3rd trimester or no prenatal case was more frequent in Escambia (7.7%) than in the other counties (Okaloosa, 4.8%; Santa Rosa, 4.2%; Walton, 6.1%) and Florida as a whole (7.1%).
- The infant death rate in Walton was the lowest in the area (3.8). The rate in Santa Rosa at 8.7 was the highest in the area and higher than the state rate (6) as were the rates in Escambia (8) and Okaloosa (7.7).

Maternal and Infant Well-Being Counts and Rates

Indicator	Escambia		Okaloosa		Santa Rosa		Walton		Florida	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Total Birth Rate (Resident Live Birth Rate per 1,000 Pop.)	3,733	11.8	2,717	13.7	1,954	11.1	780	11.5	221,508	10.6
Teen Birth Rate (Ages 15-19) per 1,000	240	24.5	122	24.5	72	13.9	44	27.9	9,828	16.7
Repeat Birth Rate (Ages 15-19)	33	13.8%	23	18.9%	9	12.5%	7	15.9%	1,478	15.0%
Low Birthweight (% <2500 g)	344	9.2%	231	8.5%	151	7.7%	55	7.1%	19,271	8.7%
Births to Mothers with 3rd Trimester or No Prenatal Care	242	7.7%	110	4.8%	71	4.2%	43	6.1%	14,176	7.1%
Infant Death Rate (per 1,000)	30	8	21	7.7	17	8.7	3	3.8	1,334	6

Source: Florida Department of Health, CHARTS, Downloaded September 2019.

Body Weight, Overweight, and Obesity

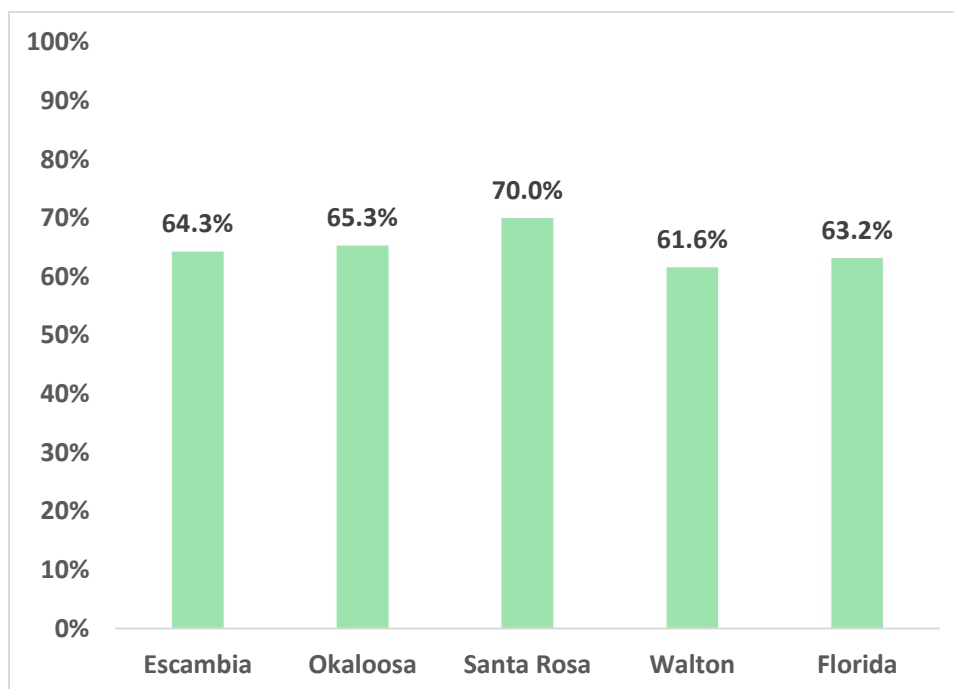
- The reported rates of healthy body weight, overweight, and obesity across all four counties and Florida as a whole were similar.
- Overall, approximately two-thirds of all adults are overweight or obese (BMI 25 or greater) and approximately one-third have a healthy body weight (BMI between 18.5 and 24.9).

Healthy Body Weight, Overweight, and Obesity

Indicator 2016	Escambia	Okaloosa	Santa Rosa	Walton	Florida
Percentage of adults who have a healthy weight (BMI between 18.5 and 24.9)	34.2%	32.3%	27.1%	36.3%	34.5%
Percentage of adults who are overweight (BMI between 25 and 29.9)	36.2%	38.4%	38.4%	31.8%	35.8%
Percentage of adults who are obese (BMI 30 or greater)	28.0%	26.9%	31.6%	29.8%	27.4%
Percentage of adults who are overweight or obese (BMI 25 or greater)	64.3%	65.3%	70.0%	61.6%	63.2%

Source: Florida Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2016 County Level Reports. Downloaded from Florida Department of Health CHARTS, June 2020.

Percentage of adults who are overweight or obese (BMI 25 or greater)



Leading Causes of Death

The table below summarizes the Resident Age Adjusted Death Rate (AADR) per 100,000 Population for five leading causes of death in each of the four counties in NW Florida compared with those rates in Florida as a whole. In each of the counties, heart disease, cancer, unintentional injury, chronic respiratory disease, and stroke were leading causes of death. The county rates compare unfavorably with state rates in nearly every category (except Unintentional Injury and Stroke in Walton County), including “All Causes”.

Resident Age Adjusted Death Rate (AADR) per 100,000 Population for Five Leading Causes of Death 2018

Escambia		Florida	Santa Rosa		Florida
All Causes	925.5	679.4	All Causes	845.5	679.4
Heart Disease	176.7	147.7	Cancer	162.8	146.2
Cancer	170.6	146.2	Heart Disease	162.2	147.7
Unintentional Injury	62.3	53.8	Chronic Lower Respiratory Disease	61.6	38.4
Chronic Lower Respiratory Disease	57.4	38.4	Unintentional Injury	65.2	53.8
Stroke	49.8	41	Stroke	43.9	41
Okaloosa		Florida	Walton		Florida
All Causes	845.2	679.4	All Causes	833.2	679.4
Cancer	162.8	146.2	Cancer	196.7	146.2
Heart Disease	162.2	147.7	Heart Disease	155	147.7
Unintentional Injury	65.2	53.8	Chronic Lower Respiratory Disease	67.1	38.4
Chronic Lower Respiratory Disease	61.6	38.4	Unintentional Injury	53.2	53.8
Stroke	43.9	41	Stroke	38.4	41

Source: Florida Department of Health, CHARTS, downloaded November 2019.

Resident Age Adjusted Death Rate per 100,000 Population for All Causes of Death 2018



Appropriate and Timely Access to Quality Healthcare

Unnecessary Hospitalizations

Ambulatory Care Sensitive (ACS) conditions are conditions where timely and effective ambulatory care can decrease hospitalizations by preventing the onset of an illness or condition, controlling an acute episode of an illness or managing a chronic disease or condition.

High rates of Ambulatory Care Sensitive hospitalizations in a community may be an indicator of a lack of or failure of prevention efforts, a primary care resource shortage, poor performance of primary health care delivery systems, or other factors that create barriers to obtaining timely and effective care.

An extensive listing of avoidable, acute, and chronic Ambulatory Care Sensitive conditions (and associated ICD-9-CM Codes) is available on the Florida Department of Health website at

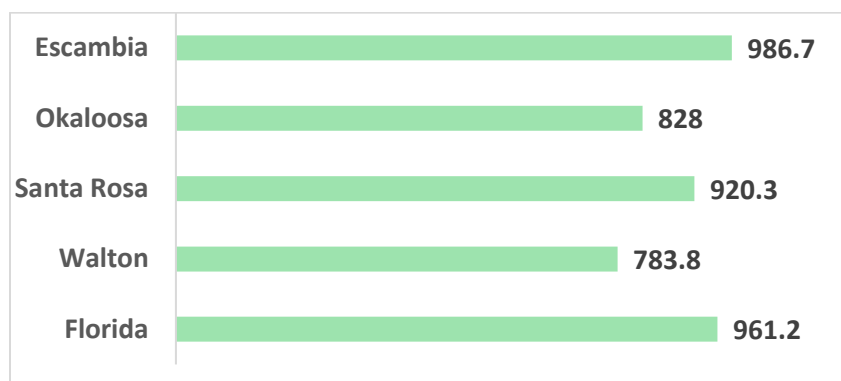
<http://www.flhealthcharts.com/charts/SearchResult.aspx> update

http://www.floridacharts.com/charts/documents/ACS_Conditions_Definition_UPDATE.pdf

The following table and graph compare the rates of preventable hospitalizations for residents under the age of 65 from all ACS conditions in NW Florida and the state as a whole.

**Preventable Hospitalizations under Age 65 from All Conditions,
Rate Per 100,000 Population Under 65, 2018**

Area	Count	Rate per 100,000 Population
Escambia	2,613	986.7
Okaloosa	1,385	828
Santa Rosa	1,363	920.3
Walton	427	783.8
Florida	161,107	961.2



[Source: Florida Department of Health, CHARTS, downloaded June 2020.]

Health Professional Shortage Areas, Medically Underserved Areas, and Medically Underserved Populations

U.S. Department of Health and Human Services, Health Services and Resources Administration (HRSA) develops shortage designation criteria and uses them to decide whether or not a geographic area, population group or facility is a Health Professional Shortage Area (HPSA), a Medically Underserved Area (MUA) or a Medically Underserved Population (MUP).

A HPSA is a geographic area, population group, or health care facility that has been designated by the Federal government as having a shortage of health professionals. There are three categories of HPSAs: primary care (shortage of primary care clinicians), dental (shortage of oral health professionals), and mental health (shortage of mental health professionals). HPSAs are designated using several criteria, including population-to-clinician ratios. This ratio is usually 3,500 to 1 for primary care, 5,000 to 1 for dental health care, and 30,000 to 1 for mental health care. Additional detailed information about HPSAs is available online at <http://bhpr.hrsa.gov/shortage/index.html>

HRSA also establishes guidelines for use in applying the established Criteria for Designation of Medically Underserved Areas (MUAs) and Populations (MUPs). Additional detailed information about MUAs and MUPs is available online at <http://www.hrsa.gov/shortage/mua/index.html>

The tables on the following two pages summarize the numerous HSPAs, MUAs, and MUPs in each of the counties in NW Florida. Additional detailed information about MUAs and MUPs is available online at <http://www.hrsa.gov/shortage/mua/index.html>



Giant Swallowtail, Walton County

**Health Professional Shortage Areas &
Medically Underserved Areas and Populations
(As of November 2019)**

ESCAMBIA COUNTY
Primary Care
Rural Health Clinic: Century Medical Center
Correctional Facility: Century Correctional Institution
Federally Qualified Health Center: Escambia Community Clinics Inc.
Dental Health
Low Income Population HPSA: Low Income - Escambia County
Rural Health Clinic: Century Medical Center
Correctional Facility: Century Correctional Institution
Federally Qualified Health Center: Escambia Community Clinics Inc.
Mental Health
Low Income Population HPSA: Low Income - Escambia County
Rural Health Clinic: Century Medical Center
Correctional Facility: Century Correctional Institution
Federally Qualified Health Center: Escambia Community Clinics Inc.
Medically Underserved Areas/Populations
Medically Underserved Area: Northern Escambia Area
Medically Underserved Population: Low Income - Catonment
OKALOOSA COUNTY
Primary Care
Low Income Population HPSA: Low Income - Northern Okaloosa County.
Federally Qualified Health Center: North Florida Medical Centers, Inc.
Correctional Facility: Okaloosa Correctional Institution
Dental Health
Low Income Population HPSA: Low Income - Northern Okaloosa County.
Federally Qualified Health Center: North Florida Medical Centers, Inc.
Correctional Facility: Okaloosa Correctional Institution
Mental Health
Low Income Population HPSA: Low Income - Northern Okaloosa County
Federally Qualified Health Center: North Florida Medical Centers, Inc.
Correctional Facility: Okaloosa Correctional Institution
Medically Underserved Area
Medically Underserved Area: Baker/ Laurel Hill Service Area

(continued)

(continued)

SANTA ROSA COUNTY
Primary Care
Correctional Facility: Santa Rosa Correctional Institution
Correctional Facility: Blackwater Correctional Facility
Low Income Population HPSA: Low Income - North Santa Rosa
Federally Qualified Health Center: Escambia Community Clinics; Milton; Highway 90 Pediatrics
Dental Health
Correctional Facility: Santa Rosa Correctional Institution
Low Income Population HPSA: Low Income - North Santa Rosa
Federally Qualified Health Center: Escambia Community Clinics; Milton; Highway 90 Pediatrics
Mental Health
Low Income Population HPSA: Low Income - Milton
Federally Qualified Health Center: Escambia Community Clinics; Milton; Highway 90 Pediatrics
Medically Underserved Area
MUA: Santa Rosa Service Area
WALTON COUNTY
Primary Care, Dental Health, & Mental Health
Federally Qualified Health Center: Florida Department of Health Florida Department of Health in Walton County Defuniak Springs & Coastal Branch, Santa Rosa Beach
Federally Qualified Health Center: PanCare of Florida, Inc. Freeport Clinic, Muscogee Creek Indian Tribal Health Center, & PanCare Mobile Medical/Dental Unit
Low Income Population HPSA: Low Income - Walton County
Correctional Facility: Walton Correctional Institution
Medically Underserved Area
Medically Underserved Area: Low Income - Walton County

Source: Health Resources and Services Administration, downloaded November 2019.

Non-Elderly Uninsured

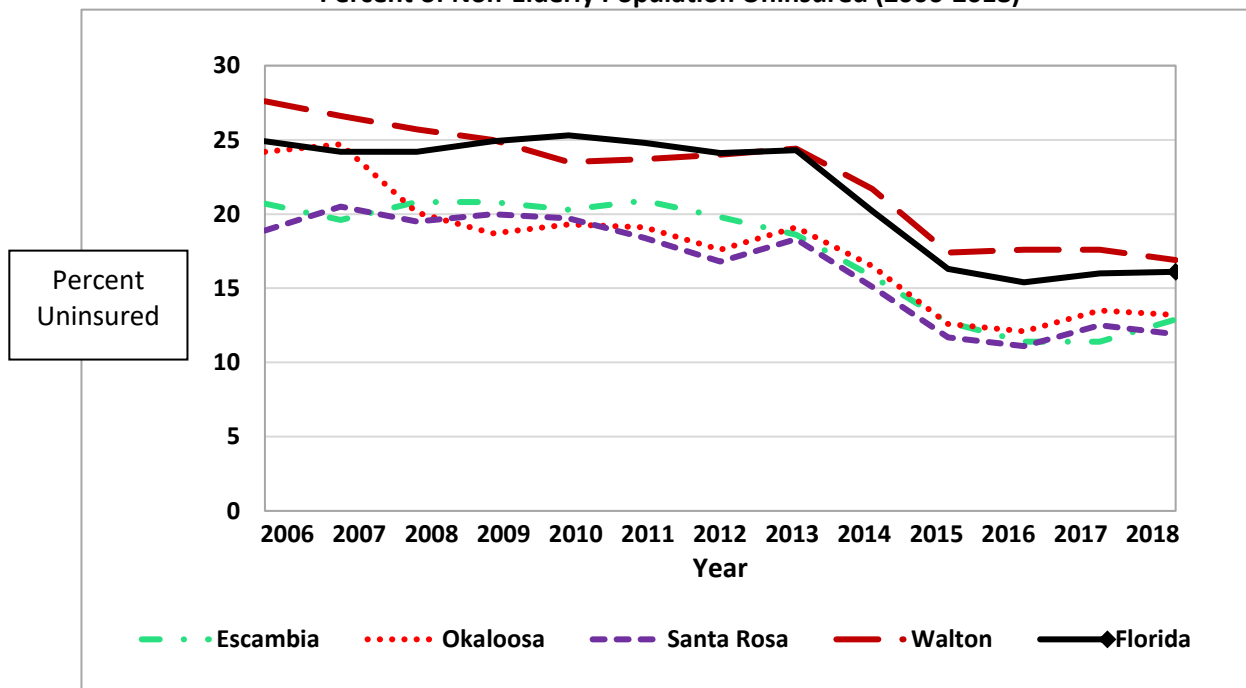
As shown in the following table, since 2006 (highlighted in aqua), the rate of non-elderly uninsured has trended downward in all the counties of NW Florida and in Florida as a whole. In 2018, Walton County, at 16.9%, was the only county in NW Florida with a slightly higher rate than the state rate of 16.1%.

Non-Elderly (AGE 0-64) Uninsured

Year	Area									
	Escambia		Okaloosa		Santa Rosa		Walton		Florida	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
2006	49,656	20.7	37,531	24.2	24,156	18.9	12,033	27.6	3,730,428	24.9
2007	46,449	19.6	37,758	24.7	26,591	20.5	11,685	26.6	3,615,358	24.2
2008	49,089	20.8	30,528	20.1	25,019	19.5	11,222	25.7	3,581,341	24.2
2009	49,157	20.8	28,107	18.7	25,851	20	11,076	25	3,735,524	24.9
2010	48,336	20.3	29,019	19.3	25,198	19.7	10,404	23.5	3,853,392	25.3
2011	49,811	20.9	29,063	19.1	23,833	18.4	10,496	23.7	3,804,839	24.8
2012	47,615	19.8	27,832	17.6	21,959	16.8	10,952	24	3,724,873	24.1
2013	44,769	18.6	30,591	19.1	24,273	18.3	11,485	24.4	3,778,848	24.3
2014	38,355	15.8	26,759	16.5	20,223	15.1	10,455	21.7	3,176,171	20.2
2015	30,908	12.7	20,675	12.6	15,901	11.7	8,639	17.4	2,602,192	16.3
2016	28,046	11.4	20,013	12.1	15,413	11.1	9,012	17.6	2,478,194	15.4
2017	27,908	11.4	22,508	13.5	17,768	12.5	9,336	17.6	2,615,963	16
2018	31,648	12.9	22,530	13.2	17,423	11.9	9,269	16.9	2,673,659	16.1

US Census Small Area Health Insurance Estimates, States and Counties, downloaded June 2, 2020.

Percent of Non-Elderly Population Uninsured (2006-2018)



COMMUNITY AND ENVIRONMENTAL FACTORS & PERSONAL CHOICES AND BEHAVIORS

Because the effects of “Community and Environmental Factors” and “Personal Choices and Behaviors” are inextricably linked, data particularly relevant to all these factors are included in this section.

Because of their actual relevance to NW Florida’s identified health priorities, data collected during Florida’s 2016 Florida Behavioral Risk Factor Surveillance System (BRFSS) survey are the focus of this section. Additional BRFSS data are cited in “Health-Related Quality of Life” (Page 25) and “Body Weight, Overweight and Obesity” (Page 27).

What is the Florida Behavioral Risk Factor Surveillance System (BRFSS)?

With the support of Florida’s County Health Departments (CHDs), the Florida Department of Health conducted the 2016 Florida BRFSS survey in each of Florida’s 67 counties. The Florida BRFSS is a statewide telephone survey that has been collecting and reporting health behavior data since 1986. This survey is the only source of state-specific, population-based estimates of the prevalence of various health conditions and related risk behaviors among Florida residents aged 18 and older. The purpose of this survey is to gather information regarding personal health and risk behaviors, selected medical conditions, and preventive health care practices among Florida adults.

The 2016 BRFSS was the fifth county-level survey to be conducted in Florida. It was previously conducted in 2002, 2007, 2010, and 2013. The 2016 county-level survey was developed in collaboration with state and local representatives and better designed to meet the needs of CHD programs by offering options to add county developed questions and increase sample sizes. Almost 37,000 interviews were completed statewide during the 2016 calendar year, with a target sample size of 500 completed surveys in each county.

The 2016 BRFSS survey provides counties and the state with a rich data source to estimate the prevalence of personal health behaviors that contribute to morbidity and mortality among adults in Florida. Responses to survey questions provide data on a variety of issues including health status, health care access, lifestyle, chronic illnesses, and disease prevention practice.

The data tables and charts in this section summarize data which are particularly relevant to some of the key health priorities identified in the community health assessments. Additional detailed information about the 2016 Florida BRFSS and state and county Data is available on the Florida Department of Health’s website at <http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/index.html>

Immunization

Percent of Adults² Who Received Various Vaccinations

Indicator	Escambia	Okaloosa	Santa Rosa	Walton	Florida
Percentage of <u>adults</u> who received a flu shot in the past year ¹	37.4%	37.7%	36.6%	38.9%	35%
Percentage of <u>adults 65 years of age and older</u> who have ever received a pneumonia vaccination ¹	70.3%	61.6%	74.4%	67.9%	65.6%
Percentage of <u>adults 65 years of age and older</u> who received a flu shot in the past year ¹	61.5%	52.7%	60.2%	65.4%	57.6%
Percentage of adults who have received a tetanus shot since 2005 ¹	58.5%	61.6%	55.5%	49.6%	52.9%
Percentage of adults who have ever received a pneumonia vaccination ¹	35.8%	36.6%	34.8%	36.7%	34.6%
Immunization Levels in Kindergarten, Percent of Kindergarten Students Enrolled (2019) ²	93%	94.5%	94.4%	92.7%	93.8%

Source: ¹Florida Department of Health, 2016 Florida Behavioral Risk Factor Surveillance System Data Report. Downloaded from Florida Department of Health CHARTS, June 2020.

²Data regarding children were not included in this question in the FBRFSS survey; the source of data regarding kindergarten students is FL Department of Health, CHARTS, downloaded September 24, 2019.

- With several exceptions, rates of vaccinations in NW Florida's counties were similar to one another and those of the state as a whole.
- The counties had similar rates of flu vaccinations among adults in the past year (between 36% and 39%) – slightly higher than the state rate of 35%.
- Among adults 65 years of age and older, the rates were higher, ranging from 52.7% in Okaloosa to 65.4% in Walton. The state rate was 57.6%
- Rates of adults 65 years of age and older who have ever received a pneumonia vaccination ranged from 61.1% in Okaloosa to 74.4% in Santa Rosa. The state rate was 65.6%.
- Although not included in the FBRFSS Report (which only included adults), immunization levels among kindergarten students were similar across all counties (ranging from 92.7% to 94.5%) and the state (93.8%).

Prevention of Unintentional Injuries

As shown in the table below, the rate of seatbelt use among adults in NW Florida (ranging from 94.3% to 96%) was similar to use throughout the state as a whole (95%).

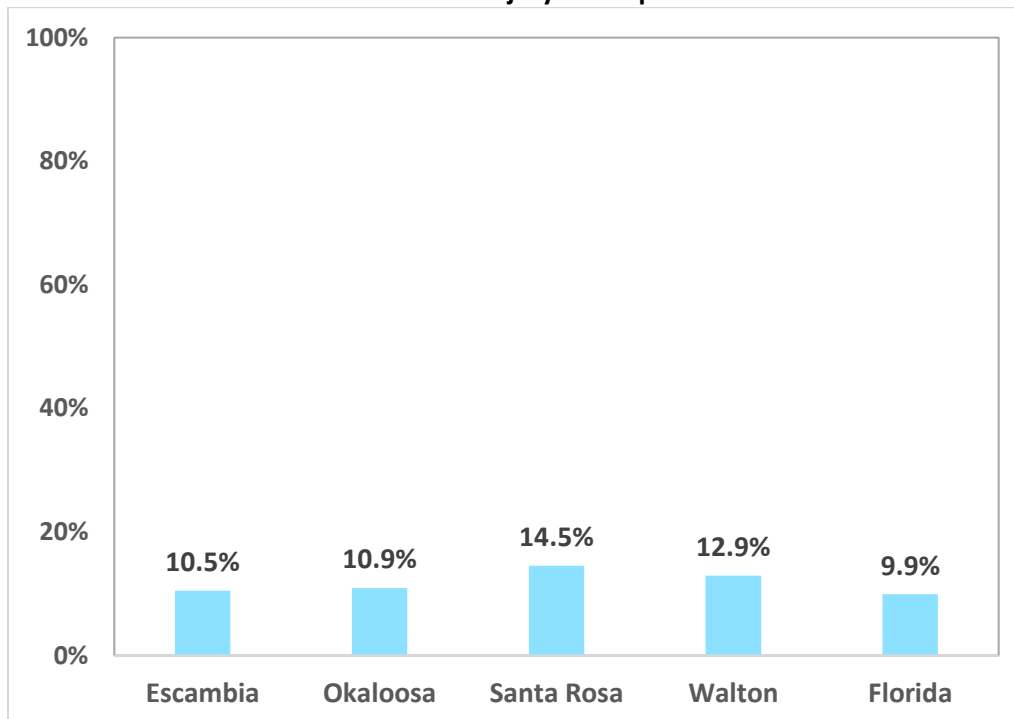
Prevention of Unintentional Injuries

Indicator	Escambia	Okaloosa	Santa Rosa	Walton	Florida
Percentage of adults 45 years of age and older who had a fall-related injury in the past 12 months	10.5%	10.9%	14.5%	12.9%	9.9%
Percentage of adults who always or nearly always use a seatbelt when riding in a car	94.3%	94.3%	96%	95.4%	95%

Source: Florida Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2016 County Level Reports. Downloaded from Florida Department of Health CHARTS, June 2020.

As shown in the table above and the graph below, adults 45 years of age and older in counties in NW Florida had higher rates of fall-related injuries than those in the state as a whole. The NW Florida rates ranged from 10.5% in Escambia to 14.5% in Santa Rosa compared to 9.9% statewide.

Percentage of adults 45 years of age and older who had a fall-related injury in the past 12 months



Diabetes, Nutrition, Physical Activity

As shown in the table and graph below, adults throughout NW Florida and Florida as a whole have similar levels of risk factors regarding diabetes, consumption of fruits and vegetables, and activity.

Diabetes, Nutrition, Physical Activity

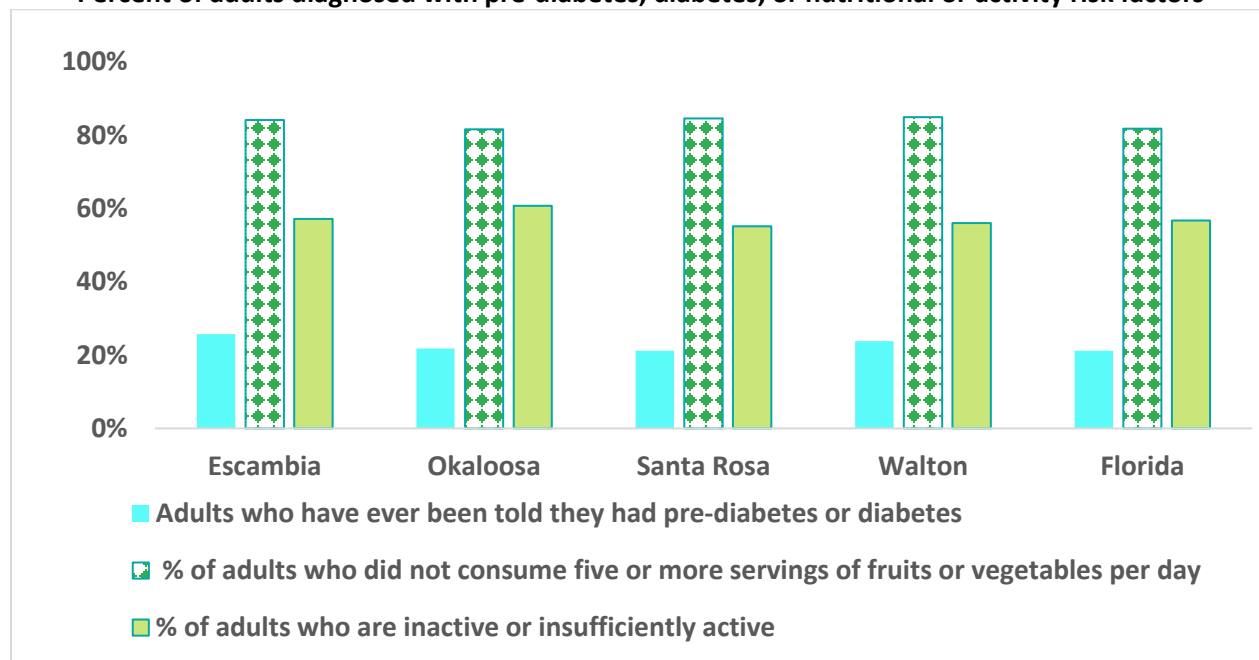
Indicator	Escambia	Okaloosa	Santa Rosa	Walton	Florida
Adults who have ever been told they had pre-diabetes	9.3%	8.5%	7.5%	9.8%	9.4%
Adults who have ever been told they had diabetes	16.4%	13.3%	13.7%	14.0%	11.8%
Adults who have ever been told they had pre-diabetes <u>or</u> diabetes	25.7%	21.8%	21.2%	23.8%	21.2%
% of adults who consumed five or more servings of fruits or vegetables per day ¹	15.9%	18.4%	15.5%	15.1%	18.3%
% of adults who did not consume five or more servings of fruits or vegetables per day ²	84.1%	81.6%	84.5%	84.9%	81.7%
% of adults who are inactive or insufficiently active	57.1%	60.7%	55.1%	56.0%	56.7%

¹ Data from 2013 survey, question was not asked in 2016 survey.

² These data were calculated by subtracting percentage of adults who consumed five or more servings of fruits or vegetables per day from 100%.

Source: FL Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2016 County Level Reports. Downloaded from Florida Department of Health CHARTS, June 2020.

Percent of adults diagnosed with pre-diabetes, diabetes, or nutritional or activity risk factors



Tobacco Use and Exposure

As shown in the table and graph below, except for Walton County, adults in NW Florida had higher rates of current smokers than the state (ranging from 17.2% to 21.5% compared to 15.5% in Florida).

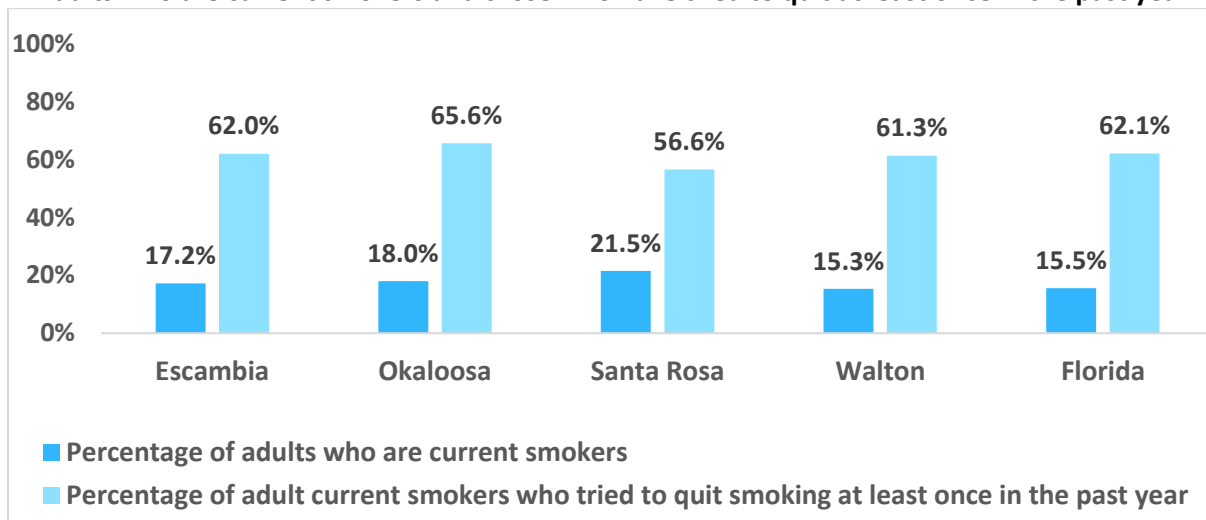
Similarly, Walton had a higher rate of former smokers (32.6%) compared with the other counties (25.5% to 29.2%) and Florida (26.5%). The percentage of current smokers who tried to quit in the past year ranged from 56.6% in Santa Rosa to 65.6% in Okaloosa compared to 62.1% statewide.

Tobacco Use and Exposure

Indicator 2016	Escambia	Okaloosa	Santa Rosa	Walton	Florida
Adults who are current smokers	17.2%	18.0%	21.5%	15.3%	15.5%
Adults who are former smokers	29.2%	29.2%	25.5%	32.6%	26.5%
adults who have never smoked	53.6%	52.8%	53.0%	52.0%	58.0%
Percentage of adult current smokers who tried to quit smoking at least once in the past year	62.0%	65.6%	56.6%	61.3%	62.1%
Adults who are current e-cigarette users	5.0%	6.1%	5.2%	4.8%	4.7%
Adults who are former e-cigarette users	17.7%	15.6%	14.4%	14.4%	15.5%
Adults who have never used e-cigarettes	77.3%	78.2%	80.3%	80.8%	79.8%

Source: Florida Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2016 County Level Reports. Downloaded from Florida Department of Health CHARTS, June 2020.

Adults who are current smokers and those who have tried to quit at least once in the past year



Alcohol and Other Drug Abuse

All the counties in NW Florida identified issues related to the use of alcohol and other drugs as a priority health issue. As shown in the table below, 17.5% of Florida’s adults reported that they engage in heavy or binge drinking and 7.4% of adults used marijuana or hashish during the past 30 days. Rates in the counties of northwest Florida are similar to those throughout the state.

The rates of heavy or binge drinking ranged from 15.9% in Escambia and Santa Rosa, to 18.1% in Okaloosa.

Adults who engage in heavy or binge drinking, 2016

Escambia	Okaloosa	Santa Rosa	Walton	Florida
15.9%	18.1%	15.9%	16.5%	17.5%

Source: Florida Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2016 County Level Reports. Downloaded from Florida Department of Health CHARTS, June 2020.

The rates of marijuana or hashish use during the past 30 days ranged from 4.1% in Santa Rosa to 7.9% in Escambia.

Percentage of adults who used marijuana or hashish during the past 30 days

Escambia	Okaloosa	Santa Rosa	Walton	Florida
7.9%	6.9%%	4.1%	5.3%	7.4%

Source: Florida Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2016 County Level Reports. Downloaded from Florida Department of Health CHARTS, June 2020.

The table and notes on the following pages summarize selected indicators regarding opioid and other drug use as compiled by the Florida Department of Health. Note that counts and rates vary significantly from one county to another and with the state as a whole.

The second column from the right in the table on the next page shows a percentage of the cases in NW Florida as a percentage of all cases in the state. As shown on Page 18 of this report, the population of northwest Florida constitutes approximately 4% of the state's population, and as shown on the table, for example, the count of opioid overdose deaths in NW Florida (119) represents 3.2% of the opioid deaths in all of Florida.

The indicators for which it appears NW Florida has a disproportionate percentage of cases (more than 4%) include:

- Suspected non-fatal opioid-involved overdose, 6.5% of all cases in Florida
- Suspected non-fatal all drug overdose, 5.3% of all cases in Florida
- All drug non-fatal overdose hospitalizations 4.3% of all cases in Florida
- Annual drug arrests, 5.4% of all cases in Florida
- Annual adult drug arrests, 5.4% of all cases in Florida
- Annual juvenile arrests, 5.2% of all cases in Florida

The greatest number of NW Florida's cases are in the following categories:

- Suspected non-fatal all-drug overdoses, 1,846
- All drug non-fatal overdose emergency department visits, 1,309
- All drug non-fatal overdose hospitalizations, 1,145
- Annual drug arrests, 7,216



Brown Pelican, Escambia County

Opioid and Other Drug Use Indicators, 2018 Year-to-Date (Provisional)

Indicator (see notes on next page for case definitions)		Escambia	Okaloosa	Santa Rosa	Walton	Total NW FL	Total NW FL as a % of total in Florida	Florida
Health Status and Quality of Life								
1	Opioid overdose deaths	57	47	9	6	119	3.2%	3,727
2	Drug overdose deaths	86	70	23	11	190	3.8%	4,977
3	Opioid overdose annual age-adjusted death rate per 100,000 persons	17.7	24.5	4.4	9.2	n/a	n/a	18.7
4	Drug overdose annual age-adjusted death rate per 100,000 persons	27.7	36.8	12.9	17.2	n/a	n/a	24.5
5	Suspected non-fatal opioid-involved overdose	550	166	4	51	771	6.5%	11,820
6	Suspected non-fatal all drug overdose	1,233	406	18	189	1,846	5.3%	35,102
7	Opioid-involved non-fatal overdose emergency department visits	191	146	48	37	422	3.3%	12,715
8	All drug non-fatal overdose emergency department visits	630	354	223	102	1,309	3.9%	33,243
9	Opioid-involved non-fatal overdose hospitalizations	126	78	62	less than 21	266	3.5%	7,496
10	All drug non-fatal overdose hospitalizations	542	282	253	68	1,145	4.3%	26,825
11	Neonatal abstinence syndrome birth defect annual rate per 10,000	69.7	132.5	56.3	115.4	n/a	n/a	62.1
Drug-related Consequences								
12	Annual drug arrests	3,239	2,256	1,358	363	7,216	5.4%	134,396
13	Annual adult drug arrests	3,175	2,129	1,311	319	6,934	5.4%	128,992
14	Annual juvenile drug arrests	64	127	47	44	282	5.2%	5,404

Note: n/a = Data not available at this time.

(continued)

(continued)

Case Definitions	
Health Status and Quality of Life	
1	Opioids identified as the cause of death by Florida Medical Examiners by county where death occurred, data supplied by Florida Department of Law Enforcement.
2	Drugs identified as the cause of death by Florida Medical Examiners by county where death occurred, data supplied by the Florida Department of Law Enforcement.
3	Opioids identified as the cause of death by Florida Medical Examiners by county where death occurred, data supplied by Florida Department of Law Enforcement.
4	Drugs identified as the cause of death by Florida Medical Examiners by county where death occurred, data supplied by the Florida Department of Law Enforcement.
5	Patients with an identified non-fatal opioid overdose during an emergency medical service transport, data from Florida's EMSTARS database which includes 90% of Florida's prehospital emergency transports. These data come from the Florida Enhanced State Opioid Overdose Surveillance Program Dashboard County Report.
6	Patients with an identified non-fatal drug overdose during an emergency medical service transport, data from Florida's EMSTARS database which includes 90% of Florida's prehospital emergency transports. These data come from the Florida Enhanced State Opioid Overdose Surveillance Program Dashboard County Report.
7	Florida resident emergency department visits where the patient survived with either of the following characteristics: 1) Poisoning by opium, heroin, methadone or other opiates and related narcotics (ICD-9-CM codes: 965.00, 965.01, 965.02 or 965.09) listed as the primary diagnosis or any of the following is mentioned as an external cause-of-injury: accidental poisoning by methadone, heroin or other opiates and related narcotics (ICD-9-CM: E850.0, E850.1 or E850.2). 2) Provisional definition: any diagnosis indicating poisoning by opium, heroin, other opioids, methadone, synthetic narcotics, unspecified narcotics or other narcotics (ICD-10-CM: T40.0X, T40.1X, T40.2X, T40.3X, T40.4X, T40.60 or T40.69) that has a 6th character indicating accidental (unintentional), intentional self-harm, assault or undetermined intent and a 7th character indicating that this is an initial encounter or the 7th character is missing. Counts <5 and year-to-date are suppressed.
8	Florida resident emergency department visits for surviving patients with one of the following: 1) Poisoning by drugs, medicinal & biological substances (ICD-9-CM codes: 960-979) as primary diagnosis or any of the following as an external cause-of-injury: accidental poisoning by drugs, medicinal substances & biologicals (ICD-9-CM: E850-E858); suicide & self-inflicted poisoning by solid or liquid substances (ICD-9-CM: E905.0-E950.5); assault by drugs & medicinal substances (ICD-9-CM: E962.0); or poisoning by solid or liquid substances undetermined whether accidentally or purposely inflicted (ICD-9-CM: E980.0-E980.5). 2) Provisional definition: Any diagnosis indicating poisoning by drugs, medicaments & biological substances (ICD-10-CM: T36-T50) with a 5th or 6th character indicating accidental (unintentional), intentional self-harm, assault or undetermined intent & a 7th character indicating an initial encounter or the 7th character is missing. Counts <5 and year-to-date are suppressed.

(continued)

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9	Florida resident hospitalizations where the patient survived with either of the following characteristics: 1) Poisoning by opium, heroin, methadone or other opiates and related narcotics (ICD-9-CM codes: 965.00, 965.01, 965.02 or 965.09) listed as the primary diagnosis or any of the following is mentioned as an external cause-of-injury: accidental poisoning by methadone, heroin or other opiates and related narcotics (ICD-9-CM: E850.0, E850.1 or E850.2). 2) Provisional definition: any diagnosis indicating poisoning by opium, heroin, other opioids, methadone, synthetic narcotics, unspecified narcotics or other narcotics (ICD-10-CM: T40.0X, T40.1X, T40.2X, T40.3X, T40.4X, T40.60 or T40.69) that has a 6th character indicating accidental (unintentional), intentional self-harm, assault or undetermined intent and a 7th character indicating that this is an initial encounter or the 7th character is missing. Counts <5 and year-to-date are suppressed.
10	Florida resident hospitalizations for surviving patients with either of the following: 1)Poisoning by drugs, medicinal & biological substances (ICD-9-CM codes:960-979) as primary diagnosis or any of the following is mentioned as an external cause-of-injury: accidental poisoning by drugs, medicinal substances & biologicals (ICD-9-CM:E850-E858); suicide & self-inflicted poisoning by solid or liquid substances (ICD-9-CM:E905.0-E950.5); assault by drugs & medicinal substances (ICD-9-CM:E962.0); or poisoning by solid or liquid substances undetermined whether accidentally or purposely inflicted (ICD-9-CM:E980.0-E980.5). 2)Provisional definition: any diagnosis indicating poisoning by drugs, medicaments & biological substances (ICD-10-CM:T36-T50) with a 5th or 6th character indicating accidental (unintentional), intentional self-harm, assault or undetermined intent & a 7th character indicating an initial encounter or the 7th character is missing. Counts <5 and year-to-date are suppressed.
11	Neonatal Abstinence Syndrome cases per 10,000 live births.
Drug-related Consequences	
12	Arrests attributed to possession or sale of illegal drugs. Data are from the Florida Department of Law Enforcement.
13	Arrests of persons 18 and over attributed to possession or sale of illegal drugs. Data are from the Florida Department of Law Enforcement.
14	Arrests of persons under 18 attributed to possession or sale of illegal drugs. Data are from the Florida Department of Law Enforcement.

Source: Florida Department of Health, Opioid Use Dashboard 2018, data downloaded May 6, 2020.

Violent Crimes

The rate of reported domestic violence offenses in Florida is 503.4 per 100,000 population. Only Santa Rosa has a lower rate (389.4) than the state rate. The rates in the other three counties of NW Florida range from 688.4 in Escambia to 768.1 in Okaloosa.

**Reported Domestic Violence Offenses
Number and Rate per 100,000 Population, 2018**

Indicator 2018	Escambia		Okaloosa		Santa Rosa		Walton		Florida	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Offenses	2,193	688.4	1,522	768.1	681	389.4	475	702.1	104,914	503.4

Source: Florida Department of Health, CHARTS, Downloaded June 2020.

The age-adjusted death rate of suicide in Florida is 15.3. Only Walton has a lower rate (12.6) than the state rate. The rates in the other three counties in NW Florida are 15.9 in Escambia, 20.9 in Okaloosa and 20.2 in Santa Rosa.

Suicide Number and Age-Adjusted Death Rate, 2018

Indicator 2018	Escambia		Okaloosa		Santa Rosa		Walton		Florida	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Suicide	50	15.9	43	20.9	38	20.2	10	12.6	3,552	15.3

Source: Florida Department of Health, CHARTS, Downloaded June 2020.

The rates of selected violent crimes vary in the following ranges:

- Homicide from 3.1 per 100,000 population in Santa Rosa to 6 in Escambia (Florida, 6.6)
- Aggravated assault from 102.5 in Santa Rosa to 372.5 in Escambia (Florida, 264.8)
- Forcible Sex Offense from 55.9 in Walton to 86.2 in Okaloosa (Florida, 56.8)
- Murder from 0.6 in Santa Rosa to 4.5 in Okaloosa (Florida, 5.3)

Number and Rate per 100,000 Population of Selected Violent Crimes

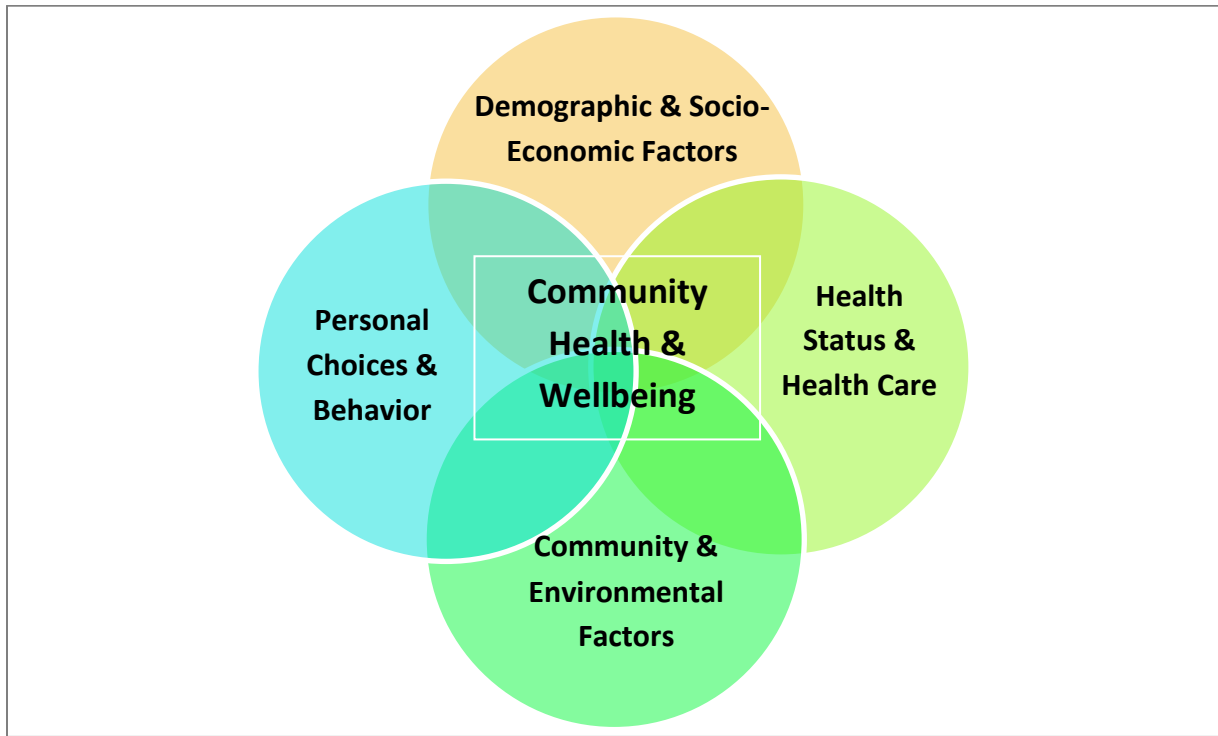
Indicator 2018	Escambia		Okaloosa		Santa Rosa		Walton		Florida	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Homicide	19	6	8	3.7	6	3.1	4	5.2	1,311	6.6
Aggravated Assault	1,181	372.5	543	275.2	180	102.5	129	189.9	55,491	264.8
Forcible Sex Offenses	807	84.6	171	86.2	109	62.1	38	55.9	11,907	56.8
Murder	12	3.8	9	4.5	1	0.6	3	4.4	1,107	5.3

Source: Florida Department of Health, CHARTS, Downloaded June 2020.

VII. Summary

The following Venn Diagram, which was introduced on Page 16, illustrates the over-lapping nature of the factors which influence Community Health & Wellbeing. As the data in this report suggests, these factors include complex and inextricably interdependent issues.

Determining Factors that Generally Affect Community Health and Wellbeing



While the various community health assessments used different verbiage to describe the priority health issues in their communities, all assessments identified variations of these factors and issues including the following key findings:

- **Escambia and Santa Rosa Counties’ priorities focus on Infant Health, Child Health, and Diabetes as well as Mental Health and Drug Abuse. These priorities may be most closely associated with “Health Status & Health Care” and “Personal Choices and Behavior”, but they are undeniably affected by “Demographic & Socio-Economic Factors” as well as “Community & Environmental Factors” as well.**
- **Okaloosa County identified priorities in all four categories of determining factors. Specifically, Okaloosa identified Advancing Education, Improving Infant Mortality, Protecting Children and**

Teens, Promoting Healthy Lifestyles, Strengthening Families, Bettering Built Environment, Supporting Mental Health, Decreasing Drug Use, and Preventing Injuries. Although each of these issues may be generally associated with one factor, they are inextricably linked and affected by all the others as well.

- **Likewise, Walton County identified priority issues in all four categories of factors. Specifically, Walton identified Education, Housing, Poverty, Vaccine Preventable Diseases, Healthy Food Access, Mental Health, Substance Abuse, and Preventable Injuries – again, all clearly inextricably linked and affected by one another.**
- **All the community health assessments recognized the pervasive impact of unmet substance abuse and mental health needs and identified these as top priority issues in their communities.**
- **Although the terminology used by each county varied, there were notable similarities across two or more counties, e.g. Education (Okaloosa and Walton), Infants, Children, and Teens (Escambia, Santa Rosa, and Okaloosa), Promoting Healthy Lifestyles, Strengthening Families, Bettering Built Environment, Healthy Food Access (Okaloosa and Walton Counties), Mental Health, Substance Abuse, Preventing Injuries, Preventing Injuries (Escambia, Santa Rosa, Okaloosa, and Walton Counties)**

The extensive work documented in the three community health assessments referenced in this report represents the kind of diligent and comprehensive effort needed to improve the health and wellbeing of all residents and all communities in northwest Florida. All the community health assessments recognized that many factors influence and contribute to all the dimensions of community health. Next steps include developing community health improvement plans and implementing those plans to mitigate the barriers to and promoting comprehensive community health and wellbeing.